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:

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
<th>TIME ALLOTTED</th>
<th>FACULTY/SP EAKER</th>
<th>TEACHING/LEANING METHOD</th>
<th>EVALUATION/FEEDBACK</th>
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<td>Example</td>
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<td>Critique selected definition of the term, &quot;curriculum&quot;</td>
<td>Definition(s) of &quot;curriculum&quot;</td>
<td>20 minutes</td>
<td>Name, Credentials</td>
<td>Lecture</td>
<td>Participant feedback</td>
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<td><strong>1. To identify and describe the anthropometric measures used in the diagnosis of failure to thrive in children</strong></td>
<td>Identification of anthropometric measures used to diagnose failure to thrive (percentile scores and z scores) and to describe those that are commonly used.</td>
<td>10 Minutes</td>
<td>Pamela Kimeto MSN, RN</td>
<td>Poster, participants feedback.</td>
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<td><strong>2. To describe the risk</strong></td>
<td>Definition of &quot;intimate&quot;</td>
<td>20 Minutes</td>
<td>Poster</td>
<td>Pamela Kimeto MSN, RN</td>
<td>Question-answer session: What are the common risk factors</td>
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Failure to thrive is best described as inadequate growth or the inability to maintain growth, usually in early childhood. It is a sign of undernutrition (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, Liller, McDermott, Coulter, & Seraphine, 2004; Whitaker, Orzol, & Kahn, 2006).

An increasing body of evidence shows links between women's intimate partner violence victimization and poor child health outcomes (Whitfield, Anda, Dube, Felitti, 2003; Anda, Block, & Felitti, 2003), and in many cases, clear underlying medical conditions are never identified (Gahagen, 2006; Stephens, Gentry, Michener, Kendall, Gauer, Liller, McDermott, Coulter, & Seraphine, 2004; Whitaker, Orzol, & Kahn, 2006).

Methods: Pertinent articles that were published from January 2005 to 2013 and contained the terms "failure to thrive", "undernutrition", "malnutrition", "intimate partner violence", "domestic violence", "family violence", and "children" 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 undernutrition, however there is no consensus regarding a specific definition. Children exposed to family violence suffer from symptoms of malnutrition and undernutrition.

Conclusion: Children whose mothers are exposed to intimate partner violence are at a higher risk for failure to thrive.
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.