FACT SHEET

Health outcomes of, and responses to, violence, abuse and neglect
Health outcomes of violence, abuse and neglect

Extensive research indicates violence, abuse and neglect has serious outcomes for women, children, and men’s health. These health and wellbeing outcomes are cumulative and may be incrementally worse for victims experiencing multiple types of abuse.

Physical injuries  Mental health  Death  Physical health  Chronic disease  Sexual and reproductive health  Behaviours associated with risk

Intimate partner violence contributes an estimated 5.1% of the BURDEN OF DISEASE (impact of illness, disability, premature death) for women aged 18-44 years.

This is more than any other risk factor, including alcohol, tobacco use and obesity

Estimated cost of violence against women (violence, abuse and stalking) in 2015/16:

$22 billion
This includes $1.4 billion to the HEALTH SYSTEM

Estimated cost of child abuse and neglect in 2007:

$10.7 billion
This includes $6.7 billion for BURDEN OF DISEASE & 381 million to the HEALTH SYSTEM

Violence, abuse and neglect is rarely experienced as a single incident. Many people experience multiple forms of violence, abuse and neglect, either co-occurring or at different stages across their life, and outcomes are cumulative.

‘Violence, abuse and neglect’ is an umbrella term for three types of interpersonal violence that are widespread in Australian communities: domestic and family violence; sexual assault; and all forms of child abuse and neglect. Increasingly, children and young people with problematic or harmful sexual behaviour are presenting to NSW Health services. This group often also have personal experiences of abuse and neglect. Infographics: Costello & Backhouse, 2019a. Data sources: Costello & Backhouse, 2019b; Webster, 2016; KPMG, 2016 & Access Economics et al, 2008.
Health responses to violence, abuse and neglect

Violence, abuse and neglect can be prevented, and its negative health outcomes reduced.

The World Health Organisation promotes a public health approach to preventing and responding to violence and abuse built on the socio-ecological model. Like other public health concerns, such as infectious diseases, violence, abuse and neglect can be prevented by addressing the underlying individual, relationship, social, cultural and environmental factors (WHO, 2013). Adopting a public health approach involves focussing on both prevention and early intervention.

Violence, abuse and neglect is core business for health workers and services.

It must be addressed through an integrated public health response.

Trauma-Informed Care (TIC)

It’s about asking what’s happened to a person, not what’s wrong with them. TIC is a strengths-based framework, which recognises the complex nature and effects of trauma and promotes resilience and healing.

6 KEY PRINCIPLES:

SAFETY
Creating areas that promote a sense of safety.

TRUST
Providing clear and consistent information.

CHOICE
Providing options for treatment and care.

COLLABORATION
Maximising collaboration between health care staff, patients and their families.

EMPOWERMENT
Building upon a patient’s strengths and experiences.

CULTURE
Providing culturally safe responses.

“The public health sector is directly concerned with violence not only because of its huge effect on health and health services, but also because of the significant contributions that can and should be made by public health workers in reducing its consequences. Public health can benefit from efforts in this area with its focus on prevention, scientific approach, potential to coordinate multidisciplinary and multi-sectoral efforts, and role in assuming the availability of services for victims” (WHO, 2002, p. 1083).
Health outcomes of violence, abuse and neglect: summary of key research

**Physical injuries**
- Repeated physical assaults (of adults or children) result in injuries and related health issues such as chronic pain, broken bones, arthritis, hearing or sight deficits, seizures or frequent headaches (Coker, Smith, Bethea, King, & McKeown, 2000).
- Children who experience physical violence are at risk of physical injury and death (Doherty, 2003).
- Australian research using hospital morbidity data has shown that almost a third of children admitted to hospital with an unintentional injury are known to child protection authorities (McKenzie, Scott, Fraser, & Dunne, 2012).
- A common form of abuse affecting the health of babies is shaken baby syndrome. Health problems resulting from shaken baby syndrome may include brain damage, spinal cord injuries, hearing loss, speech difficulties and even death (Child Welfare Information Gateway, 2008).
- Analysis of national databases reveal that Indigenous women are 32 times more likely to be hospitalised for injuries related to family violence assaults than non-Indigenous women (AIHW, 2018a).

