Why Family Violence Makes People Sick

New Research on the Lifetime Health Effects of Adverse Childhood Experiences

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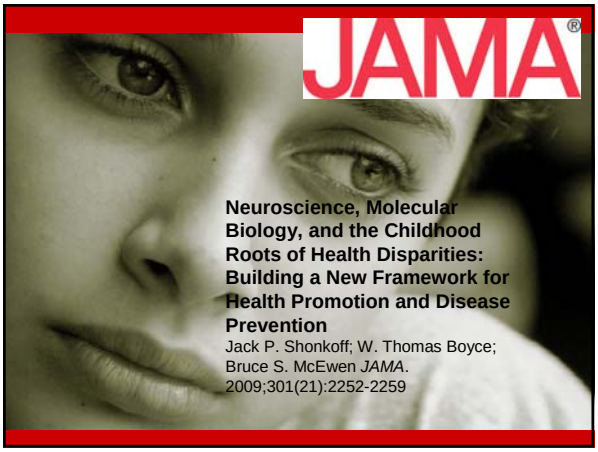
- Centers for Disease Control and Prevention
- American Medical Association
- American Academy of Pediatrics
- American College of Obstetrics & Gynecology
- American Psychological Association
- World Health Organization

Family Violence as a Public Health Issue

Physical injury

Other health effects of family violence



JAMA®

Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention

Jack P. Shonkoff; W. Thomas Boyce; Bruce S. McEwen *JAMA*. 2009;301(21):2252-2259

"Adult disease prevention begins with reducing early toxic stress"

"An increasing amount of research in neuroscience, social epidemiology, and the behavioral sciences suggests that a reduction in the number and severity of early adverse experiences will lead to a decrease in the prevalence of a wide range of health problems."

Adverse Childhood Experiences (ACEs) are related to the leading causes of premature mortality and preventable death in adults

Felitti et al., *Am J Prev Med* 1998

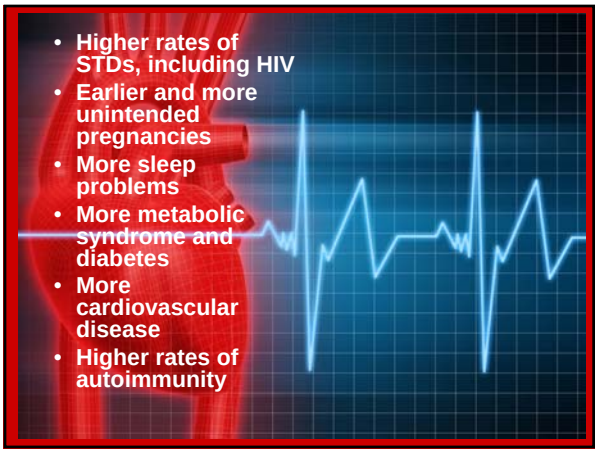
Patients with 4 or more ACEs had higher rates of:

- Ischemic heart disease
- Cancer
- Stroke
- Chronic bronchitis
- Emphysema
- Diabetes
- Skeletal fractures
- Hepatitis

Adverse Childhood Experiences (ACE) include:

- Child Sexual Abuse
- Child Physical Abuse
- Child Emotional Abuse
- Witnessing Intimate Partner Violence
- Parental substance abuse
- Parental criminal activity
- Parental mental illness
- Parental divorce

- Higher rates of healthcare use
- Higher healthcare costs
- More reported symptoms
- Overall less satisfaction with their health



- Higher rates of STDs, including HIV
- Earlier and more unintended pregnancies
- More sleep problems
- More metabolic syndrome and diabetes
- More cardiovascular disease
- Higher rates of autoimmunity

- Childhood and adult abuse is associated with at least five types of chronic pain
  - Back Pain
  - Headaches/TMJ
  - Pelvic Pain/Interstitial Cystitis
  - Irritable Bowel Syndrome
  - Fibromyalgia
- Many of these co-occur

Parent Factors

- May be an abuse survivor
- Possible current depression
- Substance abuse
- Partner violence

Child Factors

- May be at risk for abuse and neglect
- May show sequelae of maltreatment

Adverse Childhood Experiences Study
(N=17,337)

• Emotional abuse	11%
• Physical abuse	28%
• Sexual abuse	21%
• Mother treated violently	13%
• Substance abuse	27%
• Household mental illness	20%

Number of ACEs Reported

• 0	36%
• 1	26%
• 2	16%
• 3	10%
• 4 or more	13%

Survey of Mothers' Sleep and Fatigue
Kendall-Tackett & Hale

- Online survey of 6,410 mothers with infants aged 0-12 months (Mean infant age=6.96 months)

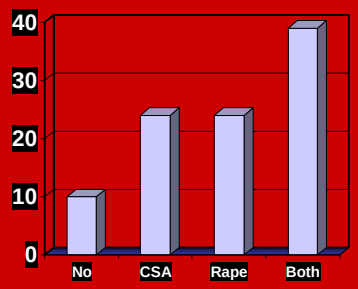
Survey of Mothers' Sleep and Fatigue Full Sample
(N=6,410)

• Hit or slapped hard enough to leave a mark	34%
• Rape as teen or adult	13%
• Total sexual trauma	~25%
• Parent depressed	36%
• Parent hit, bitten or kicked	16%
• Parental substance abuse	32%

Survey of Mothers' Sleep and Fatigue Sexual Trauma Data

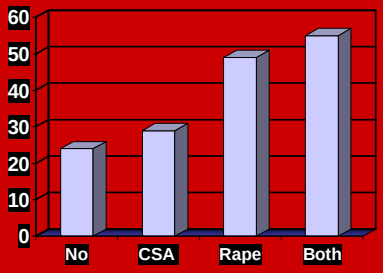
- No childhood sexual abuse, rape or adult trauma (N=2679)
- Child sexual abuse only (N=142)
- Rape as a teen or adult (N=715)
- Child sexual abuse and rape (N=137)

