Violence Against Women:
Review of Nursing Research on Battering

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The last few years have seen an emergence of a growing body of nursing research on the battering of women. Nurses' research is being published in both nursing journals and interdisciplinary forums. Woman abuse is an appropriate area for nursing inquiry in terms of the significant health problem represented by intimate violence toward women, the holistic responses to violence experienced by those victimized, the potential for further morbidity and mortality when battering escalates, and the effect of woman abuse on children, both born and unborn.

Nursing's Unique Contribution

Nursing research has added a unique perspective to knowledge development in the field because of its holistic perspective. The literature in psychology, sociology and even victimology and women's studies on abused women tends to concentrate on documenting emotional effects and sociological and psychological causative factors. The nursing research to date has been more concerned with responses to and characteristics of woman abuse than causation, and has added both physical injury and physical responses to the emotional and behavioral reactions usually studied. This is reflective of nursing's Social Policy Statement (1980) definition and allows an easily comprehensible identification of nursing's unique body of knowledge in this field.

A women's health orientation, either using an overtly feminist

framework or at least avoiding the androcentric biases of much early research and some of the continued research in other fields, is also apparent. Nursing studies have avoided the victim blaming and emphasis on pathology characteristic of much other research which has served to encourage a distancing perspective of battered women as a deviant group (Campbell, in press; Schur, 1980; Wardell, Gillespie, & Leffler). There also have been connections with the Battered Women's Movement by most nursing authors in the field and a general avoidance of the controversies surrounding the extent and nature of female violence against male partners. Nursing has concentrated, and rightly so, on the threat that wife abuse poses for women's health rather than obscurring the issue under such labels as "spouse abuse" or "domestic violence."

Nursing research on battering also has approximated a critical theory approach (Allen, 1986) in that the published reports have almost always had an emancipatory component, either in terms of the clinical prescriptions derived for nursing care or in the way the study itself was conducted (e.g. Hoff, in press). The findings from at least one nursing study (Campbell & Alford, 1989) were used for emancipation through a state legislative change. Nurse researchers almost always provide interventions when they work with battered women, either directly with the women or by providing staff training. They also almost always make clinical suggestions in research reports. These nursing implications often go beyond what has been found in the study but reflect the nurses' concern and rich clinical background with battered women and the shelter movement that they bring to their research. These additions are

not usually overtly deliberately guided by a theoretical or philosophical premise of emancipation but probably reflect the clinical grounding of all our research plus the recognition of these women's need for empowerment, both in the health care system and in their lives.

Nurses who conduct research in this area have worked closely with abused women and have grown to know them well, in contrast to many of the other social scientists in the field. Nursing research generally has grown out of clinical concerns rather than a deductive theoretical testing approach. Thus, our research is, in general, congruent with the calls for an "activist research agenda" being proposed by those who align themselves with the grassroots battered women's movement, feminist theory, and critical theory (Dobash & Dobash, 1988). These researchers and activists want to make sure that the primary agenda for future research on battering is to empower the women and children involved (rather than further blame or pathologize them) and to put the onus of responsiblity on the social system to change, rather than the individual women. Nurse researchers' knowledge of and ability to influence the health care system in combination with their women's health orientation and clinical concerns gives them a unique and crucial part in that agenda.

Organization of Review

This review of research will be limited to data based inquiries related to physical, sexual, or emotional abuse of female partners published in nursing literature or in interdisciplinary journals by authors who identify themselves as nurses. There has

not been an extensive search of journals primarily identified with other disciplines. We have been fortunate to see the emergence of a great deal of clinical nursing literature on battered women in the last decade, but this body of knowledge will not be reviewed. However, it can be noted that there is enough original research, theory, and clinical nursing literature currently published that nurses need no longer rely on publications from other disciplines for their background material in these clinical articles.

The nursing research on battered women could be conceptually divided in a number of ways. For this review the literature will be divided into the following categories: battered women in the health care system, battering during pregnancy, responses of women to battering, homicide of women, and marital rape.

Battered Women in the Health Care System

Several research efforts have been aimed at identification of battered women in the health care system, both in terms of establishing prevalence in various populations and determining how best to assess for battering. There also have been investigations of attitudes of health care professionals conducted by nursing researchers.

