THE MEDICAL HOME: ESSENTIAL COMPONENTS FOR CHILDREN EXPOSED TO VIOLENCE

R.J. Gillespie, MD, MHPE, FAAP
Medical Director
Oregon Pediatric Improvement Partnership
This presentation was produced by the American Academy of Pediatrics under award #2010-VF-GX-K0009, awarded by the Office for Victims of Crime, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this presentation are those of the contributors and do not necessarily represent the official position nor policies of the US Department of Justice.
OBJECTIVES

- Review principles of medical home, and how children exposed to violence fit into the model of medical home.
- Understand the steps that practices can take to incorporate CEV into recommendations for medical home.
- Select specific surveillance questions for eliciting different exposures to violence.
- Locate local community resources for CEV.
WHAT’S ACTUALLY HAPPENING...
A Medical Home

Is a community-based primary care setting which provides and coordinates high quality, planned, family-centered health promotion and prevention, acute illness care, and chronic condition management — across the lifespan.
Recognizing that families play a vital role in ensuring health and well-being of the patient. Acknowledging that emotional, social and developmental support are integral components of health care.

Simultaneously addressing medical, behavioral, and social issues. Treating the whole individual and ALL of his or her needs.

**MEDICAL HOME - AAP DEFINITION**

- Accessible
- Family-Centered
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally Effective
GENERAL ACTIVITIES OF THE MEDICAL HOME

- Anticipatory guidance – prevention and developmental promotion
- Identification of existing risk factors – physical, mental, social
- Understanding family strengths and protective factors
- Helping families set goal and priorities for self-management
- Management / referral to medical and community resources
- Follow up with patient that recommendations were followed (tracking)
Delivery of Patient & Family-Centered Care Coordination Services
Family-centered Community-based System of Services for Children and Youth

Children with special health care needs are those who have or are at-risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.
CONSIDERING CEV AS CYSHN

- Medical home model originally developed for CYSHN
- CEV meet the definition of CYSHN as they...
  - Are at risk for poor health outcomes
  - Should be connected to additional services compared to other children
  - Deserve tracking and follow up
- “CEV need developmental promotion times ten.”
NATIONAL SURVEY OF CHILDREN’S EXPOSURE TO VIOLENCE

- Telephone survey conducted January – May 2008
- National representative sample of 4549 children age 1 month-17 years
  - 2454 caregivers of children age 0-9
  - 2095 youth age 10-17
- More than 40 types of victimization assessed

NatSCEV, Finkelhor, Turner, Ormrod, & Hamby, 2009
Key Findings from the National Survey of Children’s Exposure to Violence and Implications for Assessment, Sherry Hamblin, Sewanee, University of the South.
In general, we know that early childhood trauma can:

- Create insecure attachments
- Inhibit language acquisition and development
- Hinder and stunt brain development
- Keep brain development resources in lower, “reptilian” brain (fight, flight or freeze), impacting emotion regulation
- Lead to long term cognitive delays
- “Neurons that fire together, wire together”
WHAT ARE ADVERSE CHILDHOOD EVENTS?

“We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.”

- Abuse
  - Emotional
  - Physical
  - Sexual

- Neglect
  - Emotional
  - Physical

- Household dysfunction
  - Domestic violence
  - Household substance abuse
  - Household mental illness
  - Parental separation / divorce
  - Incarcerated family member

ACE scores range from 0 (none) to 10 (all). One in five study participants reported 3 or more ACEs.

Compared to persons with an ACE score of 0, those with an ACE score of 4 or more were:

- twice as likely to be smokers
- 12 times more likely to have attempted suicide
- 7 times more likely to be alcoholic
- and 10 times more likely to have injected street drugs.

