

Key Mental Health Issues for Women in the Early Years After Leaving an Abusive Partner:

Improving Our Clinical Focus

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The Women's Health Effects Study

Purpose

To document patterns and change in women's health during the early years after leaving an abusive partner

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www.women-health.ca

INTIMATE PARTNER VIOLENCE

A pattern of physical, sexual and/or emotional violence by an intimate partner in the context of coercive control (Tjaden & Thoennes, 2000)

Who are the Women who Took Part?

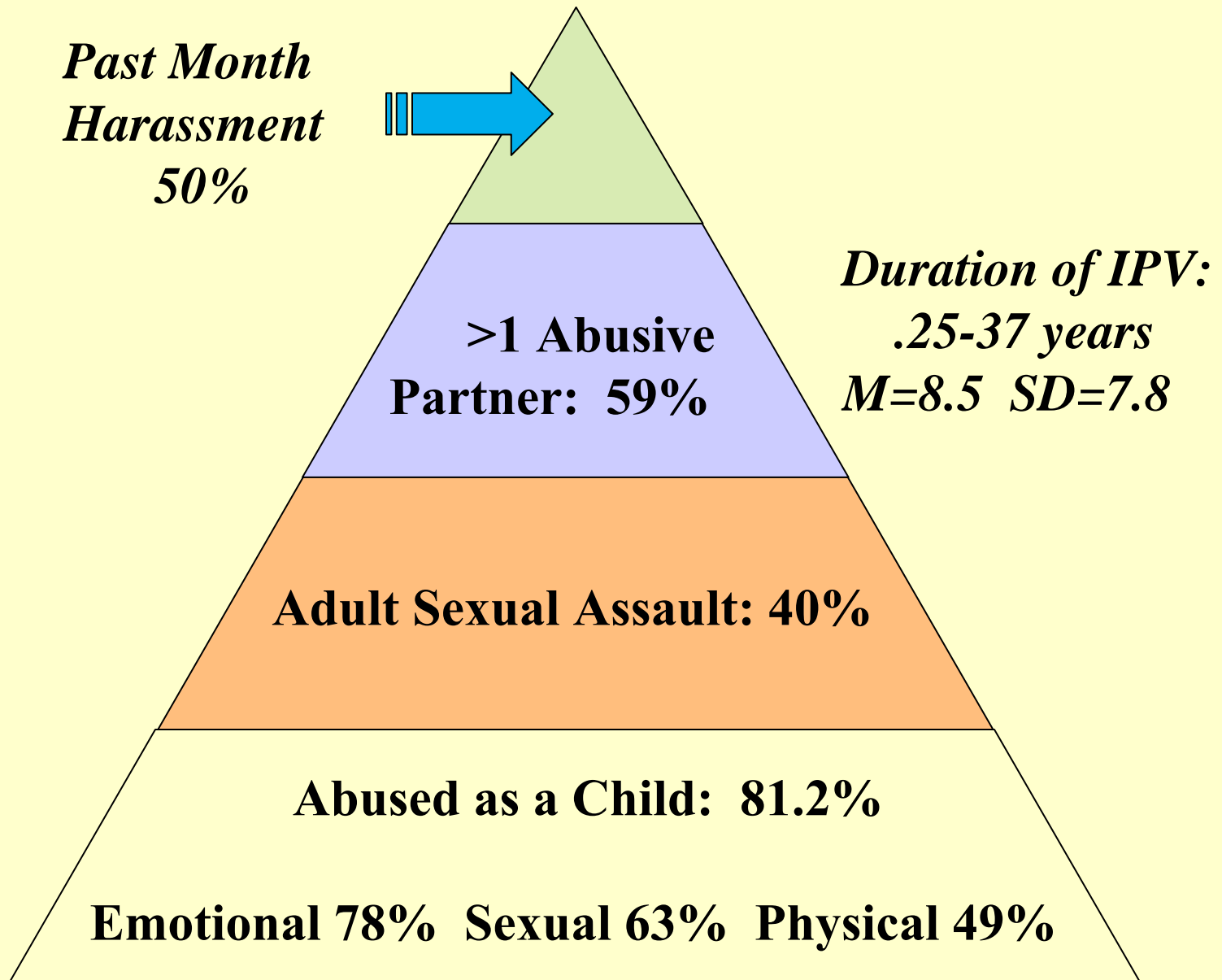
About the Women:

