




# **ACEs, IPV and Health**

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# Disclosure Information

*I have no relevant financial  
relationships to disclose*

# Objectives

1. Be aware of the adverse health consequences of interpersonal violence and victimization
2. Understand the concept of “Trauma-Informed Care”
3. Think about your role and responsibility in intervening with victims



# **WHAT DOES IT MEAN TO BE TRAUMA INFORMED?**

# Trauma-Informed Care

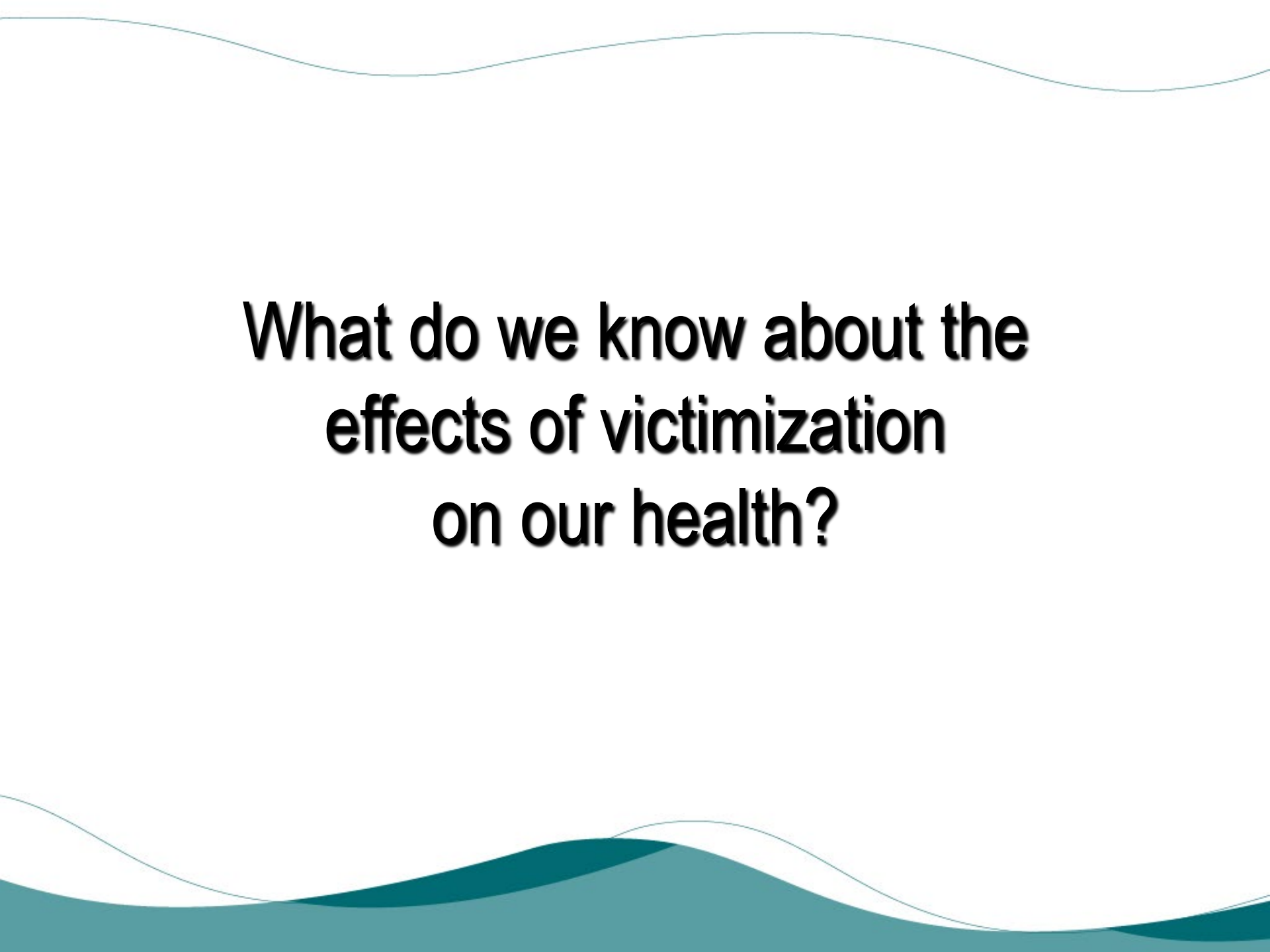
- Being sensitive to trauma-related issues present in survivors' past
- Understanding by the care team of the victims' vulnerabilities and triggers
- Designed to avoid inadvertent retraumatization
- Collaborative with the patient, their support system and the community

# **Violence and Abuse Across the Lifespan of Individuals**

- Child Maltreatment
- Intimate Partner Violence (IPV)
- Elder Abuse or Maltreatment
- Dating Violence
- Community Violence
- Bullying
- Workplace Violence
- War & Genocide

# Violence and Abuse Across the Lifespan of Individuals

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**What do we know about the  
effects of victimization  
on our health?**



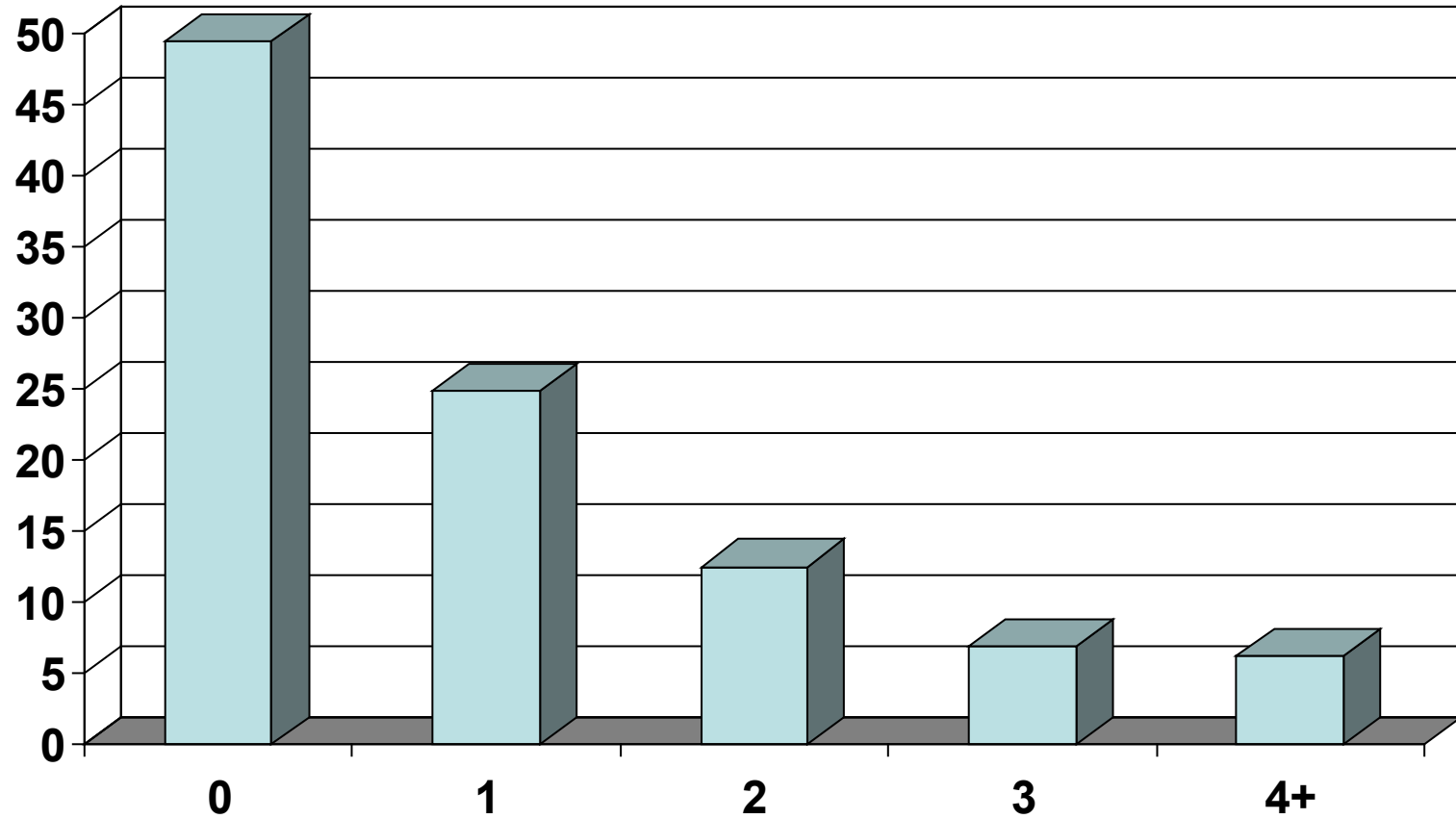
# ACE Study

- CDC Funded
  - <http://www.cdc.gov/violenceprevention/acestudy/index.html>
- 17,337 subjects in analysis
- Relationship between adverse childhood

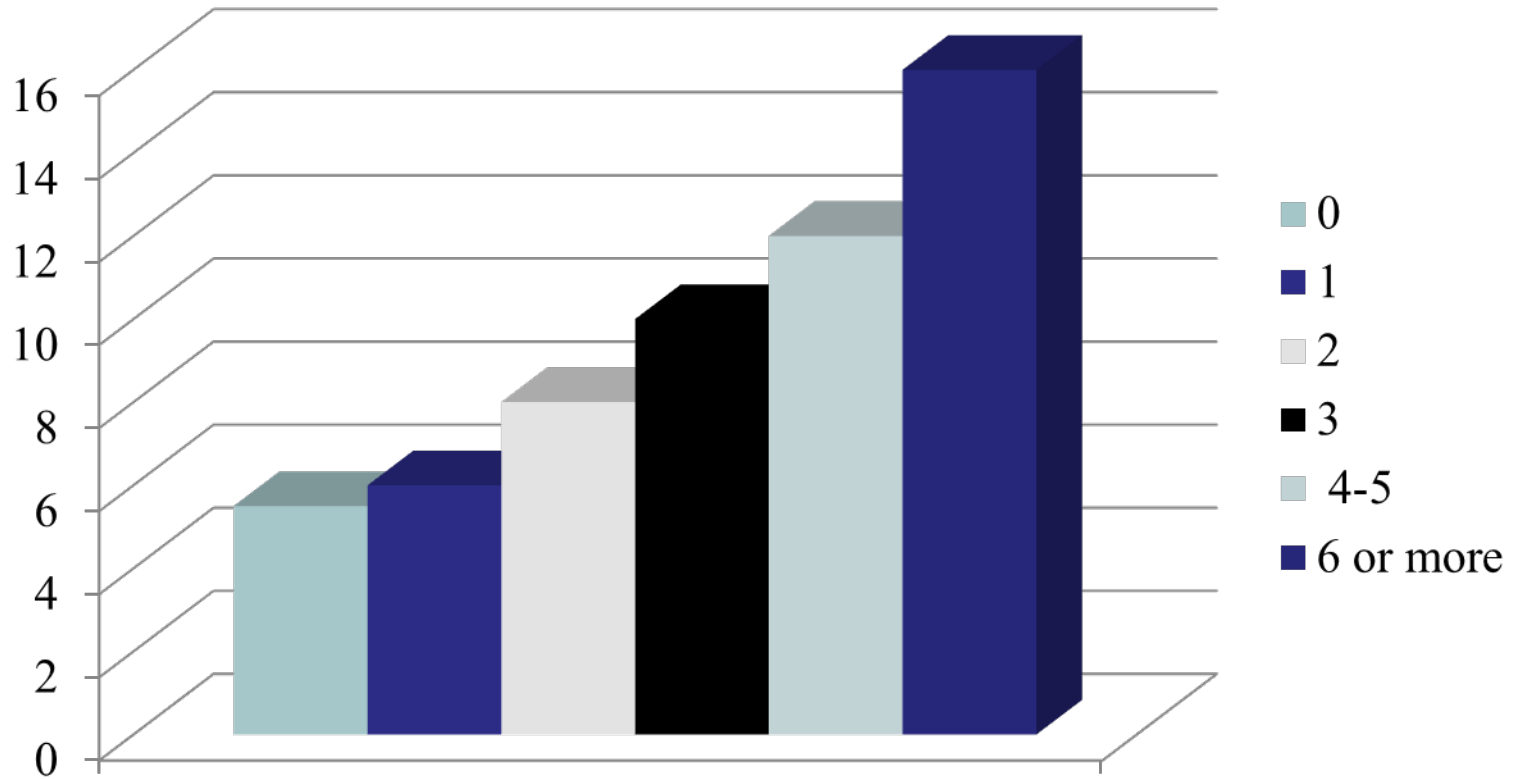
# ACE Study

- Relationship between adverse childhood events and health
- Ten ACEs
  - Child psychological abuse
  - Child physical abuse
  - Child sexual abuse
  - Emotional neglect
  - Physical neglect
  - Substance abuse in the household
  - Mental illness in the household
  - IPV against the mother
  - Parental separation or divorce
  - Criminal behavior in the household