Also more likely to have COPD, ischemic heart disease, liver disease, STDs, early / unintended pregnancies.
How ACEs Impact Health

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Impact of Violence on Outcomes

Violence Exposure

- Aggression
- Substance abuse
- Academic problems
- PTSD
- Anxiety
- Depression
- Social problems
- Delinquent Behavior

Healthy Development
MULTIPLE INFLUENCES ON OUTCOMES

Risk factors:
- increase likelihood of poor outcome

Protective factors:
- increase resilience
## Risk Factors Are Cumulative

<table>
<thead>
<tr>
<th>Social/Community</th>
<th>Family</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Poverty</td>
<td>• Poor parenting</td>
<td>• Poor coping skills</td>
</tr>
<tr>
<td>• Discrimination</td>
<td>• Parental mental health problems</td>
<td>• Learning problems</td>
</tr>
<tr>
<td>• Low quality schools</td>
<td>• Housing instability</td>
<td>• Impulsivity</td>
</tr>
<tr>
<td>• Availability of drugs &amp; guns</td>
<td>• Family conflict</td>
<td>• Difficult temperament</td>
</tr>
<tr>
<td>• High crime</td>
<td>• Neglect</td>
<td>• School failure</td>
</tr>
<tr>
<td>• Gangs</td>
<td></td>
<td>• Poor work skills</td>
</tr>
<tr>
<td>• Delinquent peers</td>
<td></td>
<td>• Substance use</td>
</tr>
</tbody>
</table>
**Key Protective Factors**

- Safe, cohesive neighborhood
- Parental warmth and monitoring
- Connection with a caring adult
- Parent without trauma symptoms
PRIMARY PREVENTION MODEL

✓ A known population / high frequency

✓ An effective screening procedure

✓ Interventions that work
Eliciting Parent Concerns: A Snapshot

- Parents reporting important unmet needs by pediatric clinicians: 94%
- Parents reporting they were not asked about learning, development, or behavior concerns: 40%
- Pediatricians who agree they have sufficient time to address family psychosocial problems: 16.3%

- E. Schor, “Rethinking Well Child Care”, Pediatrics 114 (July 2004)
Applying Medical Home Principles to CEV

- Identify the population through screening or surveillance, and track them
- Assess the family and patient strengths / assets, and needs for specific services
- Make referrals
- Provide self-management tools (developmental promotion)
- Follow up on referrals / close communication loops
The Model for Improvement was developed by Associates in Process Improvement.

© 2004 Institute for Healthcare Improvement
CONTINUOUS PDSA CYCLES

Hunches, theories and ideas

Changes that result in improvement
FOUR STARTING QUESTIONS:

- Why am I looking?
- What am I looking for?
- How do I find it?
- What do I do once I’ve found it?
WHY AM I LOOKING?
BUILDING THE CASE

- Important to understand the impact
  - Educating other providers
  - Educating patients
  - Educating office staff
- Helps to drive QI change if there are practice champions (provider and office staff)
PREPARING YOUR OFFICE: TRAUMA-INFORMED CARE

- Important to prepare office staff – self-assessment and planning tools available online (www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf)

- Principles of Trauma-Informed Care:
  - Safety
  - Trustworthiness
  - Choice
  - Collaboration
  - Empowerment

- Consider office staff who have direct contact with patients – are they ensuring privacy / safety? Non-judgmental approach to interactions?
WHAT AM I LOOKING FOR? 
DECIDING ON AN OFFICE WORKFLOW

- What types of violence am I prepared to start asking about? What is the prevalence in my particular community?
- Which visits will I begin to ask screening questions?
- How will I ask the questions? Pre-visit questionnaire versus direct interview?
  - If questionnaire, who will distribute, explain to patients, and get it to the provider? How do I ensure patient privacy as they answer the questions?
  - If direct interview, what decision supports will help me remember the questions?
- How do I document the results?
RANGE OF CHILDHOOD VIOLENCE EXPOSURE

Physical abuse

Sexual abuse

Domestic violence

Community violence

Bullying

School violence

Gang activity

Sexual exploitation

Terrorism

War, Genocide
THE ROLE OF SURVEILLANCE

- Not all cases will be identified via routine interview
- Remember that certain symptoms may be a manifestation of stressful experiences or exposure to violence
  - **Under two**: dysregulated eating, sleeping patterns; developmental regression; irritability, sadness, anger; poor appetite, low weight; increased separation anxiety, clinginess
  - **3-6 years**: Increased aggression; somatic symptoms; sleep difficulties/nightmares; increased separation anxiety; new fears; increased distractibility/high activity level; increased withdrawal/apathy; developmental regression; repetitive talk/play about the event; intrusive thoughts, memories, worries

