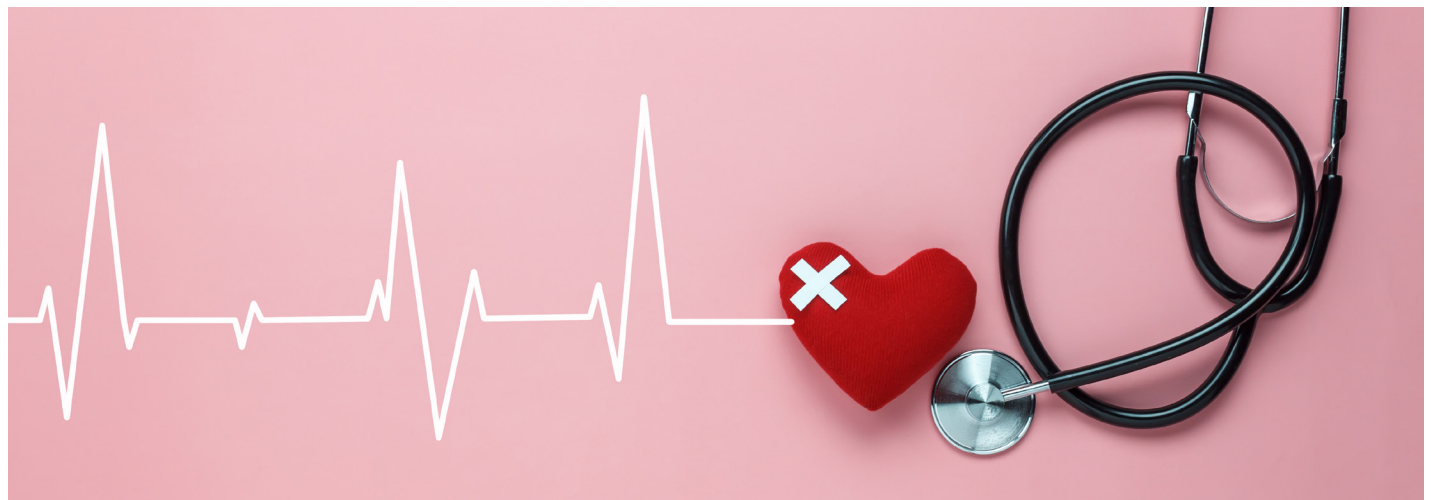


Social Determinants of Health

Annotated Bibliography



This annotated bibliography features guides and research articles published between 2016 and 2019 on social determinants of health, particularly as they relate to sexual victimization and adverse childhood experiences. The included research demonstrates correlations between sexual victimization and other traumas, negative health outcomes, and high-risk behaviors such as smoking and reluctance to engage with medical systems. Current research also suggests that healthy environments and support systems can reduce these risks.

I. General

Smith, E., Sundstrom, B., & DeMaria, A. L. (2019). "Nobody ever asks me:" A reproductive justice approach to rural health disparities. *Analyses of Social Issues and Public Policy*, 19(1), 78-103. <http://doi.org/10.1111/asap.12174>

This study explored systemic and social barriers to reproductive health services encountered by a sample of 52 adult women (ages 18-44, 62% African American, 25% white) living in rural South Carolina. Respondents identified multiple barriers to high-quality reproductive care access, such as poor quality of existing services, prohibitive costs, and lack of information about birth control. Respondents also described personal and social barriers to reproductive health care access, including stigma, fear of learning about health problems, and generational

habits (specifically the reluctance of relatives in discussing reproductive health and visits to the doctor). The authors observe that input from women can help health professionals address barriers to care.

Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2019). The empower action model: A framework for preventing adverse childhood experiences by promoting health, equality, and well-being across the life span. *Health Promotion Practice*. Advance online publication. <http://doi.org/10.1177/1524839919889355>

This article explains how the empower action model seeks to prevent adverse childhood experiences by promoting protective factors meant to strengthen resilience across the

lifespan. This preventive strategy focuses on five factors applied around the social-ecological model, such as creating positive environments for well-being and encouraging positive relationships for individuals and within families.

World Health Organization. (2016). *The Innov8 approach for reviewing national health programmes to leave no one behind: Technical handbook*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/250442/9789241511391-eng.pdf?sequence=1>

This handbook lays out the Innov8 approach to public health, a series of eight steps intended to expand the reach of national health programs. Innov8 is meant to help programs expand services to marginalized populations by identifying mechanisms that create inequalities, factors that encourage good health program coverage, and program adjustments that can promote equitable program coverage.

