



Syracuse Healthy Start Newsletter

August 2002 Edition 4 This edition devoted to Family Harmony and Family Violence

Syracuse Healthy Start At a Glance

- Term: refunded for years 2001-2005
- Grantee: Onondaga County Health Department
- Goal: eliminate disparities in perinatal health
- Project area: City of Syracuse
- Target population: pregnant and/or parenting women with children under the age of 2
- Components:
 - Outreach
 - Case Management/Care Coordination
 - Health Education
 - Consortium
- Objectives:
 - conduct intensive outreach to minority women, and women with high risk, to better link them with health and human services;
 - provide integrated case management services to enhance the care coordination, intervention for identified risks, and cultural competence of the services
 - increase provider competence in addressing multifaceted risks faced by participants
 - empower consumers with information
- Commissioner of Health and Principal Investigator: Lloyd F. Novick, MD, MPH
- Syracuse Healthy Start Consortium Coordinator: Marissa Mims 424-0009
- Syracuse Healthy Start Hotline: 435-2000

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In collaboration with:

- * Onondaga County Health Dept.
- * Upstate Medical University Center for Maternal and Child Health
- * Family Ties Network, Inc.

Overview of Family Violence

Family Violence is an interruption in the harmonious inner workings of a family unit. It includes a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion. Family violence encompasses intimate partner violence as well as child abuse/neglect.

Intimate partner violence (IPV) affects 7% to 17% of pregnant woman each year. These women are at increased risk for late or inadequate prenatal care, spontaneous abortion, abruptio placentae, premature rupture of membranes, premature labor/birth, and low birth weight. **In 2000, 18% of Caucasian Healthy Start participants were affected by IPV, 5% of African American participants, and 16% of Hispanic participants were affected.**

44,000 NYS children were abused or neglected in 2001. Out of the 84,602 reports of Child Abuse and Maltreatment from Upstate New York made in 1999, 3,865 were from Onondaga County. **Onondaga County had the sixth highest number of reports of Child Abuse and Maltreatment in Upstate New York.**

Children who witness Family Violence are 4-5 times more likely to be in abusive relationships as adults, may have problems sleeping, concentrating, learning and behaving, are more likely to commit crimes, use drugs/alcohol, run away, and commit suicide. Family Violence is occurring in our community and the families we serve. It is crucial that we increase our awareness of and our ability to intervene in such a pervasive and serious issue.

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The Role of the Father

By Brooke A Levandowski, Public Health Fellow, Syracuse Healthy Start

Studies have shown that involving the father of the infant from the earliest stages of life has great benefit to both the father and baby.

- Fathers attending the birth of their baby were more likely to demonstrate social attachment to their babies and to score higher on overall attachment indicators than fathers who were not present.¹
- Fathers holding their newborn immediately after birth showed more touching behavior towards their infants after 3 months than fathers that did not hold their baby.²
- The frequencies of father's visits to preterm infants in the hospital were a strong indicator of fathering and attachment behaviors at discharge.³
- In low-income black families, father involvement had an effect on the cognitive development of preterm infants, as seen after 3 years.⁴

¹Bowen SM, Miller BC. Paternal attachment behavior as related to presence at delivery and preparenthood classes: a pilot study. *Nursing Research* 1980; 29(5):307-11.

²Rodholm M. Effects of father-infant postpartum contact on their interaction 3 months after birth. *Early Human Development* 1981;5(1):79-85.

³Levy-Shiff R, Hoffman MA, Mogilner S, Levinger S, Mogilner MB. Fathers' hospital visits to their preterm infants as a predictor of father-infant relationship and infant development. *Pediatrics* 1980;86(2):289-93.

⁴Yogman MW, Kindlon D, Earls F. Father involvement and cognitive/behavioral outcomes of preterm infants. *Journal of the American Academy of Child & Adolescent Psychiatry* 1995;34(1):58-66.

- Besides including the father immediately after birth, here are more ways to continue to involve the father in his baby's life and well being:
- Encourage the Father's attendance at medical visits
 - prenatal
 - sonogram
 - well-child
- Educate the Father as well as the Mother on health topics
 - SIDS Prevention
 - Shaken Baby Syndrome
 - Smoking Cessation
 - The Importance of Prenatal Care
 - Safe Sleeping
- Highlight the Father's role in making health-related decisions
 - Breastfeeding encouragement
 - Smoking cessation
 - Identification of Postpartum Depression
 - Immunizations

Triad of Factors

Violence-Depression-Substance Use

Violence, depression, and substance abuse are commonly intertwined. Experiencing violence has been found to be predictive of the development of substance abuse and mental health problems in women.

Women whose childhood histories include sexual assault are significantly more likely to report substance abuse and depression.

Women experience high rates of sexual and physical violence both as a precursor to and as a consequence of alcohol and other drug involvement. Identification and intervention when family violence is present will help break the cycle of violence, depression and substance abuse, which devastates the families of our community.

Source: Coalition on Addiction, Pregnancy, and Parenting. *Gender-specific substance abuse treatment*. March, 1997.

Women were likely to get late or inadequate prenatal care if they

- experienced physical violence during pregnancy (3.5 times more likely)
- did not get much help from the father of their infant (1.9 times more likely)

Source: Gazmararian, J. *Physical abuse, nonsupportive partners affect whether low-income women participate in prenatal care*. *Obstetric & Gynecology*, August, 2000.