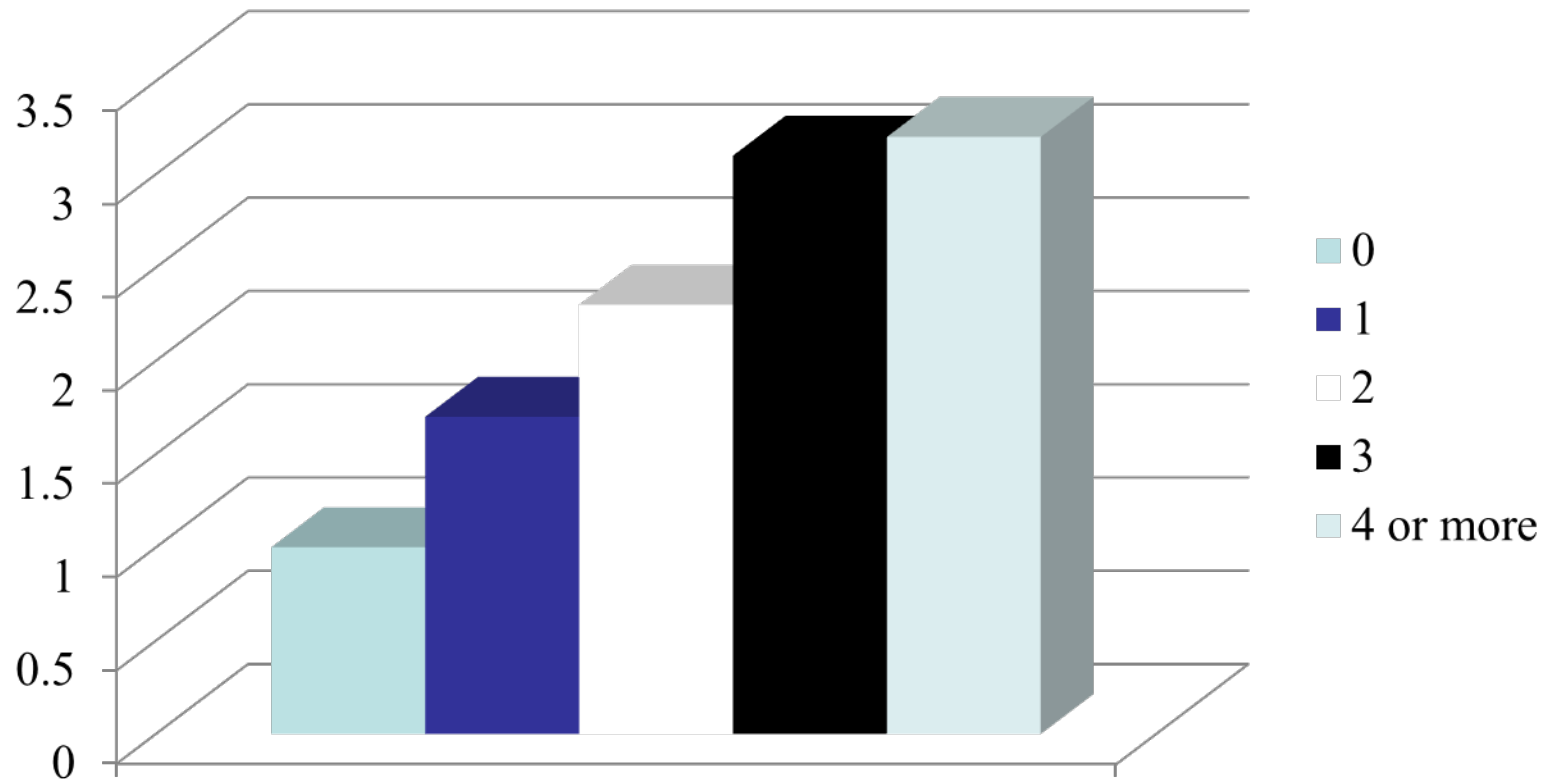
# Number of ACEs



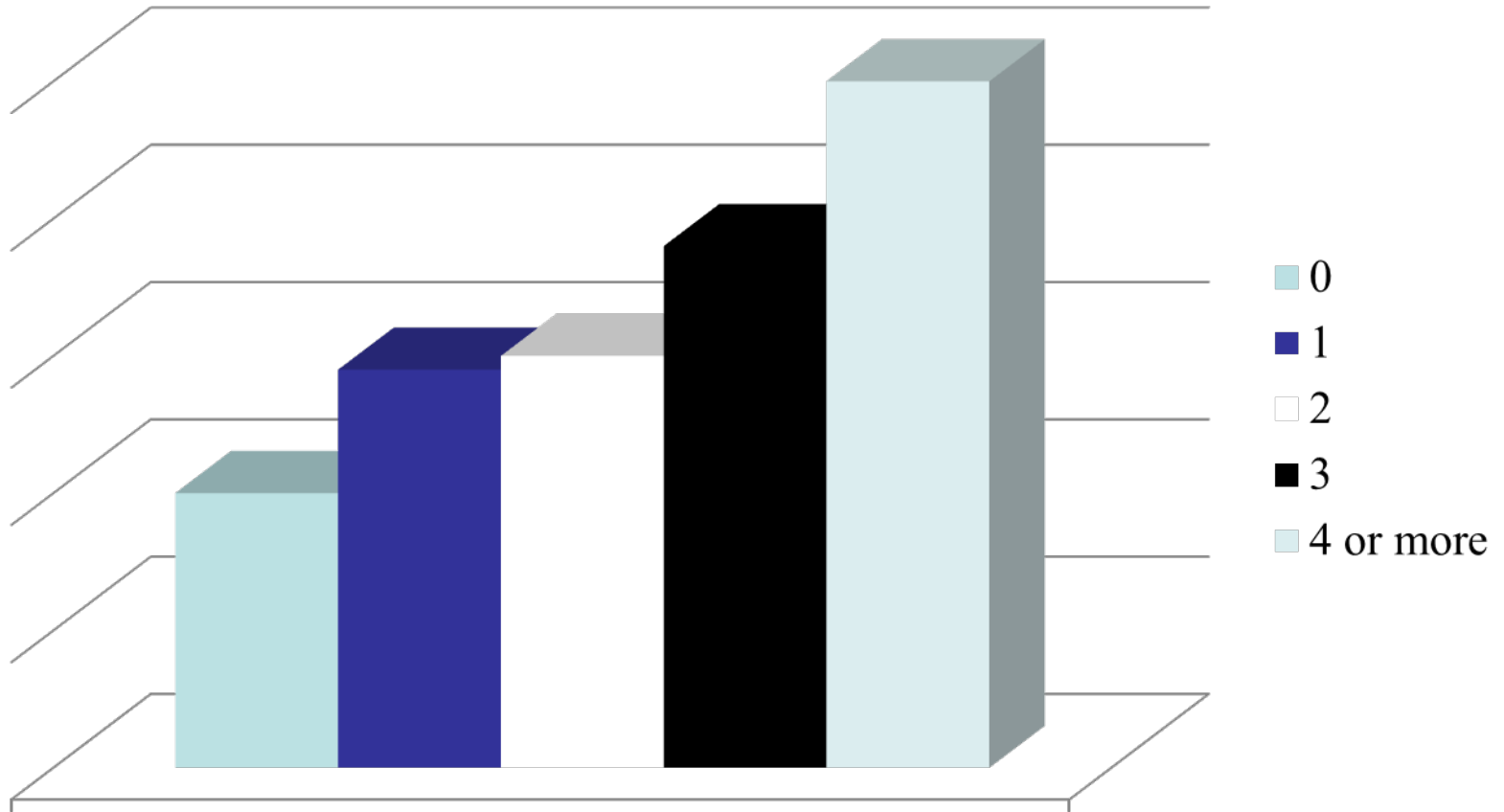
# ACE Score and Current Smoking



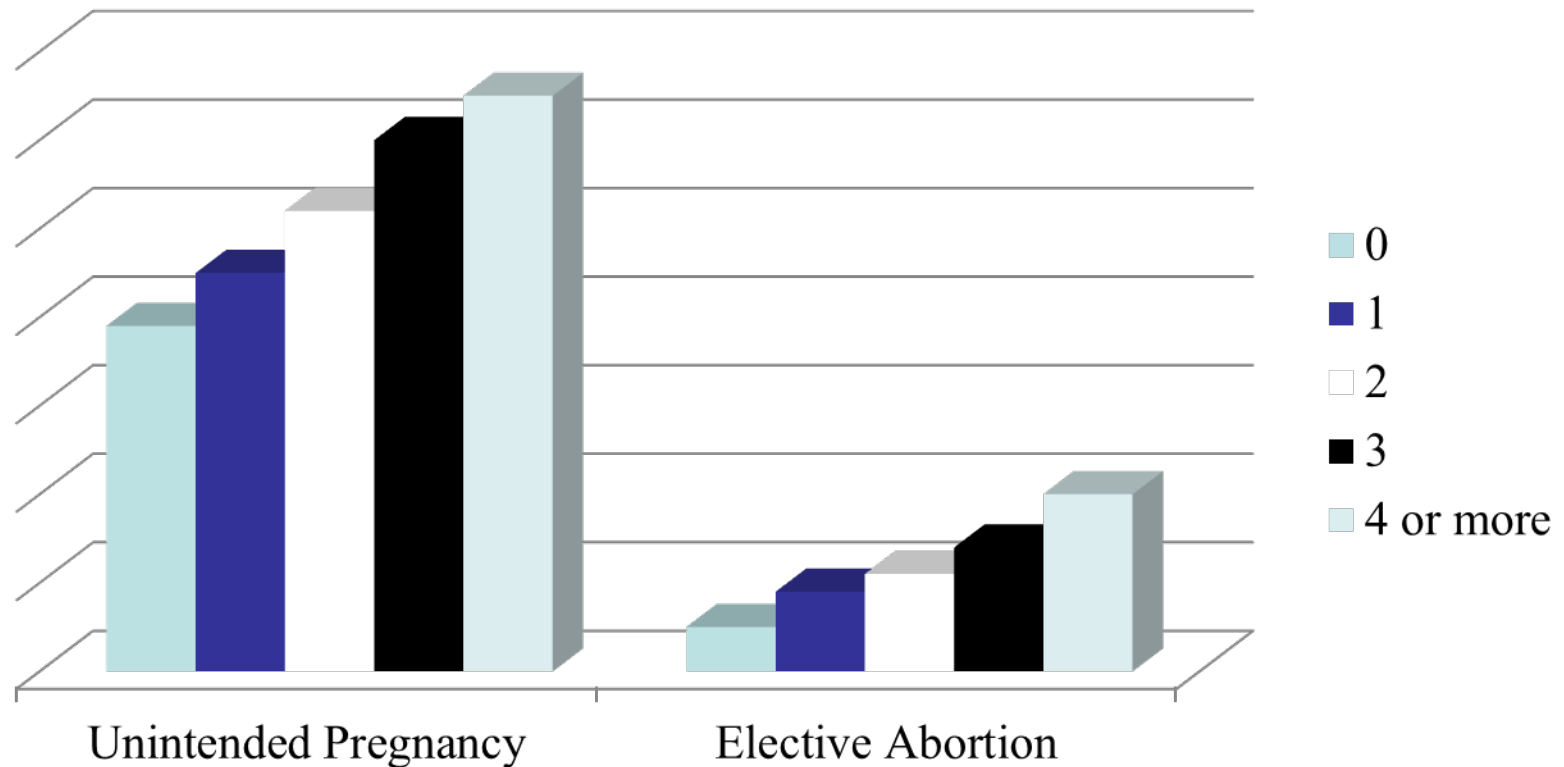
# ACEs vs. Likelihood of > 50 Sexual Partners



