

**Title:**

Intimate partner violence and failure to thrive

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**Session Title:**

Rising Stars of Nursing Invited Posters - Group 2

**Slot (superslotted):**

RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

**Slot (superslotted):**

RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

**Slot (superslotted):**

RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

**Keywords:**

Children, Failure to Thrive and Intimate Partner Violence

**References:**

Reference Anda, R., Block, R., Felitti, V. (2003). Adverse Childhood Experiences Study. Centers for Disease Control and Prevention, Kaiser Permanente's Health Appraisal Clinic in San Diego. Cole, S. Z., & Lanham, J. S. (2011). Failure to thrive: An update. *American Family Physician*, 83(7), 829-834. Edmond, A., Drewett, R., Blair, P., Emmett, P. (2007). Postnatal factors associated with failure to thrive in term infants in the Avon Longitudinal Study of Parents and Children. *Arch Dis Child*, 92(2):115–119. Gahagen S. Failure to thrive: a consequence of undernutrition. *Pediatric Rev.* 2006;27(1):1–11. Graham-Bermann, S.A., & Seng, J. (2005). Violence Exposure and Traumatic Stress Symptoms as Additional Predictors of Health Problems in High-Risk Children. *Journal of Pediatrics*, 146(3),309-10. Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse and Neglect*, 32:797-810. Noland, V.J., Liller, K.D., McDermott, R.J., Coulter, M.L., & Seraphine, A. E. (2004). Is Adolescent Sibling Violence a Precursor to College Dating Violence? *American Journal of Health and Behavior*, 28, 813-823. Saltzman, L.E., Fanslow, J.L, McMahon, P.M., Shelley, G.A.(2002). Intimate partner violence surveillance: uniform definitions and recommended data elements, version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Stephens, M.B., Gentry, B.C., Michener, M.D., Kendall, S.K., Gauer, R. (2008). Clinical inquiries. What is the clinical workup for failure to thrive? *J Fam Pract*, 57(4):264–266. Whitaker, R.C., Orzol, S.M., Kahn, R.S. (2006). Maternal Mental Health, Substance Use, and Domestic Violence in the Year After Delivery and Subsequent Behavior Problems in Children at Age 3 Years. *Archive of General Psychiatry*, 63, 551-560. Whitfield, C.L., Anda, R.F., Dube, S.R., Felittle, V.J. (2003). Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization. *Journal of Interpersonal Violence* 18(2), 166-185.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SPEAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example	Example	Example	Example	Example	Example

	<p>Critique selected definition of the term, "curriculum"</p> <p>Definitions of "curriculum"</p> <p>Course of study</p> <p>Arrangements of instructional materials</p> <p>The subject matter that is taught</p> <p>Cultural "training"</p> <p>Planned engagement of learners</p>	20 minutes	Name, Credentials	<p>Lecture</p> <p>PowerPoint presentation</p> <p>Participant feedback</p>	<p>Group discussion: What does cultural training mean to you?</p>
1. To identify and describe the anthropometric measures used in the diagnosis of failure to thrive in children	<p>Identification of anthropometric measures used to diagnose failure to thrive (percentiles and z scores) and to describe those that are commonly used.</p>	10 Minutes	Pamela Kimeto MSN, RN	Poster, participants feedback.	<p>Question-answer session: What are the common anthropometric measurements used to diagnose failure to thrive?</p>
2. To describe the risk	<p>Definition of "intimate</p>	20 Minutes	Poster	Pamela Kimeto MSN, RN	<p>Question-answer session: What are the common risk factors</p>

factors for failure to thrive in children exposed to intimate partner violence.	partner violence" Describe the risk factors for failure to thrive and identify the most common. Describe the relationship between intimate partner violence and development of failure to thrive in their children				for failure to thrive in children whose mothers are exposed to intimate partner violence?
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#### Abstract Text:

Failure to thrive is best described as inadequate growth or the inability to maintain growth, usually in early childhood. It is a sign of under nutrition (Gahagen, 2006; Levy, A., Levy, A., & Zangeten, 2009). In the United States, FTT is seen in 5-10% in primary care settings and in 3-5% in hospital settings (Cole & Lanham, 2011; Daniel, Kleis & Cemeroglu, 2008). Traditionally, the causes of FTT were subdivided into organic (medical) and nonorganic (social or environmental). There is increasing recognition that in many children the cause is multifactorial and includes biologic, psychosocial, and environmental contributors (Edmond, Drewett, Blair, & Emmett, 2007). Furthermore, in more than 80% of cases, a clear underlying medical condition is never identified (Gahagen, 2006; Stephens, Gentry, Michener, Kendall, Gauer, 2008).

An increasing body of evidence shows links between women's Intimate Partner Violence victimization and poor child health outcomes (Whitfield, Anda, Dube, Felittle, 2003; Anda, Block, & Felitti, 2003; Noland, Liller, McDermott, Coulter, & Seraphine, 2004; Whitaker, Orzol, & Kahn, 2006). The United Nations Children Education Fund estimates that about 275 million children are exposed to intimate partner violence worldwide, with the U.S contributing 5.7 % ( 15.5 million) annually.

**Methods:** Pertinent articles that were published from January 2005 to 2013 and contained the terms "failure to thrive", "under nutrition", "malnutrition", "intimate partner violence", "domestic violence", "family violence" and "children". The articles were retrieved by a search in the Pubmed, Ovid MEDLINE, CINHL and Cochrane databases. A total of 25 articles were reviewed.

**Findings** Failure to thrive is recognized to reflect relative under nutrition, however there is no consensus regarding a specific definition. Children who are exposed to family violence suffer from symptoms of

post-traumatic stress disorder, such as bed-wetting or nightmares, and are at a greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches and flu (Graham-Bermann, & Seng, 2005). Children of mothers who experience prenatal physical domestic violence are at increased risk of exhibiting aggressive, anxious, depressed or hyperactive behavior (Whitaker, Orzol, & Kahn, 2006). Witnessing the mental and/or physical abuse of their mother has negative consequences on the children such as increased risk of developing emotional and behavioral problems (Holt, Buckley & Whelan, 2008). Additionally, children exposed to intimate partner violence have elevated heart rates and increased salivary cortisol levels compared to those not exposed (Saltzman, Holden and Holanan, 2005).

**Conclusion:** Most articles have examined negative health effects of children's exposure to and witnessing IPV and the majority of them have focused on birth outcomes or on the health of older children between 5-12 years. Few studies have been conducted on intimate partner violence and growth failures on children less than two years of age.