Emergency Departments

Drake (1982), and Goldberg and Tomlanovich (1984), and Grey, along with her better known New Haven hospital colleagues, Evan Stark and Anne Flitcraft (Stark, Flitcraft, Zuckerman, Grey, Robison and Frazier, 1980) all elicited data about emergency department visits from battered women. While Drake's study was a small (N = 12) retrospective pilot, Goldberg and Tomlanovich

surveyed 492 urban emergency room patients while waiting for care, and the New Haven group reviewed 481 ER patient charts. All three samples were primarily African American and European American, ranging in proportion from aproximately 50-50 to 70-30. The cumulative data from different methods and different geographic locations were persuasive that battered women were a significant proportion (at least 10-22% and probably as much as 25%) of women in emergency settings, were sustaining significant injuries from the beatings, and wanted to receive services specific to abuse from health care professionals. However, only 2-8% were identified as abused on their records, and they did not receive as much or as useful assistance as they wanted when asked.

Stark et. al. (1981) documented significantly increased prescriptions of minor tranquilizers and pain medications than other women in the emergency department, but Goldberg and Tomlanovich (1984) did not, perhaps because they did not control for gender in that analysis. Stark and his colleagues interpreted this finding as evidence of the health care system's perpetuation of abuse, since these medications might serve to blunt the woman's motivations to end the relationship. However, given the increased prevalence of chronic pain in spouse abuse victims found by Goldberg and Tomlanovich (1984), pain medication may be the appropriate intervention. A useful, as yet unexplored study would be to compare tranquilizer prescriptions (with pain medications separated out) in abused versus not abused women, controlling for severity of anxiety complaints.

Goldberg and Tomlanovich's (1984) finding that chronic pain

was the most frequent complaint in their sample rather than trauma, and the New Haven group (Stark et. al., 1981) charting of a pattern of proximal rather than distal injuries have been particularly useful in subsequent identification of abused women in emergency departments and the development of protocols. Drake's research report used extensive quotes giving compelling evidence of the lack of sensitive care from the health care system and the kinds of barriers to care these women encounter. For instance, women discussed being prevented from seeking health care by their male partner or not being sure if he would be notified if she went without him. These research efforts cumulatively have been instrumental in changing the approach of many emergency departments to wife abuse and are the empirical basis of most emergency protocols in use today. One of the early myths, that abused women will hide their battering from health care professionals and/or find questioning about abuse intrusive, was effectively dispelled by this important work.

Tilden and Shepherd (1987) used a carefully designed time-series quasi experiment to demonstrate empirically a significant increase in nurses' documentation of battering after staff training and implementation of an abuse victim protocol. The findings supported the magnitude of emergency department prevalence reported above (at least 16% of women) from review of a total of 992 records and the importance of training nurses if additional emergency record documentation is the desired outcome. However, the increase from 9.72% recorded identification to 22.97%, although significant, was not to an optimal level.

The lack of identification and useful interventions by health care professionals was further supported by Brendtro and Bowker (1989). Mary Brendtro used her nursing expertise in the analysis and reporting of the health related questions (3) of Bowker's sample of 854 women returning a Women's Day magazine questionnaire. The least effective formal source of help in that study was "health care personnel" to which only 31% of the women gave a very or somewhat effective rating in comparison to 56% (the largest percentage) giving that rating to battered women's shelters. Attitudes of health care professionals toward battered women have been thought to influence this well established problematic response of the health care system.

Attitude Studies

Attitudes of nurses have been explored by King (1989) and compared with other health care professionals by Shipley and Sylvester (1982) and Rose and Saunders (1986). In the comparisons, both nurses and physicians believed some of the myths about battered women, including that women are at least somewhat responsible for their victimization. Although the Rose and Saunders (1986) study seemed to indicate that nurses were less victim blaming and more sympathetic than physicians, gender rather than profession was the differentiating factor. However, backgrounds including intensive training (Rose & Saunders, 1986) and increased clinical contact with victims (Shipley & Sylvester, 1982) increased sensitivity in all groups. King's (1989) work was also important in documenting the proclivity of clinical nurses to use a paternalistic rather than empowering model of helping with

abused women. This work in total suggests that specific training on abuse, including affective domain work, intervention philosophies, and clinical experience is needed in basic and continuing nursing education.

