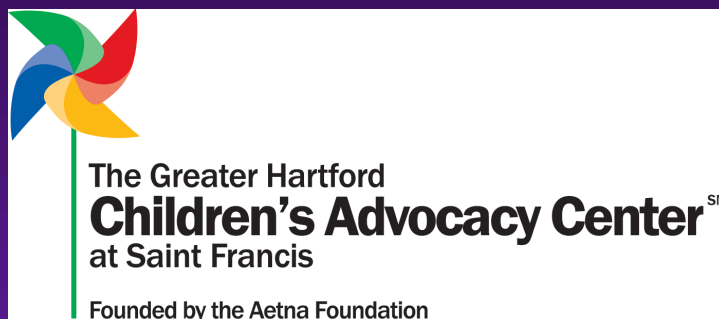


# Family Violence: A Pediatric Perspective

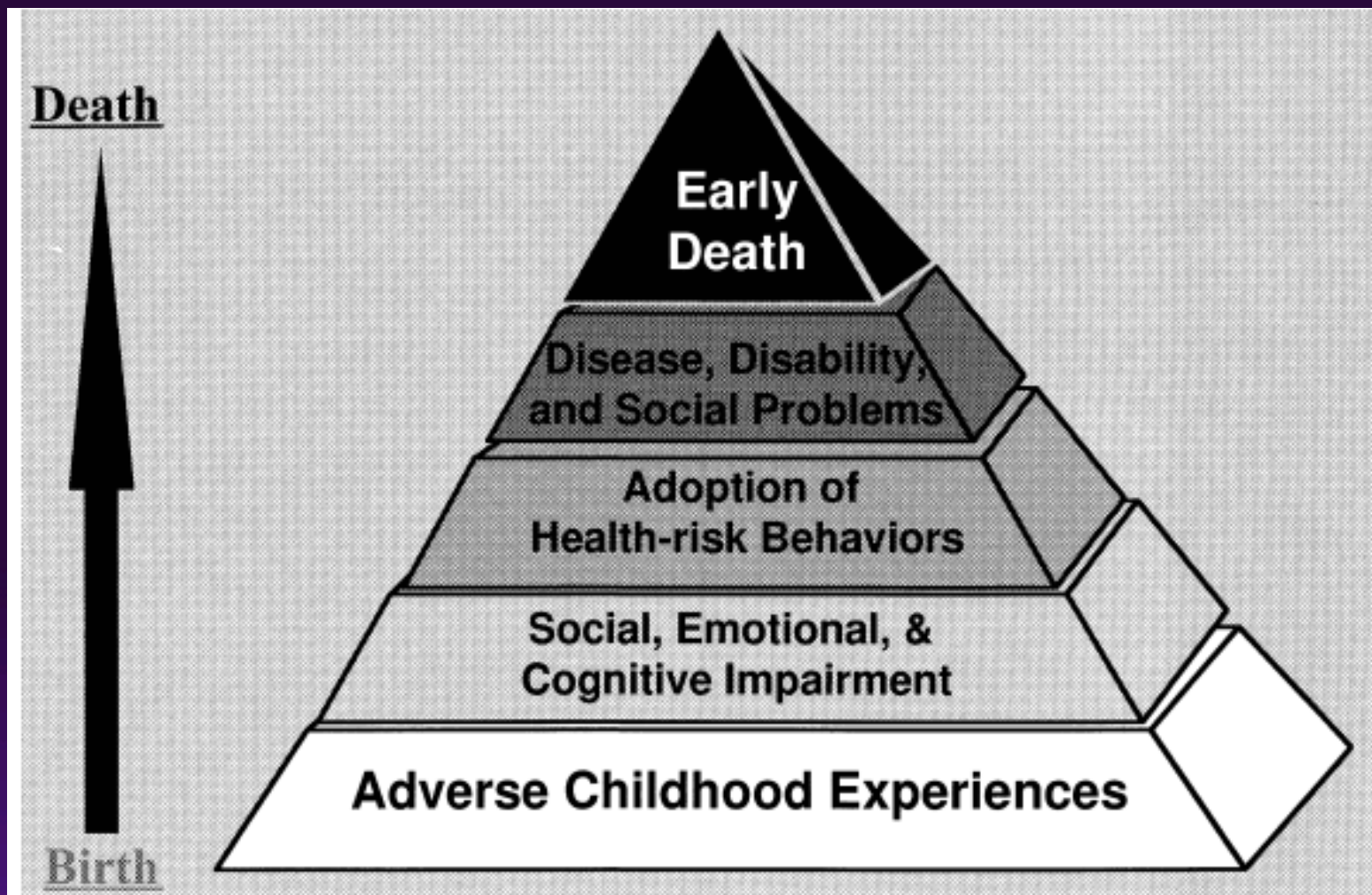
CT Task Force to Study the Statewide Response to  
Minors Exposed to Family Violence  
August 2015

