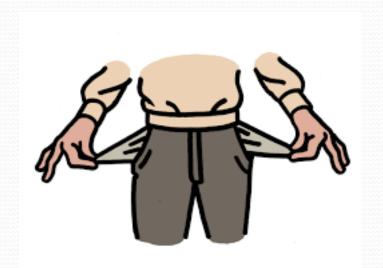
The Intersection of Domestic and Sexual Violence and Health

Linda Sloan Locke, CNM, MPH, LSW, FACNM Ginette Castro, DNP, APN-C, FNP-C

Nothing to disclose.....



Objectives

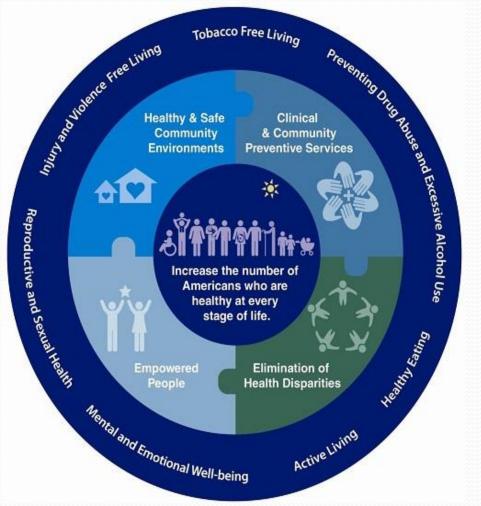
- At the completion of the presentation, the learner will be able to:
 - Identify two findings of the ACE study
 - Identify three examples of how the experience of past or current Domestic or Sexual violence can impact health
 - Identify two examples of how a history of Domestic or Sexual Violence can affect a survivor's interaction with the healthcare system

How do we define Health?

- WHO Definition: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1946)
 - "Dis"....."Ease" disruption of the natural state
- The Lancet: Health is the ability to adapt to one's environment, and therefore not a fixed entity, but varies for each individual, depending on their circumstances.
- Humans do not exist in a vacuum, but in an interdependent existence with the totality of the living and inanimate world.

Surgeon General National Prevention Strategy

 Vision: To improve the and quality of life for individuals,families and communities by moving from a focus on sickness and disease to one based on prevention and wellness.



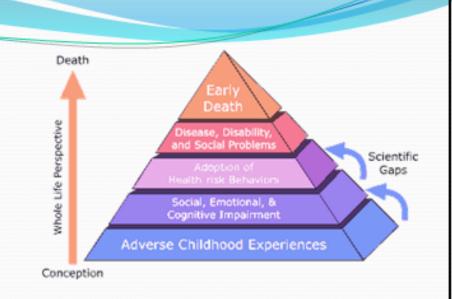


Social Determinants of Health

- Component of Healthy People 2020
- Highlights importance of variety of environmental influences on health and health outcomes
- Recognizes 5 determinate areas, each with key issues/ critical components which influence health
- Social interactions/relationships/violence

- Expands on WHO identification of social determinants of health: as the conditions in which people are born, grow, work and age.
- Recognizes that from infancy through old age, these conditions have a significant influence on health , health outcomes and functioning, quality of life, and risk.
- Five Determinant Areas:
 - Economic Stability
 - Education
 - Social and Community Context/Relationships (Violence)
 - Health and Health Care (violence)
 - Neighborhood and Environment (violence)

Why Is This Important?



ACE Study – Adverse Childhood Experiences

- Collaborative research CDC /Kaiser Permanente
- 17,000 middle-class adults enrolled in routine health care in San Diego,CA
- Links childhood trauma to long-term health and social consequences across the lifespan
- Identifies 10 categories of ACEs; ACE score has strong and graded relationship /impact (includes violence and abuse)

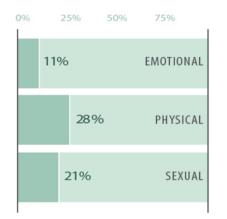
TYPES of ACES

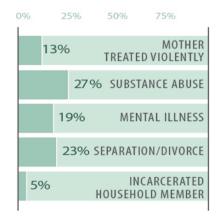
The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household were there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

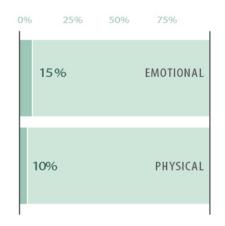
ABUSE

HOUSEHOLD CHALLENGES

NEGLECT







ACES can have lasting effects on....



