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Is Battered Women's Help Seeking Connected to the Level of Their Abuse?

RUTH REIDY, PhD
MICHAEL VON KORFF ScD

Dr. Reidy is with the Department of Sociology, University of Washington. Dr. Von Korff is with the Center for Health Studies, Group Health Cooperative of Puget Sound, Seattle, WA.

Dr. Richard Coughlin and Dr. Art St. George of the University of New Mexico in Albuquerque contributed the use of computer facilities.

Tearsheet requests to Dr. Ruth Reidy, 504 Sandia Road, N.W., Albuquerque, NM 87107.

Synopsis

A total of 289 abused women who sought assistance in several battered women's agencies

were interviewed. Of these abused women, 70 percent reported a delay of more than a year in seeking help from the agency, even though many of them reported having experienced severe or life threatening abuse.

There was no association between the severity of abuse and the time lapsed in seeking help from an agency, indicating that women exposed to severe, life-threatening physical abuse frequently delay help seeking.

Increased attention to barriers to help seeking among battered women and approaches to increasing the accessibility of services for battered women seem warranted.

SINCE THE MIDDLE 1970s, considerable attention has been given by researchers, policy makers, and the media to the social problem of violence in the home. Recent initiatives of the Surgeon General and the Attorney General's Task Force have identified domestic violence as a serious public health problem (1,2).

Wife assault, in particular, represents a major source of injury to women in America (1,2). It often occurs over prolonged periods (3), and it appears to be a more common cause of injury to women than automobile accidents, muggings, and rapes combined (4). Wife assault results in greater physical damage to victims than assault by strangers (5). Estimates of the proportion of women who have experienced serious physical abuse at least once by their intimate partners range from 15 to 70 percent (3,6). A more recent report (7), using Federal Bureau of Investigation data from 1976 to 1987, found that 34 percent of all female homicide

victims older than 15 years were killed by their husbands or intimate partners.

The growing public awareness of this problem has not been matched by reliable data on improved methods of intervention to ameliorate chronic patterns of domestic violence in many American households. In particular, there is little known about battered women's delay in seeking help. Some claim that studies of battered women's help seeking is one of the important priorities for domestic violence research in the 1990s (8).

Much of the research on battered women has focused on clinical populations—women who have sought help in various therapeutic support agencies such as shelters or group therapy programs (9). Little attention, however, has been paid to women's help-seeking behavior, including the factors related to contact with helping agencies (8).

Our study focuses on the relationship of categories of physical abuse and delay before contact with

battered women's support agencies. We address the primary question, is the level (or type) of partner physical abuse, ranging from low level to severe, associated with a battered woman's delay in contacting support agencies?

Methods

This investigation is based on data from self-administered questionnaires completed by battered women during the first 11 months of 1987. These women had sought help in battered women's agencies situated in three metropolitan areas—one each in the Midwest, the West Coast, and the Pacific Northwest. The metropolitan areas where the agencies were located had similar histories related to the problem of domestic violence.

Services for abused women, including shelters and community support groups, were established in all three areas as early as the middle 1970s. In addition, legislation to protect victims of domestic violence was implemented in all three areas in the 1980s. For example, laws were instituted mandating police officers and the justice system to arrest and prosecute batterers after a domestic violence disturbance.

Of 334 women seeking assistance who were asked to participate in the research during the 11 months of data collection, 289 completed the questionnaire at the time they entered the helping agencies. The first investigator was present to answer questions or provide needed information. Thirty-eight percent of the subjects were interviewed in the West Coast metropolitan area, 40 percent of the sample came from the Midwest metropolitan area, and 22 percent were interviewed in the Pacific Northwest metropolitan area.

Prior to participation in the study, the battered women were given an introductory letter containing information about the study. If the women were interested in participating, they met with the first investigator to learn more about the study and have the opportunity to ask questions. The women read and signed an informed consent statement prior to completing the questionnaire.