Nina Livingston, MD  
Child Abuse Pediatrician  
Medical Director  
Hartford Regional Child Abuse Services



# Lifelong Impact: The ACE studies (Adverse Childhood Experiences)

- 17,337 adult Kaiser HMO members
- Assessed 7 adverse childhood experiences including abuse (physical, sexual, psychological) and household dysfunction (caregiver with IPV, mental illness, substance abuse, prison)
- ACE score developed and compared with outcome measures in various health domains
- Risks for all health outcomes increased in a graded fashion with increasing ACE scores



Felitti, et al (1998) *American Journal of Preventive Medicine*, 14, 245-258

# How common is child exposure to family violence?

- Difficult to get accurate incidence and prevalence figures
- NCANDS and NIS underestimate
- Adult retrospective reports distant in time

# National Sample of Adolescents

- N=3814
- 1 in 10 (9%) had witnessed serious violence between parents or caregivers.

Zinzow H et al J Child Psychol Psychiatry 2009;50(4):441–50

# NatSCEV II—2011

(national survey of childhood exposure to violence)

- N=4503, 0-17 yrs
- Any witness to family assault *last year*:
  - All children 8%
- Lifetime exposure:
  - All children 20%
  - 14-17 yrs 34%

34%!

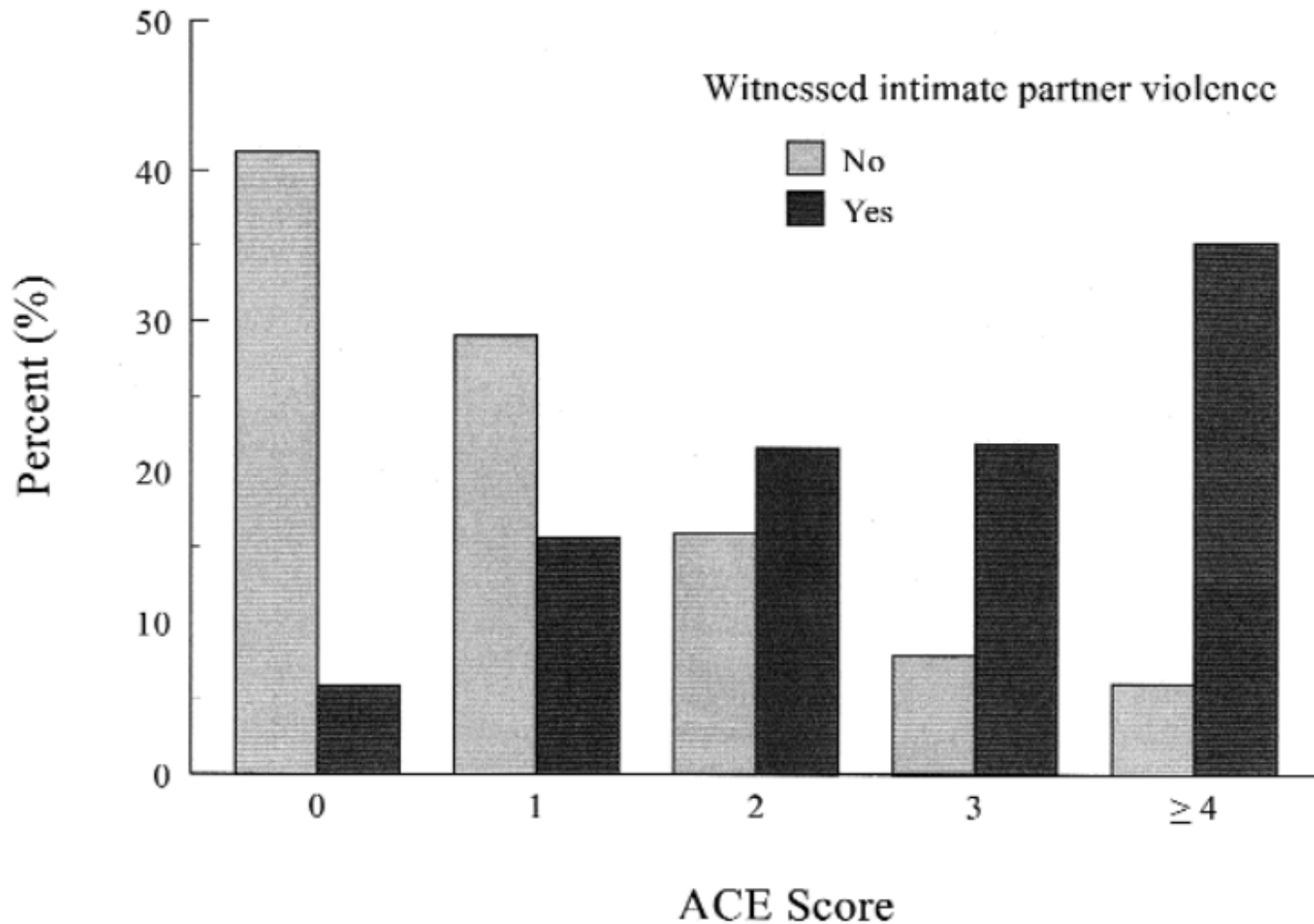
*Finkelhor et al JAMA Pediatr.* 2013;167(7):614-621

