

LEADING QUESTIONS & SENSIBLE SOLUTIONS

Coming to Grips with a Peer's Domestic Abuse

Q Several months ago, a coworker in our emergency department (ED) arrived as a patient. She required a rape examination and treatment for fractured ribs and a broken nose. Fellow nurses learned that "Lola," whom they had long known to be a victim of domestic abuse, had shot and killed her husband after a particularly violent episode. The nurses, hiding tears, assisted in Lola's assessment and treatment. When they finished, police escorted her away in handcuffs.

In an intervention arranged by our employee assistance program, nurses expressed their shock, guilt, anger, and betrayal. The ED nurses believed that they'd enabled Lola's abusive relationship when they listened, sympathized, and took her into their homes for refuge. Today, some of the ED nurses communicate with Lola while she awaits trial.

Although months have passed, the ED nurses think of her every day. Did we do all we could to help her? How could our department have handled the situation better?

A Although the employee assistance program intervention was a step in the right direction, the nurses need to do more than express their feelings. They need comprehensive training to help them understand, believe, and become sensitive to how a person becomes a victim and gets stuck in an abusive situation. The nurses must attend a session with a survivor of domestic violence (DV). The survivor can look into their eyes, discuss the issues that trouble them, and answer difficult questions from a per-

sonal perspective.

The ED nurses need to understand and come to terms with the dynamics of DV. Their coworker's husband exerted power and control that ruled her life. No doubt, he told her he would kill her, her family, friends, or even coworkers if she tried to leave. Believing this, DV victims assume responsibility for the welfare of those close to them.

Of DV victims who are killed, 70% are killed while trying to leave. DV victims who kill their abusers rarely

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have any other criminal history. They turn to killing after years of physical abuse and lengthy, calculated psychological manipulation commonly compared to the experiences of prisoners of war.

The ED nurses believe they enabled Lola's abusive relationship by listening, opening their hearts, and opening their homes for refuge. Far from enabling, these supportive, nonjudgmental measures were exactly what Lola needed. When dealing with an abused coworker, the following ac-

tions are most helpful:

- ♦ Be there.
- ♦ Listen.
- ♦ Respect total confidentiality.
- ♦ Tell her you believe her. Abuse is a crime. She isn't alone. She deserves respect. Resources are available to help. You are there for her.
- ♦ Avoid asking, "Why don't you just leave him?" These judgmental words minimize the situation and are interpreted as victim blaming.
- ♦ Encourage her to write down all the details she can remember of the abuse—types, frequency, extent of injuries, and circumstances surrounding the episodes. The information can be valuable legal evidence.
- ♦ Refer her to a victim advocate from the nearest battered women's shelter.
- ♦ Help her form a safety plan including steps needed to gain independence.
- ♦ Ask what you can do for her and her children.

The ED nurses need to understand that even if they do everything right in their interactions with the victim, she may still end up dead or, like Lola, killing her abuser. This doesn't mean that the nurses have failed. The outcome is out of their hands. In many cases, this is difficult and extremely frustrating, because people around the victim clearly see the danger of the situation.

Isolation is a major factor in the lives of most DV victims. I commend Lola's coworkers for their caring. The shame and humiliation Lola feels will stay with her for a long time or even forever. The ED nurses need to remain positive, supportive, and nonjudgmental. Their caring makes a tremendous positive impact on her life.

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