**Background**

Domestic Violence (DV), also known as Intimate Partner Violence (IPV), is a varied pattern of behaviors one uses to gain power and control over another person. These behaviors may include physical, sexual, verbal, financial and emotional abuse, social isolation, coercion, deprivation or stalking. This includes children who witness his/her parents being threatened, injured, murdered, or overhears behaviors without witnessing specific aggressive acts. Children exposed to DV or IPV may present with physical health and behavioral problems that include depression, anxiety, difficulties falling/staying asleep, violence towards others, poor concentration causing difficulty in school, likely to use or abuse drugs/alcohol or attempt suicide.

**Initial Evaluation**

**Impact and Pertinent Physical Findings:**

- **Newborn to 5 years**
  - Sleep and/or eating disruptions
  - Withdrawal/lack of responsiveness
  - Intense/pronounced separation anxiety
  - Inconsolable crying
  - Developmental regression, loss of acquired skills
  - Intense anxiety, worries and/or new fears
  - Increased aggression and/or impulsive behavior

- **Ages 6 to 11 years**
  - Nightmares, sleep disruptions
  - Aggression and difficulty with peer relationships in school
  - Difficulty with concentration and task completion in school
  - Withdrawal and/or emotional numbing
  - School avoidance and/or truancy

- **Ages 12 to 18 years**
  - Antisocial behavior
  - School failure: impulsive and/or reckless behaviors (school truancy, substance abuse, running away, involvement in violent or abusive dating relationships)
  - Depression, Anxiety, Withdrawal

*Adapted from National Child Traumatic Stress Network

**Initial Management**

- Report concerns about Domestic Violence to CPS (state mandated)
- Evaluate for physical/sexual abuse (see Child Physical Abuse guidelines and When to suspect physical abuse in toolbox)
- Consider x-rays/labs; can consult with Child Safety Team provider on-call to determine if testing is warranted, timing and which medical facility the studies should be performed

**Pre-Visit Work Up**

- Send office visit/ER note, including information about CPS report
- Send demographic information so we can contact family; confirm phone numbers
## Referral Guideline

### Child Safety Team

**Pediatric Exposure to Domestic Violence**

### When to Refer

**History/PE Red Flags:** As above-
- When the provider or family has concerns for DV/IPV
- Clinical concerns to include bruising in non-ambulatory infants

### Co-management Strategy (as appropriate)

**Specialist scope of care:**
- Diagnostic work-up
- Rule out other medical conditions
- Coordinate with investigative agencies

**Primary care scope of care:**
- Staff awareness of trauma-informed counseling for children
- Contact numbers for domestic shelters, supportive services, peer support groups
- Have materials on hand that explain to families how traumatic experiences can affect their child in the immediate and long term and positive ways for them to respond and build resilience

### Return to Primary Care Endpoint

Care to be transferred back to Primary Care provider once stabilized.

### Guideline References