



“Ei tarvitsisi pelkää”

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Table of Contents

1	Introduction	4
2	Domestic violence	5
2.1	Cycle of violence	5
2.2	Physical & Sexual violence	6
2.3	Emotional & financial violence	6
3	Domestic violence in health care	7
3.1	Legal responsibilities of health care personnel	7
4	Social work thesis in short	7
4.1	Findings	7
5	Consideration	9
5.1	Costs and consequences of domestic violence	10
6	References	12

1 Introduction

I graduated bachelor of social work in June of 2013. I did my last practical placement in Vantaa Turvakoti and at the end of my placement they offered me a job. I ended up working there for two years and felt very passionate about my job. That is why I wanted to write my bachelor's thesis about domestic violence.

Turvakoti offers short term asylum or refuge, when one's own home is not safe because of physical or emotional violence by a loved one. On top of a safe environment, Turvakoti also offers advice and guidance for all parties; the person using violence, the victim(s) of violence and children or other people sharing the home. The aim is to improve the situation at home for everyone.

It is important to recognise that domestic violence is not only violence between spouses, but can also refer to abuse between adult siblings, adult child to parent etc. It is also not only violence where the violent person is a man abusing their female spouse, although the vast majority of reported victims are females. It is important to remember that violence in close relationships is still a taboo and very much kept silence of, which makes it difficult to get exact statistics on the issue. Much of the cases are never reported to police or other authorities. Because the complexity of the phenomenon it is referred to by several different terms. In this paper I have decided to use the term domestic violence to cover all forms of violence in relationships considering adults, who are either in a romantic relationship or immediate family members.

2 Domestic violence

Domestic violence as a term refers to violence (emotional, physical, sexual, financial and/or religious abuse) used by the victims current or former spouse, child, sibling or other member of a household. Thus, it includes violence between spouses, but it also refers to any kind of abuse between two (or more) people living in the same household or in a close relationship. (Kaitue, S Noponen, T & Slåen, A).

Violence is behaviour that hurts, intimidates and insults. It is power used to control and command (Tunnista väkivalta). A simple argument takes two (or more), but it can be described as violence when someone uses emotional or physical power to undermine, belittle, control and/or subjugate the other person. Domestic violence can be categorized in physical, emotional, sexual, financial and religious violence. (Kaitue, S & all).

2.1 Cycle of violence

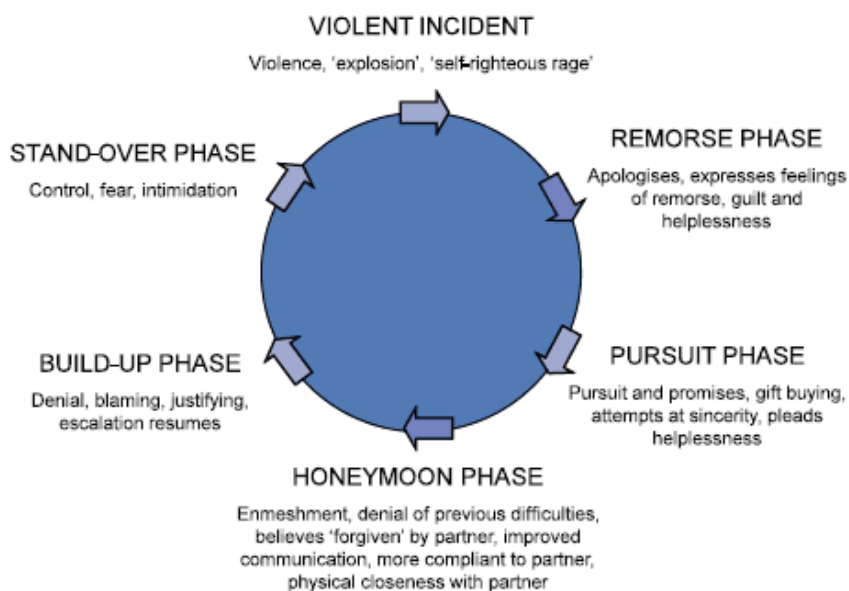


Figure 1. The cycle of violence – commonly used to explain the perpetuation of IPV (adapted from Walker, 1979)

