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Family adversity and health indicators of IPV in parents and children presenting to healthcare during the first 1000 days

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Definition

- WHO (2002): “Intimate partner violence (IPV) refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship”[1]
- The Domestic Abuse Act (2021): children exposed to IPV, or its effects are victims of IPV in their own right if under parental responsibility of the abuser or the survivor of IPV[2]

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Background

- GPs, emergency departments, CAMHS & other services see a lot of families (children/parents) affected by intimate partner violence.
- 1 in 5 of all police recorded incidents (2020-21) in Eng/Wales were IPV-related[1]
- IPV damages the mental and physical health of women, men, young people and children, and is a leading contributor to disease burden for women of childbearing age.
- **Most families are not identified by healthcare.**

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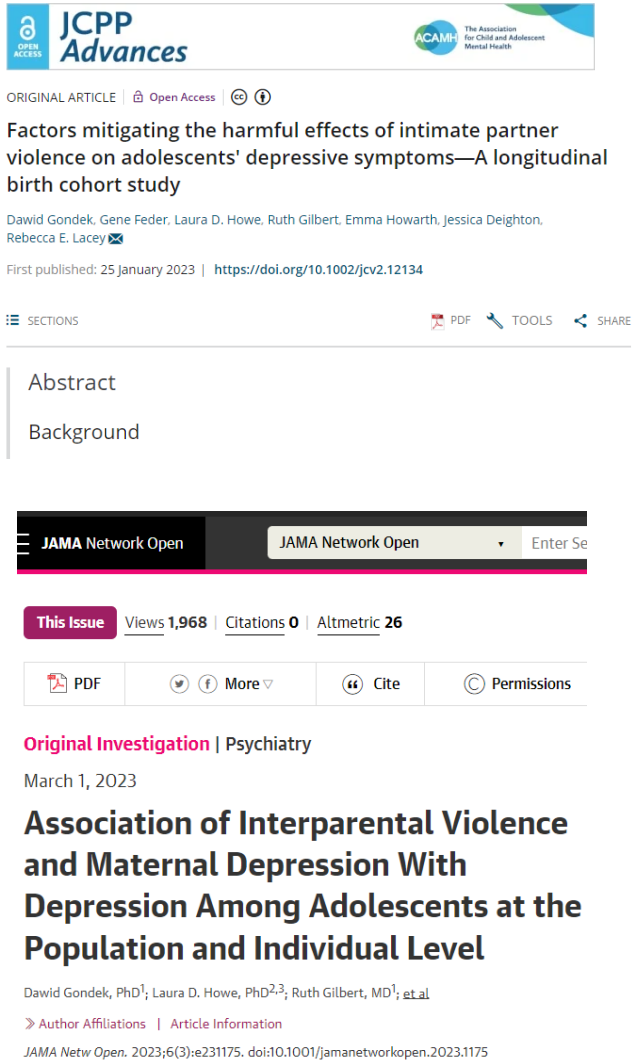
First study: birth cohort with repeated surveys

- ASLPAC Birth cohort of 4490 children and parents (South–West England) followed from birth to 18y[2]
- IPV self-reported via questionnaires by mothers and their partner on six occasions between ages 2-10y
- **1 in 5 (19.6%) mothers (or their partner) met criteria for IPV at** least once between 2 and 10 years after birth[2]
- IPV in childhood was associated with more depressive symptoms at age 18.
- *Caveats: high attrition ~ 70% of sample dropped out by time children were 18y*


JCPP Advances

ORIGINAL ARTICLE | Open Access

Factors mitigating the harmful effects of intimate partner violence on adolescents' depressive symptoms—A longitudinal birth cohort study

Dawid Gondek, Gene Feder, Laura D. Howe, Ruth Gilbert, Emma Howarth, Jessica Deighton, Rebecca E. Lacey

First published: 25 January 2023 | https://doi.org/10.1002/jcv2.12134

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Abstract

Background

JAMA Network Open

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Original Investigation | Psychiatry

March 1, 2023

Association of Interparental Violence and Maternal Depression With Depression Among Adolescents at the Population and Individual Level

Dawid Gondek, PhD[1]; Laura D. Howe, PhD[2,3]; Ruth Gilbert, MD[1]; et al

Author Affiliations | Article Information

JAMA Netw Open. 2023;6(3):e231175. doi:10.1001/jamanetworkopen.2023.1175

[2]Gondek, D., Feder, G., Howe, L. D., Gilbert, R., Howarth, E., Deighton, J., & Lacey, R. E. (2023). Factors mitigating the harmful effects of intimate partner violence on adolescents' depressive symptoms—A longitudinal birth cohort study. *JCPP Advances*, *3*(1), e12134.