Parent kicked, bitten, or hit



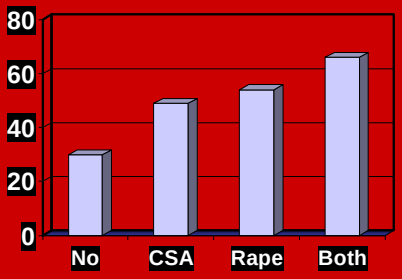
Data from the Survey of Mothers' Sleep and Fatigue

Parent an Alcoholic



Data from the Survey of Mothers' Sleep and Fatigue

Parent Depressed

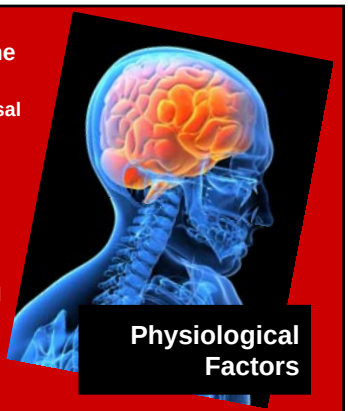


Data from the Survey of Mothers' Sleep and Fatigue

Domains of Functioning Impacted by Adverse Childhood Experiences

- Physiological
- Behavioral
- Cognitive
- Social
- Emotional

- Trauma changes the body
  - Chronic hyperarousal
  - Sleep disturbances
  - Lowered pain threshold
  - Increased cardiac reactivity
  - Abnormal levels of norepinephrine and cortisol
  - Abnormal immune function



Physiological Factors

Behavioral Factors

- Eating Disorders/Obesity
- Substance Abuse
- Smoking
- High-risk sexual behavior
- Suicide attempts
- Sleep problems

Cognitive Factors I: Beliefs about Self

- Shame/self-blame
- Attributional style
- Self-efficacy
- Health perception

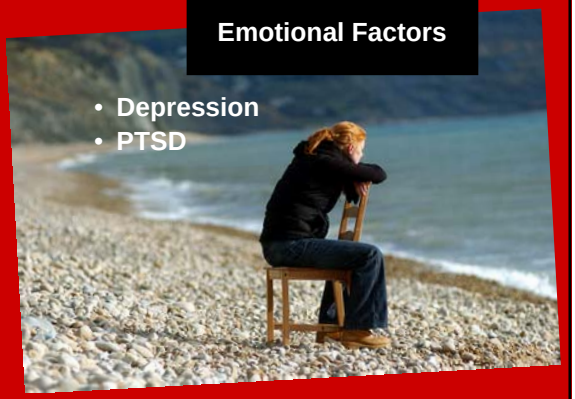
Cognitive Factors II: Beliefs about Others

- Internal Working Model
- Mistrust & Hostility
- Rejection Sensitivity
- Religiosity

Social Factors

- Insecure Attachments
- Quality of Current Relationships
- Divorce
- Social Isolation
- Co-Dependent Style
- Low Income
- Homelessness
- Revictimization

Emotional Factors



- Depression
- PTSD

- How can pediatricians respond?

Provider-level Barriers

- No time during appointments
- Lack of knowledge about topic
- Belief that FV is not within scope of practice
- Not comfortable with topic
- No place to refer
- Afraid to make the problems worse for families

Pandora' Box

- **Institutional Barriers**
  - Lack of support for follow up
  - Lack of continuity of care
  - Lack of commitment and/or resources for family violence services

What helps?

Parent support

- Home visitation
- Peer support
- Access to local resources
- Breastfeeding support
- Screen for maternal depression
- Refer to services for partner violence

Trauma treatments

- EMDR (EMDR.org)
- Cognitive-behavioral therapy
- Medications

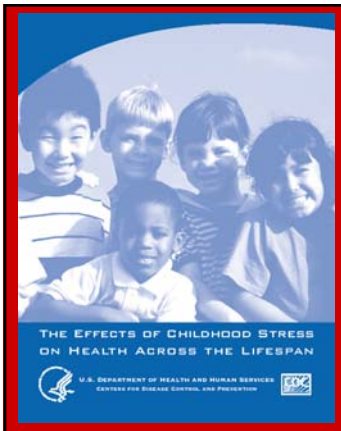
- **Alternative/adjunctive treatments**
  - Omega-3s (EPA and DHA)
  - Exercise
  - Sleep interventions

Office-level interventions

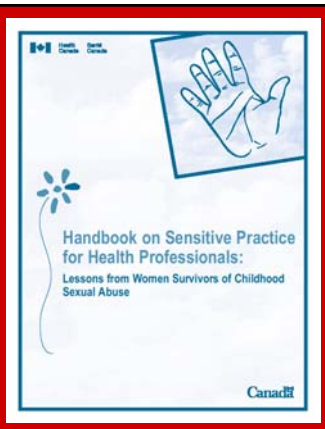
- Have materials available on partner violence, depression, child abuse, family support
- Have posters, pins and other materials that indicates a willingness to talk about family violence

Clinician Self-Care

- Supervision
- Team approach
- Vicarious traumatization
- Therapy



- CDC Report on Adverse Childhood Experiences



- From Health Canada

Additional Resources

- Family Violence Prevention Fund
  - EndAbuse.org
- Crimes against Children Research Center
  - UNH.edu/CCRC
- Child Trauma Institute
  - ChildTrauma.com
- Adverse Childhood Experiences Study
  - ACEStudy.org