# Polyvictimization

- In the NSA, 20% of all youth and 41% of the victims of any of the 4 types of victimization measured had experienced more than 1 type
- In NatSCEV II, 48% of youth had experienced 2 or more of the 50 types of victimization measured, 15% endorsed 6 or more, and 5% reported exposure to 10 or more different types of victimization.



# IPV and ACE scores



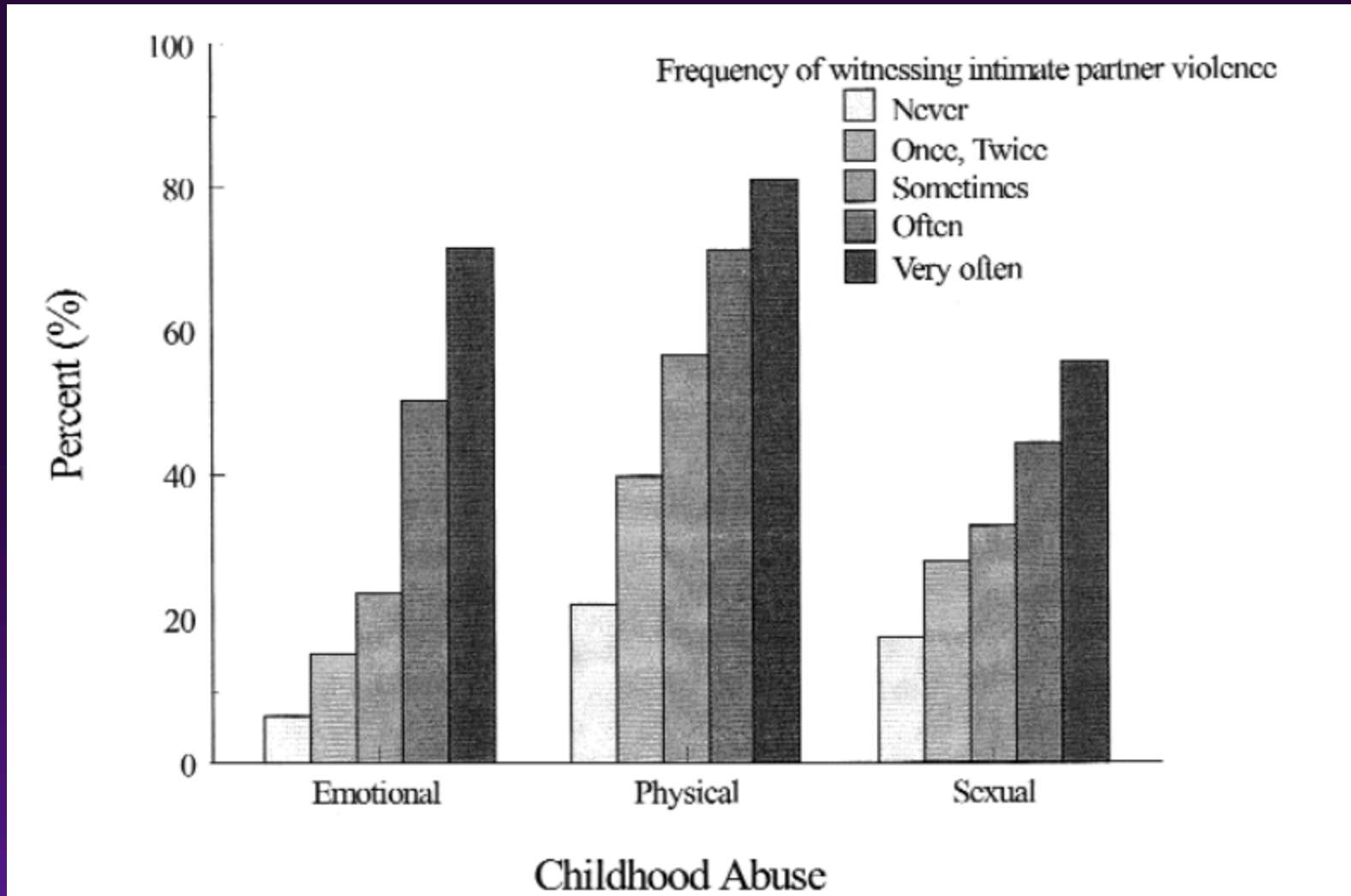


# Overlap between IPV and other forms of child abuse

- Reviews of studies looking at IPV and child physical abuse estimate co-occurrence rates:
  - 10 to 100% (median of 40%) – Appel 1998
  - 30 to 60% - Edelson 1999