NCTSN.org/earlychildhoodtrauma
HOW DO I FIND IT?
ASKING THE RIGHT QUESTIONS

- Few standardized tools for pediatric practices
- Surveillance and interviewing are more viable options
  - Embed questions in pre-visit questionnaires
  - Ask directly during the visit
- Need to remember to be respectful of confidentiality and privacy
- Key message: “you aren’t alone, it’s not your fault, and I can help.”
## When do I ask?

### Type of violence

<table>
<thead>
<tr>
<th>Type of violence</th>
<th>Infancy / Early Childhood</th>
<th>School aged</th>
<th>Early Adolescence</th>
<th>Middle &amp; Late Adolescence</th>
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<tbody>
<tr>
<td>Household Violence</td>
<td>XX</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>School Violence</td>
<td></td>
<td>XX</td>
<td>XX</td>
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<tr>
<td>Community Violence</td>
<td></td>
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<td>XX</td>
<td>XX</td>
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<tr>
<td>Dating Violence</td>
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</table>

**Also consider screening if presenting with symptoms that correlate with potential exposures to violence**

“Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”

(Cohen, Kelleher, & Mannarino, 2008)
“I have begun to ask all of the women / parents / caregivers in my practice about their family life as it affects their health and safety, and that of their children. May I ask you a few questions?”

“Violence is an issue that unfortunately effects everyone today and thus I have begun to ask all families in my practice about exposure to violence. May I ask you a few questions?”

*Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health. From [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org).*
**Household Violence:**

**Potential Screening Questions for Parents**

- Do you feel you live in a safe place?
- In the past year, have you ever felt threatened in your home?
- In the past year, has your partner or other family member pushed you, punched you, kicked you, hit you, or threatened to hurt you?

From Bright Futures

- Have you ever been in a relationship with someone who has hit you, kicked you, slapped you, punched you, or threatened to hurt you?
- Currently?
- When you were pregnant did anyone ever physically hurt you?
- Are you in a relationship with someone who yells at you, calls you names, or puts you down?

From Wahl, Sisk & Ball, 2004
DOMESTIC VIOLENCE SCREEN FOR PEDIATRIC SETTINGS

1. Are you in a relationship now or have you ever been in a relationship in which you have been harmed or felt afraid of your partner?

2. Has your partner ever hurt any of your children?

3. Are you afraid of your current partner?

4. Do you have any pets in the house?

5. Has your partner or child ever threatened or hurt any of the pets?

6. Are there any guns in your house?

SPECIAL CONSIDERATIONS FOR IPV SCREENING

- Studies indicate that women prefer self-administered assessments when asking about IPV.

- Family Violence Prevention Fund has published guidelines for managing IPV, including tips for ensuring safety / developing a safety plan.

- Remember that exposure to IPV is associated with a higher risk of child abuse – some states have specific reporting requirements.

For parents:
- Has your child been bullied or hit by others?
- Has your child demonstrated bullying or aggression toward others?

From Bright Futures

For patients:
- Do you ever feel afraid to go to school? Why?
- Do other kids every bully you at school, in your neighborhood, or online?
- What do you do if you see other kids being bullied?
- Who can you go to for help if you or someone you know is being bullied?

From www.stopbullying.gov
COMMUNITY VIOLENCE

For parents:
- Are there frequent reports of violence in your community or school? Is your adolescent involved in it?
- Do you think your child is safe in the neighborhood?
- Has your child ever been injured in a fight?

For patients:
- Have you ever been involved with a group who did things that could have gotten you into trouble?
- Do you know anyone in a gang? Do you belong to a gang?
- What do you do when someone tries to pick a fight with you?
- Do you carry a weapon? Have you carried a weapon to school? If so, why?