Other Health Care Settings

Although there are rich opportunities to do so, the emergency department prevalence work has only been extended in nursing research to prenatal settings (described in subsequent section) and one exploration in a primary care setting (Bullock, McFarlane, Bateman, & Miller, 1989). These researchers used record review (N = 793) in a Planned Parenthood clinic where all intake forms had recently been expanded to include four questions about violence. An 8.2% prevalence rate was found, indicating both significant intervention opportunity and an important means of assessment for abuse easily implemented in all health care settings. All staff were trained in the dynamics and assessment of abuse, and the nurse practicioners in interventions for those battered. Battered women in the sample were also found to have significantly more recent life changes as well as parenting, legal, and emotional problems.

Battering During Pregnancy

The excellent program of research on battering during pregnancy initiated by Anne Helton in conjunction with Elizabeth Anderson and Judith McFarlane and continued by McFarlane and Linda Bullock has established the importance and legitimacy of nursing research in the area of woman abuse. Thanks in great part to that ongoing research, former Surgeon General Koop, the March of Dimes, the Centers for Disease Control and the American College of

Obstetrics and Gynecology have all identified battering during pregnancy as a serious health care problem. CDC is currently funding Drs. McFarlane and Barbara Parker's major cohort study of the patterns abuse during pregnacy and associated infant outcomes.

The program of research has established a baseline prevalence of approximately 8% of pregnant women physically abused during the current pregnancy and an additional 15% beaten prior to the pregnancy making them highly at risk for further abuse as well as subject to the atmosphere of threat and coercive control which accompanies physical violence (Helton, 1986; Helton, McFarlane, & Anderson, 1987). Important additional findings were that demographic variables, including ethnicity in a balanced sample of 290 African-American, Mexican-American, and European-American women, did not predict abuse during prengnacy but physical violence before pregnancy did. In an important post partum extension of the research, Bullock and McFarlane (1989) found that abuse was significantly associated with low birthweight and corroborated the prevalence and demographic findings of prenatal abuse documented in the earlier work. Other detrimental infant outcomes, such as a 9% of the Brendtro and Bowker (1989) sample reporting miscarriages from abuse, have been suggested in retrospective studies but not yet established in cohort designs.

Findings from an independent post partum sample of 900 primarily poor women in Detroit (Campbell, Poland, Waller & Ager, In press) using the same abuse questions as the program of research described above also supported the significant prevalence of abuse during pregnancy. Hillard's (1985) medical study published just

prior to Helton (1986) also had documented a similar prevalence of battering during pregnancy. The Campbell et. al. (in press) research added the important additional findings of a decrease in adequate prenatal care and an increase in substance abuse (both illicit drugs and alcohol) associated with physical violence from a male partner as well as the already documented emotional problems.

Women's Responses to Battering

How women respond to repeated acts of violence in an intimate partner relationship can be conceptually divided into physical, psychological, and behavioral responses. Physical responses, other than the documentation of injury described above, have only been measured in my own research which found battered women (N = 97) to have significantly more and more troublesome stress related symptoms than a group of other women (N = 96) also having significant problems in an intimate relationship. The sample was recruited from the community using newspaper advertisement and was both economically and ethnically diverse. Physical symptoms was one of the few significant differences between the two groups; the other being that the abused women had thought of or tried significantly <u>more</u> solutions to the relationship problems.

Psychological Responses

In terms of emotional responses, the two groups of women in my study were not significantly different on mean levels of depression or self-esteem, but there were proportionately more battered women who were seriously depressed using the Beck Depression Inventory (Campbell, 1989). Both groups were

significantly below the norms on the Tennessee Self Concept Scale. Using the same instrument, both Drake (1985) and Ulrich (in press) also found scores in approximately the same range for abused women from shelters. Mahon (1981) also found significantly ($p < .10$) lower scores on ego strength using the Cattell 16PF Questionnaire and significantly ($p < .05$) increased self-sufficiency, but her extremely small sample (N = 11) limits the usefulness of her findings. Trimpey's (1989) sample of 32 women from a shelter support group showed significantly lowered self-esteem and increased anxiety using other normed instruemnts. Thus, there is considerable support in nursing research for problems with self-esteem in battered women as well as some indication of anxiety and depression (supported in other discipline research). However, these emotional problems can be viewed as part of a response to the actual or threatened loss of the woman's most important attachment relationship which can also occur without physical violence.

