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“All in her Head”:
The Health Impacts of Intimate
Partner Violence and Evidence-
Based Strategies to Promote
Women’s Health

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Distinguished University
Professor



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Acknowledging the
lands on which we live,
the First Peoples who
have stewarded those
lands, and our collective
obligation to mitigate the
ongoing colonial violence
against those people and
lands.



Learning Goals

Identify	Identify common mental and physical health issues associated with experiencing IPV
Explain	Explain the intersecting causes of these health problems, with a focus on trauma stress, injury, and everyday stress
Describe	Describe conditions that can foster health and growth among women who have experienced IPV
Identify	Identify evidence-based principles and strategies for promoting the health and well-being for women who have experienced IPV across diverse contexts

IPV is a Public Health Epidemic

Globally: the most common type of violence among adults affecting 1 in 4 women (641 Million)

- Significant impacts for women's health, economic situation and social relationship, and for children

WHO Sustainable Development Goal 5: reduce IPV to achieve gender equality as a pathway to more equitable, peaceful prosperous societies

Canada: More than 40% of Canadian women experience intimate partner violence in their lifetime (*Cotter, 2021*)

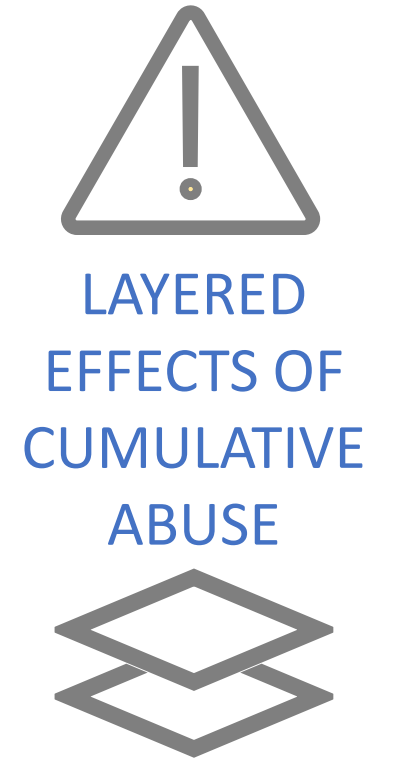
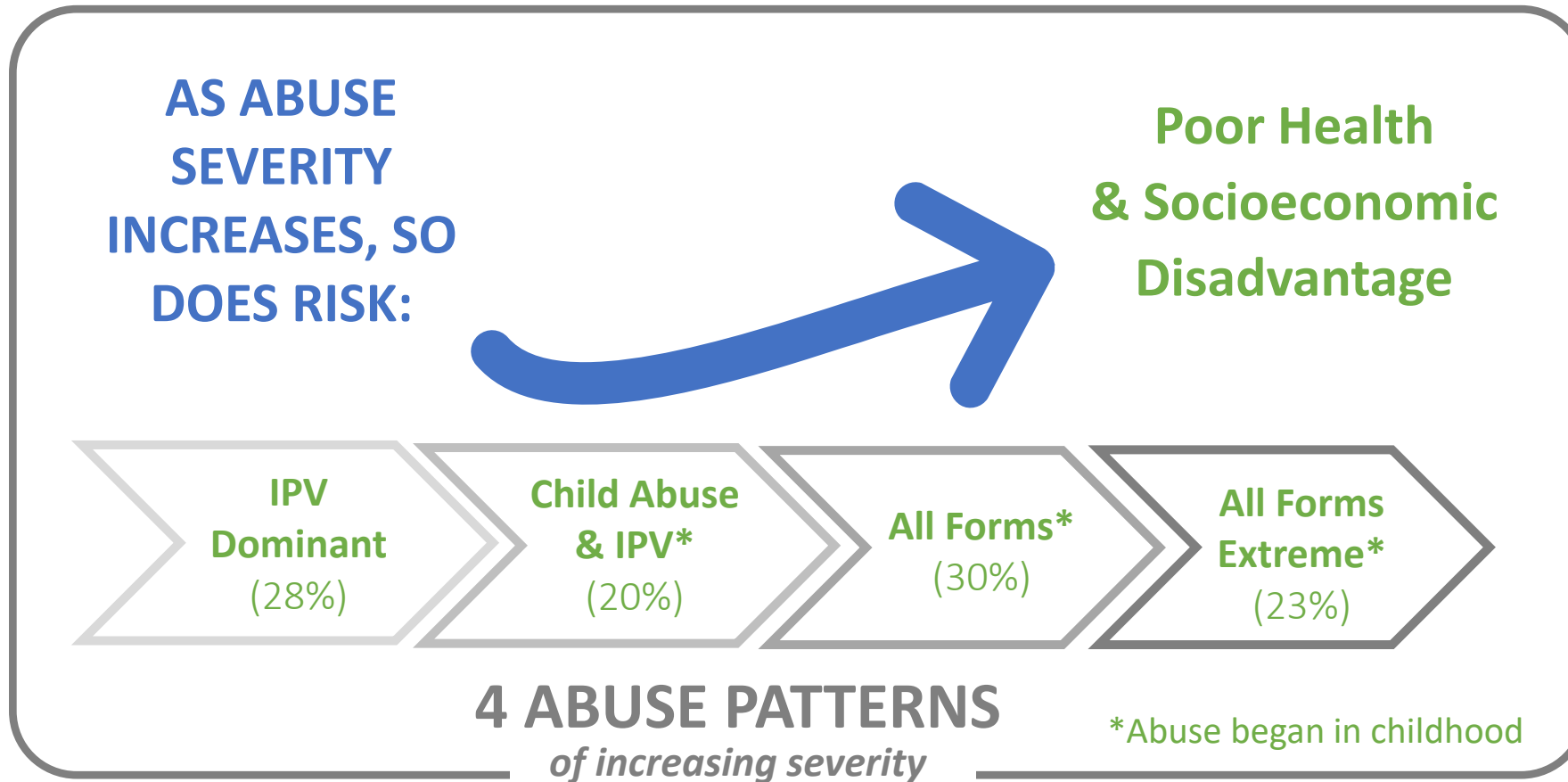
Women who live with systemic inequities face greater risks of IPV and have fewer options to address it



