Challenges for Nurses with Regard to Domestic Violence Intervention: Nursing Practices in Medical Settings

Challenges for Nurses with Regard to Domestic Violence Intervention: Nursing Practices in Medical Settings

Keiko Fujita, Keiko Shimada

Abstract

　The present study was performed to examine the challenges to nursing practices and skills related to the support of domestic violence victims in medical settings.

　A questionnaire survey was performed using a descriptive exploratory study design. The subjects were nurses and midwives who participated in a meeting regarding domestic violence（DV）between March and December 2012. A content analysis approach was applied to the comments.

　Ninety-five of the 126 participants in the DV meeting completed the questionnaire（response rate: 75.4%）. Three categories were extracted regarding nursing practice tasks: "Building a Relationship between DV Victim and Nurses," "Nursing Practices that Promote the Recovery of DV Victims," and "Developing a Support System for DV Victims in Medical Settings."

　Three categories that nurses required were extracted relating to nursing skills to support DV victims in medical settings: " Appropriate DV-related Knowledge," "Nursing Intervention Techniques to Help DV Victims," and "Behaviors when Nurses Care for DV Victims."

　At healthcare sites, the assignments and skills required by nurses have become apparent based on the viewpoint of nurses that have previously encountered DV victims. As DV victims tend not to talk about their suffering with others, their issues seldom come to the surface and this may seriously affect their health. Therefore, it is necessary for nurses to obtain nursing skills to support these victims and find and intervene in DV cases at an early stage. Based on the results of this survey, the authors intent to review the contents of nursing education to effectively deal with DV issues.

KEY WORDS

domestic violence, nursing, practice, skill, medical setting

INTRODUCTION

　A survey conducted by the Japanese Cabinet Office in 2012 found that one out of four women in Japan has experienced physical violence, psychological abuse that made them fearful and/or sexual violence[1]. Domestic Violence（DV）is associated with unplanned pregnancy, sexually transmitted infection, miscarriage, chronic pain, depression, anxiety and post-traumatic stress disorder.[2]. As the relationship between DV and sleeping disorder, anxiety, depressive tendency and feelings of self-esteem has become apparent[3], DV is seen as a health issue that gravely affects victims.[4] [5] In overseas countries, nursing intervention in cases of DV is indispensable.[6] However, efforts made to care for DV victims in Japanese medical settings have been far from sufficient.[7] It is necessary to take advance efforts to work on DV victim issue in Japan, but there are very few studies concerning what kind of nursing practices nurses think are required and what kind of skills they should obtain to support DV victims. The purpose of this study was to explore the challenges to nursing practices and nursing skills as they relate to the support of domestic violence victims in medical settings.

Faculty of Health Science, Institute of Medical, Pharmaceutical and Health Sciences, Kanazawa University

METHODS

1. Study design

This study design used a descriptive exploratory study design via questionnaires.

2. Study participants

The subjects were nurses and midwives who participated in a study meeting about DV conducted in four prefectures of Japan.

The reason why we used these study meeting participants as the subjects of this study was because there were nurses who felt it necessary to support DV victims at actual healthcare scenes and were interested in addressing this issue, and we researchers thought we could clarify the issues that needed facing and the skills required to support DV victims at medical sites through these participants' actual nursing experiences. Furthermore, since there were nurses at many different levels of nursing practice at healthcare organizations, the researchers did not set any qualifications as to the length of the subjects' nursing experience in terms of clarifying their needs at various levels. At the study meeting, the researchers checked the basic knowledge regarding DV and discussed actual cases so that participants could reconfirm their experiences concerning DV.

3. Data collection period

Data was collected between March and December 2012

4. Data collection methods

After the meeting, the researchers explained the purpose of this study to the participants and obtained their consent. Data was collected using an open-response questionnaire in a box. Questions asked what nursing practice tasks were required in order to support DV victims at medical settings, and through their nursing experiences, what kinds of nursing skills did they feel were needed.

