

# Chapter 4: Unintentional and Intentional Injury

## Introduction

Injuries are often categorized as intentional (resulting from purposeful human action, whether directed at oneself or others, such as suicide or homicide), unintentional (unplanned, such as falls or car crashes), or of undetermined intent.<sup>1</sup> In this chapter, both unintentional and intentional injuries will be discussed. Note that if intent is not specified, the term “injury” refers to all types.

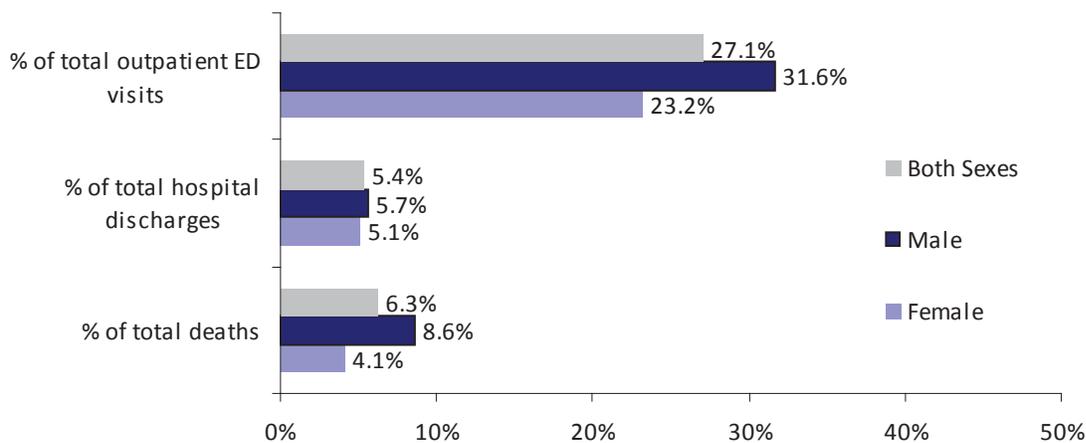
Whether intentional or unintentional, injuries inflict physical, emotional, and financial damage, including long or short-term disability, hospitalization and even death. Unintentional injury is the 6<sup>th</sup> leading cause of death among all females in Maine and the leading cause of death among women between the ages of 15 and 44 years.<sup>2</sup> Fortunately, many injuries are preventable. Public health efforts can raise awareness about behaviors that increase injury risk and promote practices that minimize injuries and their consequences.

## Overall Injury Rates

Each year between 2004 and 2008, an average of 260 females in Maine died of an injury. In addition, there were an average of 4,479 injury-related hospitalizations and 74,074 injury-related outpatient emergency department (ED) visits among females each year. During this 5-year period, injuries accounted for 4.1% of deaths, 5.1% of hospitalizations and 23.2% of outpatient ED visits among Maine females of all ages (Figure 4.1 and Table 4.1).<sup>2,3</sup>

Figure 4.1

Injury deaths, hospitalizations, and outpatient ED visits as a percent of total by sex, Maine, 2004- 2008

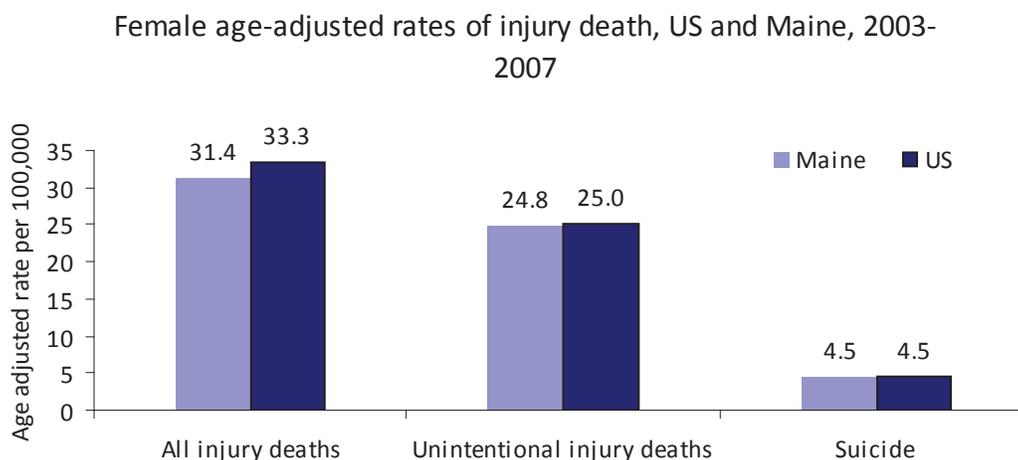


Sources: Maine Vital Records Data, Maine Hospital Discharge Data, Maine Hospital Outpatient Data<sup>2,3</sup>

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Maine's rates of overall injury deaths, unintentional injury deaths and suicide deaths for females were approximately the same as the U.S. in the period between 2003 and 2007<sup>a</sup> (Figure 4.2).<sup>4</sup>

Figure 4.2



Source: WISQARS<sup>4</sup>

### Sex

Between 2004 and 2008, males were more likely to die as the result of an injury and to visit the emergency department for an injury; females had higher rates of injury-related hospitalizations (Table 4.1).<sup>2,3</sup>

Table 4.1. Injury deaths, hospitalizations and emergency department rates: frequency, percent of total deaths, and rate per 100,000 by sex, Maine, 2004-2008.