- **Nonclinical sample of 309**
- **Average age was 39 (19-63yrs)**
- **13 years of education**
- **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 mos. to 37 yr.)**
- **Only 16% stayed in shelter after leaving**
- **Left an abusive partner 20 mo. previously (on average)**
- **Substantial lifetime histories of abuse**

ABUSE HISTORY (N= 309)



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

Service Use and Costs

- **Rates of service use 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**

- **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 **\$11,542.00****
- **1.2 million Canadian women are separated or divorced and 50% of these have experienced IPV.**
- **Therefore, in excess of \$7.3 billion per year can be attributed IPV among women who have left an abusive partner**



OVERALL PATTERN OF HEALTH PROBLEMS

- **Poorer Physical & Mental Health than U.S. women (SF -12)**
- **At least 1 active medical diagnosis: 82%**
 - depression 29%**
 - arthritis 17%
 - migraines 14.5%
 - back disorders or injuries 14%
 - asthma 13%
 - anxiety 13%**
 - IBS 11%
 - hypertension 9%
 - PTSD 7%;**
 - sleep disorder 6.5%**
- **57.6% Depressive Symptoms consistent with Clinical Depression (CESD > 22)**
- **21% Disordered Eating (Self report)**
- **33.3% Chronic Disabling Pain (Von Korff's Pain Grade)**



PAST MONTH SYMPTOM PATTERN

(N=309)

Symptom	%	(n)
<i>**Feeling worried/uptight</i>	79.9	247
<i>**Fatigue</i>	74.1	229
<i>**Feeling sad/depressed</i>	73.1	226
<i>**Difficulty sleeping</i>	68.9	213
Back pain	63.4	196
Headaches	62.8	194
<i>**Difficulty concentrating</i>	59.2	183
General aches and pains	50.5	156
Bowel problems	49.2	152
Upset stomach / heartburn	46.3	143

LIFETIME SYMPTOM PATTERN

<i>Symptom</i>	<i>Frequency (ever experienced)</i>	<i>%</i>
Suicidal thoughts	184	60
Panic attacks	180	59
Unplanned pregnancies	116	38
Attempting to kill self	95	31
Sexually transmitted infections	74	24.5
Cutting, burning or hurting self	48	16
Seizures	27	9

***Are the experiences and health of
IPV survivors with severe persistent
mental illness (SPMI) unique??***

101 women, 33% of the Sample

**(Recurrent Depression, Bipolar Disorder, Schizophrenia or
Schizoaffective Disorder)**

IPV Survivors with Severe and Persistent Mental Illness Did NOT Differ from Women without SPMI in:

- **Resources:**
 - Age
 - Personal income since leaving
 - Current family functioning (FAD)
 - Education

- **Abuse:**
 - Physical abuse as children
 - Severity of partner abuse (ISA)

- **Health:**
 - Smoking rate
 - Screening for potential ETOH abuse
 - Use of street drugs

- **Service Use:**
 - Visits to family physician last month

Survivors with Severe Persistent Mental Illness Differed from IPV survivors without SPMI

Women with SPMI were more likely to:

➤ Resources:

- Be unemployed
- Perceive less social support
- Report more current conflict within their social network**

➤ Abuse:

- Report more years of partner abuse (2 more)
- Experience increased childhood emotional and sexual abuse, and neglect

➤ Service Use:

- Have stayed at a Transition House during the first 6 months after leaving (19% vs. 7%)**
- Have used the ER during the past month (x 2)

IPV survivors with Severe Persistent Mental Illness were more likely than Survivors without SPMI:

