

GUEST EDITORIAL

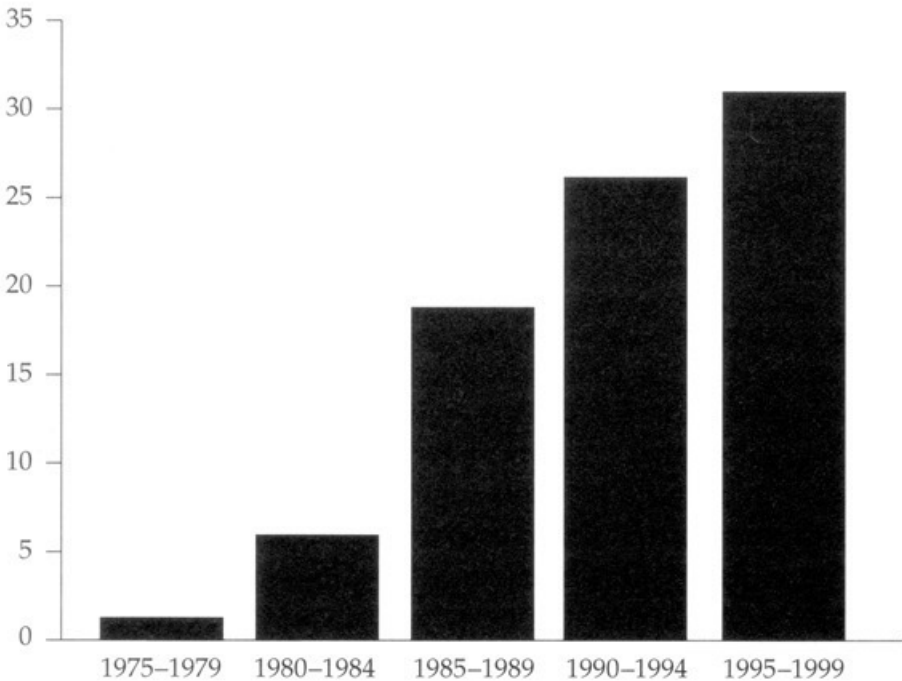
A Celebration of Nursing Research on Violence

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I have been so excited and privileged to be able to work with the fine editor and staff of the *Canadian Journal of Nursing Research* as well as with all of the wonderful scholars who answered our request for manuscripts or made other contributions. It has been a wonderful process and, more importantly, we have together produced a volume that will be a significant contribution to the nursing science, and science in general, on violence. One of the most gratifying aspects of the process is that more quality manuscripts were received than could be published in this issue. As a result, there are several more on the topic of violence from the original solicitation that will be published in *CJNR* over the next year. I hope that this issue and the articles that follow will spark even more interest in nursing scholarship on the topic.

The growth in North American published nursing research on violence, especially violence against women, over the past 25 years has been phenomenal. See Figure 1 for a graphic representation of the impressive increase in the field of intimate-partner violence alone! Barbara Parker's epidemiological study of the risk factors for intimate-partner violence, which appeared in 1977 in the *American Journal of Public Health* (Parker & Schumacher, 1977), is the first published nursing research I have found on domestic violence and is, I believe, the first published health-care research on the subject except for a few very early psychiatric case studies. Four more articles were published between 1980 and 1984, and that small beginning grew to more than 30 data-based nursing studies (identified as such or published in a nursing journal) between 1995 and 1999. There are two very recent reviews of all of the nursing research in the domestic-violence field (Campbell & Parker, 1999; Humphreys, Campbell, & Parker, in press), as well as many excellent reviews of research on intimate-partner violence and various aspects of health, including abuse during pregnancy, that include nursing research (e.g., Gazmararian et al., 2000). Nursing scholars and practitioners interested in this field need to be directed to such

Figure 1 *Published Nursing Research on Intimate-Partner Violence, 1975–1999*



Source: Campbell & Parker, 1999.

references. It is discouraging to read clinical nursing articles, nursing research publications, and nursing theses and dissertations that review the literature on domestic violence without citing the important nursing scholarship in the field. The interdisciplinarity of the violence field is important and laudatory, but nursing also needs to cite the contributions of its own discipline.