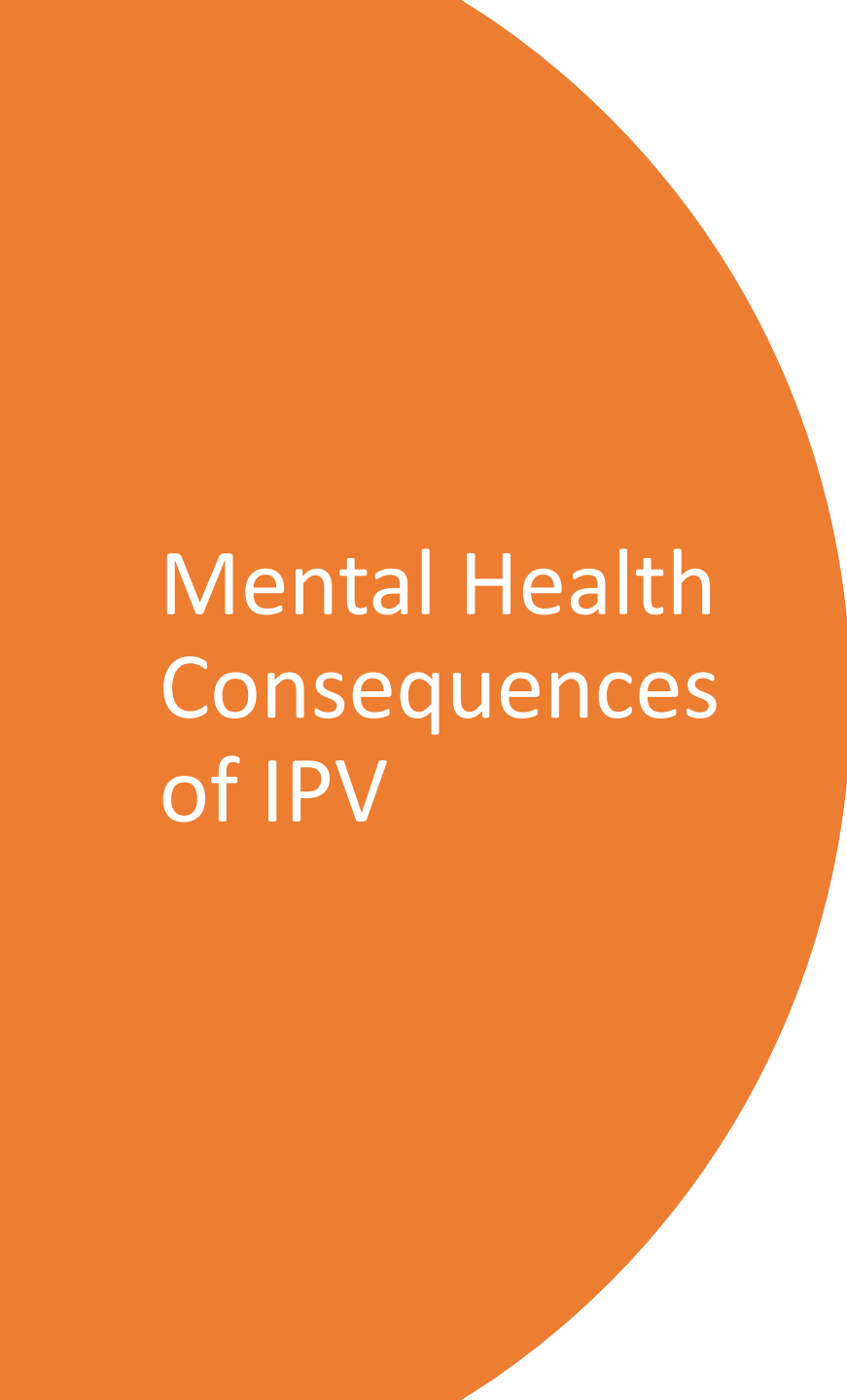
IPV is a Determinant of Women's Health and Well-Being

- Health Impacts can be **immediate** (e.g. injury) or **develop over time**
- **Individual impacts vary** - health is determined by a wide range of personal, social, economic and environmental factors
- **All types of IPV** (physical, sexual, psychological, including coercive control) are associated with an increased risk of poorer health
- **Impacts are cumulative**: more frequent or severe violence, and exposure to multiples forms of violence over the life course compounds the impacts
- Health problems can be **longstanding** and persist even after the violence ends

Consequences of IPV are linked to Patterns of Lifetime Abuse: Histories Matter



Davies, L., Ford-Gilboe, M., Willson, A., Varcoe, C., Wuest, J., Campbell, J., & Scott-Storey, K. (2015). Patterns of cumulative abuse among female survivors of intimate partner violence: Links to women's health and socioeconomic status. *Violence Against Women*, 21(1), 30-48.

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Mental Health Consequences of IPV

Common Impacts: 2 -5 times Greater Risk

Post-traumatic Stress Disorder (PTSD)


Depression

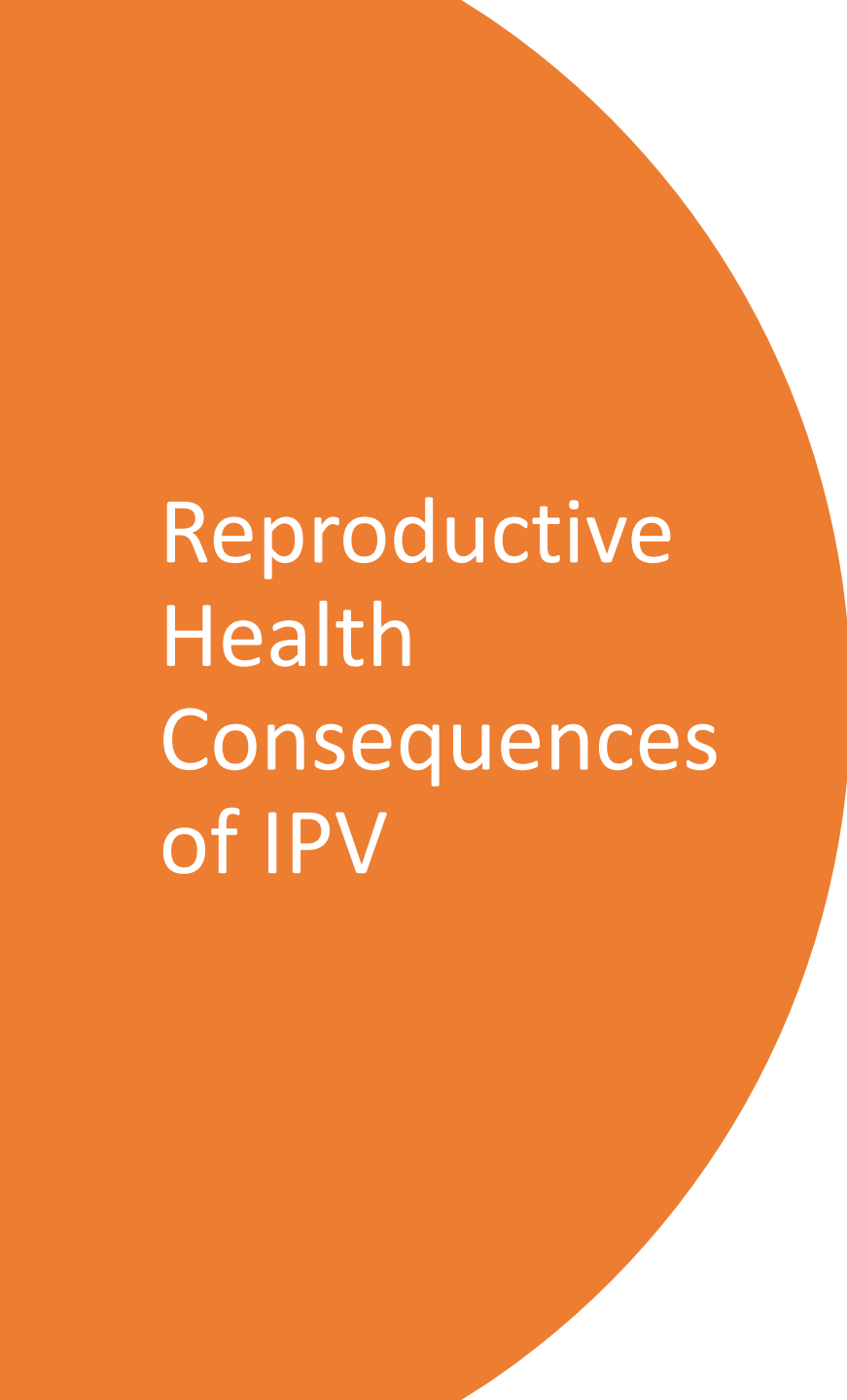
Anxiety

Self-Harm

Substance Use (health behaviour)**

Poor mental health has significant impacts on relationships, work, social engagement, parenting, making it more difficult to seek support and dealing with IPV.