Eligibility for inclusion in the sample was based on the respondents seeking assistance in battered women's therapeutic, support-oriented services, such as shelters or community support groups, because of battery by an intimate partner. Six women who were seeking legal services only were considered ineligible for the sample. The history of battery reported by the women in this sample concerned the abuse that they had experienced by their current spouse or partner.

Table 1. Interval between first physical abuse and agency contact by battered women, 1987 study in three metropolitan areas

<i>Interval</i>	<i>Number</i>	<i>Percent</i>
Less than 1 month	14	5.4
1-6 months	29	11.2
6 months-1 year	34	13.1
1-3 years	56	21.5
3 years or more	127	48.8
Total	260	100.0

¹ 20 other members of the sample underwent verbal abuse only, and 9 did not supply data on their questionnaires.

Table 2. Interval between worst physical abuse by partner and agency contact by battered women, 1987 study in three metropolitan areas

<i>Interval</i>	<i>Number</i>	<i>Percent</i>
Less than 1 month	63	27.8
1-12 months	84	37.0
Longer than 12 months	80	35.2
Total	227	100.0

¹ 19 other members of the sample could not single out their worst case of abuse; 34 either did not suffer physical abuse or did not specify 1 worst incident; and 9 supplied no data on their questionnaires.

The definition of severity of abuse was based on the respondent's report of their worst abusive episode. A total of 236 women in the sample of 289 reported a worst episode of physical abuse; 19 who were unable to identify a single worst episode of abuse out of the many severe episodes of abuse they had experienced were excluded from the analyses of the worst episode of abuse. A total of 34 women were excluded from the analysis for other reasons; 22 indicated that the questions on worst physical abuse were not relevant to them, 10 did not respond, and the responses of 2 were indecipherable.

Worst abuse was established from questions that focused on the types (or level) of worst partner physical abuse experienced by each respondent. They were asked to indicate all the types of abuse, from low level to severe, that occurred to them during the worst physical episode. These were then graded from lowest level to most severe as follows: slapped, hit with fists or feet, pushed, thrown, or restrained, beat severely with fists or feet, forced to have sexual contact, hit with various objects, and shot, stabbed, choked, or had bones broken.

Delay of contact with helping agencies was

Table 3. Number of physical abuses by partner reported by battered women at agency contact, 1987 study in three metropolitan areas

Abuses	Number	Percent
Once.....	19	6.6
2-3 times.....	49	17.1
4-5 times.....	31	10.8
6-9 times.....	38	13.3
10-19 times.....	37	12.9
More than 20 times.....	92	32.2
None-not relevant ¹	20	7.0
Total.....	² 286	100.0

¹ Verbal abuse only.

² 3 other members of the sample provided no data on their questionnaires.

Table 4. Characteristics of worst episode of physical abuse by partner reported by battered women, 1987 study in three metropolitan areas

Type of abuse	Number	Percent
Slapped.....	124	46.3
Hit with fists or feet.....	141	52.6
Pushed, thrown, restrained.....	52	19.4
Beaten severely.....	89	33.2
Forced sexual contact.....	57	21.3
Hit with various objects.....	48	17.9
Shot, stabbed ¹	70	26.1

¹ Shot, stabbed, choked, had bones broken.

A total of 236 women reported 581 incidents of worst abuse, which is why the percentages total more than 100. A total of 53 members of the sample did not respond.

measured by the time from the "worst episode" of partner physical abuse to contact with the shelter, support group, or group therapy program. Specifically, "worst delay" was measured by the time difference between date of the "worst physical episode" and the date of contact with the battered women's agency.

Results

Sociodemographic characteristics. Nearly one-half of the sample (46 percent) were nonwhite—23.9 percent black, 10.4 percent American Indian, 8.3 percent Hispanic, and 3.4 percent Asian. Nearly one-third (30 percent) were married; another 29 percent were married but separated. Of the total, 30 percent had no children; 22 percent reported one child; 27 percent indicated that they had two children. The mean age of the sample was 31 years. The largest proportion, 32 percent, reported some college education, while 5 percent of the sample reported some post-graduate education.