The most outstanding in-depth contribution made by nursing scholars to a particular component of violence research has been in the area of abuse during pregnancy. One of the two earliest published studies of this phenomenon came from nursing scholars (Helton, McFarlane, & Anderson, 1987), followed by a decade of sustained, multiple studies using a variety of methodologies that have explored this area in all of its important facets. It is wonderful to see one of the earliest nursing scholars in the area of abuse during pregnancy, Linda Bullock (Bullock & McFarlane, 1989), represented in this issue, as she publishes the first known investigation of abuse and breastfeeding. This area is a natural for nursing research. Although this initial investigation did not show a relationship, more research is needed in this area,

especially in-depth studies using qualitative data. Abuse during pregnancy has not had the attention of enough Canadian nursing scholars to date, and I would love to see more research from them in that field. Especially ripe for nursing inquiry is testing of the Parker, McFarlane, Soeken, Silva, and Reel (1999) intervention for domestic violence in prenatal clinics. This is another example of nursing research breaking new ground, actually testing an intervention in a health-care setting. The initial research used a quasi-experimental design and found some evidence of increased safety behaviours and decreased violence. The intervention can be adapted to any kind of patient or setting — a perfect opportunity for further testing.

The books reviewed in this issue represent both the interdisciplinarity of the field and nursing contributions to these collaborations. Rebecca and Russell Dobash's *Changing Violent Men*, reviewed by Angela Henderson, demonstrates that batterer intervention programs can be effective in decreasing repeat domestic violence. The research reported in that book provides important information for practising nurses to use for informed referrals as well as demonstrating methodological advances in combining qualitative and quantitative data and measurement of violence. The second book, reviewed by Helene Berman, is an anthology of primary data on wife beating and battering from 15 small-scale societies, edited by two anthropologists and me. It demonstrates the rich range of research methods being used in violence research as well as formulating important messages for prevention of domestic violence and cultural competence in interventions.

This issue of *CJNR* is another such resource for nursing scholars and clinicians. It is particularly exciting in that it represents a fuller range of violence inquiry than has been true in much of the research recently published. More attention has been paid to intimate-partner violence than to the other areas of violence, in both nursing research and recent research from other disciplines. Although this attention is a commendable development, the other forms of violence are equally detrimental to the health of human beings. Recent research has demonstrated that childhood physical and sexual abuse have detrimental effects on women's health over and above those resulting from domestic violence (e.g., McCauley et al., 1997). Yet nursing investigations of these issues have been scarce. Rape continues to be a pervasive form of violence against women that, after Burgess and Holmstrom's (1974) groundbreaking nursing research in the field, has been relatively neglected by nursing scholars, even though clinical nursing as practised by forensic nurses and Sexual Assault Nurse Examiners has been increasingly recognized as important to the field. And although child

abuse with its clear long-term detrimental effects persists to a discouraging extent, with a nursing intervention shown to be the most effective in preventing it (Kitzman et al., 1997), nursing research has never been particularly notable in that area.

Even so, this issue of the Journal addresses a wide variety of violent acts from the perspectives of both the victim and nursing. I am honoured that Judith Wuest and Marilyn Merritt-Gray chose this forum to publish the third in their outstanding series of articles articulating their theory of women's process of leaving an abusive partner. This is an area to which nursing scholarship also has contributed significantly. The qualitative data analyses by nursing scholars such as Landenburger (1989, 1998), Taylor (1998), and Ulrich (1991, 1998), and my own longitudinal study (Campbell, Rose, Kub, & Nedd, 1998), have provided insights into this process, but Wuest and Merritt-Gray's theory has been articulated now in the most depth. In the article published here, they break new ground by fully articulating the process by which battered women reclaim their sense of self after an abusive relationship. This important work continues the trajectory of much of nursing scholarship that emphasizes the strengths of survivors of violence rather than pathology.