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Reproductive Health Consequences of IPV

Reproductive Impacts: UTIs, infertility, Sexually Transmitted Infections (STIs and HIV), Pelvic Inflammatory Disease, unwanted pregnancy or abortion, pain during intercourse

Pregnancy-Related Harms: miscarriage, pre-term birth, low birth weight

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Physical Health Consequences of IPV

Increased Risk of Chronic conditions:

Hypertension

Chronic pain (e.g. headaches, pelvic pain)

Fibromyalgia

Obesity

Type 2 diabetes

Asthma

Functional GI disorders

Sleep Disorders

Dementia

Dental Problems

Hearing Loss

Traumatic Brain Injury (TBI)



Beyond Diagnoses: Distressing Symptoms Interfere with Women's Lives

- difficulty sleeping
- fatigue
- difficulty concentrating
- aches and pains
- feeling anxious, sad, or uptight
- bowel problems
- poor appetite
- suicidal thoughts
- memory loss
- heart palpitations
- difficulty breathing
- feeling dizzy or lightheaded
- pelvic pain --- and more

Symptoms overlap

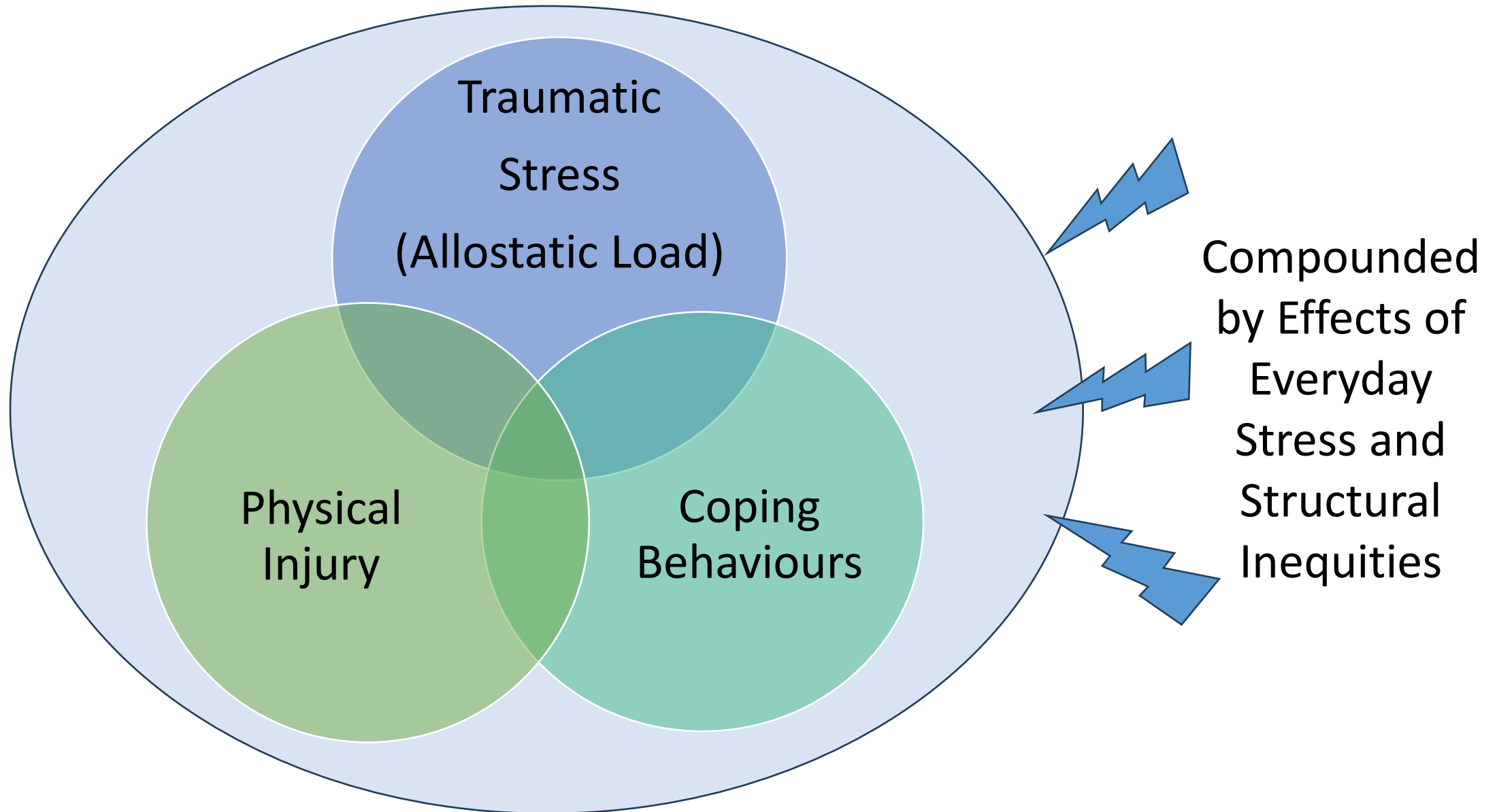
Many are non-specific

Difficulty determining organic causes and diagnosis

Provider biases and assumptions: attention seeking? Drug seeking?

It's "all in her head"?

Intersecting Factors Explain the Health Effects of IPV



Looking Through a Trauma Lens

- **Trauma** is the experience of, and **response to**, a negative event or events that threatens a person's safety, life, or integrity, and overwhelms their ability to cope
- More than everyday "stress" – post-traumatic stress (PTS) is an **anticipatable response** to significant *threat*
- TS can be **acute** (resulting from a single event) or **chronic & complex** (from repeated experiences)
- Experiencing **structural harms** of racism, discrimination, ableism, poverty, and stigma shape experiences of trauma and women's options, and often affect responses of systems and providers (*structural violence*)

Examples of Traumatic Experiences

INTERPERSONAL TRAUMA

- Child abuse and neglect
- Children's exposure to IPV
- Adverse Childhood Experiences
- **Intimate partner violence (IPV)**
- Sexual Assault
- Abuse of older adults
- Sudden death of a loved one
- Torture or confinement

SITUATIONAL TRAUMA

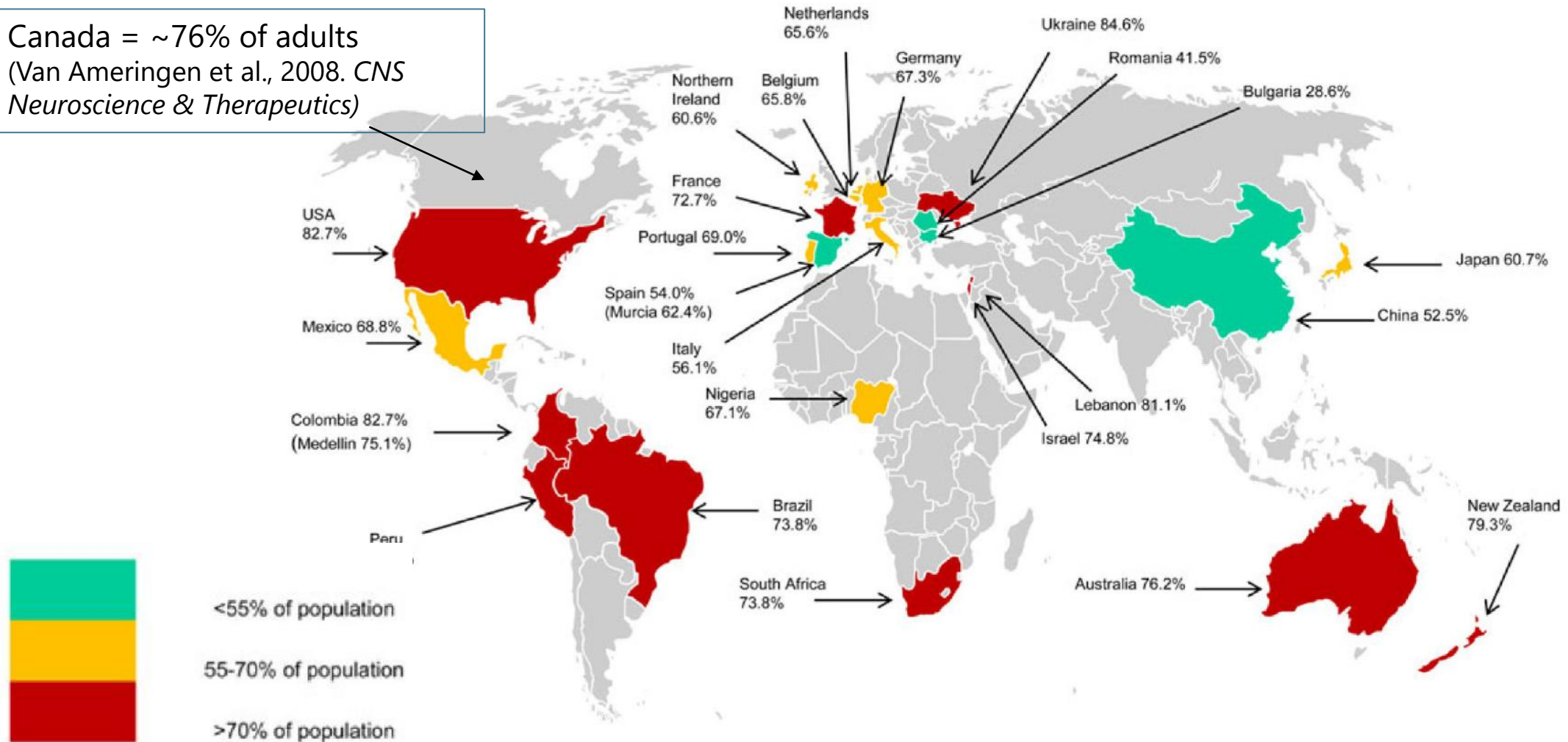
- War, genocide
- Being a victim of crime
- Unexpected job loss
- Being a refugee
- Extreme poverty
- Homelessness
- Natural disasters
- Accidents



