Domestic violence by marital partners is the most common form of violence against women. This has emerged as a central concern because it not only impedes women’s economic and social development and their capacity for self-determination but also has serious impact on their physical and mental health and overall development. Domestic violence is manifested through physical abuse, sexual abuse, psychological abuse and economic abuse (UNICEF, 2000).

Domestic violence/ marital partner violence is defined as any act of physical, sexual, emotional, or social violence against a person within or beyond the confines of home. Physical violence is defined as the use of physical force against a person that results in physical, sexual or psychological harm and includes acts like slapping, pushing, hitting with fist, kicking, choking and use of weapon, etc. Sexual violence consists of violent sexual acts like non-consensual sex, physically forced sex and any degrading or humiliating sexual act. Emotional/psychological violence refers to violent emotional acts like humiliation, intimidation and threatening to hurt (Garcia-Moreno et al, 2005; Jain et al 2004).

Different coping mechanisms are used by the abused women to deal with abusive situations.

Many studies report that often their reactions were of depression, along with a feeling of helplessness and powerlessness. A majority of them do not share their experiences with their relatives and friends. The victims resist the notion of leaving the husband’s home and seek separation because they value their marriages over and above other aspects of life due to psychological entrapment and because they suffer from learned helplessness. In addition to this there are different factors like lack of alternative support system, self-image, social stigma, dependency, presence of small children, fear of living alone and so on (Anderson et al, 1991; Mahajan, 1990; Bhatti, 1990). However, many abused women cope with violence by leaving the abusive relationship (Planning Commission, 2003).

Nursing is one of the most women-centred profession and is impacted by violence on several fronts. The nature of duty, and work schedules of nurses are unique that can have distinct implications for their family life experiences with marital partners. Nurses with knowledge of either personal experience of domestic violence or experience among family and friends were better care providers for victims (Wilson, 1998). Many studies on women’s responses to partner violence have been carried out among women who were using support services such as shelters or counselling services and a few at population level. However, little is known about nurses’ response to domestic violence. This study

**Abstract**

This facility-based study was conducted at a tertiary care hospital in New Delhi. Thirty nurses identified to be exposed to physical or sexual violence ever in life through a pilot study were purposively selected for further studying their coping strategies. The pilot study was initially conducted among 60 ever married female nurses sampled conveniently. Data was collected using self-administered standardised questionnaire adapted from WHO multi-country study on women’s health and domestic violence.

To estimate coping strategies, Section 9 of the data were analysed using SPSS 12 software. Eleven respondents (36.3%) experiencing physical or sexual violence, informed friends and close relatives about husband’s violent behaviour while 40 percent talked to no one. Only 5 (16.7%) nurses sought help from formal agencies. Reasons for not seeking help mainly were considering violence as normal/not serious (20%), fear that he would end relationship (20%), fear of consequences (16.7%). Nurses mainly sought help on being encouraged by friends/family (6.7%). The study found that relatively few nurses experiencing domestic violence talk to someone or seek help from formal agencies.
was conducted with an aim to understand the strategies adopted by nurses to cope with domestic violence. Coping in the present study refers to the strategies used by respondents to deal with the abusive situation with reference to personal strategies and use of informal and formal sources of assistance.

Materials and Methods

This descriptive, exploratory facility-based survey was conducted at a tertiary care hospital in New Delhi. Initially a pilot study was conducted among 60 ever married female nurses sampled conveniently from a list of 1,150 nursing personnel to assess the prevalence, characteristics and impact of domestic violence against nurses. For the pilot study, WHO multi-country study on women’s health and life experiences Questionnaire version 10, 2003 was used (WHO, 2003). Sixty-five percent nurses reported emotional violence, 43.3 percent reported physical violence, 30 percent reported sexual violence and 50 percent reported physical and/or sexual violence. The 30 nurses who reported physical and or sexual violence ever in life were purposively sampled and further interviewed to assess the coping mechanisms used by them. Section 9 of the WHO multi-country study on women’s health and life experiences Questionnaire version 10, 2003 on ‘Coping mechanisms used by women who experience violence’ was adapted to collect data through self-report from October-November 2009. The items included on coping behaviour were: if they ever fought back, informed someone, sought help, left home or marital partner; and the reasons for the same. Information was also obtained on Socio demographic characteristics of nurses and their husbands/marital partners. Marital partners referred to ‘current or ever married partners’ of respondents.

Nurses were contacted individually and informed written consent was obtained. Data were collected using questionnaire in English while maintaining anonymity and confidentiality. Data were analysed using SPSS 12.0 package for applying descriptive statistics.

