

Partnering with Parents

Promoting Healthy Brain Development Through Family
Violence Assessment and Positive Parenting Strategies

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www.instituteforsafefamilies.org

Learning Objectives

- 1** Explain why a child's developing brain is more vulnerable to toxic stressors such as exposure to violence than a mature adult brain
- 2** List three adverse effects of physical punishment on children
- 3** Describe how physical punishment, child abuse, and domestic violence are connected

Learning Objectives

- 4 Identify three of the five steps in Pediatric RADAR
- 5 Describe two messages for positive parenting and preventing physical punishment that can be integrated into anticipatory guidance
- 6 Identify two evidence-based practices for effective discipline and/or preventing physical punishment

Why We Developed the Partnering With Parents Toolkit

- Scientific review of impact of childhood exposure to violence on early brain development
- Raise awareness of harmful effects of physical punishment on children
- Promote routine screening for domestic violence and physical punishment
- Facilitate counseling/anticipatory guidance with parents for:
 - Early brain development
 - Prevent exposure to violence
 - Positive parenting and discipline



The Amazing Brain

100 Billion Neurons
Waiting to Connect....





Key Points

- ❷ Child's environment and experiences shape early brain development
- ❷ Brain prioritizes survival first
- ❷ Exposure to violence can cause changes in brain development and function
- ❷ Anticipatory guidance should educate parents about healthy brain development and the impact of toxic developmental stressors

Levels of Stress

Positive Stress

Moderate, short-lived stress responses that are normal part of life and healthy development. A child can learn to manage and control these experiences with support of caring adults in context of safe, warm, and positive relationships.

Tolerable Stress

Stress responses that could affect brain architecture but generally occur for briefer periods which allow brain to recover and thereby reverse potentially harmful effects.

Toxic Stress

Strong, frequent or prolonged activation of body's stress management system. Stressful events that are chronic, uncontrollable, and/or experienced without child having access to support from caring adults.

National Scientific Council on the Developing Child, 2009

Toxic Developmental Stressors

Child abuse and neglect

Exposure to domestic violence

Physical punishment

Emotional Experiences Shape the Brain

- Early emotional experiences and child's environment become embedded in architecture of children's brains

National Scientific Council on
the Developing Child, 2006



Emotionally Healthy Children Feel:

- Respected
- Important
- Accepted
- Included
- Secure

If children
live with
praise,
they learn to
appreciate.

Newmark, 2008

Dorothy Law Nolte



Sequential Development of the Brain

Abstract Thought
Problem solving
Affiliation
Attachment
Sexual Behavior
Emotional Reactivity
Motor Regulation
Sleep
Digestion
Blood Pressure
Heart Rate
Respiration
Body Temperature



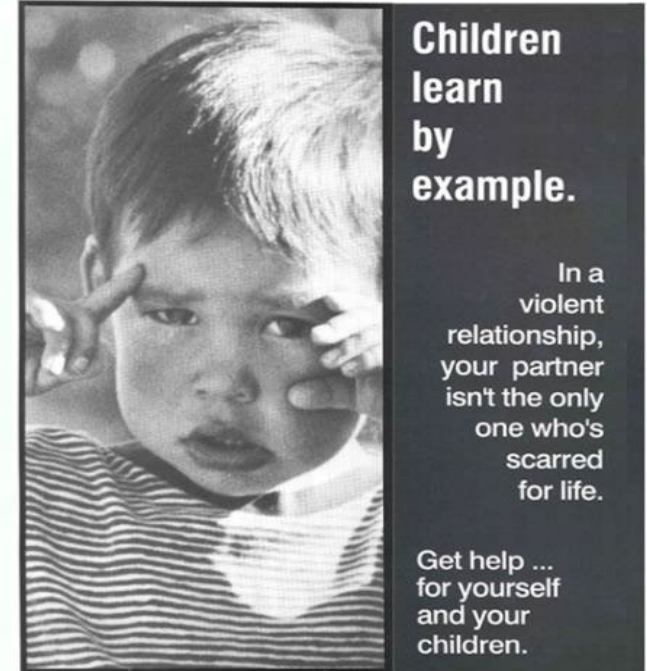
What are mirror neurons?

- Specialized nerve cells that perceive physical actions, facial expressions, and emotions to prepare brain to duplicate what it sees
- Capture adult's emotions and create that same feeling in child
- What a parent does makes a much stronger impression on child than what they say



Infants Learn by Imitating

- Babies starts mirroring emotions in first month of life as they start smiling
- At two months, babies start to repeat vowel sounds they hear
- From 8- to 12- months of age, babies try to imitate words
- Imitating behavior of others, especially adults and older children, is a social development milestone for two-year olds



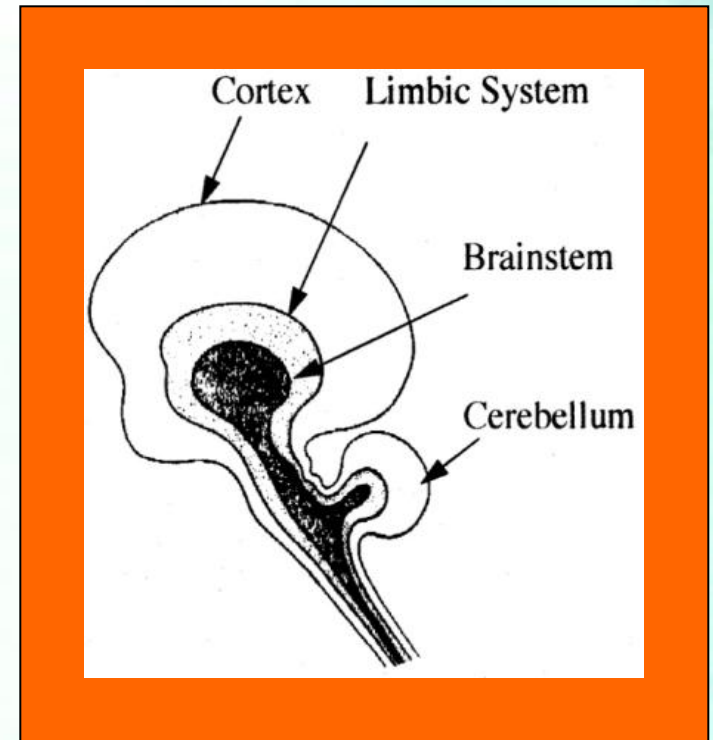
If you or someone you know needs help, call your local shelter or the National Domestic Violence Hotline, 1-800-799-SAFE, for help and referrals.

