Issues in Mental Health Nursing, 22:503–516, 2001
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0161-2840/01 $12.00 + .00

"SHE LOOKED JUST LIKE ME." A DOMESTIC VIOLENCE LEARNING MODULE

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This paper describes a 22-hour domestic violence learning module that is incorporated into the psychosocial course for seniors in a baccalaureate nursing program. As part of their learning experiences, students attend circuit court, meet with judges, and accompany advocacy workers. Additionally, they attend group therapy sessions with both the victims and perpetrators of abuse. Students keep journals reflecting their thoughts, feelings, and reactions throughout the experiences. Thematic analysis of these journal entries revealed five common themes. Students recognized their encounters in clinical situations as frightening and emotionally difficult, expressed surprise at their reactions to perpetrators, identified with victims, wrestled with issues of good and bad, and reported that stereotypes about victims and perpetrators had been incorrect. Debriefings and support by faculty are important for students throughout the experience.

Historically as public health problems have gained national recognition, nursing curricula have been revised to prepare nurses to meet the needs of the public. Some public health problems such as polio, tuberculosis, and HIV have had a sudden impact on nursing curricula but that has not been the case with the current public health problem of domestic violence. Since 1989 it has been recognized that the leading cause of injury to females ages 15–44 years is partner abuse (McLeer & Anwar, 1989). More recently, a joint survey funded by the Department

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of Health and Human Services (HHS) and the Department of Justice (DOJ) (1998) reported more than half of American women had been assaulted at some time during their life. Bachman and Saltzman (1995) reported that 2–4 million women in the United States are abused by their partner each year. A 1996 World Health Organization report and the 1999 United Nations Population Fund Report declared violence against women a public health priority. Even though domestic violence is recognized as a public health problem, McBride (1992) described violence against women as a "relatively invisible curriculum topic" in nursing (p. 88). Moore, Zaccaro, and Parsons (1998) sampled public health nurses and hospital-based nurses and found that "only slightly more than 50% of practicing nurses reported having any education related to abuse" (p. 180). Woodtli (2000) conducted a literature review "limited to reports and research findings with specific reference to violence-related curriculum issues in nursing education" (p. 174) and concluded there was a "lack of violence-related content in nursing curriculum" (p. 175) and . . . a "need for not only more content, but also planned clinical learning experiences" (p. 175). Findings from Woodtli's (2000) qualitative study of 13 health care providers supported the belief that "formal education in violence and abuse issues and the related nursing responsibilities and functions must be included to a much greater extent in all nursing education programs at all levels of preparation" (p. 179).

The recommendation that violence content be integrated throughout the curriculum, with planned clinical experiences in sites such as abused women's shelters, is a view clearly supported by researchers (Hoff & Ross, 1995; Limandri & Tilden, 1996; Ryan & King, 1993; Woodtli, 2000; Woodtli & Breslin, 1996, 1997). Hoff and Ross (1995) reported in a 1992 study in Ontario, Canada that most nursing programs had few violence content related experiences. Woodtli and Breslin (1996) in a 1995 national survey of violence related content in accredited nursing education programs in the United States found that abuse content was presented an average of two hours or less and that clinical practice was only coincidental. Tilden et al. (1994) reported that more than one third of 1571 practicing clinicians in six disciplines had no formal education on violence or abuse.

Kerr (1992) described the integration of violence content in detail in the undergraduate program at Capital University. Ten curriculum objectives were met by course content and clinical experiences in community settings. Kerr strongly supports the addition of violence-related content in nursing curriculum since nurses usually have the first interactions with survivors.

