



CARE FOR KIDS



Early & Periodic Screening, Diagnosis & Treatment

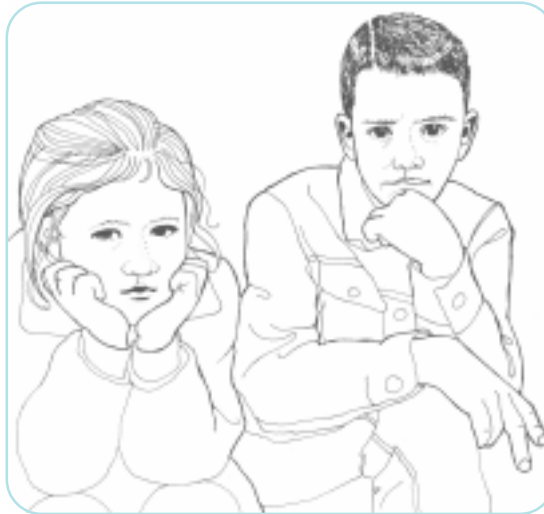
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Domestic Violence and Primary Care

Katherine Mathews, MD

Departments of Pediatrics and Neurology, University of Iowa Hospitals and Clinics

I recently had the opportunity to listen to the tape of a 911 dispatcher talking to a young girl calling for help because her father was beating her mother. The terror and pain in her voice left no question in my mind that violence in the home is an issue of vital importance to anyone who is concerned about the physical and psychological welfare of children.



of being the victim of domestic violence. Every year about 2 million women in this country are assaulted and seriously hurt by their domestic partner.

Domestic violence crosses socio-economic lines. A pilot study of domestic violence screening in a community pediatric setting found no significant differences in incidence between women with private

insurance and women with families using Medicaid. High socio-economic status does not protect against violent behavior in the home. Similarly, studies done in Iowa as well as in other areas of the country show that domestic violence affects families in both urban and rural areas. Research also shows that neither an abused nor an abusive adult can be identified by appearance, or by how they interact socially outside the home.

The term "domestic violence" is used here to mean violent or threatening behavior between intimate adults. It can include physical, emotional, or sexual assault. Ninety-five percent of victims of domestic violence are women. Such violence is common. Surveys in a variety of settings show that acute or recent domestic violence affects from a tenth to a third of all American households. These numbers are at least doubled if one examines an American woman's lifetime risk

CHILD ABUSE AND DOMESTIC VIOLENCE

The US has 22.3 million children between the ages of 12-17, among them:

- 1.8 million (8%) victims of serious sexual assault
- 3.9 million (17%) victims of serious physical assault
- 9.0 million (40%) witnessed serious violence

National Conference of State Legislatures, 12-2-99

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Impact of domestic violence on children

The millions of children growing up in households affected by domestic violence are at risk for both physical and psychological injury. A growing body of evidence demonstrates that the damage to the wellbeing of these children may begin in childhood, but it persists throughout their lives.

- A high correlation exists between domestic violence and violence directed toward the children. About 30-60% of the families that experience domestic violence will also experience child abuse. Screening for domestic violence often uncovers previously unreported child abuse. Screening mothers of abused children reveals a high rate of domestic violence.
- Domestic violence can also affect the unborn fetus; pregnancy is a high-risk time for women whose partners are violent.
- Children who witness domestic violence learn to respond to conflict with violent behavior. Children growing up in abusive homes are more likely than peers to be abusive and violent themselves.
- Domestic violence is kept secret. Most children have no one to talk to about the problem. Domestic violence may interfere with a child's ability to form close relationships with others. It is isolating.
- An abused adult may feel trapped and impotent. Often, abused adults lack the emo-

tional resources or social supports necessary to provide the parenting their children need. If they use drugs or alcohol, or have other maladaptive behaviors, this can further erode their ability to give support and guidance to children in the home.



AMA Facts about Family Violence

Child abuse occurs:

- In all types of families.
- In all socioeconomic settings.
- To children of all ages.

Risk factors for abuse include marital problems, substance abuse, unemployment, and financial burdens.

Domestic violence is a leading indicator that child abuse is happening in the home.

30% of American women are physically abused by husband or boyfriend.

33% of abused women grew up in a household where their mother was abused.

Child abuse and domestic violence account for 1/3 of the \$450 billion spent in the US on crime each year.

3.1 million cases of child abuse were reported in 1997; 1,215 children died.

Child fatalities related to abuse have increased by 39% since 1985.