From Bright Futures
DATING VIOLENCE

For parents:

- Have you talked to your child about dating violence and how to be safe?

For patients:

- Have you ever been touched in a way that made you feel uncomfortable or that was unwelcome?
- Has anyone ever forced you to have sex?
- Are you in a relationship with a person who threatens you physically or hurts you?

From Bright Futures
WHAT DO I DO ONCE I’VE FOUND IT? 
ASSESSING FAMILY STRENGTHS

- Assess the child and parent’s immediate safety
- Assets
- Resources
- Resiliencies

The role of promotion and prevention can’t be underestimated...
KEY PROTECTIVE FACTORS

- Safe, cohesive neighborhood
- Parental warmth and monitoring
- Connection with a caring adult
- Parent without trauma symptoms
### Counseling Schedule

#### Infancy and Early Childhood: Prenatal to 5-Year-Old Visits

<table>
<thead>
<tr>
<th>Visit</th>
<th>Introduce</th>
<th>Reinforce</th>
<th>Brochures</th>
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</thead>
<tbody>
<tr>
<td>2 Days to 4 Weeks</td>
<td>• What Babies Do&lt;br&gt;• Parental Frustration&lt;br&gt;• Parent Mental Health&lt;br&gt;• Parent Support</td>
<td></td>
<td>1. <em>Welcome to the World of Parenting!</em></td>
</tr>
<tr>
<td>2 and 4 Months</td>
<td>• Child Care&lt;br&gt;• Family&lt;br&gt;• Safe Environment&lt;br&gt;• Parenting Style&lt;br&gt;• Bonding and Attachment</td>
<td>• Parent Mental Health&lt;br&gt;• Parent Support</td>
<td>2. <em>Parenting Your Infant</em></td>
</tr>
<tr>
<td>6 and 9 Months</td>
<td>• Establishing Routines&lt;br&gt;• Discipline = Teaching&lt;br&gt;• Firearms&lt;br&gt;• Modeling Behavior</td>
<td>• Parent Support&lt;br&gt;• Child Care&lt;br&gt;• Safe Environment&lt;br&gt;• Bonding and Attachment</td>
<td>3. <em>How Do Infants Learn?</em>&lt;br&gt;4. <em>Your Child Is On the Move: Reduce the Risk of Gun Injury</em></td>
</tr>
<tr>
<td>12 and 15 Months</td>
<td>• Child Development and Behavior</td>
<td>• Safe Environment&lt;br&gt;• Parenting Style&lt;br&gt;• Firearms&lt;br&gt;• Modeling Behavior</td>
<td>5. <em>Teaching Good Behavior: Tips on How to Discipline</em></td>
</tr>
<tr>
<td>18 Months and 2 Years</td>
<td>• Child’s Assets&lt;br&gt;• Guided Participation&lt;br&gt;• Media</td>
<td>• Parent Support&lt;br&gt;• Establishing Routines&lt;br&gt;• Firearms&lt;br&gt;• Child Development and Behavior</td>
<td>6. <em>Playing Is How Toddlers Learn</em>&lt;br&gt;7. <em>Pulling the Plug on TV Violence</em></td>
</tr>
<tr>
<td>3 and 4 Years</td>
<td>• Peer Playing&lt;br&gt;• Safety in Others’ Homes&lt;br&gt;• Talking About Emotions&lt;br&gt;• Promoting Independence</td>
<td>• Modeling Behavior&lt;br&gt;• Guided Participation</td>
<td>8. <em>Young Children Learn a Lot When They Play</em></td>
</tr>
</tbody>
</table>
SPECIFIC FOLLOW-UP SCREENING TOOLS

- Pediatric Symptom Checklist (PSC)
- Emotional Distress Screening (used to assess traumatic stress when an event is known, in children 2-10 years)
- UCLA PTDS Reaction Index (0-8 years, adolescent version available. 6 items)
- Screening Tool for Early Predictors of PTSD (12 questions developed for use during acute trauma care)
WHAT DO I DO ONCE I’VE FOUND IT?  
MAKING COMMUNITY CONNECTIONS

