"This project is vitally important for the further training of future physicians and clinical psychologists to help prevent and treat intimate partner violence in our teenagers and young adults, for their sake, as well as for younger children who might suffer from exposure to violence in their homes and environments."

Tim Fete, M.D.

www.pediatricpsychologypartnership.com

The Cost of Violence

Do children and adolescents whose mothers experienced violence from a partner have greater health care costs?

The answer is *Yes*, according to a recent article in the Journal of the American Academy of Pediatrics. The authors analyzed the responses from 834 women and 1391 children and determined that "health care utilization and health care costs were higher in most categories of care for children of mothers with a history of intimate partner violence, with significantly higher values for mental health services, primary care visits, primary care costs, and laboratory costs." Even children of mothers with a history of intimate partner violence that ended before the child was born "had significantly greater utilization of mental health, primary care, specialty care, and pharmacy services than did children of mothers who reported no intimate partner violence. Children exposed directly to intimate partner violence (after birth) had greater emergency department and primary care use during the intimate partner violence and were 3 times as likely to use mental health services after the intimate partner violence ended."

They concluded that "children whose mothers experienced intimate partner violence have higher health care utilization and costs, even if their mothers' abuse stopped before they were born. Screening of women for intimate partner violence should be a routine part of their health care, and interventions for both the women and their children are likely necessary to minimize the effects of intimate partner violence in the family." These findings demonstrate the importance of screening for intimate partner violence within pediatric primary care settings. Doing so makes fiscal and humanitarian sense.

Intimate Partner Violence and Health Care Costs and Utilization for Children Living in the Home
Frederick P. Rivara, Melissa L. Anderson, Paul Fishman, Amy E. Bonomi, Robert J. Reid, David Carrell and Robert S. Thompson
Pediatrics 2007;120;1270-1277
DOI: 10.1542/peds.2007-1148

The pediatric clinic is the ideal location for both repeated assessment and universal and indicated prevention of teen dating violence.

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The information and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the DMD, BHPr, DHHS or the U.S. Government.

Pediatric-Psychology Partnership for Dating Violence Prevention

B.R.A.V.E. Teens: Be Real About Violence Education

Physician/psychologist response if a teen answers *yes* to any questions about violence:

"Thank you for letting me know. I'm sorry to hear that this is happening. We want you to know that University Pediatrics is a place for you to talk about the health of your relationships. I'm concerned that you're currently experiencing safety issues. I want you to know it is never ok for someone to scare, threaten, hurt you, force you to do things you don't agree to, or tell you that you're stupid. No one ever deserves that. There are resources that can be helpful to people in these situations. Briefly, I would like to share some of them with you."

In This Issue

BREAKING THE CYCLE OF VIOLENCE

Dr. Shana Vore, a third year pediatric resident, and Princess Osei-Bonsu, a graduate clinical psychology trainee, stand next to Erica, a thirteen year old girl with warm brown eyes. Dr. Vore is completing her yearly adolescent health examination. Safety of mothers and children is a pediatric issue, and Dr. Vore has learned to ask all her patients about it.

She asks Erica about safety in her home. Erica keeps her eyes downcast and nods her head slowly. Her mother's boyfriend beats her mother regularly. Erica escapes to a friend's house as soon as the yelling starts. Sometimes she doesn't return home until the next morning.

Dr. Vore thanks Erica for sharing this information and tells her she is sorry to hear that this is happening. She wants Erica to know that the clinic, University Pediatrics, is a place she can talk about such things.

Intimate partner violence is a significant, albeit underreported and under identified, public health problem.

Ms. Osei-Bonsu steps in, talks more with Erica about her situation, then helps Erica with safety planning. She gives her a resource card with safety planning strategies on one side and phone numbers such as Life/Teen Crisis Helpline on the other. Safety planning includes identifying places to go if you need to feel safe, identifying how to get to a safe place, making sure your cell phone is charged and with you when you're out, and developing a code word with friends or a trusted adult so that they can be contacted if help is needed. She screens Erica's mother about safety concerns as well, providing an opportunity for the mother to receive resources and develop her own safety plan.