		Female	Male	Both Sexes
<b>Deaths</b>	Number of injury deaths <sup>a</sup>	1,299	2,632	3,931
	Percent of total deaths	4.1%	8.6%	6.3%
	Rate per 100,000 population <sup>c</sup>	38.5	81.7	59.6
	95% Confidence Interval	(36.4, 40.6)	(78.6, 84.9)	(57.8, 61.5)
<b>Hospital discharges</b>	Discharges with injury principal diagnosis <sup>b</sup>	22,393	18,551	40,944
	Percent of total hospital discharges	5.0%	6.0%	5.0%
	Rate per 100,000 population <sup>c</sup>	663.8	576.1	620.9
	95% Confidence Interval	(655.1, 672.5)	(567.8, 584.3)	(614.9, 626.9)
<b>Outpatient ED visits (discharged to home or self care)</b>	Visits with injury principal diagnosis <sup>b</sup>	370,372	438,275	808,695
	Percent of total outpatient ED visits	23%	32%	27%
	Rate per 100,000 population <sup>c</sup>	10,978.3	13,609.6	12,264.1
	95% Confidence Interval	(10,943, 11,014)	(13,569, 13,651)	(12,237, 12,291)

Sources: Maine Vital Record Data, Maine Hospital Discharge Data, Maine Hospital Outpatient Data<sup>2,3</sup>

<sup>a</sup> Injury deaths = underlying causes V01-Y36, Y85-Y87, Y89, U01-U03, Y40-Y59, Y60-Y84, Y88 (includes adverse effects)

<sup>b</sup> Injury principal diagnosis = 800-909.2, 909.4, 909.9-994.9, 995.5-995.59, 995.80-995.85

<sup>c</sup> Unadjusted (crude) rate per 100,000

<sup>a</sup> Most recent available data from the U.S. are from 2007

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As noted in the introduction to this report, unintentional injuries are the overall leading cause of death among women aged 15-44 years and the fourth leading cause of death among women aged 45-64 years (see Introduction, Table A.1). Suicide is the third leading cause of death among young women aged 15-24 years and the fourth leading cause of death for women aged 25-44 years. Homicide is the fifth leading cause of death among women aged 15-24 years.<sup>2,3</sup>

Injuries can be classified into several specific categories based on intent and method. It is useful to examine these categories because each has its own risks and prevention strategies. When we examine injury-related deaths alone, motor vehicle crashes were the leading cause of injury deaths among Maine females between 2004-2008, followed by unintentional poisonings, unintentional falls, and unintentional suffocation (Table 4.2). Although intentional injury was not among the five leading causes of injury-related deaths among females, suicide-related injury (self-inflicted poisoning) was the 6<sup>th</sup> leading cause of injury death and homicide was the 10<sup>th</sup> leading cause of injury death among females of all ages in Maine.<sup>2,3</sup>

Falls were the leading cause of injury-related hospitalizations and outpatient emergency department visits for both females and males in Maine between 2004 and 2008 (Table 4.2). Self-inflicted poisoning was the second leading of cause of injury hospitalization among females.<sup>2,3</sup>

Table 4.2. Leading causes of injury deaths, hospitalizations and outpatient ED visits by sex, Maine, 2004-2008

Rank	Injury Deaths		Injury Hospitalizations		Injury Outpatient ED visits	
	Women (1,299)	Men (2,632)	Women (22,393)	Men (18,551)	Women (370,372)	Men (438,275)
1	Unintentional MV traffic 288	Unintentional MV traffic 574	Unintentional Fall 12,542	Unintentional Fall 7,012	Unintentional Fall 103,109	Unintentional Fall 87,396
2	Unintentional Poisoning 229	Unintentional Poisoning 456	Self-inflicted Poisoning 2,086	Unintentional MV traffic 2,740	Unintentional Overexertion 45,370	Unintentional Struck by, against 64,719
3	Unintentional Unspecified 182	Suicide Firearm 429	Unintentional MV traffic 1,832	Self-inflicted Poisoning 1,314	Unintentional Struck by, against 39,518	Unintentional Cut/Pierce 48,875
4	Unintentional Fall 172	Unintentional Fall 229	Unintentional Poisoning 925	Unintentional Transport, other 932	Unintentional MV traffic 26,719	Unintentional Overexertion 46,014
5	Unintentional Suffocation 67	Suicide Suffocation 146	Unintentional Unspecified 489	Unintentional Poisoning 926	Unintentional Cut/Pierce 24,005	Unintentional Other spec, classifiable 24,536

Sources: Maine Vital Record Data, Maine Hospital Discharge Data, Maine Outpatient Hospital Discharge Data<sup>2,3</sup>

