



# 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

## 2007 Update

September 2007

### Thank You for Staying With Us!!!

We are grateful and delighted that so many of you have continued to contribute by being interviewed every year. We started with 309 women, and as you can see, most of you have stayed with the study!

Year 1	Year 2	Year 3
309	286	234

- ◆ 45 interviews are still in progress and need to be completed.

Of course, this work could not happen without you. Thank you for your contribution!

### Research Team

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### What Are We Learning Now?

Since our last newsletter, many of you have been interviewed a few times. We are doing some women's fourth interviews already. We thought you might be interested in knowing a bit about what we have been learning from you and the other women in the study.

### You Are Amazing!

In 1988, a woman named Linda Gordon wrote a book history of 'family violence' entitled, "Heroes of their own lives". That title applies to the women in this study. Those of us who have had the privilege of interviewing you are amazed at how you each face the challenges in your lives. As one interviewer said *"I can't believe what the women have on their plates, but they still make time to do this study."*



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# What else have we learned?

## Some Women Have Symptoms of Post Traumatic Stress Disorder (PTSD)

Post Traumatic Stress Disorder (PTSD) is a reaction to trauma. It can include sleeplessness, difficulty concentrating, panic attacks, bothersome thoughts and other symptoms. It was first identified as a health problem in men coming back from war. However, research has shown that other forms of trauma, like being abused by a partner, may also result in PTSD. Not everyone who has been through a trauma, such as being abused, will develop PTSD, but many do.

At the 1st interview, half of the women had symptoms of PTSD, but very few women had been formally diagnosed as having PTSD by their doctor. Most of the women in the study had mild to moderate symptoms of PTSD that could be managed by an informed family doctor or counselor. For women with PTSD, difficulty concentrating, insomnia, fatigue and panic attacks were the health problems that were most bothersome.

## Many Women Have Chronic Pain

- ◆ We have been asking about the level of pain women have experienced and how much it intruded on women's usual social and family activities and prevented them from going to work or school or doing housework. Based on women's answers, we were able to grade their pain from Grade 0 to Grade 4 (see the table below).
- ◆ Women who reported injuries related to abuse sometime in their lives were more likely to experience pain at Grades 3 or 4, than those who did not report abuse related injuries.
- ◆ Women who reported chronic pain at Grades 3 or 4 were no more likely than women with lower pain grades to smoke, use street drugs or screen positively for possible alcohol abuse.

Pain Grade	Percent of Women	Average days lost from usual activities
0 (low intensity, very low intrusion)	5 %	0
1 (low intensity, low intrusion)	35%	2
2 (higher intensity, low intrusion)	21%	4
3 (any intensity, moderate intrusion)	14%	24
4 (any intensity, high intrusion)	20%	90

## Some Women Have Experienced Work Place Bullying

In the 2nd interview we asked if women were bullied at work in the past year.

- ◆ About 12% of women said they were bullied at work at least weekly.
- ◆ About 20% of women said they had left a job in the past year because of work place bullying.
- ◆ Psychological abuse was the most common kind of work place abuse.
- ◆ Over 3/4 of those who had been bullied in the last year said that it caused moderate to a lot of distress.

Women reported that being bullied at work had harmful effects on their health and friendships. It affected if women were working, their interactions with people at work, and how they felt about themselves. Some women said that being bullied had affected their economic situation, the kinds of work or jobs they would consider, and their search for work.

## What Changes Occurred in Women’s Lives Between the 1<sup>st</sup> and 2<sup>nd</sup> Interview?

### Changes in Women’s Relationships

- ◆ About 2/3 of women reported that they had at least one relationship with a partner in the year between the 1<sup>st</sup> and second interview, while 1/3 had no partner relationships during this time. However, only 7% of women were living with a partner at the time of the 2<sup>nd</sup> interview.
- ◆ Women’s contact with their ex-partner’s in the year between the 1<sup>st</sup> and 2<sup>nd</sup> interviews varied. Only 1 in 4 women reporting that they had **no** contact with the abusive partner they had left.

