

# KNOWLEDGE AND ATTITUDE AMONG NURSES IN RESPONDING TO SURVIVORS OF DOMESTIC VIOLENCE

**Mrs. Shasikala. V**

Associate Professor, RV College of Nursing Bengaluru-50011  
Email: [Shasikala999@gmail.com](mailto:Shasikala999@gmail.com) Mobil: 9036166512

## ABSTRACT

*Domestic violence is a health care problem of epidemic proportions. Health care settings should provide a safe entry point for victims of domestic violence. Health care providers have a unique opportunity to detect abuse and assist in the management of each victim's care. Objectives of the Study: To determine the knowledge and attitude among nurses in responding to survivors of domestic violence and to find correlation between the knowledge and attitude. Method: In the present study, quantitative research approach was adopted. The data was collected by structured interview schedule using the questionnaire and Likert scale. The main study was conducted at private hospital in Bengaluru, with the sample size of 50 nurses, selected by convenient sampling technique and the data were analysed and interpreted based on descriptive and inferential statistics. Results: The present study revealed that majority of participants 71% had poor knowledge, 52 % of participants had a negative attitude. The study also revealed that there is a positive correlation between knowledge scores, attitude scores among nurses responding to survivors of domestic violence. Conclusion: The study concluded that there is a need to implement education program regarding role of nurses in responding to domestic violence.*

**Keywords:** Knowledge, attitude, nurses, domestic violence.

## Introduction

Every culture has its recites about the importance of home, and the comfort and security to be found at home. Yet for many women, home is a place of pain and humiliation.<sup>1</sup> Universally, evidence shows that women and girls are grilled and excruciated in their own homes and also outside irrespective of their age, caste, class, race, status, religion and nationality.<sup>2</sup> Violence against women takes a dismaying variety of forms, from domestic abuse and rape to child marriages and female foeticide.<sup>3</sup> Even though most societies proscribe violence against women, the reality is that violation against women's human rights are often sanctioned under the influence of cultural practices and norms, or through misinterpretation of religious tenets.<sup>4</sup> According to National Crime Records Bureau, 99135 cases were registered for cruelty by husband and relatives compared to other violence against women.<sup>5</sup> Domestic violence,

one of the form of Violence against women is a threatened physical, sexual, financial or emotional abuse of a women by their intimate partner. It typically entails repeated abuse intended to instil fear and to control coercively. It prevails in every aspect of family's life and differs from assault by a stranger.<sup>6</sup>

Domestic violence is a problem which requires multidisciplinary approach which needs to be dealt in coordination with the legal judicial system (e.g., police, prosecutors, and court system), the social system (e.g., legal aid, social services, and shelters), the community at large (e.g., neighbours, families, friends, schools, and churches), and the health profession (e.g., physicians, nurses, counselors, and social workers). Nursing professionals are the first line response to many domestic violence victims. In this capacity, they must be adequately prepared to identify, assess, and assist victims with safety planning, and provide referrals to needed services.<sup>7</sup>

A full time social workers employed at the burns unit in a government medical college hospital from a well-known women’s group Vimochana through its 10 years study period observed that nurses literally lack awareness/ knowledge, competence, attitude and even the sensitivity essential in responding to women, and family in despair and campaigned “Victoria Hospital Burns Survivors Group” which verified the services and support provided by Doctors and nurses to the women in burns unit.<sup>8</sup> The present study was intended to determine the knowledge, attitude and perceived competency among nurses in responding to survivors of domestic violence.

**Materials & Methods**

A Quantitative approach with descriptive design was used to carry out the study. 50 nurses working in a private hospital were selected using convenient sampling technique. Data were collected using a pretested questionnaire and scale using the interview method. Data collection included information about the sociodemographic details of the study participants, knowledge assessment with questionnaire, and attitude with 4-point likert scale. Consent forms were obtained from the participants before the interview with a due explanation of the study details.

**Based on scores participants were classified**

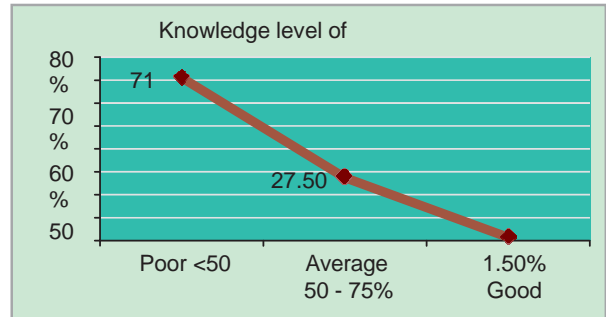
Table - 1	
Knowledge Score	Attitude Scores
0 – 7 Poor	14 – 35 Unfavourable
7 – 14 Average	35– 56 Favourable
14 – 22 Good	

The data analysis was done on the basis of descriptive and inferential statistics.