5. Data Analysis

A content analysis approach was applied to the comments on the questionnaires. Data analysis was conducted by a repeated reading of the transcripts and categorizing utterances and collecting excerpts of transcript that addressed similar issues. Then, the researchers categorized any sub-categories. It followed the qualitative analysis of Kayama.[8] Analyses were supervised by professionals from the areas of DV and nursing. To achieve trustworthiness[9], the authors solicited feedback from participants on the subcategories, categories, and themes identified in the data by meeting with them and having them provide feedback.

6. Ethical Considerations

This study was approved by the ethics committee of the Faculty of Nursing and Rehabilitation, Konan Women's University, Kobe, Japan (2011104). When meeting with the principals, the researchers stressed that potential participants were not to be coerced into participating in any way. Before distributing the questionnaires, the authors explained the purpose of the study, the research methods, the way the results would be used and how anonymity would be ensured. Participants were informed that they could withdraw from the study at any time without penalty. Questionnaires related to data analysis were stored in a locked cabinet by the researchers.

RESULTS

1. Characteristics of the Participants (Table.1)

Ninety-five out of 126 participants in the DV study meeting completed the questionnaire (response rate: 75.4%). The subjects included 58 nurses (61.1%), 30 midwives (31.6%), 6 assistant nurses (6.3%) and 1 blank (1.0%). With regard to age, 13 subjects were in their 20s (13.7%), 22 were in their 30s (23.2%), 34 were in their 40s (35.8%), 23 were in their 50s (24.2%), 2 were in their 60s (2.1%), and the age was unknown for 1 (1.0%). The mean duration of professional experience was 17.6 ± 14.0 years (range: 6 months to 40 years).

In the following, the explanations of categories and subcategories are shown in "brackets" and [braces] respectively.

Table 1. Participants characteristics (n=95)

		n	%
Speciality	Nurses	58	61.1
	Midwives	30	31.6
	Assistant Nurses	6	6.3
	Unknown	1	1.0
Age	20s	13	13.7
	30s	22	23.2
	40s	34	35.8
	50s	23	24.2
	60s	2	2.1
	Unknown	1	1.0

2. Nursing Challenges that Encourage the Support of DV Victims (Table.2, Figure3)

The results for nursing tasks that encourage the support of DV victims are shown in Table 2. Fifty-nine cords were extracted from the nurse's descriptions and

thoughts from the questionnaires and were classified into 9 subcategories and then 3 categories. The categories were as follows: "Building a Relationship between the DV Victims and Nurses", "Nursing Practices that Promote the Recovery of DV Victims" and "Developing a Support System for DV Victims at Medical Settings".

Figure 1 is a chart showing the association of categories for nursing tasks that encourage the support of domestic violence victims in medical settings. The chart shows [Giving nurses the opportunity to obtain DV knowledge] for "Developing a Support System for DV Victims at Medical Settings". Also, it shows that the foundation is built on the preparation of nurses who have obtained the required knowledge and that of medical organizations that develop support systems to help DV victims. Then, after they obtain the proper knowledge, they "Building a Relationship between the DV Victims and Nurses" while intervening to conduct "Nursing Practices that Promote the Recovery of DV victims".

1) "Building a Relationships between the DV Victim and Nurses"

This category was comprised of two 2 subcategories: [Building a safe and trusting relationship] and [Building a relationship that makes it easy for victims to talk].

(1) [Building a safe and trusting relationship]

Respondents mentioned the importance of building a relationship that makes DV victims feel safe and gives them a sense of relief so they can disclose their suffering.

Building a safe and trusting relationship.

Telling them I am on their side.

I think our involvement requires the building of a trusting relationship.

(2) [Building a relationship that makes it easy for victims to talk]

Some participants mentioned that it was important to create an atmosphere in which DV victims feel free to ask for advice, as well as being willing to listen sympathetically to the victims during consultation.