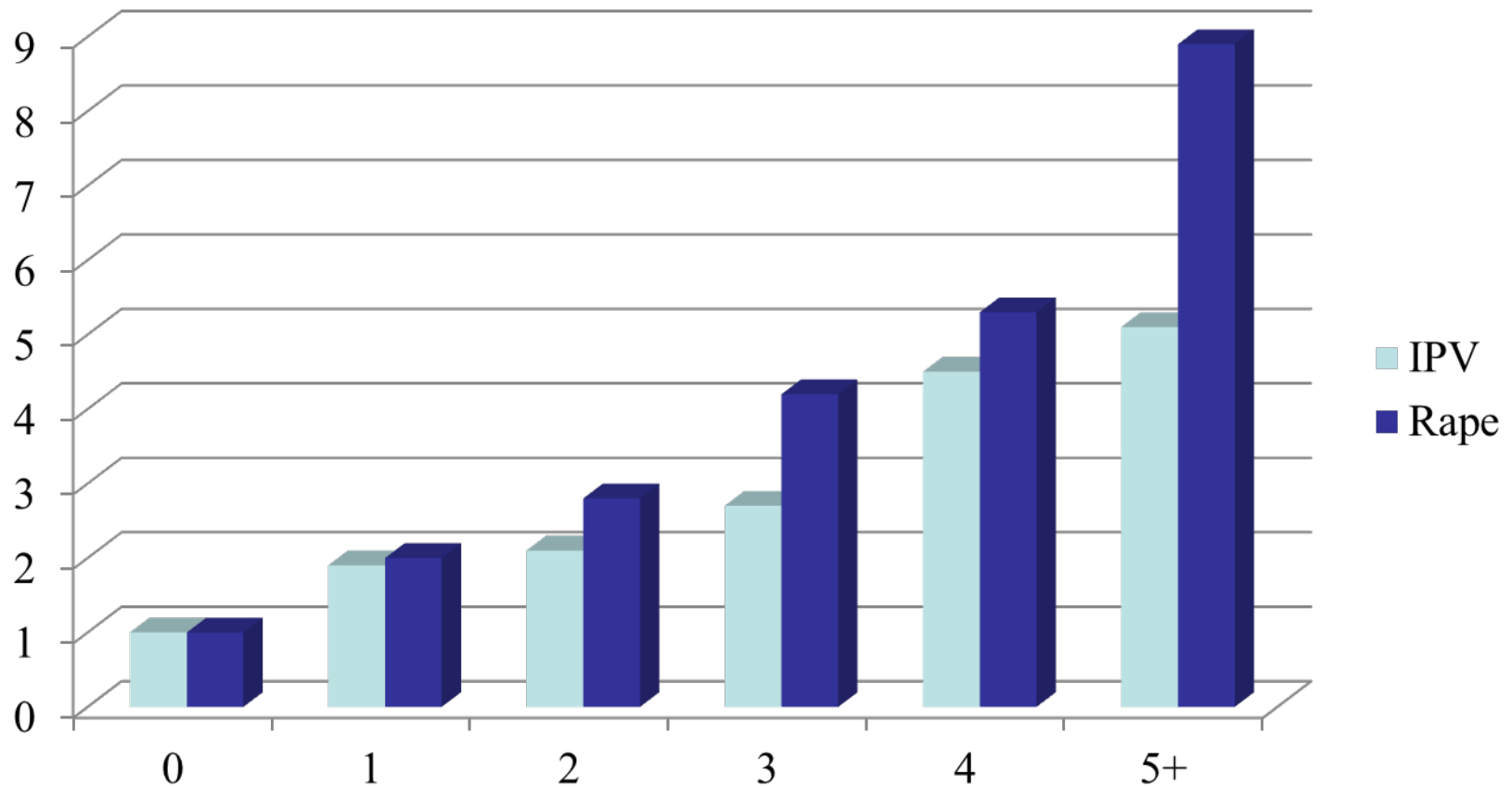
# ACEs and STD History



# ACE Score vs Unintended Pregnancy & Elective Abortion

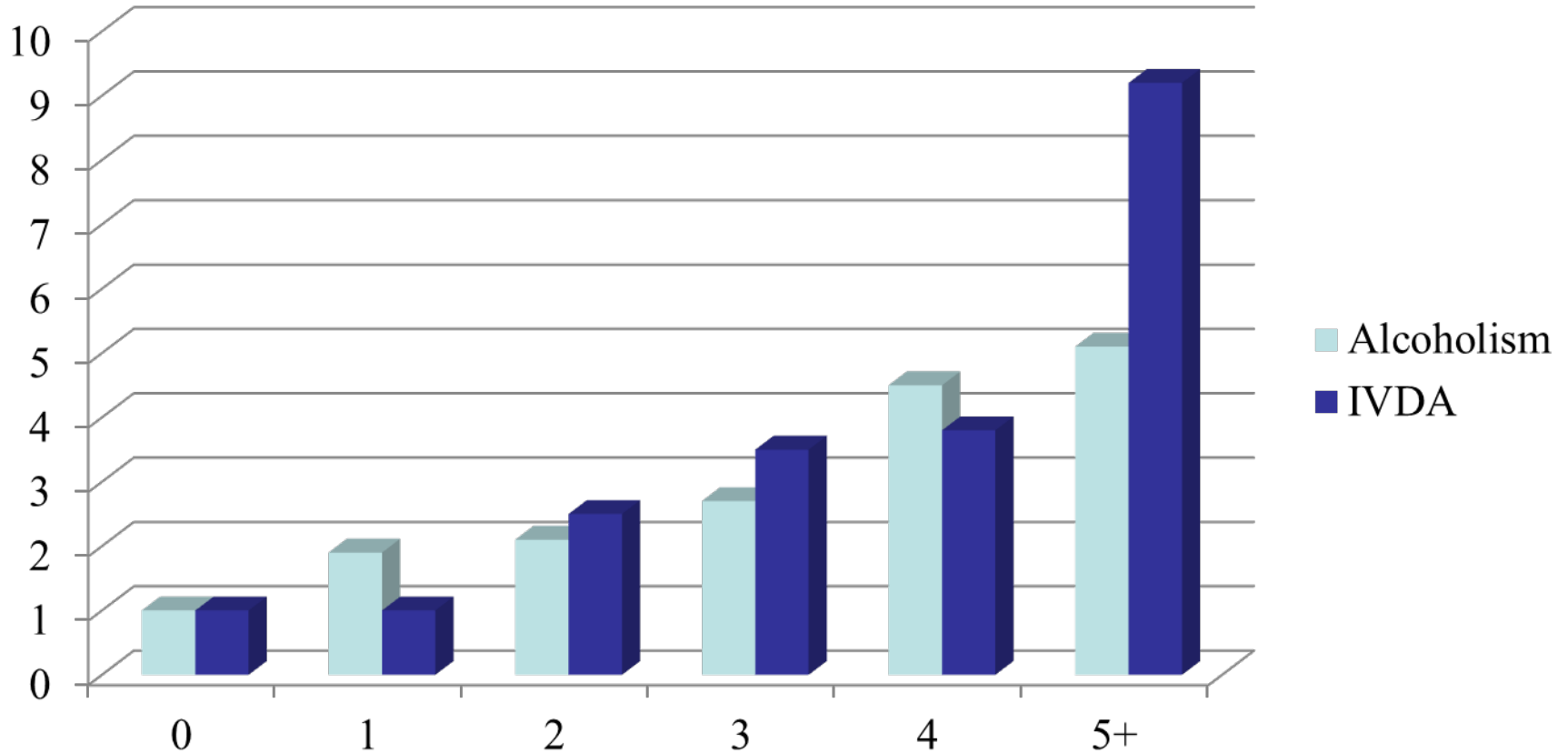


# ACE Score vs IPV and Rape

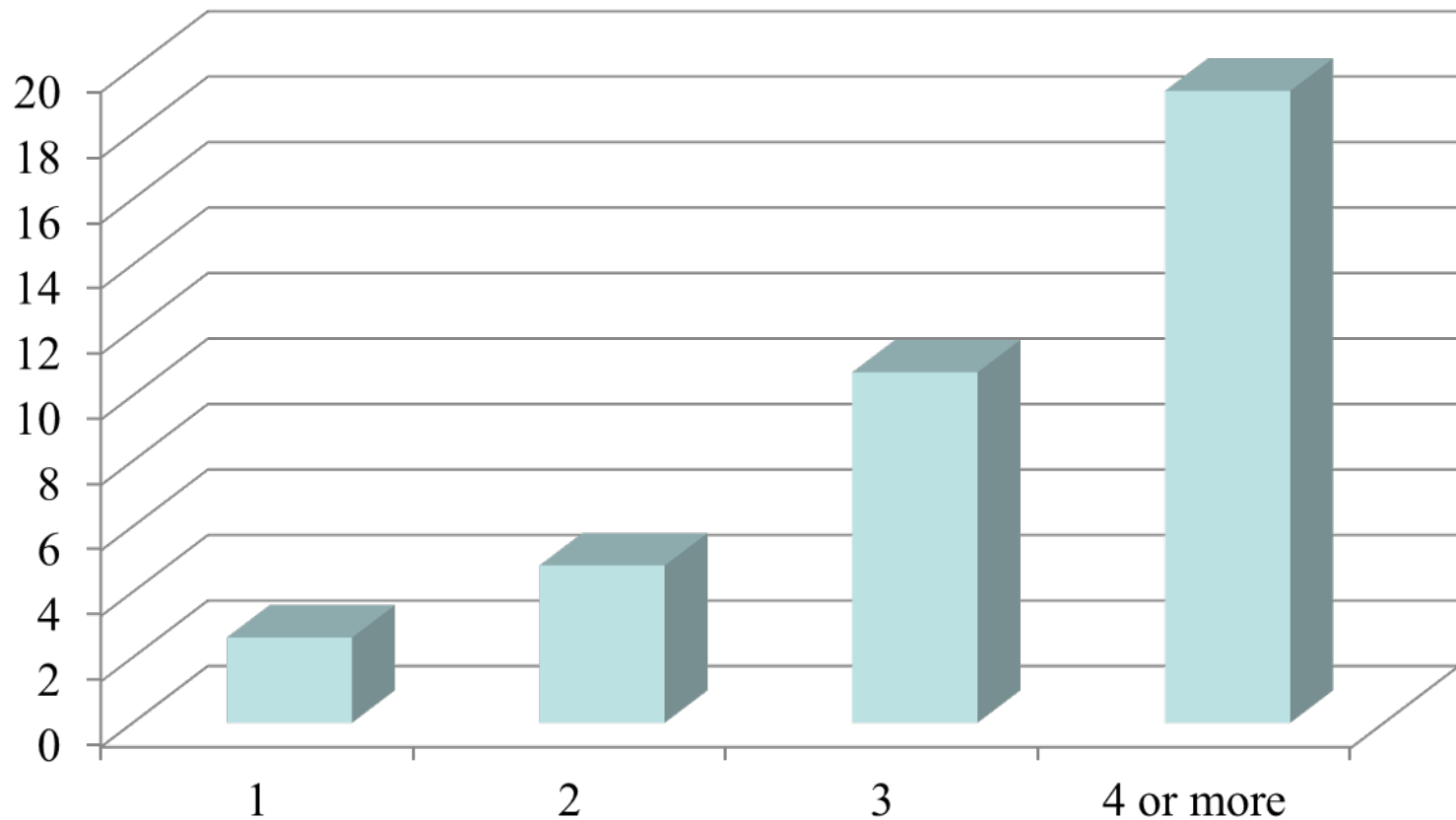




# ACE Score vs. Alcoholism and IVDA

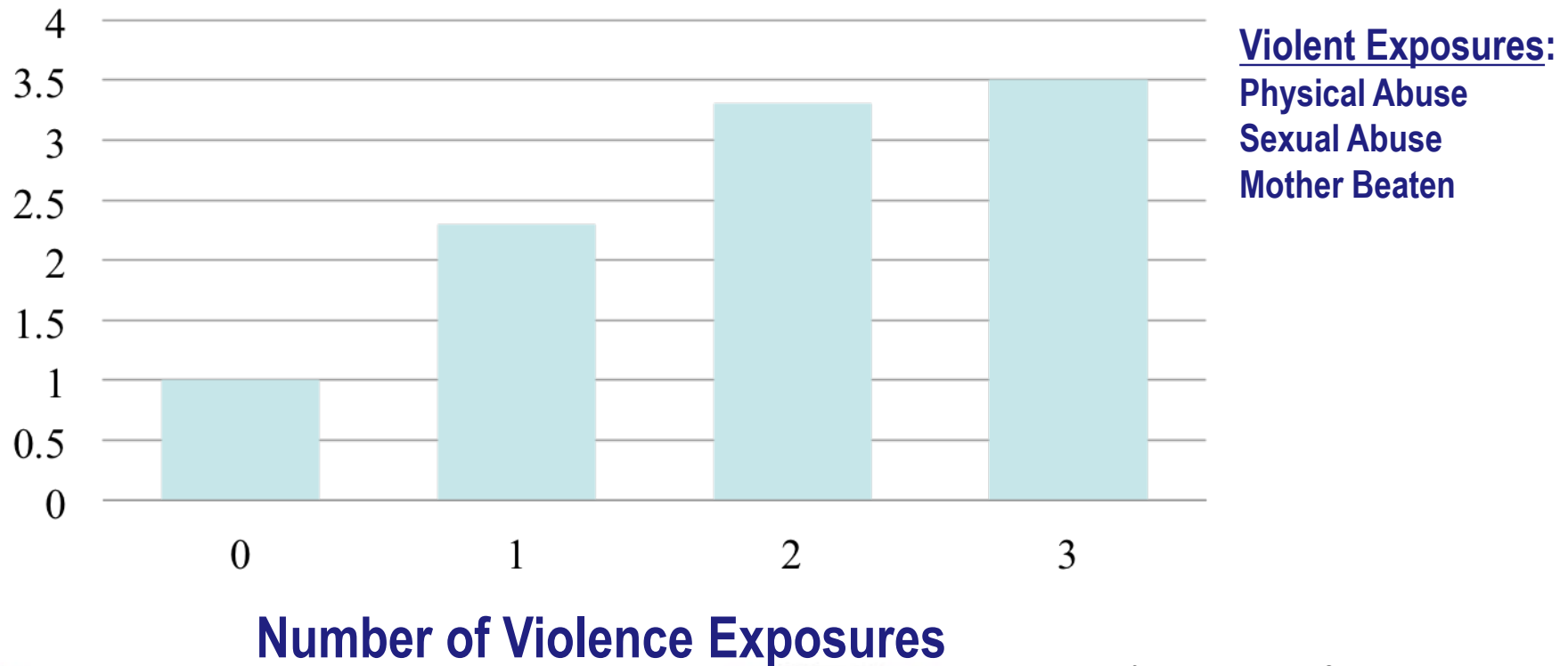


# ACE Score and Suicide Attempts



# Violence Exposures as a Child and Adult Female Victimization

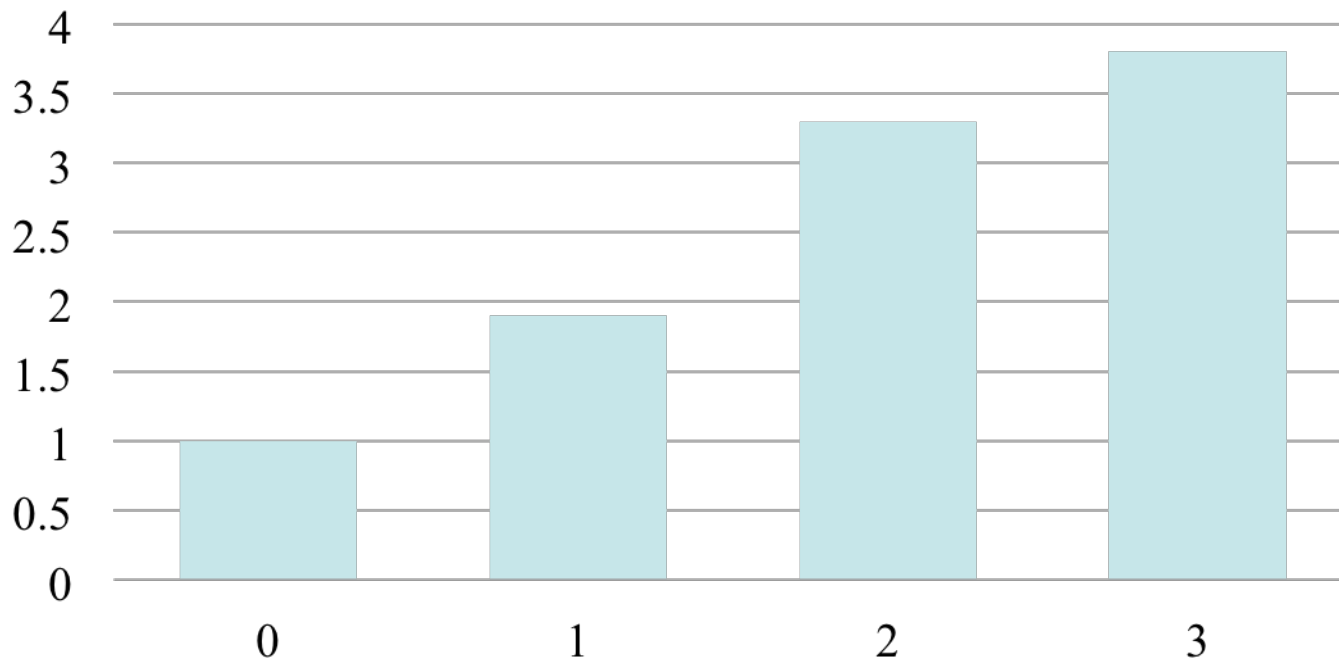
