

# The Impact of Violence on Women and Children and Promising Practices

## THE ALASKA FAMILY VIOLENCE PREVENTION PROJECT

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# WORKING DEFINITION

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Intimate partner violence is a pattern of assaultive and coercive behaviors including:

- Inflicted physical injury
- Psychological abuse
- Sexual assault
- Progressive social isolation
- Stalking
- Deprivation
- Intimidation and threats

Family Violence Prevention Fund, 2002

# Intimate Partner Violence (IPV) in Alaska

- 26.5% of women have ever been hit, hurt, or threatened by an intimate partner (BRFSS, 2009)
- 4.45% of women report being physically hurt by their husband/partner during the 12 months before they got pregnant (PRAMS, 2008)
- 1 out of 5 Alaska adults grew up in a home with DV (BRFSS, 2009)
- 5.1% of mothers report their children have witnessed physical abuse (CUBS, 2008)

# PUBLIC HEALTH TOOLKIT MENU

SELECT FROM THE TOPICS BELOW . .

Overview

Regional and Local Data

Medical Cost Burden and Health Care Utilization for IPV

The Impact of IPV on Women's Health

IPV and Behavioral Health

IPV and Family Planning, Birth Control Sabotage, Pregnancy Pressure, and Unintended Pregnancy

IPV and Home Visitation

IPV and Sexually Transmitted Infections/HIV

IPV and Perinatal Programs

IPV, Breastfeeding, and Nutritional Supplement Programs

IPV and Child and Adolescent Health

ACE Study: Leading Determinants of Health

IPV and Injury Prevention

**Family Violence  
Prevention Fund**



# The Impact of IPV on Women's Health

# DISEASE BURDEN OF IPV

- **7.9%** of the overall disease burden for women, ages 18-44
  - Larger risk than common risk factors for disease including blood pressure, tobacco use, and obesity

Vos et al, 2006



# IPV AND COMORBID HEALTH CONDITIONS

- Arthritis
- Asthma
- Headaches and migraines
- Back pain
- Chronic pain syndromes
- High blood cholesterol
- Heart attack and heart disease
- Stroke
- Depressed immune function

Black & Breiding, 2008; Campbell et al, 2002; Coker et al, 2000;  
Constantino et al, 2000; Follingstad, 1991; Kendall-Tackett et al, 2003;  
Letourneau et al, 1999; Wagner et al, 1995

## WOMEN WHO HAVE EXPERIENCED IPV ARE MORE LIKELY TO BE DIAGNOSED WITH GI PROBLEMS INCLUDING:

- Stomach ulcers
- Frequent indigestion, diarrhea, or constipation
- Irritable bowel syndrome
- Spastic colon

Coker et al, 2000; Drossman et al, 1995; Lesserman et al, 2007;  
Kernic et al, 2000; Talley et al, 1994

# ABUSED WOMEN ARE MORE LIKELY TO:

- not have a mammogram
- have more prescriptions
- have more emergency room visits
- have more physician visits



Farley et al, 2002; Kernic et al, 2000; Letourneau et al, 1999;  
Sansone et al, 1997; Wisner, 1999

# IMPLICATIONS FOR WOMEN'S HEALTH

- IPV is a hidden risk factor for many common women's health problems
  - Screening provides an opportunity for women to make the connection between victimization, health problems, and risk behaviors



“ I want to understand how violence affects me mentally and physically... so I can learn to avoid bad situations.”

-woman at crisis center

Wilson et al, 2007

# STRATEGIES FOR WOMEN'S HEALTH

## Implement an IPV protocol:

- Routine assessment
- Health and danger assessment tools
- Documentation skills and confidentiality
- Safety planning strategies
- Cultural competency
- Resources and referrals