Role of the health care provider

Physicians in a wide range of specialties are recognizing that domestic violence is a serious public health problem. Many professional medical organizations, including the AAP, AAFP, and the AMA, have developed policy statements that deal with the medical identification of and response to domestic violence. Domestic violence is recognized as an issue with significant medical consequences, including death.

As a health care provider, you can take several steps to address the problem of domestic violence in your own practice.

1. Examine your own biases and beliefs:
 - Do you believe that people who are abused by their partners probably deserve it?
 - Do you believe that people “drive their partners to it” or in some way provoke assault?
 - Do you feel that physical or psychological violence is appropriate in any other setting in our society?
 - Do you know anyone who has been the victim of domestic violence? What was your response?
2. Learn how to talk with families about violence in the home. Talk with patients in a private setting. Introduce the topic by noting that violence is recognized as a risk factor for a variety of health prob-

lems. Screening questions may include the following:

- Do you feel safe in your home?
- Does your partner ever hurt you or threaten to hurt you?
- Are you afraid of your partner?

Remember that the medical record is a relatively public document, and that both parents have the legal right to read their child's chart. Because of the risk to the victim who reports violence in the home, charting should be done cautiously. In some settings a separate screening form may be developed that does not need to be released with the rest of the record [see also "Families and Domestic Violence: Guidelines to Follow," insert page 1].

3. Integrate assessment for domestic violence into routine history taking and into health maintenance for children. The AAP Task Force on Violence recommends routinely assessing for domestic violence, from infancy through late adolescence. This indicates to the patient that you recognize domestic violence as a health care concern, and that you are willing to talk about it.

In addition, situations that should prompt specific questions about domestic violence in the home include:

- Suspected or confirmed child abuse.
- A child who is visiting

your office too often as the result of minor medical concerns or stress-related illnesses, such as chronic headaches or stomach-aches.

- Frequent visits to the emergency room, particularly at night or during hours that both parents are home. The ER may provide a safe setting where an abused parent can escape a dangerous situation. It may also be viewed as a relatively anonymous way for a family to get medical care when they are struggling with the stress and stigma of domestic violence.

4. If you suspect or know that domestic violence is occurring, schedule follow-up care. Your office may be one of the few safe places for an adult who is being abused. Your non-judgmental concern may provide the support needed for intervention to begin.

5. Know the resources in your county or community. One reason physicians don't ask about domestic violence is their lack of knowledge about how to respond if abuse is revealed. Learn about the resources in your community:

- Assistance for the victim, such as local phone numbers for battered women's shelters
- Restraint and education of the abusive partner
- Counseling for family members, including children

In Iowa, you can call the state-

wide hotline for victims of domestic violence at 1-800-942-0333. This hotline is answered 24 hours a day, 7 days a week by trained staff with expertise in domestic violence. They offer phone counseling and referral to domestic violence services around the state. [See also "Iowa Referral Resources," insert page 2.]

6. If resources in your community are inadequate, advocate for change.

7. Encourage and support the education of other health care providers in your community. The entire health care community needs to be sensitive to the issue of domestic violence and its effect on children in the home. The health care community needs to encourage training for providers in screening, assessment, and intervention related to domestic abuse.

Domestic violence has a physical and psychological impact on all members of a family. Children in homes where domestic violence occurs are at risk for injury. They may experience psychological problems, and may display violent behavior themselves. Health care providers who are committed to preventive health care are in a unique position to help break the cycle of violence. Asking questions, being supportive, acknowledging that domestic violence is a common problem, and referring the victim to help can significantly affect outcomes.

Parental Substance Abuse

and Its Effects on Children

Rizwan Z. Shah, MD, FAAP
Blank Children's Hospital, Des Moines

The wellbeing of children depends upon the constant presence of understanding and nurturing parents or other caregivers. They supervise and protect the child during vulnerable times of physical and emotional growth. Many circumstances can compromise the ability of a parent to fulfill this role, including the use of alcohol and drugs. Recent epidemics of substance abuse in the US are raising concerns about protecting children in such families.

Substance abuse and parenting

Drug addiction is a chronic, progressive disorder. It is characterized by cycles of abuse, decreased use, relapse and more abuse. For an addicted parent, the day revolves around the need to procure and use the drug of choice, and then to recover from its affects. Important activities — familial, social, occupational — are given up or reduced because of the substance abuse. For these parents, the responsibility to protect and sustain their children is less important than the parent's need for the euphoria produced by the drug.