The nursing research has also suggested that abused women display emotional strength in some areas. This has been further elucidated in qualitative studies by Ulrich (in press) and Landenburger (1989).

Landenburger (1989) used a triangulation design to identify a process of entrapment in and recovery from an abusive relationship. Thirty women from both shelters and the community were interviewed using an ethnographic interview schedule, phenomenology principles and both domain and comparitive analytic strategies. This work helped to illuminate the process that women go through in the course of an abusive relationship and to explain

why women respond differently, both to the violence and to people trying to provide help, at different points in time. Landenburger identified stages of binding, which included aspects of self-blame, covering up the abuse and "shrinking of the self", disengaging, a period of help seeking, and recovering, wherein she completes grief work, tries to find meaning in her experience and works at the pragmatics of survival. Ulrich's qualitative application of Gilligan's self in relationships framework also has been an excellent addition for looking at the extrication process that abused women go through in terms of first the disappearance and then reconstruction of self as part of an abuse process. Both of these studies were of predominantly white women and need to be replicated with culturally diverse samples.

Behavioral Responses

The work of Sara Torres (1987) has provided a needed cultural comparison of some of the responses of women to abuse. She found her sample of 25 Hispanic-American battered women to have experienced similar frequency and severity of violence as 25 Anglo-American women in shelters but to be more tolerant of the abuse. In addition, concerns for the children were more salient (primary for 40% of the women) in the decisions to leave or stay with the father in the Hispanic women although also important (primary for 20%) for the Anglo women. Lichtenstein (1981) found a similar percentage of a primarily Anglo sample of 30 women citing their children's welfare as a primary reason for staying and/or returning. Importance of cultural considerations are also demonstrated in the Torres (1987) analysis by the tendency of the

Hispanic-American women to stay in the relationship longer because of pressure from extended family and/or threats to family members, while Anglo women in both samples were more influenced by lack of resources.

Parker (Parker and Schumacher, 1977) has also provided insights into the process of leaving or remaining in a battering relationship. Parker and Schumacher's work is considered classic in the field of woman abuse. The article is almost always cited by researchers in all disciplines as one of the first controlled wife abuse investigations. It is also known as the article which coined the term battered wife syndrome to describe a symptom complex occurring when a wife received deliberate, severe and repeated (more than three times) demonstrable injury from her husband. This early definition was later improved by Walker (1979) and others by making it apply whether or not the couple was married, but was unfortunately expanded to include an assumption of psychological deficits ascribed to all battered women. Parker and Schumacher (1977) were careful to identify a separate group of abused women (violence syndrome averters) who were able to decrease the violence, either by leaving or getting help. These women were more likely to have never observed their mothers beaten by their fathers.

Four separate nursing studies have examined the influence of social support on the behavioral responses to abuse. Both McKenna (1985), using established instruments, and Hoff (1988; in press) with feminist ethnographic methodology, have documented a different picture than commonly assumed for battered women in terms

of informal support. Most women in both samples had at least some family or friends who were supportive and were not isolated (although their batterer often tried to impose isolation). However, Hoff (in press) found her sample's (N = 9) natural network to be insufficient and the formal system unresponsive, while McKenna (1985) found network supportiveness to be significantly related to psychological adaptation by canonical correlation analysis in her sample of 112 women in shelters.

Henderson (1989) and Campbell (1986) used qualitative data to examine support provided by shelters. Henderson interviewed eight women to identify four stages of need for support in a shelter: (a) reassurance, when the woman gather information to make sense of the past, (b) analysis, after which they are able to put the past into perspective, (c) reciprocity, when the women give back to newly arriving residents, a stage as important to the giver of support as to those receiving, and (d) independence, the period of adjustment accompanied by feelings of self-growth which started in the shelter but was mainly concluded after residence. The description of these stages generally supported the findings by Landenburger (1989) of her stages of disengagement and recovery.

The themes identified by Campbell (1986) in her analysis of shelter support group meetings provided further contextual documentation of abused women's active participation in mutual affirmation support in the process of recovering as identified by Henderson (1989) and Landenburger (1989). That study also provided support for women's search for meaning in the abusive experience as also described in the other two studies.