# WOMEN WHO TALKED TO THEIR HEALTH CARE PROVIDER ABOUT THE ABUSE WERE:

**~4 times more likely**  
to use an intervention

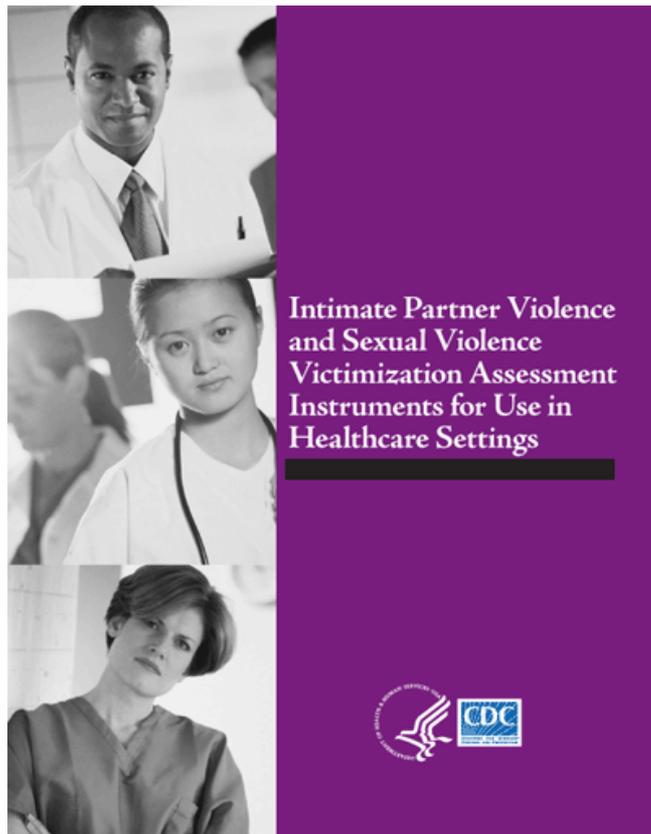
**2.6 times more likely**  
to exit the abusive relationship

McCloskey et al, 2006

# RESOURCE

Download at:

<http://www.cdc.gov/ncipc/pub-res/images/ipvandsvscreening.pdf>



Basile et al, 2007

# WOMEN, CO-OCCURRING DISORDERS & VIOLENCE STUDY (WCDVS)

- 9 different sites with over 2000 women
- Integrated services
  - Trauma Recovery & Empowerment (TREM)
  - Seeking Safety
  - Addiction and Trauma Recovery Integration Model (ATRIUM)

SAMHSA, 2003

# LESSONS LEARNED FROM WCDVS

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- Trauma- and survivor-informed approaches are essential to effective services
- Gender-specific services are critical to create a healing environment
- Group environments are key to restoring trust & promoting healing
- Integrating trauma, mental health, & substance abuse services increases effectiveness



## **Intimate Partner Violence (IPV) and Perinatal Programs**

# PHYSICAL IPV IN THE 12 MONTHS PRIOR TO PREGNANCY INCREASES THE RISK OF:

- High blood pressure or edema
- Vaginal bleeding
- Severe nausea, vomiting or dehydration
- Kidney infection or urinary tract infection
- Hospital visits
- An infant requiring intensive care unit stay

