

“Now I’m Me”: The Health Benefits of Accessing Broad
Based Domestic Abuse Support Services

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Introduction

There is now an extensive and rapidly growing literature on domestic abuse, including a number of publications that provide overviews of the type of initiatives being used to tackle the problem of domestic abuse and guidance for public service professionals (for example DoH, 2000; Humphreys et. al., 2000; RCN, 2000; BMA, 1998; RCM, 1998). However, there is still a lack of knowledge about the effectiveness of different strategies for tackling domestic abuse. The report of a recent systematic review concluded that many of the evaluation studies that do exist are limited in scope and methodological rigor (Davidson et. al., 2000, 2001).

Domestic abuse is a global phenomenon and is a major public health problem. A review of over 50 surveys found 10-50% of women report having ever been hit or physically assaulted by an intimate partner at some time in their lives (Heise et. al., 1999). Research in the UK found that 23% (1 in 4) of women aged 16-59 have ever been physically assaulted by a current or former partner, and 4.2% (1 in 24) report experiencing domestic abuse in the preceding year (Mirrlees-Black, 1999). Domestic abuse also affects men, although not as frequently, approximately one in seven men in the UK report experiencing physical assault by a current or former partner (Mirrlees-Black, 1999). Younger women, pregnant women, and those separating from a relationship, report higher rates (DoH, 2000).

There is a considerable and growing body of research that has documented the significant health impacts on both adults and children who have experienced abusive relationships; these effects include both short and longer-term health effects. The health effects on those directly experiencing domestic abuse include effects on both physical and mental health. Domestic abuse can lead to acute and chronic physical injury, miscarriage, and loss of hearing and vision, physical disfigurement, and often depression, alcoholism and sometimes suicide (Abbott and Williamson, 1999). Physical health effects include injuries received as a direct consequence of any assault, and chronic physical health problems, for example, irritable bowel syndrome, backache and headaches (Campbell, 2002).

In terms of reproductive health, increased rates of unintended pregnancies and terminations have been identified (Gazmararian et. al., 2000). Sexual health can also be affected, with studies reporting lower rates of contraceptive use and increased sexual coercion resulting in higher rates of sexually transmitted infections, including HIV (Garcia-Moreno and Watts, 2000).

Finally, in terms of mental health, studies report higher rates of depression, anxiety, self-harm and suicide (Campbell 2002), and a four-fold increased risk of post-traumatic stress disorder has been found in women experiencing domestic abuse (Silva et. al., 1997).

In this context, the importance of early intervention and prevention of domestic abuse is clear. This paper presents selected results from a study that carried out process and outcome evaluations on four health projects in different locations in England conducted between March 2001 and January 2003 (Taket et. al., 2003). The research was funded by the Home Office, the federal agency within England that oversees the police, criminal justice, and immigration. Each of these projects investigated a different program of activities aimed at achieving earlier intervention; the common element to all four projects was routine enquiry and signposting to specialized services¹. In this paper we focus on women's experience of different types of domestic abuse support in relation to the mental and social health benefits they reported.

We find that the women who have survived domestic abuse report a wide range of physical injuries and poor mental and social health symptoms. These women also report that they have sought help from a wide range of services, both specialized and non-specialized, including Domestic Violence Police Officers, health care workers, counsellors, attorneys, and non-profit domestic abuse services. We find that of among all possible services, specialized domestic abuse services most effectively lead to a positive change in women's health. These changes include fewer injuries over time, reduced fear, increased confidence, and new friendships.

In the sections that follow, we first outline the research design, then present findings in two sections. The first focuses on women's symptoms of poor health, and the second compares the effectiveness of various services in terms of the health benefits reported by service users. In the concluding section we explore explanations for the success of specialized domestic abuse services.

Research Design

The evaluation comprised a mixed method design, incorporating a combination of quantitative and qualitative methods, full details can be found elsewhere (Taket et. al., 2003). The results reported here draw on our analysis of data collected from women by interview and questionnaire, over the period March 2002 to December 2002. Women were offered the choice of interviews or self-completion questionnaires. Women were recruited from a variety of sources, these are summarized, together with numbers and nature of informants in Table 1. Women interviewed were spread across a wide age range, from 18 up to 68, 16% of interviewees were from minority ethnic groups (roughly mirroring the percentage of population in study areas from such groups).

