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The Role of Nursing in Preventing Violence against Women

Violence against women is a significant problem at every age. While nurses have increased their role in identifying and managing cases of women who have experienced physical and sexual abuse, they have been less active in preventing violence. Effective prevention requires an understanding of the prevalence and seriousness of the problem, awareness of the societal forces that foster and sustain it, and application of feminist principles to counteract those forces. The incidence of rape and battery in contemporary society is highlighted, and the societal forces of devaluation of women, power inequity, and treatment of women as property that maintain this destructive behavior are outlined. Preventive nursing actions derived from feminist philosophy that are applicable in clinical practice are discussed.

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Violence against women is a significant health and social problem. Whatever the age, women are consistently more likely than men to be the targets of physical abuse. Statistics reveal that women are the recipients of physical and sexual abuse 10 times more often than men.[1]

Nurses in obstetrics and gynecology have expanded their roles to identify and manage women who have experienced physical and sexual violence. Too little attention, however, has been given to the important contribution nurses can make in the *prevention* of abuse of women. Effective prevention requires a focus that goes beyond understanding the factors in isolated cases: the underlying societal attitudes that foster destructive behavior against women must be examined. This article analyzes the incidence of violence against women, the social dynamics that sustain such violence, and the role of the nurse in counteracting those dynamics.

Nurses concerned about the health of women must incorporate into their practice ways to prevent this crime.

Incidence

Estimates of the incidence of domestic violence against women in the United States range from 1.8 million to 4 million incidents a year.[2,3] Each year 1 in 10 American women is abused by the man with whom she lives. Moreover, experts in family violence agree that reported figures based on police and family court records seriously underestimate the actual occurrence.

There has been a marked increase in the incidence of forcible rape, up 35% from 1978 to 1987. In 1987, more than 91,000 rapes and attempted rapes were reported in the United States.[1] As with family violence, the actual incidence of rape is thought to exceed the numbers that are reported.

Indeed, the majority of victimization studies reflect substantially higher levels of violence against women than do official statistics. Specifically, 15–38% of women reported that they had experienced sexual abuse in childhood.[4,5] Among adult women, 23–39% reported at least one attempted or completed rape.[6,7] The incidence of wife abuse is 28–31%.[3,8] Thus, there is good reason to believe that the problem of abuse of women is of greater magnitude than that documented in official statistics. The consistency of the estimates across various categories of abuse provides further validation. In sum, considerable evidence suggests that approximately one-third of the women in this country

experience sexual violence or battery during their lifetime.

Just as shocking as the high incidence of violence in women's lives is the disproportionate level of intimate violence that they experience. Intimate violence is abuse of women that is perpetrated by acquaintances or significant others. A woman is more likely to be raped by someone she knows than by a stranger, and wife battery is by definition a crime of intimate violence. By all counts, women are the primary targets of intimate violence.[9]

Intimate violence arises from a source that social norms define as safe. The expectation is that family and friends will protect and nurture, not harm. For a woman to be the target of abuse at the hand of someone she knows imposes a burden that compounds the physical trauma by also causing her to feel betrayed and exploited. Intimate violence can shake a woman's confidence in her ability to judge another individual; it can rob her of a critically needed sanctuary and seriously compromise her sense of self-worth. This combination of effects may partially explain the long-lasting physiologic and psychologic dysfunction that many abused women experience.[10]

Societal Forces that Sustain Violence against Women

Violence against women is best understood as the natural result of a sexist social order.[11] Collectively, men use violence against women as a means of maintaining power over them. This can be a difficult notion to accept for women who have relationships with men whom they love and trust. The question, however, is not so much that a *particular* man does or does not use violence but that *so many* men feel entitled to express anger or frustration in this manner.

Clear social dynamics that allow violence against women to persist can be identified.

Cross-cultural anthropologic studies have added significantly to knowledge about abuse of women. In her classic review of 186 societies, Sanday demonstrated that males were not genetically programmed to rape and commit violence against women.[12] In fact, cultures could be differentiated by their levels of violence: distinct characteristics identified rape-prone, as opposed to rape-free, societies. Where violence against women was integral to the fabric of the culture, the roles of men and women were gender based with little value placed on the woman's role; power was held by men, and women were viewed as property. Examples of these violence-sustaining characteristics appear frequently in the news media (Table 1).