Odds Ratio



Whitfield, et al. Violent Childhood Experiences and the Risk of IPV in Adults. J Interpers Viol 2003; 18:166-185

# Violence Exposures as a Child and Adult Male Perpetration

Odds Ratio



Violent Exposures:  
Physical Abuse  
Sexual Abuse  
Mother Beaten

Number of Violence Exposures

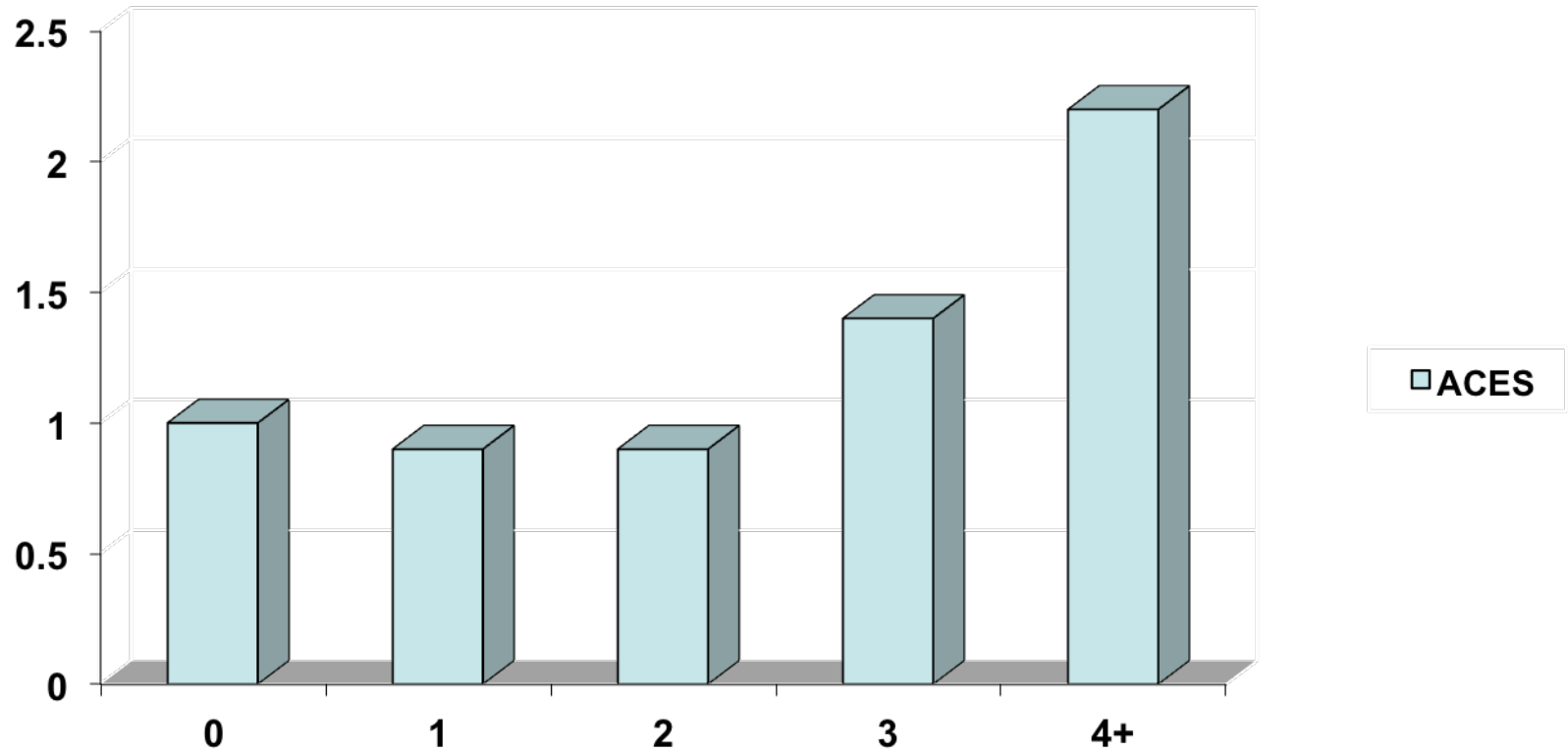
Whitfield, et al. Violent Childhood Experiences and the Risk of IPV in Adults. J Interpers Viol 2003; 18:166-185