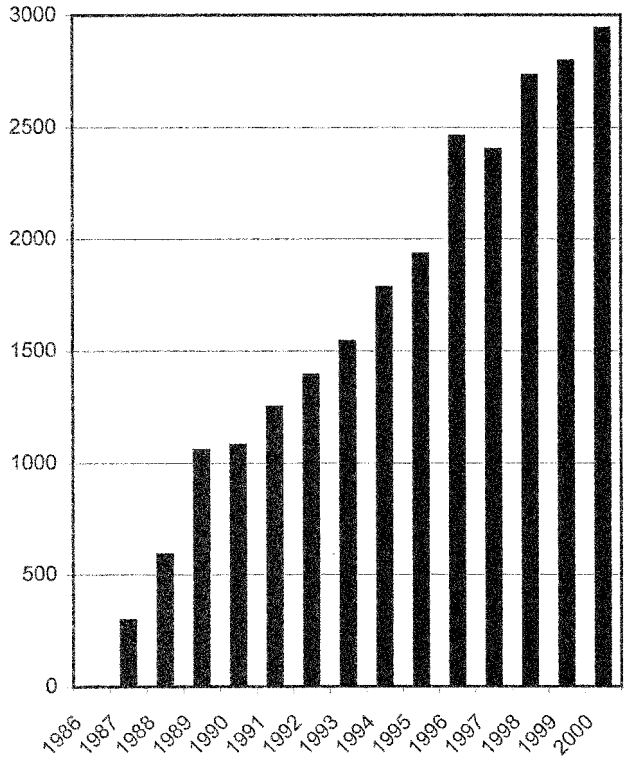
Another curricular design is to develop a separate nursing course focused on violence. Mandt (1993) describes a senior level clinical course, Nursing and Crisis Intervention for Victims of Family Violence, developed at the University of Detroit Mercy for the RN completion program. This course "emphasizes theories of violence, grief, and crisis intervention" (p. 44). Shelters, sexual abuse centers, and telephone crisis centers for clinical topics and group presentations on selected topics were used. Student responses to the course were presented as anecdotal accounts disclosed in classroom discussions.

In contrast to an entire course, another curricular approach is to develop a module. At the University of Tennessee, College of Nursing, the Domestic Violence Learning Module (DVLM) was initially developed in 1996 in response to a dramatic increase in domestic violence and a perceived lack of nursing knowledge and competency to effectively intervene within the network of local community services (Evans, Helton, & Blackburn, in press). With a current county population of approximately 500,000, the number of Order of Protection Adjudications in Circuit Court had increased from 1 in 1986 to 2460 in 1996. The DVLM was implemented in 1997 and the increase in protective order adjudications continued to climb to 2941 in 2000 (Tennessee Supreme Court, 2000) (Figure 1).

THE DOMESTIC VIOLENCE LEARNING MODULE

The 22 hour DVLM is incorporated into the senior baccalaureate psychosocial nursing course, a required six semester credit hour course. The module is completed in one week as part of the psychiatric mental health clinical experience. It embraces a holistic nursing approach to family violence with a balanced learning program focused on both victims and perpetrators. Each student receives a DVLM notebook that was developed to serve as a guide and provide resources. During the orientation, faculty review the notebooks. By the end of the clinical experience students have read the entire notebook and used the resource guide. Course final examination items were developed from the DVLM. The notebook is divided into five sections:

1. Instructions, objectives, and goals.
2. Study guide workbook for the video "Living In A Violent Relationship" (Health Education Alliance, 1995).
3. Legal Rights and Options.
4. Community and National Resources.
5. Community Treatment Approaches for Perpetrators and Victims.



*Tennessee's statute, Tenn. Code Ann. §§36-3-601 et seq., was passed in 1979, but received very little juducial attention for a number of years.

**Figures are fiscal years concluding on June 30th.

FIGURE 1. Order of protection, Adjudications in circuit court IV sixth judicial district of Tennessee, Knox County (Judge Bill Swann).

The goals of the DVLM are for students to recognize violence as a significant, pervasive, long-term problem effecting the health, safety and well-being of people, and to learn appropriate interventions for those abused and the perpetrators. Student groups of seven or eight meet with the same faculty member initially for three hours for an orientation, pre- and posttesting, and a review of didactic material, the learning module notebook, and a video. Each group attends Knox County 4th Circuit Court for one day (eight hours) to hear orders of protection, meet with judges, and accompany advocacy workers as they dealt with petitioners and plaintiffs. Knox County 4th Circuit Court hears orders of protection

one day each week and processes over 150 cases on average each court day. The same faculty member attends court with the students. Student pairs attend three group therapy sessions that last 60–90 minutes each. One session is with victims at a shelter and two sessions are with perpetrators in the court ordered group, "Managing Emotions Nonviolently" (M.E.N.). A three-hour debriefing session is conducted at the completion of the week by the same faculty member. Students are not involved in any other clinical activity during the week and keep confidential journals reflecting thoughts, feelings, and reactions throughout the one week, 22-hour experience (Evans, Helton, & Blackburn, in press.) This is the only written requirement related to the DVLM and is a traditional teaching approach frequently used in psychiatric mental health nursing courses. According to Davies (1995) "journaling, used as an adjunct to organized reflective activities, provides students with an opportunity to return to experiences in an attempt to develop new perspectives that may guide future actions" (p. 167). Journaling was selected as a learning approach because the reflective process allows the student to link thoughts and feelings in trying to clarify their responses, values, and beliefs related to violence. "As a much more private activity than debriefing, journaling enables students to make explicit those things they may not be prepared to share" (Davies, 1995, p. 167).

