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Research Article

Forensic Nursing: Nurses' Role in the Medical and Legal Care for Men and Women Facing Intimate Partner Abuse

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Abstract

Aim: Intimate Partner Violence or IPV is when a partner experiences domestic violence from a spouse, current or previous partner in an intimate relationship. Abuse or violence can be sexual, economic, verbal, or physical. Women are the primary victims of IPV, and most of them are unlikely to report violent cases. Medical professionals lack the required details to conduct detailed research that can lead to the required investigation.

Methodology: The study used ethnographic research, which involved observing the victims, the medical personnel and interacting with them in their real-life environment. The victims, nurses, doctors, and investigative agencies were all interviewed separately. The open questionnaires would seek clarification from the respondents since static responses were not necessary. The methodology applied concentrated on the interactions between the victims, nurses, doctors, and investigative agencies.

Results: The victims, nurses, and the investigative agencies found out that women are most affected by intimate partner violence than men. Likewise, most cases of the IPV reported were by women. Results showed that most victims were afraid to speak up; in some cases, the medical personnel or the investigative agencies were hostile. The victims also felt subjected to judgment and criticism, and in the end, justice was not served due to a lack of enough evidence to prosecute the perpetrators. Most of the victims took the health centers as healing, warm and spiritual places.

Conclusion: Both men and women are prone to become intimate partner violence victims, but women are most affected. The victims need help but are faced with particular challenges such as lack of attention from social and health services

Introduction

IPV is when a partner experiences domestic violence from a current or previous partner or spouse in an intimate relationship. It comes in different ways, such as sexual, economic, verbal, physical, and sexual abuse. Intimate partner violence affects both genders, that is, men and women. However, research shows that men are less affected by IPV compared to women. They are less likely to report cases of domestic violence caused by their intimate female spouses. Domestic violence victims often need medical care and legal proceedings so that justice may be served. In the medical aspects, they are treated and cared for mostly by nurses, and for the legal elements, police provide the needed assistance. If

not well looked at, domestic violence victims are at significant risk for mental and physical illness, for example, alcohol dependency and Post-traumatic Stress Disorder.

Another problem is that the victims, mostly women, are hard to open up about the horrific instances and are hard to treat, which requires the medical personnel's more considerable attention. Therefore, nurses or doctors have much information that is vital in the investigation process or the prosecution. However, most medical personnel try not to disclose the report, making it difficult for them to earn justice. This paper attempts to highlight the importance of forensic nursing, that is, nurses' role in helping the victims overcome the trauma and assist the police or investigative

bodies by providing accurate and reliable evidence for victims' prosecution. It also shows the connections and disconnections in delivering care for intimate partner abuse violence.

Methodology

The study used an ethnographic research approach, which is a qualitative method. The method used was intersubjective. A total of 50 participants were involved in the study. 30 patients and 20 medical personnel were chosen for this research. The patients' age ranged between 20 to 64 years, while that of the medical personnel ranged between 30 to 54 years. 20 male and 10 female patients were selected, while 10 male and 10 female medical personnel were engaged in the research. The research involved observing the victims, the medical personnel, interacting with them in their real-life environment. The victims, nurses, doctors, and investigative agencies were all interviewed separately. The interviews were conducted in-depth. They were also given open questionnaires to fill in. The open questionnaires would seek clarification from the respondents since static responses were not necessary. The respondents were able to understand deeply the reason they were being interviewed. It was also more straightforward for their logic and data points in their opinions to be deeply appreciated.

Generally, it is difficult to explain how a factor can subject some people to violence while others are protected from it, and that is why the ecology framework was utilized in the study. The results showed that the violence resulted from different interaction levels, including personal relationships, individual level, societal, and community. The study primarily focused on the interactions between the victims, nurses, doctors, and investigative agencies. The context and their relationships were clearly understood.

Results

From the respondents' responses, that is, the victims, nurses, and the investigative agencies found out that women are most affected by intimate partner violence as compared with men. Also, most cases of the IPV reported were by women. It was noted that the victims of Intimate partner violence were actively seeking help. Also, it was pointed out that most of the victims were afraid to speak up; this may be caused by the fact that some medical personnel or the investigative agencies were hostile [1]. The victims felt subjected to judgment and criticism, and in the end, justice was not served to most of the victims due to a lack of enough evidence to prosecute the perpetrators. However, there are many gaps the participants in the study face, mostly in the continued support and care [2]. For instance, some victims of IPV were forced to be discharged because their condition deteriorated. These later had adverse effects on their lives since most of them ended up committing a crime or became alcohol addicts.

Most of the victims took the health centers as healing, warm and spiritual places, and that their stress or burden in their

mind would be relieved. To their shock, due to negligence by the medical personnel, most of the victims left the health centers without their trauma needs being addressed. The medical staff was not welcoming or even did not show interest in the patients' whole healing process [3]. Most medical personnel focused on physical healing and forgot about emotional and psychological care for the victims. Also, even after the victims left the treating centers without their trauma needs being addressed, it was noted that most of the victims were not offered referrals [4]. The referrals would be of help in meeting the outstanding obligations of the intimate victim violence victims. It was noted that there had been an increase in the number of patients diagnosed with PTSD, alcohol addicts, and criminals, and most of them have a history of IPV.

Conclusion

In conclusion, both men and women are prone to become intimate partner violence victims, but women are most affected. The victims need help but are faced with particular challenges [5]. The social and health services do not give the required attention to them. The victims' cry for help is not recognized. This has made most of the victims diagnosed with Post-Traumatic Stress Disorder (PTSD) or even become alcoholic dependents [6-8].

Recommendations were made for further research to develop a better way and understanding of helping the victims of intimate partner violence. Also, there was a need to establish advocacy bodies, groups, and policymakers. The agencies would fight for IPV's victims' rights and represent them in legal suites [3]. This will make the victims feel appreciated and loved and will not feel isolated or stigmatized. There is a need for health centers to know trauma [4]. The medical personnel should also look after the psychological damages caused by the perpetrators. They should be friendly, understanding, and avoid criticizing or judging the victims, hence, this will help recognize the victims' cry for help.

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