The Women's Health Effects Study

Key Messages

www.women-health.ca

Who are the Women who Took Part?

About the Women:

- Average age was 39 (range 19-63)
- 13 years of education (wide range)
- 57% were mothering children < 18 years of age
- 16.8 % were members of a visible minority
- 7.4 % were aboriginal

Abuse Experiences & Leaving:

- Average Duration of IPV: 8 years (3 months to 37 years)
- Substantial lifetime histories of abuse
- Only 16% stayed in shelter after leaving
- Left an abusive partner 20 months previously (on average)

Challenges After Leaving

- Women experience multiple challenges after leaving which make it difficult to carry out their roles at home and work

SAFETY RISKS

- Only 12% of women made a “clean break” from their abusers (no abuse or harassment after leaving)
- 20 months post-leaving, half of all women were still being harassed by their ex-partners
- Motherhood and having a higher socioeconomic status before leaving placed women at greater risk of continuing abuse

Economic Instability

Half of all women reported that their standard of living decreased after leaving

Employed	**45.1%**
Social Assistance	31.4%
Disability Pension	10.4%
Seeking Disability	2.9%

50% of women reported that it was “very or extremely difficult” to live on their current income

22% used a food bank in the past month

Health Problems

- At least 1 active medical diagnosis: *82%*
- Poorer Physical & Mental Health (than Adult, U.S. Women)
  Chronic Disabling Pain: 33%
- High level Depressive Symptoms (CESD): 57.6 %
- PTSD Symptoms: 48%

- More than half of women reported problems with:

  feeling worried, fatigue, feeling sad, difficulty sleeping, back pain, headaches, difficulty concentrating, general aches and pains, bowel problems

- Our findings support the importance of women's access to personal, social and economic resources in enhancing their health and in establish themselves as a new family
- Community services are an important support for women who have left abusive partners, yet many services are short-term and/or focus on episodic care
- Health, Social and Advocacy services are needed well beyond the initial crisis of leaving

Service Use and Costs

- Our finding reveal high rates of service use among women in a number of sectors
- For example, in the past month:
  - 56% of women saw a family doctor
  - 22% went to an outpatient/walk-in clinic
  - 24% visited a counselor
  - 13.9% accessed police services
  - 33% used a DV advocacy service
  - 22% used a food bank

- Women's use of services translated into substantial costs to the system
- Our analysis shows that the annual per woman costs attributable to IPV is estimated to be **$13,162**
- Therefore, in excess of $3.1 billion per year can be attributed IPV among Canadian women who have left an abusive partner in the <u>past 3 years</u>

- In spite of high use and costs, women face significant barriers in accessing services and have unmet needs (they need by cannot access services)
- Unmet need is most striking in terms of dental care, access to family doctor, recreation services
- Common barriers include: can’t afford, waiting list, no transportation or childcare, lack of information

- This suggests that current service delivery models may not be addressing women's needs in the most beneficial and cost effective way.
- A more flexible, integrated, seamless model of service provision, which includes a health component, may produce better outcomes.
- Partnerships between domestic violence and health services should be explored.

Health Care System Responses to IPV

- Findings from our study and other studies confirm that women who have experienced IPV face substantial health challenges
- There is evidence that the health impacts of abuse/trauma are cumulative
- Although IPV has received some attention in health professional education, it is not systematically addressed and providers often feel unprepared to address women's needs

- Building the capacity of health professionals and the health care system to more effectively address the physical and mental health needs of women who have experienced IPV is a priority
- Identifying women who have experienced abuse is a first step but much more is needed
- We need to work toward models of care that are ‘trauma-informed”

SUMMARY AND RECOMMENDATIONS

- Women face significant health, economic and safety issues post-leaving; services and supports need to be offered to women beyond the crisis period around leaving
- High rates of service use translate into high costs, yet women still face barriers in accessing services and have unmet needs. A more flexible, seamless, integrated system of services, which includes a health component, may produce better outcomes.
- Partnerships between DV and health services should be explored.
- Building the capacity of health professional and the health care system to respond to IPV is essential. Identification of IPV is a first step in moving toward *trauma-informed care.*