For more posters, contact the Alaska Family Violence Prevention Project (AFVPP) Clearinghouse, 1-800-799-7570.



Emotional Development Starts Early

- Emotions are set by limbic system and prefrontal lobes
- Limbic system forms emotional blueprint for later use
- Both lobes are developed and connected early in life (8-18 months)



Center for Educational Enhancement
and Development

Excessive Stress Disrupts Architecture of Child's Developing Brain

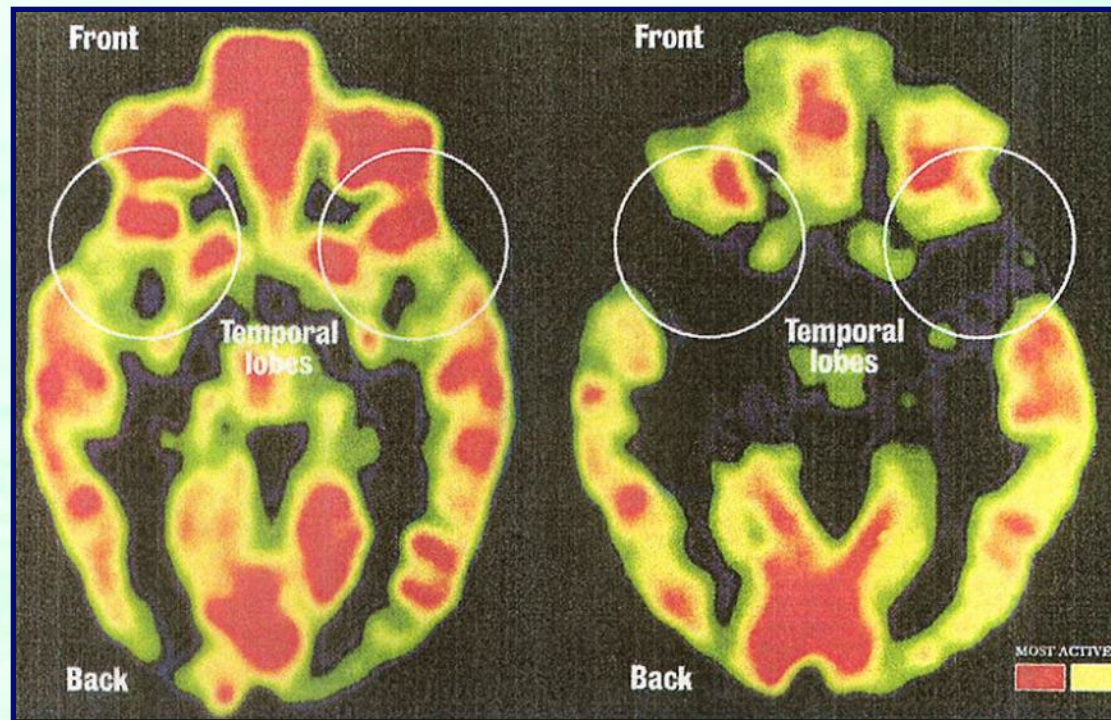
- Neural circuitry for dealing with stress is especially malleable during fetal and early childhood periods
- Excessive stress programs hormone system toward exaggerated and prolonged response to stressors



Bugental et al, 2003; National Council on the Developing Child, 2005; Teicher, 2011

Toxic Stress Can Affect Brain Development

- Organizational changes
- Brain chemistry imbalances
- Structural changes



Healthy Child

Severe Emotional Neglect

Centers for Disease Control and Prevention

Neurobiological Effects of Witnessing Domestic Violence as Sole Stressor

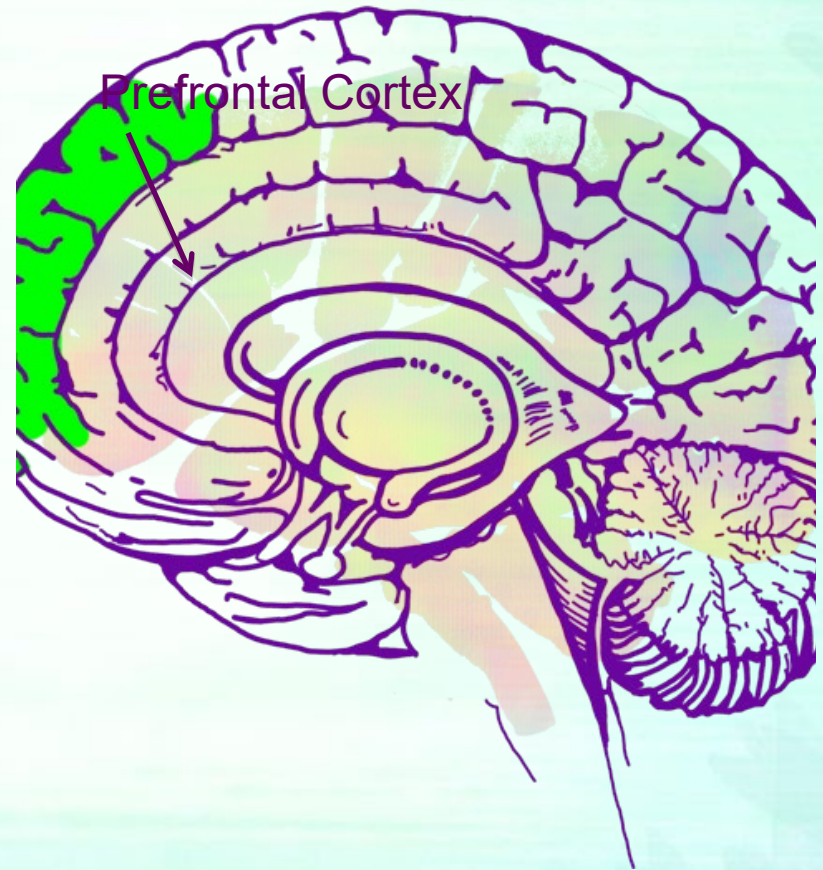
- Changes in inferior longitudinal fasciculus
 - Visual-limbic pathway for emotional, learning, and memory functions specific to vision
- Thickness of cortex affected in several areas