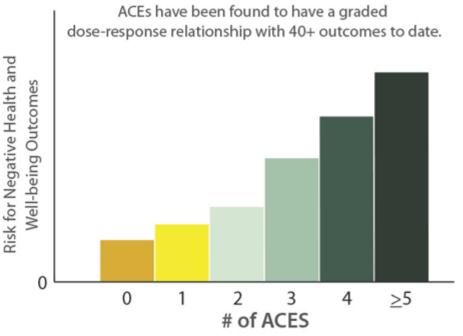
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



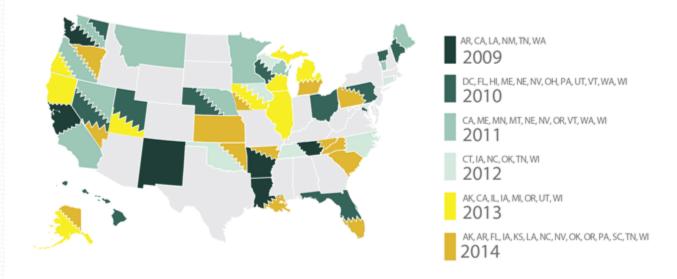
*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcom

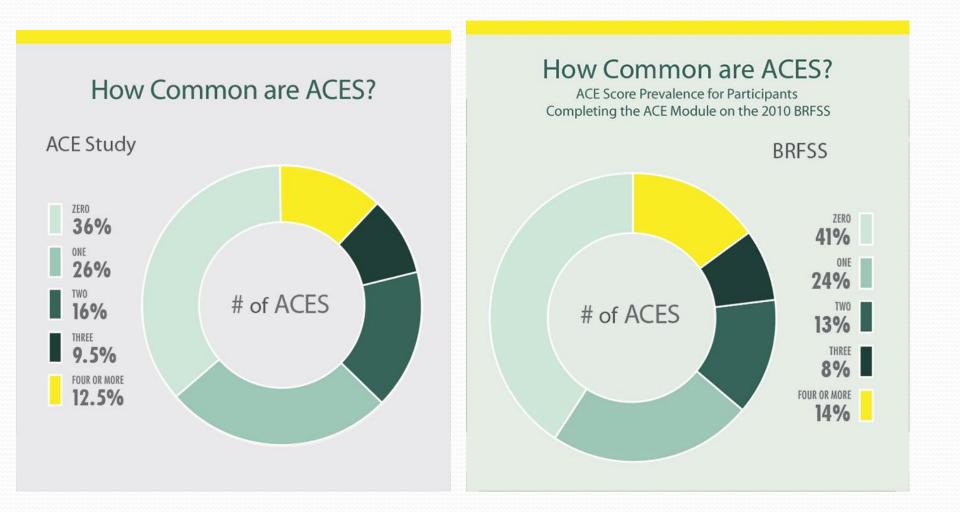
ACE's Impact

- Two-thirds of study participants reported at least one ACE
- More than one in five reported three or more ACE'S
- As number of ACE's increase, so does risk of negative impact: graded dose-related relationship shown between ACEs and negative health and well-being outcomes across the life-course
 - Substance/ETOH/Tobacco abuse Depres
 - Pulmonary/liver/heart disease
 - Risk domestic/sexual violence
- se Depression/Suicidality
 - Poor reproductive outcomes
 - **Risky behaviors**
- Poor academic/work performance/financial stress

BRFSS: Behavioral Risk Factor Surveillance System: State-by-State ACE Data

THE ACE STUDY CONTINUES

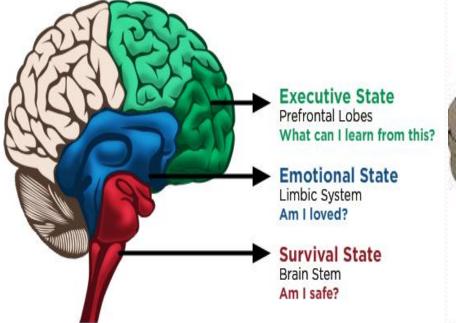


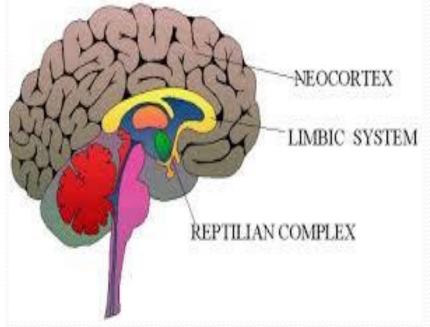


Neurobiology



- **Brainstem:** ancient brain. Regulates basic processes, states of arousal, fight-flight-freeze.
- Limbic System: emotions, evaluation of good vs bad, forming relationships and emotional attachment, memory
- **Cerebral cortex:** think, imagine, combine facts and experiences, create