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Second study: Rationale

Various signs in children or parents may guide practitioners to suspect and ask about IPV and respond appropriately. BUT…

Research gaps

- ✗ Limited evidence on clinically relevant indicators of IPV in families
- ✗ Limited "think-family" data, with few studies involving both parents and children
- ✗ Limited evidence from different healthcare settings
- ✗ Indicators like ACEs not well defined, lack relevance to services
- **Limited clinical guidelines**

=

Limited clinical recognition

Limited supportive opportunities

= More family adversity

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NICE Domestic violence and abuse multi-agency working: Public health guideline [PH50][3]

Recommendation 6: Ensure trained staff ask people about domestic violence and abuse

Health and social care service managers and professionals should:
•Ensure **frontline staff in all services are trained to recognise the indicators of domestic violence** and abuse and can **ask relevant questions to help people disclose their past or current experiences of** *such violence or abuse. The enquiry should be made in private on a one-to-one basis in an environment where the person feels safe, and in a kind, sensitive manner.*

•*Ensure trained staff* **in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services** ask service users whether they have experienced domestic violence and abuse. *This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.*

NICE do not recommend frontline clinicians in general practice, A&E, or other non-specialist settings asking about IPV during routine clinical contacts of children and parents.

So, what is the *"threshold"* for asking about IPV in the family? When should you ask?

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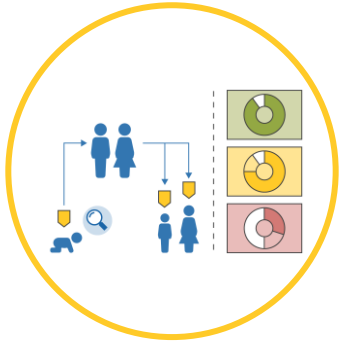
Aims

Identifying IPV

1. Examine family adversity related indicators of IPV using electronic health records of families presenting to healthcare to inform clinical guidelines.

Responding (to needs) of IPV

2. Describing the prevalence of physical and mental health problems among families with and without IPV to inform coordinated responses to family's health needs.



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Methods

Study period: 2008-2020

1yr before | *2yr after*

Mothers & fathers records

delivery

Antenatal period

1y before birth

Registered with a GP

linked

2yrs after birth

birth

Child's record

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Methods

Birth cohort study of **129 948** children and mothers, and 73·3% had an identified father followed across primary and secondary care records in England

Primary care data source:

- 400 general practices - Clinical Practice Research Database GOLD (CPRD)

CPRD

CALIBER

Linked to hospitals:

- Hospitals episode statistics -A&E, outpatient visits, admissions, and death records – ONS