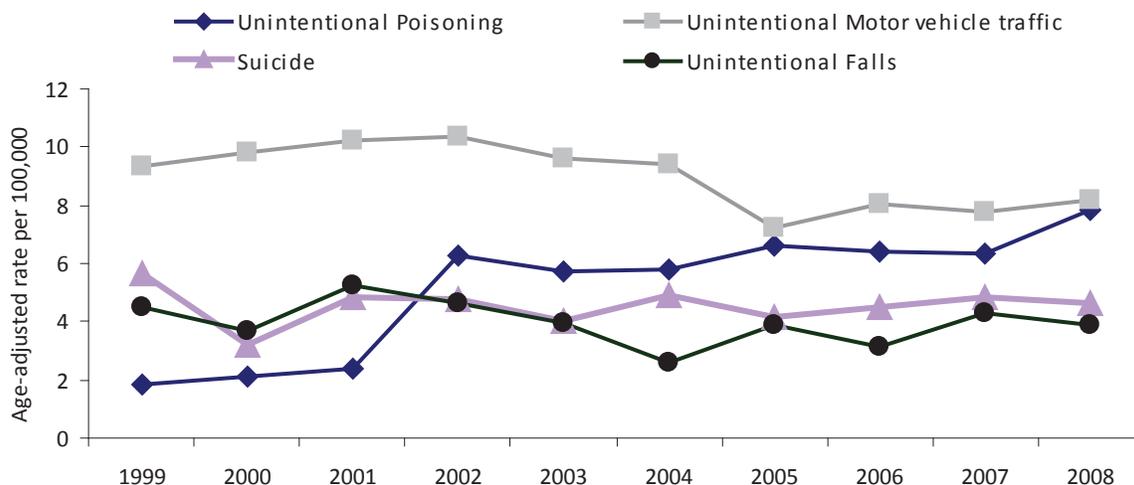
The four priorities of Maine's Injury Prevention Program are unintentional motor vehicle crashes, unintentional poisoning, unintentional falls, and suicide.<sup>5</sup> While motor vehicle deaths have

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decreased slightly over time, unintentional poisoning deaths have been increasing among Maine females, even surpassing motor vehicle crash deaths among women aged 25-54 years (Table 4.4). Poisoning-related mortality among females and males in Maine increased sharply in 2002 and has continued to increase in recent years, although less dramatically (Figure 4.3).<sup>2,4</sup>

Figure 4.3

Age-adjusted rates of leading causes of injury deaths among females, Maine, 1999-2008



Sources: 1999-2007 WISQARS<sup>4</sup>, 2008 Maine Vital Records Data<sup>2</sup>

Among females in Maine, between 2004 and 2008, there were 288 motor vehicle crash deaths (8.6 per 100,000), 229 deaths by unintentional poisoning (6.9 per 100,000), 172 deaths by an unintentional fall (5.2 per 100,000) and 163 suicides (4.9 per 100,000). Injury-related deaths by these causes were more common for males compared to females during this time period. However, females were more likely than males to be hospitalized for an unintentional fall or self-inflicted injury (e.g., suicide attempt), and women were as likely as men to be hospitalized for unintentional poisoning. Motor vehicle crash-related injuries, unintentional falls, and self-inflicted injuries that resulted in an outpatient ED visit were more common among females than males. Females and males had equivalent rates of outpatient ED visits for unintentional poisoning (Table 4.3).<sup>2,3</sup>

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Table 4.3. Frequencies and rates of deaths, hospitalizations and outpatient ED visits for the Maine Injury Prevention Program priority areas by sex, Maine, 2004-2008.

	Total			Male			Female		
	Number	Rate/ 100,000	95% CI	Number	Rate/ 100,000	95% CI	Number	Rate/ 100,000	95% CI
<b>Deaths<sup>a</sup></b>									
Motor vehicle	862	13.2	(12.3, 14)	574	17.9	(16.4, 19.3)	288	8.6	(7.6, 9.6)
Suicide	868	13.2	(12.4, 14.1)	705	21.9	(20.3, 23.6)	163	4.9	(4.1, 5.6)
Unintentional fall	401	6.1	(5.5, 6.7)	229	7.1	(6.2, 8)	172	5.2	(4.4, 5.9)
Unintentional poisoning	685	10.5	(9.7, 11.2)	456	14.2	(12.9, 15.5)	229	6.9	(6, 7.8)
<b>Hospital discharges<sup>b</sup></b>									
Motor vehicle	4,572	69.8	(67.7, 71.8)	2,748	85.5	(82.3, 88.7)	1,838	55.1	(52.6, 57.6)
Self-inflicted injury	3,647	55.7	(53.8, 57.5)	1,475	45.9	(43.5, 48.2)	2,172	65.1	(62.4, 67.8)
Unintentional fall	19,554	298.4	(294.2, 302.6)	7,012	218.1	(213, 223.2)	12,542	375.9	(369.3, 382.5)
Unintentional poisoning	1,851	28.2	(27, 29.5)	926	28.8	(27, 30.7)	925	27.7	(25.9, 29.5)
<b>Outpatient emergency department visits<sup>b,c</sup></b>									
Motor vehicle	49,115	749.5	(742.8, 756.1)	22,369	695.9	(686.8, 705)	26,742	801.5	(791.9, 811.1)
Self-inflicted injury	5,938	90.6	(88.3, 92.9)	2,784	86.6	(83.4, 89.8)	3,154	94.5	(91.2, 97.8)
Unintentional fall	190,515	2907.1	(2894.1, 2920.2)	87,396	2718.8	(2700.8, 2736.9)	103,109	3090.2	(3071.3, 3109)
Unintentional poisoning	5,317	81.1	(79, 83.3)	2,666	82.9	(79.8, 86.1)	2,651	79.5	(76.4, 82.5)

Source: Maine Vital Records Data,<sup>2</sup> Maine Outpatient ED Hospital Discharge Data, Maine Hospital Discharge Data<sup>3</sup>

<sup>a</sup> Injury deaths = underlying cause of death of V01-Y36, Y85-Y87, Y89, U01-U03, Y40-Y59, Y60-Y84, Y88 (includes adverse effects)