As a result of substance abuse, children may be left alone or unsupervised for long periods of time. Often young children make a valiant effort to parent even younger children. Some children

care for their incapacitated parents. Family resources needed for food and other necessities may be bartered for drugs. In extreme cases, children are offered for drugs.

Families, children, and substance abuse

About 12 million Americans use illicit drugs
National Committee to Prevent Child Abuse, 1997

About 4.3 million women between the ages of 15 and 44 use drugs:

1.6 million have children living with them

400,000 of these women live with children younger than two

National Clearinghouse for Drug and Alcohol Information, 1995

Between 9-10 million children in the US live with parents who are substance abusers. *Mitchell and Sawyer, 1991*

Substance abuse is the most common factor associated with abuse, approximately tripling the risk of abuse when other factors are controlled. *National Institute of Mental Health*

Alcohol abuse appears to be the drug most often associated with physical abuse. Greater degrees of alcohol abuse appear to correlate with increased physical violence. Cocaine abuse by parents puts children at increased risk for sexual abuse due to a lack of boundaries, and to exposure to non-family contacts in houses where drug dealing takes place.

Out-of-home placements

A 1994 study by the US Department of Health and Human Services found that 28% of the children receiving child welfare services tested positive as newborns for exposure to drugs. Iowa legislation passed in 1993 states that if a child tests positive for the presence of illegal substances in the body, this constitutes a founded child abuse report.

Last year, Iowa spent \$1.6 million to assist children and families. During that time, 5,099 children between the ages of birth and 20 were placed in family foster care. More than half of these children are younger than 12. Nearly 70% — about 3,500 children — are in foster care as the result of abuse or parenting issues that include alcohol or substance abuse. In Iowa, foster children change homes an average of four times. Such instability in the early years has a profound effect on a child's sense of security and attachment.

The lessons of the last decade in Iowa have taught us that there are no easy answers to this complex problem. Efforts to deal with it have included:

- Expansion of child abuse statutes
- Court-mandated treatment for parents who are substance abusers
- Family support programs

Families and Domestic Violence

Guidelines to follow if you suspect that a child, or the child's parent, is being abused.

1

Before screening for domestic violence:

- Learn more about domestic abuse by attending training in your community.
- Learn about the resources in your community (see next page, "Iowa Referral Resources").
- Talk with local agencies about ways you can work together on referrals.

2

When you screen for domestic violence:

- Talk to the non-abusive parent and child alone in a safe, private environment.
- Explain that your goal is the well-being of everyone in the family — parents and children.

■ Place the issue in context.

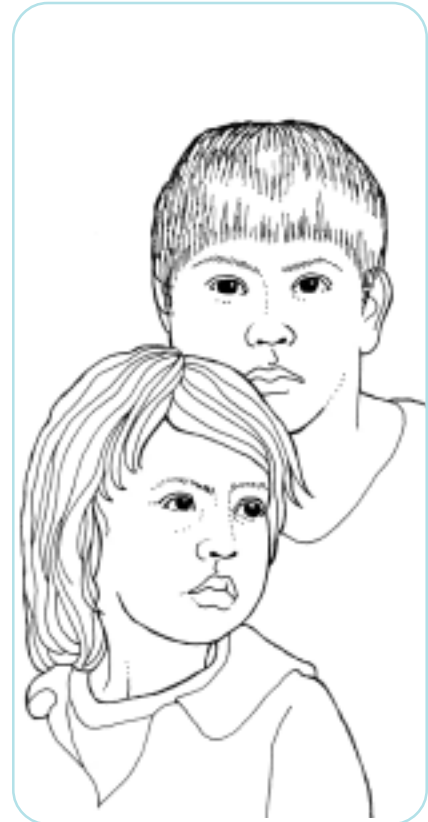
- "It seems that many families are dealing with violence these days, so I routinely ask parents about this."
- "Your child's symptoms make me worry that someone is hurting her."

■ Be alert to clues:

- One partner insists on accompanying the other parent and child, and speaks for them.
- Non-abusive parent is reluctant to talk with abusive partner present.
- Child's history doesn't fit injury or illness.
- Parent may make frequent appointments for vague, poorly defined complaints.
- Medical attention for injuries may be sought later than would be expected.
- The family may use emergency room services more often than is usual.
- The parent attempts to hide injuries with clothing.
- The parent or child has a number of injuries, at various stages of healing.

■ Ask direct questions. Because substance abuse often plays a role in domestic violence, discuss this as well.