Devaluation of women

Feminist philosophers point out that traditional Western society has been shaped by the male-dominated culture.[13] Traditional values, often deeply entrenched and rarely questioned, support negative attitudes about women. The patriarchal view is that of woman as a subspecies whose behavior and characteristics are deviant from, and less worthy than, those of men.[14] This view is symbolized in the negative connotation reserved for words that depict feminine images (e.g., sissy and mistress). It is also reflected in the attitude that a woman who does not have a male partner is inadequate. One example is the extensive media coverage that was given to the finding that professional women who delay marriage are less likely to find husbands. Little concern, however, has been expressed about older men who remain single, despite the documented evidence of higher morbidity and mortality among this group.[15]

Devaluation of the female also serves to raise the status of masculinity. This results in the distorted view that such masculine traits as the ability to "show her who's the boss" are attractive and desirable. Romance novels reflect this distortion in images of women who at first resist forced sex, but subsequently are swept up in the passion of the encounter. The view also supports the misconception that women secretly want to be raped or that they are excited by a display of physical power. Similarly, this attitude often excuses intrusive and uninvited sexual propositions as appropriate behavior for any "healthy, red-blooded" male; women are expected to consider such behavior a compliment, rather than the sexual harassment it actually is.

Power inequity

Despite advances in women's rights, contemporary society continues to be one in which men (white men in most industrialized countries) control most institutions. Women earn less than men in the job market and are less likely to advance to positions of authority and power.[16] The institution of marriage often victimizes women. For example, women who hold full-time jobs outside the home typically also carry the major responsibilities for housekeeping and childcare.[17] After divorce, most women become single parents with a standard of living that is substantially lower than that of their former spouse.[18] The law enforcement and court systems also place many barriers in the way of women who seek justice for their husband's or another male's physical abuse, rape, or failure to pro-

Table 1.
Case Illustrations of Societal Characteristics that Support Violence

Devaluation of women	*Power inequity*	*Women as property*
1. "Hey, horny, over here," some fraternity boys yell at us as we walk across the street. . . . All the rushees make a supreme effort not to notice. . . . It isn't over, not yet —there is still the so-called "pig run." We girls traditionally pick up our bids—invitations to join a house—then go running and squealing down frat row to our new homes—at least that's the chauvinistic fraternity version. Hundreds of frat men line the sidewalks on Saturday morning guzzling beer and hooting. . . . Last year, [a young man] tells me, one frat rented a 600-pound hog and brought it to the "pig run" on a leash. On its back was a sign that said, "Where's my bid?" —Amy Linn, *San Francisco Chronicle,* October 2, 1978	1. On a Michigan campus, four men —all varsity hockey players— chased and shouted threats of rape at two women as they walked home. . . . The men blocked them with their car while continuing to verbally threaten them. [When the women attempted to escape into a store,] the men drove their car straight at them, . . . stopping just short of hitting them. While the players were sentenced and fined by the city, . . . the university has neither taken action against them nor made a statement condemning the incident. —Sharon Holland et al., *The Michigan Daily,* January 12, 1989	1. I grabbed her from behind and turned her around and pushed her against the wall. I'm six foot four, . . . and she didn't have much chance to get away from me. She tried. I pulled her back and hit her several times in the face quite hard, and she stopped resisting and she said, "All right, just don't hurt me." And I think when she said that . . . all of a sudden a thought came into my head: My God, this is a human being. . . . It was difficult for me at that time to admit that, when I was talking to a woman, I was dealing with a human being, because if you read men's magazines, you hear about your stereo, your car, your chick. . . . —Man who attempted rape at age 17, *Ms,* December 1972
2. The day after a particularly vicious assault, [a woman's] lawyer urged her to file a police report. Humiliated and sporting a black eye, she drove to the police station where her reception was less than comforting. "I walked up and said, 'I want to file a report on my husband. He beat me.' The cop said, 'Are you going through a divorce?' I said, 'Yes.' And he chuckled and said, 'Well, ma'am, these things sometimes happen during divorce proceedings, don't they?' And [I] thought, How do I know?" —Robin Abcarian, *Detroit Free Press,* July 15, 1990	2. In Detroit, a high-speed car chase resulted in a woman being thrown from an automobile, crashing through a roof, and being admitted to the hospital. The man whom police suspect of causing the crash . . . had a 12-year relationship with her. She says she left him and it appears he could not tolerate that. "See, I told you I'd kill the bitch," he told her sister after the crash. —Robin Abcarian, *Detroit Free Press,* March 9, 1990	2. The advertising industry has a long history of treating women as objects. The copy for a lingerie ad reads, "Here's a new way to wrap your package." Another ad labeled "Beach Bums" features a very close-up rear view of three bikini-clad women. These are a few samples of the many instances that use a woman's body as just another piece of merchandise. Turning a human being into a thing is the first step in the sanction of violence. —Jean Kilbourne, EdD, *Still Killing Us Softly,* Cambridge Documentary Films, 1987

