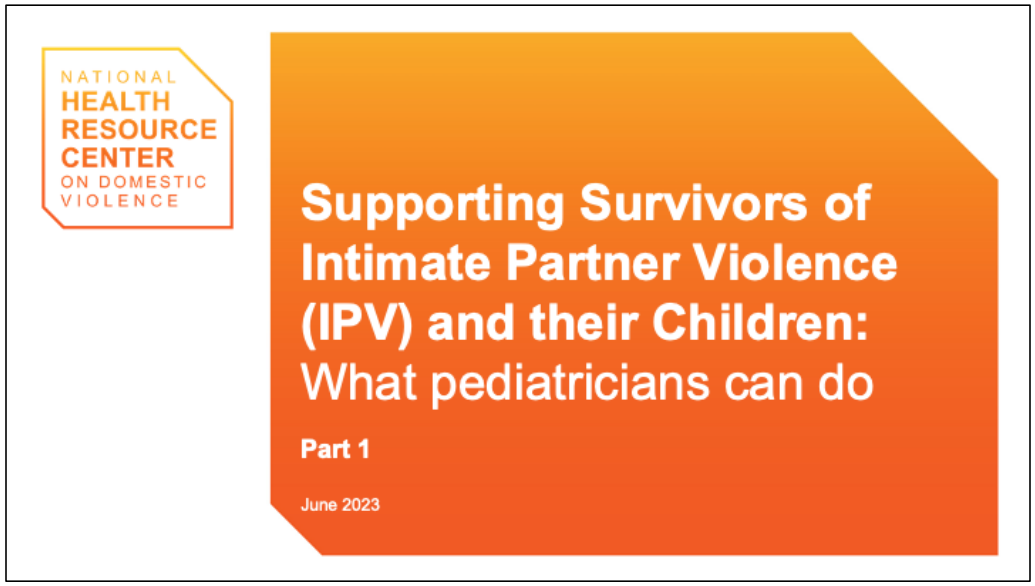


Welcome to part one of Supporting Survivors of Intimate Partner Violence and their Children, What Pediatric Healthcare Providers Can Do." This training was created in partnership by the American Academy of Pediatrics and was funded by the US Center for Disease Control and Prevention. This training is accompanied by a practice guide and supplemental training guide. Additional resources and guidelines for addressing and responding to IPV in pediatric clinical settings is available at www.ipvhealth.org/pediatrics.

Learning Objectives

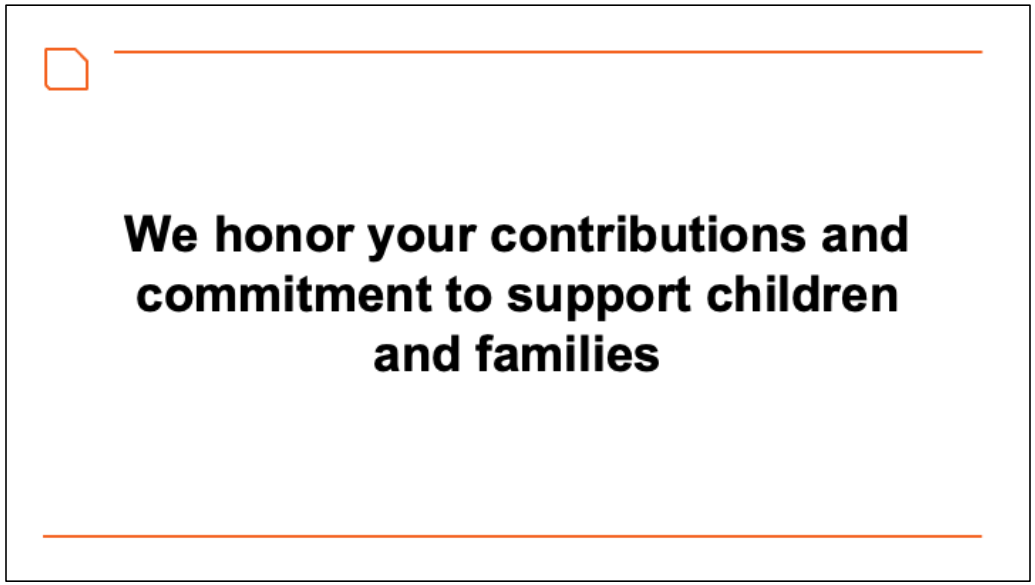
1. Understand the impact of intimate partner violence (IPV) on survivors' access to health care and support.
2. Implement 2 practice changes you can make to prevent IPV and provide healing-centered support for survivors and their children.
3. Identify strategies for building partnerships with family-serving community-based organizations.

So before we dive in, I want to start with a moment of grounding and self-care. IPV is incredibly pervasive, and many people may have experienced IPV, including your friends, your family, people in your life, or even maybe yourself. We want to make sure that you take care of yourself during this presentation. We encourage you to seek support both in your community and your social circle with your friends, with your family.

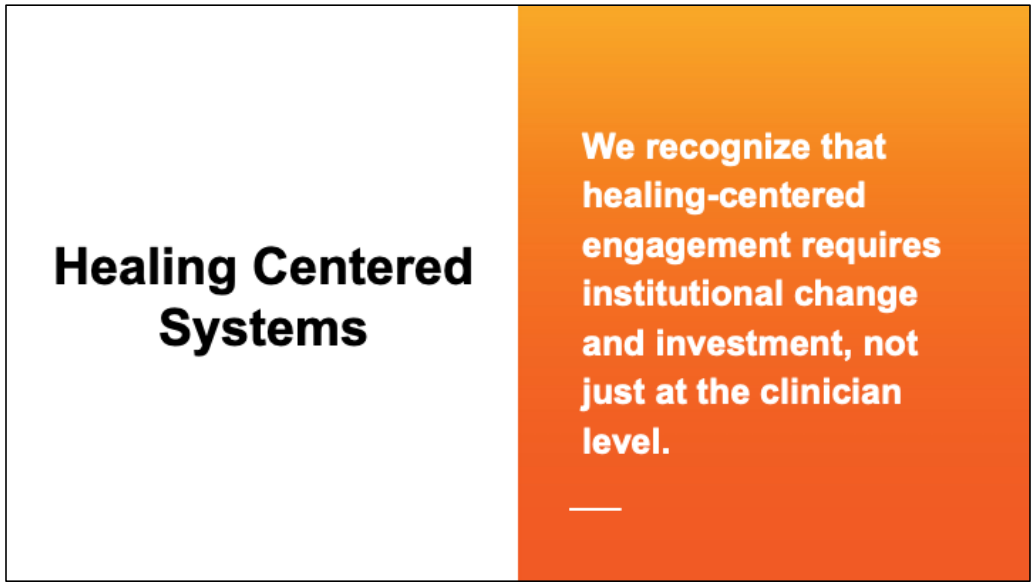
- Many of us personally or indirectly have experienced this in some way
- Many of us and those among us in this work may be experiencing these things or other traumas
- Pay attention and notice if anything comes up for you
- Practice whatever grounds you and helps you take care of yourself
- Take a break from this training if you feel you need it
- Seek support from others as you may feel you need it

