

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 after leaving an abusive male partner

Highlights of the First Year of the Study

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Research Team

Principal Investigators:
Marilyn Ford-Gilboe, RN, PhD,
University of Western Ontario

Judith Wuest, RN, PhD, University of New Brunswick

Colleen Varcoe, RN, PhD, University of British Columbia

<u>Co-Investigators:</u> Lorraine Davies, PhD, University of Western Ontario

Olena Hankivsky, PhD, Simon Fraser University

Marilyn Merritt-Gray, RN, MN, University of New Brunswick

Collaborators:

Jacquelyn Campbell, RN, PhD, Johns Hopkins University

Piotr Wilk, MA, PhD, University of Western Ontario

Barbara Lent, MA, MD, University of Western Ontario

New Investigators:

Judy MacIntosh, RN, PhD, University of New Brunswick

Vicki Smye, RN, PhD, University of British Columbia

Postdoctoral Fellow:

Sepali Guruge RN, PhD (c), University of Western Ontario

Site Coordinators:

Ontario:

Joanne Hammerton, MSc

New Brunswick: Jeannie Malcolm, MA(c)

British Columbia: Paromita Naidu, MA, MHA Dear Women,

Thank you so much for taking part in this study. Without you, of course, we could not have done it! This brief update is to give you a sense of what we are learning through the study, and to say Thank You!

The Women's Health Effects Study (WHES) Research Team

Background of the Study

The WHES is an ongoing study of 309 Canadian women from 3 provinces (Ontario, New Brunswick and British Columbia) over a 4 year period.

Study Objectives

- To describe changes in women's health and personal, social and economic resources in the early years after leaving an abusive partner;
- To examine how changes in women's health are shaped by the severity of past and ongoing violence and their access to personal, social and economic resources;

 To assess the economic costs of women's efforts to manage their life and health after leaving.

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Who are the women? Profile of Study Participants

	Range	Average	
Age (in years)	19-63	39.4	
Months out of the abusive relationship	3-41	20.1	
Education (in years)	6-22	13.4	
		Percentage	
Visible minority Aboriginal English first language	16.8% 7.4% 88.3%		
Employed On social assistance On disability	45.1% 31.4% 10.4%		
Living with children under age 18	57%		
Rural		17.1%	



Where did we get the information?

309 women were interviewed:

- In three provinces (Ontario, British Columbia and New Brunswick)
- Who had left an abusive partner between 6 months and 3 years before our first meeting
- Who were between the ages of 19 and 65

During our meetings, women answered questions about their abuse experiences, health, finances, personal and family strengths, social support and use of services. A nurse assessed each woman's physical health, including blood pressure, a mobility test, a balance test, and a hearing test.

Key Year 1 Findings

The women reported high levels of abuse over their lifetimes:

- 59% of the women had more than one abusive intimate partner in their life time
- Although separated an average of 20 months, half reported continued harassment from their expartners
- ♦ 40% of women reported being sexually assaulted as an adult
- ◆ 4 out of every 5 women reported having been physically, sexually and/or emotionally abused as a child

The women had major health concerns:

- Almost 3/4 of the women had symptoms of depression
- Almost half screened positive for possible problem drinking in the past year
- More than half said they had problems in the past month with feeling worried or uptight, feeling sad or depressed, sleeping, headaches, back pain and concentrating
- Women used health services often.
 For example, in the past month, 56% of women made 1 or more visits to a family doctor and 14% went to a hospital emergency room

Women's Resources:

- 90% of the women found it hard to live on their current incomes. 50% said that it was "very difficult" or "impossible"
- In the past month, 22% used a food bank

Health Affected Women's Resources:

- Health problems kept 20% of women from working outside the home
- In the past month, employed women lost an average of 2.3 days of work due to their health problems

These findings tell us that it is very important to know how women's health is affected by different experiences of abuse in their lifetimes, in addition to serious partner abuse.

NEXT STEPS...

The Current Study Carries On...

The current study carries on for 3 more years. Because we are meeting with women every year for a total of four years, we will be able to show how women's lives change over time. Do money problems get better over time for women after they have left abusive partners? Does health improve for all women? Or do women's patterns of health differ with things like finances and social support? Does it make a difference if the partner abuse was more severe or if women return to their ex-partners or if they have new partner relationships? In what ways do other types of abuse affect health?

Each year we change the interview questions a bit, based on what women said the year before. For example, in the first year we were surprised by the number of women who said they had been sexually assaulted in their life times (40% as adults). Because this is likely to be important to women's health, this year we are asking more questions about those experiences.

This study is unique in many ways. It is the first Canadian study to look at the impact of partner abuse on women's health by following women over time. It is also the first study in Canada to look at the financial costs of abuse by asking women themselves. This study is also among the very few studies about violence against women to focus on the time after leaving an abusive partner and to involve women who have not all used a shelter or transition house (many studies include only women who have done so).

The Next Study...

The results of this study are already being put into action. Building on the results of this study and other research, we are planning to test whether support given by a Registered Nurse makes a difference in women's health and quality of life after they have left an abusive partner. In Canada, women often get some support for leaving abusive partners from advocates in the justice and social welfare systems. However, our earlier research showed that women experienced a lot of problems in creating a new life after leaving because they had to deal with many challenges all at the same time. Not only did ex-partners often continue to abuse or harass them, but women also had problems with housing, work, getting services they needed and with their health. The current study supports this idea and shows that many women are dealing with major health issues long after they have left an abusive partner. Therefore, we are planning to look at whether an approach that offers women help with health issues as well as other issues linked to leaving an abusive partner makes a difference in their lives.

Working to Influence Policy and Practice

Our research team has started to use the early findings of this study to help people who offer services when they try to make better policies and practices. This includes sharing our work at conferences, writing papers and working directly with people in health care, legal systems, shelters and transition houses, and in government. Examples of this work include:

- Workshops with policy makers
- Presentations at a conference of shelter and transition house workers
- Sharing the results through teaching nursing students and other students in health professions
- Involving graduate students who are studying violence against women in our team

Contact us

Mailing Address:

Long-Term Health Effects of Woman Abuse Research Consortium School of Nursing Rm. H022C HSA The University of Western Ontario London, Ontario N6A 5C1

Telephone Number:

Toll Free: 1-866-661-3343

London, Ontario: (519) 661-3343

Fredericton, New Brunswick: 1-888-457-6600 Vancouver, British Columbia: (604) 827-3121

Fax:

London: (519) 661-3928

Email:

women-health@uwo.ca

For more information about this project and other research, please see our website at: http://www.women-health.ca

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