Office for National Statistics

NHS Digital

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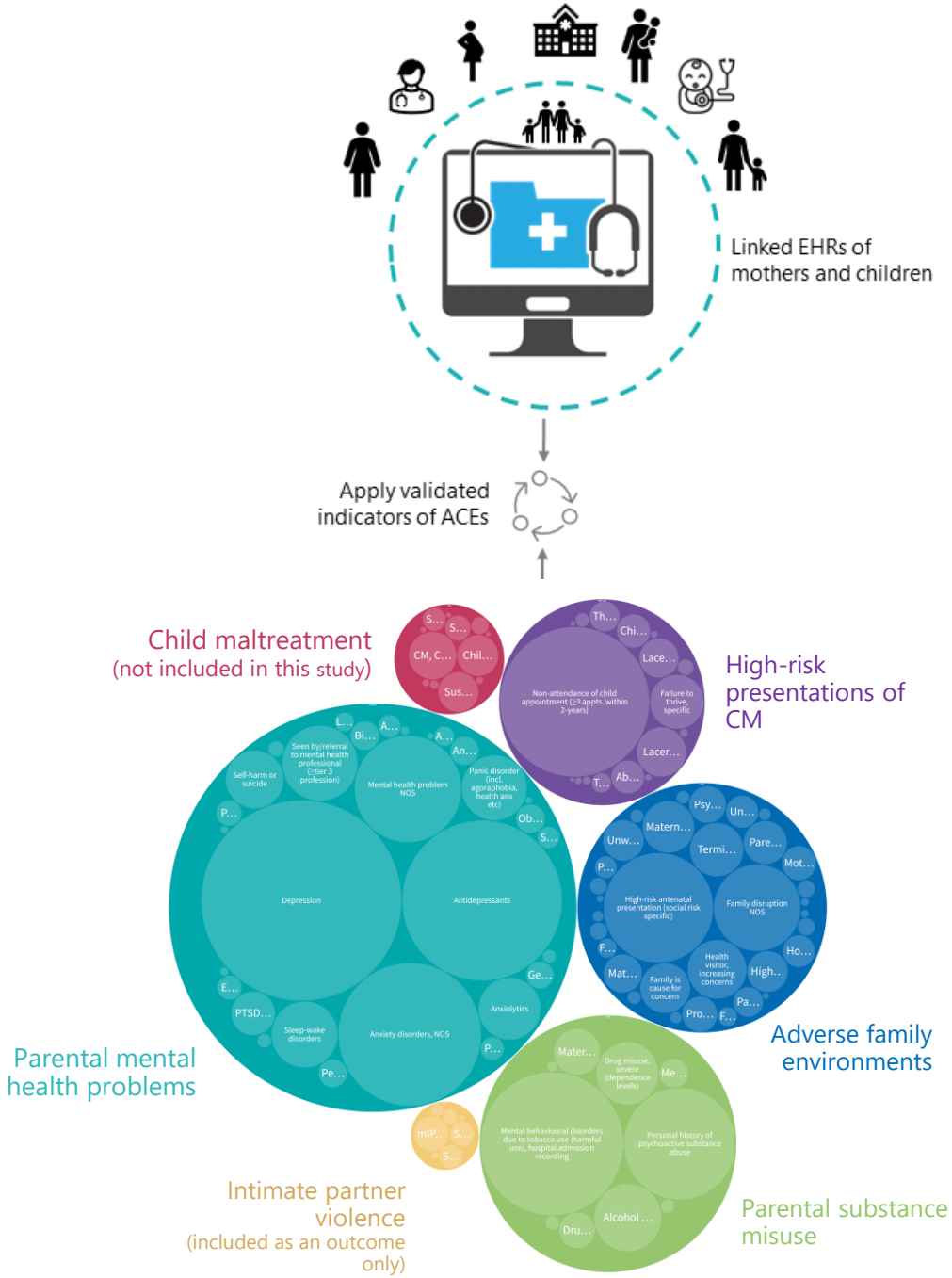
Methods

Clinical indicators (exposures):
4 domains of family adversities or ACEs

Outcome:
IPV in any family record
Parental physical and mental health problems

Analyses:
Cross-sectional analysis, logistic regression models (adjusted + inverse probability weights)

