

Multiple Health Problems

Survivors experience multiple debilitating but treatable physical and mental health problems that persist for years.

General Health and Daily Functioning

Most (62%) of the 309 women in the Women's Health Effects study (WHES) described their current health as excellent, very good or good, with only 38% describing their health as fair or poor. Yet only 30% of women reported that their physical health did not limit their work or other activities while 25% reported being limited all or most of the time in the previous 4 weeks. Similarly, for 33% of women, physical health or emotional problems interfered all or most of the time with social activities in the past month; only 20% of women experienced no interference. Women who were employed (45% of the sample) reported missing an average of 2.6 days of work in the last month due to health problems.

Health Problems and Medications

Women reported having an average of 12.7 current health problems that interfered with their daily lives. More than 60% experienced fatigue, difficulty sleeping, back pain, headaches and difficulty concentrating, while 30% to 50% reported bowel problems, upset stomach or heartburn, memory loss, swollen or painful joints, panic attacks and heart palpitations. Poor bladder control, difficulty breathing, disordered eating, and chest pain were reported by 21% to 29%. Pelvic pain, suicidal thoughts, rectal bleeding, blackouts, seizures and suicide attempts were reported by less than 20% of the women. The average number of diagnoses by health professionals that women reported was 3.1, the most common being depression (31%), arthritis (17%), back problems or injuries (14%), migraines and headaches (14%), asthma (13%) and anxiety disorders (13%).

Although women in the WHES were no more likely to take medications than Canadian women in general of similar age in the Canadian Community Health Survey (CCHS), the pattern of medication use was different. More women in the WHES were taking anti-depressants (31% vs 10%), tranquilizers (11% versus 4%), and asthma medications (23% versus 11%), while fewer women were taking cough and cold remedies (12% versus 23%) and birth control pills (6% versus 17%). The average number of prescription medications taken by women in the WHES was 3.2 (range 1-14).

Pain

More than half of the women had experienced back pain, headaches, or general aches and pains in the past month, while 43.2% reported swollen, painful joints. Of the 309 women, as evaluated by the Chronic Pain Grade scale, 21% had severely limiting pain, losing an average of 90 days from usual activities (work, school, housework) in the past six months, while 14% had moderately limiting pain, and lost an average of 24 days. Only 5.5% of women were pain free. One third of the WHES experienced high disability pain, a rate that is significantly higher than the 18% of Canadian women reporting chronic pain in the CCHS.

Cardiovascular Risk

Given the average age of 39 in the WHES, their cardiac risk profile is troubling. Based on two blood pressure readings, 42% had blood pressure in the pre-hypertension range (a rate twice that reported in the general US population) and 13% were in the hypertension range. Based on measured weight and height, 29% had a Body Mass Index indicative of being obese, as compared with 23% of Canadian women in general. Finally, 44% of the WHES sample were smokers in contrast to 15% of Canadian women.

Mental Health

Based on standardized scales, 73% had symptoms consistent with a diagnosis of clinical depression, a rate considerably higher than the 5.8% for Canadian women in general or the 15.4% for single mothers. Based on the Davidson Trauma Scale, almost half of the women had symptoms consistent with post-traumatic stress disorder (PTSD). 45% of women had symptoms consistent with both PTSD and clinical depression.

Service Use and Unmet needs

Despite the fact that 80% of the women were confident in knowing where to go for services, and 92% reported knowing someone who could help navigate the system, 65% still had difficulty getting the support they needed. Top barriers to service use included inability to pay (50%), waiting list (42%) and transportation (32%).

Women in the WHES reported using a variety of health related services and made more visits to health care providers than women without a history of IPV. For example, in the month preceding data collection, more than half (56%) of women had visited their family doctors and those who did had an average 1.89 visits per month. This is 5.4 times higher than the rate for women of comparable age in the Canadian population (CCHS). Similarly, 22% visited a walk-in clinic (8 times higher), and 14% an ED (24 times higher).

Despite this high rate of health service use, women may not be receiving the care they need. For example, although 43% of women in our study saw a mental health provider in the month prior to the interview, and almost half of the women had symptoms consistent with PTSD, only 7% reported receiving a diagnosis of PTSD from their health professional, suggesting limited assessment of past trauma. Similarly, despite one third of the WHES sample having high disability pain, rates of use of prescription pain medication is no higher in the WHES sample than in Canadian women in general. Further, 21% of the WHES sample have lost an average of 90 days from usual activities in the past 6 months due to pain, raising questions about the adequacy of symptom control. Finally, of those who reported a diagnosis of hypertension by their healthcare provider, 95.3% still had BP exceeding acceptable levels despite being prescribed CV medications. Furthermore, of those taking CV medications, 69.2% still had CV symptoms within the past month. *Together these examples, suggest a poor fit between current health services and the health needs of women in the early years after leaving an abusive partner.*