Image: "Self-care". Illustrations by Paru Ramesh -

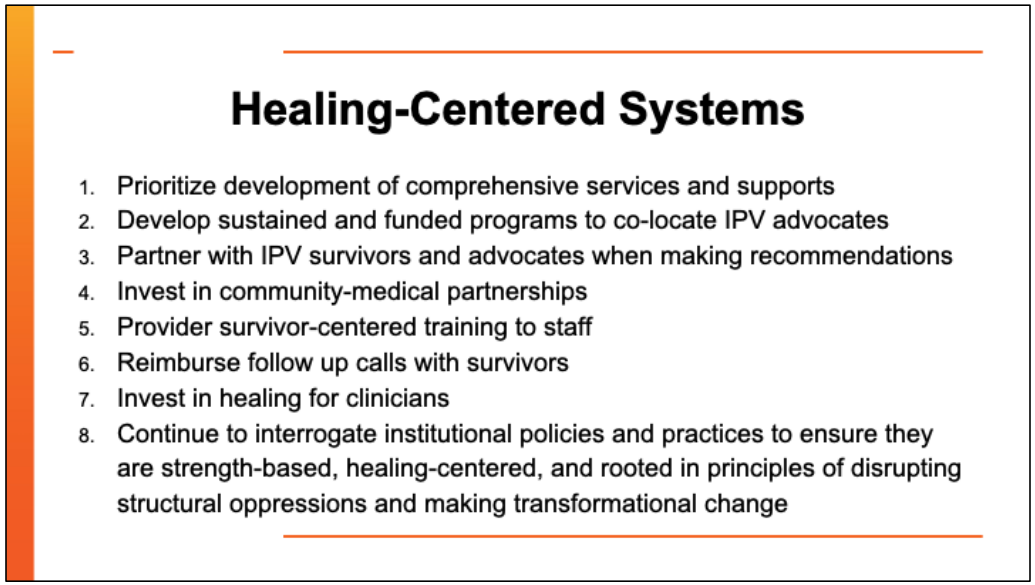
https://www.genderit.org/feminist-talk/politics-self-care-and-feminism



We all know there is transformational power when pediatric health care extends out to family health – and that's why we do this work. We want to start by honoring all the hard work that you do every single day to support children, families and to advocate for families as well. And we also want to acknowledge that a lot of this training will be giving you, as a clinician, practical advice to implement in your clinical practice.



We also recognize that systems need to focus on supporting survivors—we want to promote healing-centered systems as much as possible to support us in this work. Healing-centered engagement requires institutional change and investment. It can't just happen at the clinician level.



These are ideas specifically for health systems leaders.

- We recommend prioritizing the development of comprehensive services and support for survivors.
- Develop sustained and funded programs to co-locate IPV advocates within pediatric healthcare settings - it's critical that there is money and resources invested in supporting IPV survivors.
- Partner with IPV survivors, and advocates when making recommendations - ensuring that policies and practices in pediatric healthcare settings are co-created by survivors and advocates.
- Investing in community medical partnerships.
- Providing survivor-centered training to staff. **
- Reimbursing of follow-up phone calls with survivors

or other ways to get in touch with survivors and investing in healing for clinicians.

- A big part of healing-centered engagement is ensuring that the clinicians themselves are well, are healing, have services and supports to make sure that they're thriving.
- Continuing to interrogate institutional policies and practices to ensure they are strength-based, healing-centered, and rooted in principles of disrupting structural oppression and making transformational change.

**Survivor-centered means amplifying the voices of IPV survivors ensuring that what we do is aligned with what they want.

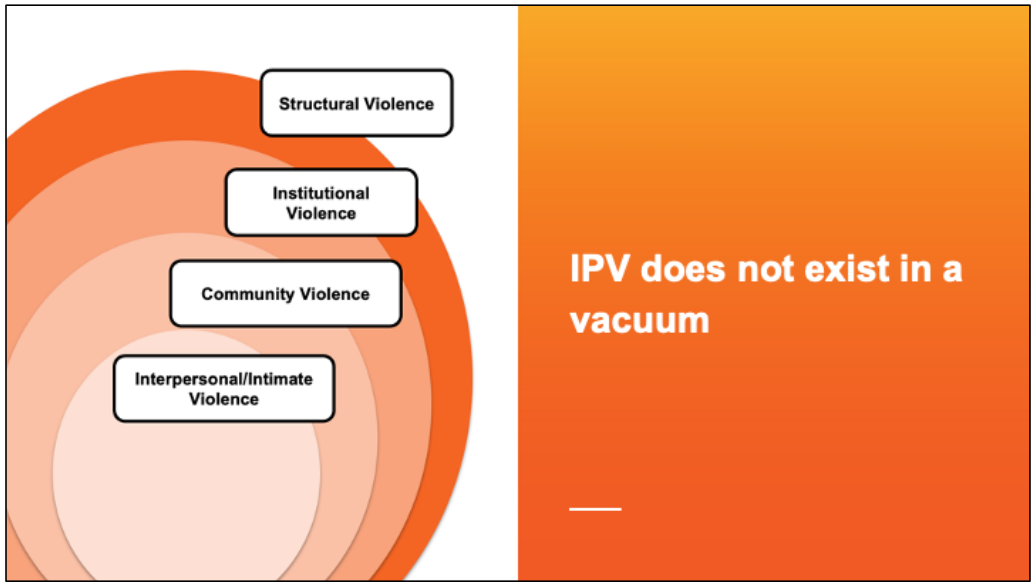
IPV is rooted in power and control. IPV is when somebody in the context of an intimate relationship, former or current relationship, uses a range of tactics, behaviors to control, manipulate, harass, discredit a survivor. The power and control wheel provides examples of ways that power and control can happen, some of which are especially relevant to pediatric healthcare settings. For example:

- Using children, child custody, the child welfare system or child protective services in a way that discredits or controls survivors.
- Isolation is extremely common - isolating survivors from their friends, from their family, and also from other support systems like health care providers.

