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## Antidote for Conflict; Treating Youth Violence as a Health Issue, Pediatricians Teach Kids How to Stay Out of Trouble

By Scott Allen, Globe Staff

Kyle Newson, a 9-year-old with a generous smile and great posture, eats lots of fruits and vegetables. He wears the right pads to play Pop Warner football. He's made friends at his new school, where he gets good grades.

And, Kyle confessed to his doctor at a recent visit, he punched a schoolmate.

For a young boy whose only medical condition is mild asthma, fighting may be Kyle's major health issue, said Dr. Lynne Karlson.

"It's not a big deal now, but you don't want your teenage boys getting into fights," Karlson, a pediatrician at Tufts New England Medical Center, told Kyle's parents before handing them a brochure with advice to help children avoid fights. The brochure is part of the American Academy of Pediatrics' new effort to use annual checkups with the nation's 60,000 pediatricians to defuse youthful confrontations from schoolyard fights to gang violence. (Homicide is the second-leading cause of death among teenagers.) The professional group is publishing a new line of antiviolence brochures for doctors' offices, and soon a federal panel of pediatricians will offer tips on how to raise such sensitive subjects as domestic abuse and corporal punishment.

The new focus on violence is part of a broader shift in pediatrics as the growing array of vaccines has wiped out whole categories of childhood disease such as chicken pox and German measles. Now the biggest threats to children's health are long-term problems such as obesity and diabetes and traumas such as motor vehicle accidents. As a result, pediatricians typically spend seven to nine minutes of each checkup offering advice on how to prevent these problems compared with one minute in 1980, according to physician surveys.

"The best role for a pediatrician in a way is to be a coach to help families raise strong, psychologically resilient kids," said Dr. Robert Sege of Tufts-New England Medical Center, the main author of the brochures, which emphasize improving the child's basic coping skills.

Two-thirds of pediatricians agree they don't spend enough time discussing ways to avoid violence. But the number of subjects has outstripped doctors' advice-giving time a typical checkup lasts 18 to 22 minutes.

"This is the great dilemma," said Dr. David Keller of South County Pediatrics in Webster. "There are many things we're supposed to do. We're supposed to screen for alcohol. We're supposed to screen for drugs. We're supposed to screen for sex. You name it, we are supposed to screen. Nobody does it all."

Already, the federal government recommends 34 different pieces of advice pediatricians are supposed to give families of children Kyle's age don't smoke, floss your teeth, keep guns unloaded and locked and the list swells to 60 for teen-agers. As a result, many doctors dismiss the guidelines and stick to issues they think are most important.

"In the inner city where people feel like they practice in a high-risk area, they're more likely to screen" children to see if they are at risk of violence, said Dr. Marilyn Augustyn of the Boston University School of Medicine, who has studied the role of pediatricians in preventing domestic abuse. "The challenge lies where people feel comfortable with saying it doesn't happen here."

Although children are more likely to face violence on the streets of low-income, urban neighborhoods, Augustyn said exposure to violence in the home child abuse and spousal abuse is not confined to a certain demographic group. She said 3.3 million to 10 million children witness physical abuse of their mothers each year, including families in affluent suburban communities. Those children suffer psychological and sometimes physical harm, she said, but pediatricians are unlikely to realize it.

Until now, the American Academy of Pediatrics has had limited success in getting physicians to focus on violence prevention, in part because issues such as domestic abuse, gun control, and corporal punishment can be awkward especially when the pediatricians disagree with the parents.

For instance, four out of five parents at some point spank their children a practice the academy opposes and some parents fear they could be reported to the state by discussing corporal punishment. "If I spanked my kid, is that considered abusive? Am I going to have my kids taken away from me?" asked one parent in a recent focus group assembled for Tufts-New England Medical Center.

Sege believes that practical advice on violence prevention doesn't reach many families most at risk, sometimes with tragic results. "We've known for a long time that teens in a conflict can't think of a way out of it. The ones who get out of it had a long list of options."

A study of Los Angeles children found one key difference between the boys convicted of violent crimes and those who were not: Faced with a potential fight, Sege said, "the kids who went to prison could think only of two options: run or fight," while the children who avoided jail knew how to diffuse angry situations for instance, to seek an adult's help.

A federal task force working on guidelines for pediatricians plans to include much more information on how to teach violence prevention when an updated guide called “Bright Futures” is issued in 2007.

“When you look at what kills kids from the middle school years through the high school years, it’s violence and injuries,” said Dr. Joseph Hagan, a Burlington, Vt., pediatrician who chairs the Bright Futures steering committee.

Karlson, a pediatrician since 1985, has always talked to her patients about the perils of bullying and to parents about the message children get from corporal punishment (“The big people can hit the little people.”) But she admits she doesn’t systematically ask questions about the dangers children face from assaults at home or in their community. Instead, she asks general questions designed to let families raise the safety issues of greatest importance to them.

Kyle Newson’s parents, Al Newson and Joyce Singletary, volunteered that their son had “temper tantrums” when Karlson asked if he was having any difficulties at school. Karlson then asked a series of follow-ups that persuaded her that the parents had already addressed Kyle’s fighting and that Kyle has ideas about what to do if someone teases him. (“Tell a teacher.”) Karlson and Kyle’s parents came away from the checkup satisfied.

Sege said he doesn’t expect every pediatrician to adopt the whole antiviolence agenda, but early response to the Connected Kids campaign has been encouraging, including an order for 80,000 brochures from Orange County, Calif., pediatricians.

“I think this absolutely strikes a nerve,” he said.

For more information, go to [www.aap.org/connectedkids](http://www.aap.org/connectedkids).

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