Creating an atmosphere where victims feel free to talk.

Letting them feel they can talk to us any time.

2) "Nursing Practices that Promote the Recovery of DV Victims"

This category was comprised of four subcategories: [Being able to notice the signals of DV victims], [Supplying knowledge and information about DV], [Finding the

optimum support together with victims of DV] and [Support for child-rearing DV victims].

(1) [Being able to notice the signals of DV victims]

Some participants responded that it was necessary to be involved with all pregnant patients considering the possible effects of DV, so that one could notice even small signs of the problem.

I should be engaged with the issue, being conscious of the possibility that any woman can be a victim.

I should deal with patients while realizing that they may be victims of DV, taking into account that anybody can be a victim.

(2) [Supplying knowledge and information about DV]

Some participants responded that it is necessary to supply information to outpatients so they can be aware of DV. Additionally, they thought it was necessary to provide care, including the offering of information, when they detect DV victims.

If we explain to them just how many people are the victims of DV, each victim may feel that she is not alone and speak more freely.

We should offer information without letting the abusers know about it.

(3) [Finding the optimum support together with victims of DV]

Some participants responded that it is important to interact carefully with DV victims and think about necessary support, depending on each victim's circumstances.

(If it is possible) you should ask for help from a third party or parties, such as their parents or friends, to separate the victim from the abuser.

I'd like to maintain a relationship with victims and help them achieve a suitable life.

(4) [Support for child-rearing DV victims]

Some participants said that it is necessary to offer child care to empower the victims by supporting child-rearing and helping them feel that they are important as mothers.

Providing care to strengthen the relationship between a newborn baby and the mother.

3) "Developing a Support System for DV victims at Medical Settings"

This category was comprised of three subcategories: [Giving nurses the opportunity to obtain DV knowledge], [Building a multi-professional cooperative system] and [Building a follow-up system].

（1）[Giving nurses the opportunity to obtain DV knowledge]

Some respondents mentioned that nurses should have more knowledge about DV in order to support victims when they encounter them.

If we don't have DV knowledge, we tend to miss victims, so it is important to be aware of what to look for first.

（2）[Building a multi-professional cooperative system]

Some participants mentioned the necessity of building a system that supports DV victims in cooperation with other professions or as a team, because DV support requires various types of know-how and long-term effort.

Clarifying the process of referring DV cases to DV support centers and/or contacting DV specialists.

It is necessary to consider how to work on this issue as a team.

（3）[Building a follow-up system]

Respondents mentioned that support for victims of DV often takes a long time and/or the victim's physical and mental/emotional health recovers very slowly. Thus, building a long-term support system should be considered so that DV victims can be given long-term follow up, if needed.

We should support victims so they can receive long-term care.

A care system that includes calling and visiting as well as community support must be established.

Table 2.   Nursing Tasks that Encourage the Support of Domestic Violence Victims   (Total 59 cords)

Category: Cords Numbers（%）	Sub-category：Cords Numbers（%）
Nursing Practices that Promote the Recovery of DV Victims: 26 cords (44.1%)	Supplying knowledge and information about DV: 6 cords (10.2%)
	Being able to notice the signals of DV victims: 12 cords (20.3%)
	Finding the optimum support together with victims of DV: 5 cords (8.5%)
	Support for child-rearing DV victims: 3　cords (5.1%)
Building a Relationship between the DV Victim and Nurses: 19 cord (32.2%)	Building a safe and trusting relationship: 12 cords (20.3%)
	Building a relationship that makes it easy for victims to talk: 7 cords (11.9%)
Developing a Support System for DV Victims at Medical Settings: 14 cords (23.7%)	Giving nurses the opportunity to obtain DV knowledge: 5 cords (8.5%)
	Building a multi-professional cooperative system: 5 cords (8.5%)
	Building a follow-up system: 4 cords (6.8%)