**What about medical problems  
associated with abuse?**

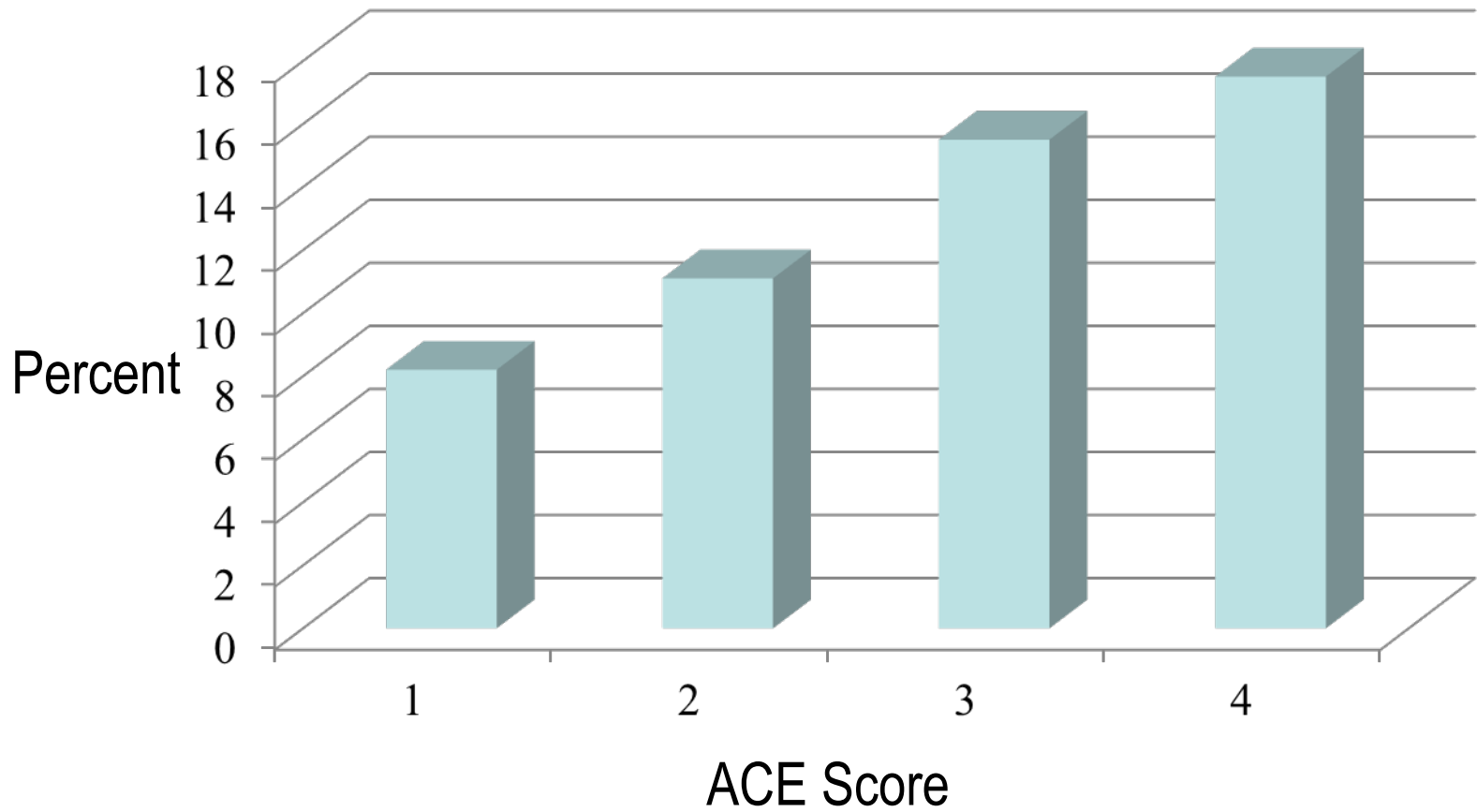


# ACEs and IHD

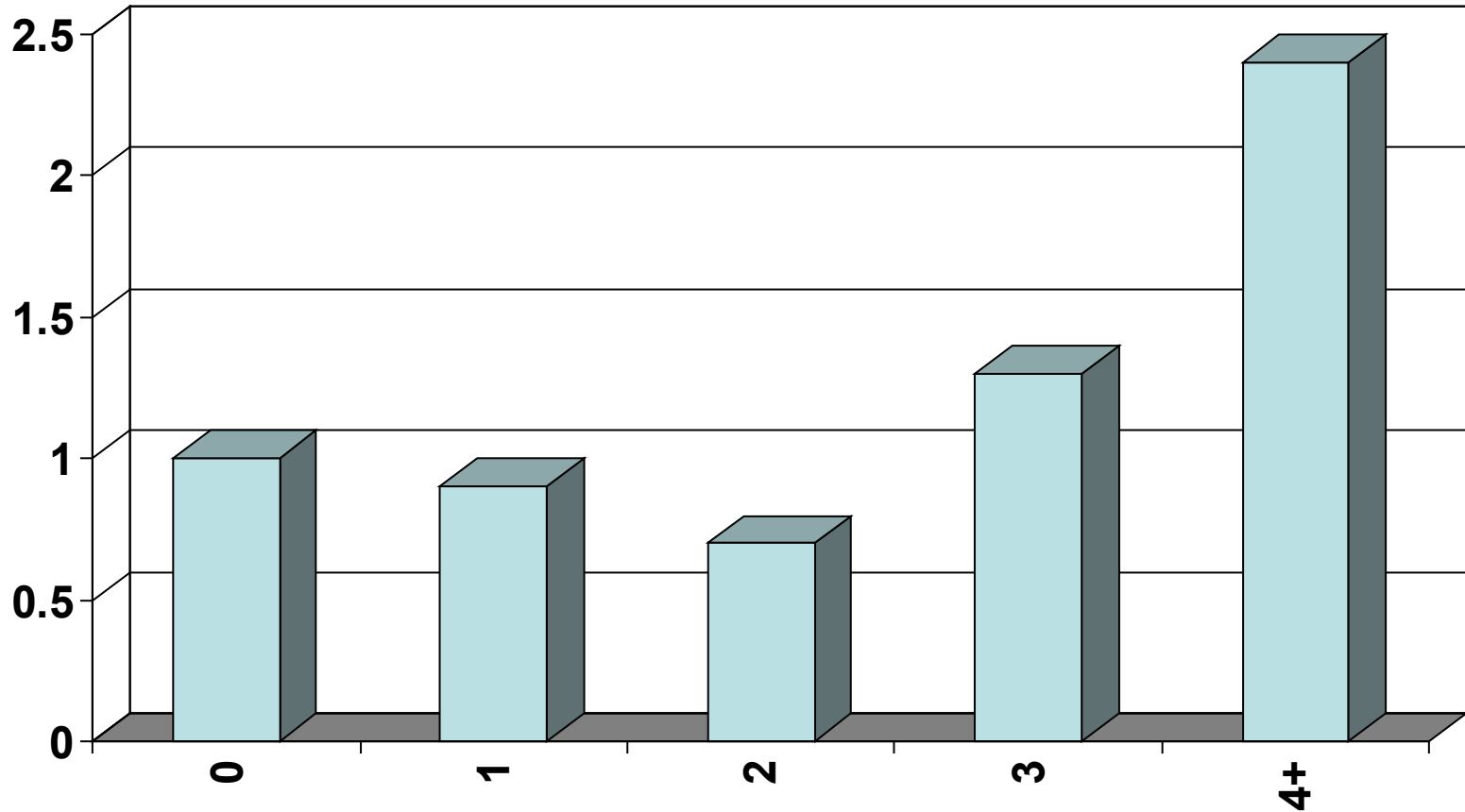


Felitti, et al. **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.** *AJPM* 1998; 14: 245-258.

# ACE Score and COPD



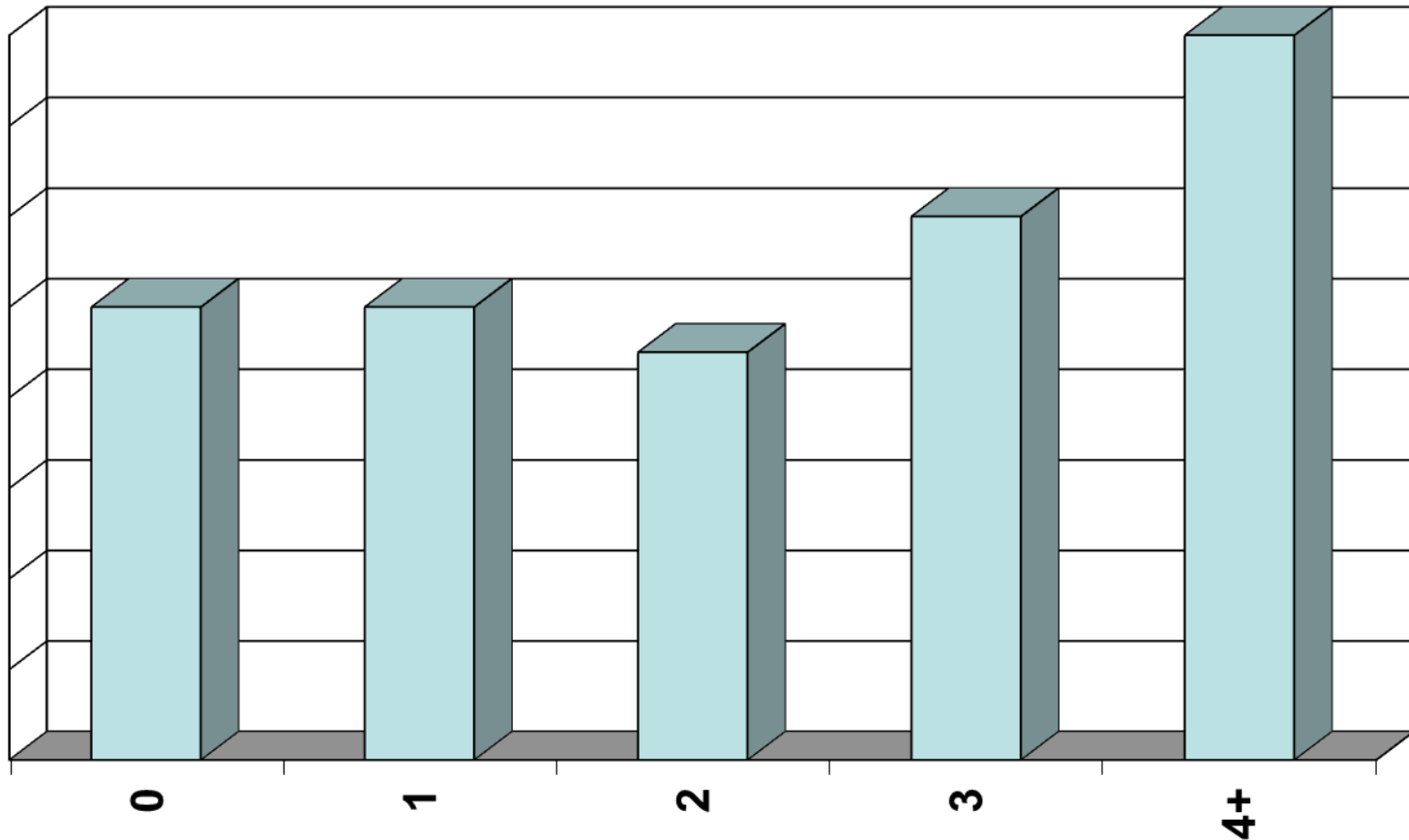
# ACEs and Stroke



Felitti, et al. **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.** *AJPM* 1998; 14: 245-258.