- Economic abuse is trying to control somebody's finances by ruining their credit or harassing them in their place of employment.

There are also many barriers for those experiencing IPV to seek support:

- Safety
- Children
- Fear of losing children
- Culture
- Fear
- Denial
- Self-blame
- Housing
- Isolation
- Lack of knowledge
- Financial restrictions
- Love for partner



We want to frame the importance of thinking about disrupting structural violence as a way to prevent intimate partner violence. People who use violence, also called abusive partners often use structurally oppressive policies and practices to control survivors. For example: They may use the US immigration policies against a survivor (who is undocumented) by threatening to call ICE or not applying for a green card. The impact of racism on survivors, transphobia, homophobia, and any other type of structural oppression can be used against survivors or to cut them off from accessing resources.

The WHO defines violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death,

psychological harm, maldevelopment or deprivation." *Krug E, Dahlberg L, Mercy J.et al. World report on violence and health*. Geneva: World Health Organization, 2002
What typically what may come to mind when we think of violence, is one person physically harming another person, but if we are using that WHO definition of violence, we have to be including forms of violence across levels of society.

Adult and child survivors belonging to structurally marginalized groups experience compounded challenges:

- Racism
- Poverty
- Disability
- Transphobia
- Homophobia
- Technology inaccessibility
- Language injustice
- Xenophobia/immigration stressors

There are many forms of violence across all these levels…

Interpersonal + Community:

- Intimate partner violence/relationship abuse
- Rape and sexual violence
- Child sexual abuse and neglect
- Human/sex trafficking
- Sexual harassment
- Gender policing/enforcement
- Homo-, bi-, and transphobia/ -based violence
- Sexism and *Misogynoir*
- HIV stigma
- Gun violence
- Violence against people in the sex trade
- White supremacist extremist violence
- Elder abuse

API GBV Lifetime Spiral of Gender Violence; (Galtung, 1969) (Lee, 2019)(Bailey, 2021)

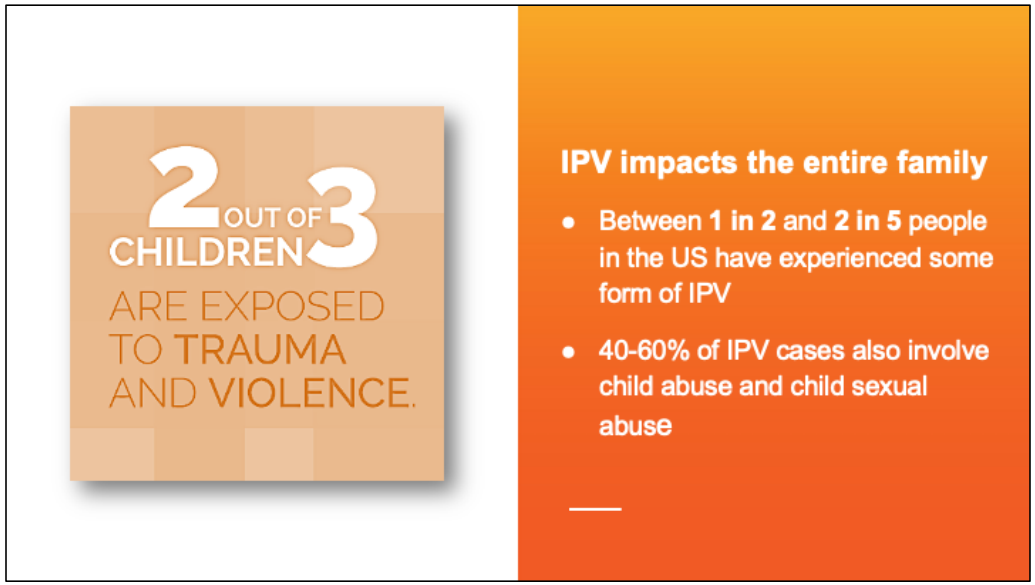
Institutional + Structural:

- Forced sterilization/controlled reproduction
- Criminalization of sex work, drug use, HIV, houselessness, 'truancy'
- Police/prison-perpetrated sexual violence and brutality
- Gentrification and racist housing policy
- Immigrant detention + family separation
- Labor exploitation, wage theft, poverty wages
- Punitive family control systems
- Lack of free universal childcare
- Investment in policing, prisons, and surveillance as a solution to social problems

- Employer-based healthcare
- Disinvestment in public health, public education

http://www.futureswithoutviolence.org/health/racism/ (Galtung, 1969) (Lee, 2019)

IPV is a public health and a pediatric health care issue



Between **1 in 2** and **2 in 5** people in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

- **Because of intersecting forms of sexism, racism, trans/homophobia and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.**

There is a co-occurrence between IPV and child abuse and neglect.

Prevalence of child exposure to IPV and co occurrence of child abuse

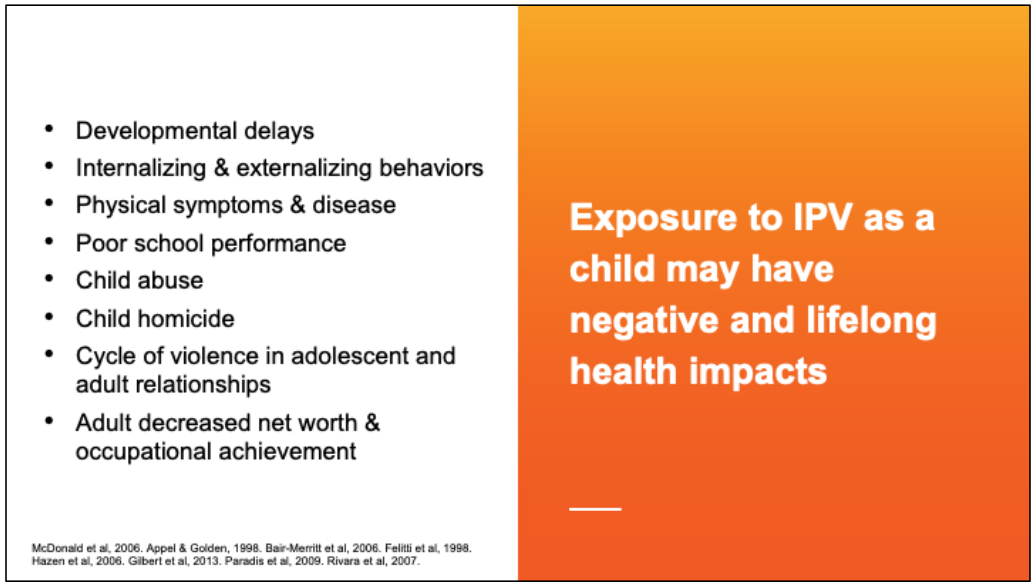
- The National Survey of Children's Exposure to Violence found that in a survey with 4,549 children, 17 years of age or less, over 60% had been exposed to some form of violence in the past year and 39% reported multiple violent exposures
- According to data from the National Survey of Children's Exposure to Violence, around 1 in 5 children and 1 in 4 teenagers have a lifetime rate of exposure to psychological or physical IPV; rates are even higher for marginalized youth
- In 2018, approximately 678,000 children experienced child abuse and neglect (CAN) in the United States - *Child Maltreatment 2019* (2019). the Children's Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services:

