

RECIPIENT OF ABUSE/NEGLECT

(901)

PARTICIPANT TYPE.....	ALL
HIGH RISK.....	NO

RISK DESCRIPTION:

Battering or child abuse/neglect within past 6 months as self-reported or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.

- Battering generally refers to violent physical assaults on women.
- Child abuse/neglect: "Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker."

ASK ABOUT:

- Birth outcome including prematurity status and birth weight
- Growth history and prenatal weight gain pattern
- Iron status and primary care provider's recommendations regarding supplementation
- Alcohol, tobacco and drug use patterns
- Developmental milestones and progress for infants and children
- Medical conditions and relevant treatment plans including medications
- Food security status
- Access to ongoing health care and barriers to obtaining care
- Access to food preparation and food storage equipment if residing in a shelter
- Sources of social support including family, friends, parenting programs and groups, social services and other community intervention programs such as a local shelter for abused woman/children

NUTRITION COUNSELING/EDUCATION TOPICS:

- Battering during pregnancy is associated with increased risks of low birth weight; preterm delivery; low maternal weight gain; anemia; alcohol, tobacco and drug abuse; and unhealthy diets.
- Serious neglect and physical, emotional or sexual abuse have short- and long-term physical, emotional and functional consequences for children. Nutritional neglect is the most common cause of poor growth in infancy and may account for as much as half of all cases of nonorganic failure to thrive.
- Review age-appropriate feeding guidelines or lifecycle-appropriate nutrition recommendations and make suggestions as needed.

Revised March 2011

Developed October 2007 by the Iowa WIC Program

POSSIBLE REFERRALS:

- If the participant resides in a shelter, tailor the food package relevant to access to food preparation and storage equipment at the facility.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or the local public health department.
- If food insecurity is a concern, refer to other community resources such as food banks, food pantries, soup kitchens, and SNAP (Food Stamps).
- If transportation is needed to access food resources and health care, refer to community programs that provide assistance with transportation.
- If the participant/parent/caregiver is ready to take action to leave the abusive situation, refer her to appropriate community programs and resources.
- If the participant has needs for other social services, refer to relevant community programs and providers.