<sup>b</sup> Injury principal diagnosis = 800-909.2, 909.4, 909.9-994.9, 995.5-995.59, 995.80-995.85

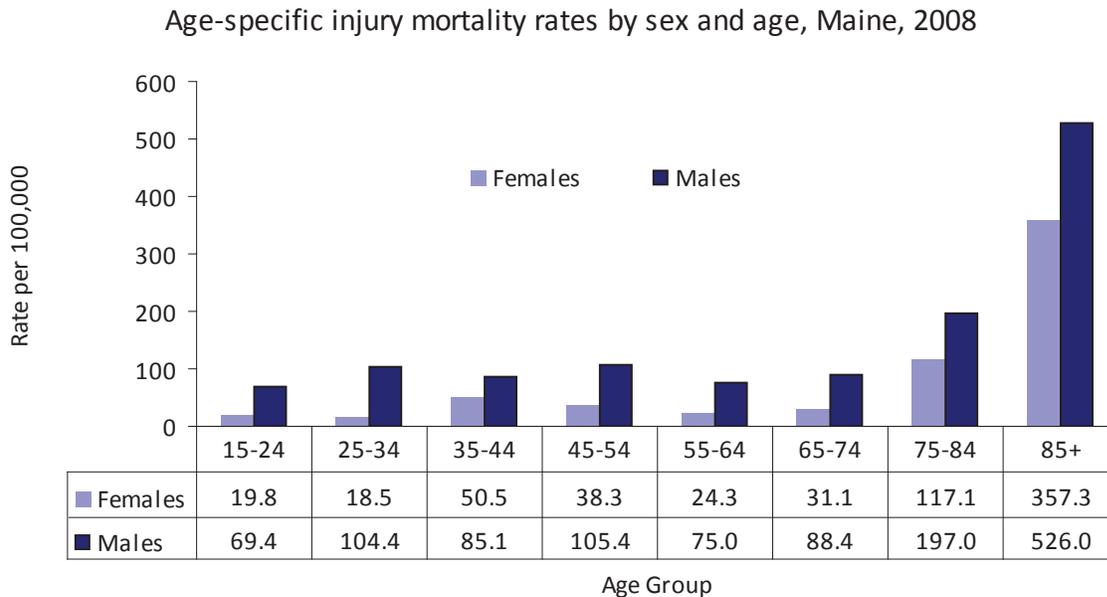
<sup>c</sup> discharged to home or self care

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### Age

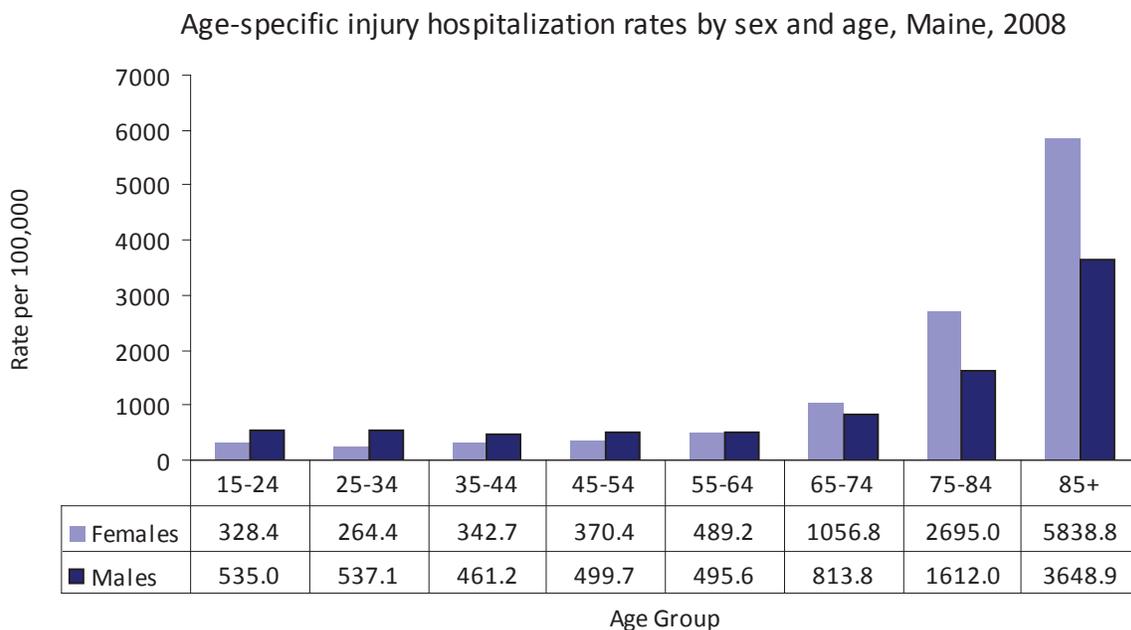
Injury mortality and hospitalization rates in 2008 were highest among men and women over age 85. Injury hospitalizations for women and men are more common as they age, but injury hospitalizations are more prevalent among older women compared to men (Figure 4.5).<sup>3</sup> Deaths due to injury are more common for men compared women in all age groups (Figures 4.4).<sup>2</sup>

Figure 4.4.



Source: Maine Vital Records Data<sup>2</sup>

Figure 4.5.