Silverman et al, 2006

# IPV AND LOW BIRTH WEIGHT

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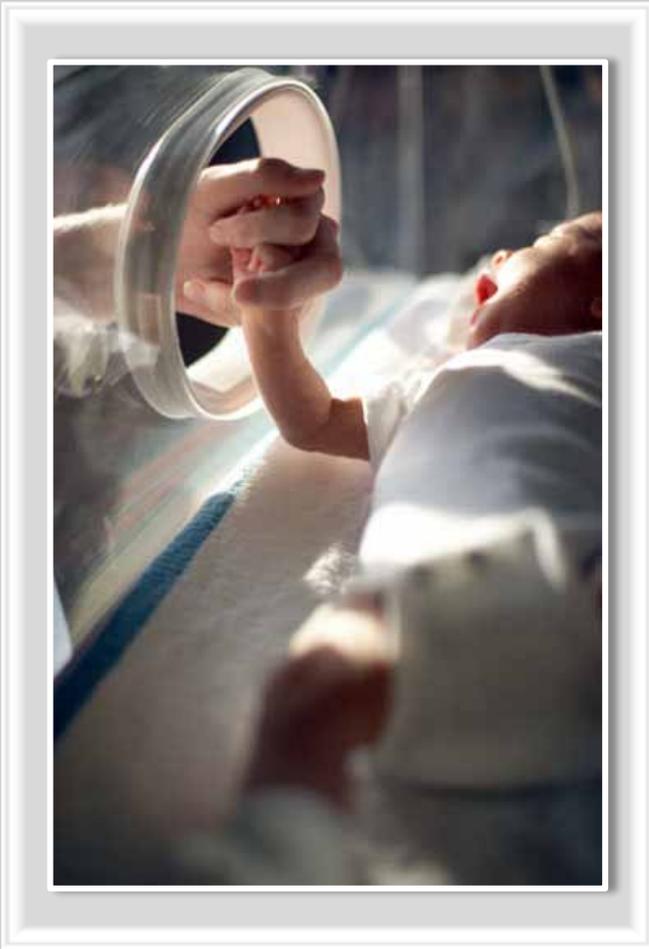
Women who experience physical abuse are

**3 TIMES**

more likely to deliver a low birth weight infant.

Yost et al, 2005

# IPV DURING PREGNANCY IS ASSOCIATED WITH:



- Lower gestational weight gain during pregnancy (Moraes et al, 2006)
- Birth weight (Kearney et al, 2004)
  - Pre-term LBW and term LBW (Coker et al, 2004)
  - Low and very low birth weight (Lipsky et al, 2003)
- Pre-term births (Silverman et al, 2006; Valladares et al, 2003)

Women who are physically abused  
during pregnancy are  
**7.8 times**  
more likely to drink while pregnant

Martin et al, 2003

# POSTPARTUM MATERNAL DEPRESSION

Women with a controlling or threatening partner are **5X** more likely to experience persistent symptoms of postpartum maternal depression.

Blabey et al, 2009



“ I use rocking, hurting myself, and scribbling to keep safe, these clear my head....”

– abused pregnant teen

Renker, 2002

“ “ Health care providers need to ask not only if the teenager is experiencing violence but also how she copes with it. ” ”

– P.R. Renker

Renker, 2002

# IPV AND BREASTFEEDING



Women experiencing physical abuse around the time of pregnancy are:

- 35%-52% less likely to breastfeed their infants
- 41%-71% more likely to cease breastfeeding by 4 weeks postpartum

Silverman et al, 2006

# IMPLICATIONS FOR PERINATAL PROGRAMS

- Assessment provides a unique opportunity for early intervention
- Pregnant women in abusive relationships are high-risk pregnancies
- Risk behaviors such as smoking and drinking during pregnancy are highly correlated with IPV

# PROMISING PRACTICE: INTEGRATED SCREENING

- “Point of Care Guide” screening tool
- 6 validated questions to screen for alcohol, depression, & IPV and interpretation instructions

Bell, 2004

# STRATEGIES FOR PERINATAL PROGRAMS

- Integrate assessment and intervention for IPV into substance abuse and smoking cessation programs for pregnant women
- Include information on IPV and the effects of violence on children and brain development in parenting classes/resources

# PROMISING PRACTICE: EMPOWERMENT TRAINING

In a randomized controlled trial, pregnant women who received 30 minutes of empowerment training by a midwife reported:

- Higher physical functioning and improved role limitation due to physical and emotional problems
- Reduced psychological and minor physical abuse

Tiwari et al, 2005



## **Intimate Partner Violence (IPV) and Child and Adolescent Health**

The risk of child abuse is  
**3 TIMES**  
higher in families with IPV

Lee et al, 2004; McGuigan & Pratt, 2001

# DEFINITION: CHILDHOOD EXPOSURE TO IPV

A wide range of experiences for children whose caregivers are being physically, sexually, or emotionally abused:



- observing a caregiver being harmed, threatened, or murdered
- overhearing these behaviors
- being exposed to the physical and/or emotional aftermath of a caregiver's abuse