➤ Health

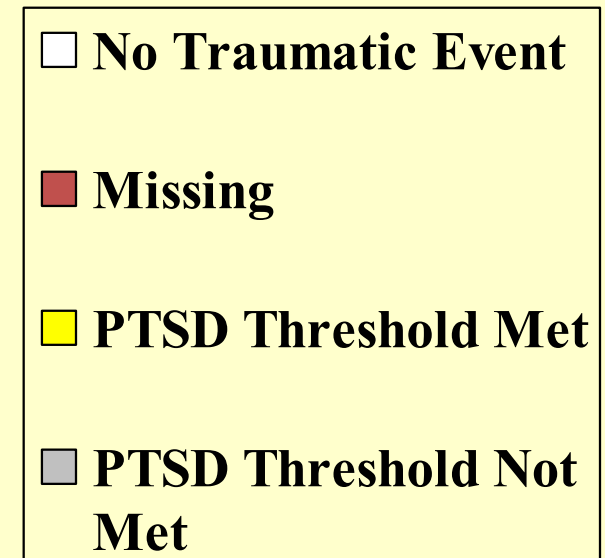
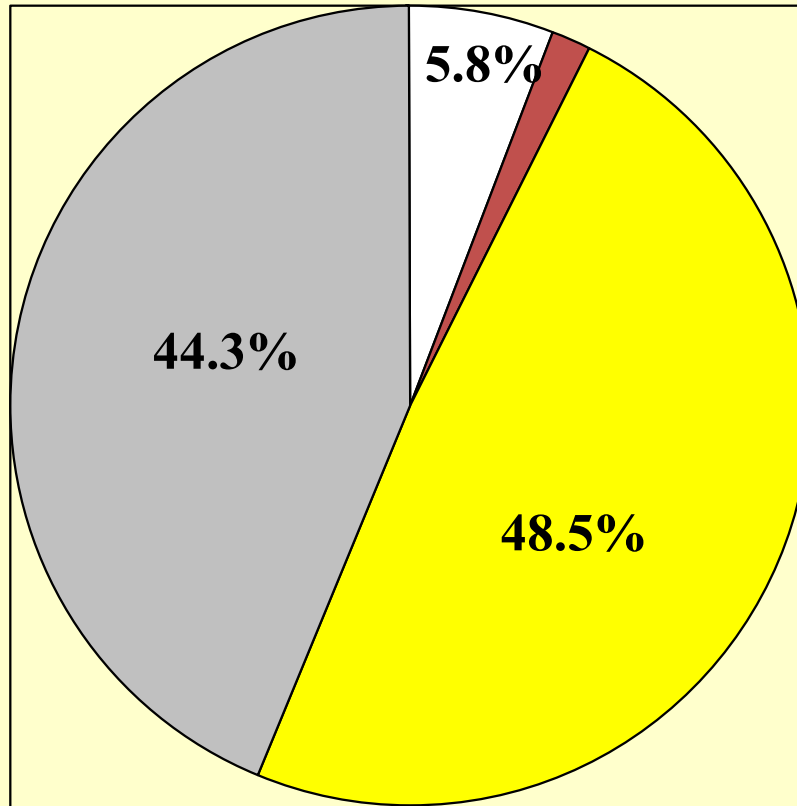
- To report an active diagnosis of:
 - disease of the digestive system (32%);
 - endocrine or metabolic disease (27%);
 - cardiovascular disease (19%)
- To report more problematic symptoms during the past mo. (16 vs. 11)
- While the types of reported symptoms are similar, more women report them as problematic eg.:
 - feeling sad or depressed (99 vs. 65%)
 - difficulty concentrating (79 vs. 51%)
 - bowel problems (67 vs. 41%)
 - memory loss (61 vs. 34%)
 - swollen/painful joints (61 vs. 41%)
- To have the highest disabling grade level of Chronic Pain (1/3 of subsample)

IPV Survivors with Severe Persistent Mental Illness were more likely than Survivors without SPMI:

➤ Health (cont'd)