Teicher, 2010

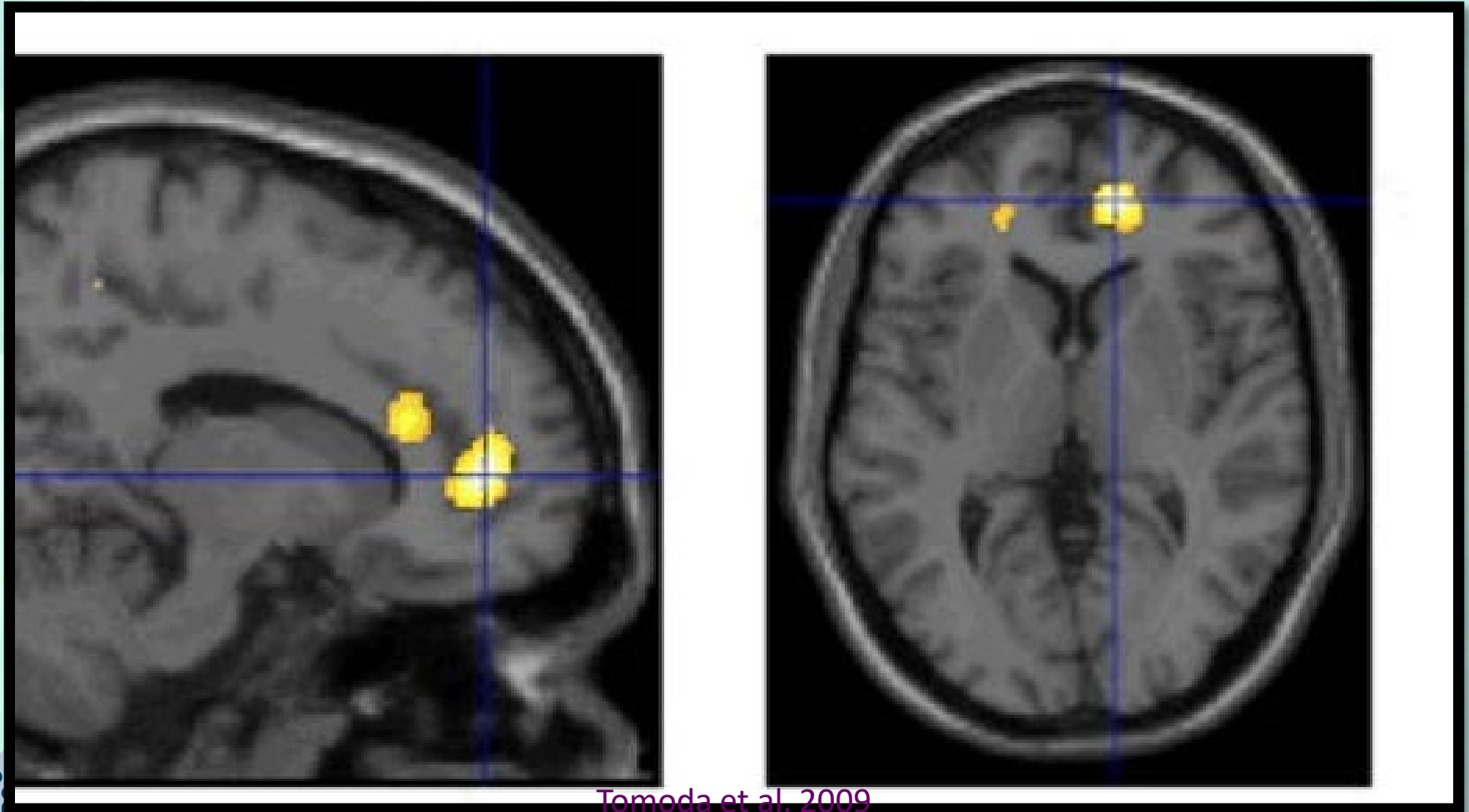
Physical Punishment and the Developing Brain

- In case-control study with non-clinical sample of young adults, harsh corporal punishment associated with reduced gray matter volume in prefrontal cortex

Tomoda et al, 2009



Significant reduction in gray matter volume in right frontal gyrus (medial prefrontal cortex) in young adults exposed to



Tomoda et al, 2009

Behavioral, Mental, and Social Problems Associated with Traumatic Brain Development

- Hypervigilance - “Always on the ready”
- Persistent physiological hyperarousal & hyperactivity
- More impulsive, aggressive behaviors
- Less able to tolerate stress
- Increased risk of physical and mental health problems

Kuelbs, 2009; Perry, 2001; Shore, 2001; Teicher et al, 2002



Factors influencing child's response to toxic stressors include:

- Age
- Genetics
- Length of exposure
- Severity of exposure
- Other adverse childhood experiences
- Protective factors

Positive Parenting Promotes Healthy Brain Development

If children live with approval, they learn to like themselves.

Early, warm parental care (affection, acceptance, no slapping or spanking) is associated with brain maturation