Source: Maine Hospital Discharge Data<sup>3</sup>

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Among Maine women, age has a strong influence on the type of injuries they experience. Between 2004 and 2008, the leading causes of injury-related deaths among young women aged 15-44 years were motor vehicle crashes, unintentional poisoning, suicide and homicide. As women age, homicide is less likely to appear among the leading five causes of deaths and women are more likely to die of a fall-related injury (Table 4.4).<sup>2</sup>

Among women between the ages of 65 and 74 years old and those over age 85 years, unintentional falls were the second leading cause of injury-related deaths between 2004 and 2008; among women between the ages of 75 and 84 years, falls were the leading cause of injury-related death. In that same period, unintentional poisoning was the leading cause of injury death among women aged 25-54 (Table 4.4).<sup>2</sup>

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Table 4.4. Leading causes of injury mortality among females by age, Maine, 2004-2008.

	<b>Age</b>	<b>15-24</b>	<b>25-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65-74</b>	<b>75-84</b>	<b>85+</b>
	<b>(Total deaths)</b>	(125)	(99)	(184)	(174)	(115)	(206)	(412)	(766)
<b>1</b>	Unintentional MV traffic (2)	Unintentional Poisoning (n=30)	Unintentional Poisoning (n=64)	Unintentional Poisoning (n=82)	Unintentional MV traffic (n=32)	Unintentional MV traffic (n=23)	Unintentional fall (n=53)	Unintentional Unspecified (n=124)	
<b>2</b>	Unintentional Poisoning (n=23)	Unintentional MV traffic (n=29)	Unintentional MV traffic (n=49)	Unintentional MV traffic (n=22)	Suicide poisoning (n=22)	Unintentional fall (n=17)	Unintentional Unspecified (n=44)	Unintentional fall (n=80)	
<b>3</b>	Suicide suffocation (n=9)	Suicide suffocation (n=7)	Suicide poisoning (n=17)	Suicide poisoning (n=16)	Unintentional Poisoning (n=14)	Unintentional Poisoning (n=6)	Unintentional MV traffic (n=38)	Unintentional Suffocation (n=31)	
<b>4</b>	Suicide firearm (n=4)	Suicide firearm (n=5)	Suicide firearm (n=13)	Suicide firearm (n=12)	Unintentional fall (n=9)	Unintentional Unspecified (n=6)	Unintentional Suffocation (n=16)	Unintentional MV traffic (n=20)	
<b>5</b>	Homicide unspecified (n=4)	Homicide firearm (n=5)	Homicide firearm (n=6)	Unintentional fall (n=6)	Suicide suffocation (n=4)	Unintentional Suffocation (n=6)	Adverse effects (n=13)	Adverse effects (n=9)	

Rank (# deaths)

Source: Maine Vital Records Data<sup>2</sup>

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### Public Health District

Between 2004 and 2008, rates of injury deaths among females in Maine did not vary by public health district (Table 4.5; Figure 4.6). However, Cumberland and York counties had significantly lower rates of injury-related hospitalizations and outpatient emergency department visits compared to other districts (Table 4.5; Figure 4.6).<sup>2,3</sup>

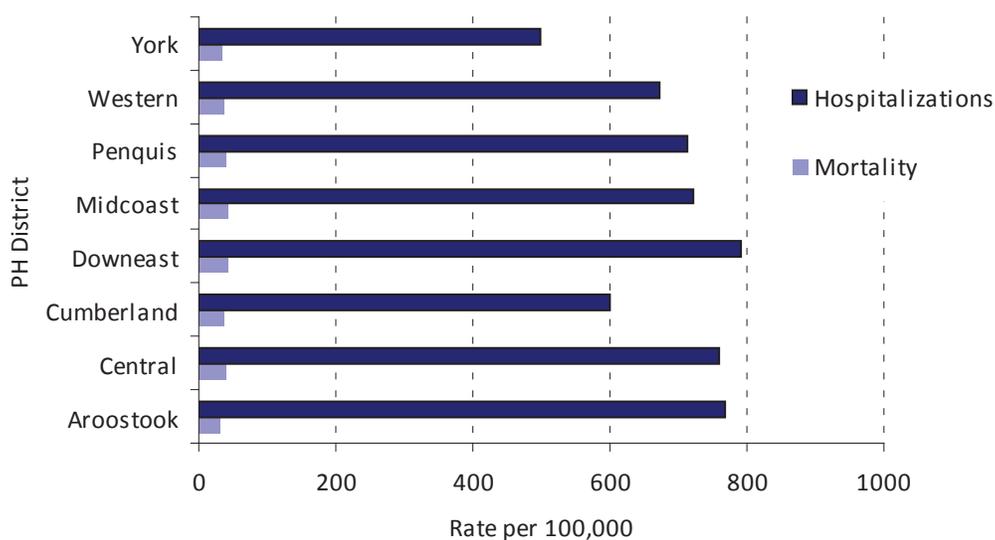
Table 4.5. Rates of injury deaths, hospitalization and emergency department visits among females by public health district, Maine, 2004-2008.