https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf

- Abusers are 6 times more likely to sexually abuse children
- >1/2 of sexual abuse perpetrators also abused the child's mother
- 60% of men who abuse their wives will also abuse their children, usually after separation

These child health impacts to underscore how much parental IPV is a child health issue
Pediatricians are encouraged to support children AND their caregivers in leveraging resilience and fostering social connections

American Psychological Association, Violence and the Family: Report of The American Psychological Association Presidential Task Force on Violence and the Family, (1996).
American Judges Foundation, Domestic Violence and the Court House: Understanding the Problem…Knowing the Victim.
Appel & Holden (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. Journal of Family Psychology 12(4), 578-599.
Bancroft, L., & Silverman, J. (2002). The batterer as parent: Addressing the impact of domestic violence on family dynamics. Thousand Oaks, CA: Sage.



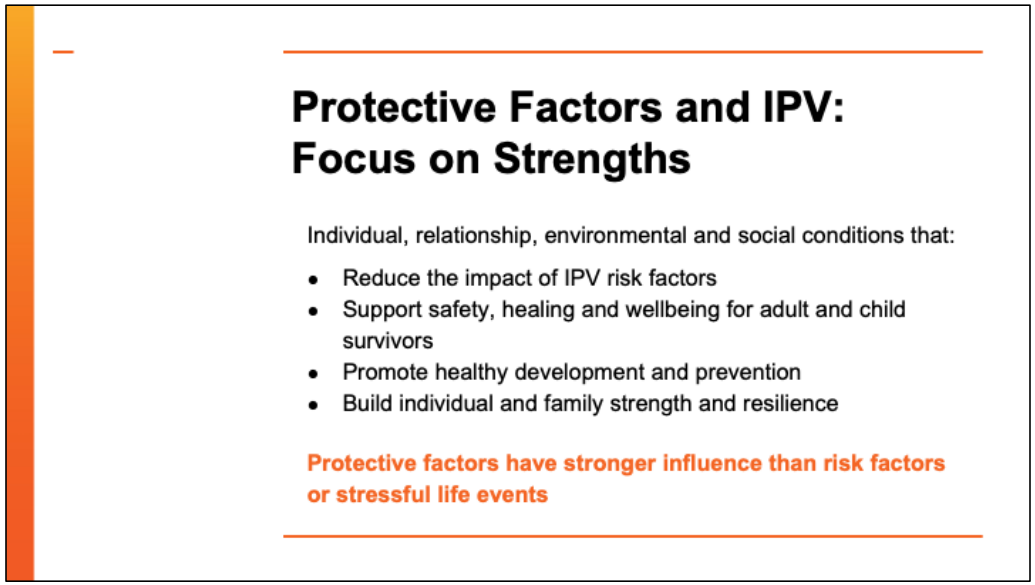
- Mental health symptoms (anxiety, depression, PTSD; Holt & Whelan)
- Abdominal pain, headaches, muscle pains (MacMillan & Walthen)
- Developmental delay (Gilbert et al.)
- Decreased well-child visit compliance (Bair-Merritt et al.)
- Increased likelihood of experiencing violence in adolescent and adult relationships (Ragavan et al., Miller et al.)
- Child abuse and neglect (CDC, 2014)

Although negative and lifelong impacts are common, they are not definite. Not all children are affected equally. Support systems, prevention efforts and protective factors can all play an important part in supporting children exposed to IPV.

That this is incredibly deficits focused. And I think what's so critical is to list these, so we know that this is a pediatric health issue and that we really focus our attention on supporting survivors and really affirming the work they do as parents and connecting survivors and their children to resources and supports. We are recommending that you focus on the detrimental health

outcomes. Instead, we can support survivors in connection to services and supports to help the whole family.

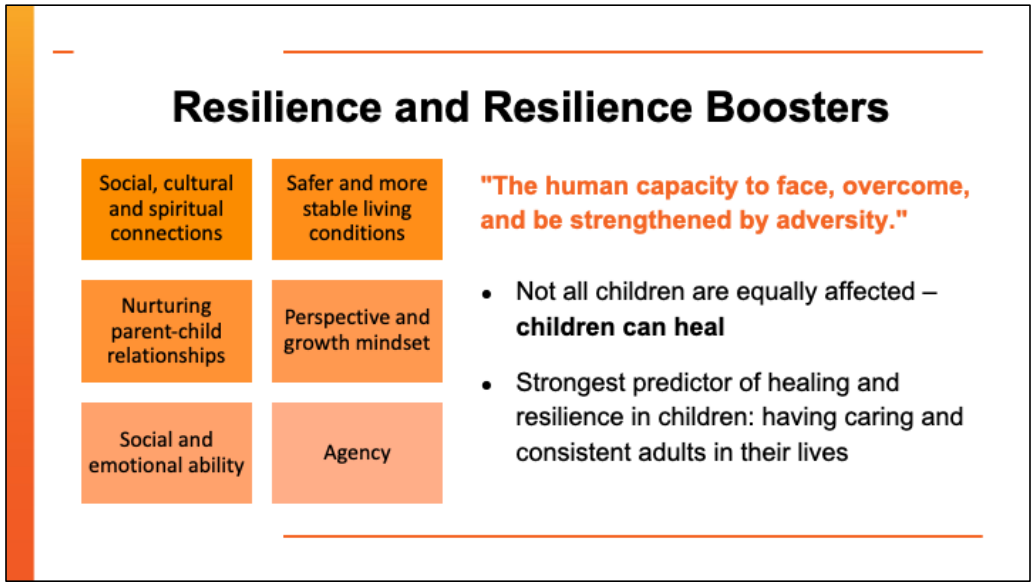
Issue brief on protective factors for survivors of domestic violence (2019). Quality Improvement Center on Domestic Violence in Child Welfare. https:// dvchildwelfare.org/resources/issue-brief-on-the-protective-factors-for-survivors-of-domestic-violence/