Rao et al, 2009

Dorothy Law Nolte



Protective Factor

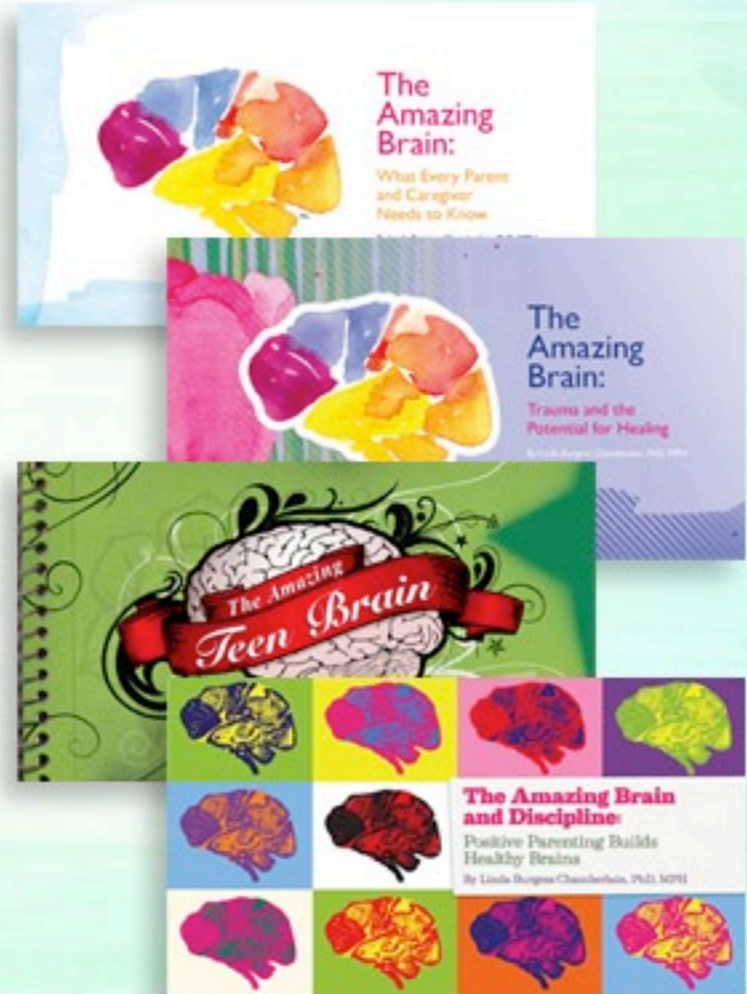
Relationships that children have with caregivers play critical roles in regulating stress hormone production during first years of life

If children live with security, they learn to have faith.

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Amazing Brain Series: Educational Resource for Parents

- Designed to educate parents about early brain development, impact of trauma on early brain development, and how a child's brain continues to change during adolescence



Anticipatory Guidance with The Amazing Brain Booklets*

- 1. The Amazing Brain: What Every Parent/Caregiver Needs to Know**
 - Offers practical strategies to promote healthy brain development
 - Use this resource to educate parents when talking about early childhood development
- 2. The Amazing Brain: Trauma and the Potential for Healing**
 - Describes how exposure to violence impacts early brain development and what parents can do
 - Use this resource when talking with parents about violence prevention
- 3. The Amazing Teen Brain**
 - Describes changes occurring in adolescent brain and offer practical strategies for parenting teens
 - Use this resource to talk with parents about communication, risk behaviors, and adolescent development



Web-based Resource: ZERO to THREE

- www.zerotothree.org
- Interactive Baby Brain Map with pull-down menu to select child's age and area of brain to learn about brain development
- Information and handouts about child development and coping with challenging behaviors



Physical Punishment



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Key Points

- 🗝️ Extensive research documenting that physical punishment is harmful to children
- 🗝️ Global movement in practices and policies prohibiting physical punishment
- 🗝️ Pediatric visits provide unique opportunity to educate parents about harmful effects of physical punishment and provide anticipatory guidance on effective discipline

Definition

Physical punishment is the use of physical force with the intention of causing a child to experience bodily pain or discomfort so as to correct or punish the child's behavior

Gershoff, 2008; Strauss, 2001

Countries Outlawing Physical Punishment of Children



Austria • 1989



Bulgaria • 2000



Costa Rica • 2000



Croatia • 1999



Cyprus • 1994



Denmark • 1997



Finland • 1983



Germany • 2000



Greece • 2006



Hungary • 2005



Iceland • 2003



Israel • 2000



Kenya • 2010



Latvia • 1998



Liechtenstein • 2010



Luxembourg • 2008



Moldova • 2008



Netherlands • 2007



New Zealand • 2007



Norway • 1987



Poland • 2010



Portugal • 2007



Romania • 2004



Spain • 2007



Sweden • 1979



Tunisia • 2010



Ukraine • 2004



Uruguay • 2007



Venezuela • 2007

Status of U.S. Policies on Physical Punishment of Children

- No federal or state laws prohibiting physical punishment in the home
- 28 states and District of Columbia prohibit physical punishment in public schools
- Legislation on use of physical punishment in other settings caring for children varies state to state



Global Initiative to End Corporal Punishment of Children, 2010; Gershoff, 2008

AAP Statement on Spanking

“The American Academy of Pediatrics strongly opposes striking a child for any reason. If a spanking is spontaneous, parents should later explain calmly why they did it, the behavior that provoked it, and how angry they felt. They also might apologize to their child for the loss of control. This usually helps the youngster to understand and accept the spanking, and it models for the child how to remediate a wrong.”

AAP, 2009



What about Psychological Aggression?

- Included in research on harsh discipline and assessed with some instruments such as the Parent-Child Conflict Tactic Scale (Feigelman et al, 2009)
- Psychological aggression includes shouting, yelling, screaming, cursing, and threatening to spank
- Primary focus, both nationally and internationally, has been addressing physical punishment as first step

How Common is Physical Punishment?

Percentage	Age of Child	Frequency/Time	Reference
17% of mothers spanked	6- to 13- month old infants	Previous week	Combs-Orme & Cain, 2008
26% of mothers spanked	3-year-olds	>2 times in previous month	Taylor et al, 2010
35% of parents physically punished	4- to 5-year olds	Past week	NLSY, 2002
80% of children have been physically punished	By time they reach 5 th grade	Lifetime	Gershoff & Bitensky, 2007

Spanking is Often the First Step in Cycle of Child Abuse

Research indicates that abusers may enter child abuse incident planning to discipline child, often with physical method they perceive as acceptable such as spanking



Knox, 2010

Risk factors for physical punishment include:

- Maternal young age
- Single marital status
- Lower income and education attainment
- Large family size
- Maternal depression
- History of physical or sexual abuse
- Domestic violence
- Social or cultural expectation that spanking is part of parenting

Chung, 2009; Combes-Orme, 2008; Dietz, 2000; Eamon, 2001; Gershoff, 2008; Regaldo et al, 2004; Straus, 1999; Wissow et al, 2001



Considering Culture, Race, and Ethnicity

- While culture may influence parents' beliefs about discipline, use of physical punishment crosses all sociocultural boundaries
- Some, but not all, studies report higher rates of physical punishment by African American parents (Dietz, 2000; Regalado et al, 2004)
- When parents believe that their culture condones physical punishment, they are less likely to acknowledge that it is inappropriate or harmful (Fontes, 2005; Gershoff, 2008)

Cycle of Family Violence



Mothers who experienced child abuse are 1.5 more likely to spank their infants

Chung et al, 2009

Discussion

"How does physical punishment affect children?"