The Human Brain



- Abstract Thought
- Concrete Thought
- Affiliation
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature

B. Perry, MD





Dear Doctor: What you didn't ask and what I didn't tell you "

https://www.acestoohigh.com/2011/11/29/dear-doctorwhat-you-didnt-ask-and-what-i-didnt-tell-you/

Immediate Health Impact

- Acute Effect of IPV:
 - Effect of physical violence: for women over 2 million injuries/1300 deaths annually (1/3 of all homicides for women).
 - Range from relatively minor injury to disfigurement, permanent disability, life-threatening injuries.
 - Only 25% of survivors injured by an intimate partner seek medical attention.
 - 81-94% have head/ facial injuries; many from blunt force trauma,/33% report loss of consciousness.

- Traumatic Brain Injury: Injury to brain caused by external physical force.
 - Penetrating, (foreign object), closed head injuries (blows/shaking), cutting off oxygen(strangulation)
 - Ranges from "mild" to severe
 - Major cause of death/disability in US: 30% of all injury deaths.
 - IPV victims often not aware (especially if did not lose consciousness/did not go to ER).
 - Repeated injuries > cumulative effect

TBI Symptoms

- May have both short and long-term effects; part of brain
- Thinking/Remembering: Difficulty thinking clearly, concentrating, remembering new info, feel slowed.
- Physical: Headache ,visual problems, N&V, dizziness, sensitivity to light/sounds, balance issues, energy.
- Emotions/Mood: Irritability, sadness, lability, feeling nervous or anxious.
- Sleep: Sleeping more or less than usual/trouble falling asleep.

- Acute Health Impact of Sexual Assault
 - Injuries: Both General and Genital
 - General: Different pattern from IPV Extremities/neck, then head/body
 - Genital: external/ vaginal/ anogenital
 - Postmenopausal: higher injury rate; 5 times rates of injury; increased severity/need for surgical repair
 - Transgender: damage of genital/breast surgery
 - STI : Risk with a single episode SA 26%
 - Gonorrhea/Chlamydia/Trichomoniasis; risk for HIV increases with severity of injury
 - Pregnancy: Risk with single episode 5%
 - 32,000 pregnancies annually

Long term Health Impact

- Victim/survivors have increased incidence of a variety of adverse health outcomes
 - Migraines/other headache syndromes
 - Chronic pain syndromes: chronic fatigue, fibromyalgia
 - Cardiovascular: angina, CVA, hypertension
 - GI: IBS, eating disorders, obesity, gastric reflux
 - Immune/endocrine function: diabetes, metabolic syndrome
 - Musculoskeletal: arthritis, joint disease
 - Hearing loss
 - Sleep disorders
 - Substance use/abuse

Problems from the baseline data	Outcomes associated with the ACE score	Problems from the baseline data	Outcomes associated with the ACE score
Prevalent diseases	Ischemic heart disease, cancer, chronic lung disease, skeletal fractures, sexually transmitted diseases, liver disease	Sexual and reproductive health	Early age at first intercourse, sexual dissatisfaction, teen pregnancy, unintended pregnancy, teen paternity, fetal death
Risk factors for common diseases/poor health	Smoking, alcohol abuse, promiscuity, obesity, illicit drug use, injection drug use, multiple somatic symptoms, poor self-rated health, high perceived risk of AIDS	General health and social problems	High perceived stress, impaired job performance, relationship problems, marriage to an alcoholic, risk of perpetrating or being a victim of domestic violence, premature mortality in family members
Mental health	Depressive disorders, anxiety, hallucinations, panic reactions, sleep disturbances, memory disturbances, poor anger control		

Health Impact on Teens

- Withdrawn
- Harming themselves
- Engaging in risky behavior
- Sexual promiscuity
- Sexually transmitted illnesses
- Unplanned pregnancy
- Drug use
- Chronic anxiety
- Depression
- Have more medical complaints

