

Abstract

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The dissertation deals with domestic violence and with what way the treatment of victims of domestic violence should go in a health centre.

The theoretical part starts with defining of the key term, continues with statement of types and forms of domestic violence, the most common myths of this phenomenon, and summarizes main causes of its origin. It pays more detailed attention to typology of aggressors and typology of victims, it describes impacts of domestic violence. It approaches the difficult problem of how to communicate with victims of domestic violence efficiently and how to help them efficiently.

The research part reviews the results of qualitative investigation among nurses at Emergency. The inquired group consisted of 7 general nurses and 2 social assistants. The author had a semi-structured interview with each of them; the recording of the interview has been analysed by open encoding. All nurses encountered victims of domestic violence during their professional careers (2.5 – 30 years long), four out of them more than ten times. Usually it is injured women (they have injuries on their faces, injured arms, numerous bruises and contusions on their bodies) who come to Emergency. They usually give the real reason for their injuries – domestic violence; those who are scared to say the reason report the cause of their injuries is a fall. The process of treating the victims of domestic violence itself is standard but only fewer than a half of the nurses ask women victims whether they have reported the experienced violence to the police. From the social assistants' view, the

occurrence of domestic violence is occasional and varies from one department to another. In case social assistants are reported a woman or a man who have become a victim of domestic violence has been hospitalized, they act in accordance with the law and with the view of seriousness of the situation.