- Do you and your children feel safe at home? Do you ever feel threatened there?
- Has your partner or anyone else in your family ever slapped, hit, shoved, or threatened you or your child?
- Are your child's symptoms the result of someone hurting him? Was it your partner?
- Do you keep any guns or rifles at home? Are they locked up?
- During the past year, has anyone in your home had trouble with drinking?
- How many drinks at one time do you usually have? (Positive screen: >5)
- How many drinks does it take for you to feel the alcohol? (Positive screen: >2)
- Does anyone in your home have trouble with illegal drugs? Have you used any illegal drugs in the past year?
- Would you like information about domestic violence or substance abuse programs in our community?



3

If the answers are "NO," but you suspect abuse

- Accept the results, but continue to screen and to offer resources at each visit.
- Explain that you are available if help or support is needed in the future.
- Have take-home resource materials available in waiting areas and bathrooms.

continued on reverse side

Families and Domestic Violence, *continued*

4

If the answer is “YES,” that the child or the child’s parent is being abused

■ **Validate their experience.**

- I’m glad you are talking with me about this. Let’s see how we can work together so you and your child can be safe and healthy.
- I am so sorry that this is happening to you, and I want you to know that you aren’t alone. Let’s take a look at your options.

■ **Treat injuries.**

- If the child appears to be injured, examine carefully to expose hidden injuries.
- Provide care in your office; don’t rely on prescriptions or referrals, for which compliance may be difficult or impossible.
- If consultants are involved, voice your concerns.

■ **Determine whether they are safe.**

- Is there a risk of injury or death?
- Does the abuser use weapons?
- Does the abuser threaten others — siblings, grandparents, friends, etc.?
- Has the abuser threatened homicide? Hostage taking? Suicide?
- What roles do drugs or alcohol play?
- Do they believe it is safe for them to go home today? If not, do they have a safe place to go? What is their plan?

■ **Talk with them about the nature of domestic violence.**

Explain:

- Violence has a lasting effect on a child’s emotional as well as physical health.
- No one — neither the parent nor the child — “deserves” to be hurt.
- The abuser, not the victim, is the person responsible for stopping the violence.
- Parents are responsible for protecting children from violence.
- Domestic violence usually escalates over time.

■ **Tell them about their options.**

- Provide information about community resources, such as hotlines or shelters.
- Ask if they have used any of these before.
- Ask if they would like a referral now. If so, provide phone numbers and addresses,

and a place where the parent can make a private phone call. In some cases, domestic violence advocates are willing to come to the clinic to meet with patients.

- Insure that the non-abusive parent has access to community or medical resources that they can use if they wish, including legal intervention.

■ **Document the visit.**

- Explain what you are putting in the medical record. In some situations, an abusive partner may legally obtain access to these records. This can place the victim in increased danger.
- Use the patient’s own words to describe injuries and abuse.
- Use a body map to document injuries; take photos if possible and with consent.
- Record treatment, consults, referrals, prescriptions, follow-up.

■ **In Iowa, healthcare providers must report certain kinds of abuse.**

For ADULTS

- Gunshot wounds, stabbing wounds, and any “life-threatening injury” that is the result of domestic violence.

For CHILDREN

- Younger than 18: Any physical, sexual, or emotional abuse by a caregiver.
- Younger than 12: Any physical, sexual, or emotional abuse by any person (care provider or not).

In these situations, it is important to explain that a report must be filed. This allows the non-abusive parent to make arrangements for safety.

In other cases, the patient decides.

- If the abuse does not fit the descriptions above, explain that any information shared with you will be treated confidentially. It will be up to the patient or parent to decide whether a report will be made.

■ **Plan for follow-up.**

- Schedule a follow-up appointment before they leave. Explain you will feel better if you know you will be seeing them again and can talk with them about how things are going.

At the next visit, gather information.

- Ask what has happened since their last visit. Did they contact community services or otherwise get help?
- Review their medical records; talk with them about past domestic violence.
- Demonstrate that this is a health care issue that can be discussed openly, not something they should be afraid or ashamed to discuss.
- Remind them, and yourself, that domestic violence is a complex health issue, like smoking or obesity, and that it will take time to resolve successfully. Often, changes are made one step at a time.

Sometimes problems arise.

- If appointments are missed or cancelled (especially by the abusive partner), consider this a red flag. Try to contact the non-abusive parent and reschedule the appointment. Document this information.

