

Interpersonal Violence Across the Life Course

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Abstract

Persons who are socially and/or economically vulnerable in our society are at increased risk for interpersonal violence across the life course. Interpersonal violence includes a range of acts, such as intimate partner violence, child abuse and neglect, elder abuse, dating violence, sexual violence, youth violence, gun violence, and bullying. Vulnerable populations include persons that historically have faced social discrimination, due to age, race/ethnicity, gender/sexual identity, physical and mental health conditions, and shelter and employment status. While many health care providers have protocols for addressing specific types of violence, such as suspected child abuse and neglect, elder abuse, or sexual assault/rape, few have moved towards implementing a trauma informed system of care that is patient-centered and responsive to actual needs and risks that face vulnerable populations.

Interpersonal violence can affect one's health status through threats or actual use of physical or emotional insult. It may occur as a single event or as an intermittent or chronic set of events. Persons who are victims of violence may experience an acute physical or emotional injury, a long-term disability, or death. There is increasing evidence to suggest that persons who are victims of violence early in life are at increased risk for experiencing subsequent acts. There also is increasing evidence that has found that adverse childhood experiences, including violence victimization, increases risk for chronic health and mental health conditions of adulthood.

This presentation will describe a framework for how health care providers can establish a trauma informed system of care that is responsive to the needs of vulnerable populations who are at risk of experiencing violence across the life course. Requirements of a trauma informed system of care include: interprofessional collaboration, emphatic communications skills, understanding the health effects of trauma, understanding when trauma screening should be used, and understanding one's own trauma-related experiences.

Interpersonal Violence ; a Public Health Issue

- IPV is a major public health problem in the US (The National Intimate Partner and Sexual Violence Survey; NISVS, 2011).
- Approximately 36% of women and 29% of men in the US have been victims of IPV in their lifetime.
- The medical and mental health costs, and loss of productivity as a result of IPV costs around \$5.8 billion every year (CDC, 2012).
- Child maltreatment and IPV can occur within the same household.
- Exposure to violence as a child, as a victim of abuse, or as a witness to IPV, increases the risk of either being a victim or an aggressor of IPV.

Interpersonal Violence Across the Life Course

➤ **Definition:** The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation (World Health Organization, 2004)

➤ Types

- Child abuse and neglect
- Gang violence, bullying, gun violence, homicide
- Intimate partner violence, domestic violence
- Sexual violence/rape/trafficking
- Elder abuse and neglect

Vulnerable Populations

- Children and youth
- Women
- Older adults
- LGBTQ
- Homeless persons
- Migrant farmworkers

Causes

- Socially disadvantaged
- Historically repressed
- Economically disadvantaged
- Socially isolated
- Politically powerless

Effects of Violence

➤ Health

- Injury, disability, and death
- Increases risk for chronic diseases of adulthood (ACEs)
- Suicide
- Alcohol and substance use/abuse

➤ Mental health

- Depression, fear and anxiety
- PTSD
- Aggression and/or violent behavior disorders

Barriers to Tackling Interpersonal Violence

- ❖ Higher rates of interpersonal violence among LGBT, homeless persons and migrant workers than the general population
- ❖ Multiple barriers to health equity in these populations
 - Range of personal and social characteristics
 - Race/ethnicity
 - Age
 - Gender
 - Sexual orientation
 - Religious affiliation
 - Degree of acculturation
 - Stigmatizing health conditions
 - Poor oral health
 - Mental illness
 - Physical disability
 - Indicators of social class (education, employment, and poverty)
 - Failure to recognize or respond to issues of abuse among vulnerable populations
 - Medical doctors
 - Psychologists
 - Psychiatrists
 - Couples counselors
 - Legal barriers
 - Dearth of information in the literature regarding best strategies for teaching and training students and healthcare providers

Role of Healthcare Providers

- Interprofessional collaboration
- Emphatic communications skills
- Understanding the health effects of trauma
- Understanding when trauma screening should be used
- Understanding one's own trauma-related experiences
- Knowledge of hospital/community resources

Role of Healthcare Providers

- Routine screen for trauma exposure and related symptoms
- Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms
- Make resources available to children, families, and providers on trauma exposure, its impact and treatment
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- Address parent and caregiver trauma and its impact on the family
- Emphasize continuity of care and collaboration across service systems
- Maintain an environment of care for staff that minimizes secondary traumatic stress and increases staff wellness

Create Trauma- Informed System of Care

- Build meaningful partnerships that create mutuality among children, families, caregivers, and professionals at an individual and organizational level.
- Address the intersections of trauma with culture, history, race, gender, location, and language, acknowledge the compounding impact of structural inequity, and are responsive to the unique needs of diverse communities.
- Create partnerships across schools, health care facilities, mental health providers, and social service agencies
- Create a "No Wrong Door" approach to care

Work-in-Progress at NCMEDR

- To conduct a systematic survey of medical literature of how students are taught about IPV and respond to the needs of vulnerable populations.
- To address how medical schools address the needs of vulnerable populations exposed to IPV in their curricula.
- To conduct a survey of medical students to know how they perceive their training in addressing the needs of vulnerable populations affected by IPV.

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