COLLECTIVE TRAUMA: historical & ongoing (e.g., colonialism, Residential Schools)

Trauma is a Common Experience

Canada = ~76% of adults
(Van Ameringen et al., 2008. *CNS Neuroscience & Therapeutics*)



Benjet et al. (2016). The epidemiology of traumatic event exposure worldwide: Results from the Global Mental Health Survey Consortium. *Psychol Med*, 26(2), 327-343. doi: 10.1017/S0033291715001981

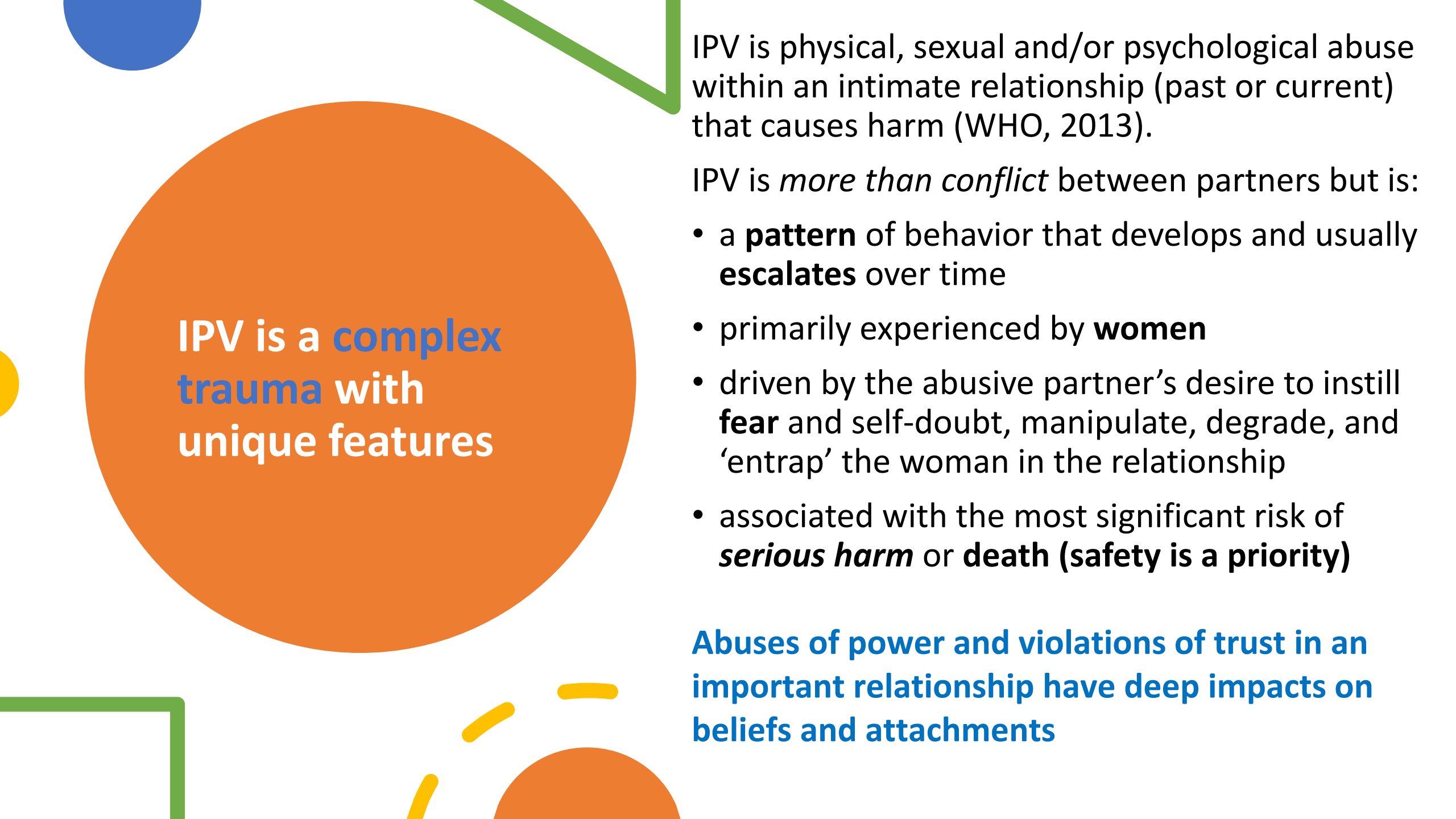
Re-experiencing the trauma: through intrusive distressing flashbacks, nightmares, or recalling the event(s).

Avoidance: of places, people, and activities that are reminders of the trauma.

**Common Signs of
Post-Traumatic
Stress (PTS)**

Increased Arousal: difficulty sleeping and concentrating, feeling jumpy, irritable, anxious easily angered, 'triggered'

Negative Changes in mood/thinking: memory problems, negative beliefs or emotions, flat affect



IPV is a **complex trauma** with unique features

IPV is physical, sexual and/or psychological abuse within an intimate relationship (past or current) that causes harm (WHO, 2013).

IPV is *more than conflict* between partners but is:

- a **pattern** of behavior that develops and usually **escalates** over time
- primarily experienced by **women**
- driven by the abusive partner's desire to instill **fear** and self-doubt, manipulate, degrade, and 'entrap' the woman in the relationship
- associated with the most significant risk of ***serious harm*** or **death (safety is a priority)**

Abuses of power and violations of trust in an important relationship have deep impacts on beliefs and attachments



Tactics of Power and Control

Fearful, alone,
trapped – with
no where to turn

Physical assault, cutting, burning, choking

Forced or coerced sex, including sexual touching

Intimidation (e.g. displaying weapons, destroying property)

Using threats (e.g. to harm, leave, take children, self-harm)

Stalking and/or surveillance (including online, social media)

Social isolation (controlling movement, withholding health care)

Criticizing or humiliating the woman in front of others

Controlling money, employment, running up debts

Forcing or preventing pregnancy (reproductive coercion)

Using Children to punish (withholding contact, sending messages)

Additional Features of Complex Post-Traumatic Stress

- Difficulty Regulating Emotions (e.g. persistent sadness, suicidality, spontaneous anger)
- Feeling detached from thoughts or body
- Withholding trust in relationships
- Feeling shame, guilt, stigma, helplessness
- Viewing abusive partner as all powerful
- Meaning in life shifts - hopelessness, despair