For more info: https:/ACEsinEHRs.com



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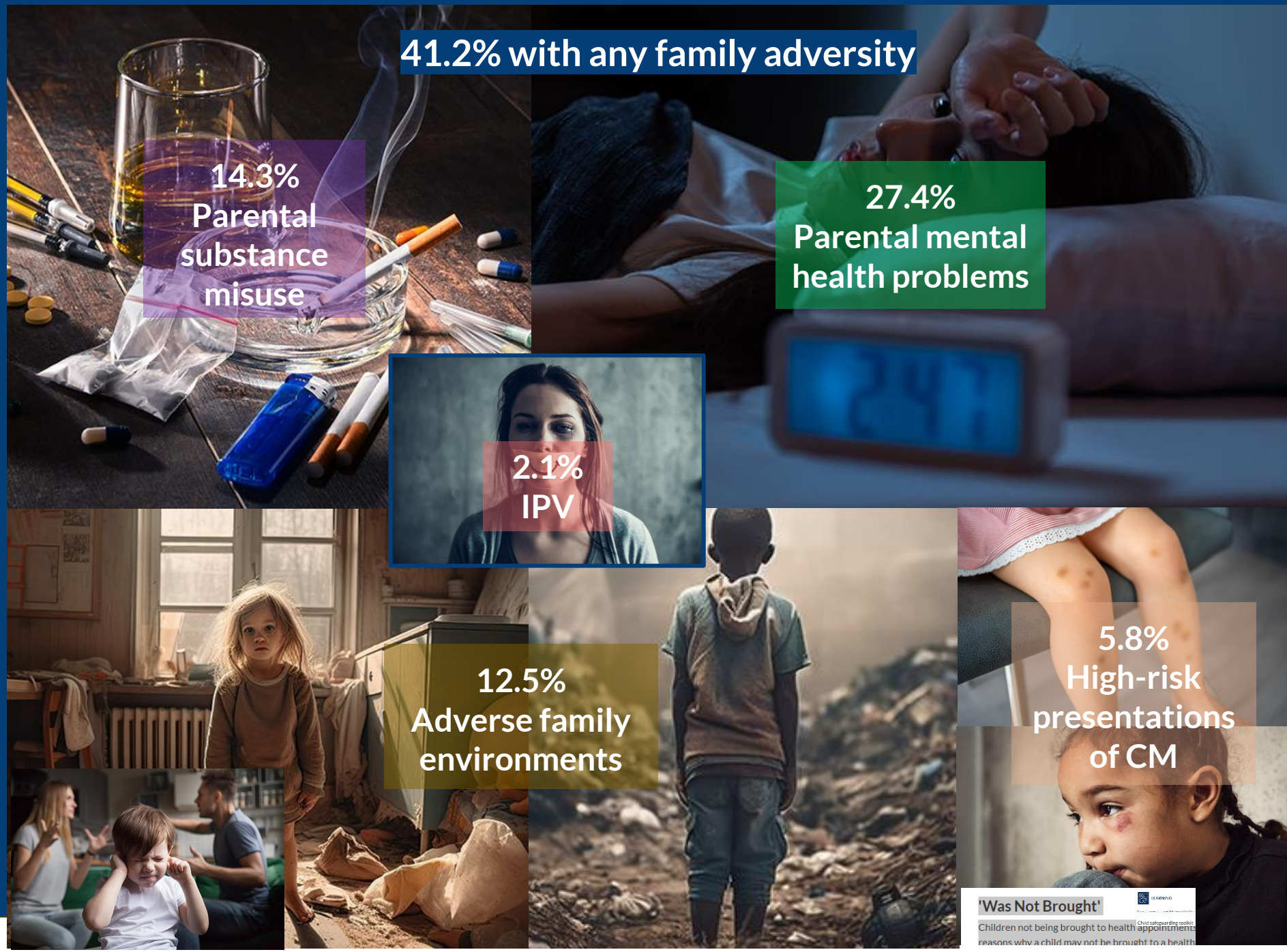
Results

Prevalence

Of the 129,948 children and parents:

- 2 in 5 had any family adversity (41.2%)
- 1 in 48 had IPV (2.1%)