2.2 Physical & Sexual violence

Physical violence is probably the easiest form of violence to recognize. It refers to pulling, grabbing, pushing, hitting, kicking, choking and to all ways of breaking a persons' physical immunity. It might leave physical marks, injuries and in extreme cases it'll lead to death. When it comes to sexual violence, a violent rape can be easy to recognize, but sexual violence in close relationship can also be eg. forcing and pressuring into having sex, the kind of sex that is humiliating to other or the kind of sex they do not want or physically abusing intimate body parts. (Kaitue, S & all, A. & Lehtonen, A. & Perttu, S. & Allinen-Calderon, N., Kanervo, M. & Nurmi, R.)

Physical and sexual violence are a crimes. Physical violence and sexual offense in marriage where not recognized as a crime until the nineties. Further on, physical domestic violence became an offense under official prosecution. The legislation was changed to improve the situation of victims as they were often reluctant to prosecute people close to them. (Kaitue, S & all).

2.3 Emotional & financial violence

Emotional violence refers to eg. belittling, name calling, yelling, screaming and ridiculing the victim. Many might shout and curse in a heated argument, but the behaviour can be defined as violence when the long-term aim of it is to break the victim's self-esteem and to control them. It is repetitive use of power to humiliate and destroy. Where physical violence is easy to recognize on the outside, other forms of violence are subtle. They creep up little by little and it is difficult to recognize for victim themselves too, where it all began. Understanding emotional violence is critical to help victims, since it is the one leaving the biggest, most long-lasting marks and it makes the situation difficult. (Kaitue, S & all).

The purpose of financial violence is to make the victim depended on the abuser. Seeking control over financial means distorts the level of power and makes the situation difficult to the victim. Leaving in situations like this, is extremely hard, but financial abuse can also occur eg. when an adult child uses their elderly parent or other family member as a piggy bank. (Kaitue, S & all).

3 Domestic violence in health care

Nursing of victims of violence should include recognizing and preventing violence. Nursing staff has an obligation to improve their patients' health and overall wellbeing and this covers also mental health and social wellbeing. Domestic violence increases the risk of injury and death and even the threat of violence increases the risk for mental health disorders. As a part of holistic care, nursing staff should include their interviews questions of violence at home. (Holmberg, J.).

3.1 Legal responsibilities of health care personnel

All health care personnel have an obligation for confidentiality of all patient information they have gained in their work. This information (when considering adults) cannot be given even to immediate family members without patients' consent. This obligation is controlled by law as well as the exceptions to it. (Kaitue, S. & all). Exception is when a child or children are in danger. According to the law for protection of children (lastensuojelulaki) all health care personnel are obligated to report all situations where they think any child(ren) might be in outright danger or in an atmosphere that is damaging to their development (Lastensuojelun käsikirja). Violent home, wheater or not the violence is directed at the child, is most definitely a damaging atmosphere.

4 Social work thesis in short

For my bachelor's thesis I created a feedback form for the customers, which they filled anonymously when they left the asylum. The aim was to get an idea on how customers felt about the help and support they got, and to improve services to meet customers' needs.

In the form there was ten closed propositions which the customers answered in a scale from "I totally disagree" to "I totally agree". The form also included open questions. During collection time there was 34 customers in Turvakoti, of which 27 anonymously filled the form and gave a permission to use it for the thesis.

4.1 Findings

The answers covered majority of the customers so the results can be considered valid. The expectations for Turvakoti were mostly about being safe and having time to think things over.

According to the answers, this is exactly what the customers got. They also felt feelings of empowerment during their time in Turvakoti. These findings would suggested that the work done in Turvakoti was successful and places and services like this are needed.

One field in particular surfaces in my bachelor's thesis and that is the amount of customers with immigrant background. Some had such poor language skills that they could not answer the questionnaire and in order to develop services for these groups information from them is essential. For example, it would be interesting to know, if these customers had feelings of empowerment in a similar way since conversations are much more limited.

