

**Angela Henderson (Nursing)**  
*Interviewed by: Cindy Weeds, 1999*

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CW: Why did you choose to do research around the topic of violence against women and the response of the health care system to that violence?

AH: I guess it came out from where I was in my life at that time. I had developed the interest in abuse by virtue of having met a woman who was in a really abusive situation and ...

CW: Through nursing?

AH: No. At home ... a neighbour, actually as it turned out. And having watched her go through that whole process when I was at home having just had my first child I was not working and had met her and got talking and found out about the situation as it unfolded, and watched her getting out of it. I didn't really think much more about it until about five years later, when my son was in school, I met a woman who was on the board that was just opening up a transition house in North Van. And she said "Oh, would you like to be on the board?".

So having been sort of sensitized to the whole area, I thought "Oh sure, that'd be great" and that's how it all started and I spent a lot of time counseling and doing stuff in the house. Of course, in those days it was really a grassroots movement, and you'd be on the board or you'd be making the dinner or you'd be talking with the women or you'd be doing loads of things. So everybody did everything and out of that my interest in the topic grew and then later on, I was teaching here as a sessional instructor and I was going into a Master's Program and I knew that there were all kinds of things about my work there that really fitted with the research courses that I was taking. So, questions that occurred to me all came out around abuse and so that's how it all started.

CW: Have you ever been engaged in feminist activism?

AH: Oh ... YEAH! (laughs) I mean ... you couldn't be in that movement and not be. We were constantly out there and haranguing people for more funding and trying to do education around the topic on numerous different fronts. And then there's always the stuff of your own life, people you meet at parties and people you meet through your kids or whatever and ... trying to do some consciousness raising around it through those kinds of things.

CW: Was it mostly centered around violence, then?

AH: Yes, it's always been. As long as I've been vaguely conscious, I don't think I was ever a particularly politically aware person as a younger woman. I was having far too good a time in those early days. Only conscious half the time (laughs). So it wasn't until I

got probably into my mid-twenties, started having my kids, that I really started paying attention.

CW: That's interesting.

AH: Yeah, sort of wasted years there, but ... well, they weren't wasted, they were great actually.

CW: So how do you describe your relationship as a researcher in that area to the grassroots women's movement, particularly the anti-violence movement?

AH: There's a variety of things. Firstly, I'm one of the co-founders of FREDA - I'm on the board with representatives from a lot of different organizations who have flown through that organization a fair bit. I'm still somewhat involved with the transition house haven't been so much involved in the last two years since I've been doing my doctorate, I've been too busy - I've always and trained facilitators for support groups and been on various committees there. I think the last meeting I was able to do was about eighteen months ago. Part of being a feminist researcher, I think, is being yourself right there in the trenches. It would be very hard to do the kind of research that I've done up to this point without being one with the group, as it were.

CW: When you are with women who are in the grassroots movement, do you find any anti-academic or anti-intellectual sentiment?

AH: Oh, all the time. I sit directly on the fence, because to the academic community what I do is "down there" and to the other groups, the grassroots folk, I'm suspicious just by virtue of having walked through the doors of this institution. So, it's kind of weaving that path the whole time and trying to interpret, be a conduit through which each of the voices can reach the other, as much as possible. FREDA is an absolutely perfect example of that process, FRFDA being the Feminist Research Education Development Action Centre for Research on Violence Against Women, which always was supposed to be, right from the very first call for proposals, a true partnership, between community and academics. Well, half the people who showed up to the very first meeting, were committed ... how should I put it? Driven, focused academic types, and half were grassroots, suspicious. Then Nursing is a practiced discipline, with an interest in a holistic approach to things and an interest in getting something done ... nurses tend to be a little bit intolerant of stuff that just goes on and on and on and on and shows no interest in anything but process, you know, never gets to a conclusion on anything. They also tend to be very suspicious and intolerant of research that's just conducted for no other reason than somebody's interested. You know, that's never going to go anywhere.

CW: Right (laughs).