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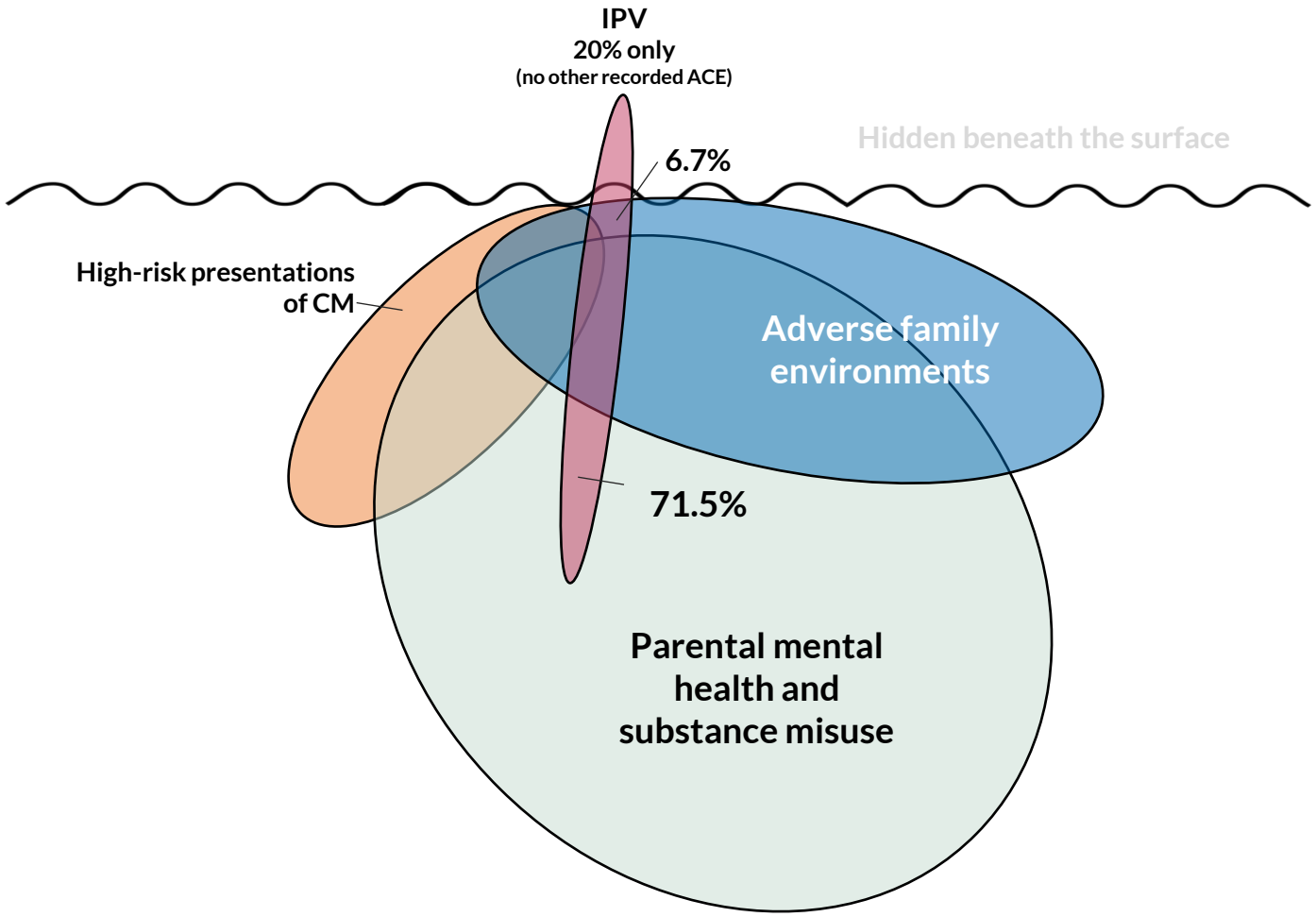
Results

Family adversity indicators	Probability of IPV in children and parents ↗
No adversity	1 in 175
Any adversity	1 in 22

Proportion of parents & children with any IPV and co-occurring adversities



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Results

Mother, father & child

Family member with adversity	Probability of IPV in children and parents ↗
Any parent	1 in 29
One parent & child	1 in 11
Both parents & child	1 in 6

All adversities increased ↗ risk IPV

More family members with adversities or more adversities ↗ risk IPV

Family adversities

Family adversity indicators	Probability of IPV in children and parents ↗
No adversity	1 in 175
Any adversity	1 in 22
Parental mental health	1 in 19
Parental substance misuse	1 in 16
High-risk presentations of CM	1 in 15
Adverse family environments	1 in 12
Three or more adversities	1 in 6