	Deaths		Hospitalizations		Outpatient ED visits	
	Rate per 100,000	Margin of error	Rate per 100,000	Margin of error	Rate per 100,000	Margin of error
Aroostook	33.1	(±8.3)	768.2	(±40)	13813.7	(±169.6)
Central	39.9	(±5.9)	759.5	(±25.7)	13,597.6	(±108.9)
Cumberland	37.3	(±4.5)	600.5	(±18.1)	9262.5	(±71.1)
Downeast	44.2	(±8.8)	792.4	(±37.3)	11826.6	(±144)
Midcoast	43.4	(±6.6)	722.2	(±26.9)	10976.6	(±105)
Penquis	40.1	(±6.1)	714.0	(±25.5)	10441.1	(±97.6)
Western	38.8	(±5.5)	673.7	(±22.9)	12022.0	(±96.6)
York	34.0	(±5)	497.3	(±19.3)	9,384.1	(±83.7)

Sources: Maine Vital Record Data, Maine Hospital Discharge Data, Maine Hospital Outpatient Data<sup>2,3</sup>

Figure 4.6

Injury mortality and hospitalization rates among females, by public health district, Maine, 2004-2008



Sources: Maine Vital Record Data, Maine Hospital Discharge Data<sup>2,3</sup>

### Violence Against Women

Violence against women includes intimate partner violence, domestic violence and sexual assault. These kinds of violence are defined by a pattern of coercive behaviors which may include social isolation, deprivation, intimidation, psychological abuse, childhood physical or sexual abuse, sexual assault, or repeated battering. Intimate partner violence (IPV), domestic violence (DV) and sexual assault (SA) are most often perpetrated by someone who is or was involved in a familial or intimate relationship with the victim. Women and girls of all ages are vulnerable to this kind of violence.<sup>6</sup>

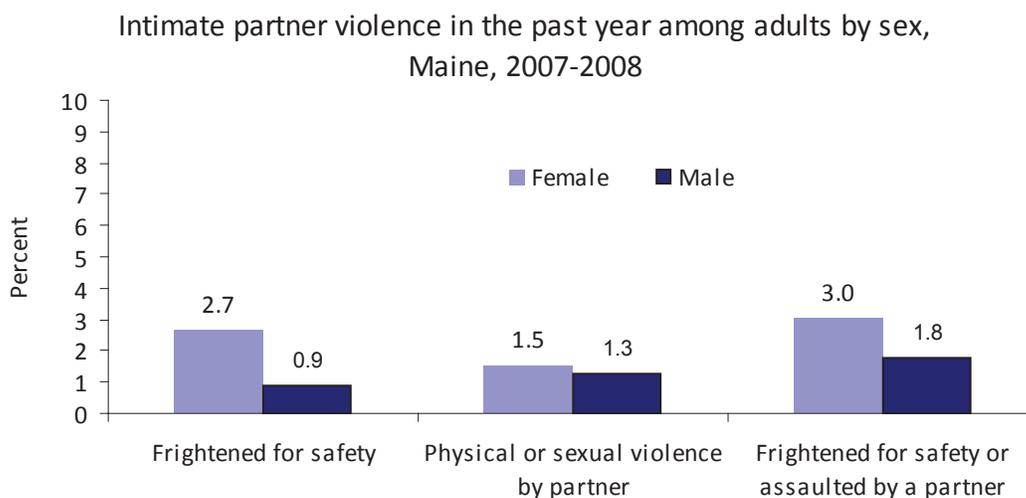
Health consequences of IPV, DV, and SA include: sexually transmitted infections, pregnancy, adverse psychological responses, injury and death.<sup>6</sup> The National Centers for Disease Control and Prevention estimates that IPV, rape, stalking and SA cost the U.S. more than \$5.8 billion each year, with the majority of that cost going to direct medical and mental health care services. Women experiencing IPV have medical costs that are an average of 60% higher than other women.<sup>6</sup>

### Intimate Partner Violence

Each year almost 14,000 women in Maine (2.7%) are frightened for their safety or the safety of their family or friends because of anger or threats by a current or former intimate partner (Figure 4.7).<sup>7</sup>

Annually, over 7,500 women in Maine (1.5%) are physically or sexually assaulted by a current or former intimate partner (Figure 4.7).<sup>7</sup> National surveys, such as the National Violence Against Women Survey, conducted in 1995-1996, have found similar rates of intimate partner violence nationally (1.5%).<sup>8</sup>

Figure 4.7



Source: Behavioral Risk Factor Surveillance System (BRFSS)<sup>7</sup>

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Maine women were more likely than men to report being frightened for their safety due to threats from their partner. In addition, women were more likely to be injured by an intimate partner; over half (61%) of the women who were physically or sexually assaulted by a partner in 2007 and 2008 were injured as a result of the violence, compared to 40% of men.<sup>7</sup>

### Domestic Assaults Reported to Police

Crime reports reveal that a domestic assault is reported to Maine police every 91 minutes.<sup>9</sup> Domestic assault data includes abuse between household and family members. This includes abuse between men and women, parent assaults on children, child assaults on parents, and other domestic assaults. In 2009, there were 5,287 domestic assaults reported to police, representing almost half (45.4%) of all reported assaults.<sup>9</sup> On average, about 45% of homicides in Maine each year are related to domestic conflicts.<sup>9-13</sup>

The number of DV assaults reported to police in Maine increased consistently each year between 1998 and 2007. In 1998, there were 3,855 domestic violence assaults reported (34% of the total assaults in the state). Between 1998 and 2007 the number of reported domestic violence assaults increased 50% reaching a ten-year high of 5,554 and accounted for 48% of all assaults in Maine.<sup>10</sup> Between 2007 and 2009, domestic assaults reported to law enforcement declined 4.8%.<sup>9-11</sup>

### Public Health District

In 2009, the highest rates of arrests for domestic violence assaults were in the Central, Western and York Public Health Districts; the lowest rates were in Downeast, Midcoast, Penquis and Aroostook Districts (Table 4.6).<sup>9</sup>

Table 4.6. Rate and number of domestic violence assaults reported to police by public health district, Maine, 2009.

