



Promoting Evidence-Based Nursing Practice: *Romantic love, young women and domestic violence*

Violence in the context of young women's relationships is a far too common experience. This form of abuse/violence has profound impact on young women's mental and physical health. The RDNS Research Unit is proposing an innovative research project, titled "Young women and romantic love: A longitudinal study to identify health strategies for the prevention of relationship violence at a key transition point in young women's lives". The research team consists of Dr Debbie Kralik, Professor Tina Koch, Associate Professor Debra Jackson (UWS) and Dr Charmaine Power.

For many of us it is incomprehensible that young women can be subjected to abuse/violence in loving relationships, particularly if this has not been our personal experience. Sadly, there is current evidence that young women are increasingly subjected to this sort of abuse/violence in either dating relationships and/or once the relationship is established. The health impacts of this form of violence means that it is crucial that nurses, particularly those working in community settings, have an understanding of the issues surrounding violence, power and control in relationships so that early interventions can be put into place that promote the safety of young women.

The proposed participatory action research project aims to develop new insights into young women's perceptions of romantic love and utilise these to work longitudinally with young women to explicate how these insights have the capacity to assist in the prevention of the formation of abusive/violent relationships. This study will be conducted with sixteen to twenty-one year old women who are at a significant life transition point of forming romantic relationships. For this study, and because so many young women are forming significant romantic relationships for the first time, refers to women between the ages of sixteen and twenty one.

The work will build on the work of Power (1998) who researched with women who were recovering from a violent relationship. It was evident that a transition had occurred as they attempted to reconstruct a sense of self following the chaos and trauma of living with abuse and violence.

Romantic Love

In this proposal romantic love is used to describe partnered heterosexual relationships that are premised on the emotions and behaviours associated with 'falling in love'. Popular culture (movies, music, television and magazines like Dolly, Cleo and Cosmopolitan) inform our notions of romantic love in many ways. Many of the behaviours associated with romantic love; constant attention, numerous daily telephone calls, wanting to spend every moment together, driving to and collecting from work, excessive presents, flowers and chocolates are often associated with a sign of the depth of his love. These can also give a feeling of being smothered and are often early signs of control in a relationship. It can be difficult for women to appreciate, as the desire to be loved and to love, romantically is pivotal to understandings of self as properly feminine subjects (Power, 1998).

Relationship violence

A range of terminologies are used to define the abuse/violence that occurs in the context of romantic relationships. These include domestic violence, family violence, partner abuse, wife abuse, battered women and so on. Relationship violence is

used in this proposal to refer to the abuse of power that results in physical and psychological domination and control that may include physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation (Commonwealth Partnerships Against Domestic Violence Program, 2000:5). There is sufficient evidence to support the notion that domestic violence is a gendered behaviour and that a focus on abuse/violence perpetrated by males to females is defensible.

BACKGROUND

Despite various public health and community initiatives aimed at raising awareness and reducing incidence, relationship violence remains a significant problem in Australia and internationally. Recent Australian data indicated that 23% of women respondents who had ever been married or in a defacto relationship reported experiencing domestic violence by a partner at some point in the relationship and 8% reported at least one violent incident in their current relationship (ABS, 1996). Furthermore, 42% of women in a prior relationship reported experiencing violence during pregnancy and 20% experienced violence for the first time while they were pregnant (ABS, 1996). According to this same survey 2.6% of women had experienced physical or sexual abuse although women aged between 18 to 24 (7.3%) experienced more abuse from male partners than older women (ABS, 1996).

Domestic violence affects the entire community and occurs regardless of geographic location, socio-economic status, age, cultural and ethnic background and religious belief. Some concern has been expressed that the incidence of date rape and violence in young people's relationships is escalating (Smith, 2003). Recent research on young people's attitudes and experiences of domestic violence showed that one in twenty young people considered that forcing a partner to have sex, throwing things like plates at each other and regular slapping or punching to be part of 'normal conflict' (National Crime Prevention, 2000, p.1). There is also a belief that some young women accept that violence and abuse are inevitable parts of relationships. Some young men also believe that using violence against young women is acceptable (National Crime Prevention, 2000).

The above research evidence points to the need to explore deeper understandings of young women's transition into and out of relationships. What are their investments in romantic love? What are young women's expectations of relationships? What supports do young women identify as necessary to the establishment of healthy relationships and the prevention of abusive/violent relationships?

Answers to the above questions are essential because abuse and violence has profound affects on women and their health. Campbell (2002) reviewed a broad selection of investigations into the health consequences of abuse/violence against women, and identified a wide range of physical, neurological, psychological and psychogenic health problems. Women who have been assaulted by their partner have generally worse health than the average including chronic problems with digestion, stomach, kidney and bladder function and headaches.

In addition to physical effects, there is a growing global concern about the increasing rate of mental illness, particularly depression in abused women. Golding, (1999) found strong

evidence for the contribution that partner abuse makes to women's mental health in relation to depression (abused women were three times as likely to be diagnosed with depression as non-abused women), suicide (abused women were three and a half times more likely to be suicidal than non-abused women), Post-traumatic Stress Disorder (63.8% of victimised women suffered traumatic stress symptoms compared with only 1.3 to 12.3% of non-abused women) and drug and alcohol misuse (abused women were almost six times more likely to misuse alcohol). In another comprehensive review of 43 studies Jones et al (2001) found that younger, unemployed women with a relatively large number of young children were more at risk of developing PTSD and other mental health problems.