### Many are Still Exposed to Abuse

- ◆ Our findings show that abuse does not end for many women after they have left their partners.
- ◆ Only 12% of women in this study were able to make a ‘*clean break*’ from their abusive partners when we first interviewed them an average of 20 months after first leaving. These women *did not experience any continuing abuse or harassment* after leaving their partners.
- ◆ At the second interview, about half of women 286 women who took part experienced **NO** abuse (physical or non-physical) from an intimate partner in the one year period between the 1<sup>st</sup> and 2<sup>nd</sup> interview.
- ◆ Of those who experienced abuse in the same period of time, most reported both physical and non-physical abuse from their index partner (the partner they left before the first interview) or a new partner(s).
- ◆ In the chart below, we see that abuse from both index partners and new partners was mainly psychological. Few women reported physical abuse or forced sex from either type of partner. Half of the women reported continuing attempts from their ex-partners to intimidate or control them. 1 in 5 women also reported that they experienced intimidation or control from new partners.

In the past 12 months, has your partner ever:	Index Partner	Other Partner
Hit, kicked or otherwise physically hurt you?	2.8%	7.3%
Forced you to have sexual activity against your will?	1.7%	5.2%
Done things to make you feel afraid of him?	37.8%	14.7%
Done things to try and intimate you or to control your thoughts, feelings or actions?	50.7%	19.9%

- ◆ Finally, at the 2<sup>nd</sup> interview, slightly more than 1/3 of women indicated that they had been harassed by their ex-partners in the past month. This is a decrease from the number of women reporting harassment in the past month in the 1st interview (50%). The information women provide in 3rd and 4th interviews will help us determine whether this decrease in harassment is a pattern over time.

*These findings tell us it is very important to consider how women’s health is affected by many different experiences of abuse over and above the seriousness of abuse while IN one partner relationship.*

## Changes in Women's Resources

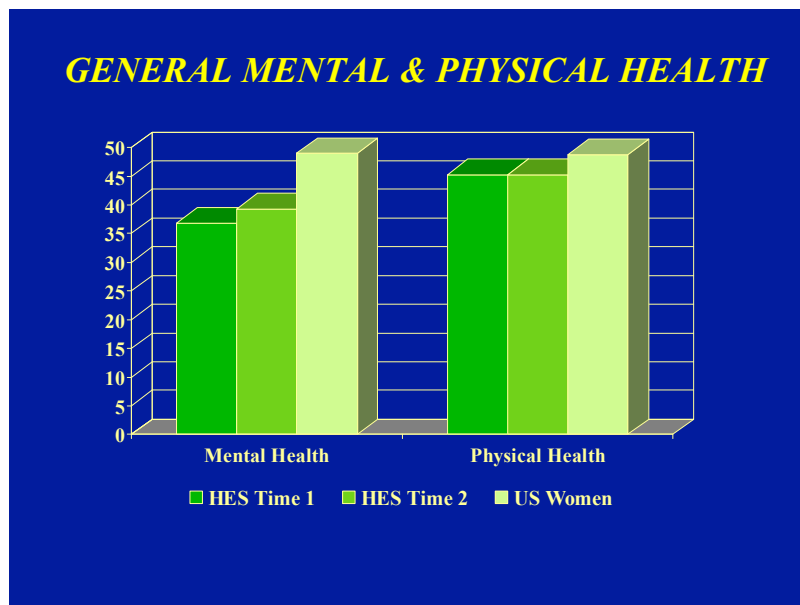
- ◆ Every year we have asked about women's social and financial resources. On average, the level of conflict women experienced from people in their networks (such as family members and friends) decreased between the 1st and 2nd interview. There was no change in the level of social support women reported during the same period of time.
- ◆ On average, the amount of financial strain women experience decreased between the 1<sup>st</sup> and 2<sup>nd</sup> interview and average annual income increased. However, 1 in 2 women still said that it was difficult, very difficult or impossible to live on their current incomes at the 2<sup>nd</sup> interview.
- ◆ Resilience refers to women's ability to "bounce back" and face the challenges in their lives. On average, women's level of resilience was quite high at the first interview. Clearly, resilience is a resource many women in the study have developed. The average level of resilience remained high at the 2nd interview.

## Changes in Women's Health

We have asked a lot of questions about women's health and have started looking at whether women's health has changed after leaving and, if so, how it has changed.

Looking at the chart below. You can see that:

- ◆ On average, the general mental and physical health of women at the 1st interview (Time 1) was poorer than the population of adult women of the same age from the United States. This difference was larger for mental health than for physical health.
- ◆ By the 2<sup>nd</sup> interview (Time 2), the average mental health of women in our study had improved somewhat, shifting toward the level of health found in the general population. The average general physical health of women in the WHES stayed the same from 1<sup>st</sup> to 2<sup>nd</sup> interview.