Figure 1. Association   of Categories for Nursing Tasks that Encourage the Support of Domestic Violence Victims in Medical Settings
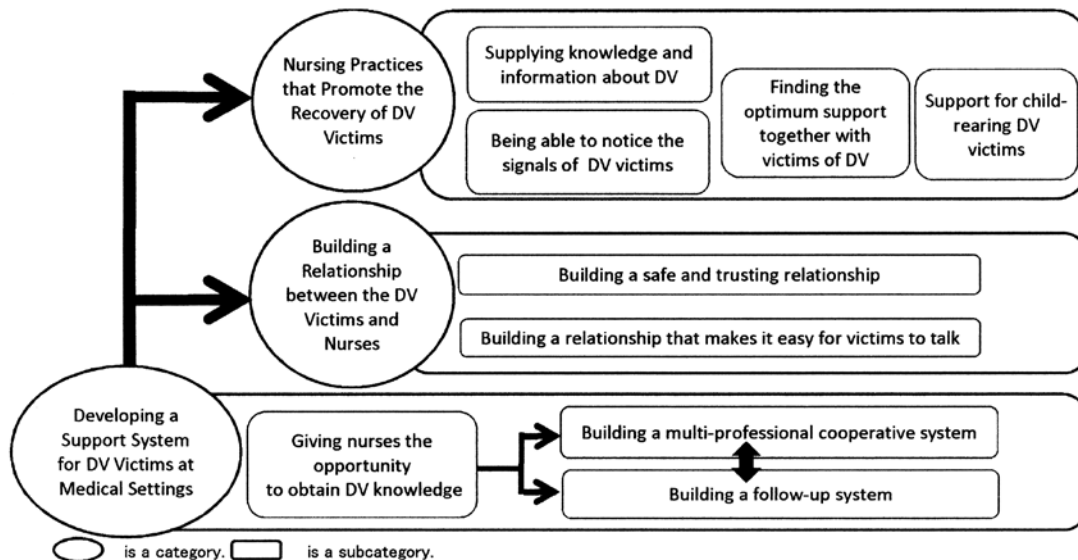
3. Required Nursing Skills to Support DV Victims （Table.3, Figure2）

The nursing skills that nurses seek to obtain in order to support DV victims are shown in Table 3. Ninety-six cords were extracted from the nurse's descriptions and thoughts on questionnaires and were classified into 10 subcategories and then 3 categories. The categories were as follows: "Appropriate DV-related Knowledge", "Nursing Intervention Techniques to Help DV Victims", "Attitudes When Nurses Care for DV victims".

Figure 2 shows the categories of required nursing skills to support DV victims. Overall, expert knowledge is placed at the bottom of the pyramid as a foundation. Then, the requirements of care activities and specialist intervention techniques used as building blocks. It shows that based on "Appropriate DV-related Knowledge", nurses can obtain the needed "Attitudes When Nurses Care for DV victims" and then the "Nursing Intervention Techniques to Help DV Victims".

1) "Appropriate DV-related Knowledge "

This category was comprised of five subcategories: [Actual status of DV victims], [Actual DV cases seen at medical settings], [Psychological and physical impact of DV on victims], [How DV victims recover] and [Impact of DV on children].

（1）[Actual status of DV victims]

Some participants felt there were more cases of DV than they had expected and they were surprised by the number of victims.

It is very necessary for nurses to be aware that there are so many DV victims.

（2）[Actual DV cases seen at medical settings]

Some participants were concerned about actual DV cases, feeling they could respond better to cases that had been identified at medical settings by being familiar about them.

It is necessary that nurses know the flow of cases from DV detection for the protection (self-sustainability) of victims.

I want to be able to assist DV victims by knowing about various cases.

（3）[Psychological and physical impact of DV on victims]

Some respondents were interested in the victim's thoughts and psychological state at the time of DV. They felt the need to support DV victims after hearing their voices. They considered not only physical violence, but also other types of violence that affected the physical condition of victims in various ways and displayed a caring feeling.