II. Adverse Childhood Experiences

Barboza-Salerno, G. E. (2019). *Examining spatial regimes of child maltreatment allegations in a social vulnerability framework*. *Child Maltreatment, 25*(1), 70–84. <https://doi.org/10.1177/1077559519850340>

This study sought to find patterns in child maltreatment reported to the California Department of Social Services and measures of neighborhood social vulnerability in San Diego County, California. The study gathered data on child maltreatment reports, indicators of socioeconomic vulnerability (poverty, unemployment, low per capita income, low rates of adults with high school diplomas), indicators of racial/ethnic vulnerability (high percentage of minority residents and residents who speak limited English), indicators

of household vulnerability (households with minors, persons age 65+, and single parents), indicators of housing/transportation vulnerability (household crowding, households with no vehicle, mobile homes, etc.), and indicators of health vulnerability (asthma, cardiovascular disease, low infant birth weight, and food deserts) for 628 census tracts in San Diego County. Census tracts with fewer indicators of social vulnerability had fewer reports of child maltreatment than census tracts with more indicators. The authors state that service providers should raise awareness of and access to community resources that address these vulnerabilities. Additionally, the authors argue that policies and services targeting these vulnerabilities jointly may reduce child maltreatment more effectively than those targeting a single type of vulnerability.

Bosch, J., Weaver, T. L., & Arnold, L. D. (2019). *Impact of adverse childhood experiences on oral health among women in the United States: Findings from the Behavioral Risk Factor Surveillance System*. *Journal of Interpersonal Violence*. Advance online publication. <http://doi.org/10.1177/0886260519883872>

This article explores the correlations between mental health, physical health, tobacco use, oral health, and adverse childhood experiences (ACEs), with special attention to childhood sexual abuse. The study drew data from a sample of 36,249 women living in the U.S. who participated in the 2010 Behavioral Risk Factor Surveillance System. Approximately 60% of respondents indicated that they experienced at least one ACE, with 15.7% indicating that they experienced childhood sexual abuse and 18% reporting four or more ACEs. Respondents with a history of sexual abuse or other ACEs were more likely to report having poor mental and physical health, being a current smoker, and having had their last dental cleaning more than a year prior. Respondents who experienced

childhood sexual abuse and/or four or more ACEs were also more likely to have had six or more permanent teeth removed. The authors state that future research can explore the relationship between types and severity of ACEs and health outcomes (including oral health outcomes), as well as the health impact of ACEs on women of color and women of lower socioeconomic status.

Karatekin, C., & Ahluwalia, R. (2020). Effects of adverse childhood experiences, stress, and social support on the health of college students. *Journal of Interpersonal Violence*, 35(1-2), 150-172. <http://doi.org/10.1177/0886260516681880>

Out of a sample of 321 undergraduate students (76% female, 72% Caucasian) at a midwestern university, respondents reported a median of three adverse childhood experiences. Respondents with more adverse childhood experiences reported greater stress and less support, which in turn were correlated with poorer mental health. The authors argue that addressing the interconnected issues of childhood trauma, stress, and social support can improve the mental health outcomes of undergraduate students.

Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., Metzler, M., Jones, C. M., Simon, T. R., Daniel, V. M., Ottley, P., & Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention – 25 states, 2015-2017. *Morbidity and Mortality Weekly Report*, 68(44), 999-1005. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6844e1-H.pdf>

This study examined 2015-2017 data from the Behavioral Risk Factor Surveillance System to uncover the relationship between adverse childhood experiences (ACEs), health risk

behaviors, and negative mental and physical health outcomes. Out of a sample of 144,017 adults living in 25 U.S. states, 60.9% indicated that they had experienced at least one ACE, and 15.6% indicated that they experienced four or more ACEs. Respondents with the highest level of ACE exposure were more likely to report having chronic health conditions (such as coronary heart disease, asthma, chronic obstructive pulmonary disease, etc.), depression, being a current smoker, and being a heavy drinker of alcohol. The article highlights strategies for ACE prevention that can reduce the risks for and public health burdens of related health problems.



