

Community Pediatrics



COLUMBIA
UNIVERSITY

Domestic Violence

Bringing It “Home” To Our Practices

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DV Curriculum - Resident Activities

- DV Introduction – PL-1s (PL-2s CP block)
- Continuity Clinic Conference – all PLs
- Community Pediatrics Block – PL-2s
 - Project F.A.I.T.H. – 2x/month
 - Domestic Violence Support Group at Project Faith – 1x/month
 - Domestic Violence Coalition Meeting – 1x/month
 - D.O.V.E. Program – 1x/month

What is Domestic Violence?

Physical, sexual, psychological, and/or economic abuse to an individual perpetrated by a current or former intimate partner.

What is Domestic Violence?

- Pattern of coercive control
- NOT about anger
- Anger = Loss of control
- Anger management is therefore contraindicated (behavioral modification necessary)

AWAKE Project Children's Hospital, Boston

Epidemiology

- An estimated 2-4 million women affected each year.
- 1/3 of American women report being physically or sexually abused by an intimate partner at some point in their lives.
- Crosses all ethno-demographic profiles but Latino, African-American women, and women in lower income households are at higher risk.

Epidemiology

- More than half of all women murdered in the US have been murdered by a current or former partner.
- Family violence costs the nation \$5-10 billion annually.
- A woman is at greatest risk for serious injury or homicide when she leaves the relationship.

Local Statistics

- New York State:

- 4 women/week killed as a result of DV
- Every 3 minutes 1 person victimized, 20/hour, 432/day, and 157,680/year

- Washington Heights / Inwood:

- Total Northern Manhattan (96th St. to Manhattan tip) 1999 Arrests: 3,833
- WH/ Inwood 1999 Arrests: 2,047
- Total Northern Manhattan 1999 Complaints: 4,291
- WH/ Inwood 1999 Complaints: 2,125

Why Pediatricians?

- “The silent or invisible victims.”
- An estimated 3-10 million children each year witness domestic violence.
- Unique opportunity to interact with both victims (mother and child).
- One in five female high school students report abuse by a dating partner.

Why Pediatricians?

- Child abuse occurs in 33-77% of families with domestic violence.
- AAP: “identifying and intervening on behalf of battered women...most effective means of preventing child abuse.”
- Domestic violence directly impacts parenting skills.
- Our duty to intervene.

Effects of Exposure

- Children as young as 16 months can nonverbally express effects of exposure.
- Infants:
 - disrupted sleep
 - feeding difficulties
 - poor weight gain
 - excessive screaming
 - developmental delay

Effects of Exposure

- Preschoolers:
 - withdrawn, mute
 - anxiety
 - nightmares/poor sleep
- School-aged:
 - behavioral changes
 - poor school performance

Effects of Exposure

- Adolescents:
 - rage, shame, betrayal
 - rebelliousness
 - truancy
 - drug use
 - poor impulse control
- Increased likelihood of repeating the cycle of violence.
- Post-traumatic stress disorder

Effects of Exposure

- “Parentified” child
- Physical Health
 - Chronic pain
 - Nonspecific symptoms

Barriers Perceived

- Lack of time
- Lack of support staff
- Fear of “opening Pandora’s box”
- Not “my” responsibility
- Lack of adequate resources
- Lack of formal training and education

Barriers Perceived

- Lack of privacy
- Personal experience
- Fear of abusive person
- Language constraints

Who should we screen?

- All females over 14 BUT
 - Need privacy
 - No children in the room over the age of 3 (or 2 and verbal)
 - Remember children as young as 11 may be in an abusive relationship

Children's Hospital of Pittsburgh

How can I get a woman alone to talk with her?

- While the nurse does a hearing screen on older kids
- While the father-figure goes to make the follow-up appointment
- While ROR volunteers read to children in the waiting room

Children's Hospital of Pittsburgh

How to Ask / Screening

- Basics:
 - Ask
 - Listen
 - Support
 - Provide information
 - Safety plan
 - Document
 - Follow-up
- RADAR
- Pre-amble

How to Ask / Screening

- Provide a comfortable, confidential and safe environment.
- As part of social history
- As part of anticipatory guidance
- The contextual approach
- The direct approach

How to Ask/Screening

- Direct questions:

1. “Has your partner ever threatened to harm you, your children, your personal possessions, or other people or things that are important to you?”
2. “Has your partner ever hurt you physically?”
3. “Do you feel safe in your current relationship?”
4. “Is there a partner from a previous relationship who is making you feel unsafe now?”

The Screening Do's

- Screen privately
- Use interpreters
- Use simple and descriptive questions
- Document screening and disclosure (SW notes)

AWAKE Project Children's Hospital, Boston

Now what!

- Answer “Yes”:

- Provide support and encourage her to talk
- Listen without judgment
- Validate her experience
- Do not prescribe leaving – provide options

Now what!

- Answer “No”:
 - Be aware of signs and symptoms
 - Ask again (and again)
 - Open-door policy
 - Follow-up
- “You are not alone.”
- Defined and limited role – **asking is an intervention**

Now what!

- Part of a broader community resource
- Immediate local resources:
 - Site social worker
 - Project D.O.V.E.
 - Project F.A.I.T.H.
- Family preservation
 - No mandated reporting in NY

Resources

- DV screening questions
- DV List of Resources
- RADAR