

Designer's Corner

Research on Violence and Abuse in Canada: Challenges and Opportunities

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Only fairly recently has there been public recognition of how frequently family members — most often women and children — are the targets of violence in their own homes. The risk of experiencing violence from a family member far outweighs the risk of experiencing violence from a stranger, and the consequences for people's health go far beyond the immediate injuries sustained. Health-care professionals have responded by identifying family violence as a serious public health problem and by giving primacy to this issue. Yet, despite the prevalence of violence in our society, the significance of this public health problem, and the strong potential for nurses to initiate prevention efforts and become actively involved in efforts to enhance the health and well-being of abused women and children, there is only a small cadre of nurse researchers in Canada conducting research in this area. To further complicate research efforts, nurses who are actively involved in violence research are scattered across this vast country, making dialogue and collaboration with others in the field a challenge. There is a definite need for more nurses to conduct research in this important area of inquiry, and for those already involved in violence research to seek means of facilitating collaboration with each other.

Canadian Nurses' Contribution to Research on Violence and Abuse

Although there is only a small number of Canadian nurses conducting violence research, their efforts have made a significant contribution to the body of knowledge on abused women and their children. Studies have provided nursing with an emic perspective of the nature of vio-

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lence in intimate relationships; the experience of women coping with this adversity; the process of leaving an abusive relationship, healing, and recovery; and the availability of support, *or the lack of support*, for abused women (e.g., Henderson, 1990, 1993, 1995; Merritt-Gray & Wuest, 1995; Varcoe, 1997). Nurse researchers have documented the mental and physical health problems experienced by abused women (K  rouac, Taggart, Lescop, & Fortin, 1986; Ratner, 1993, 1995a) and have examined the effectiveness of societal responses, including the health-care community's response, to woman abuse (Ratner, 1995b).

Nurse researchers have sought to understand children's experience of witnessing violence, some from the unique perspective of the children themselves (Bennett, 1991; Berman, 1999a, 1999b; Ericksen & Henderson, 1992). This is particularly noteworthy because most researchers in other disciplines have obtained information about children from mothers. Thus, nursing research has made a unique contribution by providing children's own perspective of the profound effect that growing up amid violence has on their lives. The health, developmental, and behavioural outcomes of children exposed to violence in their families have also been studied (K  rouac et al., 1986; Onyskiw, 1999).

Challenges in Research on Violence and Abuse

While nursing research conducted over the last decade has made a significant contribution by generating knowledge for practice and providing direction for future research, it is clear that much work remains to be done. Several methodological challenges in this area of research need to be addressed, so that the body of nursing knowledge on violence and abuse can accumulate and can be used to inform policy, prevention, and treatment efforts.

The Need for Diversity in Approaches to Research

The vast majority of nursing research conducted to date in Canada has used qualitative approaches. These studies have enabled practitioners to understand the experience of violence from the perspective of those involved, which is vital for providing humanistic, holistic, and artful nursing care. Hearing women's and children's stories can help practitioners in a way that is never possible with numbers alone. By comparison, though, there are few studies that have employed quantitative methods. The lack of quantitative research in this area of inquiry is not specific to the Canadian scene; there is a need for more quantitative research internationally as well. We need to balance the insights

obtained using qualitative methods with more quantitative research, because knowledge is also needed that leads to explanation and that is generalizable to all abused women to inform nursing practice.

There is a critical need for treatment research on how to mitigate the effects of violence on its victims and for evaluation research on the effectiveness of interventions and treatment programs. Although the paucity of evaluation research is also not specific to the Canadian scene, or specific to interventions for abused women, without an understanding of the effectiveness of strategies and interventions, decisions to continue, extend, or terminate programs will not be based on sound evidence (Innes, Ratner, Finlayson, Bray, & Giovannetti, 1991). Moreover, as more health practitioners identify, treat, and refer abused women and their children to domestic violence programs for assistance and support, the need to advocate for additional funding for these services becomes essential. Both quantitative and qualitative data are needed to support the demand for these services. When decisions are being made to devote additional resources for programs and services, policy-makers are often most influenced by a combination of *stories* and *numbers* (Berman, Ford-Gilboe, & Campbell, 1998).

The Need for Non-Sheltered and More Ethnically Diverse Samples of Women

There is a pressing need for data on women who do not access shelter services. With some exceptions, violence research has focused on women recruited from shelters or transition houses. Yet, the 1993 Violence Against Woman Survey conducted by Statistics Canada found that less than 20% of abused women sought refuge in shelters or transition houses when they left their partners (Trainor, 1999). Compared to women who did not access these services, women who did use shelters tended to be more isolated, have fewer resources, lower socioeconomic status, and less social support, and were more likely to have endured more violent forms of abuse (Johnson, 1996; Trainor). Thus, the majority of research has been conducted on a small subgroup of abused women, albeit those most severely abused. Studies of non-sheltered abused women may well provide nurses with a somewhat different perspective of women's experience, responses, and specific health-care needs.

To date, the samples employed in violence research have rarely reflected the ethnic diversity of our population, and the issue of culture has been largely neglected in Canadian research. Researchers need to recruit samples that are more ethnically diverse and that are sufficiently

large to allow examination of the role of ethnicity in women's responses to experiencing violence and in their help-seeking behaviour. It is important that the role of ethnicity and culture be understood, so that interventions specific to various ethnic and cultural groups of Canadian women can be developed.