vide child support. Taken together, these facts reflect the lesser power held by women.

The greater power of men fuels a widespread attitude of masculine entitlement. Men frequently assume that they share a higher level of intimacy than actually exists in a relationship with a woman, and they are more likely to interrupt women's activities.[11] A blatant example of this assumed entitlement is the tradition at some fraternities of conducting uninvited evaluations of the physical attributes of women who are rushing neighboring sororities. (The brothers use a flash card ranking of 1 to 10 and announce a score publicly as the potential sorority member passes.) Such an attitude of entitlement invariably affects the social climate concerning women as targets of violence. This disturbing consequence was demonstrated in a survey of college-age men, 51% of whom reported they would rape a woman if they knew they would not be punished; moreover, most thought the woman would enjoy it.[19]

Women as property

Historically, the reality of greater male power gave rise to a judicial system that has failed to accord women sovereignty over their own bodies.[20] Women were not viewed as individuals in their own right, but were subject to the control of a father, husband, or other male relative. Wife beating was an accepted means of maintaining the husband's authority. Rape was a crime, not against the woman, but against the male head of the household.

The historical view of women as property has led to the entrenched idea of valuing a woman for her reproductive capacity and her potential as a sex object. This valuation system supports an achievement mentality for women that is more focused on physical appearance than on personal accomplishment. Thus, women receive subtle encouragement to compete in formal or informal beauty contests rather than in athletic or intellectual arenas.

The entertainment and advertising media often sustain a view of women as property through objectification of women's bodies (i.e., an emphasis on isolated body parts rather than on women as complete human beings). Powerful images convey the message that, for women, nothing less than physical perfection is acceptable. Flawless complexions and extremely slim (preferably odorless) bodies are just two examples of the unrealistic and unhealthy standards by which women are judged. This focus on body parts dehumanizes and commercializes women; dehumanization is often a first step in justifying the use of violence against another.

In the film *Still Killing Us Softly,* Dr. Jean Kilbourne identifies additional links between the objectification of women and physical violence directed toward women.[21] Women are depicted as vulnerable and desirous of being physically overpowered; men are portrayed as authoritative, strong figures who "know how to treat a woman." Similar images are projected by popular music, in which women are referred to as "my bitch," and violence is an acceptable means of control and retribution. These messages, whether covert or overt, not only reflect current societal values but also shape developing attitudes.

Taken together, devaluation, diminished power, and being treated as property can be expected to have a profound influence on women. In addition to the obvious impact on self-esteem, these attitudes affect women's economic freedom, political power, and access to high-quality health care. For example, "equal pay for equal work" becomes a nonissue if the female worker is not valued. Also, ethical questions surrounding unnecessary hysterectomy or ownership of the birth experience are less thorny if the initial premise is that the recipient of that health care is devalued as a human being.