There are a lot of protective factors related to IPV at the individual relationship, environmental and structural levels. The most important thing is focus on strengths. As pediatric healthcare clinicians, we can really focus on supporting safety, healing, and wellbeing for survivors, reducing the impact of IPV risk factors, promoting healthy development and prevention and building individual and family strength and resilience, and community strength and resilience as well. And this fits so nicely with what we already do. We already have a strength-based approach. We already focus on prevention. We already focus on thinking about community-level factors and how we can build community resilience.

- Protective factors help build individual and family resilience over time
- Protective factors can be conditions or attributes in individuals, families, and/or communities that mitigate or eliminate risk in families and communities and increase the health and well-being of children and families
- The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. We believe you can be and are already one of these adults!
- There are ways to support children even if the child is still in an environment where violence exists.
- Risk factors are predictive for only 20-49% of the population
- Protective factors predict positive outcomes for 50-80% of high-risk populations.
- Protective factors are consistent across different ethnic, social class, geographical and historical boundaries

Source: B. Bernard. Resiliency: What We Have Learned. (2004) WestEd.



Not all children exposed to trauma, including IPV, are equally affected, but children can heal. The strong predictor of healing is having caring and consistent adults in their life. That includes you as a pediatric healthcare clinician and all the family and other supports that they have. What is so critical in the work that we can do is really support families in achieving all this and provide them these resilience boosters and sort of support them to connecting to resilience boosters.

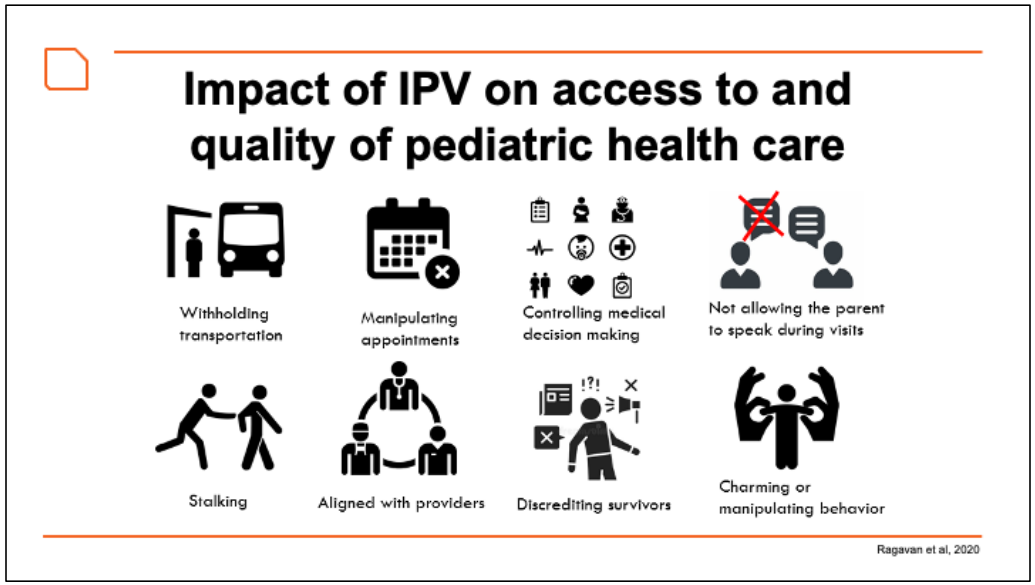
- Observable, often measurable, processes that are identified as helpful to individuals, families, and communities to overcome adversity. (Ungar, 2012)
- Not all people are affected in the same way by violence; the same is true for children. Not all children who are exposed to IPV respond the same way

Resilience boosters:

- Social, cultural and spiritual connections: connections bigger than self, feeling

accepted/supported by community, beliefs

- Safer and more stable living conditions: Access to adequate, safe and clean living conditions and environment, sleep, nutrition, exercise, harmony
- Nurturing relationships: Support & maintain connections: family, friends, spiritual, identity
- Perspective and growth mindset: Tuning in, setting goals, making plans, assessing trade offs, weighing outcomes, meaning making, gratitude, hope
- Social and emotional ability: Mindfulness, empathy, patience, self compassion
- Agency: Belief in your community, positive identity, confidence in decision making



In this study, we asked experts in pediatric IPV about how they've seen IPV manifest in pediatric health care settings.

- Abusive partners may withhold transportation, so somebody can't even get to the pediatric healthcare setting.
- They may have manipulate or cancel appointments or schedule them when they know that the parent cannot attend.
- Stalking, which is more critical in the context of the electronic medical record and the patient portal.
- Trying to align with providers and discredit survivors, trying to control medical decision-making, limiting the surviving parent to speak during visits, and then

using other kinds of manipulative behaviors to try to discredit or control the situation.

It’s really important that we can recognize the signs that may be an indicator of IPV.

- Data?
- Getting a disclosure?
- Knowing about what happened to the person we are working with so we can anticipate their needs?
- Getting the person connected to services?

Common sentiment in health care may have come across; what are consequences of viewing patient thru that lens in clinician/patient relationship?