**Results & Discussion**

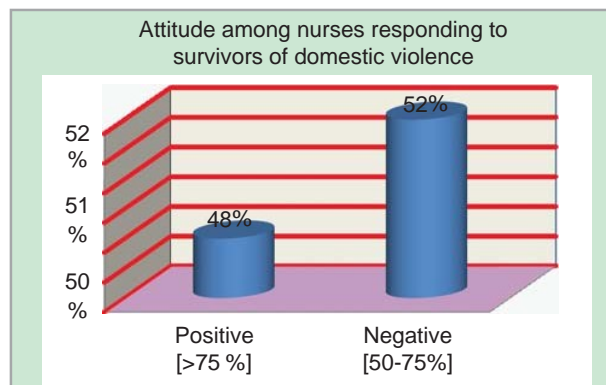
Demographic variables: Most of the nurses 42(84%) belonged to the age group of 21-30 years. In relation to the gender, majority of the participants 38 (76%) were females. In relation to educational qualification, majority of the participants 28 (56%) were holding a Diploma in Nursing and Midwifery. Majority of the nurses 60% (30) of them were single. In case of position held; 75% of participants were staff nurse, 10% senior staff nurses, 10% of participants were nurse supervisor and 5% were

in charge nurses. With regards to previous exposure to domestic violence none of them reported for being exposed. None of the participants reported of having prior participation in domestic violence workshop.



**Fig 1 :** Distribution according to the knowledge level of nurses responding to survivors of domestic violence

The Mean knowledge score was found to be 9.81. 71% of the nurses had poor knowledge score. According to the area wise the nurses had good knowledge in the area of medico legal action, followed by in level of prevention, the least knowledge was found in the area of managing a survivor of domestic violence. Similar study was conducted in Kuwait to assess the knowledge of primary care nurses revealed that nurses’ knowledge about the prevalence of domestic violence were poor Similar study was conducted in Kuwait to assess the knowledge of primary care nurses revealed that nurses’ knowledge about the prevalence of domestic violence were poor



**Fig 2 :** Distribution according to the attitude of nurses responding to survivors of domestic violence

The overall mean attitude score was 35.63. Off total 52% of the nurses had negative attitude towards survivors of domestic violence. Similar findings were seen in a study conducted in University Malaya Medical Centre to assess the attitudes and practices of primary

health care providers regarding the identification and management of domestic violence. The study concluded that there was a lack of positive attitude among the staff towards domestic violence identification and management.

**Table - 2**

Variable	No. of items	Mean	Standard deviation	(Rho) rank order correlation
Knowledge	22	9.81	1.91	0.32
Attitude	14	35.63	1.95	

Table 2: Correlation between knowledge and attitude scores of the of nurses responding to survivors of domestic violence

With regards to correlation between knowledge, attitude both the variables were positively correlated with eachother.

**Conclusion:**

Domestic violence was recognized as a criminal offense and a public issue in India. The nurse as a health professional has an ethical obligation to maintain the health of the patients who are the victims of violence and provide them care. The care goes beyond mere treatment of physical injuries to identification of the root cause of ill health, provision of psychosocial care and referral to appropriate agencies in cases of violence. Nursing academics largely influences shaping the thinking of future nurses and it’s their competence that is grossly influencing the attitude among novice nurses.

**Conflict of Interest:** None

**References:**

1. Mitchell Liesl. Domestic violence in Australia- an overview of the issues.2011 Nov 23. Available from: [http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1246402/upload\\_binary/1246402.pdf](http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/1246402/upload_binary/1246402.pdf)
2. Agrawal Pradeep, Srikar Gowri. A study of domestic violence and torture among females of urban area. Shubhodaya Centre for Rehabilitation of Victims of Torture and Violence. Available from: [www.sosrac.com](http://www.sosrac.com)
3. CHETNA, United Nation Population Fund. Violence against Women- A Health System Response. Available from: [http://chetnaindia.org/?page\\_id=6162](http://chetnaindia.org/?page_id=6162)

4. UNICEF. Domestic Violence Against women and girls. Innocent Digest. June 2000 (6) 1-10. Available from: <http://www.unicef-irc.org/publications/pdf/digest6e.pdf>
5. National Crime Report Bureau. Figure at glance. [Cited 2013 Jan 20]. Available from: <http://ncrb.nic.in/>
6. Royal College of Nursing. Domestic Violence Guidance for nurses. August 2000.Available from:[www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/78497/001207.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/78497/001207.pdf)
7. CEHAT. Dilaasa-Crisis Intervention Department for Women. Guidelines for Health Professionals In Responding to women facing Violence. Available from: <http://www.cehat.org>
8. Vimochana Forum for Women’s right. Available from: <http://www.vimochana.in/activities.html>