(Based on the National Center for PTSD (US)'s definition by Dr. Judith Herman)

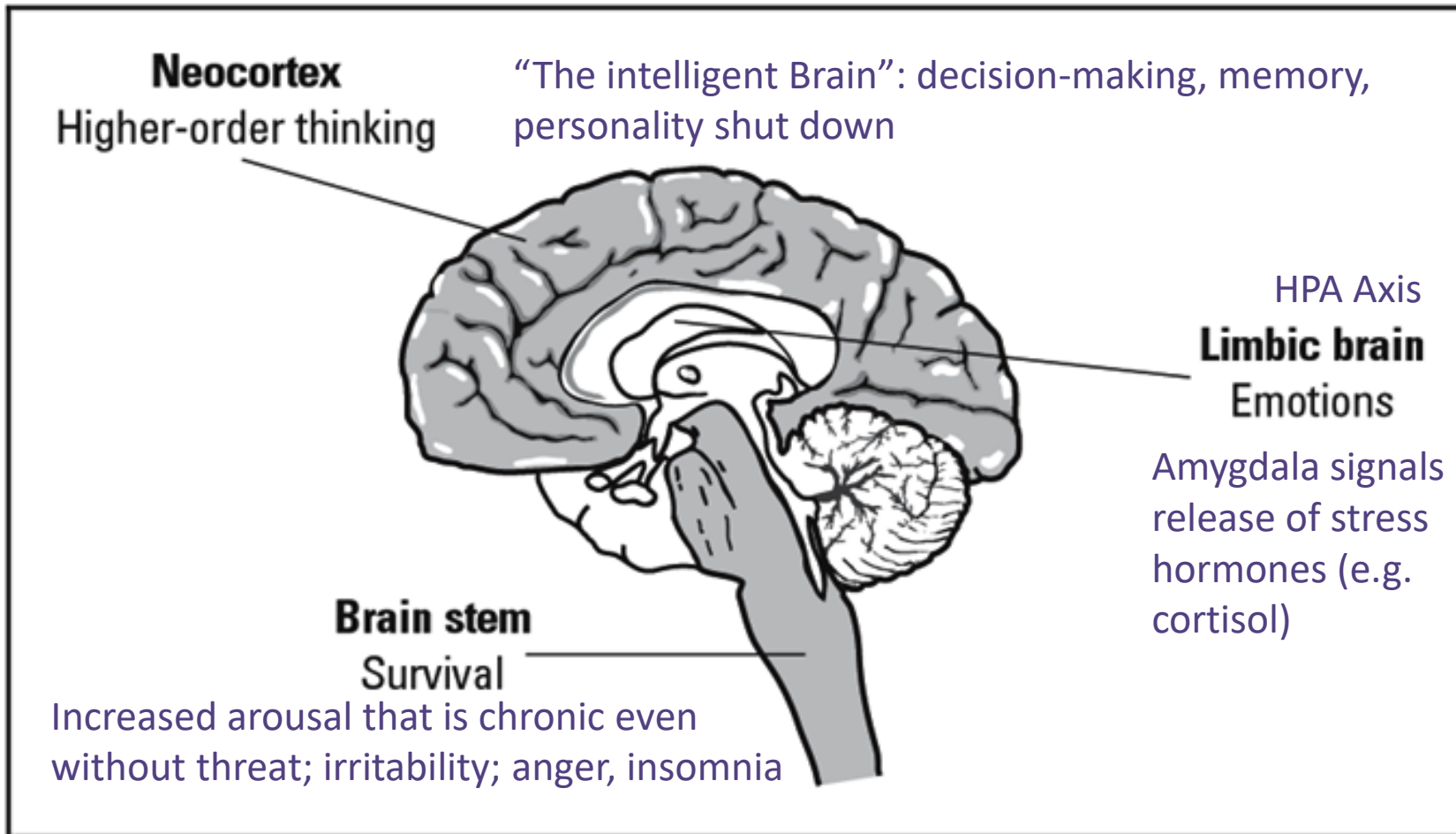
Intersections of Trauma, Violence and Health

More than ‘in the
mind” ----

It’s also in the body



Traumatic Stress Reorganizes the Brain



Chronic activation of the stress response results in **Allostatic Load**
Wear and tear on all body systems through hormonal and other pathways

Complex Pathways Explain the Health effects of IPV

Physical Injuries (TBI, fractures, dental injuries) can lead to chronic pain, disability, reduced Quality of Life

Effects of traumatic stress on the brain (e.g. cognition, concentration, emotional regulation; allostatic load from chronic activation of stress response)

Hormonal dysregulation (e.g. cortisol)

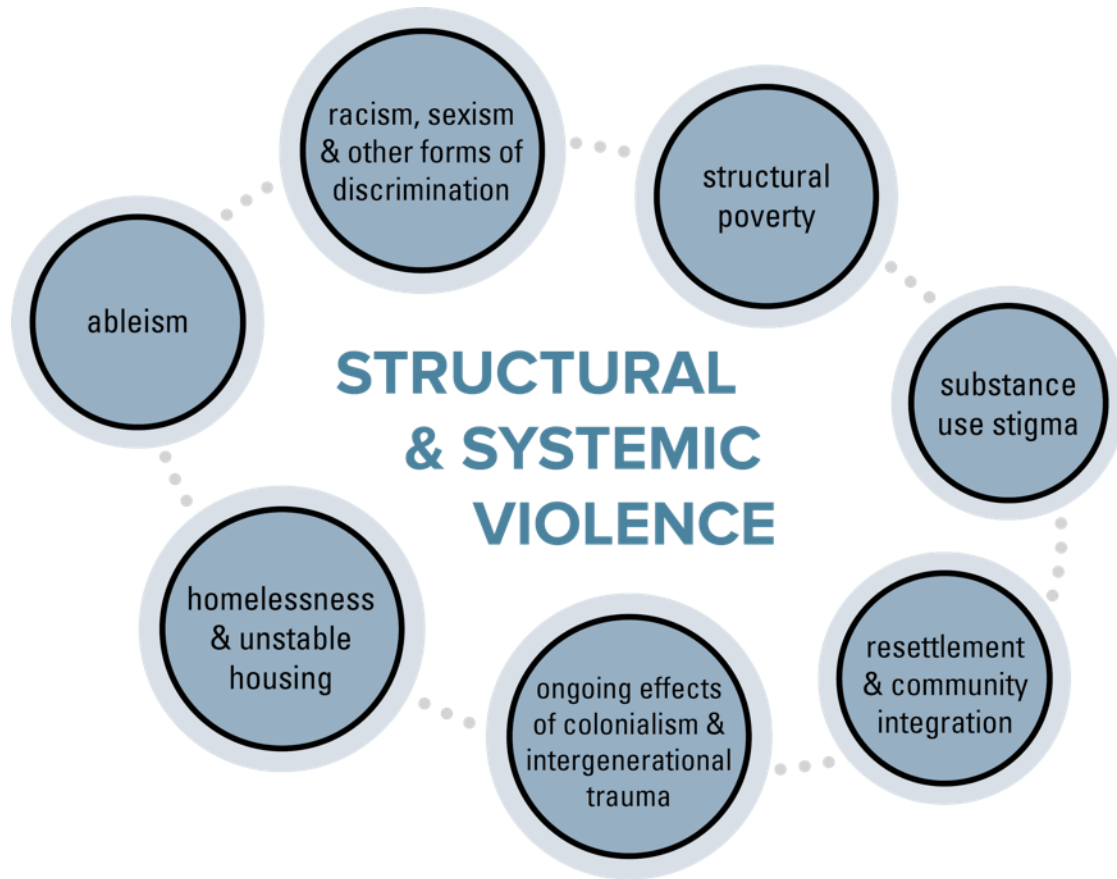
Inflammatory responses (in multiple body systems)

Epigenetic changes (gene expression and functioning) – with intergenerational transmission