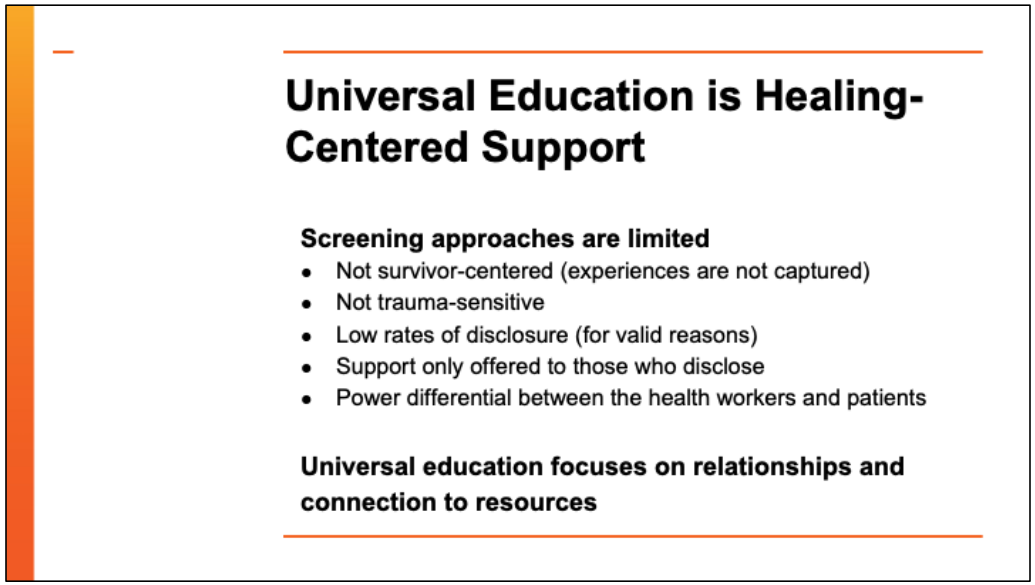
What was would systems have to change so that patients did not feel like they had to trick them in order for everyone in the family to get the support they needed?

Healing centered support or healing-centered engagement is a holistic strength-based approach that focuses on social support. It focuses on how we can support a family in healing.

- Trauma and resilience are universal. They happen at the individual, but also at the collective level and the societal level. As an example, the COVID-19 pandemic was a societal trauma.
- Trauma and resilience or trauma and healing can happen concurrently.
- And healing happens in safe relationships
    - Building trust and connection
    - Pediatrics can be an entry point for caregiver support/healing

- Working together in partnership with family-serving community-based programs creates one interconnected network of support

This idea of healing-centered engagement was first introduced by Dr. Shawn Ginwright, particularly in the context of supporting young people.

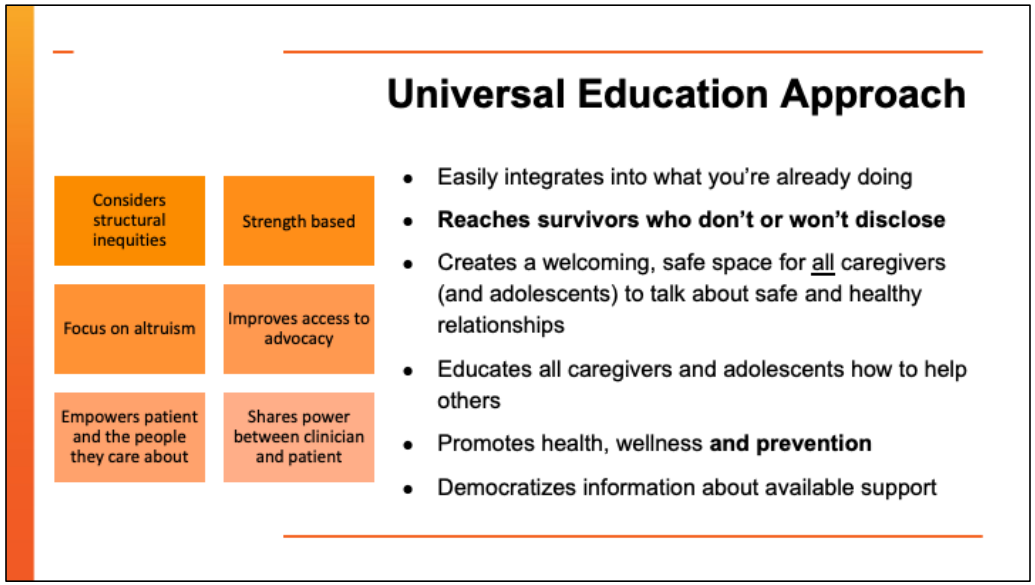


We're introducing a healing-centered approach to provide universal education and resources within pediatric healthcare settings. This is an approach that we can use for everybody, and it's an alternate to screening.

There are many limitations of screening. It is not survivor-centered - Many screening tools ask about specific behaviors often physical and sexual violence, and may not get into the large number of behaviors and tactics that abusive partners use, like economic abuse or immigration abuse. It's not always trauma-sensitive. There are low rates of disclosure. And with screening there's often a power differential between health care clinicians and patients, particularly that with this model,

we only provide resources to those who disclose. And we know that people experiencing IPV may not want to disclose, and that's completely their choice. Which means they're not getting these important resources.

Instead of using a screening approach, we recommend using universal education and resources to focus on relationships and connect everybody to these important community-based resources.

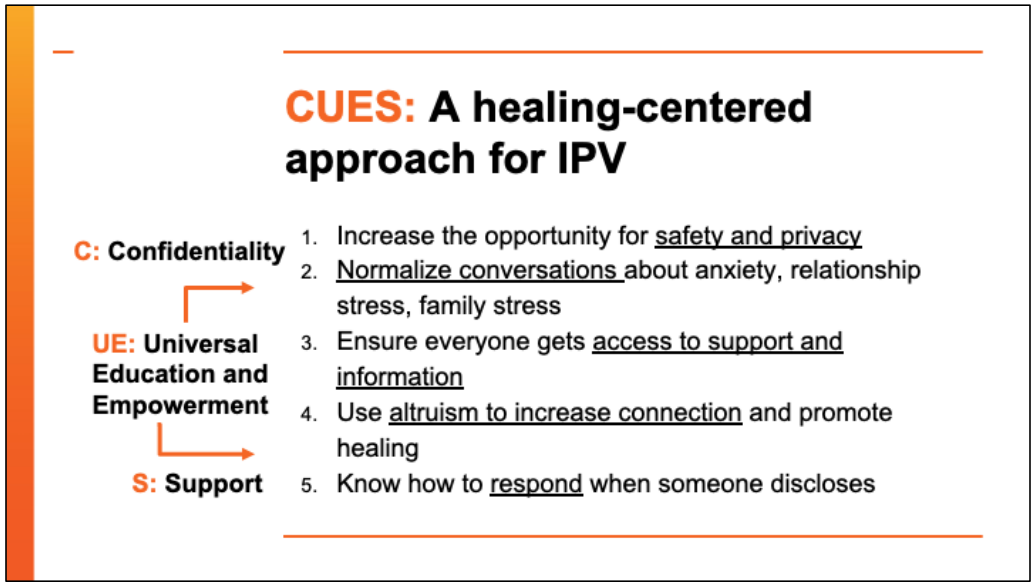


It provides important resources to everybody – ensuring that all of our patients are aware of the important community-based resources to support survivors and empowers the patient and the people that they care about. It ensures that survivors that do not disclose, particularly on a screener, still get resources. It ensures that we are not limiting resources only to people who disclose.