- ◆ Some specific health problems improved between the 1<sup>st</sup> and 2<sup>nd</sup> interview, while other problems stayed the same or worsened. For example, on average, the level of symptoms of depression and Post-Traumatic Stress Disorder improved slightly, while there was no change in the intensity of chronic pain. These changes are averages for the group of women who are taking part in this study; for individual women in this study, specific health problems may have improved, worsened or stayed the same.

## Using the Research to Influence Change!

Our team is using the research to influence policy and practice. In each province, the researchers have done presentations, taught courses and worked with others. Here are some highlights:

### In New Brunswick

Over the past year, we have made a number of presentations of the research findings to local service providers and provincial policy and program leaders. In New Brunswick, the Women's Issues Branch is the group responsible for coordinating the government's effort to address woman abuse. A description of their work and a directory of their resources is available on their web site (<http://www.gnb.ca/0012/Womens-Issues/index-e.asp>), or by calling (506) 453-7914. In January, we were asked to present our research findings to a group of policy and service providers from across the province. Several members of the group commented on how this information could help them make changes to better address violence against women in NB. They were struck by how many forms of abuse many women reported and the high number of health problems they had. These findings highlight that it is important for health workers to be better informed. All people working with abuse survivors need to know that women may be struggling with health problems while also trying to get financial assistance, help with housing, or job retraining.

### In Ontario

In the past year, we have talked to groups of doctors and nurses and to both medical and nursing students about our study to help them better understand how violence can affect women's lives and their health and what they can do to help support women when they come for health care. We have also shared some of our research findings with provincial policy makers at the Ontario Women's Health Council and the Ministry of Community and Social Services (COMSOC). In Ontario, COMSOC is responsible for many services important to women who have experienced violence, including emergency shelters and second stage housing, crisis and counseling services, social assistance and services for persons with disabilities (see <http://www.mcass.gov.on.ca/mcass/english/> for more information). Marilyn Ford-Gilboe has been invited to talk about our study with front line staff and policy makers from COMSOC at major forum on violence against women later this fall. She will focus on how some of our findings could be used to improve programs and services for women who have experienced violence.

### In British Columbia

On April 23<sup>rd</sup>, 2007 the BC Premier (Gordon Campbell) convened a Congress on Violence Against Women. The Congress was attended by a number of Ministers and policy makers, including the Attorney General, the head of the Police Chief's. Colleen Varcoe presented on the economic costs of violence from this research. This was an important message because the government cut social assistance, legal aid and many other programs which made the financial problems women face much worse. To see a video clip of this conference on the internet please see:

[http://www.multimedia.gov.bc.ca/EN/ending\\_violence\\_against\\_women/](http://www.multimedia.gov.bc.ca/EN/ending_violence_against_women/)



In May, 2007, the BC and Yukon Society of Transition Houses had their annual conference, attended by workers from Children Who Witness Violence Programs, Shelters, and Counseling Programs. Colleen Varcoe made a presentation titled *Traveling with Compassion: Mental Health & Substance Use in the Early Years After Leaving an Abusive Partner*. Vicki Smye talked about the particular challenges Aboriginal women face dealing with abuse and substance use. The most important message was that workers need to understand substance use, not judge women, and make sure that women can get services, regardless of whether they are using drugs or alcohol.

### Medication Use

You have told us about the prescription and over-the-counter medications you have been taking. We learned that about 90% of you are taking at least one medication. This is a similar rate to Canadian women in general.

At the 1st interview, the most common prescription medications taken by women in this study were antidepressants (31%), pain medications (15%), stomach medications (12%), anxiety medications (11%), and asthma inhalants (11%). Some of these rates are higher and others are lower than rates for Canadian women in general. We are exploring the reasons for these differences.



### The Costs of Violence are Paid by Women and Society

You have been helping us figure out some of the costs women have when they leave abusive partners. In other studies, often the costs that are counted are those such as costs of police, transition houses or legal aid. Because we have been asking you about **your** costs, income and health, we are also able to count things such as costs of moving, childcare, social assistance and costs related to health care. We are comparing women in this study to the population. Not surprisingly, women in this study are more likely to use services such as health services, legal aid, sexual assault services than women generally.



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