

The Women's Health Effects Study

A study of the effects of personal, social and economic resources on physical and mental health of women in the early years leaving an abusive male partner

2008 Update

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The Results are In!

Thanks to your patience and generosity, the study team now has new results to share with you, with people who make policies, and with those who support women and provide services to them. We will continue to have results to share over the next several years, and would love to keep in contact to do so. You can also look at our website at any time. Meanwhile, we hope you will find the new results in this newsletter interesting!

What are women saying about this study?

I found the interviews really long, but if it helps one woman, it is worth it!

Is my experience similar to other women?

Participating has made me more aware of my health and how what is going on in my life affects it.

What are policy-makers saying?

Just checking back with you to see if you are now able to share any of your recent work on costing violence study—we would like to get your final results at the Ministry.

This is perfect timing! We will be able to use what you have learned in our 2009-2010 strategic plan to improve abuse survivors' health.



We gratefully acknowledge funding from the
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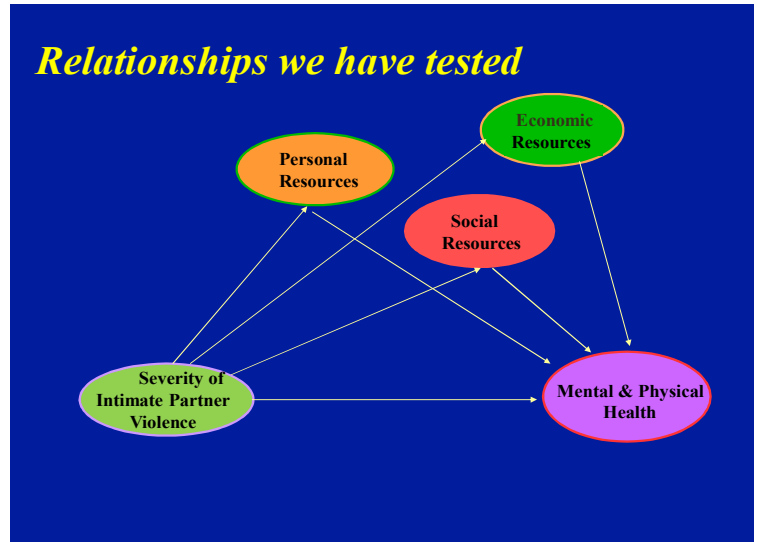
CIHR IRSC

How does Intimate Partner Violence Affect Women's Health after Leaving?

We have been asking you questions at each interview not only about your health but also about past abuse, and current financial, social (support from family, friends, and others) and personal (how you feel about yourself) resources. We wanted to know how all these things work together to affect women's health after leaving.

We have found that for women who have been living separately from their abusive partners for an average 20 months:

- ◆ The severity of the past abuse from the partner directly affected their health. Women who experienced more severe abuse had more physical and mental health problems.
- ◆ The severity of past abuse also affected women's current financial, social, and personal resources. Women with more severe past abuse had fewer resources.
- ◆ Fewer financial, social and personal resources was linked to poorer physical and mental health in women who had left their abusive partners.



Why is this important to know?

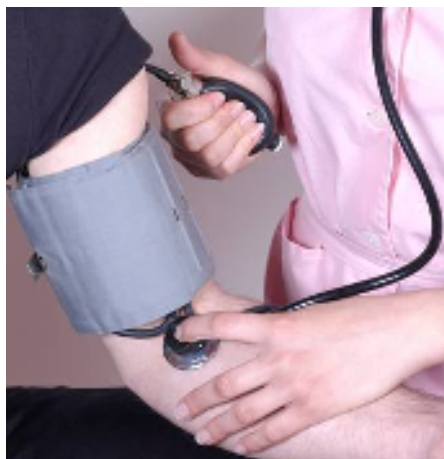
These results suggest that services aimed at improving women's access to financial, social and personal resources after leaving may result in improved health for women who leave abusive partners. These services need to be available to women for several years after they leave their partners, not just in the immediate weeks after leaving.