- Child abuse hotline
  - Can be a resource for community agencies
- Hospital or health plan social workers
- Family to Family Network (www.familytofamilynetwork.org)
- Public Health Department – Futures without Violence, Defending Childhood
- Mental Health Organizations
- 211Info / Help Me Grow
**Finding Community Resources**

**Domestic Violence Resources**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Phone Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>24-HOUR CRISIS LINES &amp; HELPLINES</td>
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<tr>
<td>Portland Women’s Crisis Line</td>
<td>503-235-5333</td>
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<tr>
<td>Or toll-free</td>
<td>1-888-235-5333</td>
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<tr>
<td>Lindon UNCA (Espanol)</td>
<td>503-232-4448 &amp; 1-888-222-4448</td>
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<tr>
<td>National Domestic Violence Hotline</td>
<td>1-800-799-SAFE</td>
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<tr>
<td>Multnomah County Mental Health Line</td>
<td>503-988-4888</td>
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<tr>
<td>Child Abuse Reporting Hotline</td>
<td>503-731-3100</td>
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<tr>
<td>Domestic Violence Emergency Shelters</td>
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<tr>
<td>Bradberry Emergency Shelter</td>
<td>503-281-2442</td>
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<tr>
<td>Clackamas Women’s Services</td>
<td>503-694-2288</td>
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<tr>
<td>Casa Refugio Español (Los Niños Cuentan/OWS)</td>
<td>503-699-1789</td>
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<tr>
<td>Men’s House/Domestic Violence Resource Ctr</td>
<td>503-469-6100</td>
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<tr>
<td>Raphael House</td>
<td>503-222-6222</td>
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<tr>
<td>Salvation Army West Women’s &amp; Children’s</td>
<td>503-224-7118</td>
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<tr>
<td>Yolanda House of YWCA</td>
<td>503-535-2629</td>
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<tr>
<td>SafeChoice/Vancouver YWCA</td>
<td>1-360-695-0501</td>
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<td>Columbia Co. Women’s Resource Center</td>
<td>503-397-6161</td>
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<tr>
<td>Domestic Violence Services</td>
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<tr>
<td>Gateway Center for DV Services</td>
<td>503-988-6400</td>
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<tr>
<td>Volunteers of America Home Free</td>
<td>503-771-5503</td>
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<tr>
<td>Clackamas Women’s Services</td>
<td>503-722-2366</td>
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<td>Washington Co. Center for Victims</td>
<td>503-846-3020</td>
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<tr>
<td>POPULATION SPECIFIC DOMESTIC VIOLENCE SERVICES</td>
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<tr>
<td>Abuse Recovery Ministry &amp; Svcs (Christian)</td>
<td>503-222-7800</td>
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<tr>
<td>Catholic Charities’ El Programa Hispanic</td>
<td>503-669-8350 &amp; 503-232-4448</td>
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<tr>
<td>Project UNICA (Espanol)</td>
<td>503-669-8350</td>
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<td>Domestic Abuse/Abuse Response Team (DART)</td>
<td>503-725-4160</td>
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<td>Healing Roots Center (African American)</td>
<td>503-395-6991</td>
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<td>Hope For Families (Christian)</td>
<td>503-991-4444 &amp; 556</td>
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<td>Insights Teen Parent Program</td>
<td>503-239-6996</td>
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<td>IRC</td>
<td>503-234-1541</td>
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<td>IRC Refugee &amp; Immigrant Family Strenthenering</td>
<td>503-445-1446</td>
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<td>LAO/SOS (Español) (WCFC Washington Co.)</td>
<td>503-640-3322 x 311</td>
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<td>Naya Family Center Healing Circle</td>
<td>503-268-8177</td>
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<tr>
<td>Russian Oregon Social Services</td>
<td>503-777-2437</td>
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<tr>
<td>SAWERA (South Asian)</td>
<td>503-778-7386</td>
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<tr>
<td>Self Enhancement Inc Domestic Violence Program</td>
<td>503-285-0493</td>
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<tr>
<td>FREE SUPPORT GROUPS</td>
<td>503-232-7805</td>
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<tr>
<td>Bradberry</td>
<td>503-654-2867</td>
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<td>Clackamas Women’s Services</td>
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<td>Domestic Violence Resource Center Ctr</td>
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<td>El Programa Hispanic Project UNICA</td>
<td>503-669-8350</td>
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<tr>
<td>Human Solutions</td>
<td>503-549-0216</td>
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<tr>
<td>Volunteers Of America Home Free</td>
<td>503-771-5503</td>
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<tr>
<td>OTHER SERVICES</td>
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<tr>
<td>211Info (information &amp; referral for community services)</td>
<td>503-945-4200</td>
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<tr>
<td>Multnomah Childcare Resource &amp; Referral</td>
<td>503-945-4200</td>
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<tr>
<td>Safelinet (statewide health referrals)</td>
<td>1-800-SAFE-NET</td>
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<tr>
<td>Oregon Crime Victim’s Compensation</td>
<td>1-800-573-5735</td>
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<tr>
<td>Oregon Health Plan</td>
<td>1-800-399-9571</td>
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<tr>
<td>DHS Self-Sufficiency Services (Food Stamps, TANF, OHP, JOBS, etc.)</td>
<td>1-800-399-9571</td>
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<td>TA-DVS Program Information</td>
<td>503-673-2748</td>
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<tr>
<td>Alberta Branch</td>
<td>971-673-6900 &amp; SE Branch</td>
<td>971-673-2500</td>
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<td>St. Johns Br</td>
<td>971-673-5000</td>
<td>East Self-Suff</td>
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<td>971-673-5722</td>
<td>New Market</td>
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<td>Gresham</td>
<td>503-491-1979</td>
<td>East JOBS</td>
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<td>North JOBS</td>
<td>971-673-3331</td>
<td>Teen Parent</td>
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**RESTRAINING ORDERS & STALKING ORDERS**