Edleson J. *Violence Against Women* 1999;5(2):134-154

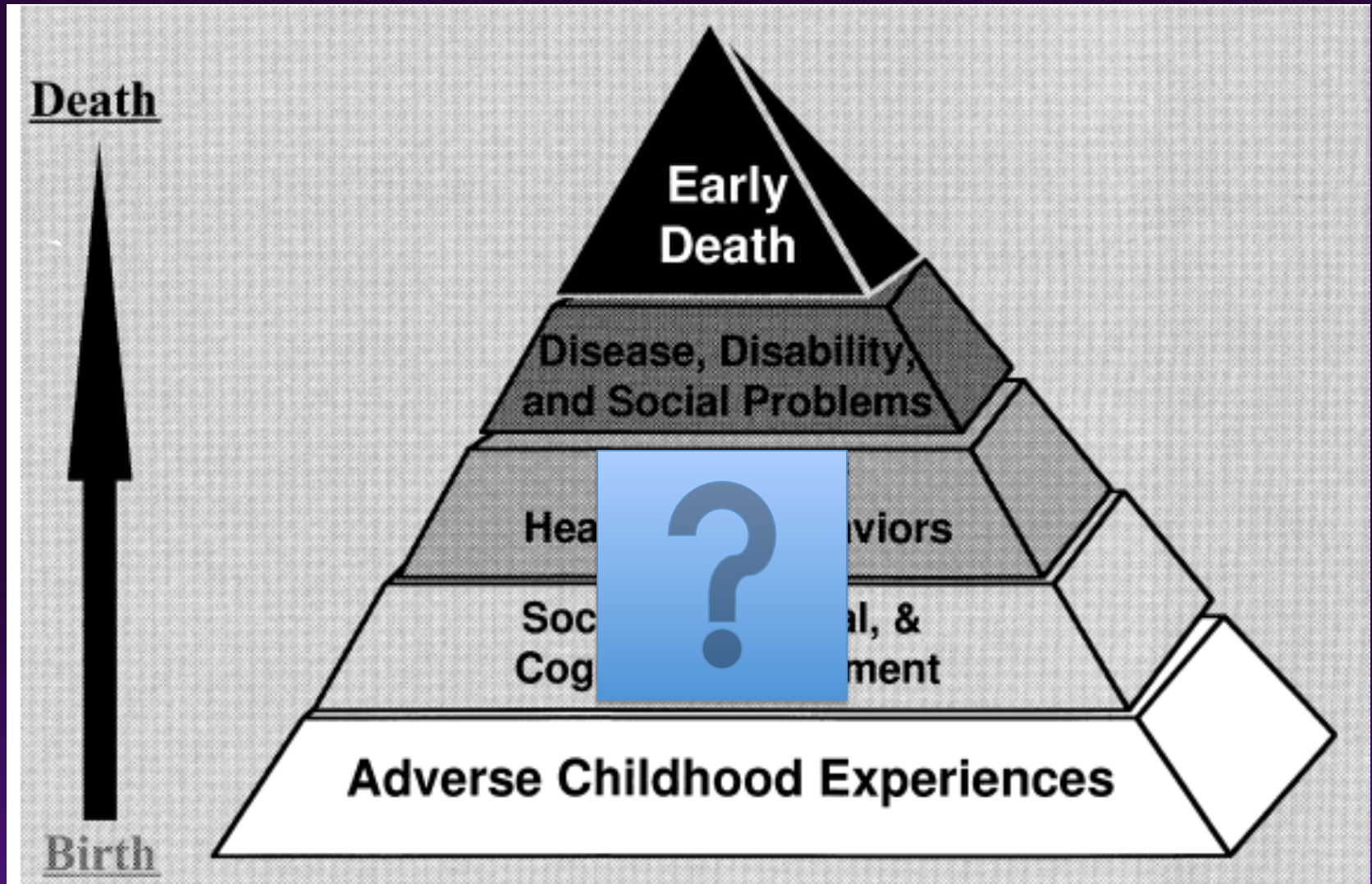
# Overlap between IPV and child abuse



# Heterogeneity of exposure

- Hearing
- Seeing
- Being physically involved
- Seeing the aftermath
- Experiencing the limited parenting of an abused parent

- Illustrative Cases (not included in handout)



Felitti, et al (1998) *American Journal of Preventive Medicine*, 14, 245-258

# Stress and the tiger



- Body designed to respond to threats of short duration
- Adrenalin and cortisol surge
- Increased heart rate
- Increased blood pressure
- Run! Hide!



# But what if the tiger lives in your home?





# Concept of Toxic Stress

## **Positive**

Brief increases in heart rate,  
mild elevations in stress hormone levels.

## **Tolerable**

Serious, temporary stress responses,  
buffered by supportive relationships.

## **Toxic**

Prolonged activation of stress response systems  
in the absence of protective relationships.