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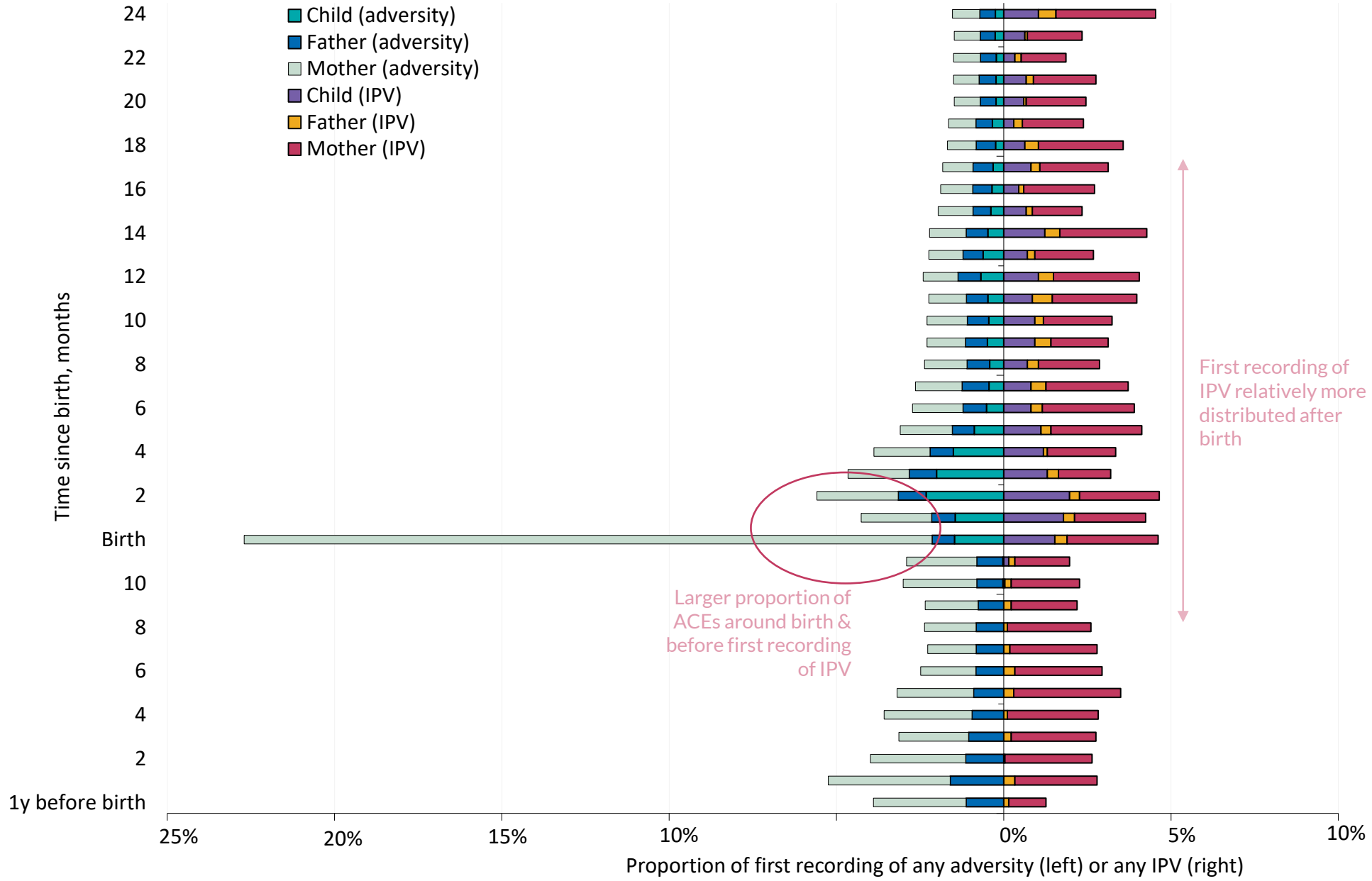
Results

- Distribution of all recorded adversity and IPV during the first 1000 days