Increased cellular aging - bodies are 'older' than chronological time

Toxic effects of discrimination, stigma and inequities

Compounded Traumatic Impacts of Structural Violence



Racism, stigma,
discrimination,
collective/historical violence
and persistent poverty are
structural issues that impact
well-being





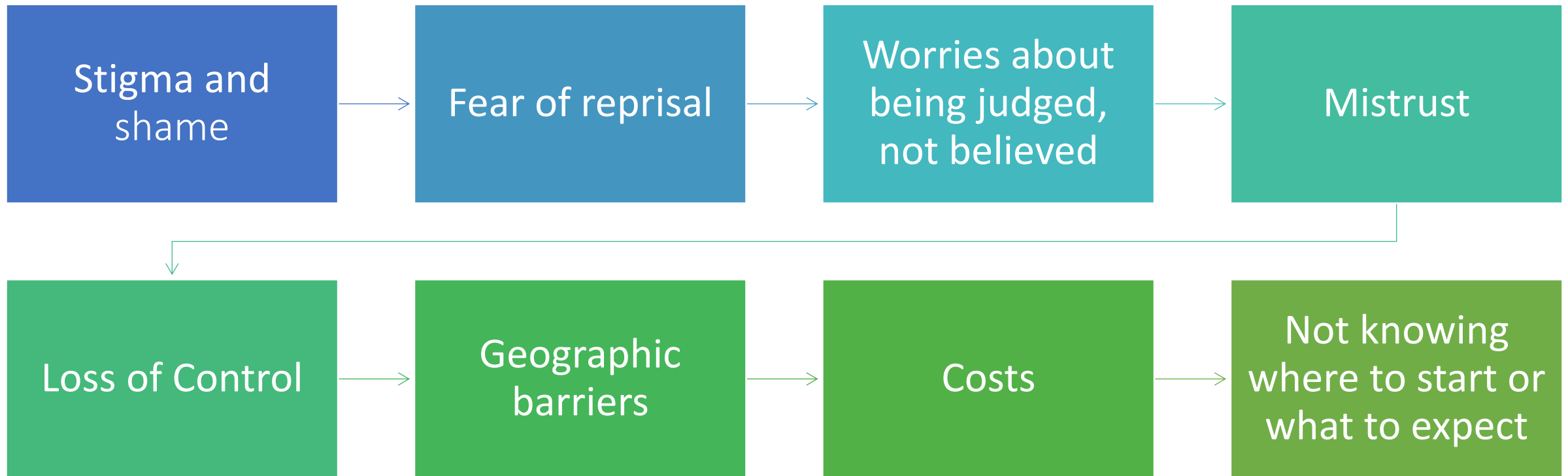
Health Care System should be a Place of Safety and Support

Practice and policy have not kept pace with evidence or understanding of women's varied needs

Growing attention given to interventions to reduce harms of IPV, but most exist *outside* health care

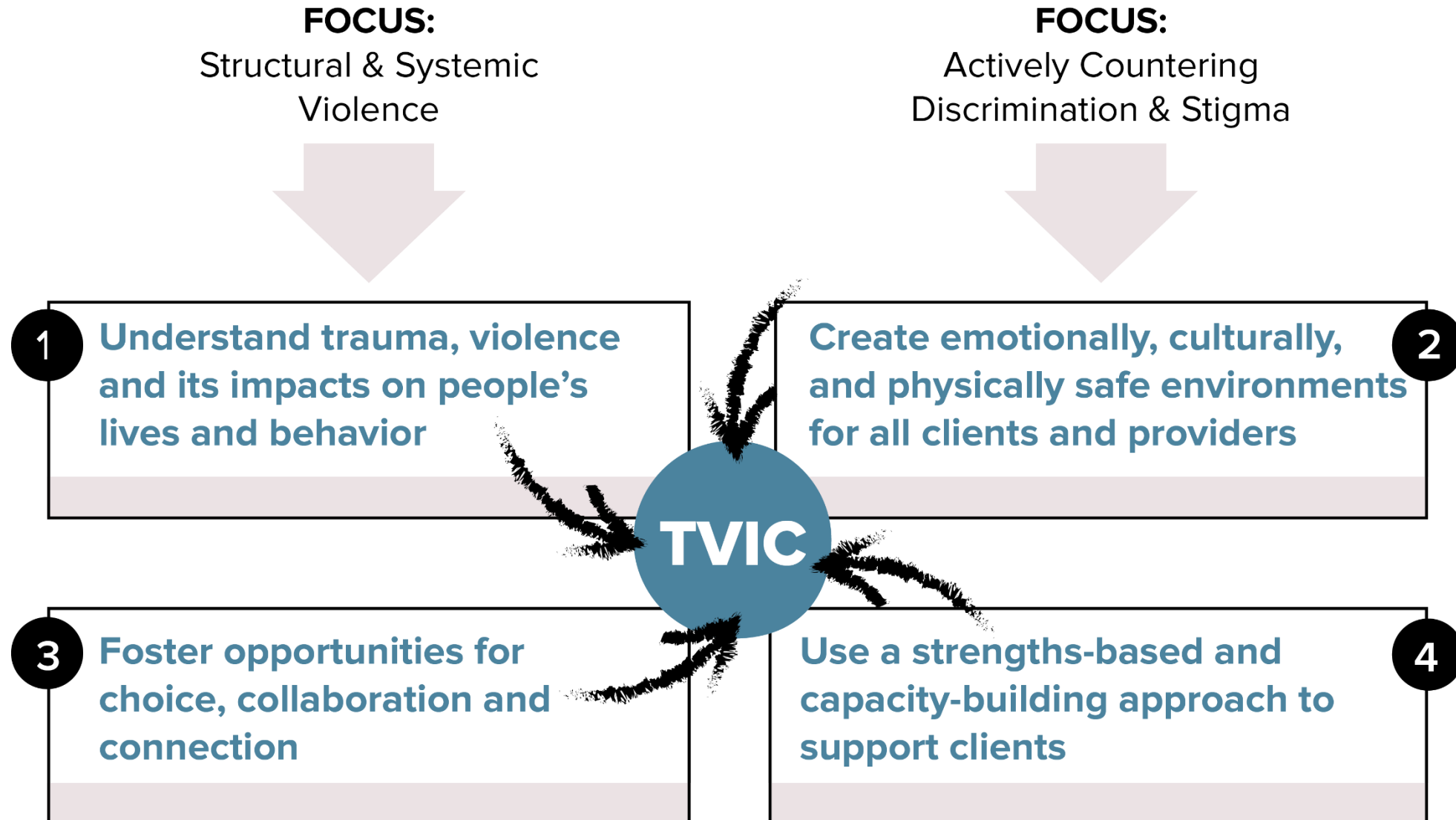
How can nurses contribute to effective wrap around support and care for women?

Women Seek Support but Face Many Barriers




Safety Concerns often prioritized over Health Issues

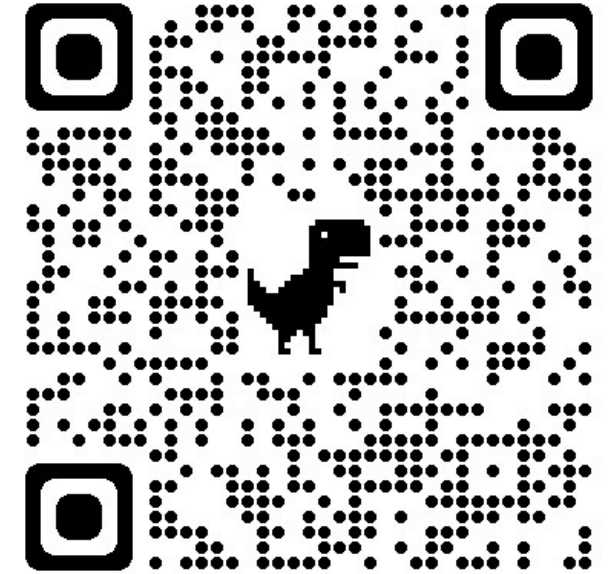
TVIC is the Foundation for Providing Good Care



Trauma- and Violence-Informed Care: Orienting Intimate Partner Violence Interventions to Equity

C. Nadine Wathen¹  · Tara Mantler²

Accepted: 15 September 2022
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Abstract

Purpose of Review Intimate partner violence (IPV) is a complex traumatic experience that often co-occurs, or is causally linked, with other forms of structural violence and oppression. However, few IPV interventions integrate this social-ecological perspective. We examine trauma- and violence-informed care (TVIC) in the context of existing IPV interventions as an explicitly equity-oriented approach to IPV prevention and response.