Jaffe et al, 1990; McAlister, 2001

# BARRIER TO PREVENTATIVE CARE

Children of mothers who disclosed IPV are:

- Less likely to have 5 well-child visits within the first year of life
- Less likely to be fully immunized at age 2

HEALTH RECORD

IMMUNIZATION RECORD *All entries in ink to be made in block letters*

VACCINATION AGAINST SMALLPOX (Number of previous vaccination visits)

DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1					
2					
3					
4					
5					
6					

YELLOW FEVER VACCINE

DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME	
1	05Jan98	Nat'l Drwg Company	Y101	Naval Base, Norfolk, VA	J. B. Doe
2					
3					
6					

TYPHOID VACCINE

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1	07Jun95	V1 0.5/ Q 2 yrs	A. B. Smith	4	
2	23Jul97	4 caps/ Q 5 yrs	N. T. Dooz	5	
3				6	

TETANUS-DIPHTHERIA TOXOIDS

DATE	DOSE	PHYSICIAN'S NAME	DATE	DOSE	PHYSICIAN'S NAME
1	05Jan98	0.5 cc	J. B. Doe	4	
2				5	
3				6	

CHOLERA VACCINE

DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME	DATE	PHYSICIAN'S NAME
1	12Jan98	J. B. Doe	4	7	
2			5	8	
3			6	9	

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type of Print)

SEAMAN, Able B.  
Male 09May75  
YH2 N/AD  
20-123-45-6789

Patient's Name— last, first, middle initial;  
Sex; Age or Year of Birth; Relationship to Sponsor;  
Component/Status; Department/Service.  
Sponsor's Name— last, first, middle initial;  
Rank/Grade; SSN or Identification Number;  
Organization.

IMMUNIZATION RECORD  
Standard Form 100 (Rev. 10/10/1970)  
United States Government Printing Office  
GSA GEN. REG. NO. 27 5010-108

Bair-Merritt et al, 2008

# EARLY TRAUMA AFFECTS BRAIN DEVELOPMENT

- The organization of a developing brain is reinforced by experience as it adapts to its environment
- The neurobiology of a developing brain can be altered by chronic stress/trauma

Anda et al, 2006; Teicher, 2002

# NEUROBIOLOGICAL IMPLICATIONS OF CHILDHOOD EXPOSURE TO VIOLENCE

- Persistent physiological hyperarousal & hyperactivity
- Profound sleep disturbances
- Difficulty attaching to others
- Lack of empathy
- Aggressive and impulsive behaviors

Perry, 1997; Kuelbs, 2009

# Mothers who experience IPV around the time of pregnancy have lower maternal attachment with their infants

Quinlivan & Evans, 2005



## Findings from a meta-analytic review of 118 studies:



63% of children exposed to IPV were faring more poorly than the average child not exposed to IPV

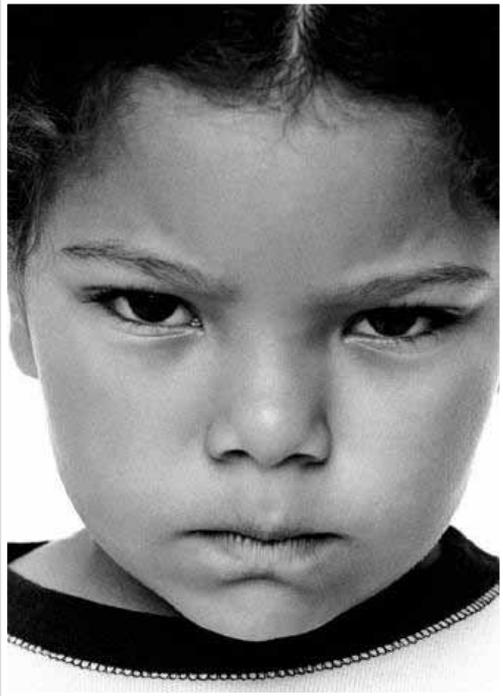
Kitzmann et al, 2003

# EXPOSURE TO VIOLENCE INCREASES THE LIKELIHOOD OF CHILDREN EXPERIENCING:

- Failure to thrive
- Bed wetting
- Speech disorders
- Vomiting and diarrhea
- Asthma
- Allergies
- Gastrointestinal problems
- Headaches