III. Intimate Partner Violence

Schrag, R. J., Robinson, S. R., & Ravi, K. (2019). Understanding pathways within intimate partner violence: Economic abuse, economic hardship, and mental health. *Journal of Aggression, Maltreatment & Trauma*, 28(2), 222-242. <https://doi.org/10.1080/10926771.2018.1546247>

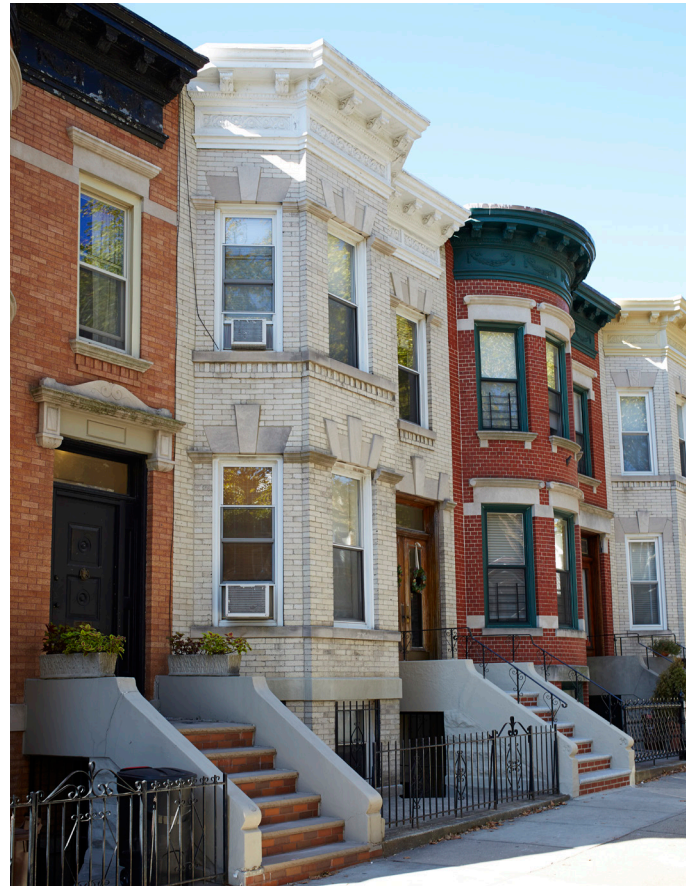
This study delved into the relationship between intimate partner violence (IPV) victimization, economic abuse, economic hardship, mental

health struggles, and community/social support among women. Out of a sample of 435 female community college students, economic abuse was correlated with physical and sexual IPV, while economic hardship was correlated with economic, physical, and sexual IPV. Both post-traumatic stress disorder and depression symptoms were significantly correlated with economic abuse, economic hardship, physical IPV, and sexual IPV. Economic abuse was positively correlated with respondents' use of community resources such as counseling services, food assistance, and housing assistance. Economic abuse was negatively correlated with social support. The authors discussed the importance of recognizing the economic dimension of IPV among advocates and mental health service providers, tailoring services to the economic needs of survivors, and promoting systems change related to economic abuse and poverty.

Schultz, K., Walls, M., & Grana, S. J. (2019). Intimate partner violence and health: The roles of social support and communal mastery in five American Indian communities. *Journal of Interpersonal Violence*. Advance online publication. <http://doi.org/10.1177/0886260518821463>

This study examined the relationship between intimate partner violence victimization, negative health outcomes, social support, and communal mastery (the extent to which one believes one can overcome challenges while in a social network or community) among 192 American Indians from five Ojibwe communities. Data from the Maawaji' idi-oog Mino-ayaawin (Gathering for Health) Study revealed that 45.9% of respondents (43.4% of men and 47.9% of women) indicated that they had experienced physical, emotional, or sexual abuse from their current or most recent partner. Intimate partner violence was correlated with drug abuse, depressive symptoms, and physical health conditions

often associated with type 2 diabetes, such as cardiovascular and urinary tract problems. Communal mastery did not significantly impact any health outcomes, while social support decreased drug abuse and of depression symptoms. Future research can explore the ways that social support can exert a positive health influence in American Indian communities.



Tutty, L. M., Radtke, H. L., Thurston, W. E., Nixon, K. L., Ursel, E. J., Ateah, C. A., & Hampton, M. (2019). The mental health and well-being of Canadian indigenous and non-indigenous women abused by intimate partners. *Violence Against Women*. Advance online publication. <https://doi.org/10.1177/1077801219884123>

This article explores the results of the Healing Journey study, which probed the relationship between intimate partner violence victimization, disability, and health among Canadian women.

The study drew data from a sample of 292 Indigenous women and 295 non-Indigenous women living in Canada who experienced intimate partner violence. Approximately two-fifths of respondents reported having a physical and/or mental disability, and over three-fifths reported having a physical or mental illness, with similar rates among Indigenous and non-Indigenous participants. However, Indigenous women were more likely to report childhood adversity (e.g., childhood sexual abuse, residing in foster care) as well as structural inequalities such as lower educational attainment and poverty. These findings emphasize the importance of assessing physical and mental health, disability, abuse history, and structural inequalities facing intimate partner violence victims of diverse backgrounds.