Chronic Pain

In the last newsletter, we reported that about one third of you had pain severe enough to make doing your usual activities difficult. Since then we have learned that such pain is more likely for those who have ever experienced an injury from abuse. At Time 2, the severity of pain was about the same for almost half (46%) of you, less for 25% and greater for 29%. The following table shows how many of you reported problematic pain in various locations.

These findings help to show that health professionals need to ask abused women about chronic pain and help them find ways, in addition to medications, to manage their pain. For example, massage, relaxation, or exercise sometimes are helpful. As well, women with abuse-related injuries need to be treated and followed by health professionals to minimize the development of chronic pain.

<i>Pain Location</i>	<i>% of Women</i>
Back	64%
Headache	64%
Aches & Pains	51%
Bowel Problems	50%
Upset Stomach/Heartburn	46%
Swollen/Painful Joints	43%
Pelvic Pain	18%



Blood Pressure

We have also been taking your blood pressure at each interview. At the first interview, about 45% had normal blood pressure, 42% had blood pressures slightly higher than they should be (pre-hypertensive), and 12% had high blood pressure (hypertension). At the second interview, one year later, the findings were similar. The percentage of women who were pre-hypertensive is higher than reported in the general population of women (42% vs 22%).

Increasing daily activity and reducing added salt and salty foods in your diet are two things you can do to prevent high blood pressure. You can also monitor your BP once a month, either at a health clinic or pharmacy. An increased BP is something you should talk with a health professional about to better assess if you have a problem and what can be done to deal with it.

Body Mass Index

We also have been measuring weight and height and using this information to calculate Body Mass Index (BMI). BMI is an indicator of body weight for height. People who are overweight may be at risk for health problems. At the first interview, we found that 6% were underweight, 41% were normal weight, 24% were overweight, and 29% were obese. These findings were similar when we interviewed women one year later (Time 2). The finding that more than 50% of women in the study were above normal weight is similar to findings in the general population of Canadian women.

Hearing

We also asked you questions about how much ringing in the ears or difficulty hearing has been a problem for you in the past month. At the second interview (Time 2), 25% of women reported a problem with hearing and 27% with ringing in your ears. In Canadian surveys of women in general, only about 2% of women report difficulty hearing. If you have ringing in your ears or hearing problems, talking to a health professional about it can be helpful.

We also tested how well you could hear low and high tones. Difficulty hearing high tones is common with aging or with regular exposure to very loud noise. In the hearing screening tests, more than 90% of you could hear the high tones. Problems hearing lower tones are more common when people have wax or fluid in their ears. Another reason is a hole in the eardrum which sometimes happens when people are hit on head, face, or jaw. About 25% of you could not hear low tones when we tested your hearing.



Social Support and Conflict Influence Women's Health After Leaving an Abusive Partner

While relationships with family and friends can be sources of support, they can also be sources of conflict. We wondered how such support and conflict affected your health. Social support includes informational, emotional, psychological, financial, and instrumental support (such as support for taking care of children). Other studies have shown that women often benefit from support from their social networks (family members, friends, neighbors, co-workers) but these people can also create stress and make demands on women, leading to conflict.

In our study, we found that:

- ◆ Social conflict had a negative influence on both women's physical and mental health. In other words, women who had more conflict in their relationships had poorer mental and physical health. The influence of conflict on mental health was stronger than its effect on physical health.
- ◆ Social support had a positive influence on women's mental health regardless of whether they had low conflict or high conflict in their social networks.
- ◆ The effect of social support on women's physical health depended on how much conflict was present. For women who had low conflict in their networks, social support had a positive influence on their physical health. However, when social conflict was high, social support had no effect on women's physical health. In other words, the negative impact of conflict may have outweighed the benefits of social support for physical health.

These findings tell us it is very important to pay attention to the support and conflict women have in their social networks. Health care professionals must address the unique needs of women given the lack/presence of social support and conflict in their lives.

Family Functioning

Some people believe that single parent families or families with a history of abuse function less well than other families. We questioned this belief and have been asking you questions about how your family functions. Our findings show that many families of women in this study work well together. In fact, your scores are very similar to those found in a large Ontario survey of families in general. As well, current family functioning in this study was not affected by the severity or length of past abuse, or the number of abusive partners.