- Provides universal education and support to all families
- Creates a welcoming, safe space for all caregivers (and adolescents) to talk about

safe and healthy relationships – provides a model that extends to providers for talking to adolescents about safe and healthy relationships as well

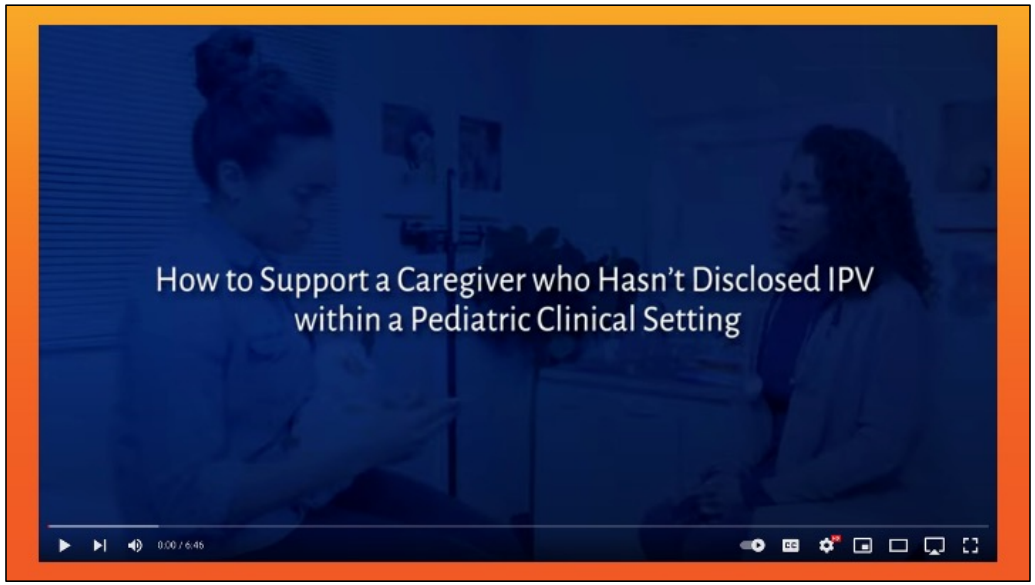
- Empowers caregivers to:
  - Identify healthy/unhealthy relationship behavior
  - Identify impacts of IPV on their children
  - Access resources for themselves
  - Serve as resource for friends & family
- Values/essence of CUES
- Prioritizes health, wellness, and prevention

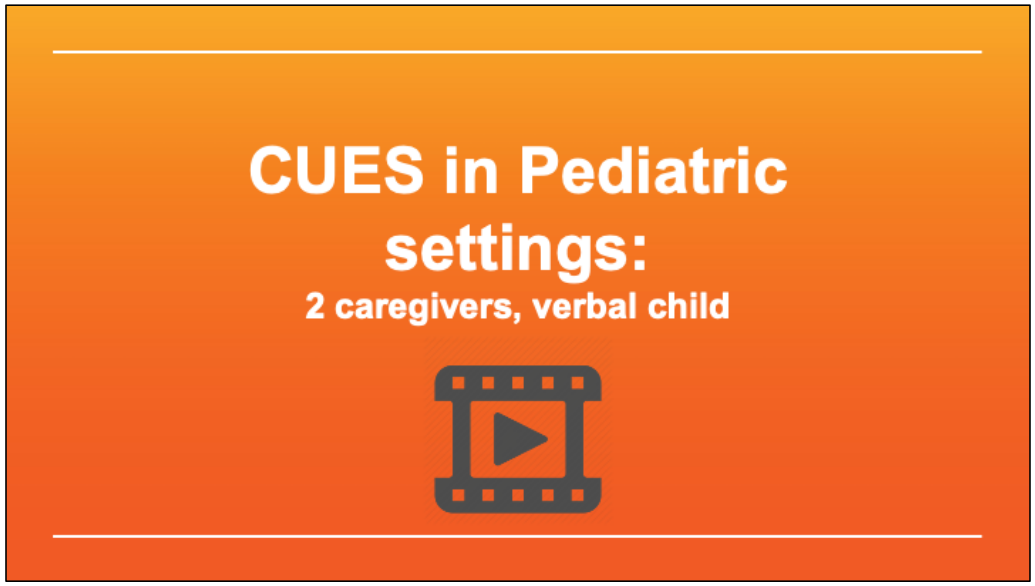


80% of survivors who say ”no” to IPV screening and people who are not currently experiencing abuse get access to support and info

CUES in Pediatric settings:

1 caregiver, nonverbal child


How to Support a Caregiver who Hasn't Disclosed IPV
within a Pediatric Clinical Setting
0:00 / 6:46



Depending on time may need to edit/cut the video to show only the scenario – not the narrator at the beginning and end
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How to Support a Caregiver with an Upset Partner in the Office
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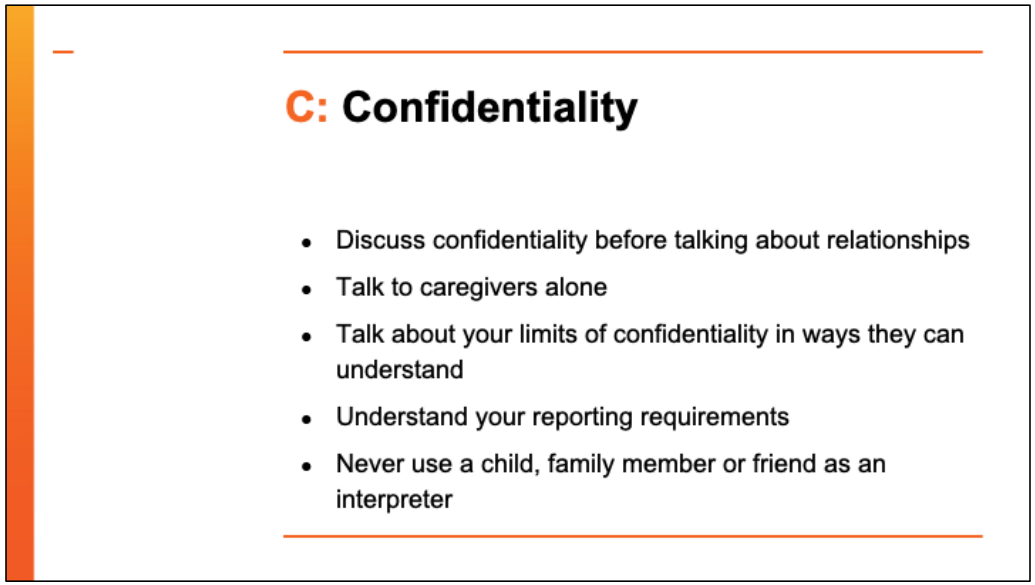


Always discuss confidentiality before talking about relationships, talk to caregivers alone, talking about the limits of confidentiality, understanding reporting requirements, and never using a child, family member, or friend as an interpreter. Make it clear that everything is confidential unless someone says that a child is being hurt or they want to hurt themselves.

