Family Violence: A Pediatric Perspective
CT Task Force to Study the Statewide Response to Minors Exposed to Family Violence
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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

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.

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%!

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)
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.

[http://developingchild.harvard.edu](http://developingchild.harvard.edu) (Dr. Jack Shonkoff and colleagues)
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!
The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy

Johnson SB et al Pediatrics 2013;131:319-327
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?

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

http://developingchild.harvard.edu
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

• National Child Traumatic Stress Network: nctsn.org

• Futures Without Violence: futureswithoutviolence.org

• The Harvard Center on the Developing Child: developingchild.harvard.edu

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