AVA Research Review

Review Title: Examining an Intimate Partner Violence Screening Program in a Pediatric Setting: Referral Patterns, Service Utilization, and Relevant Policy Implications

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Article(s): Mario Cruz, Patricia B. Cruz, Christine Weirich, Ryan McGorty, Maria D. McColgan. Referral patterns and service utilization in a pediatric hospital-wide intimate partner violence program Child Abuse & Neglect (2013), Vol. 37, pp. 511-519.

Article Summary: It has been estimated that close to 15 million children are exposed to intimate partner violence (IPV) every year, an exposure that can lead to devastating physical and mental health effects on the children involved, as children and into adulthood. The Children and Mom’s Project (CAMP) at St. Christopher’s Hospital for Children (SCHC) is a pediatric-based IPV program that includes on-site IPV services, IPV champions, IPV education, ongoing awareness of IPV (patient-gared signage in examination rooms and biannual awareness events), and an IPV screening protocol. SCHC is an urban, free-standing, tertiary care pediatric hospital with 155 full-time faculty, 80 pediatric residents, 31 fellows and 24 full-time medical social workers. This study provides some evidence that IPV screening can be successfully integrated in both inpatient and outpatient settings by a multidisciplinary group of hospital staff.

Study Aims/ Hypotheses: This study aims to describe the referral patterns and utilization of on-site intimate partner violence (IPV) services in both
inpatient and outpatient settings by retrospectively examining case records from IPV victims referred to an on-site IPV counselor between September 2005 and February 2010 at a large urban children’s hospital.

Relevant Findings:
Demographics:
All IPV victims identified in this study were female with a median age of 25 years. The majority of victims were Latina or African American and half of all victims were currently living with their abusive partner. Of the 361 IPV victims with data on the number of dependent children, 54% (n = 195) had two or more children.

Referrals:
Over a 53-month period, a total of 453 unique referrals were made to CAMP’s IPV counselor. The majority of these referrals (81%) were identified through universal screening and referred from primary care clinics (36%). Social workers generated the most referrals (55%), followed by physicians (17%). On average, six to 22 new referrals were made per month, with no apparent seasonality to the referrals.

Services:
The median initial IPV intervention required 42 minutes. Supportive counseling and safety planning were the services most highly used by IPV victims; other services often utilized were mental health referrals, in-kind donations, financial planning, and advocacy within the social services system.

Authors’ Conclusions:
The authors concluded that IPV screening was most effective when performed universally, by a multidisciplinary group, in both inpatient and outpatient settings. Because opportunities to screen for IPV were missed by the program’s reliance on verbal screening modalities, the authors recommend using self-administered IPV screening tools instead of, or in addition to, verbal screening. Lastly, the authors stress the importance of collecting data on childhood outcomes and suggest that emerging IPV programs do this so that the effectiveness of pediatric IPV programs can be better documented.

Potential Limitations:
One overarching limitation is that of generalizability; this study only collected data from one program, limiting the ability to generalize these findings to other regions, populations, and organizations. Additionally, the study team did not collect data on child health outcomes in the IPV victims’ chart, limiting the ability to assess the impact of CAMP on child health or subsequent child abuse. Improving these outcomes is the ultimate goal of IPV programs and by not assessing for these outcomes, we can’t be sure if this type of program is helping to improve health and mental health outcomes. Another limitation is that the study team did not formally assess the impact of the individual subcomponents of the CAMP program (e.g., resident “champions,” IPV counselor, annual education) on IPV referral patterns. CAMP is somewhat resource intensive and may not be possible to implement, in-full, in other institutions. Assessing the impact of each component of the program could allow resource-limited organizations to prioritize their resources to fund only the most effective. Lastly, the retrospective design of this study creates a limitation because, as the authors explain, collecting a complete data set on specific IPV victims was not possible, which resulted in missing data for several variables.

Reviewers’ Comments:
Although additional research is necessary to assess the effectiveness of pediatric-based IPV screening and referral programs, the current study provides preliminary data on the effectiveness of this type of program as well as
guidelines for implementing programs like this. Some of the strategies that CAMP and SCHC utilized can be replicated at other health centers working with similar populations. For example, the IPV counselor’s services that CAMP uses are provided through collaboration between SCHC and a local community-based IPV organization. While collaborations are somewhat difficult to study and measure, these types of community collaborations are essential for providing the specific and discreet services necessary for IPV victims.

The authors point out that the needs of program participants in this study were highly variable, demonstrating the importance of offering a wide range of services for IPV victims, especially when children are involved. Having different types and levels of services available helps increase the chances of addressing a victim’s specific needs which in turn can increase safety for the victim and any children involved. Leaving an abusive relationship is a process, and a victim must be met with services that address where one is in that process.

The demographic findings also have important clinical applications. The authors found that of the 361 IPV victims with data on the number of dependent children, 54% had two or more children. The impact of exposure to IPV on children is significant, and this finding demonstrates how important screening for IPV in pediatric settings is. These types of screening programs have the potential to be a critical intervention opportunity for adult women that might access might not be identified elsewhere. Additionally, screening in a pediatric setting provides an opportunity to decrease the negative physical and mental health outcomes for children that witness IPV by identifying these children early on and providing additional resources to the mother that specifically address dealing with abuse when children are involved. The results of this study can help guide policy makers and institutions with an interest in reducing childhood exposure to IPV.

The authors distinguish between risk-based screening (IPV screening that took place in response to an obvious risk factor observed in the caregiver or the child, e.g., bruising, maternal depression, aggressive behavior in a child) and universal screening (screening that took place in the absence of any risk factors) and found that universal screening was more effective in identifying victims of IPV. This finding, although preliminary, is important to consider when creating policies about who should be screened for IPV. For example, the authors explain that although the American Academy of Pediatrics recommends that pediatric providers screen female caregivers for IPV, they have not stated a preference for universal versus risk-based screening or for inpatient versus outpatient screening – this study helps provide some distinction between these two types of screening protocols.

Reviewer’s Summary:
(if several articles are reviewed- summary of the findings; may compare/contrast findings)

Only one article reviewed.