Of the total sample, 95 percent had worked for

pay at one time in their lives, 59 percent of them full time, about 36 percent part time. Of all those who worked, 30 percent were in service occupations, 29 percent in administrative support or clerical positions. About 6 percent of the abused women were laborers, while 9 percent were in professional occupations.

There was a significant range in the abused women's annual income (based on the year preceding the interview). Sixteen percent reported no income, while one woman reported income of \$50,000 or more. The largest proportion of abused women (24 percent) reported \$5,000 to \$10,000 annual income. The average income for the abused women was quite low, approximately \$4,000 per year.

Battered women's delay and severity of abuse. The interval between first physical abuse and seeking help was more than 1 year for 70 percent of the women (table 1). Few respondents (5 percent) reported delay of less than a month from the first reported physical abuse. For more than one-third of the respondents, the interval from the worst episode of physical abuse to agency contact exceeded 1 year (table 2). Most respondents (58 percent) reported more than five episodes of abuse prior to agency contact (table 3).

Table 4 shows the level of partner physical abuse experienced by respondents during the worst episode of abuse. Since respondents were instructed to indicate all of the physical abuses experienced during the worst episode, the percentages total more than 100. Less life-threatening physical abuse, such as being hit or slapped, generally occurred more often during the worst physical episode than life-threatening abuses. However, a number of respondents were beat severely, hit with various objects, or shot, stabbed, or choked during the worst physical episode. One in five respondents reported forced sexual contact during the worst episode of abuse.

The distribution of delay by severity of worst partner physical abuse is shown in table 5. In this table, women are classified by the most severe type of abuse reported in their worst episode of abuse. For example, 22 percent of the women reported being shot, stabbed, choked, or having bones broken during their worst episode of abuse. Only 5 percent of the women reported that being slapped was the most severe type of abuse in their worst episode of abuse. In all categories of severity, a significant percentage reported a delay of 12 months or more from the worst episode of abuse to

agency contact. Differences in the distribution of delay across severity categories were not statistically significant ($X^2 = 8.4$, NS).

Discussion

Findings of the study indicate that many abused women experience long delay from first reported physical abuse to help seeking in battered women's agencies. Long delay was commonly reported by women experiencing life-threatening abuse in their worst episode. It is significant that the severity of abuse was not related to shorter delay in help seeking. While one would hope that women experiencing the most life-threatening forms of abuse would report the least delay between an abusive event and substantial assistance, our data do not suggest that this is the case. Many of the women in this study had prior contact with a variety of sources of intervention, including police (20 percent), the courts (16 percent), and health care providers (22 percent). Regardless of this contact, further occurrences of potentially life-threatening domestic violence took place.

These data support Randall's statement that "as battering escalates, so do their feelings of profound isolation from the institutions and resources... that presumably could help them" (7). Long delay in contacting support services may have serious consequences for the physical and psychological health of abused women. Since 70 percent of the women participating in this study had children present in the home, the effects of continuing domestic violence on the well-being and development of the children of battered women and on inter-generational transmission of familial patterns of abuse are also significant public health concerns. Observing violence when growing up and being abused in childhood or adolescence are both associated with later victimization by adult partners (3,6,10-14).

