OVERVIEW AND SUMMARY: Domestic Violence: How Many Steps Forward? How Many Steps Back?

Ann Wolbert Burgess, DNSc, CS, RN, FAAN

Nurses have come a long way in the past four decades to raise the level of awareness of their colleagues to the topic of domestic violence. As a result of groundbreaking research, journal articles and books, and media attention, there are now over 15,000 child abuse prevention, rape crisis, domestic violence, and elder abuse prevention programs throughout the United States.

The possibility that people might be injured or have their homes invaded by strangers is a frightening thought in itself. But hundreds of thousands of Americans face an even more devastating reality when they are harmed, not by strangers, but by someone they trusted. Vicious crimes of violence are committed by or against children, parents or grandparents, spouses, and other close relatives. The family is still viewed as the center of society. To be abused by a partner, a parent, a trusted adult, or by one's own child, or to witness such abuse, leaves deeply ingrained memories and other serious consequences. Domestic violence victims must wrestle with emotions not experienced by victims of strangers. They must deal with feelings of fear, loyalty, love, self-blame, guilt and shame, all at the same time. Adults become torn between the desire to shield and help a loved one and their responsibility toward their own safety and the safety of others in the household. Children face the reality that those who should protect them are, in fact, the source of harm. For most people, home represents security; to domestic violence victims, home is a place of danger.

The problem of family violence has always existed. Women have been battered by their partners in almost every society in the world. The beginning of services for battered women and children dates back to 1885 when the Chicago Protective Agency for Women, established to help women who were victims of physical abuse, provided legal aid, court advocacy, and personal assistance to the women. An abused woman could receive up to four weeks of shelter at the refuge operated by the Women's Club of Chicago. The agency helped women to secure legal separations, divorces, and equitable property distributions. Between 1915 and 1920, 25 cities followed Chicago's lead in developing protective agencies for women; by the 1940's few shelters remained, due, in part, to marital separations caused by World War II (Roberts, 1996). The history of childhood is replete with suffering, well documented from biblical times to the present. The landmark Wilson case of 1874 pricked the American social conscience and opened America's eyes to
the plight of many children: Eight-year-old Mary Ellen Wilson lived with her adoptive parents in New York City. She was held there in chains, starved and beaten. The police responded but could do nothing because it was a "family matter," and parents held the "rights" (Ziegler & Hall, 1989). A man named Henry Berg was contacted. He had founded a protective group the preceding year -- The Society for the Protection of Cruelty to Animals. Berg was able to extricate Mary Ellen from her family torture chamber.

The manuscripts in this volume present both a review of contemporary research and views on the problem of domestic violence as well as the authors’ own research. Dr. Claire Draucker emphasizes this point in the article, Domestic Violence: The Challenge For Nursing, and presents an overview of the scope, history, and health consequences of intimate partner abuse, child abuse, and elder abuse. She argues that despite advances in research, public awareness, legislative initiatives, and public policy, these types of interpersonal violence continue to affect millions of people worldwide.

Second, domestic violence is dangerous to one’s health. Michael Griffin and Dr. Mary Koss in the article Clinical Screening and Intervention in Cases of Partner Violence, set the premise that partner violence is a long-term health risk factor with potentially far-reaching negative consequences for the abused partner and her family. They argue that there are many short comings of the current screening and intervention practices but emphasize that nurses are an invaluable resource and have been underutilized for both screening and therapeutic interventions in responding to partner violence.

Third, domestic violence interfaces with the criminal justice system. Dr. Edna Erez surveys the history of domestic violence as a criminal offense, and the criminal justice systems’ response to woman battering incidents in the article, Domestic Violence and the Criminal Justice System: An Overview. She argues there have been important changes over time in the criminal justice system, yet also identifies and discusses current controversies related to domestic violence, its law enforcement and future trends.

Fourth, domestic violence has many victims among minorities. Intimate Partner Violence in African American Women is a contribution to the limited literature on how interpersonal violence affects the lives of African American women. Drs. Doris Campbell, Phyllis Sharps, Faye Gary, Jacqueline Campbell, and Loretta Lopez argue the need for focused attention to the subject. Femicide, they point out, is the leading cause of premature death among African American women between the ages 15-44. And near fatal femicide also contributes to long term disabling injuries and conditions.

Fifth, domestic violence kills. In Intimate Partner Violence: Implications for Nursing, Drs. Benita Walton-Moss and Jacqueline Campbell review the epidemiology of intimate partner violence, measures for identification and screening; and interventions. They note that intimate partner violence is responsible for 30% of female homicides in the United States. They raise the issue of mandated reporting of women with injuries resulting from interpersonal violence, noting that only a few states have such reporting laws.

And finally, two research areas are worthy of comment. Domestic violence and stalking. Stalking is a companion behavior to domestic violence both
when a woman is in a partner relationship as well as when she has separated from a partner. The lethality of interpersonal violence suggests it is important to identify those risk factors in the offender that can lead to stalking and to death. Efforts are needed to compile a criminal history data base that gives more detail to the behaviors associated with violence and lethality in partner relationships, especially when stalking behavior is a component. Second, our current knowledge about violent behavior and suicidal behavior, and the alterations in serotonin and dopamine, indicates the aggressive act has a releasing and biological positive reinforcement reaction for the perpetrator. A great deal more research is needed on the biology of aggression.

The area of domestic violence is one in which nurses are positioned well to take a leadership role. There are clinical as well as research arenas for nurses either collectively or with an interdisciplinary team. Domestic violence affects all levels of development in the life span from infants to the elderly. Nurses need to continue the momentum started by this volume of articles.

References