¹ Here the term *specialized domestic abuse service* is used to cover the services provided by specialized non-governmental agencies such as Women's Aid affiliated organizations, and by Domestic Violence Units and Domestic Violence Officers based within the police service.

Both the interview topic guide and the questionnaire focussed on women’s knowledge and experience with health services, the police, and specialized domestic abuse services. We did not ask direct questions about health problems. The women who responded nonetheless wove descriptions of physical injuries and symptoms of poor mental and social health into their responses. Interview respondents provided particularly detailed narratives about their experiences.

TABLE 1: SOURCE AND CHOICE OF METHOD OF RESPONSE FOR WOMEN INFORMANTS

Source	Interviews		Questionnaires	
	Survivors	Do not report domestic abuse	Survivors	Do not report domestic abuse
Advertisement in local papers	14	NA	0	NA
Users of domestic abuse support services	16	NA	20	NA
Women attending primary care facilities	3	11	0	0
Total	33	11	20	0

NA = not applicable since the first two methods of recruitment were designed to yield only survivors of domestic abuse

Women’s Symptoms of Poor Health²

Analysis of our interviews found that the women survivors we talked to experienced many of the injuries and physical health problems reported by women in the domestic abuse literature.

Women from our sample who have not experienced domestic abuse and survivors of domestic abuse both experienced physical health problems (see Table 2). Symptoms reported by women who did not report domestic abuse are reported on the top of the table. Symptoms reported by survivors are reported on the bottom of the table. Both groups of women are equally likely to not report symptoms and to report general soreness. Only survivors suffered from a serious injury. In addition, survivors are more likely to experience physical symptoms of anxiety and depression, including heart palpitations, shortness of breath, loss of sleep, and loss of weight.

Women in our sample who had not experienced domestic abuse also differed from survivors in our sample with regard to symptoms of poor mental health. Table 3 lists symptoms reported by women who were interviewed. Again, the symptoms

² For this section, we analyze 40 interviews. Six of the interviews from Birmingham were conducted in three paired interviews. While one of these pairs shared much personal information, the other two pairs shared only superficial information. The body language of these four participants indicated that they were not comfortable talking with other survivors in the room. They did not share personal stories in detail or discuss health symptoms. We were therefore not able to include these four women in the analysis of health symptoms.

reported by women who have not experienced abuse are listed at the top of the table, while symptoms reported by survivors are reported at the bottom of the table.

TABLE 2: SYMPTOMS OF POOR PHYSICAL HEALTH

Symptom	Number of Women Who Stated the Symptom	
	No Experience of Domestic Abuse	Experience of Domestic Abuse
No symptoms mentioned	5	4
Soreness (shoulders, joints, back, leg)	4	4
Feeling tired	1	0
Bothersome Menstruation	1	0
Bothersome Menopause	1	0
Complications from hysterectomy	1	0
Tumour	1	1
Attempted suicide	0	1
Hernia	0	1
Miscarriage	0	1
Sexually Transmitted Disease	0	1
Alcohol or drug abuse by woman	0	3
Blanking out	0	3
Shortness of Breath, Heart Palpitations, or Panic Attacks	0	4
Loss of Sleep	0	4
Serious Weight Loss or Loss of Appetite or Eating Disorder	0	8
Serious Injury (broken nose, broken arm, fractured back, bruises from being whipped with a chain, bruises from being strangled, stab wounds, chunks of hair pulled from scalp, rape)	0	17

TABLE 3: SYMPTOMS OF POOR MENTAL HEALTH

Statement that indicates that there might be a mental health problem	Number of Women Who Stated the Symptom	
	No Experience of Domestic Abuse	Experience of Domestic Abuse
No symptom mentioned	9	2
Feels that having a family is stressful.	1	0
Would have liked help caring for her elderly father.	1	0
Severe loss of confidence (feels like she is at fault for abuse)	0	15
Depression (Either stating that she felt depressed or that she was on anti-depressants)	0	14
Extremely high level of fear (confined to house or extremely afraid of an attack when she leaves the house, too terrorized to seek help due to fear of reprisal)	0	13
Feelings of isolation (Feels that she is the only person to experience domestic abuse)	0	3
Violent Outbursts (Pulling knife on new partner, hitting children)	0	3
Flashbacks	0	2

Women who had not reported experience with domestic abuse were more likely to not mention any symptoms associated with poor mental health. When they mention symptoms, they describe high levels of stress due to family responsibilities.