- Eating disorders
- Sleeping disorders
- Negative body image
- Suicidal ideation
- Nightmares
- Confusion
- Denial
- Blame
- Flashbacks
- Post traumatic stress response
- Sexual problems as adults



Health Impact: LGBTQ

- Pregnancy (transgender may still have female internal anatomy)
- Sexually transmitted illness
- Painful intercourse
- Feelings: isolation/ vulnerability
- Paranoia

Health Impact of LGBTQ

- Societal perceptions that only men or masculine people can perpetrate and only women or feminine people can experience violence. This can also cause survivors to blame themselves.
- Punishment
- Shame-they feel that not only has their body been violated, but their identities.
- If an LGBTQ person has a partner or partners, additional complications may ensue. If a partner is also a survivor, then that person may re-experience their own trauma from this incident.



Vanessa gave birth to son-Jax

Melanie gave birth to their daughter-Ero



Health Impact: Elderly

- Not eating
- Sleeping more than usual
- Withdrawn
- May stop going to doctor's appointment
- May discontinue medications suddenly
- Fear
- Depression
- Elderly who experience abuse have 300% higher risk of death/ compounding health problems

Women's Reproductive Health Impact

- Sequelae from genital injuries: Fear of permanent injury, may not be in proportion to severity of injury, feel "damaged"
- PID (increased risk if not reported/no ER care) and sequelae (fertility impact, pain,)
- Genitourinary problems: bladder/kidney infections, recurrent vaginitis
- Sexual dysfunction, painful sex, dysmenorrhea, pelvic pain
- Reproductive coercion > unintended pregnancy, increased rates pregnancy terminations, poor pregnancy outcomes

Pregnancy and IPV

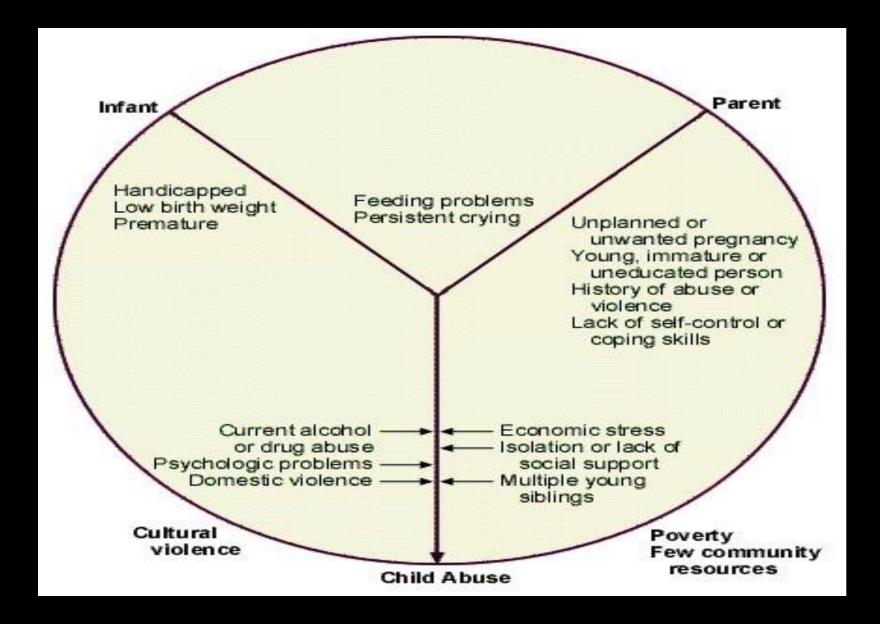
- Domestic violence escalates with onset of pregnancy
- Risk of physical violence doubles
- Approximately 4-8% of all pregnant women are physically abused at least once during their pregnancy
- Abdomen is most frequent target: punching or kicking ; attempt to damage fetus/cause miscarriage
- Pregnancy does not protect mother from partner homicide: homicide is leading cause of traumatic death for pregnant/postpartum women (31% maternal injury deaths)
- Partner may view fetus as threat

Pregnancy: Maternal Impact

- Prenatal care: Delayed onset by an average of 6.5 weeks; inadequate PNV (missed visits to no care); inadequate followthrough (medications, ultrasounds)
- Increased risk of: spontaneous abortion, preterm labor anemia, low weight gain, 1st/2nd trimester bleeding
- Increased rates maternal depression/mental health problems
- Increased risk of perinatal death (mother and/or infant)
 - From physical violence: premature separation of placenta, hemorrhage
 - Serious injury to mother: pregnancy can make providing care more difficult (two patients)