AH: I mean, so, "Wasn't that fascinating?". You know? It's of no interest to me to do that. If it doesn't have a critical kind of component to it, if it doesn't have somewhere it's going that can make a difference to people's lives potentially, even if it's three studies

down the road, then I'm not interested. I have no pure academic interest. I just don't have it, so that's that.

CW: Do you think research should have an action component or purpose?

AH: My research should. I have no problem with other people theorizing and doing nothing but straight, academic stuff. That's fine, as long as they don't want me to do it. They can do whatever they want. So I don't judge other people's stuff. They find what they can do. Just a little point of clarification.

CW: I'm thinking now of feminist of methodology and some of the ideas or debates around that. Do you consider yourself, in terms of methodology, a feminist researcher? And when you hear about research that's done solely for academic purposes, can that be feminist for you?

AH: I don't believe that there's such a thing as feminist methodology as such. I think my feminism is a perspective firstly, just that: a perspective. It's something that I bring to everything that I do. It organizes and constructs every part of my life, not just my research, it informs my approach to using whatever methodology I'm using. So that it is an overlay, as it were, or it's more of a foundation from which I take off. I think that you can do research in any paradigm from a feminist perspective. So that, for instance, in my dissertation the methodology I would describe social constructivism informed by a feminist perspective. So what that ends up meaning is that if you take what I actually do, in-depth interviews which I've conducted from a constructivist approach, it says that people come together and construct meaning between them and so it's the interview itself that's producing the meaning. Acknowledging that in these areas there probably isn't any objective truth to be found, rather it's a reading of what we produce between us. The feminist bit comes in terms of the kinds of questions that interest me, the way I go about including the participants or encouraging them to have as much input or control as they want while still acknowledging that it's my research and my question and I write the final thing. So consequently I back off and try and say "it was co-construction" but no, it isn't. I write it and so in the end, it's mine and I must take responsibility for it. But the whole idea of reflexivity, including the researcher, participants, trying to build a mechanism by which they can critique the product, is how I enact my feminist principles. That's the way they play out in terms of the process. I think that any form of research, more or less, with the possible exception of randomized, blind, controlled scientific tests, can probably be conducted from a feminist perspective. It depends on the purpose to which it's being put and the way the questions have arisen in the first place. That's where it comes from. I think it's absolutely congruent with all kinds of feminist ideals that we get lots and lots of research projects out there that prove to government the cost of violence. You know, plain, old descriptive statistics. That's very feminist because we know that it will produce the effect that we need. That it will be the thing that will get government's ear, and in the end what matters, is that we get government's ear and that they be helped to pay attention to this stuff. So does that make sense?

CW: Yeah.

AH: So I do whatever I have to do to get the job done. I'm a pragmatist ... supposedly a very bad thing to be but ... a pragmatist.

CW: So would you see your research as coming out of what you see as being practical concerns of women? So for example, on women experiencing violence, you want your research to directly speak to that, and in some way alter that?

AH: And eventually to have an affect on practice, particularly nurses' practice, which is where my dissertation research has gone. That has been talking with nurses from a variety of different clinical settings, both here and in England, to find out the kinds of things that have an impact on their willingness and ability to interact with abused women around their abuse ... which started from a real understanding that we aren't being helpful to abused women, as the health care professions in general are not helpful to abused women. So rather than do a "blame-the-victim" thing, and say, well, bad people out there aren't doing this and we've got to make them do it, I wanted to go to the people, to the nurses particularly and try and find out what was getting in the way. Most of them are women and there's a huge amount of abuse and there's abuse within the system they work in and as it turns out, there's a whole lot of intertwined things happening in there and it's not very surprising they're not doing this particularly well. So you know, the end product hopefully will improve health care's response to abused wome.

CW: That's really interesting. So you characterize the overall response of health care to abused women as being pretty weak. Do you know the programs for example, that are in place at VGH and that are supposed to be effective? What are your opinions of those?

