Medical Home for Children Exposed to Violence

Understanding the Prevalence and Impact of Violence on Children and How to Respond

Denise Dowd, MD, MPH, FAAP
Chair, Medical Home for Children Exposed to Violence Project Advisory Committee
Disclaimer

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OVERALL OBJECTIVES FOR TODAY’S WEBINAR

• Following the Webinar, participants will be able to:
  • Understand the Medical Home for Children Exposed to Violence Project and its offerings
  • Understand the advances in developmental science from the perspective of a primary care pediatrician
  • Understand the ecobiodevelopmental framework as it relates to children exposed to violence
  • Identify ways pediatricians can assist in translating science into healthier life-courses for pediatric patients and families
About the Medical Home for Children Exposed to Violence Project

- Funded by grant from DOJ
- Educating pediatricians
  - Identifying children exposed to violence (CEV)
  - Responding to CEV in the medical home setting
  - Making needed referrals to effective services
- All types of violence
  - Bullying
  - Child abuse and neglect
  - Sexual abuse
  - Community violence
The Project Advisory Committee

• Members represent a variety of areas of expertise:
  • Denise Dowd, MD, MPH, FAAP – Chair
    • Emergency medicine
    • Strong leadership within AAP violence prevention efforts
      • Policy development
      • Materials development
  • Nadine Burke Harris, MD, MPH, FAAP – Primary care, incorporating ACEs screening in practice
  • RJ Gillespie, MD, MHPE, FAAP – Medical home, developmental pediatrics
  • Betsy McAlister Groves, LICSW – Landmark treatment of children exposed to violence, founder of Child Witness to Violence Project
Members represent a variety of areas of expertise:

- Suzanne Haney, MD, FAAP – Child abuse and neglect
- Colleen Kraft, MD, FAAP – Primary care, medical home, community pediatrics
- David Schonfeld, MD, FAAP – Developmental/behavioral pediatrics, responding to in-school violence (grief and loss)
- Karen Sheehan, MD, MPH, FAAP – Identifying children exposed to violence, research

The PAC will meet 3 times during the project and will provide expertise on the development of Web site content, Webinar content, and sustainability for the work addressing this vulnerable population.
Why Now?: Exposure to Violence

- The National Survey of Children Exposed to Violence (NatSCEV) indicates over 60% of children are exposed to violence in a year*
  - Nearly half (46%) experienced a physical assault
  - 6% experienced sexual victimization
  - 20% witnessed an assault in their family
  - 30% witnessed an assault in their community
  - 38.7% were victimized two or more times.
  - 10.9% were victimized five or more times.

Why Now?: ACE Studies*

- The Adverse Childhood Events (ACEs) study demonstrates the impact exposure to violence can have
  - Increased risk for physical health issues: obesity, heart disease
  - Increased risk for addiction
  - Increased risk for mental health issues
- The impact of violence in childhood is manifest throughout the entire life course.
- Intervention is most effective when issues are identified and treated in early childhood

Toxic Stress: The Impact on Physiology

• Maladapted neural connections in the brain
• Overstimulated stress response
• Ongoing issues managing stress response and decision-making
• Particularly vulnerable early in life (<2 years)
Toxic Stress: The Impact on Health

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Risky sexual behavior
- Sexually transmitted diseases (STDs)
- Smoking & early initiation of smoking
- Suicide attempts
- Adolescent pregnancy
An Ecobiodevelopmental Response
Project Offerings

• Overall goal: Equip pediatricians and medical home teams with knowledge, tools, and resources to more effectively identify children exposed to violence and ensure they receive appropriate services
  • Raise awareness of prevalence and impact through articles, brochures, etc
  • Develop a Web-based portal to tools, resources
  • Provide a Webinar series to educate pediatricians and medical home teams
  • Implement a train-the-trainer module to prepare pediatricians to educate their colleagues at the state-based (chapter) level