The Children's Center on Family Violence | cca DV Connecticut Children's Medical Center

[POLICY BRIEF]

Providing Primary Health Care to Children in Shelter

Challenges and Opportunities

Every year, close to 1,000 children reside in Connecticut's domestic violence shelters, with many more coming into contact with community domestic violence organizations.[1] Their stays typically are short-term (several days to a few weeks), brought on by an acute crisis or violent incident, unexpected by the child, and one more step in a cascade of family and social disruptions. This policy brief will focus on meeting the primary health care needs of children living in a domestic violence shelter.

According to the American Academy of Family Physicians, Primary Care Providers (PCPs) are specifically trained for and skilled in comprehensive first contact and continuing care for children with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis.[2]

Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). PCPs are physicians often collaborating with other health professionals (e.g., nurse practitioners, physician assistants), and utilizing consultation or referral as appropriate. In addition, PCPs provide patient advocacy in the healthcare system to accomplish cost-effective care by coordination of healthcare services. Primary care promotes effective communication with patients and parents/caregivers and encourages the role of the patient and families as a partner in healthcare.

Children who receive care by their PCPs have better educational outcomes such as a decrease in health-related tardiness and school absences, decreased discipline problems and suspensions, and a reduction in school drop-out rates. PCPs focus on prevention so that health problems and risky behaviors can be caught early or prevented altogether.[3]

Children who receive care by a PCP have better educational outcomes:

- **Decrease in health-related tardiness and school absences**
- **Decreased discipline problems and suspensions,**
- **Reduction in school drop-out rates**

Most children residing in domestic violence shelter have experienced significant trauma through exposure to violence and many have suffered other forms of maltreatment prior to entry to shelter. They are at higher risk for developmental and educational difficulties and may have unmet medical and mental health needs at time of entry to shelter. Unfortunately, entry to shelter can disrupt primary care services. As a result, well child visits and management of chronic illness (e.g., asthma) may suffer. Instead of being seen by their PCP, children who become acutely ill or injured while in shelter may be brought to a local hospital Emergency Department for evaluation and treatment.

Tips for Advocates

Shelter advocates should facilitate a conversation with the non-offending parent about how primary care services can best be provided without interruption to the child during a shelter stay. If the regular PCP is not the best option due to geographic, safety, or confidentiality concerns, arrangements with other local primary care providers should be initiated to avoid any disruption in primary care services. In addition to addressing any ongoing physical condition, illness, or injury, shelter staff are trained to address the emotional and behavioral health of children residing in shelter. However, there are many challenges that might interfere with care including transfer of medical records, health insurance and payment issues, and transportation to and from a primary care provider. Shelter staff are trained to address the complexity of these issues and can be utilized to help minimize the impact of any acute or chronic illness/injury and optimize the child's healthy development during a shelter stay.

To provide continuous care for children residing in domestic violence programs, it would be helpful to develop MOUs between Connecticut's eighteen domestic violence agencies and local pediatric practices to implement a medical home model for those children who cannot receive continuous primary care from their previous PCP due to geographic, safety, or confidentiality concerns. The medical home is a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.[4] This model allows for the important care that children receive from their PCP to be continued, uninterrupted, regardless of the child's current living situation and location.

Tips for Healthcare Providers

Special attention should be paid to the capacity of these practices to take appropriate precautions regarding record releases and communications with outside parties that might compromise safety for the family. Use of electronic record release flags and strong support of legal counsel are important elements of a robust medical records policy for families impacted by domestic violence. These practices should also meet standards for trauma-informed practice, with the ability to assess for symptoms of trauma in children, support the non-offending parent in the challenges of parenting a traumatized child, and provide close linkages to pediatric mental health services and parenting supports. Providers and staff in these practices should have access to training on the dynamics of domestic violence, the impact of domestic violence on children, trauma symptoms and treatments, community referral resources available, and best practices for documentation, communication, and records handling.[5]

Endnotes

[1] Connecticut Coalition Against Domestic Violence. http://www.ctcadv.org/information-about-domestic-violence/statistics/.
[2] American Academy of Family Physicians. Definition of primary care. Available at http://www.aafp.org/about/policies/all/primary-care.html.
[3] Lundy, M., & Grossman, S. F. (2005). The mental health and service needs of young children exposed to domestic violence: Supportive data. Families in Society, 86, 17-29.
[4] https://www.pcpcc.org/about/medical-home
[5] Evans SE, Davies C, DiLillo D. Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. Aggression and Violent Behavior. 2008;13:131–140

LEARN MORE AT www.ctccfv.org

NEED HELP?

Professionals or parents looking for help can call the statewide domestic violence hotline.
Counselors are available 24 hours per day, 7 days per week.
All services are confidential, safe and free.

888.774.2900 ENGLISH | **844.831.9200** ESPAÑOL

The Children's Center on Family Violence is a partnership between Connecticut Children's Medical Center and Connecticut Coalition Against Domestic Violence. It was established in 2016 to respond to and reduce the number of children impacted by family violence through a trauma-informed, multidisciplinary, multiagency approach. Learn more about The Center and our work at www.ctccfv.org.