Pregnancy: Fetal Impact

- Direct effects: fetal injury or death from maternal trauma
- Indirect effects:
 - MATERNAL STRESS
 - Maternal smoking (low birth weight)
 - Maternal alcohol or drug use (FASD)
 - Higher rates low-birth weight and pre-term birth: admission to NICU; long-term impact on growth and development
 - Increasing significance: intrauterine environment on health into adulthood



Mental Health Impact

- IPV/SV can cause considerable emotional, as well as physical pain
- Not all survivors experience MH symptoms: some have symptoms which resolve when social support and safety increase; for others, the experience may result in significant and ongoing mental distress
- Increased rates PTSD, anxiety and depression, panic disorder/substance use/abuse/eating disorders
- Re-victimization increases risk up to 7-fold
- Damaged sense of safety in world, reduced self-esteem/self-efficacy, ability to continue normal activities

Survivors with pre-existing Mental Health Conditions

- Lifetime prevalence: 46% of US adults will experience a mental health disorder over their lifetime
 - 12 Month prevalence: 26 % Adults with mental health disorder
 - Individuals living with a serious mental health disorder are more vulnerable to IPV/SV
 - Rates range from 44-87% higher than those without MH
 - Increased Vulnerability = Increased Risk
 - SV Survivor credibility- "won't be believed"
 - IPV Batterers use MH issues to control partner
 - Control meds, treatment
 - Undermine sanity, ability to parent
 - Societal/Internalized stigma
 - Trauma symptoms underestimated or misdiagnosed as mental health diagnosis

PHQ - 9

Over the past 2 weeks, how often have you been bothered by the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Trouble falling/staying asleep ,sleeping too much
- Feeling tired or little energy
- Poor appetite or overeating
- Feeling bad about yourself (failure, let self/others down
- Trouble concentrating on things
- Moving slowly/being fidgety or restless
- Thoughts better off dead/of hurting yourself

TBI Symptoms

- Difficulty thinking clearly, concentrating, feel slowed
- Sleeping more or less than usual, trouble falling asleep
- Irritability, lability, anxiety
- Depression/sadness

PHQ-9 Depression Screen

- Trouble concentrating on things
- Trouble falling/staying asleep sleeping too much
- Being fidgety or restless
- Feeling down, depressed

Brain Injury Alliance of NJ <u>www.bianj.org</u>

Dental Health Impact

- Trauma to head, face and neck can impact dental health in short and long-term
 - Fractured teeth, nose, mandible, maxilla
 - Disordered/compromised bite due to unaddressed dental injuries; may affect speech
 - Tooth abscess: from blows to face/traumatic tooth fractures, soft/hard palate injuries, torn frenulum
 - Long term effect on self-esteem; negative external/selfperceptions;
 - PANDA-Prevent Abuse and Neglect through Dental Awareness (ADA)
 - Give Back a Smile/ Dental services in shelters

The Cost Of Sexual Assault

The personal cost of **\$108,447** a sexual assault.

\$108,447 reflects the amount an adult victim in Michigan can expect to pay medical and emergency services, mental health care, and in lost work productivity. Source: "The Rape Tax: Tangible and Intangible Costs of Sexual Violence," Post et. al.

The societal cost for S267,000 ine societ each rape.

\$267,000 is the societal cost for each rape that occurs on gameday during college football season at Division I schools. Source: "College Party Culture And Sexual Assault." Lindo et. al.



Survivor Utilization of the Healthcare System

- Acute Care:
 - Over 68,000 ER visits annually
 - Thousands more seen other settings (Urgicenters, primary care/gyn/dental offices)
- Long-term Care:
 - Increased utilization of healthcare system
 - SV survivors report an 18% increase in visits to healthcare setting in year of rape, 60% increase in the first year after and 30% in second year after rape
 - Women with DV/SV history: 18-30% higher annual healthcare costs

Intersection with Healthcare

- Fear/anxiety factor into utilization patterns.
- "Non-compliance issues"- relate to survivors difficulty with trust, authority, power and control (missed visits, delayed care or missed follow-up).
- Seemingly benign experiences (history taking) may trigger disturbing memories.
- Systems barriers: Mixed gender waiting rooms, long wait periods, questions by scheduling staff (increased anxiety). Healthcare providers not trained consistently