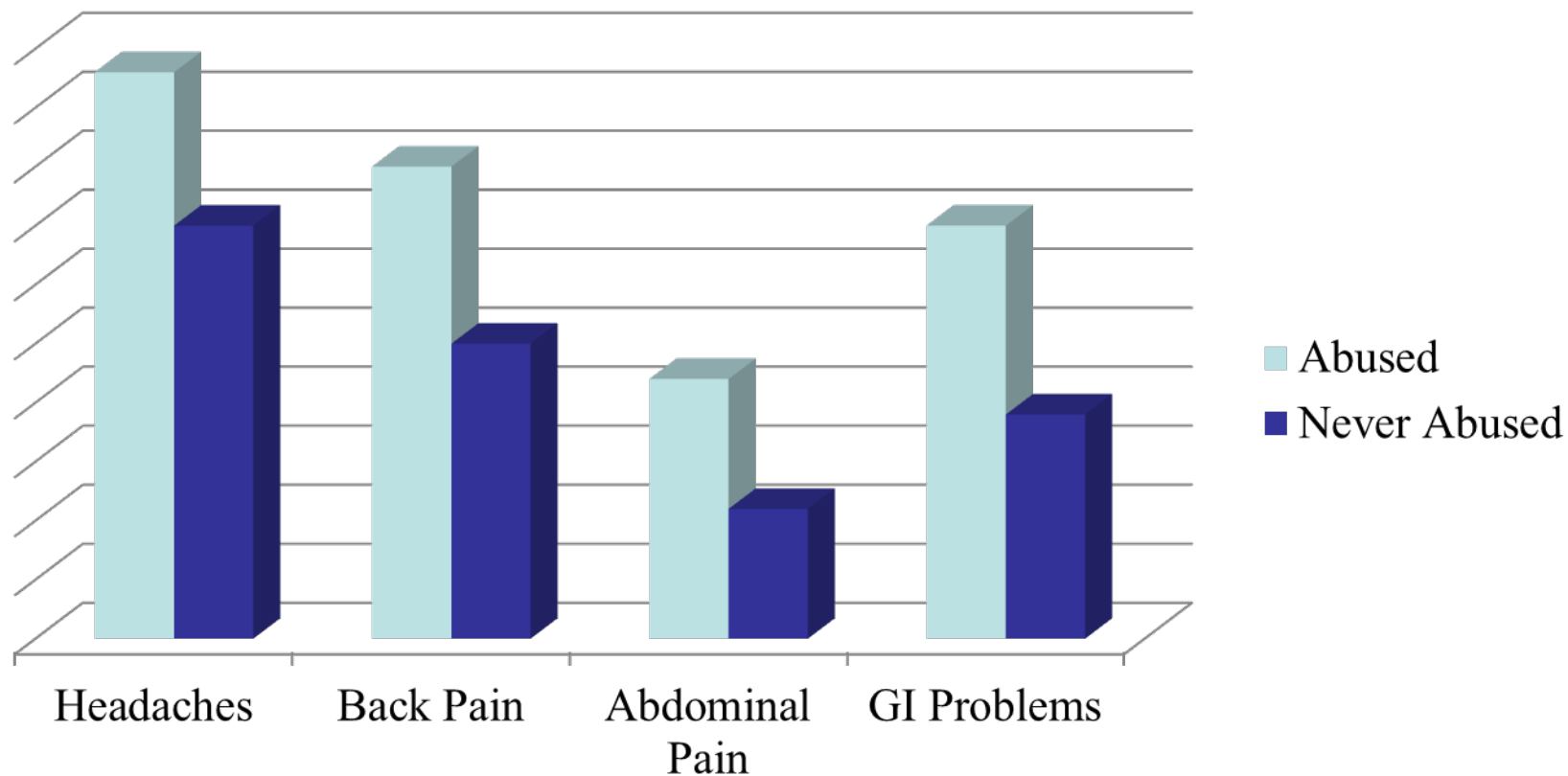


# ACEs and Diabetes



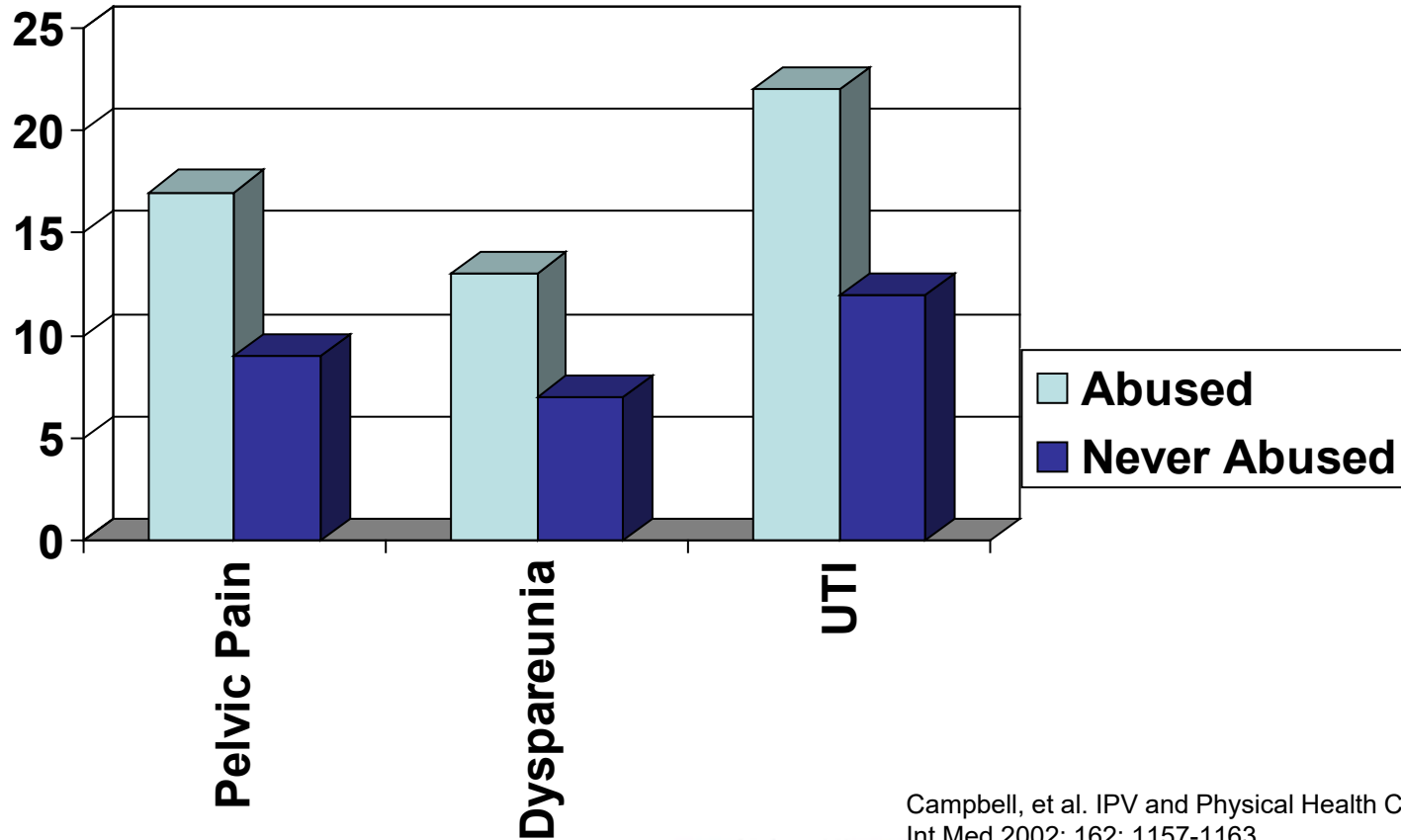
Felitti, et al. **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.** *AJPM* 1998; 14: 245-258.

# IPV and Pain/GI Problems



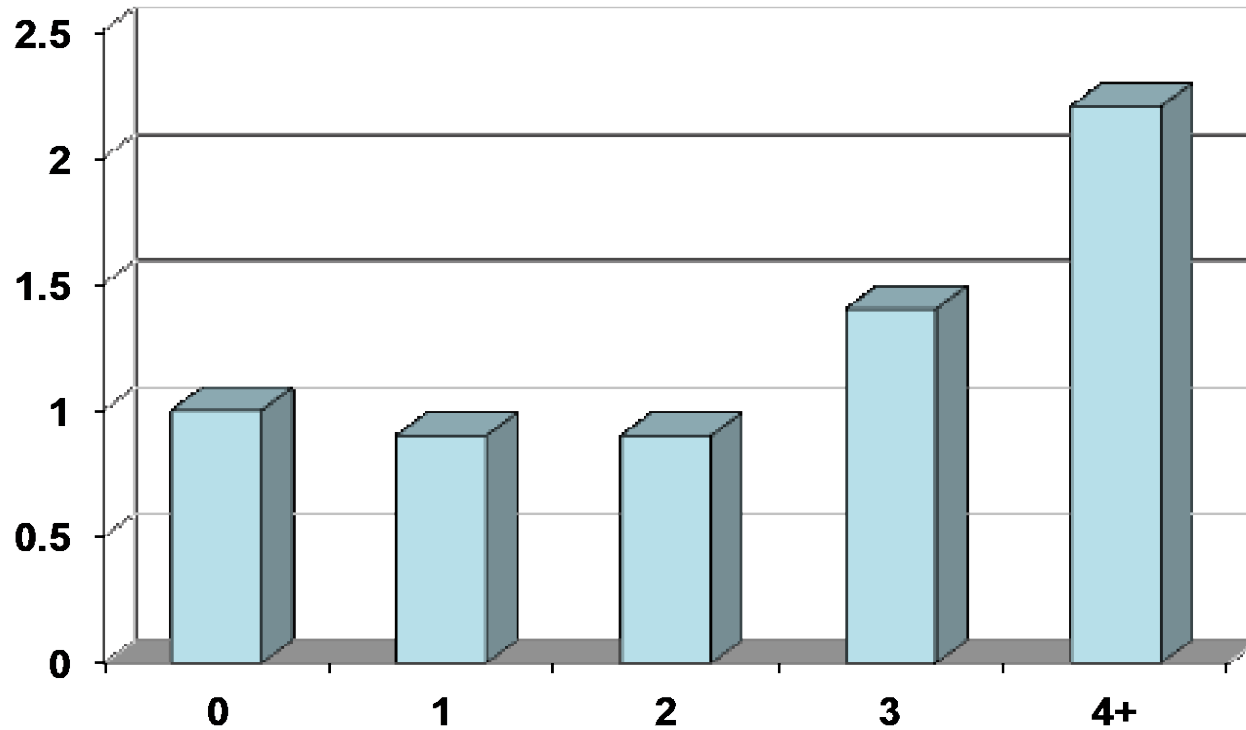
Campbell, et al. IPV and Physical Health Consequences.  
Arch Int Med 2002; 162: 1157-1163.

# Abuse and Pelvic Pain/UTIs



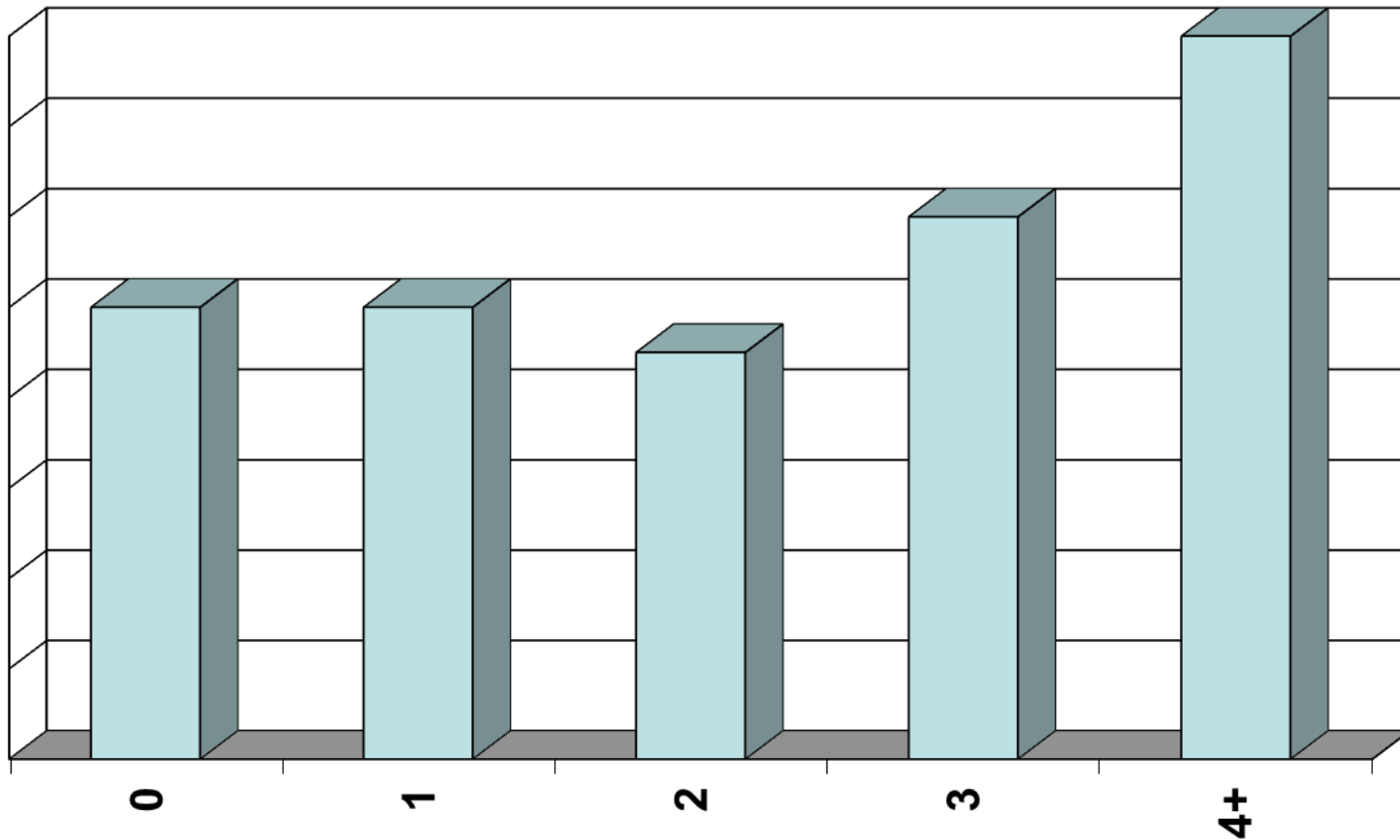
Campbell, et al. IPV and Physical Health Consequences. Arch Int Med 2002; 162: 1157-1163.

# ACEs and Ischemic Heart Disease



Felitti, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *AJPM* 1998; 14: 245-258

# ACEs and Diabetes

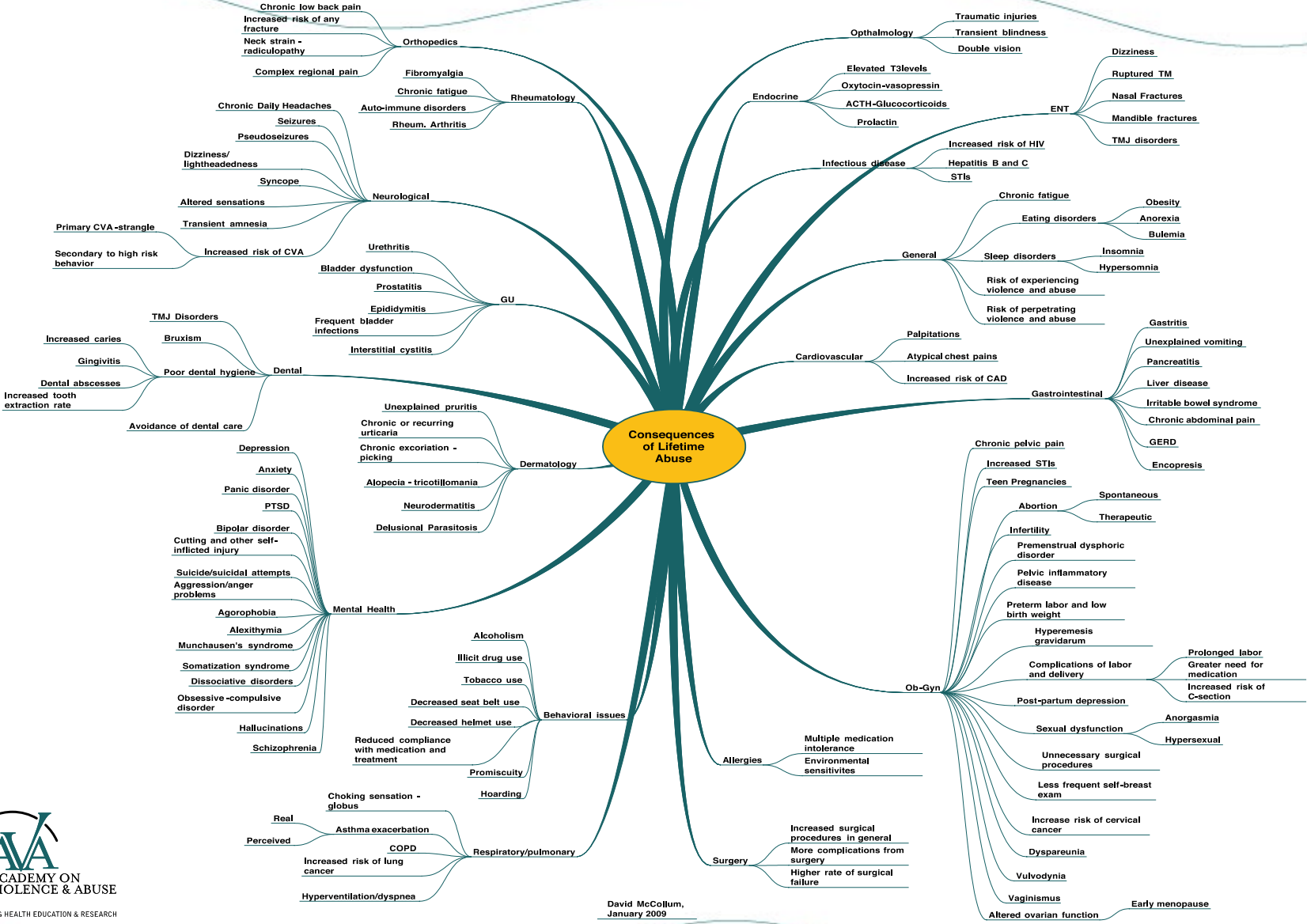


Felitti, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. AJPM 1998; 14: 245-258