Results

Table 1 shows socio-demographic characteristics of nurses who had reported physical and/or sexual violence experience (n=30). Over two-third (70.0%) of the study subjects were from nuclear families and majority (56.7%) were Hindu. Forty percent respondents had a monthly family income of up to Rs.20,000. Most of the nurses (66.7%) in the study population were in the age group of ≤ 40 years. Ten (33.3%) nurses reported that their marriage involved dowry. Most of the husbands (46.7%) possessed graduate or postgraduate qualification; 4 (13.3%) of the husbands were unemployed; majority (86.7%) were currently married. Sixty percent of the respondents reported drinking behaviour in their husbands.

Table 2 presents the coping behaviour of the respondents to deal with violence. Eleven respondents (36.7%) fought back physically to defend themselves. Consequently, the violence became worse in 13.3 percent cases, it remained same in 66.7 percent cases while it became less or stopped only in 10 cases. Forty percent of the respondents facing violence did not inform anyone about husband’s violent behaviour. Eleven nurses (36.3%) informed friends and close relatives i.e. parents, brother or
sister and husband / partner’s family about the violence. Eight nurses (26.7%) informed friends and 23.3 percent each informed parents / brother or sister / children and husband’s family. Only 5 (16.7%) study subjects experiencing violence sought help from formal agencies, mainly from the police (10%). As many as 46.7 percent nurses (14/30) reported that no one tried to intervene/help whether they sought the help or not. The persons who tried to intervene/help included friends, parents, husband’s family (13.3% each, 4/30) and brother or sister (10%, 3/30). As many as 20 percent of the respondents left home (even if overnight) due to violence and 2 (6.7%) even divorced their husbands. But 80 percent respondents continued to stay in the abusive relationship.

Main reason reported for seeking help was encouragement by friends/family (6.7%) (Table 3). Other reasons were being badly injured, could not endure more, he threatened or tried to kill her, saw that children were suffering, was thrown out of the home or afraid he would kill her (3.3% each).

Reasons for not seeking help included considering violence as normal/not serious (20%), fear that he would end relationship (20%), fear of consequences (16.7%), ashamed or fear of not being believed or being blamed (6.7%) and fear of losing children (3.3%).

Thirty percent of the physically or sexually abused participants stated that they would like (have liked) to receive (more) help from family.

Table 4 presents the reasons reported for ever leaving home because of husband’s behaviour. The reasons were: she could not endure more (3/6, 50%), encouraged by friends/family, being badly injured, saw that children were suffering, afraid she would kill him and afraid he would kill her (17% each). The place/s where these subjects went last time on leaving home included her relatives (33%), church (33%), his relatives, her friends/neighbours, temple and church/temple (17% each). Some respondents cited more than one place.

Half of the subjects (3/6) who left home because of husband’s behaviour returned as they did not want to leave children. About a quarter of the study subjects continued to stay in the abusive relationship for the sake of family/children (26.7%), not wanting to leave children (23.3%) or considering the violence normal/not serious (23.3%).

**Discussion**

A very small sample size and unique composition of the study population makes it difficult to compare this study with other available studies that are invariably community-based, have larger sample sizes and varying socio-economic characteristics like residence, income, education, occupation etc.
Also different studies have used different methods to assess domestic violence, its impact and coping mechanisms in women. Nonetheless the underlying dynamics of gender-based differences are not too different.

In the present study, among the nurses facing physical or sexual violence, only 36.7 percent fought back and 36.3 percent informed friends and close relatives about the violence. But 40 percent did not inform anyone about husband’s violent behaviour indicating that 4 out of 10 nurses suffered silently.

Only 5 (16.7%) study subjects experiencing violence sought help from formal agencies. The most frequent reason reported for seeking help included being encouraged by friends/family (6.7%). Barriers such as fear, stigma, fear of ending relationship or not considering violence as serious prevented many nurses from seeking help. There were others who hoped that situation will change for better in future.

These findings are almost consistent with some other studies. In a community-based multi-site study in India, it was reported that 25 percent women experiencing violence fought back, 49 percent reported the incidents of violence to their relatives and friends and 5 percent victims had sought the help from outside formal agencies (Planning Commission, 2003). In a WHO study too over half of physically abused women (55% to 95%) reported that they had never sought help from formal services. In all these settings, the most frequently given reasons for seeking help were related to the severity of the violence, its impact on the children, or encouragement from friends and family to seek help. Barriers such as fear, stigma and the threat of losing their children stopped many women from seeking help (Garcia-Moreno et al., 2005). But contrary to the present study, in Bangladesh, 66 percent women never told anyone and only 18 percent told their parents. Though here too the reasons for seeking help were similar to our study (ICDDR, 2010).

Conclusion

The findings of the present study reaffirm that few women seek help from formal or informal agencies and fewer still receive the help. Often nurses come across the women who are victims of domestic violence. If the nurses are not empowered to help themselves they cannot be expected to help and support other women in need. Further research can be conducted in this direction using a larger sample size to assess the associated factors and for generalisation of the results.

References