PH District	# DV Assaults	Rate per 10,000	95% CI
Aroostook	209	29.2	(25.3, 33.2)
Central	915	53.2	(49.7, 56.6)
Cumberland	1046	37.6	(35.3, 39.8)
Downeast	231	27.0	(23.5, 30.5)
Midcoast	424	28.3	(25.6, 30.9)
Penquis	490	29.5	(26.9, 32.1)
Western	964	50.1	(46.9, 53.2)
York	1008	49.9	(46.8, 53)
Total	5287	40.1	(39.0, 41.2)

Source: Crime in Maine, 2009 report<sup>9</sup>

### Sexual Assault

Data from the 2006 Behavioral Risk Factor Surveillance System estimated that 16.2% of Maine women and 3.2% of Maine men have ever been the victim of rape or attempted rape during their lifetime; 1.5% of women and 0.7% of men reported a rape or attempted rape in the past year.<sup>7</sup>

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According to the National Survey of Violence Against women, nationally 17.6% of women were ever the victims of a rape or attempted rape and 0.3% had been raped in the previous year.<sup>8</sup> Among women who were sexually assaulted in Maine, 97% reported that the perpetrator was male.<sup>7</sup>

In a separate 2006 crime survey of adults in Maine, nearly 1 in 5 Mainers reported that they have been the victim of rape or attempted rape during their lifetime; 28.5% of female respondents and 7.4% of male respondents had experienced this crime at some point in their lives.<sup>14</sup>

### Age

In 2006, adult women under age 35 in Maine were more likely than women over the age of 55 years to have experienced a rape or attempted rape (Table 4.7).<sup>7</sup> This is consistent with national statistics.<sup>8</sup>

Table 4.7. Prevalence of lifetime rape or attempted rape among females by age, Maine, 2006.

Age Group	%	95% CI
18 - 24	16.5	(6.4, 26.7)
25 - 34	24.0	(18.3, 29.7)
35 - 44	20.8	(16.5, 25.1)
45 - 54	17.6	(14.1, 21)
55 - 64	14.6	(11.0, 18.2)
65+	5.3	(3.3, 7.3)

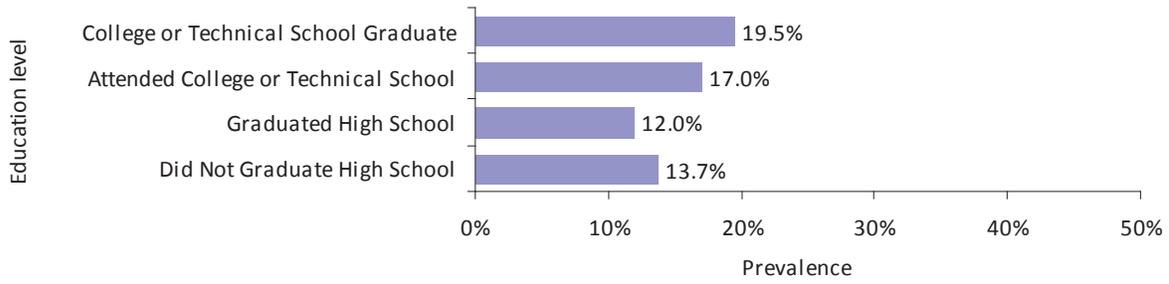
Source: BRFSS<sup>7</sup>

### Education

Women with a college education were more likely than women with a high school education or less to report that they had ever been the victim of rape or attempted rape during their lifetime (Figure 4.8).<sup>7</sup>

Figure 4.8

Prevalence of lifetime rape or attempted rape among females by education, Maine, 2006



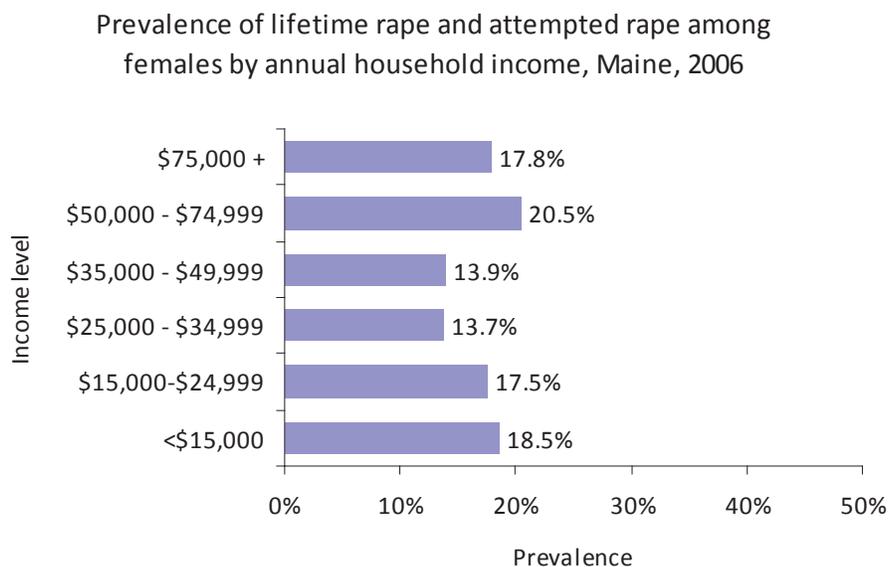
Source: BRFSS<sup>7</sup>

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### Income

There was not a statistically significant relationship between income and a woman's experience of rape or attempted rape in Maine in 2006 (Figure 4.9).<sup>7</sup>