Dental Care

- DV survivors may delay care due to fear, reluctance to answer questions; abusers restrict access to care
- SV survivors: 2nd highest anxiety level; positioning in dental exam chair/latex odor
- Physical Therapy
 - Positioning; professional statements that discomfort "normal during recovery"
- Any invasive procedures
 - Endoscopy, TV ultrasound, colonoscopy

Reproductive Healthcare:

- Paradox: more GYN symptoms/increased anxiety with exams, both increased use/avoidance reported
- 40% SV survivors report flashbacks during GYN exam
- Power disparity, positioning, relinquishing control, discomfort
- Contraceptive use: fears of infertility/discomfort with procedure of insertion (self/or provider)
- Pregnancy/Childbearing
 - Intense feelings normal for all pregnant women: heightened
 - Body changes disempowerment

Labor and Birth

- Many childbirth practices can be retraumatizing
- Loss of control is major issue: may not trust caregivers or herself (lack of trust in her body to birth)
- Labor experiences/sensations may trigger memories/fears
- Pain relief: history influences pain perception, yet may fear using pain medication (loss of control)
- Labor Styles: Fight/Take Control/Surrender/Retreat
- Needs reassurance of safety- to stay in the present
 - -assure that issues can be revisited after birth

- Postpartum: Issues may surface in postpartum period
 - Higher rates PP depression/anxiety
 - Common procedures in hospital settings can be triggering: (peri checks, breastfeeding assistance)
 - Breastfeeding/infant gender may trigger old fears/stimulate new ones.
 - Survivor moms of baby same sex as perpetrator: difficulty breastfeeding/bonding
 - Survivor moms of girls: fears can't protect daughter, difficulty watching infant exam (hips)

Trauma Informed Care

SAMHSA Definition of Trauma

- Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individual's functioning and mental, physical, social, emotional or spiritual well-being.
- Three "e's" of Trauma
 - Events (single/repeatedly over time)
 - Experience (how individual perceives event)
 - Effect (immediate/delayed; short or long term)

- Framework for Trauma-Informed Care
 - An approach to care which encompasses not only interactions between individual provider and patient/client, but includes the entire organization (systemic) and is incorporated into the organizational culture.
 - Four "R's"
 - **Realize** the widespread impact of trauma and understands potential paths for recovery
 - **Recognize** the signs and symptoms of trauma in clients, families, staff and others involved with the system
 - Respond by fully integrating knowledge about trauma into practice, and also policies and procedures
 - Resist re-traumatization

Healthcare Power/Control = Re-traumatization

Violating Trivializing confidentiality and minimizing the abuse

Interviewing in front of family. Telling colleagues issues discussed in colldence without her consent. Calling police without her consent.

Normalizing

Failing to respond to her disclosure of abuse. Acceptance of intimidation as normal in relationships. Believing that she "invited" the assault. Belief that abuse is the result of non-compliance with petriarchy.

MEDICAL Power & Control

Asking what she did to provoke the abuse. Focusing on her as the problem, "Why didn't you just leave? Did you say no? Did you fight beck?"

Blaming

the victim

Ignoring her need for safety

Failing to recognize her sense danger. Being unwilling to ask "Is it safe to go home? do you know of a safe place to go if the situation escalates?"

Not respecting her autonomy

Not taking the danger

seriously. Expecting tolerance

assault cannot occur in a marriage or long term

relationship.

due to the number of years in the

relationship. Believing that sexual

"Prescribing" divorce, sedatives, going to a shelter, couples counseling, or law enforcement involvement. Punishing her for not taking your advice.

ESCALATING DANGER NGREASED ENTRAPMENT

Dr. Rebecca Campbell

- Key Principles of Trauma-Informed Approach to Care: All Settings
 - Safety
 - Trustworthiness and Transparency
 - Peer Support
 - Collaboration and mutuality
 - Empowerment, voice and choice
 - Cultural, Historical and Gender Issues
- Trauma-Specific Interventions
 - Recognize survivor's need to be respected, connected, informed and hopeful
 - Recognize potential interrelation between trauma and presenting symptoms

