

Recommendations for Task Force: HEALTH CARE

- Develop and employ research-supported, developmentally-sensitive and universal screening protocols in various pediatric healthcare settings to effectively identify children with direct and/or indirect exposure to IPV, as well as adversity, trauma, and maltreatment, which often co-occur with IPV
- When children are identified as IPV exposed, develop and employ protocols for effectively assessing needs and connecting them to resources that may include advocacy, social work, and psychological services
- Develop and employ research-supported and universal screening protocols in prenatal health clinics, primary care, and obstetrics and gynecology to effectively identify women at risk for exposure to physical or psychological IPV during pregnancy, the first opportunity for IPV to affect children
- Develop and implement outreach strategies for raising public awareness of the effects of IPV exposure on child development and functioning
- Organize and implement mandated training to healthcare staff on topics pertinent to children's exposure to IPV (e.g., impact on development, effective screening, mandated reporting, etc.) from local and/or national experts in this area
- Develop and implement protocols for establishing cross-sector collaboration between healthcare systems that screen for IPV and other child- and family-serving systems and agencies including early childhood, schools, child welfare, law enforcement, judiciary, and victim advocacy
- Consider staffing or partnering with co-located behavioral health care professionals trained to assess and treat psychological problems associated with children's exposure to IPV in order to optimize referral and connection to services
- Partner with researchers in investigating the feasibility and effectiveness of screening and brief intervention protocols towards informing best practice and policy