Women who are survivors of domestic abuse describe far more serious symptoms of poor mental health. Fifteen women described losing so much confidence that they began to believe that the abuse was their fault. One woman explains that this loss of confidence comes from being manipulated by an abusive partner:

“They want you to think the way they think and then they can twist anything you say to make you look like you’re at fault. ‘It’s your fault I got violent with you’.”

Fourteen women mentioned feeling depressed or being on anti-depressants. One woman said:

“I’d just go to the point where I sat at home and I wasn’t just crying. I was sobbing. I was in a mess and I thought if I don’t do something, I’m going to go under.”

Thirteen women described debilitating levels of fear.

“Just fear, I’ve got loads of fear in me. I’m frightened to make any decisions, ‘cos any decisions I make go wrong.”

Some women had been confined to their homes due to fear. One woman said:

“If you’d seen me in 1998, well, you wouldn’t have seen me. I used to hide myself away.”

One woman was so traumatized from repeated abuse over 20 years that she used not to be able to look anybody in the eye:

“My children will tell you, I mean I were terrible, I wouldn’t come to Wakefield on my own or anything. I mean at one point I wouldn’t even look at anybody in the eye, because [name] said, especially when we went out, he would say men were fancying me, and I were fancying men, I never go out, I don’t drink, I don’t smoke. I’ve never gone out, I’ve never left my children, I don’t like drink. You know there were no need for it, I didn’t give him any cause, at all.”

Improvements in Health after Accessing Services

A number of specialized domestic abuse support services helped improve the health of survivors over time. Domestic Violence Officers, counsellors, advocacy/support and support groups provided by specialized non-profit agencies help women separate from their abusive partner, leading to fewer injuries and improvements in women’s confidence. We found, however, that the use of support groups run by specialized domestic abuse services are the most effective intervention.

Interviews and questionnaires completed by women were systematically coded for women’s self-reported contacts with different types of specialized domestic abuse services and also contacts with non-specialized services in relation to domestic abuse. Non-specialized services include a wide range of contacts with different types of health and social welfare professionals. The interviews and questionnaires were also coded for women’s self-reported changes in health and/or quality of life, obtained from their descriptions, often extremely detailed, of their personal history. Table 4 summarizes the results of an analysis of the relationships between different types of service use and changes in health and/or quality of life. A statistically significant association is found between use of specialized services and self-report of positive changes in health and/or quality of life, but not between use of non-specialized services and positive changes in health and/or quality of life. Further support that the association between use of specialized services and improvements in health and/or quality of life is likely to be causal is found in the analysis that women themselves offered in the course of the interviews about what had helped them in changing their lives and that of their children, this is discussed further below.

TABLE 4: WOMEN’S REPORTS OF SERVICE USE AND CHANGES IN THEIR HEALTH OR QUALITY OF LIFE

	Number of women	Positive change reported	No change reported *
Used specialized services	45	40	5
Not used specialized services	8	4	4
Total	53	44	9
Used non-specialized services	43	38	5
Not used non-specialized services	10	6	4
Total	53	44	9

Source: Interviews and questionnaires from women survivors, Birmingham, Salford, Wakefield, N=53

* No women reported deterioration in health and/or quality of life

Tests of association, significance level 5%:

- Between use of specialized services and change in health and/or quality of life, $\chi^2 = 4.79$, statistically significant
- Between use of non-specialized services and change in health and/or quality of life, $\chi^2 = 2.84$, not statistically significant

Survivors described a range of health improvements after seeking support. While separation from an abusive partner may increase the number of attacks initially, the number of injuries are reduced over time.

While survivors report continued panic attacks and flashbacks, they consistently report improved confidence. Support groups help survivors cope with fear. One woman was debilitated at different times during the day by fear of her former husband. She would call the domestic abuse service on the phone for help. The service, in turn, would give this woman the confidence to complete her errands and come up to the service for support.

“I’ve been in the bank before now and I’ve been stressed out because I’ve been afraid he’s been there, and on the mobile I’ve rung the office and S has answered it and said “well how are you feeling?” and I’ve said “I am very scared” and she’s said “Right, do your business and come straight up here”. And being in the bank and being as stressed as I was, that response, her caring response “do what you need to do in the bank”, it wasn’t a case of get out of the bank then, get away from there, was giving the confidence to stay in the bank to do the paying in or what ever and then I could go up there and see whoever was there. I can’t now remember now what happened, but I know I could stand there in the queue and be OK and then go up there and sit and cry or what ever, and just get someone to talk with.”