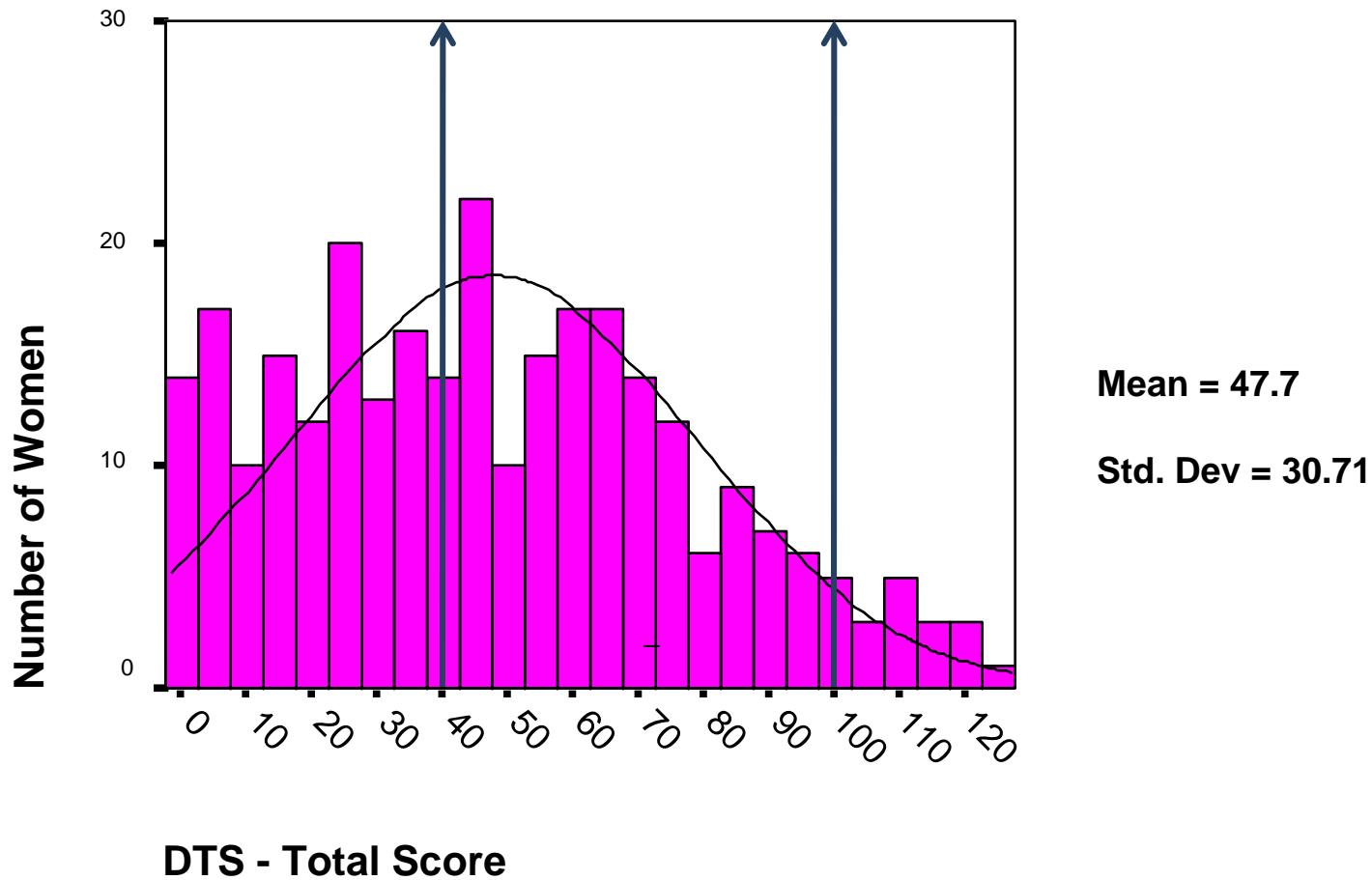
- To have taken more prescription medications in the past month
(3.7 vs. 1.5)
- To have higher Body Mass Index
(44 vs. 21% in highest category)
- To have current Hypertensive BP readings
- To screen positive for possible PTSD
(61 vs. 43%)
- To have higher PTSD scores

Post Traumatic Stress Disorder (Full Sample N = 309)



