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

Physical injury

Other health effects of family violence

"Adult disease prevention begins with reducing early toxic stress"
Adverse Childhood Experiences (ACEs) are related to the leading causes of premature mortality and preventable death in adults.

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

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**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%

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**Number of ACEs Reported**

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>36%</td>
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<tr>
<td>1</td>
<td>26%</td>
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<tr>
<td>2</td>
<td>16%</td>
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<tr>
<td>3</td>
<td>10%</td>
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<tr>
<td>4 or more</td>
<td>13%</td>
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</tbody>
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**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)

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**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%

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

 domains of functioning impacted by adverse childhood experiences

- Physiological
- Behavioral
- Cognitive
- Social
- Emotional

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

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

How can pediatricians respond?
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

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

• CDC Report on Adverse Childhood Experiences

• From Health Canada

For more information on Trauma and Health
UppityScienceChick.com