Strategies for Care

- Awareness that any person who presents for care may have a trauma history
 - Non-disclosed: Survivor may have endured trauma and sequelae without support/interventions
 - Prior disclosure: Survivor may or may not have received services/ services may have been inadequate, or only appropriate for that time frame / disclosure may have been a negative or re-traumatizing experience/ issues may surface/ resurface later – this may be confusing unless prepared

- Awareness of Barriers
 - Societal
 - Victim blaming, "why doesn't she leave", rape "prevention" efforts which focus on victim rather than perpetrator
 - Organizational/systems
 - Time issues, lack of flexibility
 - Provider
 - Discomfort, "Pandora's box", personal history
 - Survivor
 - Guilt, embarrassment, shame, stigma
 - Fears: of being judged, not being helped, not being believed, confidentiality, perpetrator retaliation
 - Cultural/Family beliefs

Healthcare

- Trauma-Informed environment in healthcare
 - Quiet, unhurried atmosphere which is supportive, safe, affords privacy, does not diminish self-efficacy
 - History taking –fully dressed
 - Ask what can be done to minimize distress/concerns
 - Inform before perform
 - Respond calmly to anxiety/distress, demonstrate sensitivity to triggers
 - Avoid phrases may have been used by perpetrator: (just relax/this won't hurt)
 - Provide flexibility in care options
 - www.healthcaresaboutipv.org

SAFE: A Framework for Healthcare

- S Screen (all patients for domestic/sexual violence)
- A Assess (for current safety, urgent needs, impact of violence on health)
- F Facilitate (referrals to resources/support)
- E Educate/Empower (validate experience, give information)

Primary Care Screening

Safety is most important for all parties involved

- Screening must occur across the lifespan
- Screener must disclose important information
- Private & confidential environment
- Reassuring
- Body Language
- Language/words will change at each life stage
- Culture will impact approach
- Objective assessment of physical signs/behaviors etc.

Mental Health

- Trauma-informed mental health care components for IVP/SV survivors includes:
 - Psychoeducation about IPV/SV and traumatic effects including **impact on health.**
 - Modified CBT: cognitive and emotional skill development to address trauma-related symptoms and other life goals/concerns.
 - Individualized focus on survivor's strengths in cultural context.
 - "Destigmatizing MH Problems in the Context of Abuse"
 - http://www.nationalcenterdvtraumamh.org/publication s-products/responding-to-domestic-violence-tools-andforms-for-mental-health-providers/

Advocates

- Trauma-Informed Components
 - Provide information about traumatic effects of abuse: including impact on health and mental health
 - Adapt programs/services to meet survivors trauma/mental health needs (adapt screening)
 - Create opportunities for survivors to discuss trauma responses
 - Offer resources and referrals
 - Reflect on our own and our program's practice
 - http://www.nationalcenterdvtraumamh.org/trainingta/ resources-for-advocates-trauma-informed-dv-advocacy/

Collaborative Approach:

- Each of us will have unique opportunities to assist survivors cope with the health effects of IPV/SV
 - Working together we can be more effective
 - Integrated approach rather than silos
 - Only 6% of survivors with chronic health conditions believe that their healthcare provider has made a connection between the experience of DV/SV and their health

• Case Studies:

- Ana: is a resident in your shelter. You notice during your interview that she holds her hand over her mouth much of the time; when she doesn't you can see several broken teeth. She says she knows she also has cavities, and she hasn't been to a dentist in years, "Even when I had dental insurance, I hated going, I need to be put to sleep"
- Jackie: College student who presents at your GYN office; your office staff describes her as a "frequent flyer". Calls for an apt about once a month, with "vaginal discharge" and when she comes in "wants to make sure everything is OK 'down there." She gave a history of sexual assault on her first visit to your office, and tells you she is having a hard time concentrating in class.

• Case Studies:

• Eloise is an 89 year old female who is living in a nursing home in NJ. She lives alone, attends yoga and aerobics on Monday, Wednesday and Friday. Eloise is very involved at the nursing home; she attends the book club, bridge club, and likes to go on long walks with her home health aid. She enjoys being with people and good conversation. Last night when you left she was watching a movie with her nursing assistant and she was in her usual self-laughing & happy. While helping her get dressed you notice bruises in the area of her inner thighs. She is visibly uncomfortable when she sits or walks.

 "I've learned that people will forget what you said, people will forget what you did, but people will never forget the way you made them feel"

MAYA ANGELOU

RELAX AND BREATHE.....

THANK YOU

njhealthcares@gmail.com