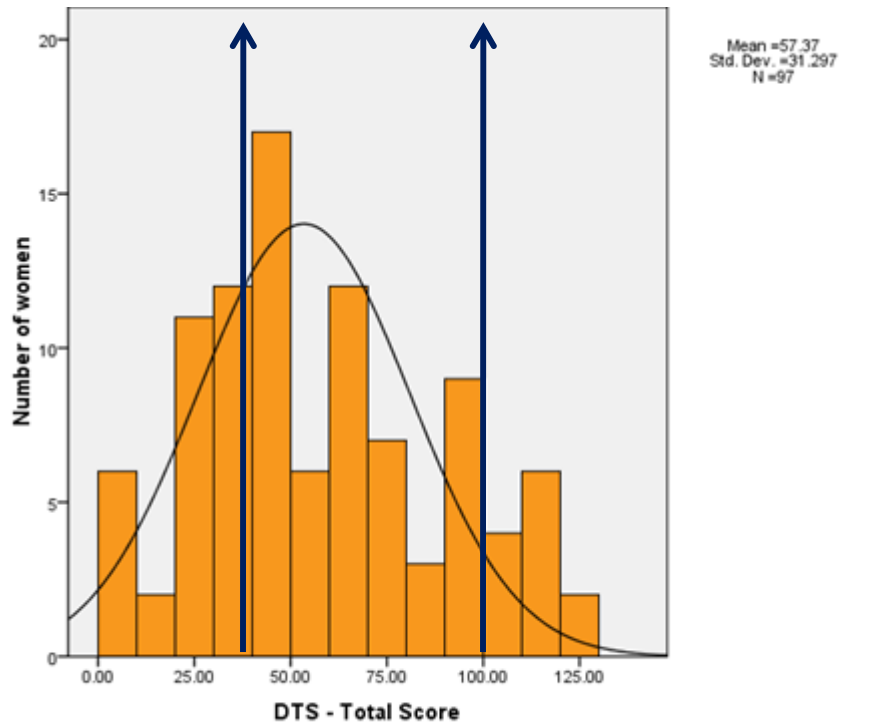
PTSD Threshold: Davidson Trauma Scale Score ≥ 40 and DSM Criteria met

PTSD Scores for Full Sample (n= 286)

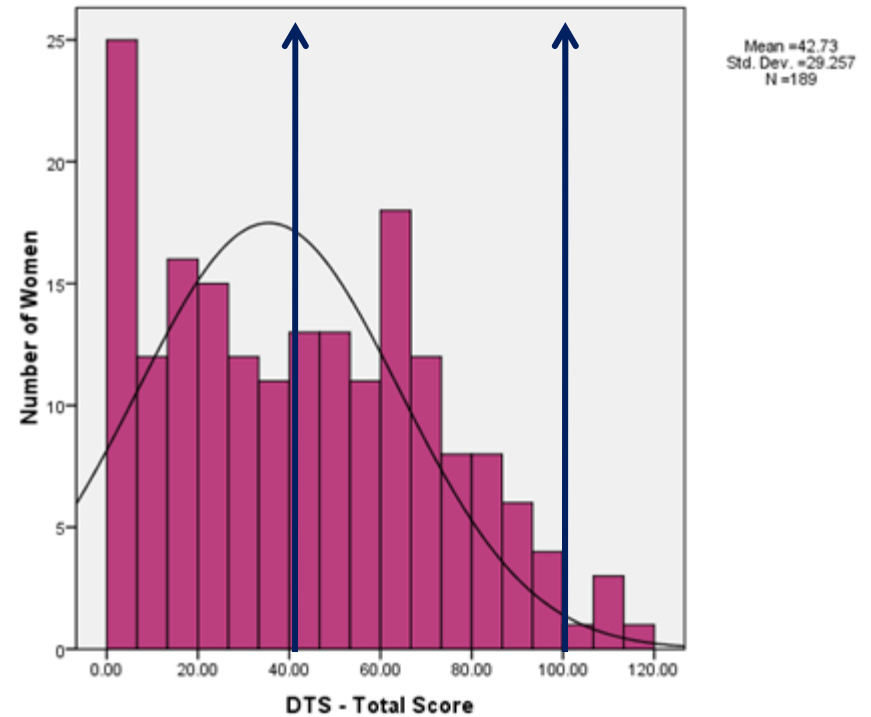


PTSD Scores

With Severe
Persistent Mental
Illness (n=97)



Without Severe
Persistent Mental
Illness (n=189)



Summary

- **Women leaving abusive situations have many Mental Health issues**
- **The cost of survivors' health problems are significant both for women and the public system**
- **Survivors health problems are often ignored or misdiagnosed**
- **Women with severe and persistent mental illnesses appear to represent a significant subgroup of IPV survivors**
- **Women with SPMI have similar, but also different health issues to other survivors**

Implications

- **For Mental Health Practitioners??**
- **For Domestic Violence Programs and Personnel??**

Questions??

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