Abuse/ violence by a partner also exacerbates homelessness and poverty (Chung et al, 2000). As Taft (2003) indicates, it is also known that abused women seek help from health services more often than non-abused women and that the more severe the violence is the more often help is sought from health services (Koss et al, 1991).

Because the health impacts of abuse/violence are so profound it is crucial that strategies are tested that intervene early in women's lives, preferably prior to an experience of abuse/violence in a relationship.

Women's attitudes and responses to relationship violence may well vary across the lifespan. Early exposure to subtle forms of violence and coercion may set a pattern that a woman may find very difficult to free herself from once entrenched. Therefore, it is timely to provide opportunities and support for young women to consider issues around romantic love, violence and abuse early in relationships, perhaps even prior to relationships entering a cohabitation stage.

Transitional periods are known as times of vulnerability for women (Jackson 2000) and even developmental life transitions carry implications for women's emotional well-being and mental health (Gramling and McCain 1997). Entering or contemplating a new relationship, or a relationship developing to a shared household, can be considered a key transition point for young women. This is an ideal point to explore the values, beliefs and attitudes young women hold in relation to romantic love, and their knowledge of the nature of abuse and violence in intimate relationships.

SIGNIFICANCE AND INNOVATION

The proposed project is innovative as it focuses on the prevention of relationship violence, and on assisting women to recognise the potential for abuse that exists in their relationships, prior to any actual episode of abuse or violence taking place. This makes it very different from most studies that focus on intervening subsequent to one or more episodes of abuse and or violence. In addition, it will further develop our understandings of life transitions and their effects on women's health and well-being, thus contributing to the development of a sustainable framework to facilitate young women in making healthy choices.

POTENTIAL TO INFORM NURSING PRACTICE

The issue of romantic love and domestic violence is raised as an issue for consideration and acknowledgement. There are many aspects yet to be uncovered, What resources are out there for young women? If a nurse has a hunch that a client may be in a violent relationship where can she go? How can

the issue be raised with the client? How can the nurse and client address it? What assistance is available to the perpetrator who could be male clients?

RESOURCES AVAILABLE

If you would like further information about domestic violence, services available or resources you can contact the following:

- Domestic Violence Crisis Service 1 300 782 200
- Domestic Violence Helpline 1 800 800 098 toll free
- Nunkuwarrin Yunti 8223 5217
- Migrant Women's Support and Accommodation Service 8346 9417
- Women's Information Service 8303 0590

USEFUL WEBSITES

Domestic Violence and Incest Resource Centre

<http://www.dvirc.org.au>

National Clearing House

<http://www.austclearinghouse.unsw.edu.au>

REFERENCES

- Australian Bureau of Statistics 1996, Women's Safety Australia 1996, Australian Bureau of Statistics and Office for the Status of Women, Canberra.
- Campbell J 2002, Health consequences of intimate partner violence, *The Lancet*, vol. 359: 331-336.
- Chung D, Kennedy R, O'Brien B and Wendt S. 2000, Home Safe Home: the link between domestic and family violence and women's homelessness. Partnerships Against domestic Violence, Canberra.
- Golding JM 1999 Intimate partner violence as a risk factor for mental disorders: a meta-analysis, *Journal of Family Violence*, vol. 14 (2): 99-132.
- Gramling L, and McCain N 1997, Grey glasses; sadness in young women. *Journal of Advanced Nursing*, 26(2): 312-319.
- Jackson D 2000, Understanding women's health through Australian women's writings: a feminist exploration. Unpublished Doctoral thesis, Flinders University of South Australia.
- Jones L, Highes M and Unterstaller U. 2001 Post-traumatic stress disorder PTSD in victims of domestic violence: a review of the research. *Trauma, Violence and Abuse*, vol. 2 (2): 99-119.
- Koss M, Woodruff M and Koss PG 1991, Criminal victimisation among primary care medical patients: prevalence, incidence and physician usage, *Behavioural Sciences and the Law* vol. 9: 85-95.
- National Crime Prevention, 2000 Young people and Domestic Violence: National research on young people's attitudes and experiences of domestic violence: Fact sheet, National Crime Prevention, Attorney General's Department, Canberra, p.1.
- Power C 1998 Reconstituting self: A feminist post-structural analysis of women's narratives of domestic violence. Unpublished PhD thesis, Flinders University of South Australia.
- Partnerships Against Domestic Violence 2000 Domestic Violence Prevention: strategies and resources for working with young people. Office for Status of Women, Department of the Prime Minister and Cabinet.
- Smith C 2003 Kinks and Bends – What's the go with relationships, Domestic Violence and Sexual Assault Conference, Gold Coast.
- Taft A 2003 Promoting women's mental health: the challenge of intimate/domestic violence against women, Australian

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uespaper8.pdf](http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/iss
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