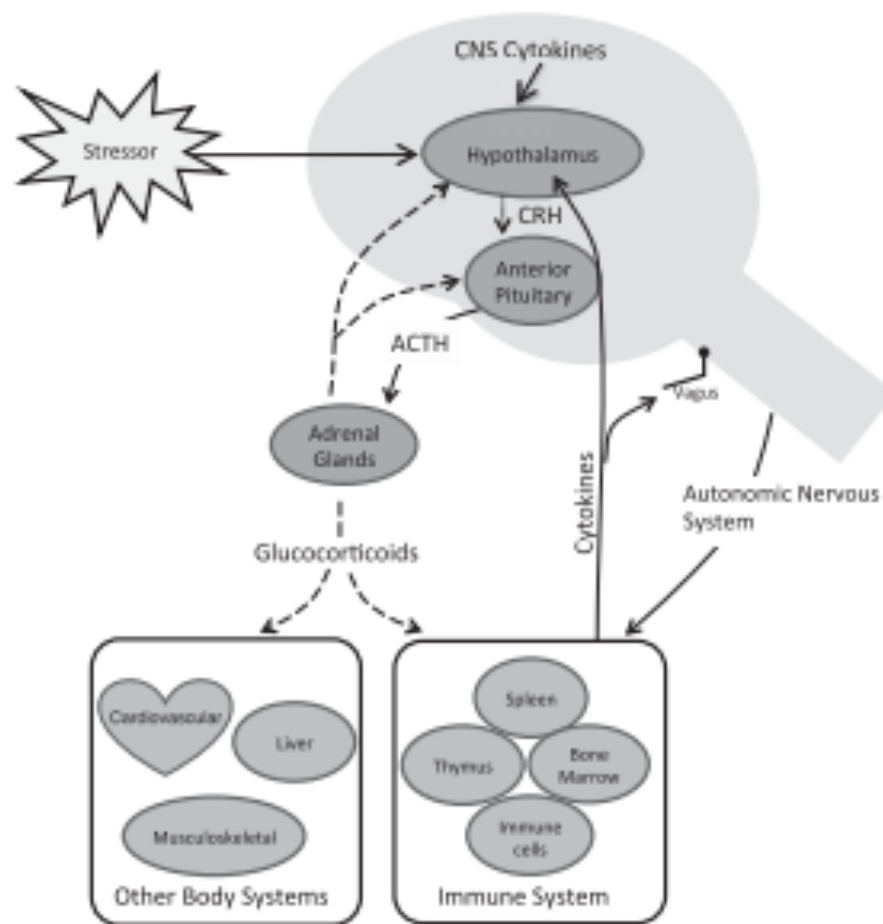
# Parenting in a violent relationship

- Less available for child's needs
- More likely to use corporal punishment
- Children take note of where the power lies in the relationship and will often side with power, creating a further challenge for the abused parent.
- Children often used by the abusing parent to exert control/constrain victim
- Importance of trauma informed approach/support for the abused parent!

Read the full-text article:

[www.pediatrics.org/cgi/doi/10.1542/peds.2012-0469](http://www.pediatrics.org/cgi/doi/10.1542/peds.2012-0469)

# The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy



# Trauma Impacts Multiple Systems

- Brain—changes in structure and function of prefrontal cortex, amygdala, hippocampus
- Immune System—increased inflammation, changes in immune regulation
- Hormones—changes in stress reactivity and altered metabolism
- Circulation—increased blood pressure
- DNA—epigenetic changes alter the way DNA is read and expressed