- Keeping only the first recording per child or parent



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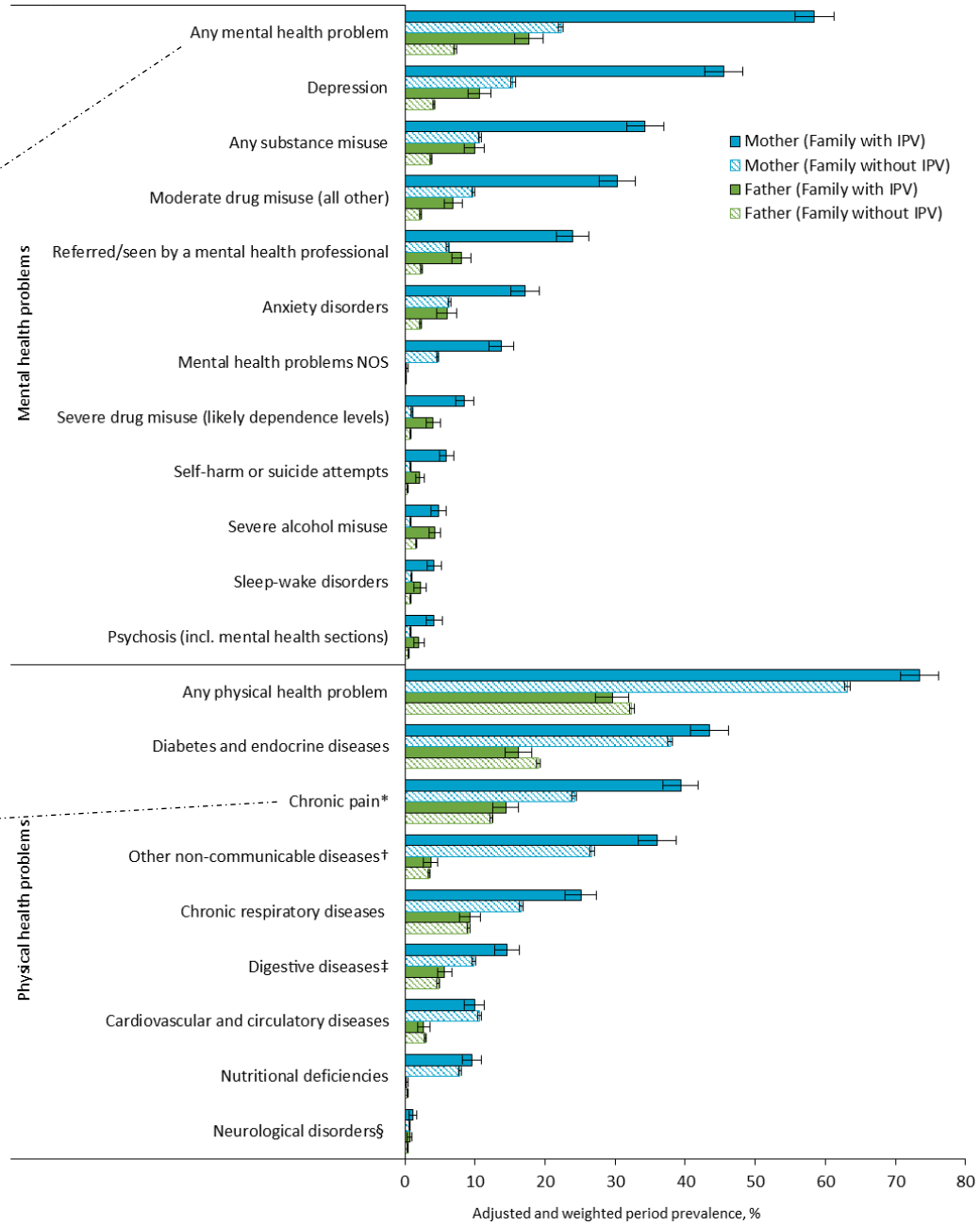
Prevalence of health needs in families with and without parental IPV