Clinical Tools for Screening and Assessment

Maternity Care and Child Health

Syracuse Healthy Start, in consultation with the Onondaga County Health Department, Vera House, Inc., Upstate Medical University Departments of Obstetrics and Gynecology, Family Medicine, and the Department of Pediatrics Child Abuse Program, has created tools that will facilitate screening/counseling for Family Violence.

Syracuse Healthy Start recommends screening for Family Violence at the patient's initial encounter and once in each trimester in Maternity Care. In Child Health, screening is suggested at each well-child visit and at each patient encounter if indicated. The Family Violence Screening chart sticker (see above right) contains two screening questions derived from the research literature.

To aid in addressing a positive screen, the Prenatal Summary is being revised to include a separate insert that will focus on screening and counseling regarding Family Violence, Substance Abuse, and Smoking. The insert highlights important aspects of each issue while facilitating clear, uniform documentation. The Smoking Cessation section of the insert will replace the stickie (Healthy Start Newsletter Edition 1, dated 9/00). The Substance Abuse section of the insert will hold the further assessment done by the Champion (Healthy Start Newsletter Edition 2, dated 2/01).

Prenatal Summary Insert: Family Violence Assessment/Counseling

Have available in a safe place:

Social Security Numbers (yours, his, children) _____
 Birth certificates (yours and children) _____
 Drivers license (yours and children) _____
 Bank account and credit card numbers _____
 Orders of Protection _____
 Custody Orders, paternity documents _____
 Marriage, separation, or divorce papers _____
 School and vaccination records _____
 Insurance Papers _____
 Evidence of abuse (threatening letters) _____
 Prescriptions and medications _____
 Important phone numbers _____
 Rent and utility receipts _____

Date/Initials _____

Actions to Consider:

Hide money, checkbook, ATM card, PIN numbers _____
 Hide extra set of keys _____
 Hide bag with extra clothing _____
 Hide sentimental items/photos/children's toys _____
 Establish code with family/neighbor _____
 Give house key to a trusted neighbor _____
 Keep gas tank full _____
 Obtain a cell phone _____
 Remove weapons _____

Date/Initials _____

Referred to: _____ Date/Initials _____

Comments: _____

The Family Violence portion of the insert (below) contains a patient education intervention, which was derived from the research literature. The insert helps educate the patient

on how to create a personal Safety Plan for herself and her children. It also documents referral to appropriate community resources.

Family Violence Screening Sticker

Have you ever felt afraid of or been hit, kicked, punched or otherwise hurt by your partner?

CURRENT: Y N No current relationship

PREVIOUS: Y N

Has your current or past partner harmed or made you feel afraid for any of your children?

Y N

Staff Initials: _____ Date: _____

Some Obstetric Indicators

- Unwanted pregnancy
- No, late, or inconsistent prenatal care
- Not connecting with the pregnancy
- Pregnancy complications
- Head, neck, abdominal, breast, genital injury
- Dental trauma
- Delay in seeking treatment for injuries
- Bruises at varying stages of healing
- Inconsistent explanation of injuries
- Evasiveness, jumpiness, fearful, crying
- Social isolation
- Depression, suicidal ideation
- Substance abuse
- Over-controlling, solicitous partner

Some Pediatric Indicators

- Unusual or unexplained injuries
- Extreme changes in behavior or regression
- Signs of neglect such as poor hygiene, dirty clothes, hunger
- Recurrent nightmares or disturbed sleep patterns
- Speech or habit disorders
- Developmental lags
- Fear or intense dislike at being left with someone
- Withdrawal, no friends
- Expressing affection in inappropriate ways
- Use of violence to solve conflicts
- Difficulty expressing emotions other than anger
- Child acting overly responsible
- School problems, including lengthy absences

Local Domestic Violence Resources:

Vera House, Inc.

24 -hour support line: (315) 468-3260
Emergency Shelter Services
Outreach Services
Batterers Intervention Program
Children's Individual and Group Services
www.verahouse.org

Syracuse Area Domestic Violence Coalition

(315) 435-0818
Domestic Violence Inservice
Educational Resources

Victims Resource Center

24-hour hotline: (315) 422-7273
Free Services:
Short-term crisis counseling
Court accompaniment
Medical advocacy
Legal advocacy

Local Fatherhood Resources:

AIDS Community Resources in conjunction with The Association for Fathers & Families

The Nurturing Fathers' Program: (315) 475-2430
13 week Group-based Curriculum for Developing Attitudes and Skills for Male Nurturance



Local Child Abuse Resources:

Child Abuse Hotline:

Onondaga County: (315) 422-9701
New York State: (800) 342-3720

SUNY Upstate Medical University

Child Sexual Abuse Professional and Parent Education Site
www.upstate.edu/peds/care
Mandated Reporter Inservice
www.upstate.edu/cme

McMahon/Ryan Child Advocacy Site

(315) 701-2985
Site for comprehensive services for child abuse victims and their families
Direct Services through co-location
Upstate Medical University CARE program
Counselors
Victim Advocacy Services
Family Support
Resource Center
Educational Trainings

National and State Websites

- www.cdc.gov/nccdphp/drh/wh_violence.html
- www.ojp.usdoj.gov/vawo
- www.ama-assn.org
- www.acog.org/goto/noviolence
- www.endabuse.org
- www.aafp.org
- www.aap.org
- www.acep.org
- www.opdv.state.ny.us
- www.preventchildabuse.ny.org

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