Opportunities for Research on Violence and Abuse

Although violence is prevalent in our society and exists in all types of family relations, violence in families is still shrouded in secrecy and the family remains one of the most private of all institutions. Consequently, this area of research presents some unique challenges in terms of accessing subjects and collecting sensitive data.

One alternative frequently overlooked in our discipline, but widely used in other disciplines, is the secondary analysis of data (Nicoll & Beyea, 1999). This option is often not considered because there is a norm within our profession that assigns higher value to primary data collection (McArt & McDougal, 1985). Secondary data analysis is commonly viewed as less credible, less valid research. Scholars need to be open to the possibilities offered by the use of existing datasets. While there are certain conceptual and practical issues to consider when conducting a secondary analysis (Shepard et al., 1999), and issues to consider when choosing a large database (Moriarty et al., 1999), the problems are not insurmountable and the advantages of secondary data analysis often outweigh the disadvantages.

There are at least two large datasets with information on violence and abuse in Canada. The Violence Against Women Survey, a national survey of 12,300 women, was devoted entirely to the occurrence of violence, including intimate violence, in women's lives. Information was sought about threats, intimidation, and sexual harassment to help place women's experience of violence into a broader social context. The General Social Survey, another Statistics Canada survey, interviews approximately 10,000 people 15 years of age and older in the 10 provinces every 5 years. This survey first incorporated a cycle on crime victimization in 1988 and has since modified items to clarify questions about violence in intimate relationships. There is a third dataset of possible interest to violence researchers. The National Longitudinal Survey of Children and Youth assessed child development and well-being in 22,831 children who were newborn to 11 years of age during the first wave of data collection (1994/95). This cohort will be followed every second year for up to 20 years. Since the survey inquired about children witnessing violence at home, it is possible to study the developmental

outcomes of children exposed to family violence. Researchers affiliated with institutions that are part of Statistics Canada's Data Liberation Initiative have access to these and other national datasets that are available for public use.

Although these surveys are still imperfect tools, their immense potential to provide nurse researchers with opportunities to answer questions that address important health and social problems and health-policy issues should not be ignored. With careful planning and attention to conceptual and methodological issues, these datasets offer the possibility to empirically test existing theories, develop new theories, or examine a question from different theoretical perspectives and then compare the explanatory power of those perspectives. Because information has been collected on numerous variables and the samples are large, multivariate analyses using sophisticated approaches are possible.

The effects of specific forms of relationships among variables, such as mediating and moderating variables, can be tested. A mediator or moderator is a third variable that changes the association between an independent and an outcome variable (Baron & Kenny, 1986; Bennett, 2000; Lindley & Walker, 1993). Understanding the influence of these types of variables can help in eliciting information about how or why an association occurs, or the specific conditions under which it occurs. Understanding factors that mediate or moderate the relationship between abuse and its effects on health and well-being can help us develop more effective strategies to assist vulnerable women and children. For example, scholars have suggested that parenting mediates the effects of family violence on children (Wolfe & Jaffe, 1991). As violence escalates, women become increasingly overwhelmed and less involved with their children, exhibiting less responsive and less effective parenting (Ericksen & Henderson, 1998; Henderson, 1993). In other words, one explanation for the negative impact of family violence (independent variable) on children's adjustment (outcome variable) is the deterioration in the parent-child relationship (mediating variable). Onyskiw (1999), using data from the National Longitudinal Survey of Children and Youth, examined the role of parenting as a mediating variable and found support for this hypothesis. In families characterized by violence, mothers were less responsive to their children, which, in turn, contributed to children's adjustment difficulties. This information suggests that interventions designed to support mothers in their parenting holds some promise for mitigating the adverse effects of children's exposure to violence.

One of the advantages of using existing datasets is that the samples are large and randomly selected from the population. The sampling

methodologies employed in these surveys eliminate plausible rival hypotheses associated with selection biases that occur when a restricted range of women volunteer to participate in research (e.g., women in shelters or transition houses). Thus, findings can be generalized to the larger population of Canadian women.

There is usually (but not always) sufficient power to analyze subgroups of individuals. It may be possible, for example, to examine women in the Violence Against Women Survey who were resilient despite severe abuse, and discover certain personal characteristics, resources or strategies used by these women that distinguish them from other women in the sample. Information such as this can help us develop interventions to assist more vulnerable women.

A final advantage of using existing datasets, but by no means a trivial one, is that it is an efficient and cost-effective means of conducting research. There is the potential to answer nursing research questions with less time commitment and few fiscal resources.

Conclusion

In the last decade, nursing research on violence and abuse has primarily focused on understanding the experiences of abused women and the adverse effects of violence on their health and well-being, as well as on the children raised in families characterized by violence. These studies have made a significant contribution to the body of knowledge on violence and abuse. If nurses are to make further advances in this area of inquiry, there are many challenges to be addressed. In order to develop a generalizable knowledge base, researchers need to employ more quantitative methods and derive data from representative samples of women. They need to attend to the role of ethnicity and culture in women's responses to violence, so that culturally sensitive interventions can be developed. Also, it is critical that the effectiveness of various forms of interventions and treatment programs be tested, both to demonstrate the value of nursing's role in the anti-violence agenda and to obtain the evidence needed to advocate for additional funding for these essential services.

Research on violence and abuse is an immensely significant area of inquiry for nursing, given the prevalence and significance of this public health problem, but it is also a complex and difficult topic to study. While researchers undeniably face many challenges, they also have an opportunity to conduct research that has the potential to improve the health and well-being of so many women and children in our society.

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