BEYOND BATTERING: Long-Term Effects of Domestic Violence

Christine Hagion Rzepka, MPH, CHES, The Ripple Effect

2007 National Conference on Health & Domestic Violence
San Francisco
Why Is This Study Pertinent to Public Health?

- Worldwide prevalence—1 in 3 women have experienced abuse within a committed intimate relationship at some point in time.

- Research on domestic violence (DV) has been focused on the acute transitional stage, or only shortly thereafter: only 1-2 years post-abuse.

- Although the long-term effects of abuse on children has been widely researched, the long-term effects on adult survivors is a virtual unknown.

- The few studies that have looked beyond the acute transitional stage have focused solely on psychopathology of former victims, without differentiating their state of functioning prior to the experience of abuse.

- Previous research has utilized a disease model, exhibiting clinical bias in both research design and in assumptions.
Purpose of the Study

1. To **describe the long-term effects experienced by formerly battered women in the years following termination of the abusive relationship.**

2. To document the long-term impact of domestic violence on survivors, **in their own words and from their unique perspectives.**
This naturalistic study explored the lived experiences of 11 formerly abused females.

The period of time that each of the participants had been out of her abusive relationship ranged from at least 10 years to over three decades.

The research was developed and conducted in conjunction with several academics from various disciplines, including health education, psychology, medicine, and sociology.

Members of the research oversight team include those with expertise in qualitative research, feminist methodology, and the unique insights of a former victim.
Theoretical Framework

- **Socio-ecological conceptual framework**—context-specific analysis (Hoff)
- **Qualitative research**—semi-structured Long Interview method (McCracken)
- **Naturalistic inquiry**—heuristic method (Moustakis), following principles of phenomenology, but honors the personal and professional experience of the researcher
- **Emotionally-engaged research**—(Campbell) does not impose theoretical “objectivity” onto the researcher engaging in emotionally-laden topics of research, such as the experience of victimization
Data Collection Methods

- Data were collected in long interviews, ranging from 1 hour to 8 hours.
- Interview was participant-directed rather than researcher-led.
- An interview questionnaire was used only as a guide.
- Interviews were audio-taped with the knowledge and consent of the participant.
- Interviews took place at a safe and private location chosen by the participant.
- Participants were pre-screened by phone to reduce risk of damaging emotional consequences of discussing the abuse and the decade following it.
Data Analysis Methods

- Data sources were the actual words (utterances) of the participants themselves.
- Verbatim quotations were coded and analyzed using heuristic research methods.
- Inter-rater reliability was assured by an independent judge coding 15% of the data.
- Findings were validated by:
  -- integrating study findings with studying the research literature,
  -- member checks with the study participants,
  -- review of findings by a group of academic reviewers with content expertise.
Sample description

Demographics
- All were professional women, ranging in age from mid 30’s to 60’s.
- 6 were college graduates; 2 were in graduate school at the time of the interview; all had at least some college.
- Diverse sample: 3 Caucasians; 2 African Americans; 1 Asian; 2 Mexican Americans; and 3 of Native American ancestry.

Abuse histories
- 3 of the 11 had no prior history of abuse.
- The length of time that participants had been out of the abusive relationship ranged from 10 years to 31 years.
- The participant’s adult domestic violence relationships ranged in duration from several months to 20+ years.
- All suffered emotional and psychological abuse.
Results

Long-term effects encompassing physical and mental health impacts are categorized in six major areas:

- internal socio-emotional effects
- external socio-emotional effects
- damaged relationships
- psychological effects
- physical effects, and
- the intergenerational cycle of abuse.
Long-Term Effects of Abuse

Internal Socio-emotional Effects

- Inability to trust
  - Self
  - Others
  - God
- Effect on self-esteem (constantly doubting oneself)
- Analyzing relationships
- Fear of being alone
- Problems with intimacy
- Defensiveness; suspicious
- Low tolerance for nonsense; judgmental
- Perfectionism and Type A personality
- Urge to run away from abusive people (conflict avoidance)
Long-Term Effects of Abuse

External Socio-emotional Effects

- **Effect on faith**
  - Loss of sustaining faith in some participants
  - Rejection of faith tradition in some participants
  - Strengthening of faith in other participants

- **Effect on employment**
  - Over-sensitivity to power struggles
  - Frequent job changes due to conflict avoidance

- **Effect on sexuality**
  - Change in sexual orientation

- **Effect on parenting ability**
  - Becoming a “drill sergeant”

