

Screen Parents for Signs of Intimate Partner Violence

BY SHERRY BOSCHERT

EXPERT ANALYSIS FROM THE ANNUAL MEETING OF THE AMERICAN ACADEMY OF PEDIATRICS

SAN FRANCISCO – Looking for signs of intimate partner violence between parents of pediatric patients may or may not help the parents, but the effects of that violence on children are so profound that physicians must ask about it, a clinical report from the American Academy of Pediatrics concludes.

The lead author of the report, Dr. Jonathan D. Thackeray, highlighted it in a plenary session at the academy's national meeting because the recommendations didn't get the attention they deserved when published earlier this year, he said (*Pediatrics* 2010;125:1094-100).

Approximately 29% of U.S. children in dual-parent households (15.5 million children) were exposed to intimate partner violence in the previous year, and 13% of children (7 million) were in households with severe intimate partner violence, results of a 2006 study suggest (*J. Fam. Psychol.* 2006;20:137-42).

Those findings probably underestimate the problem because that survey did not include children living with single parents, grandparents, or same-sex parents, noted Dr. Thackeray of Ohio State University. "If you look for intimate partner violence, you will find it," he said.

There's overwhelming evidence that children exposed to intimate partner violence face increased risk for child maltreatment and medical, behavioral, and mental health problems in both the short and long terms, added Dr. Thackeray, clinical director of the Child Assessment Center, Center for Child and Family Advocacy at Nationwide Children's Hospital, Columbus, Ohio.

How to Ask About Intimate Partner Violence

When further questioning about intimate partner violence seems warranted, clinicians can broach the topic by asking one of these questions, Dr. Thackeray and his associates suggest:

- ▶ "We all have disagreements at home. What happens when you and your partner disagree?"
- "Is there shouting, pushing, or shoving? Does anyone get hurt?"
- ▶ "Has your partner ever threatened to hurt you or your children?"
- ▶ "Do you ever feel afraid of your partner?"
- ▶ "Has anyone forced you to have sex in the last few years?"

When either child maltreatment or intimate partner violence is present in a family, the other will be present in 30%-60% of cases, data suggest. When intimate partner violence affects a parent, the child's risk of neglect or emotional abuse doubles and the risk of physical abuse more than triples. The violence also may injure the child.

In the long run, adults who report childhood exposure to intimate partner violence in the family had a sixfold increased risk for emotional abuse or substance abuse, a fivefold increased risk for physical neglect or physical abuse, and a threefold higher risk for



Children exposed to intimate partner violence face increased risk for child maltreatment.

DR. THACKERAY

sexual abuse or incarceration of family members (*Violence Vict.* 2002;17:3-17). The more often they witnessed intimate partner violence as a child, the more likely they were as adults to report alcoholism, illicit or IV drug use, or depression.

The academy's clinical report, produced by members of its Committee on Child Abuse and Neglect and Committee on Injury, Violence, and Poison Prevention, echoes endorsements of intimate partner violence screening by most major medical organizations.

These contrast somewhat with guidelines by government bodies concluding that there's insufficient evidence to recommend for or against routine screening of women for intimate partner violence. Both the U.S. Preventive Services Task Force (*Ann. Fam. Med.* 2004;2:156-60) and the Canadian Task Force on Preventive Health Care (*CMAJ* 2003;169:582-4) concluded that there's insufficient evidence to recommend for or against routine screening of women for intimate partner violence.

Various studies report finding intimate partner violence affecting 15%-41% of women screened, but have not shown that screening and detection make a significant difference in the odds of the violence recurring. That may be a sign that current interventions for women who screen positive for intimate partner violence are ineffective, Dr. Thackeray said.

The academy's clinical report recommends screening either verbally or through self-administered written assessment. The report offers resources and suggestions for referrals and safety plans that can be offered to parents dealing with intimate partner violence.

Dr. Thackeray said he has no pertinent conflicts of interest. ■



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