

A Qualitative Analysis of the Experiences of Women Impacted by Abuse and Substance Use and/or Mental Ill Health

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Introduction

Violence against women is pervasive in the lives of girls and women around the globe. The body of empirical knowledge about the extensive and devastating impacts of abuse and violence on women continues to grow^{i,ii,iii,iv,v}. Research, practice and women's narratives point to a complex and multi-directional relationship between woman abuse, substance use and mental ill health^{vi,vii}; and affirms that this complexity increases women's vulnerability and risk^{viii,ix,x}.

Women with experiences of violence, mental ill health and/or substance use describe being socially isolated and disenfranchised. They then face additional harms from services that are ill equipped to provide relevant support and safety^{xi,xii,xiii}. Already marginalized, this population of women describe being more vulnerable and at greater risk because of poverty, homelessness and/or housing insecurity, and the impotence of the legal response. Women also identify the multiple structural inequities that further compound the harms of the abuse, including social exclusion based on racialization processes, language and geography.

Methodology

A secondary data analysis was completed of the BC Women's Hospital and Health Centre, Woman Abuse Response Program, *Building Bridges* project data set from 102 women who participated in 15 focus groups around British Columbia. The research questions were: 1) How do women's experiences of woman abuse, and substance use, and/or mental ill health interact and intersect?; 2) What gender-based structural and health inequities exist for women impacted by abuse and substance use and/or mental ill health?; and, 3) What additional social and structural inequities marginalize women impacted by abuse and substance use and/or mental ill health in BC?

Using an interpretive thematic analysis, data was analyzed in a multi-step process whereby investigators reviewed entire focus group transcripts and identified recurring, converging and contradictory patterns of interaction and key concepts. Comparisons of team member transcript summations were used as a starting place for discussion. Themes, categorizations and codes and possible linkages to theory were discussed. An Intersectional lens and Critical Feminist theoretical perspective were employed in the analysis and research team's discussions of the findings.

Results/Discussion

A number of recurring themes emerged from our discussions. A few of them are discussed below.

Dominant Discourse about Violence Against Women & Girls

The dominant discourse surrounding violence against women and the need to critique fundamental assumptions, language, and what violence against women means in different contexts often arose in team discussions. How do concepts we use limit us in our work? In depth discussions arose concerning the language of "trauma-informed" and "violence informed"; of

“social exclusion” and “stigma”; the language of “self-esteem’ and “co-dependence”; and the social construction of women who experience violence.

Dominant discourses are lived out in how women describe and understand their experiences of violence. The language of *domestic or family violence, abusive relationships, and intimate partner violence* neutralizes and depoliticizes the gendered nature of violence against women. It also obscures the nature and intent of the human rights violations women experience. In addition, language of *self-esteem* and *co-dependence* reinforce a Neoliberal lens of violence against women as an individual problem, with individualized solutions. As such, violence as a social construct needs to be better understood and defined. Women are given many theories about why they experience abuse, often inferring their responsibility and blame. How much of women’s understanding of their experiences are based on how service providers have guided women to talk about the violence?

Manifestations of Patriarchy

The focus groups reflected diversity in women’s experience of violence and their interactions with systems, including differences in how patriarchy manifests in women’s lives. Discussions led to questioning the specific ways that patriarchy manifests itself in Punjabi or Mandarin culture/families vs. the specific ways that it manifests in white western families? Further exploration of the data is required to identify the shared experiences and the unique features of how patriarchy manifests in the lives of women impacted by violence.

Intersections between Woman Abuse, Substance Use and Mental Ill Health

The intersections and interactions between woman abuse, substance use and mental ill health are complex & multidirectional. Women describe experiencing a number of mental health impacts, most of which reflect appropriate responses to their experiences of abuse. However, most often these responses are pathologized by providers (i.e. as depression, anxiety, etc.). Women describe being heavily medicated which, for some women, compounds their vulnerability to further abuse and impedes their ability to stay safe. Substance use, for women who have experienced violence, serves a complex purpose. Women describe it as a means of survival or coping, a means of escape and/or suppression, and as a safety strategy – a way to placate their partners. Abusive partners play a significant role in women’s initial use as well as ongoing use, through force and/or coercion.

Compounding Vulnerabilities

There are a number of intersecting and compounding factors that interact on multiple and often simultaneous levels to create further vulnerability and inequity for women who experience violence. In addition to class, gender, race and ability, women describe how poverty, culture, age and sole mothering, further complicate and contribute to their oppression. Further, the absence of gender- or violence- informed policy and practice within many of the systems women with experiences of violence come in contact with (i.e. legal, income assistance, child welfare and health) can exacerbate women’s risk and further marginalize them.

Violence as a Social Determinant of Health

"Social determinants of health (SDoH) are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment"^{xiv}. Using Raphael’s (2004) definition, violence against women clearly fits within the understanding of SDoH. Violence against women impacts many aspects of women’s lives, including mental and physical health as

well as access to resources and health care. These impacts can reduce a woman's physical, social and personal resources and create significant inequities. Further exploration is needed to identify the advantages and disadvantages of viewing violence as a social determinant of health.

Policy and Practice Implications

Current policies that affect women's experiences and outcomes with systems are often based on a social construction of violence against women as an individual problem. Gender discrimination is embedded in policies that govern women's lives. They often ignore the larger social and political context that frames, perpetuates, and compounds women's experiences of abuse.

Intersectionality is an important lens that shifts attention from the woman to the multiple impacts and needs of women who experience violence. In order for policies and practices to be relevant, effective and safe for women they need to be guided by five principles: Violence-informed; Women-centered; Harm Reduction; Cultural safety; and from a Social Determinants of Health perspective.

Next Steps

An abstract has been accepted to present at the CGSM **Critical Inquiries Workshop**, May 2012. A paper entitled ***Disrupting Dominant Discourses of Fairness and Rights: Equity for Women Impacted by Violence*** will be submitted to the International Journal for Equity and Health.

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