Negative Consequences

Children who experience physical punishment are at higher risk for:

- Behavioral problems and delinquent behaviors
- Low self-esteem
- Depression
- Substance abuse
- Poorer quality of relationship with parents
- Physical abuse of one's own spouse and children as an adult

Gershoff, 2008; Gershoff, 2002; Grogan-Kaylor et al, 2005; Mulvaney et al, 2007; Pardini et al, 2008; Slade et al, 2004; Straus, 1994

Spanking increases risk of physical aggression, anti-social behaviors, conduct problems and internalizing behaviors among children



Grogan-Kaylor et al, 2005; Mulvaney et al, 2007; Pardini et al, 2008; Straus et al, 1996; Sugarman et al, 1997; Tremblay et al, 2004; Taylor et al, 2010*

*These studies include longitudinal research with ethnically diverse national samples that controlled for other variables than could impact the study outcomes



Teaching Children to Hit

Having been spanked is strongly associated with children's willingness to hit peers and siblings during a conflict

Simons & Wurtele, 2010

If children live with hostility, they learn to fight.

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Reductions in parents' use of physical punishment in randomized clinical trials designed to treat conduct disorder in children was associated with reductions in children's subsequent aggression behaviors.

Beauchaine et al, 2005



Addressing An Unmet Need

- **Nearly two-thirds** (63.8%) of mothers said their doctor should talk with them about how their child behaves even if she was not worried about her child's behavior (Busey et al, 2006)
- **But** more than half of parents with children between 10- and 35- months of age said their pediatrician did not discuss discipline with them in past year (Olson et al, 2004)
- **Almost a third** (30.9%) of parents interviewed in pediatric settings think their discipline strategy is ineffective (Barkin et al, 2007)

Early Window of Opportunity for Prevention

Mothers' attitudes towards spanking when their infants were 6-months old were predictive of subsequent spanking of their young children

Vittrup et al, 2006



Core of Pediatric Prevention: Anticipatory Guidance

- Anticipatory guidance with parents improved discipline practices (Nelson, Wissow & Cheng, 2003)
- Well-child visits provide opportunity to discuss how physical punishment can harm children and effective discipline strategies
- Help parents to understand normal stages of development so they:
 - have realistic expectations for child's behavior
 - know how to choose developmentally appropriate discipline strategies

3-Step Approach to Effective Discipline for Parents

1

Establish positive and supportive relationship with your child

2

Use positive reinforcement to increase behavior you want from your child

3

If you need to discipline your child, do not spank or use physical punishment

Five Building Blocks for Effective Discipline



REINFORCE POSITIVE BEHAVIOR

- “Catch” your child’s good behavior
- Reward that behavior with praise, attention, or special activity
- “I like how you shared your toy with your sister. Let’s read a story together.”

SET UP AND ENFORCE LIMITS

- Avoid ultimatums by setting limits and following them
- “Josh, put away your toys, or you can’t help bake cookies today”

TALK ABOUT IT

- Explain why the behavior was inappropriate
- Ask your child for suggestions so he/she can make a better choice next time

MODEL GOOD BEHAVIOR

- Help your partner or child with a task
- Admit when you have made a mistake and apologize

BE CONSISTENT

- Follow through with consequences that you set ahead of time
- Consistency does not mean being rigid
- Adapt your parenting to your child and the situation

Discussion

1. Identify two barriers to discussing the effects of physical punishment on children and effective discipline strategies with parents during pediatric visits.
2. For each of the barriers, describe two strategies to address/overcome the barrier.

Effective Parenting Strategies

Age Range/Situation	Strategy	Description/Example
Children younger than 3 years old	Redirect, distract, supervise	Help your child to focus on something else (different toy, activity); physically change or remove problem
Children 3 years or older; especially when specific rule broken and when other discipline strategies have not worked	Time-out	<ol style="list-style-type: none"> 1. Set rules ahead of time 2. Choose time-out spot 3. Set time limit (usually one minute for each year of child's age) 4. Resume activity
All ages; for children younger than 6 or 7, best if done right away (not delayed until later in day)	Withholding privileges	Choose something that your child values but never something that your child truly needs (such as a meal)
All ages; especially effective for whining, sulking, and pestering	Active Ignoring	Stop paying attention, offer alternative behavior, and give child attention when unwanted behavior stops/desired behavior adopted



Addressing Parental Beliefs

Challenges

- Parents say they were spanked or hit and turned out fine.
- Parents say that it is part of their cultural tradition to spank.

Strategies

- Ask parents how it felt to be spanked—what did they learn from it?
- How did they feel about the person who spanked them?
- Ask parents if they think that spanking is working—leading to the behavior change they want.
- Explain that spanking has been part of every culture but we have learned that it leads to behavior problems that we want to prevent.

Addressing Parental Beliefs

Challenges

- Parent says that they only use spanking as a last resort when other discipline methods fail

“It’s a last resort when we’re both out of control.”

“Spanking is almost always done in anger and I regret it immediately. It’s when I have lost my temper.”

Vittrup, 2006

Strategies

- Discuss how spanking teaches children to use aggression and increases the likelihood of other behavioral problems
- Explore what strategies didn’t work and talk about other strategies that are matched to child’s development
- Ask parents how they felt the last time they spanked their child and how they think their child felt about the spanking and about the person who spanked them

Advice for Parents:

Why Physical Punishment Doesn't Lead to Good Behavior

- Least effective discipline strategy
- Children cannot learn lessons that parents are trying to teach when they are being hit and/or feeling fearful
- Teaches children to be aggressive
- Increases risk of long-term negative behaviors and problems
- Can negatively affect child's relationship with parent

AAP, 2009; Gershoff, 2008



Messages for Parents

Every parent is doing the best they can

Ask parents to think about the kind of parent they want to be

Parenting is a process and every child is unique

Violence---spanking, slapping, hurting---is never the answer

Study Results:

Anticipatory Guidance on Discipline

What Parents Want

- Explain reason for talking about discipline
- Provide facts and allow parents to integrate new information into their decisions
- Offer written materials to provide information in nonjudgmental way
- Use stories
- Concerned about crossing line for mandated child abuse

reports

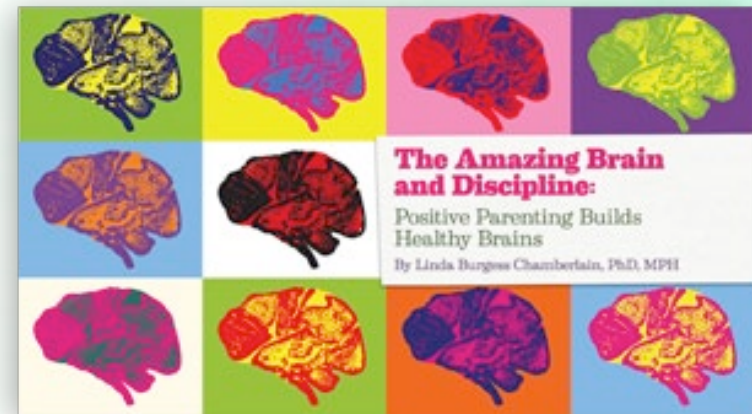
What Pediatricians Need

- More training
- Written materials that providers can use as ice-breakers and to save time
- Cross-cultural communication can be challenging

Sege et al, 2006

The Amazing Brain and Discipline: Positive Parenting Builds Healthy Brains

- Latest addition to “The Amazing Brain” Series
- Use as part of anticipatory guidance to discuss child safety and discipline with parents
- Provides six strategies for effective discipline within context of healthy brain



Evidence-based Practice: Safe Environment for Every Kid (SEEK)

- **Model care to prevent child maltreatment**
 - Training for pediatric providers
 - Assessment with Parent Screening Questionnaire
 - Collaboration with social worker
- **Results of randomized controlled trial**
 - Lower rates of child abuse and neglect
 - Less harsh punishment
 - Fewer delayed immunizations
- **Curriculum and parent handouts available**



SEEK Parent Questionnaire

Introduction: Being a parent is not easy.

“We want to help families have a safe environment for kids. We are asking everyone these questions. Please answer questions about your child being seen today. They are about issues that affect many families. If there’s a problem, we’ll try to help.”

Questions from SEEK questionnaire to ask about parenting:

1

Do you sometimes find that you need to hit/spank your child?

2

Do you often feel that your child is difficult to take care of?

Brief Intervention at Well-Child Visits

- Randomized, controlled trial with English- and Spanish-speaking caregivers of 1- to 5-year old children
- Caregivers viewed 1-minute educational video vignettes of child behaving aggressively and selected discipline strategies
- Caregivers who received the intervention were **12 times** more likely to develop alternative discipline strategies and planned to do less spanking (9% vs. 0%)

Play Nicely program
Scholer et al, 2009



Evidence-based Cross-Cultural Resource: Play Nicely Program

- Multimedia program teaches caregivers how to manage aggression in young children
 - Includes training track for health care providers
- Developed by Dept. of Pediatrics at Vanderbilt University
- 1-2 minute video clips shown during well-child visits
- 90% of parents (49% were African American) said they would change how they discipline after viewing Play Nicely
- Free for clinics



Culturally Relevant Resources: Effective Black Parenting Program and Los Ninos Educados

- Culturally-specific parenting strategies
- Group parenting training offered at Head Start, schools, churches, hospitals & other settings
- Evaluation results indicate increased use of positive parenting strategies and decreased use of hitting



Promising Practices: This Hospital is a “NO HITTING ZONE”

- Witnessing physical punishment is common in health care settings
- Educational campaign to influence parental approaches to child discipline
- Started at Rainbow Babies and Children’s Hospital, Cleveland, Ohio and replicated in other health care settings
 - Posters in patient rooms, bathrooms, elevators...
 - Brochures and handouts for parents
 - Educational sessions for clinical & support staff
 - Public service announcements



Resources and Information

- www.phoenixchildrens.com/community/injury-prevention-center/effective-discipline.html
 - Report on how physical punishment impacts children and parents' brochure on effective discipline
- www.stophitting.com
 - Data, policy updates, and strategies on how to advocate for ending physical punishment in homes and schools
- www.onekindword.org
 - Information including employee training to raise awareness about parent-child conflicts in public & empower people to response supportively
- www.healthychild.org
 - Articles and audios on effective discipline and communication
- www.ciccparenting.org
 - Training and resources on culturally specific parenting



Identifying and Responding to Exposure to Violence in the Pediatric Setting





Key Points

- 🗝️ Childhood exposure to domestic violence is common
- 🗝️ Domestic violence, child abuse, and physical punishment are connected
- 🗝️ Childhood exposure to domestic violence leads to predictable physical, mental, cognitive and behavioral health problems
- 🗝️ Use Pediatric RADAR to identify and respond supportively to family violence

Childhood Exposure to Domestic Violence is:

Wide range of experiences for children whose caregivers are being physically, sexually, or emotionally abused. These experiences include:

- observing caregiver being harmed, threatened, or murdered
- overhearing these behaviors
- being exposed to impact of physical, sexual and/or emotional abuse on caregiver

National Data

- 1 out of 4 children exposed to at least one form of family violence during childhood
 - 6.6% exposed to domestic violence in past year
- 7 to 15.5 million are exposed to domestic violence each year