PURPOSE OF THE QUALITATIVE STUDY

The purpose of this study was to examine the students' experiences of completing the DVLM. In trying to learn about the students' lived experiences, the investigators scrutinized the journals, which reflected their most private thoughts. Given the topic of domestic violence, this approach was expected to be more meaningful than individual interviews typically used for gathering data for qualitative research.

SAMPLE

The study involved a cohort of 87 students who completed the DVLM during the 1997–1998 academic year. In 1997, the upper division student population in nursing was 10% male (90% female) and 9% racial/ethnic minorities. Approximately 62% of the students were traditional college age (less than 25 years). Students were invited to release their edited or unedited journals for phenomenological study.

METHOD

The existential phenomenological method was chosen to examine the lived experiences of student nurses completing the domestic violence learning module. The research project was reviewed and approved by the College and University committees on Human Subjects. Of sixty journals, eighteen were randomly selected for line-by-line analysis. Secretarial staff in preparation for data analysis typed journal entries with all identifiers removed.

ANALYSIS

The procedure for analysis of journal content followed the guidelines set forth by Pollio, Henley, and Thompson (1997). The interpretive process involved reading and rereading the students' journal entries, noting specific statements and passages that stood out as important. First, small meaning units were identified, which later were aggregated into themes. On several occasions, the transcribed data were read aloud and discussed in an interdisciplinary phenomenology research group of faculty and graduate students that met weekly in the College of Nursing. Members of the group signed confidentiality statements, pledging to confine their discussion of the data to the meetings. Pollio et al. (1997) point out the value of an interpretive group whose members have a broad range of perspectives and personalities. The group proposed alternative interpretations, always seeking corroboration in the text for themes. This combination of individual and group analysis allowed greater insight than could be achieved by working in isolation.

FINDINGS

Experiences related by the student participants in this study were very similar in several respects and a common thematic pattern emerged. As the students gained personal insights and examined beliefs and values about violence, their journals reflected five common themes: (1) The students recognized the encounters in clinical situations as frightening and emotionally difficult; (2) Students were consistently surprised by the perpetrators and their reactions to the M.E.N. perpetrator group; (3) Students identified with victims and rejected violent situations; (4) Student stereotypes about victims and perpetrators were dispelled;

TABLE 1. Themes Describing the Nursing Student's Response to Experiential Learning about Domestic Violence

- Scared, finding it emotionally difficult
- Surprise
- Same as and different from me
- Changing my mind
- Good vs. bad

and (5) Students wrestled with the moral issues of good and bad and related nursing responsibilities (see Table 1).

Themes

Scared, Emotionally Difficult to Attend

Prior to this planned clinical exposure to domestic violence, most nursing students were unaware of their previous contacts with victims and perpetrators of domestic violence. Although students commonly found new clinical settings anxiety-provoking, this experience had the added emotional challenge of known violence. For example, the close physical presence of perpetrators in the courtroom and in the court-mandated therapy group was consistently identified as a trigger to fear: "My heart was racing and all I could think was, 'they have all done something violent—and I'm going to be alone with them." Another student wrote: "The elevator was packed and the [group facilitator] turned to one of the men and asked him to take us to the 4th floor. I was uncomfortable being physically close to these men, now I was faced with being alone with them. My heart was racing ... [Later] I realized I had nothing to fear from these men in that elevator."

Another aspect of this theme was the interpersonal fear of learning about oneself. As students anticipated hearing victims' detailed stories of violence and perpetrators' explanations, they regularly questioned their own ability to "find any feelings of caring for perpetrators." While wishing for simple answers to destructive complex problems like domestic violence, one student briefly wished for "great big jails," but rejected this notion with "I guess I'll have to try to help them."

Surprise

The theme of surprise was present in most journals. "The men's group was a real eye opener for me. I grew up in such a loving protective environment that the [perpetrator] group came as a bit of a shock." While students recognized that violence occurred in many homes, the reality of these events surprised the student. It was one thing to hear a televised report or read a news release about a stranger, but it became real when a live victim or perpetrator talked directly to them about these events. The pain, sadness, isolation, and the fear of victims and perpetrators could not be ignored and caught the student by surprise. While these responses might easily be associated with victims, students also heard perpetrators express fear of losing control, and of losing their families and their jobs. Even the numbers were surprisingly real when the average number of court appearances on a given day were over a hundred. "Going to court really brought to life the amazingly large number of women out there being abused."

