

Breast Cancer in the Context of Intimate Partner Violence: A Qualitative Study

Erika Metzler Sawin, RN, MSN, Kathryn Laughon, RN, PhD, Barbara J. Parker, RN, PhD, FAAN, and Richard H. Steeves, RN, FNP, PhD, FAAN

In the United States, approximately one in eight women (12.5%) will develop invasive breast cancer during her lifetime (Manne, Pape, Taylor, & Dougherty, 1999; National Cancer Institute, 2006). One in four women will experience intimate partner violence (IPV), such as physical assault, sexual assault, or stalking, during her lifetime (Coker et al., 2007a, 2007b; Tjaden & Thoennes, 2000). Although the exact rate is unknown, some women experience breast cancer and IPV simultaneously. Researchers have documented the importance of a positive partner response to a woman's ability to deal with breast cancer (Koopman, Hermanston, Diamond, Angell, & Spiegel, 1998; Manne & Badr, 2008; Manne & Glassman, 2000; Manne et al.; Pistrang & Barker, 1995; Sales, Schulz, & Biegel, 1992), but little attention has been paid to those who are dealing with breast cancer while in an abusive relationship.

Nearly half of women with breast cancer report changes in their relationships with their partners (Barni & Mondin, 1997), and some changes in health status, such as pregnancy or the presence of a physical disability, seem to make women more vulnerable to abuse and injury (Curry, Hassounah-Phillips, & Johnston-Silverberg, 2001; Parker, McFarlane, & Soeken, 1994; Parker, McFarlane, Soeken, Silva, & Reel, 1999). However, little is known about how IPV and breast cancer interact.

Oncologists Schmidt, Woods, and Stewart (2006) noted multiple reports of IPV from patients in their oncology practice. Although noting the lack of literature on the topic, they posited that patients with cancer, like pregnant women and older patients, are members of a vulnerable population and are, therefore, at higher risk for IPV. They suspected that IPV prevalence is higher in patients with cancer but that practitioners, perhaps because they do not want to believe it happens in their practices, likely believe that the IPV rate is lower. Schmidt et al. noted that patients with cancer can become frail as a result of the disease and treatment effects, therefore increasing dependence on their caregivers as well as becoming at risk for social isolation because of physical changes. They argued that a cancer diagnosis could provide a unique "provocation of violence" against a patient with cancer because of the lack of control that the partner has over the cancer, as well as the

Purpose/Objectives: To describe the experiences of women who were diagnosed with breast cancer while also encountering intimate partner violence (IPV). IPV was determined by scores on the Women's Experience With Battering Scale and the Abuse Assessment Screen.

Research Approach: Qualitative interviews were conducted with a convenience sample of seven women. Data were analyzed with a hermeneutic phenomenologic approach.

Setting: Community settings in central Virginia and Maryland.

Participants: 7 participants ranging in age from 37–63 years (\bar{X} = 50 years); age at diagnosis ranged from 36–58 years (\bar{X} = 46 years). All were in relationships with men, and relationship length ranged from 2–29 years (\bar{X} = 12 years).

Methodologic Approach: Each participant had one semi-structured qualitative interview.

Main Research Variables: Experiences of women simultaneously experiencing breast cancer and IPV.

Findings: A number of themes emerged, including: (a) reassessing life, (b) believing that stress from the relationship caused the cancer, (c) valuing support from others, and (d) the significance of the breast.

Conclusions: For all of the participants, the breast cancer diagnosis changed their intimate relationships in some way. The cancer was an opportunity for the women to engage in life review, focus inward, and, in some cases, change the relationship status.

Interpretation: Increased awareness and screening for IPV are needed in oncology clinical settings. Women with cancer are members of a vulnerable population and use the diagnosis to reassess their intimate relationships.

possibility of abandonment that cancer poses (Schmidt et al., p. 26). Taylor-Brown, Kilpatrick, Maunsell, and Dorval (2000) explored the popular belief of partner abandonment of women with breast cancer in a review of the literature. They determined that no increased risk exists for women. That assertion, however, was based on a single study of marital satisfaction, wherein the participants, who had already been participants in a quality-of-life study, were not screened for abuse. The authors acknowledged the possibility that abusive relationships may have existed and used examples from clinical practice.