What does affect family functioning?

We found that social support from family, friends, and community, and family's health practices had a stronger influence on family functioning than ongoing stress from financial problems, health issues or harassment from ex-partners. These results are important because they show that families who separate from abusive partners have potential to function very well, especially when they have good social support and resources to look after their health.



Service Use

We have also asked you many questions about the services you have used. About 80% of women were *somewhat or very confident* in knowing where to go to get services and more than 90% knew someone (friends, physicians, social workers) who could help them navigate the system. However, 65% of women said that getting the support that they needed was *somewhat or very difficult*.

What made getting support difficult?

Can't afford	51%
Waiting list	42%
Transportation problems	32%
Can't get information about service	26%
No child care	19%
No service available	18%
Service provider not responsive	16%

Health Service Use in Past Month		
	% of Women in Past Month	
	1 or More Visits	Unable to Access
Family Doctor	56%	19%
Walk-in Clinic	22%	
Dentist	21%	22%
Emergency Room	14%	
Public Health Nurse	6%	2%
Hospitalizations	5%	
Surgeon	4%	2%
Support Group	25%	6%
Psychiatrist	14%	11%
Social Worker	12%	3%
Psychologist	10%	12%
Addictions Counselor	7%	2%

Over 75% of women used at least one general health service in the past month. Not all women who wished to use health services were able to access them. In comparison with Canadian women in general, women in this study visited family doctors, walk-in clinics and emergency rooms more frequently.

Many women also used social services in the past month or wished to do so but were unable to access them. About 22% of women used a food bank while 9% were unable to access this service. This rate of use is about 8 times higher than use by the general population, suggesting that women face difficulties in getting necessities for a long time after leaving. As well, 20% of women saw an income assistance worker but 6% were unable to see one.

Although women had left their abusive partners on average 20 months previously, over 40% used a **service for domestic violence** in the past month. About 33% had used domestic violence advocacy or counselling services, 11% used an emergency help line, 9% used second stage housing and 3% used sexual assault/rape crisis services.

Legal services were also very important since 27% of women had used a legal service in the past month, excluding private lawyers. Police were used by 14% of women and another 1% were unable to access police. Legal aid was used by 11% of women, while 6% wished to, but couldn't. Similarly 11% used victim services and 45% were unable to access these services.

Although women did use a wide variety of services, many were unable to access the services they needed. These results suggest that **more affordable** and publicly funded health, social, domestic violence and legal services for women and children are needed. Women need **more help with childcare and transportation** to access the services they require.

WHES leads to new research

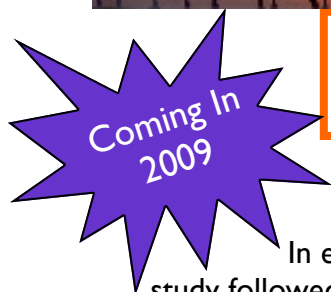
this group of researchers is studying the particular challenges Aboriginal women face with 'leaving' abusive partners.



Led by Dr. Vicky Smye, with support and participation of the other members of the Women's Health Effects research team,



Dr. Sepali Guruge is also leading a study about women's experiences of violence and the impact on their health and women's access to community supports and services. Her study is the first of its kind in Sri Lanka.



**Making a Difference:
Participate in a Policy Forum in your Province**

You are invited!

In each province we will be hosting a meeting of women who took part in the study followed by a policy forum. You are invited to attend the morning event and lunch, the policy forum or both as you like. For the policy forum, we will present the most important results from this research and our **recommendations for policy change**. Our plan is:

- Morning:**
- Recognition and thank you to all who took part in this study.
 - Time for those who wish to share what taking part has been like.
 - Time to meet other women who took part.
 - Time to share any ideas about what should be done with the research results.
- We will provide lunch
- Afternoon::**
- Meeting with invited policy makers, people who provide services to women, media and other interested people.
 - Time for women to share their ideas on the importance of policy change

Contact us

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