Shana Vore and Princess Osei-Bonsu are a pediatric-psychology team who screen patients at University Pediatrics, an ambulatory pediatric clinic at Cardinal Glennon Hospital affiliated with Saint Louis University. The questions as well as the neutral supportive tone and assurance of confidentiality have been carefully scripted by Dr. Terri Weaver, Associate Professor Psychology and principle investigator on the Graduate Psychology Education grant from the Health Resources Service Administration which funds training for psychology health care professionals to serve underserved populations. In this GPE project, entitled B.R.A.V.E. Teens (Be Real About Violence Education), all adolescents, male and female between the ages of 12-18 years old and their female caregivers, are screened during the teen's annual medical checkup or sick child visit.


Princess Osei-Bonsu

The response has been carefully scripted as well. If the adolescent replies *No*, she is thanked for her participation, provided resources and information about safety planning, and told that University Pediatrics is a place where she can talk about health and her relationships. With an affirmative response, the psychology trainee offers information, resources and safety planning. Erica leaves with information, safety strategies, and a place to talk about safe relationships.

Dr. Terri Weaver

Dr. Heidi Sallee

Dr. Anita Bazile

Dr. Patrice Pye

The Abuse of Women is a Pediatric Issue.

American Academy of Pediatrics Committee on Child Abuse and Neglect

The American Academy of Pediatrics states that "intervening on behalf of battered women is an active form of child abuse prevention"[1]. The Academy further notes that children whose mothers are being assaulted are also likely to be victims, and that even when children are not being physically assaulted, witnessing violence in the home can be traumatic, creating serious emotional distress which may subsequently manifest as severe behavior problems. For adolescents, the observation of violence in the home may be seen as a model for dating relationships where the violence is replicated.

"Pediatrics is all about the health and well-being of a child and the health and well-being of the female caregiver. The family where the child lives is a critical part of that," says Dr. Weaver. "When there are stressors or threats of safety to a mom, that's an issue for the child. It makes sense to incorporate Intimate Partner Violence (IPV) screening within the pediatric setting so you can really have a healthy family, mother and child."

Dr. Heidi Sallee, M.D., Assistant Professor of Medicine in the Department of Pediatrics at Saint Louis University, agrees. "There is no doubt in my mind that this is something we should be doing. Viewing violence effects children's health."

[1]1998. The role of the pediatrician in recognizing and intervening on behalf of abuse women. Pediatrics Vol. 101 No. 6, pp. 1091-1092.

B.R.A.V.E. Teens

Adolescence is a critical window of opportunity for dating violence assessment and intervention. But teen dating violence and intervention cannot be a carbon copy of adult IPV assessment and intervention. The assessment must encompass the unique features of teen dating violence, including multiple forms (e.g., physical, psychological, sexual) of violence within multiple contexts (e.g., at home, in the community, in dating relationships), should be repeated over the developmental period of adolescence, and include aspects of universal assessment/ prevention (e.g., focus on preventing or delaying exposure to dating violence with all teens) as well as indicated prevention (e.g., identification of at-risk adolescents and delaying onset of, reducing length of exposure, and/or severity of outcomes). The pediatric clinic is the ideal location for both repeated assessment and universal and indicated prevention of teen dating violence.

Because adolescents are not adults, adolescent-specific assessment and intervention materials are used. This includes an eye-catching resource card with phone numbers and safety planning information, short gender-specific pamphlets about respectful relationships, and trendy silicone bracelets imprinted with the acronym B.R.A.V.E. *Teens* – Be Real About Violence Education – as a reminder that violence in any form can be discussed frankly and openly.

Adolescence comprises a critical window of opportunity for dating violence assessment and intervention.