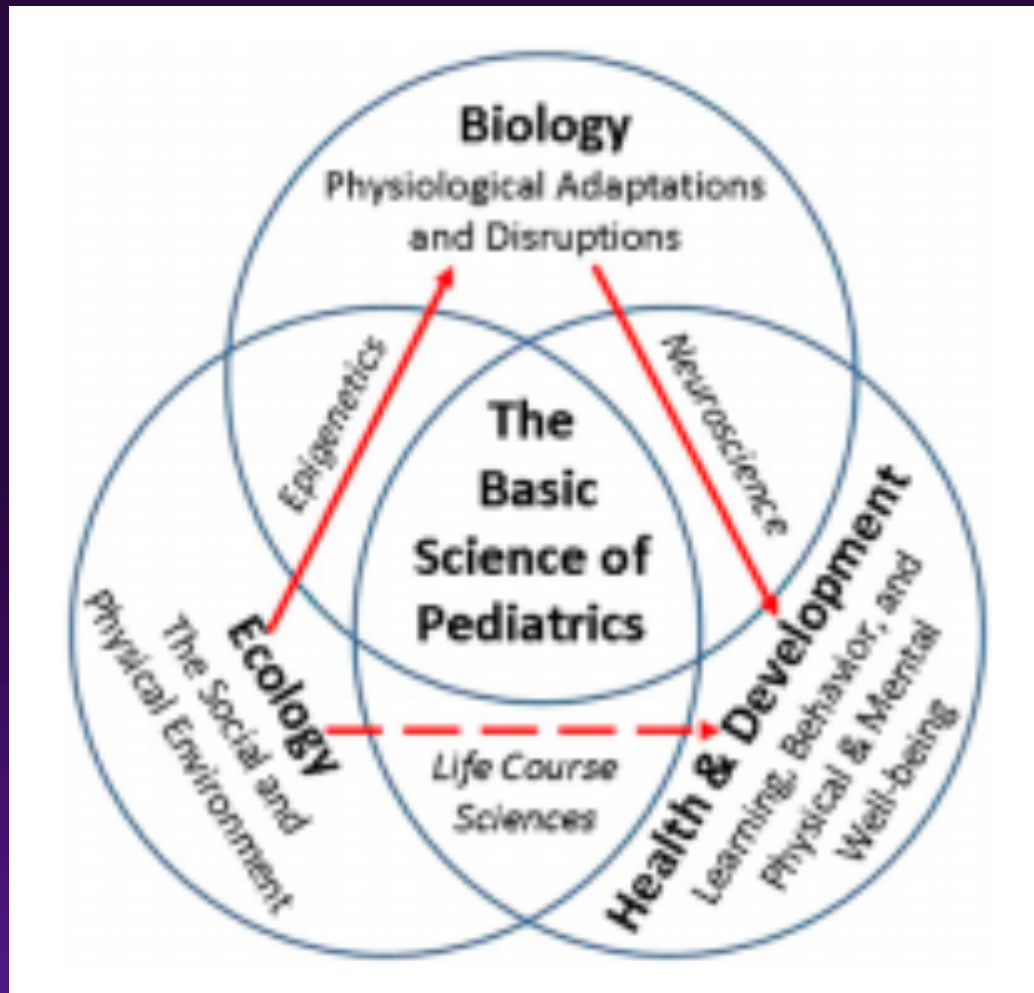
# Eco-Bio-Developmental Model

**Ecology becomes biology** and together they drive development

NOT: What's wrong with you?

BUT: What happened to you?