Finkelhor et al, 2009; McDonald et al, 2006

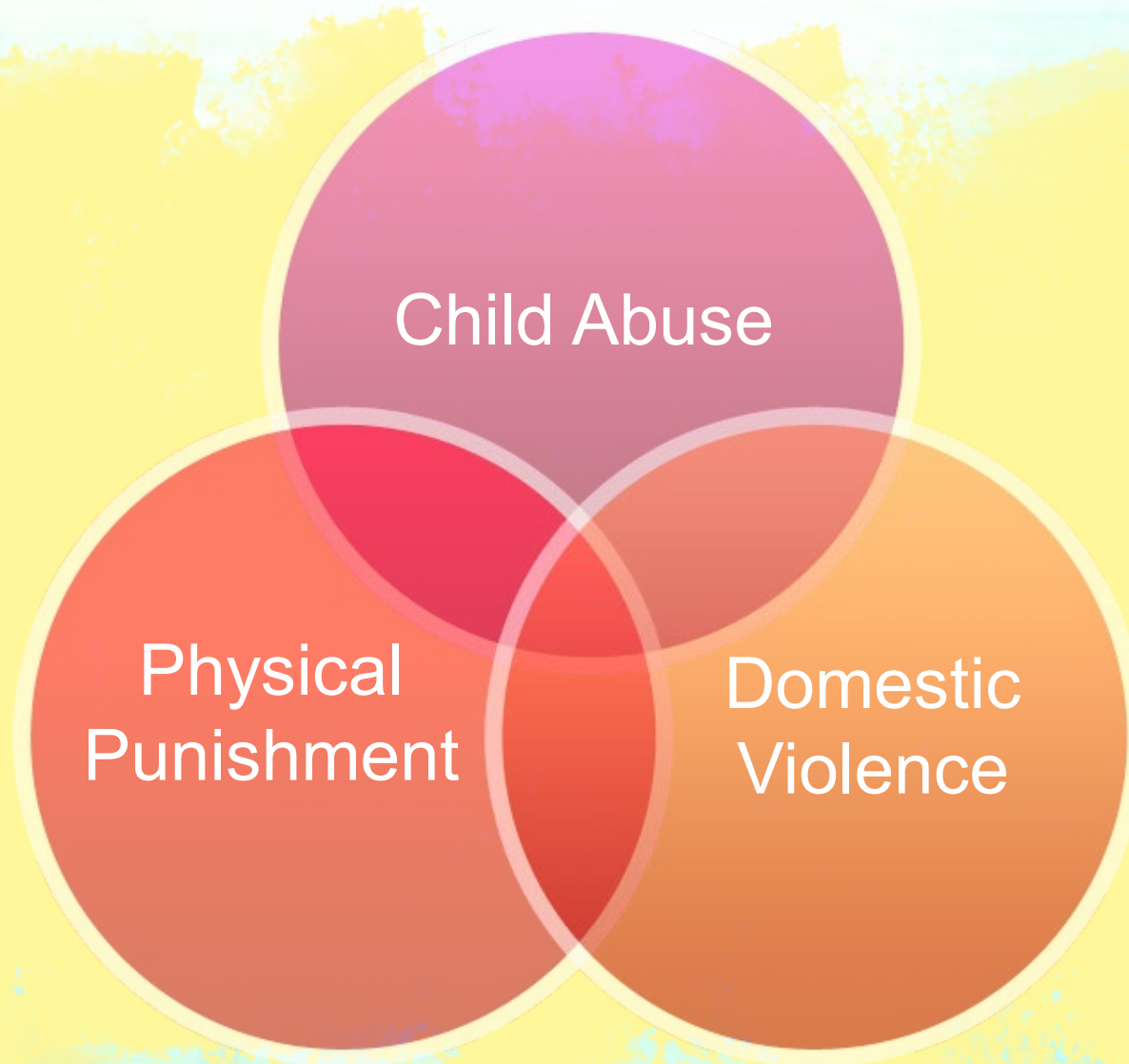


Role of the Pediatrician

“Pediatricians are in a unique position to identify abused caregivers in the pediatric setting and to evaluate and treat children raised in homes in which intimate partner violence [domestic violence] occurs. Children exposed to intimate partner violence are at increased risk of being abused and neglected and are at more risk to develop adverse health, behavioral, psychological, and social disorders later in life. Identifying IPV, therefore, may be one of the most effective means of preventing child abuse...”



Making the Connection



Making the Connection

- Domestic violence increases risk of physical punishment (Kelleher et al, 2008; Taylor et al, 2010)
- The odds of physical child abuse is 2.7 times greater among mothers who spanked their children (Zolotor et al, 2008)
- The risk of child abuse is 3 times higher in families with domestic violence (McGuigan & Pratt, 2001)
- The more physical punishment a person experiences as a child, the more likely they are to be aggressive with their spouse (Cast et al, 2006)

Multiple Victimizations

- Nationwide survey on childhood exposure to violence (NatSCEV)
- Most comprehensive assessment of exposure to violence

Categories of Victimization

- Conventional crime
Witnessed and indirect
- Child maltreatment
School violence
- Peer and sibling
victimization
Internet violence
- Sexual victimization

In the past year:

- Nearly half of all children experienced two different types of victimization
- 8% experienced seven or more kinds of victimization

Finkelhor et al, 2009; Krache K, 2010



Mothers, DV, and Pregnancy

Mothers experiencing domestic violence around time of pregnancy have lower maternal attachment with their infants

Quinlivan & Evans, 2005



K. Haring

Abuse May Compromise Parenting Skills

- Mothers who experienced domestic violence were more likely to have maternal depressive symptoms and report harsher parenting
- Mothers' depression and harsh parenting were directly associated with children's behavioral problems

Dubowitz et al, 2001

Results from meta-analytic review of 118 studies on children exposed to domestic violence:

63% of children exposed to DV had significantly more adjustment problems than children not exposed to domestic violence

Kitzmann et al, 2003

Exposure to domestic violence increases the likelihood of children experiencing:

- Failure to thrive
- Bed wetting
- Speech disorders
- Vomiting and diarrhea
- Gastrointestinal problems
- Obesity
- Asthma
- Allergies
- Headaches

Boynton-Jarrett et al, 2010; Campbell and Lewandowski, 1997;
Graham-Bermann & Seng, 2005; Holt et al, 2008

Children whose mothers disclosed domestic violence are less likely to:

Have the recommended 5 well child visits in first year of life

Be fully immunized at 2 years of age

Bair-Merritt et al, 2008

Children exposed to domestic violence are more likely to be diagnosed with:

- Post-Traumatic Stress Disorder
- Depression
- Anxiety
- Developmental delays
- Internalizing and externalizing problems

Edleson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; Martinez-Torteya et al, 2009; McCloskey & Walker; 2000; Spaccarelli et al, 1994; Wilden et al, 1991; Wolfe et al, 2003

Physical Punishment Increases Negative Impact of Domestic Violence

If children live with encouragement, they learn confidence.

Physical punishment increases risk of depression and internalizing and externalizing problems in children exposed to domestic violence

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Hazen et al, 2006; Katz & Low, 2004; Morrell et al, 2003



School Health & Performance

Children exposed to domestic violence have:

- More school nurse visits
- More referrals to school speech pathologist
- More frequent school absences
- Lower grade point averages
- More school suspensions



Hurt et al, 2001; Kernic et al, 2002

Assessment is Intervention

Abused women who talked with their health care provider about the abuse they experienced were:

- Nearly 4 times (OR=3.9) more likely to use an intervention
- 2.6 times more likely to leave the abusive relationship

McCloskey et al, 2006

RADAR

FOR PEDIATRICS: A DOMESTIC VIOLENCE INTERVENTION

R = Routinely Screen Mothers for Abuse

A = Are You Being Hurt?