The forces outlined in this section work to maintain the tacit condoning of violence against women in our society. Even though some pay lip service to opposing abuse, the prevalence of abuse constitutes persuasive evidence that it is condoned. Clearly, the issue of abuse is timely and relevant for nurses who are concerned about the health of women.

Nursing Action to Deter Violence against Women

Nurses must be aware of the extent and seriousness of violence against women, because they are well positioned to play a key role in its prevention. Nurses are respected health-care providers and have authority by virtue of their expertise. Among the actions required to counteract the societal forces that promote the abuse of women are 1) an examination of one's personal attitude toward the subject, 2) the empowerment of women through nursing practice, and 3) the development of setting-specific interventions.

Awareness of feminist thought will heighten nurses' sensitivity about societal inequities that affect women.

Personal attitude examination

Because nurses are themselves the products of our cultural tradition, they may not question the prevailing attitudes that support abuse of women. Workers in rape crisis centers and shelters for battered women recount examples of nurses whose care reflects the patriarchal, victim-blaming perspective. Such questions as "Why was she out there so late?" or "Why has she stayed with him if he beats her?" typify this view.

Familiarity with the basic tenets of feminist philosophy enhances the examination of one's personal attitudes.[13,14,22] One important tenet is the affirmation of gender equity, which advocates a partnership rather than a dominance model for human interaction. Further, feminists assert that a person's value to society must be determined not by gender, but by ability to contribute, directly opposing the patriarchal view that women's primary contribution is via their sexual and reproductive functions. A third principle of feminism recognizes that women should be accorded the same sovereignty over their bodies as are men. Familiarity with feminist philosophy will enable the practitioner to assess how these convictions are, or are not, applied in his or her own life and professional practice.[23]

An understanding of the compelling substance of

current research that refutes patriarchal attitudes about violence against women is also useful. In considering the invitation to rape that is purported to be extended by women, one's credulity is strained by the suggestion that so many women would voluntarily seek such pain and degradation and then expose themselves to public scrutiny by reporting the crime.[24] Also refuting the invitation myth is the fact that rape occurs not infrequently among the elderly and physically handicapped.[24] The contention that women are perpetrators as well as targets of spousal abuse is unfounded as well. Invariably, the pattern of family violence that has been documented is one of men attacking women, with women's violent acts almost exclusively precipitated by previous abuse.[3] Nor is violence against women restricted by socioeconomic or other demographic factors: perpetrators represent all races, ages, classes, and occupations.[24]

Being familiar with empirical findings about the abuse of women and being aware of feminist philosophy will heighten the practitioner's sensitivity to societal inequities that affect clients. This higher level of sensitivity is prerequisite to the questioning of well-established beliefs.

Nursing care can empower women.

Empowerment through practice

Nurses can consciously practice in ways that empower women. Empowerment is an integral element of care when the woman's lived experience is valued as the cornerstone of the health history and when she is seen as an active partner in her care.[25] Language that reflects these values is already well established for many nurses: "You are the expert about your own body" and "What things have you already tried, and how did your body respond?" Such nursing care, based on consistent recognition of the critical contribution that women make to positive health outcomes, works as well to affirm their competence and contribution to the larger society.

Nurses can empower women further by raising the consciousness of their clients. One strategy to accomplish this is to call overt attention to the sexist attitudes that are embedded in society by posting offensive advertising images in waiting rooms. An image or text that minimizes or objectifies women can help to stimulate greater awareness when the misrepresentation is highlighted. For example, the Virginia Slims campaign, "You've come a long way, Baby," uses images of liberation and health, but covertly talks down to women and trivializes women's rights. Posting these ads with supplemental comments such as "Don't call me 'Baby' unless you answer to 'Sonny!' " or "I'll take my tennis without a smoker's hack, thanks!" is an effective means of consciousness raising. In school-based clinics, contests could be held for students to nominate ads that are sexist or that promote violence.