Recent Findings Systematic reviews of IPV interventions along the public health prevention spectrum show mixed findings, with those with a theoretically grounded, structural approach that integrates a trauma lens more likely to show benefit.

Summary TVIC, embedded in survivor-centered protocols with an explicit theory of change, is emerging as an equity-promoting approach underpinning IPV intervention. Explicit attention to structural violence and the complexity of IPV, systems and sites of intervention, and survivors' diverse and intersectional lived experiences has significant potential to transform policy and practice.

Intervention for Health Enhancement and Living (iHEAL)

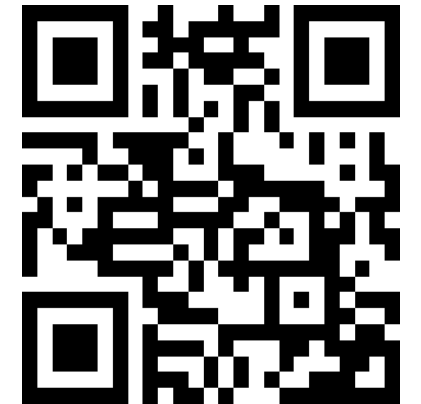


- **Woman-led, health promotion** intervention delivered by Registered Nurses working in partnership with women in ~10-18 sessions over 6-7 months.
- **Grounding:** Relational Inquiry (Varcoe & Doane), TVIC, Cultural Safety, Harm Reduction/Substance Use Health, Existing Evidence and Best Practices
- **Focus:** helping women build their *capacity* to address a **broad range of issues** that affect their health, safety and well-being, *tailored* to the woman and her context.
- **Complements** and **extends** (rather than duplicate) existing services.
- Nurses complete **specialized education** and work in a **team**, supported by a **Practice Lead** and **iHEAL resources** (Practice Guide, Women's Guide).

iHEAL is an Effective Intervention (HEAL RCT -2016-2021)



- Safe, acceptable and adaptable to different contexts
- Has sustained* benefits for women when compared to usual care:
 - Better **Quality of Life**
 - Improved **Mental Health** (PTSD and depression)
 - Increased **Confidence** (self-efficacy) in managing daily life
 - Reduction in **Severity of IPV**



2022-2025: With organizational supports in place, nurses can offer iHEAL with fidelity while maintaining benefits for women

2025-2027: Implementing with full teams in 2 Ontario Public Health Units

Capitalizes on expertise of RNs working to full scope using a woman-led health promotion model

**iHEAL Components
(the 'what')**

**iHEAL Principles
'the how'**

Safety First

Woman-led

Health Enhancement
as Priority

Strengths-Based

Hope and Future-
Oriented

**Managing
Basics**

Having a supportive
Living situation

**Managing
Symptoms**
Optimal Health

**Regenerating
Family**
Supportive family

**Renewing
Self**
Making the self
A priority

Safeguarding
Emotional and
Physical Safety

**Cautious
Connecting**
Safe links to
Family &
Services

*Safety, Health,
Hope for Women*

*Tailored to Woman
and Context*



Many Pathways for Promoting the Health of Women who have Experienced IPV

Principles and Strategies

Prioritize Safety: Provide Non-Judgemental, Affirming Support

Being judged by partners and others leads to stigma and shame.

Talking about experiences in a safe space is a way of making meaning of them and thinking forward. Small steps can contribute to this process.

Strategies to consider:

- Let her know that you are open to what she wishes to share
- Listen to her story without interruption (resist trying to 'fix the situation')
- Acknowledge what she has been through and her expertise in a genuine way
- Help her place her experience in context (she is not alone)
- Let her know that your support is not conditional on taking 'action'
- Read her responses through a trauma lens
- Support physical safety – assess risks and priorities, safety planning and referral

Prioritize the Woman's Confidence and Control: Follow her Lead



Abuse can 'rob' of control and erode their confidence.

Regaining confidence and control are key part of healing from trauma and abuse and of moving on with life.

Strategies to consider:

- Share your observations and seek her perspective
- Ask what is important to her and start there
- Tailor your support to her needs
- Notice and draw on small successes
- Offer support that builds a sense of confidence versus 'advice giving'

Help Create Stability and Connection

An improved sense of stability and positive connections help create the conditions for healing and growth and can reduce the toxic stress of everyday living.

Strategies to consider:

- Encourage and support her goals related to housing, income, employment
- Foster social connections to reduce isolation in ways that work for the woman (online, play groups)

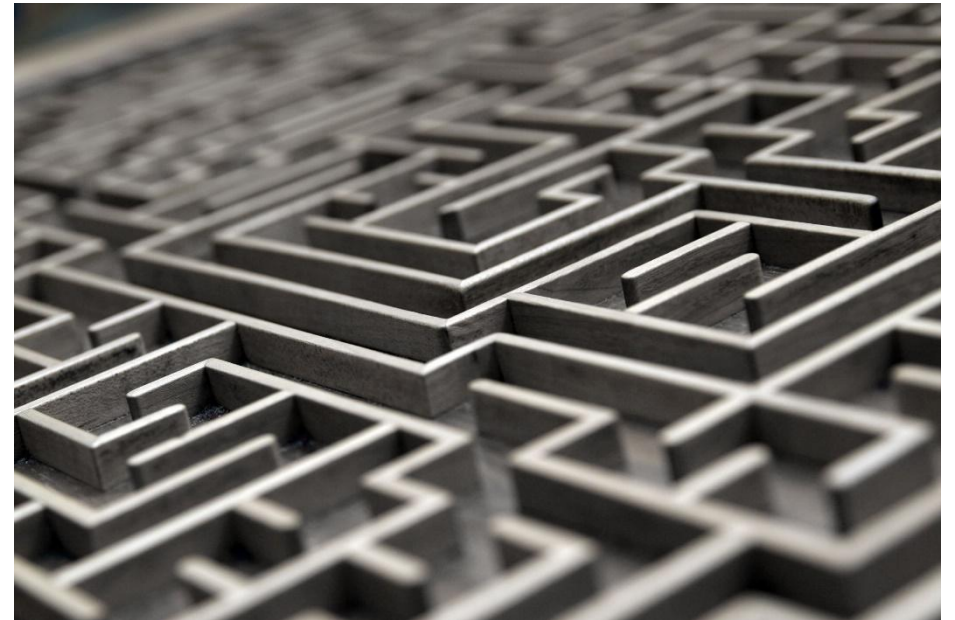


Support her to navigate barriers to needed resources

Women face many barriers to help and support, including in the health care system.

Strategies to consider:

- Know which services are likely to align with women's needs (e.g. TVI, flexible, lower barrier)
- Ask about her experiences seeking and accessing help, and her current goals
- Help her learn about services or supports that could fit with her needs
- Coach and support her to ask for what she needs
- Provide practical support to facilitate access (e.g. reminders, translation, 'warm referrals')
- Advocate with her when services are unresponsive and/or harmful



Create an Opening to Discuss her Health and Well-Being

Ask how she is doing

- “You have been thought a lot. We have talked about the baby today, but how are you feeling?”