# Eco-Bio-Developmental Model

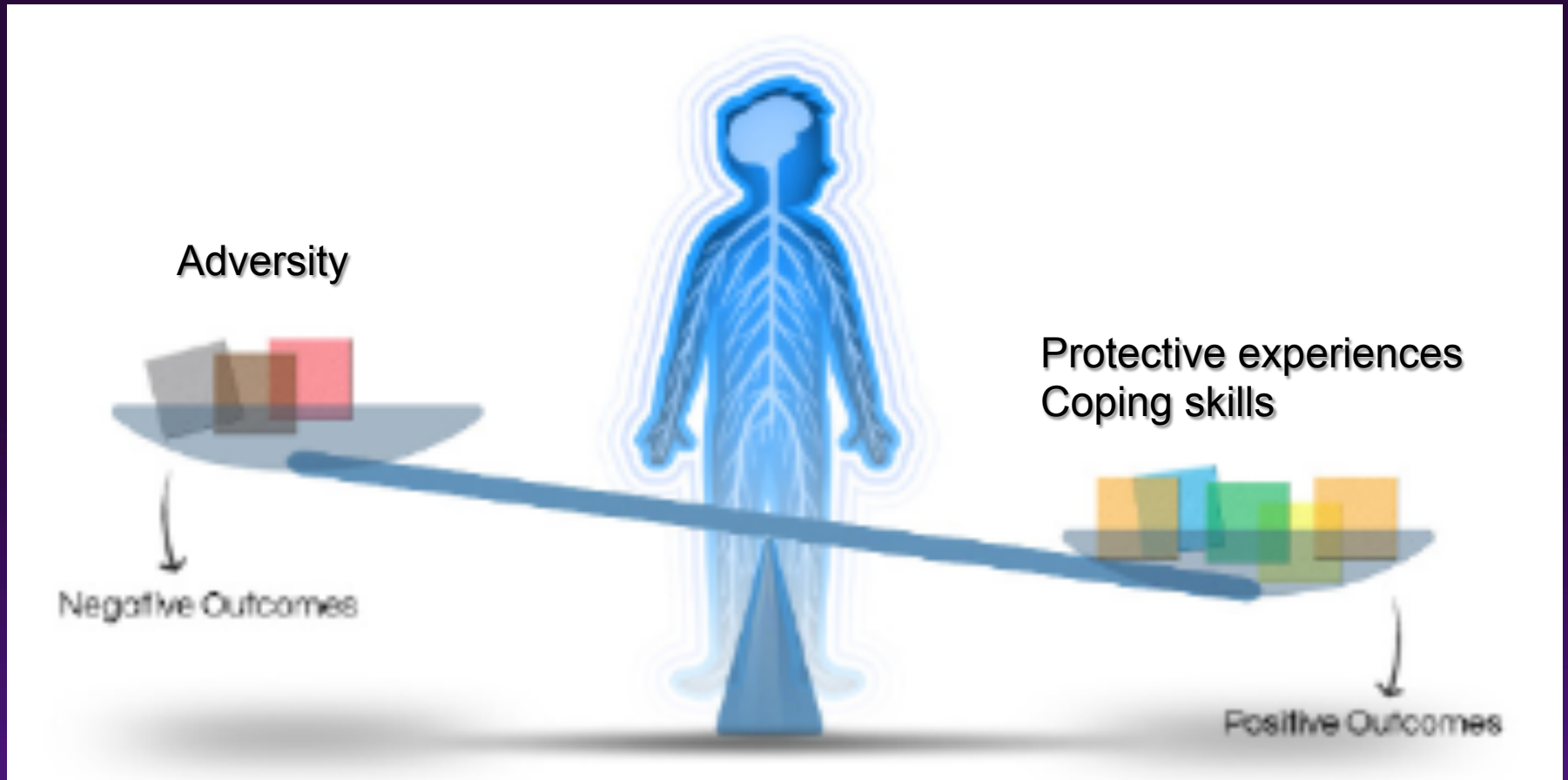


# Strengths/Protective factors

- NUMBER ONE: Safe, stable, nurturing relationship with caregiver(s)
- Individual strengths—understanding, temperament, intelligence, conflict resolution, expression, ability to form relationships
- Family strengths—health, stability, networks, role models
- Community strengths—access to services, schools, mentors, community cohesion



# Resilience



# To improve outcomes

- Changing childhood ecology requires a **public health approach** with cross-sector collaboration:
  - Health systems
  - Early childhood (Birth-3, child care)
  - Schools
  - Child Welfare
  - LE
  - Judiciary
  - Victim Advocacy

# To improve outcomes (continued)

- **Universal prevention** strategies:
  - Education on healthy relationships for kids, parents, communities
  - Parenting skills for caregivers of younger children
- **Targeted** services for those at higher risk
  - Home visiting (Nurturing families network)
  - Child First

# To improve outcomes (continued)

- **Screening** in multiple settings to allow identification and referral for treatment
- **Treatment**
  - Two generation approach
  - Trauma focused mental health treatment
  - Parenting support (CPP, PCIT)
  - Maintaining a safe environment

# Screening pilot at CT Children's

- Tablet based screening for IPV in the waiting area of the general surgery clinic
- Caregivers complete the HITS screen and the statewide hotline number is displayed at end