Abused women commonly report feelings of fear and helplessness after physical abuse (15). Information from an open-ended question showed that fear of further abuse prompted 64 percent of the women to seek help. A decision to end the abuse influenced 58 percent of the women and termination of the abusive relationship influenced 54 percent to seek outside help. Since these respondents typically experienced severe or life-threatening physical abuse over a long period by an intimate, they and their children may have substantial needs for legal, health, and psychological services. Considering that there may be large social and personal costs as a result of delay, increased

Table 5. Interval from worst physical abuse to agency contact by battered women according to level of abuse (from low level to life-threatening), 1987 study in three metropolitan areas

Level of abuse	Percent with interval of—			Women	
	1 month or less	1 year or less	More than 1 year	Number	Percent
Slapped	50	25	25	12	5
Hit with fists, feet	24	37	39	38	17
Pushed, thrown	25	33	42	24	11
Beaten severely	29	37	34	41	18
Forced sex	32	46	21	28	12
Hit with objects	18	36	45	33	15
Shot, stabbed ¹	29	37	33	51	22
Total				² 227	100

¹ Includes being choked or having bones broken or both.

² 19 could not single out one worst case of abuse; 34 did not experience physical abuse or did not identify it; and 9 provided no data on their questionnaires.

$X^2 = 8.424$ (significance .7511) Pearson's $R = .01640$ (significance .4030).

attention to the barriers to obtaining help and factors associated with delay in battered women's contact with support services seems warranted.

Since this study was not based on a probability of all battered women in a given geographic area, the generalizability of these findings to all battered women is uncertain. It would have been desirable to include women seeking help from other formal sources of help, such as police or health care providers. We were also unable to compare the characteristics of women seeking help with a comparison group of women who had not sought help for battery. However, it would probably be unethical to study spouse abuse among women not seeking help without providing some form of assistance or referral, complicating longitudinal research on patterns of help seeking among abused women.

There are several policy implications in this research. Public educational programs on battery and spousal abuse, to the extent that they exist, should attempt to increase awareness that help seeking for spouse abuse is often delayed. Education might increase the likelihood of help seeking after the initial episode of abuse. Persons responsible for health, legal, and social services might also be encouraged to establish procedures to improve the recognition and referral of abused women within their agencies. Finally, there is a paucity of research on how and where women seek help for spouse abuse, on barriers to help for women coming in contact with legal and health agencies, and on the effectiveness of different forms of intervention to ameliorate the effects of past abuse and to prevent future abuse.

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Nutrition and Health Services Needs Among the Homeless

JEAN L. WIECHA, MS
JOHANNA T. DWYER, DSc, RD
MARTHA DUNN-STROHECKER, PhD

Ms. Wiecha is a doctoral candidate at the School of Nutrition at Tufts University. Dr. Dwyer is Director of the Frances Stern Nutrition Center, New England Medical Center Hospital and Professor of Medicine (Nutrition) and Community Health at the Tufts University School of Medicine. Dr. Dunn-Strohecker is a research consultant and a former Director of the Division of Dispute Resolution at the Massachusetts Department of Industrial Accidents.

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Tearsheet requests to Jean L. Wiecha, MS, New England Medical Center Hospitals, Frances Stern Nutrition Center, 750 Washington St., Box 783, Boston, MA 02111.

Synopsis.....

This review discusses nutrition and related health problems among homeless Americans, summarizes recent information, and identifies needs for services and future research. The nature of homelessness today provides a context for the discussion. Many homeless persons eat fewer meals per day, lack

food more often, and are more likely to have inadequate diets and poorer nutritional status than housed U.S. populations. Yet many homeless people eligible for food stamps do not receive them. While public and private agencies provide nutritious food and meals for homeless persons, availability of the services to homeless persons is limited.

Many homeless people lack appropriate health care, and certain nutrition-related health problems are prevalent among them. Compared with housed populations, alcoholism, anemia, and growth problems are more common among homeless persons, and pregnancy rates are higher. The risks vary among homeless persons for malnutrition, nutrition-related health problems, drug and alcohol abuse, and mental illness. For example, among homeless persons, fewer heads of families than single adults are substance abusers, and mental illness varies in prevalence among single men, single women, and parents in homeless families.

Homeless persons need improved access to food, nutrition, and health services. More nutrition education needs to be available to them and to service providers. Use of representative samples and validation of self-reported nutrition and health data will help future investigators to clarify the relationships between the characteristics of the homeless and their nutritional status.