**Death**
- Childhood abuse and household dysfunction contribute to the development, decades later, of the chronic diseases that are the most common causes of death and disability (Felitti et al., 1998) as well as to early mortality generally (Moore et al., 2017).
- Abuse and neglect, particularly in childhood, significantly increases the risk of suicidal ideation, attempted suicide and suicide (Dube et al. 2001; Hunter, 2014; Moore et al., 2017).
- Approximately three quarters of female homicides are classified as domestic homicides, involving victims who share a family or domestic relationship with the offender (NSW Government, 2014).
- The World Health Organization (WHO) estimated 31,000 homicide deaths of children aged 15 or younger around the world occur every year (WHO, 2010). This is considered an underestimation as a large number of deaths caused by abuse and neglect go unreported due to being misattributed to other causes such as falls or insufficient investigations and a failure to run post-mortem examinations (Gilbert et al., 2009; WHO, 2010 cited in Hunter, 2014).
- Previous contact with child protection services, often with an intergenerational family history, feature as a common denominator in child deaths across Australia (Goldsworthy, 2017).
- Medical neglect (from failure to heed obvious signs of serious illness or failure to follow a physician's instructions once medical advice has been sought for a child/young person) can be fatal in some cases or can lead to chronic disability (Jenny, 2007).

**Sexual and reproductive health**
- Violence, abuse and neglect is associated with sexually transmitted infections (including HIV/AIDS), unintended/unwanted pregnancies, gynaecological problems, induced abortions, and adverse pregnancy outcomes including miscarriage, premature birth, low birth weight and foetal death (Anda et al., 2006; Australian National Council to Reduce Violence Against Women and their Children, 2009; Burke Harris, 2018; Hillis et al., 2000; Hillis et al., 2004; WHO, 2002).
### Mental health

- Violence against women has been identified as a determinant of mental health and wellbeing (VicHealth, 2008).
- Violence and abuse and Adverse Childhood Experiences (ACEs) increase the risk of depression, post-traumatic stress disorder, sleep difficulties and insomnia, eating disorders, self-harm, suicidal thoughts, anxiety, suicide and emotional distress (Anda et al., 2002; Anda, Dube, & Felitti, 2003; Anda et al., 2006; Black et al., 2012; Campbell, 2002; Chapman et al., 2004; Cryan & Dinan, 2013; Edwards et al., 2003; Gunnar & Quevedo, 2007; Moore et al., 2015; Moore et al., 2017; Wekerle & Wolfe, 2003; Whitfield et al., 2003).
- Childhood adversities including family violence, physical abuse and neglect are the strongest correlates of onset of adult psychiatric disorder (Green et al., 2010).
- Childhood exposure to violence increases children’s risk of mental health, behavioural difficulties, learning difficulties, and poor educational outcomes in the short-term and later in life (Campo, 2015; Rossman, 2001; Whitfield et al., 2003).
- Children and young people who have been neglected experience a myriad of mental health issues including: eating disorders, depression, anxiety disorders, psychosis, personality disorders, early onset bi-polar disorder, self-harm and suicidal ideation and behaviour (NSW Family and Community Services, 2017).

### Physical health and chronic disease

- A longitudinal study compared children with documented experiences of physical abuse, sexual abuse and/or neglect with non-maltreated children, following these cohorts over 30 years. The study found a number of medical problems in adulthood which were associated with childhood neglect and physical abuse, such as increased risk of diabetes, poor lung functioning, poor visual and oral health and high risk factors associated with heart disease (Widom, Czaja, Bentley, & Johnson, 2012).
- The Adverse Childhood Events (ACE) study involving more than 17,000 people identified ten categories of childhood experience that accurately predicted health concerns in adults. The more adversities a child experienced, the greater the number of health concerns they experienced. The numerous physical health problems in adulthood associated with these experiences as identified through the original ACE study and a number of follow up studies include increased likelihood of: autoimmune diseases (Dube et al., 2009); cancer (Brown et al., 2010; Brown et al., 2013; Moore et al., 2017); chronic obstructive pulmonary disease (Anda et al., 2008; Cunningham et al., 2014); diabetes (Moore et al., 2017); heart disease (Anda et al., 2008; Dong et al., 2003; Moore et al., 2017) and liver disease (Dong et al., 2003; Moore et al., 2017).
- Chronic health conditions that can be seen in victims of abuse indirectly through long term psychological stress include stomach ulcers, spastic colon, frequent indigestion, diarrhea, constipation, angina and hypertension (Coker et al., 2000).
- At a time of rapid neurological growth, an infant’s physical and emotional development may be compromised by exposure to ongoing violence, whether or not they are the target of the violence (Rossman, 2001).
- Women who have experienced sexual assault suffer ongoing physical problems such as chronic diseases, headaches, irritable bowel syndrome, eating disorders and gynaecological conditions (WHO, 2002).
Health outcomes of violence, abuse and neglect: summary of key research

