

What can we do for Women Experienced Intimate Partner Violence?

Elaine CHOW*

Senior Lecturer, School of Nursing, Tung Wah College, Hong Kong

ISSN: 2577-2007



***Corresponding author:** Elaine CHOW, School of Nursing, Tung Wah College, 16/F, 31 Wylie Road, Homantin, Hong Kong

Submission: 📅 July 29, 2019

Published: 📅 September 06, 2019

Volume 5 - Issue 3

How to cite this article: Elaine CHOW. What can we do for Women Experienced Intimate Partner Violence?. COJ Nurse Healthcare.5(3). COJNH.000615.2019. DOI: [10.31031/COJNH.2019.05.000615](https://doi.org/10.31031/COJNH.2019.05.000615).

Copyright@ Elaine CHOW, This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use and redistribution provided that the original author and source are credited.

Introduction

Intimate partner violence is a significant public health problem globally and it is one of the most common forms of violence against women. Intimate partner violence also referred as “domestic violence” in some countries which can be happened in different forms such as physical violence, sexual violence, psychological abused, controlling behaviors [1-9]. According to the WHO Multi-country Study on Women’s Health and Domestic Violence Against Women, the lifetime prevalence of women experiencing physical and/or sexual partner violence is between 15% and 71% in 15 sites in ten countries The report was based on a standardised population-based household survey with around 1,500 interviews carried out at each site in the ten countries [6].

Intimate partner violence causes various serious short-term and long-term health-related negative consequences on abused women, the consequences including physical related health problems such as bodily pains, bone fractures [3-14], bladder infections and sexually transmitted diseases [2]. Apart from physical negative consequences, the impact of intimate partner violence on mental health could be much more serious and longer-lasting. Abused women have a higher risk of developed mental health problems, depression and post- traumatic stress disorder are prevalent mental health consequences of intimate partner violence [10-14]. Not only the physical and psychological impact are well documented, the economic burden should not be underestimated, intimate partner violence increased the use of health care and social services, comparing when on-abused women, abused women attend emergency departments are more frequently [8,11]. In addition, children who are exposed to intimate partner violence have a higher risk of developing behavioral problems [7].

Interventions for Abused Women

In view of the high prevalence rate of intimate partner violence against women and its serious consequences on women, children, family and community, effective interventions are crucial. There were different types of interventions had been developed for abused women, the effectiveness of the interventions is uncertain [1,4,15]. Advocacy intervention is the intervention which is commonly used to reduce victimization. Advocacy intervention aims to empower the abused women by assisting the abused women to understand their situation and let them know the potential solutions.

However, the aims, content, implementation and delivery of the existing advocacy intervention are heterogeneous, the characteristics of each intervention vary across countries, different components have been added and the intervention has been modified [12].

It is obvious that the characteristics of the interventions should be designed based on the needs of the abused women and their culture, beliefs and preference. Therefore, listening to the abused women’s voices before building intervention is essential. And there is no single intervention or single model could address the needs of all abused women from different culture and diversity.

Role of Health Care Professional in Intimate Partner Violence

Effective intervention is vital for reducing victimization; however, appropriate screening and early identification of intimate partner violence victims are equally significant [13].

Health care professionals serve as an important role in this issue, this would involve adequate education and knowledge regarding intimate partner violence, whether they equip with the skills and techniques to identify the abused women and able to response to them with appropriate manner. Due to embarrassment and fear, abused women would hesitate to disclose. Hence, health care professional programmes or undergraduate curriculum incorporates intimate partner violence training could enhances their understanding and result in enhancing care to the abused women [5].

Conclusion

Intimate partner violence against women is a serious human rights abuse which should be addressed. Types of interventions offered to the intimate partner violence women should depends on the needs of the women, this informed by the types of abuse, severity and duration of abuse. In addition, personal history, economic status, culture and history of intimate partner violence should be considered and taken into account when designing the types of intervention for the abused women. Thus, interventions for abused women should be tailored in order to address their specified needs and providing individualized intervention would be an ideal approach for abused women who may have concerns and needs.

Abused women are the victims who need support in diverse aspects, nevertheless, interventions for perpetrator to reduce and stop their aggressive and abusive behavior should not be neglected. Identify the hidden cases and provide corresponding support, assist the women to get access to the available resources may be effective in reducing the prevalent rate and severity of the abuse.

References

- Bisson JI, Roberts NP, Andrew M, Cooper R, Lewis C (2013) Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database Syst Rev* (12): CD003388.
- Bonomi AE, Anderson ML, Reid RJ, Rivara FP, Carrell D, et al. (2009) Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Arch Intern Med* 169(18): 1692-1697.
- Campbell JC (2002) Violence against women II health consequences of intimate partner violence. *The Lancet* 359: 1331-1336.
- Cheung DST, Deng W, Tsao SW, Ho RTH, Chan CLW, et al. (2019) Effect of a qigong intervention on telomerase activity and mental health in Chinese women survivors of intimate partner violence: a randomized clinical trial. *JAMA Network Open* 2(1): e186967-e186967.
- Crombie N, Hooker L, Reisenhofer S (2017) Nurse and midwifery education and intimate partner violence: A Scoping Review. *Journal of Clinical Nursing* 26(15-16): 2100-2125.
- Garcia Moreno C, Jansen H, Ellsberg M, Heise L, Watts CH, et al. (2006) Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet* 368(9543): 1260-1269.
- Howell KH, Barnes SE, Miller LE, Graham BSA (2016) Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal of Injury and Violence Research* 8(1): 43-57.
- Jones AS, Dienemann J, Schollenberger J, Kub J, O'Campo P, et al. (2006) Long-term costs of intimate partner violence in a sample of female HMO enrollees. *Women's Health Issues* 16(5): 252-261.
- Krug EG, Mercy JA, Dahlberg LL, Zwi AB (2002) The world report on violence and health. *The Lancet* 360(9339): 1083-1088.
- Oram S, Khalifeh H, Howard LM (2017) Violence against women and mental health. *The Lancet Psychiatry* 4(2): 159-170.
- Peterson C, Kearns MC, McIntosh WL, Estefan LF, Nicolaidis C, et al. (2018) Lifetime economic burden of intimate partner violence among US adults. *American Journal of Preventive Medicine* 55(4): 433-444.
- Rivas C, Ramsay J, Sadowski L, Davidson LL, Dunnes D, et al. (2016) Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse: A Systematic Review. *Cochrane Database Syst Rev* 12: CD005043.
- Spangaro J (2018) What is the role of health systems in responding to domestic violence? An evidence Review. *Aust Health Rev* 41(6): 639-645.
- Iverson KM, Dardis CM, Grillo AR, Galovski TE, Pogoda TK (2019) Associations between traumatic brain injury from intimate partner violence and future psychosocial health risks in women. *Compr Psychiatry* 92: 13-21.
- Tiwari AF, Fong DY, Wong JY (2015) Effect of a purpose-built intervention for mental health of mainland Chinese immigrant women who are survivors of intimate partner violence: a Randomised controlled trial. *The Lancet* 386: S9.

For possible submissions Click below:

[Submit Article](#)