Homicide

One of the influences on women's behavioral responses to battering is realistic fear of homicide as found in Lichtenstein's (1981) study as well as research from other disciplines. Although not a common area of nursing inquiry, homicide is definitely a significant health problem in terms of mortality. My own feminist framework historical and epidemiological exploration of homicide of women in Dayton, Ohio between 1975-79 was the beginning of my work with battered women. The homicide study documented that 57% of those homicides involving adult women were between intimate partners (current or estranged husband and wife or boyfriend and girlfriend). In at least two thirds of the cases, the woman was battered before the homicide. When a woman killed her current or ex-partner, the man was the first to use violence in 80% of the cases. The findings also indicated the reality of women's fears that an abusive husband will kill them if they actually leave.

Based on that study and other retrospective work, I formulated a clinical assessment instrument for helping battered women determine their relative risk of homicide in the relationship. The original instrument development work indicated initial support for internal consistency reliability and concurrent construct validity. Stuart (Stuart & Campbell, 1989) found additional reliability and validity support for the instrument in a small sample (N = 30), plus indication that an additional item on suicide threats by the male partner should be added. Foster, Veale and Fogle (1989) added important information about women who killed their abuser from a very small (N = 12) retrospective study of those incarcerated.

They reported emotional abuse and isolation as extremely important precipitating factors in the perception of the women involved but less escalation of violence and sexual abuse as other work would have suggested. The Danger Assessment instrument needs considerable work, especially predictive validity assessment, before it can be considered an empirically useful instrument. However, the research completed so far supports clinical relevance.

Sexual Abuse

Both nursing (Brendtro & Bowker, 1989; Campbell, 1989) and other discipline research (e.g. Russell, 1982) indicates that at least 45% of all battered women are also being sexually assaulted. This sexual assault fits the criminal definitions for rape and is often referred to as marital rape in the literature. However, since these assaults are usually repeated in the context of a battering relationship, I believe the term sexual abuse is more accurate. In my sample described above (Campbell, 1989), self-esteem and especially body image scores were significantly lower for those 97 battered women who were also being sexually abused than those subject to physical violence only. Sexual abuse was also correlated with more frequent and severe physical violence in the relationship. In a descriptive analysis of questionnaires from a separate sample of 120 women in shelters, Peggy Alford and I (Campbell & Alford, 1989) reported women's perceptions of serious physical consequences, including vaginal and anal infections, tearing and chronic pain, from sexual abuse.

Summary

Nurse researchers have investigated many different aspects of

woman abuse, and the body of knowledge accumulated is beginning to be impressive. One of the most useful trends is beginning programs of research (e.g. McFarlane, Campbell) and research which builds on prior work by other nursing investigators. Similar inquiries in terms of research questions but using disparate methods and samples and/or both identical and different instruments for measuring similar concepts in different samples are extremely important in building a knowledge base. Nursing is approaching a point where this base can be generalized or at least used as a starting point for nursing interventions in multiple settings.

The findings accumulated thus far which can be said to be trustworthy include that at least 8% of women in prenatal and primary care settings are abused by a male partner and approximately 20% of women in emergency rooms have a history of abuse. Obviously, this prevalence data coupled with consistent findings of significant health problems, lack of documentation, and abused women's perceptions of poor care by health care professionals indicates a need for nursing continuing and basic education in all settings. Tilden and Shepherd (1987) have provided evidence of the effectiveness of an emergency training program, but further studies like theirs are needed in other arenas.

Nursing research has also documented a consistent finding of self-esteem in battered women, perhaps especially those also sexuallly abused. In addition to other findings of emotional problems, nursing studies have identified significant strengths of battered women, indications of normal processes of grieving and

recovering, and cultural and social support influences on responses to battering. These findings taking cumulatively are beginning to indicate data based nursing interventions that will in many cases duplicate the clinical suggestions already in the literature. Many of the studies reviewed have very small samples and/or unsophisticated methodologies; however, the findings from those studies in many cases support more advanced research, both inside and outside nursing. Most exciting is the emphasis on strengths, rather than pathology, and the implications for interventions that empower rather than patronize. This kind of inquiry, continuing to build on prior nursing work and continuing nursing's unique contribution, and expanding in complexity, sophistication, theoretical underpinnings, funding, and recognition, is the future of nursing research on battering.

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