Campbell and Lewandowski, 1997;  
Graham-Bermann & Seng, 2005

# CHILDREN EXPOSED TO IPV ARE AT SIGNIFICANTLY HIGHER RISK FOR:



- Posttraumatic Stress Disorder
- Depression
- Anxiety
- Developmental delays
- Aggressiveness

Edleson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; McCloskey & Walker; 2000; Pfouts et al, 1982; Spaccarelli et al, 1994; Wilden et al, 1991; Wolfe et al, 2003

# **SCHOOL HEALTH & PERFORMANCE**

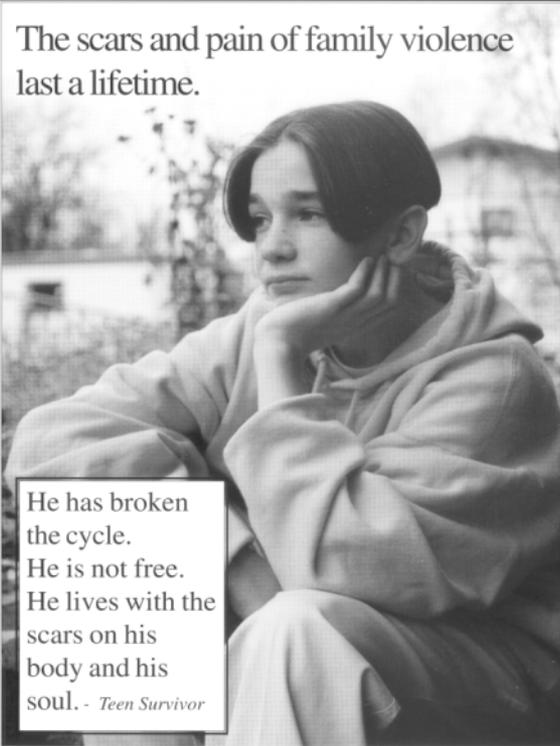
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Childhood exposure to IPV increases the likelihood of:

- More school nurse visits
- Referral to a school speech pathologist
- Frequent school absences
- Lower grade point averages
- School suspension

Hurt et al, 2001; Kernic et al, 2002

The scars and pain of family violence last a lifetime.



He has broken the cycle.  
He is not free.  
He lives with the scars on his body and his soul. - *Teen Survivor*

If you or someone you know needs help, call 1-800-478-2221 in state or the National Child Abuse Hotline 1-800-442-4453 for help and referrals.

For more posters, call the Alaska Family Violence Prevention Project (AFVPP) Clearinghouse 1-800-799-7570.



Children exposed to IPV after they are born are **3 TIMES** more likely to use mental health services

Rivara et al, 2007

# IMPLICATIONS FOR CHILD AND ADOLESCENT HEALTH

- Childhood exposure to violence has short-term and long-term consequences
- There is an urgent need for specialized services for children exposed to violence
- Screening and early intervention for childhood exposure to IPV is an opportunity to prevent future violence

# **CHILD AND ADOLESCENT HEALTH:**

## **SYSTEM LEVEL RESPONSE**

- Create a safe environment for parents and children to talk about the violence
- Develop partnerships with other children's programs
- Promote evidence-based curricula on violence prevention
- Support policies to improve safety for victims and their children

# PROMISING PRACTICES: **DUAL ADVOCACY**

- 10-week intervention for mothers & children
- Mothers received parenting support
- Topics for children included attitudes & beliefs about family violence & building social skills
- 79% fewer children with clinical range externalizing scores & 77% fewer with internalizing scores