# During Adolescence

- Greater risk-taking
- Early tobacco and drug abuse
- Obesity
- Pregnancy and poorer pregnancy outcomes
- Suicide attempts
- Become adult victims and perpetrators

**Consequences of Lifetime Abuse**



David McColium,  
January 2009

# Health Effects of Victimization

- Injuries and Fractures
- Chronic pain
  - Head aches
  - Pelvic pain
  - Somatization
  - Fibromyalgia
- Infections and impaired immunity
- Chronic Medical Conditions:
  - Heart disease
  - Hypertension
  - Diabetes
  - Stroke
  - Cancer
  - Lung disease
  - Liver disease
- STDs
- Recurrent vaginitis
- Urinary symptoms
- Sexual dysfunction & infertility
- Unintended pregnancy and Elective abortion
- HIV/AIDS
- Tobacco abuse
- Substance abuse
- Stress
  - Reflux
  - Ulcers
  - Irritable bowel syndrome
  - Eating disorders
- Anxiety
- Eating Disorders
- PTSD
- High health care utilization
- Depression
  - Suicide
- Homicide



# What is Domestic Violence?

Pattern of violent and coercive behavior where one partner in an intimate relationship controls another through force, intimidation or threat of violence.

Includes violence between current or former partners

# Who Are the Victims?

- Young women
- Cuts across all levels of society
- Risk factors for victimization
  - Victimization as a child
  - Unmarried
  - African American
  - Status disparities
  - Verbal abuse

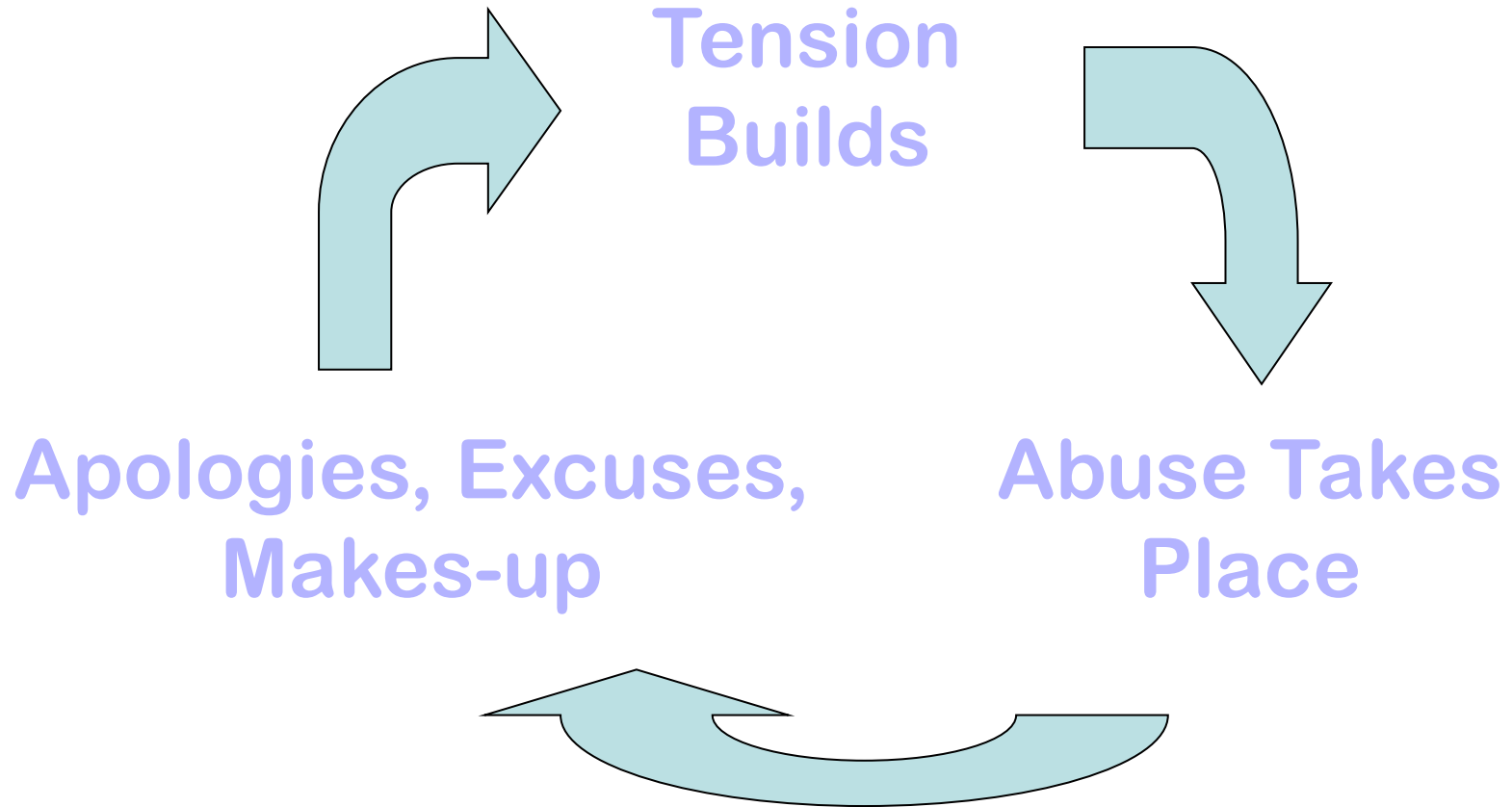
# Abusive Tactics: Power and Control



Increases in frequency and severity over time

From:  
Pence & Paymar, 1993

# Cycle of Violence



# How Big is the Problem?

## NSVIS 2017:

- 47% of women (59 million) during their lifetime
- 9 million women annually
- 44% of men (52 million) lifetime
- 8 million men annually

## Justice Department estimates:

- Approximately 1700 women & 1100 men were murdered by their intimates in 2021

# IPV Prevalence in Women in the U.S., 2017

IPV	Past year		Lifetime	
	2010	2017	2010	2017
Contact Sexual Violence	1.2%	3.2%	21.3%	19.6%
Physical violence	2.9%	4.5%	30.6%	42.0%
Stalking	3.7%	2.5%	16.0%	13.5%
Rape, physical violence and/or stalking	5.5%	7.3%	36.4%	47.3%

Sources: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Report 2015 and 2017 Report. 2022

# IPV Prevalence by Race/Ethnicity, U.S., 2010, 2017

	White Non-Hispanic	Black Non-Hispanic	Asian Non-Hispanic	American Indian or Alaskan Native	Hispanic	Multiracial
2010	34.6	43.7	19.6	46.0	37.1	
2017	48.4	53.6	27.2*	57.7	42.1	63.8

\* Includes Pacific Islanders

Source: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report.2011; 2017/2022

# Psychological Aggression

## Lifetime Prevalence of Psychological Aggression by an Intimate Partner — U.S. Women, NISVS 2015<sup>1</sup>

	Weighted %	95% CI	Estimated Number of Victims*
Any psychological aggression	36.4	(34.8, 38.0)	43,546,000
Expressive aggression - Insulted, humiliated, made fun of in front of others	25.7	(24.3, 27.2)	30,770,000
Any coercive control	30.6	(29.1, 32.2)	36,654,000
Kept you from having your own money	9.6	(8.7, 10.6)	11,501,000
Tried to keep from seeing or talking to family or friends	16.4	(15.2, 17.6)	19,622,000
Kept track of by demanding to know where you were and what you were doing	23.5	(22.2, 25.0)	28,185,000
Made threats to physically harm	19.7	(18.4, 21.0)	23,546,000

**Abbreviation:** CI = confidence interval.

<sup>1</sup>Represents a subset of the psychological aggression items that were included in previous administrations of the NISVS survey.

\*Rounded to the nearest thousand.



# **PRAMS: Pregnancy Risk Assessment Monitoring Survey**

- CDC
- Population-based
- Self-report, mailed survey
- 14-page questionnaire, 2-6 months post delivery
- Maternal behaviors before, during and just after pregnancy
- 32 states

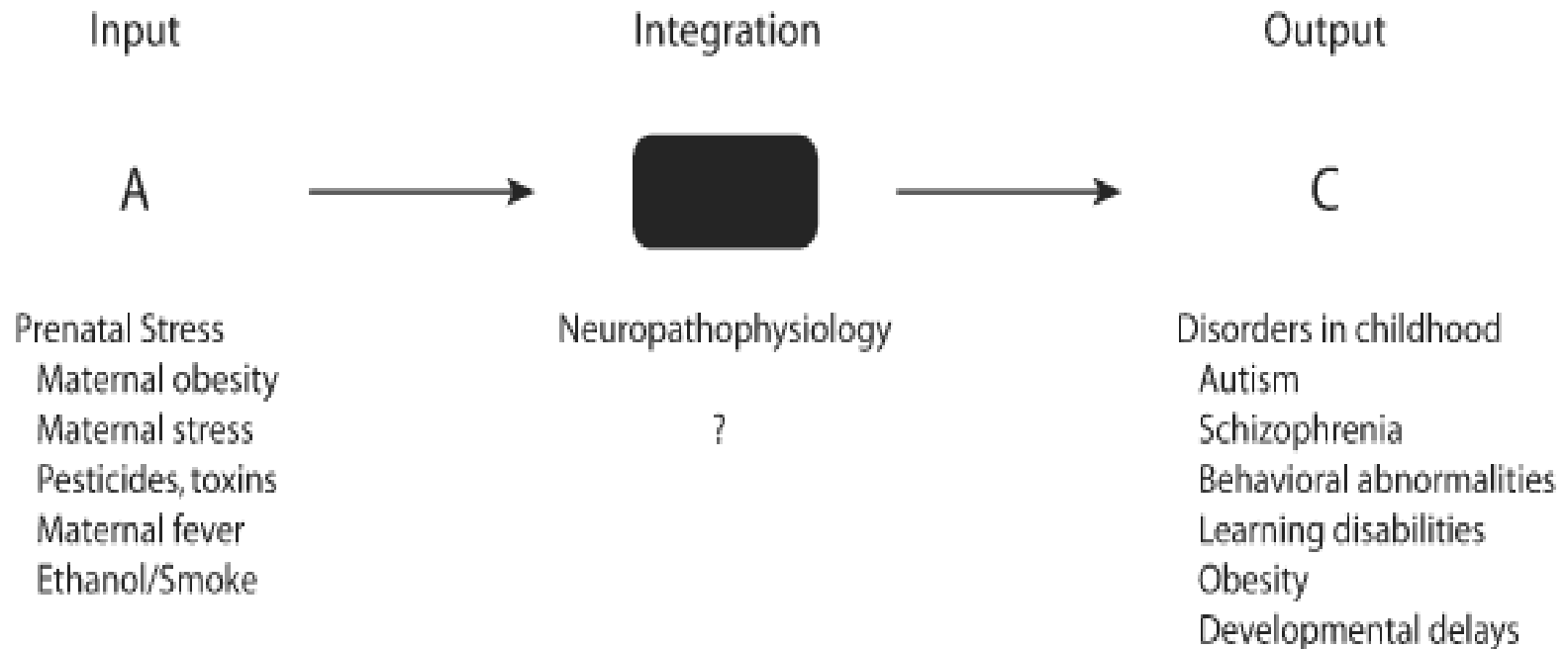
# Pregnancy-related health effects of IPV

