Helping Families Experiencing Intimate Partner (or Domestic) Violence

Intimate partner (or domestic) violence (IPV) includes economic/financial, physical, sexual or psychological abuse.\(^1\)\(^-\)\(^3\) This may involve intimidation, threats, limited access to financial resources and other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.\(^1\)\(^-\)\(^4\)

In one study, 41% of women and 26% of men in the US experienced sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related outcome during their lifetime.\(^5\) Injury, posttraumatic stress disorder (PTSD) symptoms, concern for safety, fear, needing help from law enforcement, and missing at least one day of work are common impacts reported.\(^5\) Nearly 20 people are physically abused by an intimate partner every minute.\(^6\) Women are more likely to experience severe violence (intimate terrorism), sexual abuse, threats and are more likely to use violence in self-defense.\(^7\) In one year, more than 10 million women and men in the US experience IPV.\(^6\) And, one in 15 children are exposed each year; ninety percent are eyewitnesses to such violence.\(^8\)

IPV is harmful to a child’s present and future health and wellbeing and is one of the Adverse Childhood Experiences (ACEs) linked to long-term health outcomes into adulthood.\(^9\) Children may be directly impacted by IPV by experiencing physical or sexual abuse, neglect or physical injuries during altercations. They may be indirectly impacted by feeling tension in the home or experiencing impaired parenting. Children exposed to IPV are at an increased risk for mental health and developmental problems as well as physical ailments such as diabetes, and heart and bowel disease.\(^9\) They may also continue the cycle of violence in their own intimate relationships.\(^9\)
The SEEK Parent Questionnaire-R (PQ-R) is a screening tool to identify IPV and other important social determinants of health (SDH) or adverse childhood experiences (ACEs). Screening is important because the problem may be well masked and not outwardly apparent. Two screening questions such as “Have you and a partner fought a lot?” and “Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?” help identify parents and caregivers facing this problem. A brief assessment helps to clarify the nature of the problem and possible interest in help, guiding the initial response.

IPV can be identified in several ways. Parents may screen positive for IPV, a primary care professional (PCP) may notice a parent is fearful of the other parent, one parent may seem controlling, a parent may have a suspicious injury such as a black eye or a parent may disclose IPV. PCPs can help such parents using SEEK’s REAP approach - Reflect, Empathize, Assess, Plan. It begins with Reflecting back what the parent has disclosed (“It sounds like you’re having a hard time with your partner”) or what the PCP observed. Explicitly expressing Empathy helps foster rapport and trust (“I’m sorry. This can be tough on you, and your child. Lots of people have tough times in relationships, but you don’t deserve to be treated this way!”). Next, there’s a need to briefly Assess the nature of the problem (“Please tell me what’s going on with your partner. How much contact do you have? How’s this affecting you, your family? How are you dealing with this? What else could you try?”) The assessment provides the basis for developing the Plan, with the parent. See the SEEK Algorithm and Responses to Barriers regarding IPV on SEEK’s website.

Planning with the parent involves Motivational Interviewing (MI). MI helps gauge a parent’s readiness to address a problem. Importantly, MI invites the parent to take the lead in developing the plan by eliciting their thoughts about the problem, and what they are willing to try. For survivors of IPV, it is particularly important they be empowered to make the course they are ready to take. Good rapport and the REAP approach using MI involves parents in a way that helps them “own” the plan, making it more likely they will implement it. PCPs can also offer the SEEK Parent Handout or an alternative, with key messages about IPV and brief info on creating a safety plan. The SEEK Handout should be customized with information on local resources. Even if parents are not ready to address the problem, asking the question may sow a seed, and they may later be willing to act. A PCP may be the first person to help a parent begin to address this difficult problem.

What is a Safety Plan?10

- Individualized plan to help someone in a violent relationship or when planning to leave or after they leave
- Helpful in a crisis - when it’s hard to think clearly

A Safety Plan may include:10

- How and where to safely escape. This should be practiced with children
- Code word children know if they need to leave in an emergency
- Someone to call when the survivor senses danger, with a code or secret word
- Children know how to call 911 or a trusted contact
- A hidden bag with important belongings (e.g., medications, legal documents, cash)
- The National Domestic Violence Helpline is a helpful resource. More info about safety plans is on their website. Additionally, advocates are available to find local resources to assist anyone concerned about their safety

General pointers for PCPs to consider if a parent is experiencing IPV

- Document your assessment of IPV
  - Be aware the offending parent can access the child’s record
  - A generic statement can indicate the IPV assessment (e.g., “conflict discussed”)
- Local resources should be offered; they can help assess the situation and develop a plan
- Do not list IPV as a diagnosis
- Recognize leaving a violent relationship is not easy and may take time
Suggestions of what to say to children who are exposed to IPV

- “I heard about the fighting at home
- I’m sorry this is happening to you and your family
- How does it make you feel?
- It’s not your fault
- If you feel unsafe, call 911, tell someone you trust
- I’m going to try to help make things better”
- Ask the child if they have an adult(s) in their life that make feel safe and supported
- Consider referral to mental health agency

Deciding whether to refer to child protective services (CPS)

- Consider:
  - State laws and agency policies vary; be familiar with yours
  - Potential for physical and psychological harm
  - Parent’s ability to keep child safe
- Consider asking parent to refer themselves to CPS
- Offer to make referral with parent
- Possible alternative steps: support, information

If a referral to CPS is made:

- Inform the non-offending parent
- Provide CPS with specific info re. potential for danger

In addition to the SEEK Algorithms and Responses to Barriers and the SEEK Parent Handouts, the SEEK online training videos help PCPs respond to IPV. Helping parents experiencing IPV should benefit children and their families.

References


SEEK Webinar: Dr. Barbara Howard - Update on Discipline Guidance for Young Children

On January 11th, Dr. Barbara Howard, MD presented a webinar focused on how parents set their discipline practices when their children are quite young, often based on reactions to the discipline they received themselves. In this presentation an evidence-based approach to discipline practical for primary care guidance was presented. View Dr. Howard’s webinar here: https://umaryland.webex.com/umaryland/ldr.php?RCID=335890e3924342f9be2b0c77b811b0a8. If you’d like the PowerPoint slides, email Stacey Newton (snewton@som.umaryland.edu).

New Materials for the SEEK PQ-R Optional Additional Questions

We’ve created materials for the optional additional questions that can be added to the SEEK Parent Questionnaire-R (PQ-R). These questions include guns, transportation, housing, carbon monoxide detector, utilities, financial assistance, health insurance, public benefits and job training or education opportunities.

Parent Handouts with national resources have been created for most of the above problems; some don’t have helpful national resources. Please be sure to add local resources to SEEK Parent Handouts. In addition, an Algorithm and Responses to Barriers have been created for the ‘guns’ issue. These will be available on the SEEK website soon!

If you’d like to add other questions to the SEEK PQ-R, please contact us.

SEEK in Other Countries

We’re excited that preliminary work is underway to pilot SEEK in Italy, Canada, Israel and Turkey. More info to come!

Change to the SEEK PQ-R

A change has been made to the opening paragraph of the SEEK PQ-R that begins with “Dear Parent or Caregiver”. The sentence we removed is “This information will be kept confidential/private unless we’re worried about your child’s safety”. The reason is that one cannot ensure that EHR information will be kept confidential. Both parents normally can access their child’s medical record. The PQ-Rs on our website and those on CHADIS and Phreesia are being updated.

Questions or Concerns?

The SEEK project team is always available to help. Please don’t hesitate to contact us! Email Rose Belanger (rbelanger@som.umaryland.edu) or Stacey Newton (snewton@som.umaryland.edu).

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