Same as and Different From Me

This theme centers on the students' perceptions about themselves, victims, and perpetrators. More often than not the students identified with the same gender victims. "The woman in the victim group looked just like me . . . she was intelligent, had kids, a job." In contrast, some students viewed the victim as different from the students by stating "I would never let anyone treat me like that." This theme also was demonstrated with regard to perpetrators. "They [perpetrators] looked like anybody I could have seen on the street . . . like my neighbor or fellow student." "I thought one of them was attractive. I guessed I thought violent men couldn't be attractive . . . or somehow I would know that someone could be abusive." As this attraction was realized, the students' insight with the victim expanded, that is if the student could find the perpetrator attractive, then they were like the victim and neither of them could visually recognize an abuser. Even though students considered their being in a violent situation as unthinkable, they became more aware of the blurred visions they had about victims and abusers as their experience in the DVLM progressed.

Changing My Mind

The analysis of the journal entries reflected change over time as initial stereotypes were dispelled. Prior to the learning experience, students identified common generalizations about violence, victims, and perpetrators. Students started to view victims in a less judgmental way as

they recognized the cycle of violence. One student in regarding domestic violence, wrote that she "was amazed at the variety of people that came through that court, rich, poor, married, divorced, dating, and even sisters and families. I definitely learned that domestic violence can effect [sic] anyone without regard to race, economic, or even family structures." Another student wrote, "I was amazed at the man who was there [perpetrator group] because he shot his wife," and later states, "I realized there are probably more reasons to stay in an abusive relationship than there are to leave." These quotes focus on the risk and reflect a clearer understanding of the cycle of violence. Another change in thinking was evidenced by the student who stated "Women who stay [in the relationship] don't deserve it [violence]" rather than society's more common belief that if women stay they get what they deserve.

Another quote reflects insights about perpetrators. "I think I've always thought abusers must be mean to the core if they could hurt an innocent child or harm a woman for any reason. I know now there is so much more to it than this type of simplistic thinking. Learned behavior from generations of abusive behavior or someone's inability to handle issues of control does not automatically make him a horrible person. This evening has definitely showed me I need to be open minded, empathetic and nonjudgmental."

Good Versus Bad

As students completed the DVLM, the journal entries frequently summarized experiences in which they used critical thinking to understand their values and beliefs. The journal entries consistently reflected the students' recognition of "good" and "bad". Some were forced to confront this dichotomy as a part of nursing. Domestic violence as a health risk mandates intervention to help both victims and perpetrators. The following quote is a response of a student inexperienced in dealing with violence and exemplifies the process of reflection, assimilation, and the development of coping skills.

> Another member of the [perpetrators] group spoke up tonight and made the comment that he originally came because the court ordered him to attend, but he was actually here because of what he had done. He then looked at me and asked me if I wanted to know what he had done and I nodded my head yes. He then told me that he 'was here not because the court made me come, but because I shook my daughter so hard that I broke every blood vessel in her neck.' I have to admit it took every ounce of courage and self-control I have, not to look at him in total shock, disbelief, and total disgust . . . . As I began to think about what he said I

began to realize the progress he had made . . . I see that for some, therapy does help . . . he is learning self-control."

This passage demonstrates the students' reflections moving from the judgmental view of "good" and "bad" to empathic reasoning and acceptance of the moral responsibility and obligation for therapeutic intervention. According to Gaylord (2000), all nursing philosophies have common components of attempting to answer the "who," "what," "why," and "how" of nursing as a profession. The underlying assumption is that nurses promote a 'good' (i.e., health). Therefore, nursing practice is a moral endeavor. Nursing as a moral endeavor requires continued reflection regarding what directs practice, and what moral responsibilities and obligations are. "It [nursing] involves the seeking of a "good" and it involves relationships with other human beings" (Curtin, 1982, p. 15). "The end or purpose of nursing is the well-being [health] of other people. This end is not a scientific end; it is a moral end" (Gaylord, 2000, p. 2).

IMPLICATIONS FOR NURSING EDUCATION

Domestic violence is no longer a family secret. It is recognized as a health risk, and a public health and justice and legal problem that is impacting our communities and families. As communities strive to intervene and stop this epidemic of violence, nurses are becoming increasingly involved as caregivers, resource providers, educators, and task force leaders. Nursing educators must prepare future nurses to function as members of interdisciplinary teams and as clinicians who can recognize and intervene in family violence. This study supports the use of the DVLM as one approach to educate nursing students about family violence.