Pregnancy and childbirth have a happy image for me, but after I attended this session, I learned that that's not always so.

I would like to know the voices and words of the victims.

（4）[How DV victims recover]

Some respondents thought it necessary to know about the recovery of victims and the influence that DV has on the relationship between parents and children.

The progress of DV victims. How do they recover and return to society

Recovery of the relationship between parents and children that has been changed by DV

（5）[Impact of DV on children]

Some respondents were concerned about the relationship between DV and child abuse, as well as the impact of DV on child psychology.

About the growth of children who are raised in a family with DV

I would like to learn about the impact of DV on children and its relationship with neglect.

2) "Nursing Intervention Techniques to Help DV Victims"

This category was comprised of three subcategories: [How to identify DV victims at medical settings], [Support and cooperation after identifying DV victims] and [Education to prevent DV and to reform abusers].

（1）[How to identify DV victims at medical settings]

Some participants were interested in how to collect data during interviews and communicate with patients in order to detect DV at an early stage, how to start talking to people who appear to be DV victims, and how to record information regarding injuries due to DV. Some stated that they wanted to read the SOS signs of DV victims at an early stage and hand them over to relevant organizations.

I'd like to know how to talk to these people at the beginning and how to treat the issue during the questioning.

What are the points for checking pregnant women who are suspected of being DV victims at prenatal examinations?

I'd like to know how to communicate with possible victims of DV in order to obtain as much information as possible.

（2）[Support and cooperation after identifying DV victims]

Some participants were concerned about how to support DV victims and put them in touch with relevant organizations after their identification.

I need to know more about organizations that I can contact after identifying a DV victim.

Details of how to deal with the situation after finding victims of DV. As a nurse, how can I take actions supporting my patients?

（3）[Education to prevent DV and to reform abusers]

Some participants were concerned about the rehabilitation of perpetrators and preventing DV. Their comments included, *'What are the ways of urging partners to stop DV?'* and *'I thought nurses should try to prevent partners from becoming perpetrators (such as through sex education)'.*

3) "Attitudes When Nurses Care for DV Victims"

This category had two subcategories: [Attitudes and Behaviors of nurses when they support DV victims] and [Don't cause secondary damage to DV victims].

（1）[Attitudes and Behaviors of nurses when they support DV victims]

Some participants were concerned about how to become involved if they encountered DV victims. They requested to learn detailed support methods and described how they would use such knowledge in their nursing care.

There have been increasing opportunities to see patients who suffer from DV or who are dominated by their partners. I have been troubled about how to get involved in these cases.

（2）[Don't cause secondary damage to DV victims]

Some participants were concerned that they may have sometimes inadvertently caused DV victims undesirable secondary adverse effects due to incorrect knowledge and concepts, although their support for the victims was well intentioned.

Sometimes our attempts to support victims of DV may damage them.

Nurses need to learn about which words and attitudes cause inadvertent secondary effects.

Table 3. Required Nursing Skills to Support Domestic Violence Victims (Total 96 cords)