- Victims of abuse are much more likely to engage in activities that are seen to be linked to risk. These include smoking, poor nutrition, physical inactivity, unprotected sex and substance misuse. These actions may be adopted as coping strategies for the victim-survivor (Campbell, 2002; Coker et al., 2000; Taskforce on the Health Aspects of Violence against Women and Children, 2010).

- A person with 4 or more Adverse Childhood Experiences (ACEs) is two and a half times as likely to smoke, five and a half times as likely to be dependent on alcohol, and ten times as likely to use intravenous drugs as a person with zero ACEs (Burke Harris, 2018).

- Adverse Childhood Experiences (ACEs) are associated with increased: drug and alcohol misuse (Anda et al., 2002; Anda et al. 2006; Dube et al., 2002; Dube et al., 2003); obesity (Anda et al. 2006; Williamson et al., 2002); sexual behaviours associated with risk (e.g. early intercourse, adolescent pregnancy) (Anda et al., 2006; Hillis et al., 2001; Hillis et al., 2004); smoking (Anda et al., 2006; Ford et al., 2011); and social determinants of health including: cognitive and language difficulties, lower educational attainment, perpetration or experience of violence, unemployment, poverty, homelessness (Anda et al., 2006; Moore et al., 2017; Ports, Ford & Merrick, 2016; Whitfield et al., 2003). Significantly, however, only approximately 50% of the increased risk for a range of health impacts arising from ACEs (see physical health and chronic diseases above) is from risk-related behaviours (e.g. smoking, alcohol and drug use, and obesity) (Burke Harris, 2018).

- There is a link between exposure to adverse early experiences such as abuse and neglect, and increased likelihood of obesity, cognitive and language difficulties, lower educational attainment, unemployment, poverty, homelessness, becoming victims or perpetrators of violence in later life (Moore et al., 2017).

- Victims of abuse have higher levels of alcohol and drug misuse during both adolescence and adulthood (Fergusson & Lynskey, 1997; Harrison, Fulkerson, & Beebe, 1997; Perkins & Jones, 2004). Evidence suggests all types of child maltreatment are significantly related to higher levels of substance use (tobacco, alcohol and other drugs) (Moran, Vuchinich, & Hall, 2004).

- Some studies show the rates of child sexual assault amongst women in drug and alcohol programs is between 47%-74% (Jarvis & Copeland, 1997).

- Childhood experiences of violence and abuse are well-documented risk factors for a number of adverse psycho-social outcomes including: behavioural problems in childhood and adolescence (Campo, 2015; Ethier, Lemelin, & Lacharité, 2004; Mills, 2004; Shaffer, Huston, & Egeland, 2008) and attachment and interpersonal relationship issues and using violence themselves (Gilbert et al., 2009; Maas, Herrenkohl, & Sousa, 2008). This places the child or young person at risk of exposure to further violence from others (e.g. as a result of poor boundaries and indiscriminate friendliness) (Chaffin et al., 2008) or responding to their violent behaviour.

- Children with problematic or harmful sexual behaviour can be at increased risk of this behaviour escalating and continuing into adolescence (Silovsky & Niec, 2002).
A full list of cited references is available in the publication:

Costello, M. & Backhouse, C. (2019b)

Avoiding the 3 ‘M’s: Accurate use of violence, abuse and neglect statistics and research to avoid myths, mistakes and misinformation
– A resource for NSW Health Workers.