- 1/6 caregivers screening positive
- Presence of partner limits ability to screen
- Planned next steps—tiered response with video education, option to meet with a social worker

# Questions

- How should we be evaluating children once their exposure is identified?
- Should we routinely use our MDTs/CACs for children identified as witness to violence “only”?
- Comprehensive assessment will reveal challenges of abused parent; how can we best support that relationship?
- How can we hold abusers accountable and limit inappropriate access to children?
- How can we make evidence based treatments available to all who need them?

# Summary

- Childhood exposure to violence is prevalent and has enormous human and societal costs
- Ecology becomes biology
- Plasticity of brain and other body systems creates opportunity—we can alter outcomes if we act early
- Changing childhood ecology requires a public health approach with cross sector collaboration
- Let's get going!



# Learn More: Resources

- American Academy of Pediatrics (trauma guide, foster care, connected kids): [aap.org](http://aap.org)
- National Child Traumatic Stress Network: [nctsn.org](http://nctsn.org)
- Futures Without Violence: [futureswithoutviolence.org](http://futureswithoutviolence.org)
- The Harvard Center on the Developing Child: [developingchild.harvard.edu](http://developingchild.harvard.edu)
- My contact info:  
[nlivingston@connecticutchildrens.org](mailto:nlivingston@connecticutchildrens.org)

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