AH: Well, I'm on all those committees. I am totally, totally committed to the idea of ... I don't even like to call it "universal screening" because it sounds like what we're doing is just going out there and finding out whether people are abused or not, which is not the purpose. In order to deal with a patients', clients' concerns, you must know what they are. Any form of treatment for any kind of condition depends on identifying it first of all. So it's part of an organized program of care, to find out what kinds of things are having an adverse effect on people's health, and obviously getting beaten up isn't good for you. So I'm totally committed to introducing that as a component of people's care. Having said that, what my research is showing is that one of the most important things that stops people asking about violence in patients' lives is their own identified lack of education in the area. That they don't think they know how to do it. They don't know what they would do if somebody said, "Yes, I'm being beaten up, can you help me?". They have no clue what they'd do about that, so they don't ask, so they don't find out, so they don't have to deal with it. Which is more than reasonable, because health care is built on the foundation of first do no harm. That's the basic bottom line: don't make things worse. So of course, if you're scared you might make things worse, or you're scared you might make the person angry, or you might anger the partner, or god knows what you might do, of course you're not going to ask. So what my research has done is really emphasize for me the importance of a good, educational component to any kind of introductory schooling as an approach. One of the serendipitous things that happened was that one of the departments, in which I was talking to people, introduced a screening program with an educational

component during the time I was doing the study. So I was, just by accident, able to talk to the nurses before and after and the change was just unbelievable. I mean, they're all out there raring to go, dying to ask the question, identifying people, you know. If you're doing in-depth interviews, it tends to happen over time, and so there was nobody who had had the training before and they'd all had it by the end, so it was just great. Bonus.

CW: Yeah, that worked out well.

AH: That just emphasized it for me even more, because first of all they had said that was how it was and second, it got demonstrated to me that that's how it was, so that was very interesting.

CW: In this latest research, you're researching nurses or interviewing nurses and you've done other research with women who have been battered ...

AH: And their children.

CW: Right. What are some of the ethical issues around that interviewing and what are the differences between nurses and the women themselves, the setting?

AH: Huge. Oh, there have been some really, really interesting ethical things and I'll just toss out a few in no particular order and without a lot of comment, so you can ask whatever questions you want. One was when we were doing a study where we were interviewing children who had left abusive relationships with their mothers and were now living independently. Now these children were anything from three to ten years old and a lot of their mothers were involved in ongoing custody things. I mean there's no doubt there's huge issues in all of it. Another issue is the whole idea of informed consent and written consent and the fact that you really never know where women's relatives are and you don't know where friends of women's husbands are. And when you're running around getting written consent that's because at some point somebody might need to prove that this woman did consent to be in this study, and if that's so, presumably at some point down the road that consent may need to be produced. And if that consent might need to be produced, then who knows who might be the person who's requiring its production, which immediately blows anything that she's got about keeping her name out of things. I mean who knows what consent can lead to - I don't know, do you know?

CW: Right, right.

AH: I have no idea why I take those consents. I mean, nobody's ever asked to see them. In twenty years of researching, nobody's ever asked to lay eyes on one of those pieces of paper that I so industriously gather. So I've done things like I've gone to research services and I've argued the case for only having verbal consent, using a first name only at the beginning of the tape and a fake name if you want. Tell me your name, whatever you decide to call yourself and put it on a tape that you consent for this interview and that's all we'll do. So I've done that.

CW: And that's been okay through ethics boards and stuff?