IV. Sexual Violence and Sexual Exploitation

Alcalá, H. E., Keim-Malpass, J., & Mitchell, E. M. (2018). Sexual assault and cancer screening among men and women. *Journal of Interpersonal Violence*. Advance online publication. <http://doi.org/10.1177/0886260518812797>

This study looked at the relationship between sexual victimization and cancer screening behaviors among adult men and women living in Kansas. Using data drawn from the 2014 Kansas Behavioral Risk Factor Surveillance System, this study found that out of a sample of 11,207 adults age 21 or older, 8.88% indicated that they had experienced sexual assault, and 7.35% indicated that they had a cancer diagnosis at some point in their lives. Sexual assault victimization was associated with 51% lower odds of prostate-specific antigen screening among men, 27% lower odds of clinical breast exams among women, 30% lower odds of mammograms among women, and 31% lower odds of Pap tests among women. The authors stress the need for further

investigation of sexual violence and cancer screening compliance, including evaluations of multiple screening options and barriers to screening faced by vulnerable populations.

Flanders, C. E., Anderson, R. E., Tarasoff, L. A., & Robinson, M. (2019). Bisexual stigma, sexual violence, and sexual health among bisexual and other plurisexual women: A cross-sectional survey study. *The Journal of Sex Research*, 56(9), 1115-1127. <https://doi.org/10.1080/00224499.2018.1563042>

This article examines data related to sexual victimization, experiences of biphobia and heterosexism, and sexual/reproductive health practices among bisexual women. Out of a sample of 323 bisexual women who participated in an online survey, 132 respondents (40%) indicated that they had experienced sexual violence at some point in their lives, and 164 (50.8%) indicated that they experienced verbal coercion at some point in their lives. Respondents who experienced greater bisexual stigma from heterosexual people were more likely to report lifetime verbal coercion, while those who reported greater bisexual stigma from gays and lesbians were more likely to report lifetime sexual violence. Experiences of biphobia did not significantly predict STI diagnoses, lifetime HIV testing, or Pap testing. However, experiences of heterosexism were mildly correlated with recent HIV testing and lifetime STI testing. The article highlights bisexual stigma and heterosexism as important factors in both vulnerability to sexual victimization and sexual/reproductive health issues among bisexual women.

Hébert, M., Amédée, L. M., Blais, M., & Gauthier-Duchesne, A. (2019). Child sexual abuse among a representative sample of Quebec high school students: Prevalence and association with mental health problems and health-risk behaviors. *The Canadian Journal of Psychiatry*, 64(12), 846-854. <https://doi.org/10.1177/0706743719861387>

This study examined data from the Quebec Youths' Romantic Relationships Survey to better understand the relationship between childhood sexual abuse, mental health problems, and high-risk health behaviors such as alcohol and drug consumption and delinquency. Out of a sample of 8,194 adolescents (ages 14-18), 14.4% of girls and 5.3% of boys indicated that they experienced childhood sexual abuse. Sexual abuse was correlated with low self-esteem, suicidal ideation, suicide attempts, post-traumatic stress disorder symptoms, alcohol and drug consumption, and delinquency (i.e., physical fighting, stealing). The authors reflect on the role of alcohol and drug consumption as a coping mechanism after trauma, the impact of gender norms (especially stereotypical masculine norms) on victims' mental health, and the economic burden of increased health service utilization among victims.

Price, K., Nelson, B. D., & Macias-Konstantopoulos, W. L. (2019). Understanding health care access disparities among human trafficking survivors: Profiles of health care experiences, access, and engagement. *Journal of Interpersonal Violence*. Advance online publication. <http://doi.org/10.1177/0886260519889934>

This study explored barriers to health care access and engagement faced by adult survivors of human trafficking. In a sample of 21 mostly female, mostly U.S.-born trafficking survivors (most of whom reported experiencing sexual exploitation), researchers identified three categories of respondents who encountered barriers to or were reluctant to seek medical care: avoidant (19%), who avoided medical services unless absolutely necessary; distrustful (9.5%), who avoided

medical services out of distrust for clinicians; and constrained (9.5%), who struggled with individual and systemic barriers to medical care. The article concludes that health care services should be accessible to and inclusive of trafficking survivors and other survivors of exploitation and coercion. Future research can assist in the development of trauma-informed and survivor-centered frameworks for health care delivery.

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