- **Responsibilities of single parenting**
  - Financial burden on single parents
  - The emotional burden of single parenting
  - Avoiding intimate relationships because of the kids
  - Single parents playing multiple roles
  - Effect on children living in single-parent households
Long-Term Effects of Abuse

Psychological Effects

- Post-Traumatic Stress Disorder (PTSD)
  - Nightmares
  - Continual coping with triggers and flashbacks
  - Hypervigilance
  - Startle response

- Over-sensitivity to touch
  - Over-reaction to physical touch of any kind, even among trusted friends

- Memory problems
  - Inability to concentrate
  - Memory blockages

- Depression
  - Suicidality
  - Hopelessness
Long-Term Effects of Abuse

Damaged relationships

Participants in the study described strained relationships in multiple areas:

- With men (including a fear of intimate relationships)
- With their family of origin
- With their own children, and in
- Friendships with other women
Long-Term Effects of Abuse

Physical Effects

- Disability resulting from abuse
  - Deafness
  - Depression (to the point of being disabling)

- Infertility caused by sexual assault

- Intentional Obesity
  - Layers of fat considered to be “layers of protection”

- Addictive behaviors
  - Alcohol & other drugs
  - Food
  - Smoking as a coping behavior
Long-Term Effects of Abuse

Intergenerational Cycle Of Abuse

Effects noted in this study on the children witnessing the abuse:

- Long-term issues related to growing up in an abusive home
- Parentification
- Physical reactions to the abuse
- Mental health issues (misdiagnosis of ADHD in children with secondary PTSD)
- Addictions
- Children’s fear of intimate relationships
- Children’s tendency toward violent relationships in adulthood

The children of the formerly-battered women were affected well into their adolescence and their adult lives by the abuse they had witnessed;
Likewise, their children were also affected (the grandchildren of the formerly-abused women) by the abuse in previous generations.
Symptoms of Complex Post-Traumatic Stress Disorder described in study sample decades after the abuse experience:

<table>
<thead>
<tr>
<th>Systems of meaning</th>
<th>Sense of hopelessness and despair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Loss of sustaining faith</td>
</tr>
<tr>
<td></td>
<td>Isolation and withdrawal</td>
</tr>
<tr>
<td>Relations</td>
<td>Disruption in intimate relationships</td>
</tr>
<tr>
<td>with others</td>
<td>Persistent distrust</td>
</tr>
<tr>
<td></td>
<td>Repeated failures of self-protection†</td>
</tr>
<tr>
<td>Perception</td>
<td>Acceptance of the rationalizations of the perpetrator†</td>
</tr>
<tr>
<td>of the perpetrator</td>
<td>Preoccupation with the abuser</td>
</tr>
<tr>
<td></td>
<td>Preoccupation with revenge**</td>
</tr>
<tr>
<td></td>
<td>Sense of special or supernatural relationship†</td>
</tr>
</tbody>
</table>
## Integrating Study Findings into the Existing Research Knowledge Base

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-perception</strong></td>
<td>A sense of helplessness or paralysis of initiative**</td>
</tr>
<tr>
<td></td>
<td>Shame, guilt and blame†</td>
</tr>
<tr>
<td><strong>Consciousness</strong></td>
<td>A sense of defilement or stigma</td>
</tr>
<tr>
<td></td>
<td>A sense of complete difference from others</td>
</tr>
<tr>
<td></td>
<td>Amnesia regarding traumatic events</td>
</tr>
<tr>
<td><strong>Affect regulation</strong></td>
<td>Transient dissociate episodes**</td>
</tr>
<tr>
<td></td>
<td>Reliving experiences: intrusive thoughts, preoccupation**</td>
</tr>
<tr>
<td></td>
<td>Persistent dysphoria†</td>
</tr>
<tr>
<td></td>
<td>Suicidal attempts or ideation†</td>
</tr>
<tr>
<td><strong>Compulsive or extremely inhibited sexuality†</strong></td>
<td>A sense of complete difference from others</td>
</tr>
<tr>
<td></td>
<td>Amnesia regarding traumatic events</td>
</tr>
<tr>
<td></td>
<td>Reliving experiences: intrusive thoughts, preoccupation**</td>
</tr>
<tr>
<td></td>
<td>Persistent dysphoria†</td>
</tr>
<tr>
<td></td>
<td>Suicidal attempts or ideation†</td>
</tr>
<tr>
<td><strong>Explosive or extremely limited anger†</strong></td>
<td>A sense of helplessness or paralysis of initiative**</td>
</tr>
<tr>
<td></td>
<td>Shame, guilt and blame†</td>
</tr>
<tr>
<td><strong>Self-injury</strong></td>
<td>A sense of helplessness or paralysis of initiative**</td>
</tr>
<tr>
<td></td>
<td>Shame, guilt and blame†</td>
</tr>
<tr>
<td><strong>Persistent dysphoria†</strong></td>
<td>A sense of helplessness or paralysis of initiative**</td>
</tr>
<tr>
<td></td>
<td>Shame, guilt and blame†</td>
</tr>
<tr>
<td><strong>Suicidal attempts or ideation†</strong></td>
<td>A sense of helplessness or paralysis of initiative**</td>
</tr>
<tr>
<td></td>
<td>Shame, guilt and blame†</td>
</tr>
</tbody>
</table>