AH: Yes, it was always okay with the boards when I explained it to them. I haven't done such a study in a long time. It may well still be okay with them for valid reasons of anonymity. I've been doing other kinds of studies recently. I've been collecting data in two countries, so I've had to go through two sets of ethics boards. Now, in England, they couldn't care less what you do to nurses; they don't even want consent from nurses. Patients you have to get consent to do research on ... They didn't want to review my proposal; they didn't want to have ethics at all. That was a real concern for me because I'm thinking, "I'm out there in the field, in this sensitive area doing research on a group of people who supposedly are volunteers so if something goes wrong, or if somebody gets attacked or if somebody gets stabbed to death or if .. I mean it's a very dangerous area I work in and people have died in this area. Could be the nurses, could be their relatives, could be me ... could be all kinds of people. So, you know, I've got to be out there without any kind of paper trail that it's okay for me to be there? I don't think so. So, in the end I wrote a letter of information to the head of the ethics board requesting a response and saying that I would like there to be some kind of acknowledgment by this university that I was in fact legitimately doing research for a degree and that they had seen it. So I ended up doing that but they really weren't interested. So that's one thing. Then there's the more sensitive area around when you do research, it's because some representatives of the group that you're doing the research about will eventually, hopefully benefit. That's not necessarily true when you're doing research around improving nurses' practice and care of abused women. The potential thing is to tell this group they're being inadequate. These are the people who have consented to being interviewed. I'm going to expose and discuss inadequate work by them in order to benefit this group over here. Now, that's much more tricky. That has been one that I've sort of ideologically struggled with a lot over and I've come to conclusions on two or three things. One is, first of all as a caring profession, nobody goes into it to do a lousy job. They go into it to do a good job, therefore anything that has the potential to improve their practice presumably is benefiting them as well as the others. So I can kind of rationalize it a little bit that way for myself. Two other things. One is that nurses are also abused women and so that's a bit of an artificial distinction there. The most important one is that if you take a feminist perspective you start from where they are, not just saying, "What you're doing is lousy; do it better", but saying, "We know that essentially what you would like to do is do the best job in your job you possibly can do. This is an area where things don't seem to be so great. Let's get your voice out there in terms of what's stopping you from doing what you would like to do and what are the factors having an impact". So if you start from a non-blaming perspective, with the assumption that there's something in the way and that what you're trying to discover is what that is that's in the way, and you weave in a process by which they have as much as possible the ability to comment on the product I guaranteed them that if they had any criticisms of the product, I would include those criticisms. I wouldn't necessarily change what I had written, but I would include why people disagreed with it, not in terms of names, but in terms of where they were in the process and what the disagreement was so that I would present both sides. Then I ended up persuading myself, and I think legitimately, that it actually has the power to be a very empowering piece of research for nurses. So the whole idea of reflectively challenging yourself in terms of whether what

you've just discussed is what you want to do, whether it should be done, or whether you're just persuading yourself that it's okay because it's what you're going to do anyway...

CW: I'm saying ethical but that doesn't necessarily have to be the right word ... some of the implications about your own social location in comparison to those of the women or the kids or of the nurses ... how did that play out? How did you deal with some of those struggles and what were they like?

AH: That's sort of a moveable feast, really. There's a lot of aspects to that. I guess the important first thing is acknowledging who you are and where you come from and what's going on with you and being up front about that. Some researchers don't have a reciprocal kind of conversation with people. They'll just talk and give as little as they need to give to get what they need back. But that's not what I do. I'm a spill-your-guts type of person anyway, so if anyone ever asks me anything I'm likely to tell them in nauseating detail far more than they wanted to know about it. So, in terms of my own position of privilege, of where I'm at in my career, my socioeconomic status, my whiteness, all of the things ... that is what I am. I can't do a lot about it. I can acknowledge it, I can say "This is it" and people can choose to do with it what they will. It's up to them. As long as people have as much information as I can possibly give and as long as I'm as comfortable as I can be. There's always inequities and there's always coercions of various forms but one of the things that's come up in relation to this is the kinds of coercions that can go on in the background of research that the researcher isn't even always aware of. That was a whole other area of ethics actually ... but having got to a certain point, then you just have to trust in your participants that they will say that they want to do it or that they will say "I don't feel comfortable talking to you about this, I'd rather be talking to whoever and go with what they tell you. I think we do, on some levels, occasionally have a real tendency to be paternalistic in terms of protecting research participants and treating them as incapable and disempowering them in the name of being fair and equitable. I've seen it a lot. When I used to be in the transition house, people would want to come along talk about this or that and the decision would be made, "No, that wouldn't be good for the woman", without asking the woman. To me that's very paternalistic and at a certain point, if you're dealing with people who are competent in the world, regardless of what kind of inequities and oppressions they're labouring under, they have to be given opportunities to operate within their own fives, and in the end people have to make their own choices and that's that.