Empowerment also occurs when the nurse acknowledges the woman's ownership of her body during various physical examinations. For example, whether assisting with or conducting a pelvic examination, the nurse can introduce aspects of care that increase the woman's control of the situation. The location of the examination table so that the woman's head, not her genitalia, meets the eye when the room is entered sends an important message about the true focus of the agency. Greater power is maintained when the woman has the opportunity to interact first with her examiner while upright and seated. She can then be assisted into the lithotomy position. Moreover, the traditional lithotomy position can be modified via elevation of the head to 45 degrees without interfering with the thoroughness of the examination. Elevating the head allows the woman to make eye contact and communicate during the gynecologic examination and gives her the opportunity to be an active participant. Providing a hand or wall mirror for her use tells her that her body parts are not shameful, but worthy of her attention and understanding.

When a woman is clear about ownership of her body, it follows that she has the right to decide how it should be used. That is, she should feel free to choose to engage in or not to engage in sexual behavior. Such ownership also implies the right to protect one's body from sexually transmitted diseases or unwanted pregnancy. Within this framework, date rape is every bit as repugnant as an assault by a stranger.

The personal sovereignty that is entailed in ownership of one's body has implications for physical violence. Women who believe that self-ownership is rightfully theirs communicate powerful messages about their unwillingness to tolerate violence. Men and women who understand this tenet seek alternative routes for conflict resolution.

The prevention of the abuse of women can be tailored to the specific practice setting.

Setting-specific interventions

Nurses in various practice settings should consider the specific opportunities available to them to challenge

the prevailing societal attitudes that support abuse of women. These opportunities will vary depending upon the clinical site and the agency clientele. For example, clinicians who work with pediatric clients can encourage parents to question gender-specific child-rearing practices. Child-care education classes can incorporate content that enables parents to broaden their views of those behaviors considered acceptable for or "natural to" either gender. For instance, providing dolls for boys allows them to model nurturing father behaviors; allowing girls to play with building sets widens female occupational goals. Both genders can be exposed to nonviolent processes for resolving conflicts, including strategies that facilitate taking the other's point of view. Preventive efforts with respect to child abuse can yield long-term dividends as well. As children are helped to respect and care for their own bodies, expectations are established. Children learn that respect for one's body is a basic right throughout life for oneself and also a right that should be accorded to other individuals.

School nurses with an adolescent practice are in an excellent position to influence the factors teenagers use to define a positive self-image. The emphasis that society places on physical appearance as a standard of achievement for girls can be questioned. Rather than accepting the unrealistic standards of perfection that are set forth by the advertising media, the vibrancy and attractiveness that attend the high energy of good health can be affirmed. In this same vein, an achievement mentality that is grounded in personal productivity and strength of character can be encouraged.

Adolescent boys and girls should be invited to examine prevalent myths concerning masculinity. For example, the notion that the use of a condom is a sacrifice the male should not be expected to make can be reconfigured into a symbol of maturity and caring. The message becomes "*Real men* don't give the women they love sexually transmitted diseases or unwanted pregnancies."

In an obstetric setting, nurses can lay the groundwork for a more equitable distribution of household and child-care labor.[26] As part of the antepartum care, the nurse can encourage couples to share experiences from each family of origin and to explore their expectations about participating in child care. This topic should be revisited periodically during the postpartum period and early years of the developing family.

Whatever the practice setting, nurses who are knowledgeable about attitudes that support violence against women will identify strategies for prevention. Further guidance on the development of preventive intervention is available from the following organizations:

National Organization for Victim Assistance (NOVA), 717 D St., NW, Suite 200, Washington, D.C. 20004; telephone, 202-393-6682

National Coalition against Domestic Violence, 1500 Massachusetts Ave., NW, #35, Washington, D.C. 20005; telephone, 202-393-8860

In sum, violence against women is rooted in societal attitudes about women's value and power. Through a practice that is grounded in a feminist philosophy, nurses can work to prevent the abuse of women by challenging patriarchal attitudes. Nurses' practice can empower women by increasing their awareness of the role played in abuse by a view of women as lesser beings. Enlightened care will help women raise their expectations of themselves, their lovers, their daughters, and their sons. Through the planned application of the tenets of feminist thought, nurses can effectively counteract societal forces that sustain violence against women.

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