Mental health problems 2x ↗ higher among families with IPV

↗ Chronic pain ~ 40% among families with IPV



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Limitations

- Findings should be considered with caution. Not everyone are affected in the same way. Family adversities are complex and heterogeneous. Families can be incredibly resilient and adapt to trauma as they move along the family life cycle.
- Family adversity and the probability of IPV are influenced by wider contextual systemic factors such as deprivation.
- Underreporting/underrecording of IPV. Not everyone report to healthcare and not everything is recorded in a consistent way.
- Limited follow-up. The focus is on first 1000 days.

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Take home messages

- **Be aware of increased risk of IPV in the presences of ACEs/family adversity in parents and young children**
- **Trauma informed: Be aware that even before the child is born, families have recorded adversity indicators of IPV,** especially parental mental health problems and a history of adverse family environments.
- **Importance of "think-family" approaches**. Review both parent and child records. Ask about children in the household. *THINK FAMILY!*
- **Safely ask about IPV if there are family adversities present in the child or parent** and respond appropriately. See the WHO's *"LIVES" principle* for supportive first responses to IPV.

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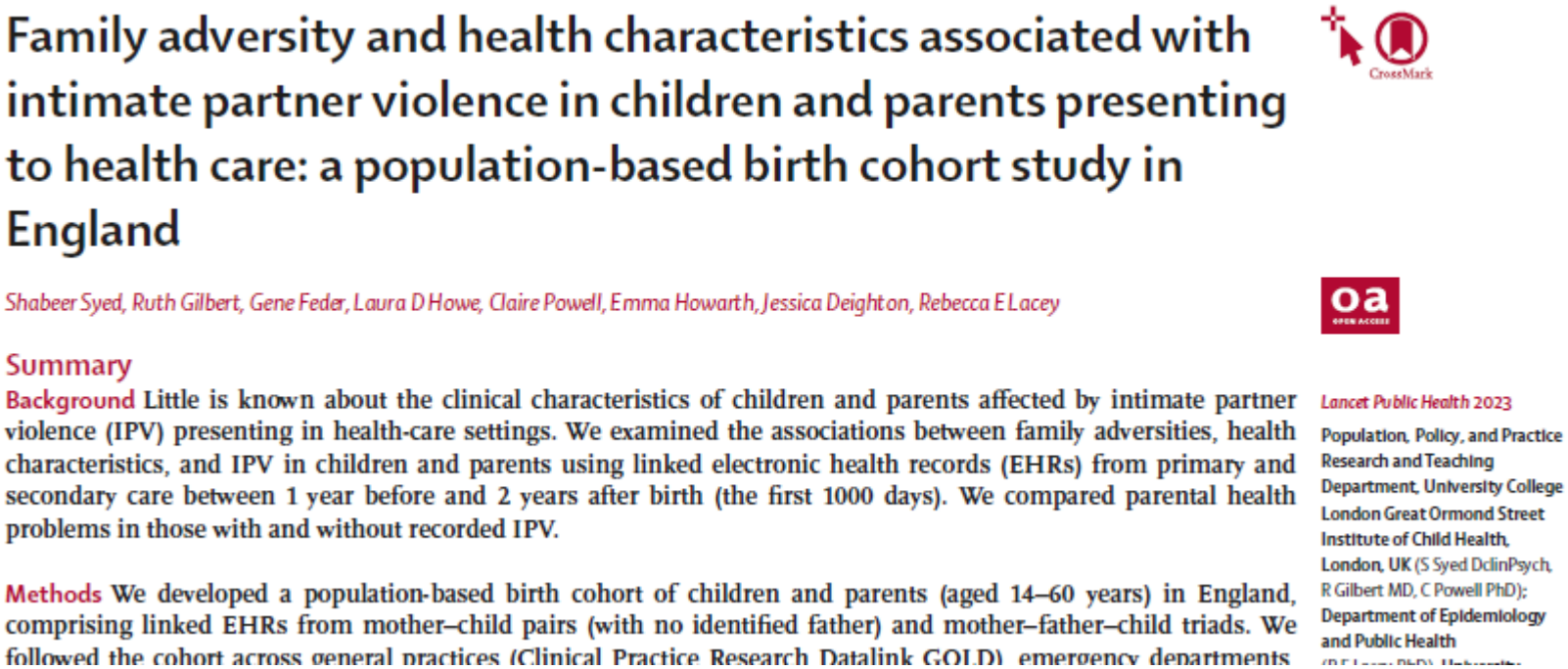
Publication

- Syed S, Gilbert R, Feder G, Howe LD, Powell C, Howarth E, Deighton J & Lacey RE. Family adversity and health characteristics associated with intimate partner violence in children and parents presenting to health care: a population-based birth cohort study in England. The Lancet Public Health (2023). July



Family adversity and health characteristics associated with intimate partner violence in children and parents presenting to health care: a population-based birth cohort study in England

Shabeer Syed, Ruth Gilbert, Gene Feder, Laura D Howe, Claire Powell, Emma Howarth, Jessica Deighton, Rebecca E Lacey

Summary

Background Little is known about the clinical characteristics of children and parents affected by intimate partner violence (IPV) presenting in health-care settings. We examined the associations between family adversities, health characteristics, and IPV in children and parents using linked electronic health records (EHRs) from primary and secondary care between 1 year before and 2 years after birth (the first 1000 days). We compared parental health problems in those with and without recorded IPV.

Methods We developed a population-based birth cohort of children and parents (aged 14–60 years) in England, comprising linked EHRs from mother–child pairs (with no identified father) and mother–father–child triads. We followed the cohort across general practices (Clinical Practice Research Datalink GOLD), emergency departments

Lancet Public Health 2023

Population, Policy, and Practice Research and Teaching Department, University College London Great Ormond Street Institute of Child Health, London, UK (S Syed DclinPsych, R Gilbert MD, C Powell PhD); Department of Epidemiology and Public Health

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- This study is based on data from the CPRD obtained under licence from the UK Medicines and Healthcare products Regulatory Agency. The data is provided by patients and collected by the NHS as part of their care and support. Hospital Episodes Statistics, and Office for National Statistics copyright (2023), reused with the permission of The Health and Social Care Information Centre. All rights reserved.

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CPRD

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Main presentation:

- *Study 1:* Gondek D, Feder G, Howe LD, Gilbert R, Howarth E, Deighton J, Lacey RE. Factors mitigating the harmful effects of intimate partner violence on adolescents' depressive symptoms—A longitudinal birth cohort study. JCPP Advances. 2023 Mar;3(1):e12134.
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- *Study 2:* Syed S, Gilbert R, Feder G, Howe LD, Powell C, Howarth E, Deighton J & Lacey RE. Family adversity and health characteristics associated with intimate partner violence in children and parents presenting to health care: a population-based birth cohort study in England. The Lancet Public Health. 2023 July

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