| Multnomah County Courts | 503-988-3022 | |
| Clackamas County Victim Assistance | 503-655-6816 | |
| Washington County RO Advisor | 503-846-3839 | |
| Clark County (Washington) | 1-360-397-2424 | |
| Legal Aid’s Domestic Violence Project | 503-224-0884 | |
| (For those at risk of violence and who have been restraining order hearings in Multnomah County) | | |
| Volunteers of America Court Care | 503-988-4334 | |

**LAW ENFORCEMENT AGENCIES**

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<th>Description</th>
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<td>Non-emergency Police Response</td>
<td>503-823-3333</td>
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<tr>
<td>Multnomah County Jail Release Info</td>
<td>503-988-3859</td>
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</tr>
<tr>
<td>VME (Vitamins/Correctional Info)</td>
<td>1-877-84-VME</td>
<td></td>
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<tr>
<td>ODEPF (Domestic Violence Enhanced Response)</td>
<td>503-988-6449</td>
<td></td>
</tr>
<tr>
<td>Portland Police DV Reduction Unit</td>
<td>503-823-0090</td>
<td></td>
</tr>
<tr>
<td>Gresham Police</td>
<td>503-618-3319</td>
<td></td>
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<tr>
<td>Multnomah County Sheriff’s Office</td>
<td>503-255-3600</td>
<td></td>
</tr>
<tr>
<td>Multnomah Co. Probation DV Unit</td>
<td>503-988-0505</td>
<td></td>
</tr>
</tbody>
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**MULTNOMAH COUNTY DISTRICT ATTORNEY’S OFFICE**

| Domestic Violence Prosecutors Office | 503-988-3873 | |
| Victims’ Assistance Office | 503-988-3222 | |
| Outreach For Under-served Populations | 503-988-5149 | |
| Child Support Enforcement | 503-988-0150 | |