As suggested by Mandt (1993) when the nursing curriculum plan permits the addition of new courses, social problems such as drug abuse and violence with their serious health consequences, are logical choices. However, with the rising cost of nursing education and decreasing availability of faculty, other creative options must be explored. According to Oermann and Sperling, (1999) "the teaching strategies used in the clinical course and how the teacher designs the clinical experience are critical to providing quality instruction" (p. 78). Based on student evaluations, the unique design of the DVLM is an effective approach to teaching family violence at the senior level in a baccalaureate nursing program. The domestic violence module is cognitively and emotionally challenging and results in a high quality learning opportunity. More than

TABLE 2. Implications for Nursing Education

- Sensory experiences enhance learning
- Debriefing and support are necessary
- Experiential opportunities effect the students' cognitive and affective learning about and response to domestic violence

275 students have completed this learning module. All journals were read, with 18 analyzed for this phenomenological study. Based on this study, the researchers identified three implications for nursing education (Table 2).

First, sensory experiences enhance learning. The courtroom experience can be profound as the student identifies the characteristics and impact of an abusive relationship. However, the sensory stimulation heightens the experience. Imagine the student seeing the accused inmates in striped jail clothing, hearing shackles rattle and children cry, and feeling packed into a full room waiting for closure on each case. Anticipating those cases where they heard both victim and accused perpetrator share their stories, pain, fear and anger, the students commonly describe this court experience as "eye-opening" and "real." Students were given practice in asking about, talking about, and listening to stories of domestic violence. Desensitization prepared the student to take effective action rather than reaction as they developed safety plans based on assessment data and knowledge about resources and the cycle of violence.

The second implication focused on the importance of debriefings and support for students throughout the experience. These debriefings enabled students to share and learn from each other's experiences. As one student stated "I liked hearing and comparing our [student] stories [in postconference]. I learned from them. The feedback provided from the students and instructor is beneficial." Consistently the journal entries reflected the importance of being able to vent and receive feedback from other students and faculty to enhance learning. Based on self-report students were found to experience domestic violence at a rate similar to that reported by Heise (1999)—one in four women. Without fail, every semester students reported their personal violent experiences either in confidential interactions with faculty, in journal entries, or sometimes as open discussion in faculty and student group conferences. This finding is a shared concern of nurse educators about the number of nursing students reporting violence in their lives (Woodtli & Breslin, 1997). In anticipation of student revelation of personal stories of violence, faculty are available for support via "on call" status. Students' ability to access faculty served as a safety net as they attended victim support groups and

perpetrator groups. Faculty on occasion made referrals to counseling services on campus and in the community.

The third implication for nursing education is based upon the importance of experiential learning in a practice profession. For students to develop and begin to identify themselves as professional nurses, each must acquire a core set of beliefs and values. According to American Association of Colleges of Nursing (AACN, 1998) "membership in the (nursing) profession requires the development and acquisition of an appropriate set of values and an ethical framework" (p. 6). Students must have experiences that allow them to practice these values in order to internalize them. The practice experience associated with the DVLM encourages students to analyze domestic violence as a health risk, a community problem, a moral issue, and a legal responsibility. The unique components of the learning module use both cognitive and affective teaching and learning strategies; however, without the practice component, students would never face the challenge of preventing and intervening in violent relationships. It is only through face-to-face contact with victims and perpetrators that nurses can prepare to deal with the complexity of family violence. As one student stated "[This experience] got us out of the textbook comfort zone and into the domestic violence war zone the clients face."

Faculty review and discuss revisions annually. Although changes have been implemented in the past four years, three facts remain as unwavering guides. First, nurses as health care providers have contact with victims and perpetrators on a regular basis. Neither victims nor perpetrators may feel comfortable seeking help from friends, family, or shelters but may visit a health care provider for routine or emergency care. Nurses must be prepared to screen, assess, and intervene in domestic violence. Second, nurse educators will encounter students who are victims or perpetrators of abuse. Guidelines for assessing safety and intervention should be practiced. Third, the problem of domestic violence requires a holistic approach. Soler (2000) states that "31–54 percent of female patients seeking emergency services, 21–66 percent of those (female) seeking general medical care and up to 20 percent of those seeking prenatal care report experiencing intimate partner abuse" (p. 1). The fact that there is a corresponding perpetrator for each victim cannot be ignored. A major strength of the DVLM is the balanced approach that addresses both perpetrator and victim; to focus on one without the other would ignore half of the problem. When future surveys reflect that 100% of practicing nurses have had content and clinical focus on family violence in their nursing education, then domestic violence will no longer be invisible in nursing.

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