

## Prevention of Interpersonal Violence (IPV) Across the Lifespan

### The Role of Pediatricians

#### *Why It Matters*

**The prevalence of domestic violence across the lifespan is astounding and affects all age groups, gender identities, and socioeconomic statuses. As a pediatrician you will likely see children exposed to IPV and other forms of domestic violence.**

- Around 1 in 3 women and 1 in 4 men in the US have experienced rape, physical violence, or stalking by an intimate partner in their lifetime.<sup>1</sup>
- At least 1 in 7 children have experienced child abuse and/or neglect in the past year.<sup>2</sup>
- Every year, approximately “4 million older Americans are victims of physical, psychological and/or other forms of abuse and neglect”.<sup>2</sup>

#### *Defining Terms*

**IPV:** Interpersonal violence includes physical or sexual violence, stalking and psychological aggression as well as some forms of financial and social control.<sup>5</sup>

**ACE:** An Adverse Childhood Experience is a trauma that takes place in a child's life before age 18. ACEs can impact future violence victimization and have lifelong detrimental effects on health and opportunity.

#### *Opportunities for Pediatricians*

**Children exposed to IPV are at an “...increased risk of being abused and neglected and more likely to develop adverse health, behavioral, psychological, and social disorders later in life”.<sup>3</sup>**

- Early interventions can have a significant effect on identifying victims of violence and connecting families to the appropriate resources.
- Assessing IPV at every encounter in the pediatric setting has increased the number of victims identified. Pediatricians should know abused caregivers may seek care for their children but not necessarily for themselves.<sup>4</sup>
- Co-occurrence of child abuse and IPV is well documented. In 30-60% of families where IPV is occurring, child maltreatment is occurring concurrently. IPV in a family indicates physical child abuse is 3.4x more likely.<sup>3</sup>
- Research indicates most IPV begins in adolescence, demonstrating the importance of early prevention.
- Children exposed to IPV are 6x more likely to be emotionally abused, 4.8x more likely to be physically abused, and 2.6x more likely to be sexually abused as adults.<sup>3</sup>
- The ACE study includes violence in the home as a predictor of future adverse health outcomes for children.



## What can we do?

- **Screening**
  - An American Academy of Pediatrics study reported universal screening for IPV in pediatric offices leads to increased identification of IPV. Self-administered surveys are associated with higher detection rates and higher patient comfort.<sup>3</sup>
  - While research documents some risk factors in families contribute to higher instances of IPV – screening for IPV is covered under the Affordable Care Act, and *all caregivers should be screened.*
- **Interrupting the Developmental Pathways that Contribute to Violence**
  - It is crucial that health care professionals transition from a reactive to an active role in preventing IPV. Discuss health and safety for the family unit, including ways the family communicates, how caregivers respond to conflict with the child and with other caregivers, and how caregivers approach disciplining the children.
- **Have a plan to respond to a positive IPV screen and refer victims to appropriate community resources.**
- **Stay current on the applicable IPV state laws– especially as they pertain to reporting abuse and/or children exposed to IPV.**

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## Resources

- National toll-free hotline: 800-799-SAFE (7233) for information about local resources on IPV
- The Family Violence Prevention Fund – pediatric guidelines for managing situations of IPV and includes training videos
- American Medical Association – website includes state specific agencies with services/information on family violence
- American Academy of Pediatricians – resources on dating violence through the Connected Kids Program
- Futures without Violence - includes educational training videos and webinars for pediatric providers

## References

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