| Category: Number of Cords (%)	Sub-category : Number of Cords （%）
Nursing Intervention Techniques to Help DV Victims: 26 cords (27.1%)	How to identify DV victims at medical settings: 11 cords (11.5%)
	Support and cooperation after identifying DV victims: 11 cords (11.5%)
	Education to prevent DV and to reform abusers: 4 cords (4.2%)
Attitudes When Nurses Care for DV Victims: 15 cords (15.6%)	Attitudes and behaviors of nurses when they support DV victims: 13 cords (13.5%)
	Don't cause secondary damage to DV victims:　2 cords (2.1%)
Appropriate DV-related Knowledge: 55 cords （57.3%）	Actual Status of DV victims: 19 cords （19.8%）
	Actual DV cases seen at medical settings: 10 cords (10.4%)
	Psychological and physical impact of DV on victims: 12 cords (12.5%)
	How DV victims recover: 7 cords (7.3%)
	Impact of DV on children: 7 cords (7.3%)
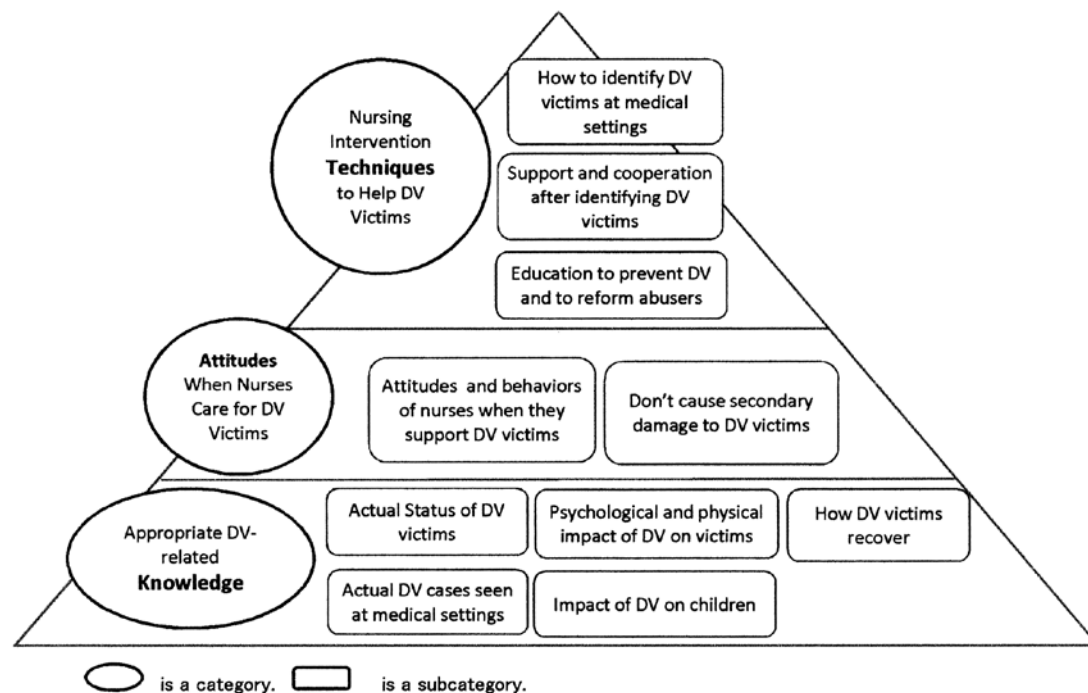
Figure 2. Categories of Required Nursing Skills to Support Domestic Violence Victims
As a whole picture, expert knowledge is placed at the bottom of the pyramid as a foundation.
Then, the required care   activities and specialist intervention techniques are used as building blocks.

DISCUSSION

1. Working to Support DV Victims at Medical Settings

It has become clear just what the issues are and which skills nurses require in order to support DV victims. Since it has reported that the longer a person is a victim of DV, the more severe their post-traumatic stress disorder （PTSD） is and the degree of violence becomes more grave[10], it is necessary to intervene before the damage to their health becomes immense. However, there are stages when DV victims don't recognize the damage and don't clarify their suffering from DV[11]. DV victims may complain about their health condition but this is not always so when they talk about the cause of their injuries because of violence or by themselves [12]. Therefore, to address DV at medical settings, it is necessary for nurses to obtain the skills to discover those cases and intervene at an early stage. Nurses are experts who stay and care closer to patients, which tends to give them a better glimpse into patients' everyday life. That's why if they obtain more knowledge and pay more attention, they will have an easier time discovering and intervening earlier in DV cases.