One woman continues to be stalked and attacked at work and at her flat by her former partner, though they have been separated for some time. She has been attacked when she has called the police and when her boss called the police. She is thankful to have a place to talk without worrying about a retaliatory attack.

“The fact that there is a service like (this domestic abuse service). To tell them all this. You feel like you can tell them in confidence, you know that it’s safe to tell them, somewhere to go, somebody’s aware of the situation, yet you haven’t got that fear that the police are going to give him a warning to get up into his head and put yourself in more danger.”

Another woman needs the support of her group to go into public:

“If I do go into (town) I get panic attacks. So I’ve stopped going. If it wasn’t for (the service) and the girls at the drop-in I wouldn’t go out at all. They push me.”

Over time, women in support groups develop the confidence to provide advice to one another. One woman said,

“At first, I needed someone to talk to. Someone to help me. As it went on, for quite a few months. I went over 12 months. When new people came in, I gave advice to someone else. .. It’s easier in a group to give input.”

Most impressively, the social support of the group extends beyond the service. Women begin support services with a group of newly identified survivors. Support services encourage survivors to call one another and support one another. One woman said,

“It’s wonderful because you meet people through it, you build up friendships and you support. The group that I did my group work with - there was five of us - five went through all the way, some dropped out, but the five that stayed we swapped telephone numbers and if one of us was down or we felt we wanted to off-load we used to ring up and if that one person wasn’t there, you got another one, and we had our own little group that supported each other as well as having whenever we wanted it - one-to-one at [agency name]. And if one of the group, if one of us noticed one of the group was starting to dip, we’d ring up say ‘Hey, you know, give so and so a call - she needs a bit of extra support’. So - and that’s something that they encourage us to do.”

The same woman explained how these groups also provide social support for survivors beginning to leave their houses and socialise in public.

“We used to go out for a drink as well sometimes. We had a social life, which you didn’t have, because you were on your own. Because abusive men cut you off from friends so you lose contact with people and it encourages you to start and go out, do things, do things for yourself when you think you couldn’t. I mean, I used to be able to, I used to decorate. When I was with [name] I couldn’t do anything. And one of the girls in my group helped me to decorate my dining-room, and I couldn’t start it ‘til she got there because I’d been told that much that I couldn’t do things. You lose your confidence you see. But I’ve got it back now. But this was in the early days, you know. It encourages you. And we help each other... We do all sorts.”

One new social network made sure one member was eating, underpinning improvements in her physical health:

“I wasn’t eating properly. ..They set it up that one of the other women, would ring me, say at four o’clock in the afternoon, and say “Hi it’s me have you had a good day, what have you had for your lunch?”. And I’d say “Yeah I’ve had something to eat” and they’d say, “what have you had to eat?”. And I’d say “I’ve forgotten”. “Oh you’ve forgotten well I say when I hang up go and make yourself a cup of tea and a sandwich, will you do that for me?” This is one of the other women because there were only a few workers there and they agreed just on the phone to give me a push, from a caring voice, and we are good friends now.”

Whether survivors receive advice from Domestic Violence Officers, counselling, or broad support services from a voluntary agency, they experience improvements in mental health. The broad support services go further to improve social health.

Profound improvements in health can be seen in how support group members have regained their sense of self. One survivor said,

“(Before) I just put everybody else before me. In one of my things I wrote at college...I had to write, you know...what you’d learned that week...and I thought ‘I was somebody’s wife, I was somebody’s mother and then I was somebody’s possession and now I’m me.’”

This process has allowed her to fight for her health, making even greater improvements,

“I can get really angry over it now, and I just fight for everything now. Four years ago I wouldn’t have said anything. My health in the past four years deteriorated, but it’s getting better. It’s because I’m asking now, when I never would have asked a doctor for anything.”

Conclusion

In conclusion, we find that most survivors who access support report improvements in health. However, survivors who access specialized domestic abuse services are more likely to report improvements than survivors who have not. Furthermore women, in their narratives of their lives, explicitly linked the use of such services to improved health and/or quality of life. Explanations for this, drawing on the views of the women in our study include: provision of advice and support across a range of issues important to the women, housing, education, finance employment, law etc.; the empowering philosophy underpinning the work of the specialized agencies; and, connected to this last point, the facilitation of peer support groups and networks. The implication of these findings is that, while all support services help survivors of domestic abuse, extra effort should be made to refer women to broad-based specialized domestic abuse services.

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