Convey your genuine interest in her well-being

- As women, we often put ourselves last. It can be hard to balance everything, but your needs matter.

Engage her interests

- You mentioned last week that you are looking forward to getting outside more when the weather improves. What do you most want to do?

You don't have to be an expert in violence or women's health to be helpful


Explore the Woman’s Symptoms

I’ve noticed that you seem to be moving very slowly and favouring your back. Many women who have experienced violence live with health problems that can really affect their lives. Is this something you would like to look at?

Many are surprised to learn about relationship violence and health symptoms

Inquire:

- Which problems are concerning for you?
- How much do they interfere with your life?
- How important is this to you right now?
- How are you managing?
- Would you like help? How can I assist?



COMMON HEALTH PROBLEM CHECKLIST

Check the health problems that are concerning for you.
How much does each one you circled interfere with your life?
Enter a number 1, 2 or 3 beside each problem you checked.

1 = interferes a little bit
2 = interferes off and on
3 = interferes a lot

☐ Feeling worried/uptight
☐ Feeling sad/depressed
☐ Fatigue
☐ Difficulty sleeping
☐ Back pain
☐ Headaches
☐ Difficulty concentrating

Very common

☐ Aches & pains
☐ Swollen/painful joints
☐ Bowel problems
☐ Upset stomach
☐ Poor appetite
☐ Nausea/vomiting
☐ Memory loss

Common


☐ Suicidal thoughts or attempts
☐ Cutting/Hurting Self
☐ Colds/flu
☐ Drug or alcohol use
☐ Vaginal /Pelvic Pain
☐ Rectal bleeding
☐ Painful intercourse
☐ High Blood Pressure
☐ Blackouts
☐ Vaginal Bleeding
☐ Bladder infections
☐ STIs

Least Common but Important

☐ Nausea/Vomiting
☐ Dizzy spells
☐ Panic attacks
☐ Heart palpitations
☐ Chest Pain
☐ Difficulty Breathing
☐ Poor bladder control
☐ Ringing in the ears
☐ Hearing Problems
☐ Disordered eating
☐ Dental problems

Less Common

Other health problems: _____



iHEAL Nurse’s Guide | 134

Practical Strategies for Managing Distressing Symptoms

Assess the woman's interest in trying effective strategies she can use on her own *such as*:

- Grounding Exercises
- Meditation or Mindfulness
- Symptom Tracking
- Movement (of any kind) – walking, yoga
- Strategies to promote sleep and rest



Support her to tailor the strategy to her needs and situation

Use coaching and modelling if helpful

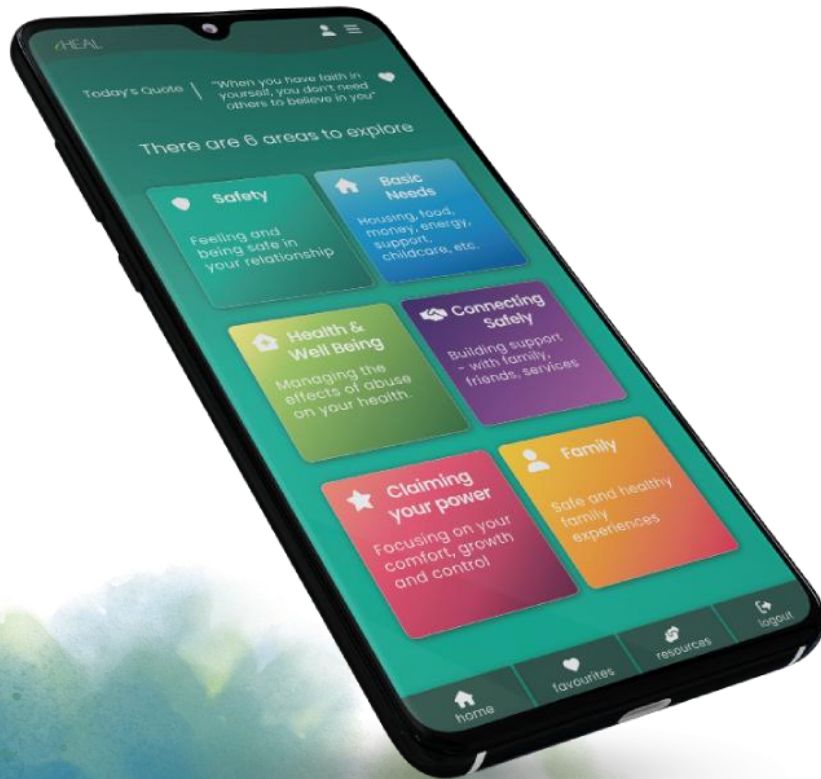
Introduce online tools, workbooks, apps, other resources for support

Refer to health services when needed and support access

Support for a Safe and Healthy Path Forward



Backed by years of research and testing, the **iHEAL app** helps women who have experienced partner abuse find personalized ways to be safer and healthier.



- Available in English and French
- Secure, private, free
- For mobile phone, tablet or computer
- Includes links to resources

iHEALapp.ca



A resource for women across Canada and the people who support them

Recognize and Respond to Potential Traumatic Brain Injury

Problem:

- 75% of women who have experienced IPV have had at least one TBI
- *Broad impacts:* headache, concentration and memory problems, irritability, sleep disruption, emotional changes, balance problems, dizziness
- Often mistaken as the distress of abuse
- Long-term consequences if untreated

Practice Considerations:

- *Immediate action:* Know the Sx of TBI. Assess and follow up if assaulted, particularly if the woman has been choked.
- *Longer-Term:* May be unable to focus and take in or recall information (story may seem inconsistent)
- Woman may be distracted, have difficulty remembering instructions or appointment and need prompts
- Mental health assessment and support (greater risk of mental health conditions with TBI)
- Organizations: Develop a protocol and referral pathways

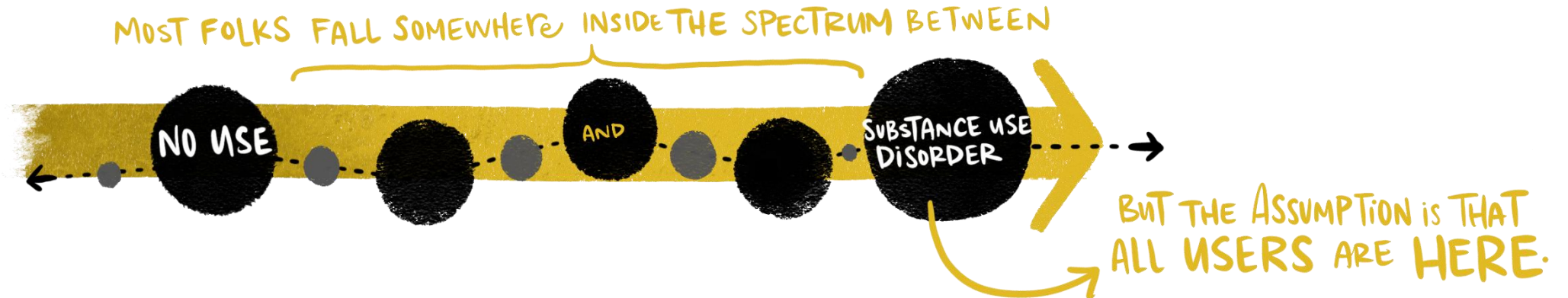
Adopt a Substance Use Health Approach

The achievement of **self-defined goals** of well-being across the continuum of substance use.

- A **reflective** (versus corrective) approach
- **Encouraging positive change** without judgement or punishment
- **Removing barriers to care**, including intersecting forms of stigma
- **Facilitating access to social determinants of health**

- not 'abstinence only'
- focus on '**unhealthy/heavy use**', not 'addiction'
- substance use as a **learned way to cope with pain**, not just a disease, or a moral failing
- 'nothing about us without us' (with gratitude to the disability movement)

<https://capsa.ca/>



Thank You



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