**CIVIL LEGAL ASSISTANCE**

| Legal Aid & Oregon Legal Law Center | 1-800-383-1222 | |
| Legal Aid & Oregon Legal Law Center (Free, low-cost legal assistance for those who qualify) | 1-800-383-1222 | |
| Legal Aid’s Family Law Hotline | 503-299-6101 | |
| (Free advice about legal issues) | | |
| Oregon Legal Law Center | 503-768-6500 | |
| Lewis & Clark Legal Clinic | 503-768-6500 | |
| (Free legal advice for low-income residents) | | |
| Legal Aid Multnomah County Office | 503-224-0486 | |
| (Free legal advice for low-income residents) | | |
| Multnomah Co. Family Law Center | 503-988-4003 | |
| Oregon State Bar Lawyer Referral Line | 1-800-452-7636 | |
| Oregon State Bar Lawyer Referral Line | 1-800-452-7636 | |
| (For low income residents) | | |
| St. Andrews Legal Clinic | 503-988-1500 | |

**IMMIGRATION REPRESENTATION**

| Catholic Charities’ Immigration Services | 503-642-2855 | |
| Catholic Charities’ El Programa Hispanic | 503-699-8350 | |
| Immigration Counseling Services | 503-221-1689 | |
| Lutheran Community Services NW | 503-233-0042 | |
| SASAP | 503-384-0028 | |

**BATTERER INTERVENTION PROGRAMS**

| Allies in Change Counseling Center | 503-297-7979 | |
| AMHS | 503-845-0426 | |
| Bridges to Safety | 503-845-0426 | |
| ChangePoint | 503-845-0426 | |
| Men’s Resource Center | 503-845-0426 | |
| MEPS Counseling | 503-845-0426 | |
| NJPA | 503-845-0426 | |
| Texas Intervention | 503-381-1853 | |
| Treatment Services NW (Spanish Language) | 503-246-5238 | |

Family Violence Prevention Fund website www.futureswithoutviolence.org

www.thatsnotcool.com – website for teens about dealing with cyber bullying

www.stopbullying.gov

Big Brother / Big Sister
WHAT IF I’M NOT READY TO START ASKING?

- Set the tone – let your parents know that the issues are important, impact the child, and are ok to talk about
  - “you’re not alone, it’s not your fault, and I can help”
- Other modalities for opening the door to conversation
  - Exam room posters, resource lists and website links, “Did you know” statements on clipboards used to fill out office paperwork
- Continue to encourage developmental promotion
Sample poster from the Family Violence Prevention Fund

www.futureswithoutviolence.org

WHEN MOM GETS ABUSED HER CHILDREN SUFFER TOO...

Effects of domestic violence on children can include:

- stomach aches and ulcers
- headaches
- insomnia
- eating disorders
- substance abuse
- criminal behavior and arrests
- depression
- self-mutilation
- suicide

The abuse is not your fault. If you or someone you know needs help:

- Call 911 if you are in immediate danger
- Talk to your health care provider or someone else you can trust
- Call the National 24 hour toll-free HOTLINE 1-800-799-SAFE (7233) or TDD #1-800-787-3224
- Look in your phone book for the nearest shelter/advocacy program

Family Violence Prevention Fund

For more posters and domestic violence information call 1-888-ReAbuse or go to www.casualtuse.org/health

Funded by the Alaska Family Violence Prevention Project, State of Alaska, Office of Women.

Family for this was provided by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Bureau of Indian Affairs, Office of Violence Prevention. Comments and suggestions can be sent to the Alaska Family Violence Prevention Project.
OTHER PRACTICE RESOURCES

- AAP Resources:
  - Connected Kids
  - Feelings Need Checkups Too
  - Bright Futures – [www.brightfutures.org](http://www.brightfutures.org)
  - Bright Futures in Practice: Mental Health
    - [www.aap.org/medhomecev](http://www.aap.org/medhomecev)
- [www.medicalhomeinfo.org](http://www.medicalhomeinfo.org) – tips for identifying your community resources
- [www.healthychildren.org](http://www.healthychildren.org) – website for parents, includes parenting resources and tips
CEV can and should be integrated into medical home model of practice

When considering screening for CEV, remember to start small but think big

From Bright Futures:
- Prevention works
- Families matter
- Health is everyone’s business