5 Consideration

Domestic violence has special characteristics and it is important to recognise them to offer victims help and support. Where it's very easy to tell someone just to leave their spouse or a family member, it is very important to understand the complexity of human relationships. All of those complexities also apply to relationships that have violence in them. Domestic violence at its core aims to undermine and break self-esteem and self-worth, it is control and power used over the victim(s) which has long-term psychological, physical and social consequences to both victim(s) and witness(es). For these reasons "just leaving" is not as easy as it may be in other relationships and diversity of violence could have impacted the victims' relationships to other people, financial situation and/or belief in themselves. It is a very important to remember that more often than not different forms of violence are intertwined; financially the victim is depended on their abuser or is completely broke, victims' social circles are non-existent or extremely small, because of control and self-esteem and belief in their own abilities is diminished. "Just leaving" does not seem like an option, because where would they go, who would they talk to, how would they pay their bills and would they even know how?

Considering that health care personnel will sooner or later face victims of domestic violence, it is important that personnel have at least basic understanding of how to handle these situations and refer patients to additional support and/or give them advice for future. The results of violence will eventually lead to all sorts of nursing environments eg. maternity clinics, psychiatry wards and out-patient clinics, perioperative wards and occupational health clinics. The moment after violent event is both delicate and receptive. Creating a safe, trustful environment is up to staff and that moment can be very fertile when it comes to offering help. Because these often are the situations, where many fall to "why don't you just leave?" -sort of conversations, it is important to understand what domestic violence is about. Stigma and shame come along with violence anyway, but with professional approach and knowledge of the phenomenon the threshold for getting help becomes shallow.

Helping the victim can also be as simple as to help them create a security plan. In Turvakoti, we made these plans constantly as most of the victims returned to their abuser. Security plan should include simple, easy-to-follow instructions for possible future situations. Often, we advised our customers to pack a small bag with the essentials for a few days (medication, credit cards etc.) and hide it somewhere where it is easy to grab if a violent incident occurs. This is

a simple way of making sure that the victim stays safe. Security plan can also include saving important phone numbers under a false name, in case the abuser checks the victims' phone. The most important thing is to understand where the victim themselves are in the process, and letting them lead. Putting pressure and trying to force the victim to take decisions they are not ready to make will cause the victim close up and that'll end the conversation and possibly even make it harder for the victim to reach out for help in the future. When victims are truly faced with empathy, understanding and trust it can bear fruit later on. Health care personnel (and other professionals) should understand that they are a part of a longer process of empowering the victim. This process can take years, but every encounter is critically important when the victim is in a crisis state. Often, in these moments when any of us are vulnerable, things said to us are remembered word to word.

As stated in a study of Savola, T., Piispa, M. & Hakulinen-Viitanen, T. about a screening form for domestic violence for maternity clinics, it was reported that the form was not used consistently by staff. However, it was reported that in cases where staff, or the customer themselves, brought up domestic violence via this form or in other conversations, support and additional services were offered actively. This shows how important it is that staff has knowledge and proper skills on how to approach this sensitive and intimate issue. In the same study personnel reported that using the form was uncomfortable and the customers reported that the conversations did not feel professional. In order to bring to light the magnitude of the problem and to consistently offer help to all victims of abuse screening is essential. For example: the American Medical Association, the American Nurses Association, and other medical and nursing organizations all recommend universal screening for domestic violence (Manton, A.).

5.1 Costs and consequences of domestic violence

Long-term consequences take both psychological and financial toll not only on the individuals themselves, but the society. Especially, when it comes to children living in violent homes, the pay-out can be enormous. This does not only apply to these children's' lives and futures, but also to costs to society.

There are not many studies made of financial costs of domestic violence, but estimations show that programs aimed at changing the behavior of violent individual are cheaper than costs of the consequences of violence. Costs of violence are difficult to count, because there are immediate costs such as doctors' appointments, sick leaves or home alarms, where police

intervenes the situation, and indirect costs, that can actually occur years after. These long-term costs can include mental health disorders and their costs, such as therapy, medication and long sick leaves from work. Several studies show, that witnessing violence and living in an unstable house cause children to perform poorer in school than their peers. Poor academic performance in school has lifelong consequences. (Lehtonen, A. & Perttu, S.)

Considering the phenomenon of domestic violence, and how both short-term and especially long-term consequences of it shows in different fields of nursing, it seems that further education for personnel is needed to make sure the victims get the help they need.

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