Table 1

## Consequences that are associated with perinatal intimate partner violence

Impact on mother's mental health	<ul style="list-style-type: none"><li>• Depression, posttraumatic stress disorder, anxiety</li><li>• Substance use</li><li>• Suicide</li></ul>
Impact on mother's obstetric health	<ul style="list-style-type: none"><li>• High blood pressure or edema</li><li>• Vaginal bleeding</li><li>• Severe nausea</li><li>• Vomiting or dehydration</li><li>• Kidney infection or urinary tract infection</li><li>• Premature rupture of membranes</li><li>• Placental abruption</li></ul>
Impact on mother and fetus/infant	<ul style="list-style-type: none"><li>• Miscarriage</li><li>• Stillbirth</li><li>• Fetal and mother death</li><li>• Lower intrauterine growth and birth weight</li></ul>
Long-term impact on child	<ul style="list-style-type: none"><li>• Executive and cognitive functioning difficulties</li><li>• Insecure and disorganized attachment</li><li>• Exposure to additional traumatic events</li></ul>

# Neurodevelopmental consequences of maternal distress



Clinical Genetics

Volume 83, Issue 2, pages 108-117, 6 DEC 2012 DOI: 10.1111/cge.12049

<http://onlinelibrary.wiley.com/doi/10.1111/cge.12049/full#f1>

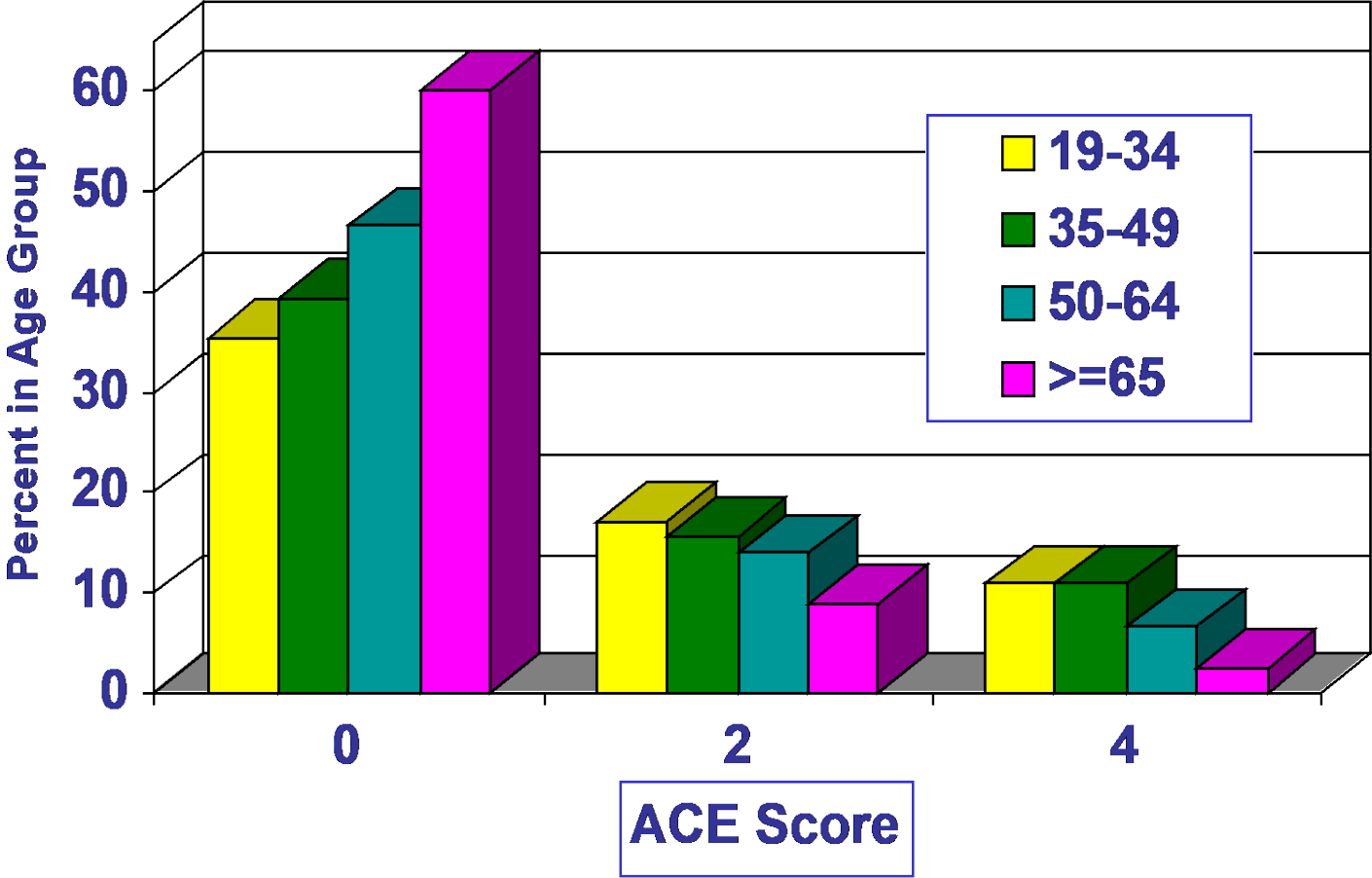
# What does abuse do to the unborn child?

- Changes in neural architecture
- Increased risk of autism
- Increased risk of schizophrenia
- Developmental delays and learning disabilities

# Why does all this matter?

- People with a history of abuse don't do as well in life
- Poor response to treatments
  - 1/5 as likely to respond to antidepressants
  - Understanding the history of abuse can lead to tailored and more appropriate treatment
- Die earlier

# ACEs and the Elderly



# What Keeps Victims in Violent Relationships?

- Fear
- Family
- Faith and culture
- Finances
- Hope
- Isolation

# **USPSTF Recommendation**

Clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services



# Red Flags

- Partner is always present
- Partner does most of the talking
- Unexplained or frequent injuries
- Chronic pain or depression
- Frequent use of medical care
- Patient drops a “clue”

# How to Screen

- Interview patient alone
- Use gender neutral terms
- Use trained non-familial translators
- Be non-judgmental
- Make eye contact
- Frame the question
- Ask about behaviors (hitting), not abstractions (abuse)

# Sample Screening Question

## The Frame

“I am concerned about the violence that affects many of my patients, so I routinely ask the following questions”.

## The Screen

“Have you ever been hit, kicked, punched, strangled, or otherwise hurt by your partner or spouse?”

“Is your partner or someone close to you threatening you, or otherwise making you feel afraid?”

“What are arguments like in your home?”

# If the Patient Says “Yes”

Give the patient one or more of the following therapeutic messages:

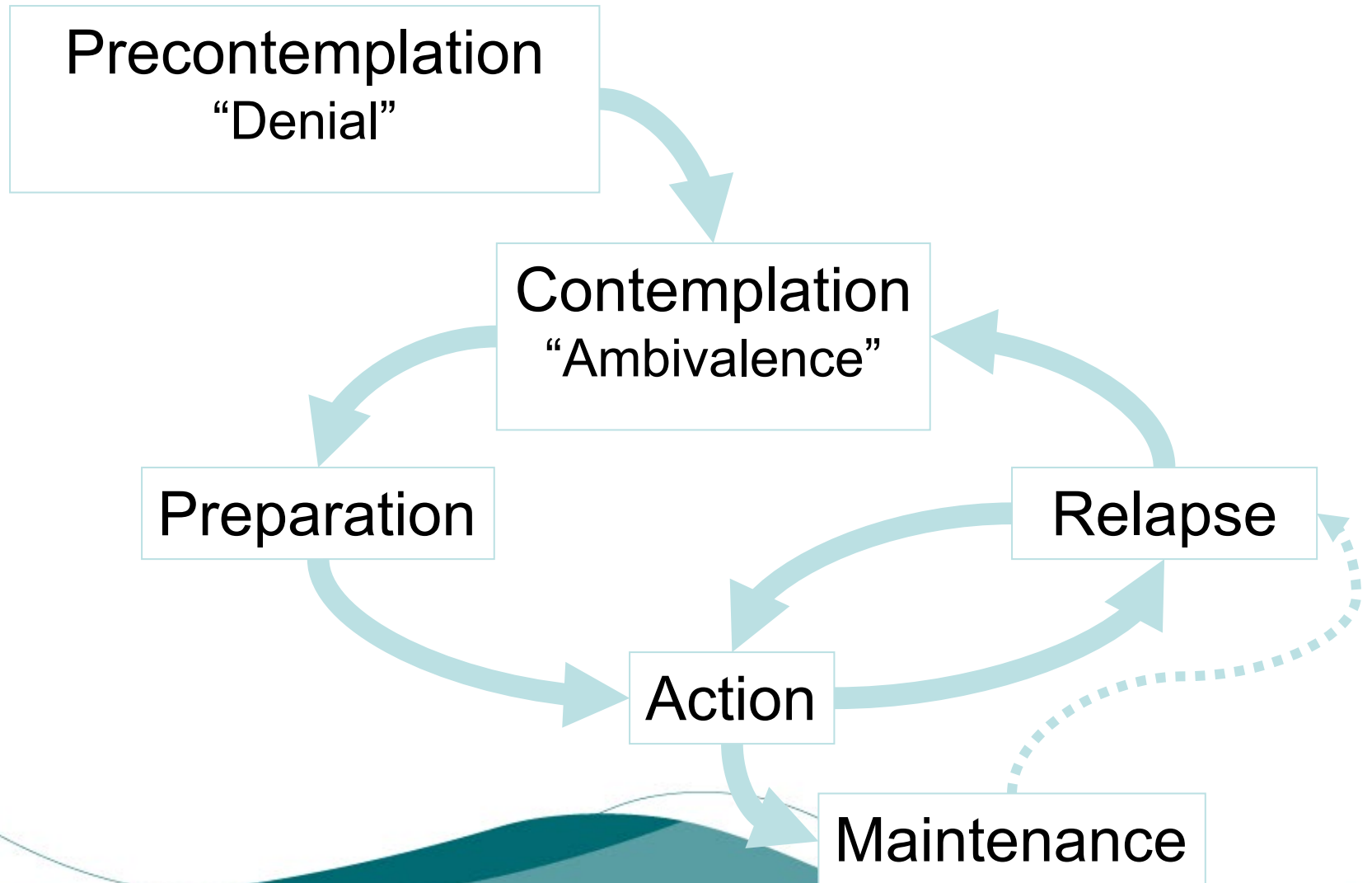
“You are not alone. Help is available.”

“Battering is a common problem.”

“You do not deserve to be battered -- no matter what.”

“I am very concerned about you and am here to help you.”

# Stages of Change Model



# Questions Not to Ask

## Victim blaming statements

“What keeps you with someone like that?”

“How long are you going to put up with this?”

“If it were me I wouldn't stay in that relationship”

“What is the matter with you, you should have left long ago”

“What did you do to cause him/her to get upset?”

# Mandatory Reporting Laws

- Five states: CA, CO, KY, NH and RI
- All require physicians, nurses and mental health providers to report IPV
- CA and KY require dentists
- Most states require reporting of injuries from criminal acts
- Most states require reporting of injuries caused by a weapon
- Five states: (AL, LA, SC, WA, and WY) have NO mandatory reporting law

# Documentation

- Use verbatim quotes
- Avoid pejorative language
- Describe the injuries in detail
- Use a body map
- Offer an opinion on whether the injuries were adequately explained
- Record name of police officer
- Record legal actions taken
- Document referrals
- Photograph injuries



# Assessing Danger

## Relationships with high risk for lethality

1. Highly controlling abuser
2. Recent separation after living together  
(#1 and #2 combined increases risk 9-fold!)
3. Presence of a gun
4. Unemployed abuser
5. Presence of a child, not the abuser's
6. Threats of death, threats with weapon
7. Stalking
8. Forced Sex
9. Abuse during pregnancy

# Develop a Safe-Plan

- Anticipate high-risk situations
- Plan an escape route out of the house
- Who will you call for help?
- Where will you go?
- How will you get there?
- Will you need to take money, documents, clothing, keys with you?
- How will you get the children out with you?

# Community Resources

## National Program

- National Domestic Violence Hotline: (800) 799-SAFE

## Victim Advocate Groups & Shelters

- Childrens' Advocacy Centers
- Womens' Shelters
- Family Violence Centers

## Local Police

- Domestic Violence Unit

# Web Resources

- Futures Without Violence  
<http://futureswithoutviolence.org>
- Academy on Violence and Abuse  
<http://www.avahealth.org>
- National Coalition Against Domestic Violence  
<http://www.ncadv.org>
- National Health Collaborative on Violence and Abuse  
<http://www.nhcva.org>