This issue is also noteworthy in representing a variety of exciting cutting-edge research methods, as has been true and commendable about most of the prior nursing research in the field. The Wuest and Merritt-Gray article exemplifies feminist grounded theory methodology, which is being further developed in the collaborative process described in Marilyn Ford-Gilboe's essay. Helene Berman's study of the effects of violence on a national scale on Bosnian youth is an important contribution in terms of both its landmark content and its use of photography as a qualitative method of inquiry, not so much as data but as a way for children to tell their stories. Nursing should be encouraged more to develop innovative research methods and also to take advantage of opportunities to shape existing methods and databases for nursing research, as Judee Onyskiw urges us to do in her methodological essay. Each of the articles both illustrates a variety of methods of inquiry well used in these studies and thoughtfully reflects on their limitations as well as their advantages.

As well as highlighting nursing's attention to the effects of violence on health, this issue of *CJNR* addresses the part that nurses play as intervenors and as victims themselves. Colleen Varcoe's study illustrates yet another methodological approach, an ethnographic combination of participant observation and in-depth interviews with nurses. As

the rest of us urge routine screening of patients for violent experiences and expert nursing interventions, Varcoe addresses the personal and system barriers that prevent nurses from implementing the kind of care the victims of abuse need and deserve. This qualitative study echoes the results of my recent quantitative experimental design of the effectiveness of training on intimate-partner violence in emergency department settings (Campbell et al., in press). This kind of convergence of qualitative and quantitative findings on the same subject strengthens our science and makes it more persuasive.

Finally, in another extremely important article, Duncan and colleagues address the issue of nurses being victimized as part of their working environment. I have been waiting for a prevalence study of nurses' experiences of workplace sexual harassment for 20 years, and this article at least begins to break down that barrier. It also documents the extent of all of the different forms of violence and abuse that nurses encounter as part of their employment and uses sophisticated analytic techniques to identify risk factors, again demonstrating the importance of workplace structure and supports in making superior nursing performance possible. The article also addresses the issues of how to best define and how to best measure all of the different forms of violence and abuse. Although I believe we need to be careful about describing emotional abuse as a form of violence, many of the experts on violence against women have taken that approach, as have the Duncan research team. I am convinced that emotional abuse, if considered as a pattern of insults and degrading behaviour, can be extremely detrimental to women's health and well-being. I am also clear about the fact that physical and sexual violence are almost always accompanied by emotional abuse in chronically abusive relationships and that victims often describe the psychological abuse as the most hurtful. However, I am reluctant to include emotional abuse in what we call "violence," for fear that such nomenclature may inflate the prevalence of violence beyond what the public has experienced and thereby lessen the hard-won and growing public acceptance of violence against women as a significant problem (Klein, Campbell, Soler, & Ghez, 1997). I think that the overall prevalence of violence against nurses of 46% reported by Duncan may obscure the even more distressing (to me) 19% prevalence of threat of assault and 18% prevalence of physical assault that should be the occasion for a Canadian national outcry and government inquiry. I am afraid that policy-makers may discount the physical assault findings when they discover that the 46% prevalence can include nurses who were insulted by a co-worker. I also fear that the first national surveys done on psychological violence will demonstrate that males perceive

women as committing more emotional abuse than women perceive men as committing, further contributing to the backlash that often greets our policy endeavours in the field of violence against women. Nevertheless, I am impressed by the scholarship of the Duncan article and its contribution to our knowledge of workplace violence against nurses. These authors not only have investigated an extremely important facet of violence but have addressed measurement issues that we all need to thoughtfully investigate conceptually, empirically, and with policy outcomes in mind.

I therefore would like to thank my fellow nursing scholars in the field of violence who are represented in this volume as well as the staff of *CJNR*. It is an honour to be associated with a volume that truly presents outstanding research by any measure — methodological, innovative, substantive, and important to nursing practice and health-care policy. Readers whose primary interest is not violence will find a wealth of methodological information as well as scholarship that touches on issues of maternal child health, emergency nursing, mental health, workplace environments, children's growth and development, and immigration. The breadth of the violence field is indeed amazing, as illustrated here. Everyone involved in the volume has been a joy to work with, and I look forward to continuing achievement in nursing research in the field of violence.

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