Graham-Bermann et al, 2007

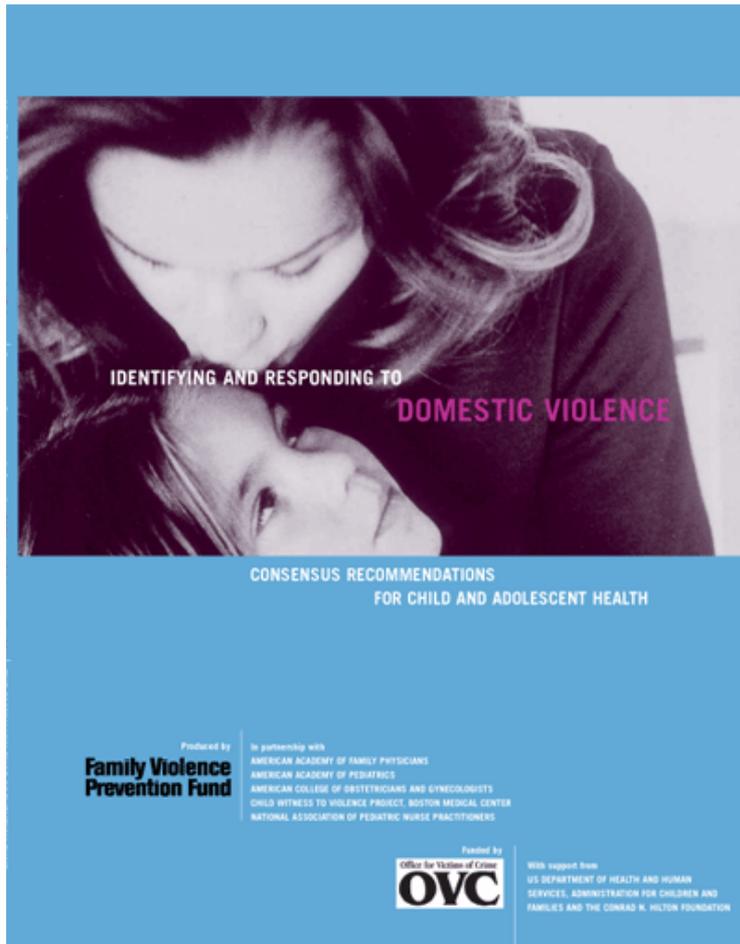


# PROMISING PRACTICES: **HOME VISITATION**

- Weekly home visits for women and children exposed to IPV
- Promoted social support, child management strategies, & nurturing skills
- As a result, children had fewer conduct problems and
- Mothers used less aggressive child management strategies

McDonald, Jouriles, & Skopp, 2006

# RESOURCE: CONSENSUS GUIDELINES FOR PEDIATRIC PROVIDERS



- Developed by the Family Violence Prevention Fund in partnership with medical associations
- Recommendations for screening and intervention in the pediatric setting
- Available online at [www.endabuse.org/health](http://www.endabuse.org/health)

**RESOURCE:**  
**HELPING CHILDREN THRIVE**  
**SUPPORTING WOMEN ABUSE SURVIVORS AS MOTHERS**

- Section for service providers includes
  - working with mothers in shelters
  - how abusers parent
  - 10 principles for service delivery
- Section for women includes
  - parenting tips
  - how abuse affects parenting
  - strategies to strengthen the mother/child bond

Baker & Cunningham, 2004

# DEFINING SUCCESS

- ü Safe environment for disclosure
- ü Supportive messages
- ü Educate about the health effects of IPV
- ü Offer strategies to promote safety
- ü Inform about community resources
- ü Create a system-wide response

# DEFINING SUCCESS

“ Success is measured by our efforts to reduce isolation and to improve options for safety. ”

Family Violence Prevention Fund

# **OBTAINING THE PUBLIC HEALTH TOOLKIT**

For copies of this toolkit or for more information contact the National Health Resource Center, a project of the Family Violence Prevention Fund. M-F (9-5 PST) toll-free (888) Rx-ABUSE (792-2873) TTY: (800) 595-4889 or online: [www.endabuse.org/health](http://www.endabuse.org/health)

In addition, this PowerPoint presentation can be downloaded from the Family Violence Prevention Fund's website at [www.endabuse.org/health](http://www.endabuse.org/health)