D = Document Your Findings

A = Assess Safety of Mother and Children

R = Respond, Review options & Refer



R = Routinely Screen Mothers for Abuse

- Asking about abuse and offering information has been shown to help mothers & children
- Mothers support being asked about abuse during pediatric visits
- Addressing abuse is a key strategy for preventing child abuse
- Opportunity to ask mothers about the use of physical punishment as a discipline strategy and how her relationship may impact her parenting

A = Are You Being Hurt?

- Always interview parent alone if child is age two or older
- Discuss confidentiality and any relevant mandated reporting requirements prior to asking questions
- Ask direct questions routinely as part of social history in context of safety & discipline
- “The safety of moms can affect the health and safety of children, so I ask all of our moms these personal questions.”
 - ✓ “Is there anyone who has physically or sexually hurt you or frightened you?”
 - ✓ “Do you feel safe with your husband/boyfriend?”
 - ✓ “How does your husband/boyfriend discipline your child(ren)?”

For moms disclosing abuse:

- ✓ “How do you think the abuse in your relationship has affected your parenting?”
- ✓ “What do you do to help you and your children stay safe?”

D = Document Your Findings

- Document that RADAR screening was done in pediatric chart (“+”, “-”, “suspected”)
- If Mother answers “yes:”
 - Encourage her to talk about it and ask how you can help
 - Listen non-judgmentally and validate her experience: “You are not alone.” “Help is available.”
 - Offer referrals and resource information
 - Ask mother if it is safe to document her disclosure in the chart and use her words (“Karen Smith, the child’s mother, says that...”)
 - Document referrals if it is safe to do so
 - If mandated reporting is required, involve mother in process

or Role Play

- The patient is a 26-year old mother of a 20-month old boy. She seems very stressed and tells you that she's really frustrated with her son's behaviors and even spanking doesn't seem to help. He has been biting and hitting other children at daycare. He isn't sleeping well and wakes up with night terrors. His mother also says he has a lot of stomach problems.
- Participants who role-play the provider should use the "A=Are You Being Hurt?" assessment strategy described in RADAR to screen the mother during a well child visit.

A = Assess Safety of Mother and Children

- Before she leaves the medical setting, ask if it is safe for her and her children to go home
 - Has the violence gotten worse?
 - Have there been threats of homicide or suicide?
 - Is there a gun or other weapon present?
- Ask her if she would like to talk with a social worker or domestic violence advocate and work on a safety plan

R = Respond, Review Options & Refer

- Have a referral list that is routinely updated with in-house and local resources
- Ask her if she has somewhere safe to go and someone to talk to
- Offer hotline phone numbers and safety cards to take with her, if safe to do so, or write down numbers
- Offer the use of private phone to talk with an advocate
- Discuss how domestic violence affects children and whether the children need referrals

Challenges and Strategies

- Providers' comfort level can affect willingness to screen and how they ask about domestic violence (DV)
- Predictors of providers' confidence with addressing DV include recent training and clinical experience with this issue (Gerber et al, 2005)
- Availability of referral information and patient handouts increases the efficacy of screening & intervention (Taylor et al, 2007)
- Support should be available for staff to address secondary trauma that can occur when working with DV

Evidence-Based Interventions

Child-Parent Psychotherapy (Lieberman et al, 2005; 2006)

- Psycho-educational intervention for mothers & children
- ↓ PTSD symptoms in child and mother and ↑ mother-child attachment & bonding

Kids Club and Mom's Empowerment (Graham-Bermann et al, 2007; 2010)

- 10-week intervention with parenting support for mothers and group therapy for children
- 77% reduction in internalizing behaviors and 79% reduction in externalizing behaviors among children



Promising Practice: Training Program for Pediatric Residents

- Multifaceted intervention
 - On-site domestic violence counselor
 - Training for physicians, residents & social workers
 - Screening prompts
- At 8-month follow-up, screening had increased from less than 1% at baseline to 33% based on chart reviews

McColgan et al, 2010



Web-based Resource: LEAP

[Look to End Abuse Permanently]

www.leapsf.org

- Discusses role of pediatric provider in addressing domestic violence
- On-line training, and clinical resources including:
 - Screening forms & healthy relationship checklists
 - Documentation and mandatory reporting
 - Safety planning and safety cards

Best Practice Alert: Bayview Child Health Center

- Dr. Nadine Burke, a pediatrician, expanded routine assessment to include questions for adverse childhood experiences (ACE) in child health center
- “Multidisciplinary rounds” to discuss how ACE scores impact patients’ health
- Created integrated primary care teams and network of services to address early trauma



Dr. Nadine Burke

Take Home Messages!

- 1** Exposure to violence affects early brain development and leads to changes in function, structure, and stress response.
- 2** Physical punishment is a form of childhood exposure to violence that increases risk of adverse outcomes for children.
- 3** Pediatric visits are windows of opportunity to screen for domestic violence and physical punishment.
- 4** Include content on early brain development, childhood exposure to violence, and positive parenting and discipline in anticipatory guidance with parents.
- 5** Work with staff to utilize printed materials and web-based resources to facilitate parent education.

Linda Chamberlain, PhD, MPH is a scientist, author, professor, dog musher, and founder of the Alaska Family Violence Prevention Project. Dr. Chamberlain is a nationally recognized keynote speaker and champion for health issues related to domestic violence, children exposed to violence, brain development and trauma, and the amazing adolescent brain. She is known for her abilities to translate science into practical information with diverse audiences and convey a message of hope and opportunity. She is author of numerous publications and domestic violence training resources, and is also the editor of the e-journal, Family Violence Prevention and Health Practice.

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The Institute for Safe Families is a non-profit organization located in Philadelphia that is dedicated to family violence prevention. In addition to providing training and education for providers, ISF is an incubator for new ideas and brings emerging research into direct practice. ISF also convenes forums for cross-systems dialogue and promotes public awareness about the devastating effects of violence on children and families, using carefully designed materials, trainings, and creative technology.

www.instituteforsafefamilies.org

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