†experienced symptom at one point, not currently

**not present in study sample
A Survivor’s Perspective of the Long-Term Effects of Abuse

“...domestic violence is eternal. Once it has been, the effects of it are until death. And not just your own [experience], but every person who is connected to you, experiences the effects of what has happened to you in your life.”

--Peggie
Conclusions

- Long-term effects of abuse have a continuing impact on the quality of life and daily functioning of abuse survivors.
- Despite significant breakthroughs in service provision, unmet needs of former victims and their children do still exist.
- A paradigm shift is required to move from an acute crisis focus to a more holistic, longer-term orientation.
Implications for Further Research

- Most of what we do know about abuse survivors was developed via research on shelter samples only.
  - The present research is one of the few studies where a non-shelter sample was utilized.
  - Future research must explore the differences in the needs of the non-sheltered survivor population.

- Public health professionals, and specifically health educators, must become familiar with
  research literature on violence against women outside their respective fields.
  - There is an abundance of published work in the trauma literature regarding the long-term effects
    of victimization having a definite and significant impact on health.
  - That information has not made its way into the public health knowledge base, and its absence
    quite likely impairs the effectiveness of public health practice.
  - There is a definite need for the field of public health to become aware of the trauma literature
    and the literature on violence against women and victimology in general. This is also true for
    the disciplines of medicine and mental health.

- Future research on domestic violence survivors must look beyond the acute crisis stage to
  explore:
  - the nature of these needs of this population and
  - the practicality of delivering services to survivors over the course of their lifetimes.

- Conduct collaborative research studies with advocates in the field
  - Community-based participatory research can protect against faulty study designs, which have in
    the past led to victim-blaming and flawed conclusions. (Campbell, 2002).
  - Moreover, research itself can be an intervention (Hoff, 1990).
Implications for Policy

- Welfare-to-work programs incredibly short timelines should be lengthened;
- Income maintenance and respite care programs for survivor’s children should be developed to allow survivors to concentrate on the work of healing, rather than on trying to survive;
- Mental health service delivery must be revamped to more adequately serve survivors’ needs;
- Safe, adequate, affordable and accessible childcare must be made available for survivors who are working or going to school;
- Social norms must be changed to counteract the counterproductive belief that a “child needs his father”—even if he’s abusive.
Most public health professionals remain in the dark on many issues relating to victimization.

The field of public health prides itself on a “big picture” view of health problems that are often only seen as individual behaviors.

Medical and mental health care, as well as health education practice, often focus on the health issue at hand (i.e., smoking, weight control) without necessarily understanding the context in which these behavioral patterns emerge.

Widespread professional education about domestic violence and its attendant health effects must be undertaken for all medical, public health, and mental health professionals, with a view toward better patient care (Hoff, 2001).
Limitations

- This sample was limited only to women. 
  - did not include lesbian survivors or male survivors of domestic violence

- Although the sample was very diverse, it is not inclusive of all ethnicities, cultures, or religions.
  - nor do the ethnicities or cultural/religious backgrounds of the women in the sample necessarily represent others from that culture or religion.
Significance

The true significance of this study is that it exposes and debunks the myth that once a victim leaves her abuser, the problem is solved.

Society’s unrealistic expectations toward survivors, often heard in messages such as “just get over it,” and “move on with your life,” are overly simplistic and seriously underestimate the long-term consequences of having survived the trauma of abuse.

The wisdom of the research collaborators in this study challenges us to:
- honor their continuing struggle,
- to search for more effective methods to serve them, and to
- seek avenues of justice and healing for those who have carried this burden alone for so long.

This study argued for the shifting of paradigms from an acute crisis focus in domestic violence service provision to a longer-term view of victimization impact, and the development of a continuum of services for survivors of abuse.
For more information

phone: (408) 225-2381
address: PO Box 36106, San Jose CA 95158
e-mail: chagion@aol.com

visit The Ripple Effect’s web site at
www.the-ripple-effect.info