Resource Information

National Teen Dating Abuse Hotline: 1-800-799-SAFE

Girls and Boys Town Hotline: 1-800-448-3000

Life/Teen Crisis Helpline: 1-888-644-5886

Love is Respect: www.loveisrespect.org

See It and Stop It: www.seeitandstopit.org

Legal Resources: Legal Advocates www.laawstl.org – 1-800-527-1460

Psychology and Medicine: A Partnership That Works

"Having the psychology students at University Pediatrics has been great," says Dr. Ken Haller, Associate Professor of Pediatrics at Saint Louis University. "They are people who can take the time and have the resources to go further, to get a deeper history, and to set up services after that patient leaves the office. Having people who are trained and dedicated to understanding patients' psychosocial problems adds an aspect of care to medicine that is immeasurably valuable."

"Psychology is a broad source of information for behavioral health, for child development, for parent training. Which makes sense because IPV is intertwined with all those things. When patients talk about these areas of concern they don't talk about them narrowly, they talk about them broadly, about the way it effects their lives," explains Dr. Weaver.

Jacquelyn Surrell, Dr. Terri Weaver, Melissa Maglione, Meagan Howell, Sarah Cruce, Anna Wonderlich-Tierney, Kristen Jackson (front)

"Moreover," she continues, "clinical psychology has a lot to add to physician training. A lot of what we do is to help physicians-in-training learn to ask questions in a variety of ways, in sensitive ways. Initially what they're given is a checklist of areas of concern, and some of the items on the checklist are incredibly complex, including things like depression or substance abuse or sexual activity. Newer residents were often stymied as to how you script that into a question. As clinical psychologists, that something we specialize in!

Dr. Weaver recommends that physicians really *look* at the patient when speaking with her, and try to speak with a tone and pace that reflects a willingness to hear the patient's answer, even thought the answer that may be a painful and difficult one.

Dr. Sallee has found the pediatric-psychology partnership invaluable in training medical residents. "I think our collaboration has been great and I hope that it works out that we can continue it. It's beneficial for everybody who is involved and I think it would be great to be able to expand it so that funding is not just for IPV but is extended to behavioral interventions in the medical setting.

Safety Planning

The following are strategies that can help improve safety:

1. Identifying places where you can go if you need to feel safe
2. Identify how you can get to your safe place if you need to
3. Make sure your cell phone is charged and with you when you're out
4. Develop a code word with friends or a trusted adult so that you can contact them or text them if you need help

Innovative Model

Dr. Weaver and medical colleagues Drs. Timothy Fete and Heidi Sallee have collaborated to craft an innovative model of integrative medicine: pairs of clinical psychology trainees and medical residents conduct a culturally sensitive healthcare visit. The resident learns how to ask critical and sensitive questions as part of the regular visit, the psychology trainee can follow-up, addressing resources, safety planning and other behavioral concerns. Psychology is presented in a natural setting, where patients are, rather than requiring patients come to them; medicine adds a behavioral component, addressing behaviors that interfere with health and medical compliance. Cultural sensitivity training is ongoing, with Drs. Anita Bazile and Patrice Pye on site as supervising psychologists.

Because patients come to the ambulatory pediatric setting with multiple concerns that span behavioral and medical concerns, an integration of these two areas is the most sensible and efficacious approach. When clinical psychology and medicine form an integrated, unified forum for intervention, patients are treated holistically, addressing the behaviors that create medical problems, and receiving help with other aspects of their lives when they come for a physician visit.

This collaboration has bridged over into further education of medical school faculty and community physicians locally related to screening for IPV in the office setting. (Fete)

"We've shown how clinical psychology can go into the health care setting, can merge as a partnership and can bring new sources of information and that can benefit the patients. This can be done within any number of different areas. We focus on IPV, but it could be on changing other health behaviors such as parents' smoking or managing a child's asthma or diabetes. This is a template that can be exported into a number of different areas of concern that families have," says Dr. Weaver.

Dr. Timothy Fete, Professor of Pediatrics at Saint Louis University, concurs. "This is an extremely important endeavor, and it is a further demonstration of the important collaboration between pediatricians and psychologists in improving the psychosocial outcome for both adults and children exposed to violence with the home. This collaboration has bridged over into further education of medical school faculty and community physicians locally related to screening for IPV in the office setting."