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OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

PREVENTING FAMILY VIOLENCE TO PROMOTE HEALTH

"I first learned the concepts of non-violence in my marriage."
—Mahatma Gandhi

While Gandhi learned non-violence at home, many individuals learn aggression. Family violence occurs among family members within and across generations. Consistent with the Centers for Disease Control, we define family violence broadly to include physical violence; sexual and emotional abuse; and neglect. This includes: child maltreatment; intimate partner violence (IPV), and elder abuse. Various forms of family violence can intersect and/or interconnect. Any form of family violence can be a part of an intergenerational transmission of family violence. A child witness of IPV may also experience child maltreatment or become a perpetrator of IPV and/or child maltreatment in the next generation.[1]

Family violence is both a substantial public health issue and a major 'upstream' driver for costly and debilitating physical and mental health problems. Family violence also drives the need for services in criminal justice, corrections, education and social service systems.* In this issue of the *CD Summary* we present data on the burden of family violence, and review symptoms and risk factors that can alert you that a patient is experiencing family violence.

FAMILY VIOLENCE STATISTICS

The statistics on the burden of family violence are sobering. In the United States: 695,000 children are victims of maltreatment each year[2]; 1 in 3 women and 1 in 4 men report experiencing rape, physical violence, and/or stalking by an intimate partner in their lifetime[3]; and 11% of adults ≥60 years of age report experiencing emotional, physical, sexual, or potential neglect in the past year.[4]

The Oregon the Department of Human Services (DHS) reports 11,188 (rate = 1,280 per 100,000) victims of Child maltreatment in 2010. Among the victims, 12.5% were infants, and nearly half were children <6 years of age. Neglect accounted for 31% of incidents; physical/sexual abuse accounted for 17%; nearly half of the incidents were threat of harm.†

Among Oregon 12th graders, 27% reported being hit or physically hurt by an adult, and 12% of 12th grade girls reported sexual contact by an adult.‡ More than 85,000 Oregon women 20–55 years of age, (or 1 in 10) reported physical and/or sexual assault by an intimate partner in the preceding five years.*

DHS determined that in 2010, 2,150 seniors and people with physical disabilities were victims of abuse and/or neglect: 1,676 incidents (85%) took place at the victims' home; and 15% of incidents took place in licensed care settings. Financial exploitation was the most common form of maltreatment (41%); followed by verbal/emotional abuse (24%), neglect (17%), and physical abuse (15%). The most common perpetrators were children and family members.§

Family violence kills. In 2010, 50 people (11 children <18 years of age; 32 adults 18–64 years of age; and 7 adults ≥65 years of age) were killed by a parent, an intimate partner, or a victim's child/family member; of which 32 (64%) were intimate partner homicides.¶

ADVERSE HEALTH EFFECTS

Family violence has a huge impact on health. Besides physical injuries and deaths, family violence has enduring effects on health and social well being, as demonstrated by the Adverse Childhood Experiences Study (ACES).[5] The experience of family violence has been linked to adverse mental health (e.g. depression, suicide, substance abuse); chronic diseases (e.g. obesity, heart disease, liver disease, chronic obstructive pulmonary disease, coronary artery disease, gastrointestinal disorders); genito-urinary disease (e.g. urinary tract infections, pelvic inflammatory disease, sexually transmitted infections, sexual dysfunction); as well as adverse reproductive health (e.g. preterm delivery). And the list goes on.[5,6] These adverse health effects have economic costs due to hospitalizations, disability, or premature death, as well as societal costs.

ACES was initially conducted at Kaiser Permanente in the mid-1990s. Individuals with higher ACE scores had higher prevalence of psychiatric disorder/health risk behaviors/medical diseases.[5] For example, compared to persons with an ACE score of 0, those with an ACE score ≥4 were 2 times more likely to smoke, 7 times more likely suffer alcoholism, 10 times more likely to inject street drugs, and 12 times more likely to attempt suicide. Sixteen percent of adult Oregonians had an ACE Score ≥4 (Table 1).

Table 1. Prevalence of ACE score among adults, Oregon, 2011

ACE score	%
0	37.8
1	23.0
2	12.8
3	9.8
≥4	16.6

Source: BRFSS, 2011, OHA

ADDRESSING FAMILY VIOLENCE

Addressing the cycle of family violence requires a multi-sector, systemic, and life course approach. We need to prevent violence before it starts; prevent recurrence after an episode; address the adverse health effects themselves (such as traumatic injury),

* Oregon Public Health Division Strategic Plan 2012–2017. Accessed on 14 Nov 2012 at http://public.health.oregon.gov/about/documents/phd-strategic-plan.pdf

† Children, Adults and Families Division, 2010 Child Welfare Data Book. DHS.
‡ Oregon Healthy Teen Survey. 2011.
§ Aging and People with Disabilities, Adult Protective Services (APS) Community and Facility Annual Report. 2010. DHS
¶ Oregon Violent Death Reporting System. 2010 data.

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and prevent the cycle of violence from continuing to the next generation.

Table 2 presents common signs, symptoms and risk factors of family violence. Health care providers can:

- Ask patients with these signs and symptoms about family violence.
- Report child/elder abuse to law enforcement. More than 6,500 (9%) of the child maltreatment reports and 486 (5%) of the senior maltreatment reports came from health care professionals in 2010.[†§]
- Make referrals as appropriate, and monitor patient well-being at follow up visits. Oregon law does not require health care providers to report IPV to the authorities, but documenting assessments conducted privately can be helpful to a victim who may need documentation in the future.

Table 2. Common signs, symptoms and risk factors of violence

	Child Maltreatment	Intimate Partner Violence	Elder Maltreatment
Risk factors	Domestic violence	Divorce/separation or plans to leave home	Illness or dementia
	Parental substance abuse	Hx of child maltreatment/IPV	Isolation
	Parental mental illness	Poverty, unemployed, isolated	Was abusive parent
	Poor parenting skills	Physical or mental disability	Hx of domestic violence in home
	Stress and lack of support	Pregnancy	Personally aggressive
Signs and symptoms	Withdrawn, fearful, anxious, extremes in behavior, watchful, "on alert", poor attachment	Partner controls conversations, is coercive, refuses to allow victim privacy with provider	Caregiver refuses privacy with healthcare provider
			Various injury types and stages of healing
	Injuries, bruises, welts, cuts, burns		Weight loss, malnutrition, dehydration
	Adult or infantile behavior	Isolation	Drug misuse, loss, stolen
	Flinches or shies away from touch	Various injury types and stages of healing: head, facial, neck, arm, and abdominal scrapes; bruises and cuts; broken or loose teeth; bite marks, burns or rope burns; rectal or genital injury	Bed sores, left dirty or unbathed
	Knowledge/interest in sex		Clothes unsuitable for weather
	Strong efforts to avoid a specific person	Threats of violence to children, pets, family, friends	Unsafe living conditions
	Doesn't want to change clothes in front of others	Anxiety, depression	Desertion
	STD or pregnancy <14 years of age	STDs	STDs
	Runs away from home	Gastrointestinal complaints	Broken glasses
	Dirty, inappropriate clothes, poor hygiene	Headaches, neck pain, chest pain	Significant withdrawal from financial accounts
	Untreated illness and injury	Heart beating too fast	Signs of restraints being used
	Unsupervised or left alone	Choking sensations	Items or cash missing
	Late or missing school	Painful intercourse	Changes in wills, power of attorney, titles, policies

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