Iowa Referral Resources

Your nearest Human Services (DHS) office
Look in your local phone book under: Government: State Services: Human Services

Iowa Child Protective Services
1-800-362-2178

Iowa Domestic Abuse Hotline
Available 24 hours a day, seven days a week.
1-800-942-0333

Iowa Substance Abuse Information Center
Information on Iowa substance abuse services, including AA groups, treatment programs, and halfway houses.
1- 800-247-0614

Iowa COMPASS A comprehensive referral resource on services, shelters, and hotlines throughout Iowa. Contact them to learn more about what’s available in your community.
1-800-779-2001 (voice and TTY)

National Domestic Violence Hotline
Help in Spanish and English, 24/7, with translators available for 139 other languages. Links callers to services in their own areas.
1-800-779-7223 (voice) 1-800-787-3224 (TTY)



Parental Substance Abuse,
continued from p. 4

To date, all have fallen short of insuring the care of children of addicted parents. We need to find new ways to forge interagency collaboration. Healthcare providers, substance abuse treatment programs, and Iowa's child protective system must work together to ensure the health and safety of children while their parents get treatment for chemical dependency. Such an approach will require the training of professionals who work with children and families, and policy that deals in a balanced way with the delicate issues of family preservation and child protection.

Resources

AMA: *Facts about Family Violence*. ([w.ama-assn.org/ad-com/releases/1996/fvfact.htm](http://www.ama-assn.org/ad-com/releases/1996/fvfact.htm))

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The role of the pediatrician in recognizing and intervening on behalf of abused women. *Pediatrics* 1998;101:1091-1092.

The role of the pediatrician in youth violence prevention. *Pediatrics* 1999; 103:173-178.

US Dept. Health and Human Services. Substance abuse among women and parents. <http://aspe.hhs.gov/hsp/cyp/xsfamdr.htm>.

University of Wisconsin Family Medical Practice. *Improving Your Health Care Response to Domestic Violence*. <http://www.fvpf.org/health/screenstrat.html>

Witnessing domestic violence during childhood and adolescence: Implication for pediatric practice. *Pediatrics* 1994;94:594-599.

A model medical protocol for domestic violence incidents. Georgia Commission on Family Violence. at <http://www.athens.net/~rblum/fvcmcd.html>

Early Childhood Caries Prevention in the Medical Home

Robert Anderson, MD, FAAP



This summer the Iowa Chapter of the American Academy of Pediatrics, with the assistance of the EPSDT program, is implementing an initiative to reduce the incidence of early childhood caries (ECC). Pe-

diatricians will pursue a comprehensive approach to ECC prevention for children from birth to three years of age. The initiative includes an education component that reviews ECC risk factor identification, screening techniques, and fluoride varnish application. (With fluoride varnish, primary care providers in the United States can reduce early childhood caries by an estimated 25% to 45% in high-risk populations.)

Early childhood caries affect a child's primary, or baby, teeth. Among certain populations, it has a frequency as high as 50%. Because of the health burden of dental decay and the cost of restoration, all primary health care providers should be aware of ECC, and should intervene with prevention strategies.

Oral health screening is called for in the EPSDT guidelines. Essential prevention strategies include:

- Oral health screening at each EPSDT visit

- Risk assessment
- Anticipatory guidance

Identifiable caries in a patient would result in referral to a dentist, as indicated by EPSDT guidelines. Thus, the child's "medical home" can refer a child to their "dental home."

Reimbursement for dental care

To facilitate reimbursement for the additional service provided to the child, the Division of Medical Services of the Iowa Department of Human Services has proposed reimbursement for oral health services, to include:

- Services rendered by physicians acting within their scope of practice for the purpose of identifying and preventing tooth decay.
- Limited oral screenings.
- Application of topical fluoride (this adds only minutes to the dental screening exam that is outlined by Dr. Kanellis in the fall '99 issue of this newsletter (see <http://www.medicine.uiowa.edu/uhs/epsdt/dental.html>)).

The rule changes will be effective on September 1, 2000.

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Provider Services: **1-800-338-7909**

If you have questions about **clinical issues**
and EPSDT Care for Kids services, please call
Edward Schor, MD: **1-800-383-3826**

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The University of Iowa
Iowa University Affiliated Program
100 Hawkins Drive
Iowa City IA 52242-1011

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NEWSLETTER STAFF

Executive Editors

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Any correspondence concerning the newsletter should be addressed to:

Claibourne I. Dungy, MD, MPH
or Ellen Link, MD
Family Care Center – Pediatrics
University of Iowa Hospitals and Clinics
200 Hawkins Drive 01212 - PFF
Iowa City, IA 52242-1083

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