Figure 4.9



### Rapes Reported to Police

Another source for information about the frequency of rape in Maine is Uniform Crime Reports on rapes reported to police. In these data, rape is defined as the “carnal knowledge of a female forcibly and against her will.”<sup>9</sup> Based on this data, about 360 rapes are reported to police each year in Maine. In 2009, there were 374 rapes reported, a rate of 5.5 per 10,000 females. Maine's rate of rapes reported to police has not consistently increased or declined over time.<sup>9-13</sup> It is important to note that many rapes are not reported to police. According to the National Violence Against Women Survey, only about 19% of women who disclosed that they were raped on the survey reported that rape to the police.<sup>8</sup>

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### Public Health District

Maine's rate of rapes reported to police varies by public health district. Based on data from 2005-2009, Central, Western, and York Districts had rates of rape that were statistically higher than the state average (Table 4.8).<sup>9-13</sup>

Table 4.8. Rapes reported to police by public health district, Maine, 2005-2009

PH Districts	Average # of rapes/year	Rate per 10,000 females	95% CI
Aroostook	9	2.4	(1.7,3.1)
Central	68	7.7	(6.9,8.5)
Cumberland	73	5.2	(4.6,5.7)
Downeast	10	2.2	(1.6,2.8)
Midcoast	29	3.8	(3.1,4.4)
Penquis	19	2.3	(1.8,2.7)
Western	80	8.0	(7.3,8.8)
York	73	7.0	(6.3,7.7)
<b>Total</b>	<b>360</b>	<b>5.3</b>	<b>(5.1,5.6)</b>

Source: Crime in Maine, 2005-2009 reports<sup>9-13</sup>

### Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressors during childhood that can include abuse, household dysfunction, and parental absence. Several studies have found that these types of experiences are common among children and are related to adult health outcomes including substance abuse, mental illness, suicide, cardiovascular disease, diabetes, cancer and early death.<sup>15, 16</sup>

Data on adverse childhood experiences among adults in Maine were collected for the first time by Maine's 2010 BRFSS survey. The survey included 11 items that assessed experiences with verbal, physical and sexual abuse and witnessing domestic violence, as well as items that assessed household functioning, such as contact with an incarcerated, mentally ill, or substance abusing household member or parental divorce or separation.

Based on these questions, over 60% of women and 57% of men reported experiencing at least one adverse childhood experience. Women were almost two times as likely as men to report experiencing at least five ACEs during childhood; one in every ten Maine adult women reported experiencing five or more ACEs (Table 4.9).<sup>7</sup>

More than 1 in every 4 women reported being verbally abused, lived with a household member with a mental illness, had parents who separated or divorced, or lived with a parent who abused alcohol or drugs (Table 4.9).<sup>7</sup> About 16% of women were physically abused, 14% witnessed domestic violence between their parents, and almost 1 in 5 were sexually abused by a person who was at least five years older or an adult. Maine's rates of adverse childhood experiences among women are similar to published findings from five other states that included the ACEs questions on their BRFSS.<sup>17</sup>

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Maine women were more likely than men to have been sexually abused, to have lived in a household with someone with a mental illness, and to have had parents who separated or divorced (Table 4.9).<sup>7</sup>

Table 4.9. Prevalence of adverse childhood experiences among adults by sex, Maine, 2010

Adverse Childhood Experiences	Women		Men	
	%	95% CI	%	95% CI
<b>Physically abused</b>	15.9	(14.0, 17.7)	16.3	(14.0, 18.6)
<b>Sexually abused</b>	19.1	(17.1, 21.1)	8.1	(6.5, 9.7)
Raped	5.7	(4.6, 6.9)	2.3	(1.4, 3.2)
Touched sexually	16.7	(14.9, 18.6)	6.3	(4.9, 7.7)
Forced to touch other	11.8	(10.1, 13.6)	6.0	(4.6, 7.4)
<b>Verbally abused</b>	27.1	(24.9, 29.4)	26.5	(23.7, 29.3)
<b>Witnessed domestic violence</b>	14.0	(12.3, 15.8)	13.2	(11.1, 15.3)
<b>Household mental illness</b>	24.7	(22.4, 26.9)	16.1	(13.6, 18.5)
<b>Parental separation</b>	25.1	(22.8, 27.4)	20.7	(18.0, 23.3)
<b>Household substance abuse</b>	32.2	(29.9, 34.6)	28.6	(25.8, 31.4)
Alcohol abuse	29.7	(27.4, 31.9)	26.4	(23.6, 29.2)
Other drug abuse	9.4	(7.8, 11.0)	7.6	(6.0, 9.2)
<b>Incarcerated household member</b>	5.0	(3.8, 6.3)	5.1	(3.7, 6.5)
<b>ACE score</b>				
0	38.7	(36.4,41.1)	43.1	(40.0,46.3)
1	21.4	(19.3,23.4)	22.3	(19.8,24.8)
2	14.6	(12.7,16.5)	12.9	(10.7,15.2)
3	8.7	(7.3,10.0)	8.8	(7.1,10.5)
4	6.6	(5.3,7.8)	7.3	(5.6,9.0)
5+	10.1	(8.5,11.7)	5.5	(4.1,6.9)

Source: BRFSS<sup>7</sup>

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