Though only one of the issues for nurses to work on, the relationship between nurses and DV victims has emerged as perhaps the most important. DV victims tend to lower their feelings of self-esteem due to their relationship with perpetrators. A "feeling of distrust" becomes etched in their mind in order to survive, which when starting a new human relationship becomes a big obstacle for them[13]. Since DV victims feel they cannot trust others due to the day to day violence they receive and have low feelings of self-esteem, it is more difficult for them to have relationships with other people. However, there are DV victims who have recovered from suffering after receiving care from nurses[14]. In other words, DV victims can recover from nurses' care, or they can keep to themselves due to receiving secondary damage. When working on DV cases at a medical setting, one fundamental nursing practice is to build a relationship between nurses and DV victims which makes those victims feel safer.

In some overseas countries, when nurses in general practice discover DV victims, nurses expert in the DV field take over and support victims. However, there is no such system in Japan yet. Therefore, it is necessary to establish a system in which, when nurses discover DV cases, they can cooperate with in-house medical social workers and DV victim support organizations outside of the hospital to work on the issue together. Furthermore,

since DV victims tend to consult with various diagnosis and treatment departments[4], it is important for nurses in different departments to obtain the skills needed to support DV victims and work on the issue rather systematically at medical settings.

Finally, although people have the power to recover from every situation, we still need help give them the resilience to recover[15]. When nurses support DV victims in medical settings, it is essential to build a relationship with DV victims and provide care so they can move toward healing in a safe and reassured environment. Nurses are the experts who can achieve that.[19]

2. Practical Suggestions

The authors discussed the necessity of nurses to have correct DV knowledge and support techniques. It is recommended that training programs should be carefully tailored to practitioners' needs[16]. The authors feel the results of this study can be applied to effective educational contents for supporting DV victims. It is considered that in the future, conducting effective DV study sessions and training programs will promote the support of DV victims at medical settings. By this means, the conclusion of this study shows great significance in nursing practice.

3. Limitations and Challenges for the Future

Since the conclusion of this study shows the challenges faced and skills required by nurses for supporting DV victims from the nurses' viewpoint, and it is not clear that it matches with what DV victims are looking for. In the future, it is necessary to conduct surveys of DV victims and other professions to determine further required nursing practices in order to support DV victims at medical settings.

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DV 被害者支援に取り組むための看護課題
～医療機関における看護実践～

藤田　景子 , 島田　啓子

要　　旨

　本研究は、医療機関において DV 被害者支援に取り組むための看護の課題と看護者の視点から被害者支援に必要な看護スキルを明らかにすることを目的とした。対象は、DV に関する勉強会に参加した看護者とし、自記式質問紙調査を行った。看護の課題と必要なスキルについて、自由記載の内容を質的に分析した。

　勉強会に参加した 126 人のうち 95 人から回答が得られた（回収率 75.4%）。DV 被害者支援に取り組むための看護課題に関して 4 個のカテゴリー、必要なスキルに関して 3 個のカテゴリーが抽出された。看護課題は、安心や安全、相談しやすい信頼関係といった＜ DV 被害者―看護者関係の構築＞、DV の発見や情報提供等の＜ DV 被害からの回復を促す看護介入＞、多職種連携やフォロー体制等の＜医療機関における DV 被害者支援体制の整備＞が明らかになった。スキルについては、DV の実態や実例、被害者の心理や女性や子どもの健康への影響等の＜ DV に関する適切な知識＞、＜ DV 被害者への看護介入の技術＞、二次被害を与えない等の＜ DV 被害者に関わる態度＞が明らかになった。

　医療現場において DV 被害者に出会っている看護者の視点から看護の実践の課題と必要なスキルが明らかになった。DV 被害者は被害について他者に相談しにくいという特徴があることから、問題は表面化しにくく健康への影響が深刻になりやすい。よって、看護者は、被害者支援に関する看護スキルを身に着け、早期に発見・介入することが必要である。今回の結果を生かし、今後 DV に取り組むための効果的な看護教育内容についても検討していくことが望まれる。