This can be tailored to fit the clinical setting. CUES can be integrated into any well child visit. For example, a script might be "*Thank you so much for coming, for being part of the visit. I always like to share a little bit of information about some stressful things that can be happening at home. A lot of patients will tell me that they may not have food at home. They may not have a safe place to live. They may be experiencing stress in their relationships, or they may be having other stressors. And I want you to know this is a safe space to talk about any of that. I also want to share this resource card with you that has resources in the community*."

- Normalize the conversation: *"Because stress & violence at home is so common for so many families I care for, I started talking to all caregivers about this."*

- Introduce 2 copies of resources/cards: *"I give everyone 2 so you have the information for yourself and so you know how to help someone who may be struggling. It talks about caregiving, managing stress as a parent and how relationships can affect our parenting. On the back it has numbers to contact free resources if you ever need help."*

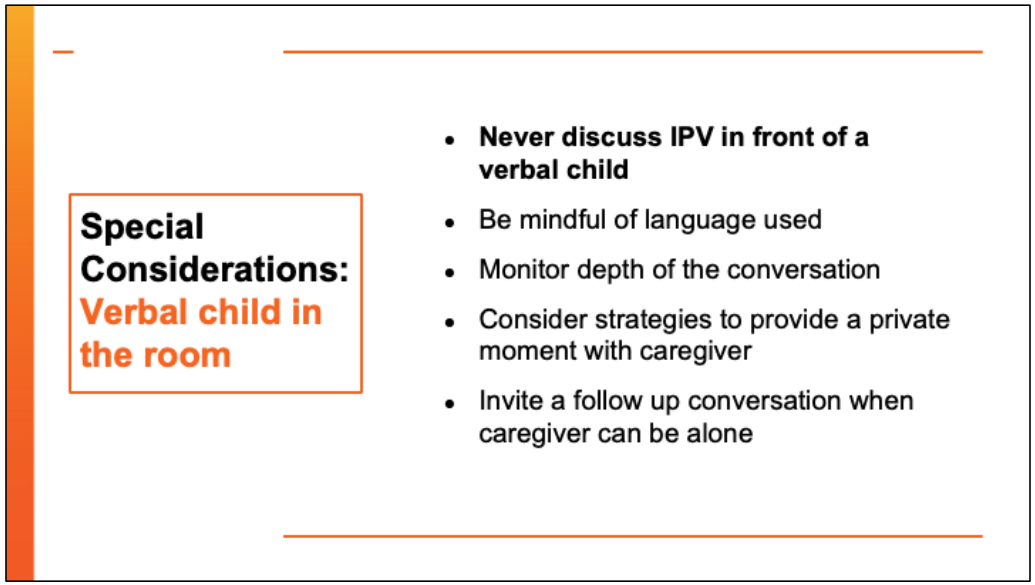
- Make the connection—connect to reason for visit or child's presenting symptoms, when applicable—and give power back: *"Is this happening to you?" "Does any of this sound like your story?"*

Relying on the healing power of altruism to create space and share information. We are trusting the caregiver to be a public health advocate and share with friends and family – helps them heal, helps others and ensures they have information if they need it but can't disclose

***Always ask if it is ok to share before sharing resources*. When sharing resources, you can:** Texting resources, enter them into the chat during video visits, read them aloud and patients can write down, and other ways – the patient can tell you what is safest and most convenient.

If patients says things are fine and they do not want info:
"I am glad to hear that, if anything should change, I will always have the numbers handy if you know someone who needs them."

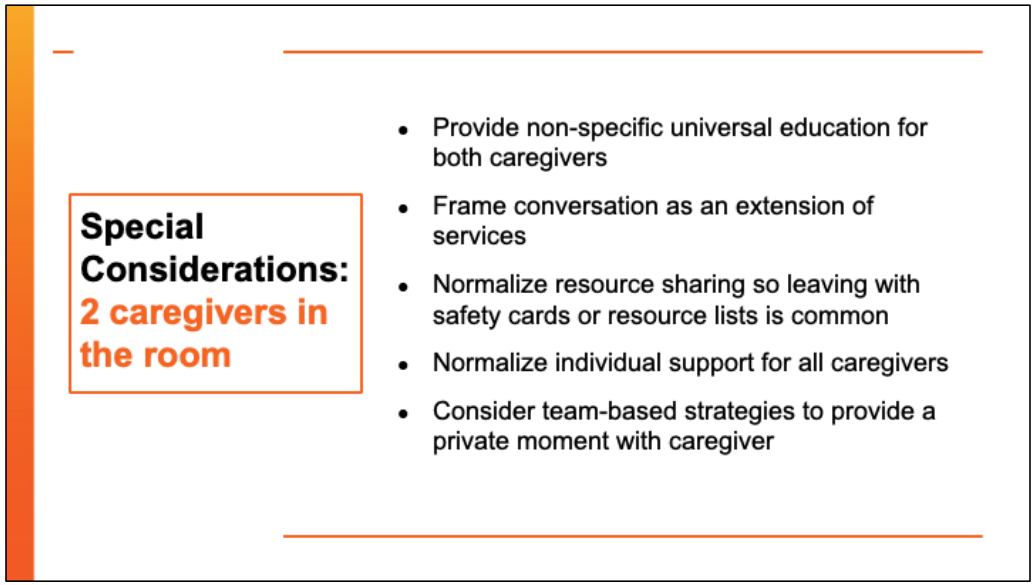
If patients would like info:
"Thanks so much, and if something like this were ever an issue for you, we can help."



Never discuss IPV in front of a verbal child. Additionally, never want to discuss IPV in front of any family member. Some strategies to provide a private moment include:

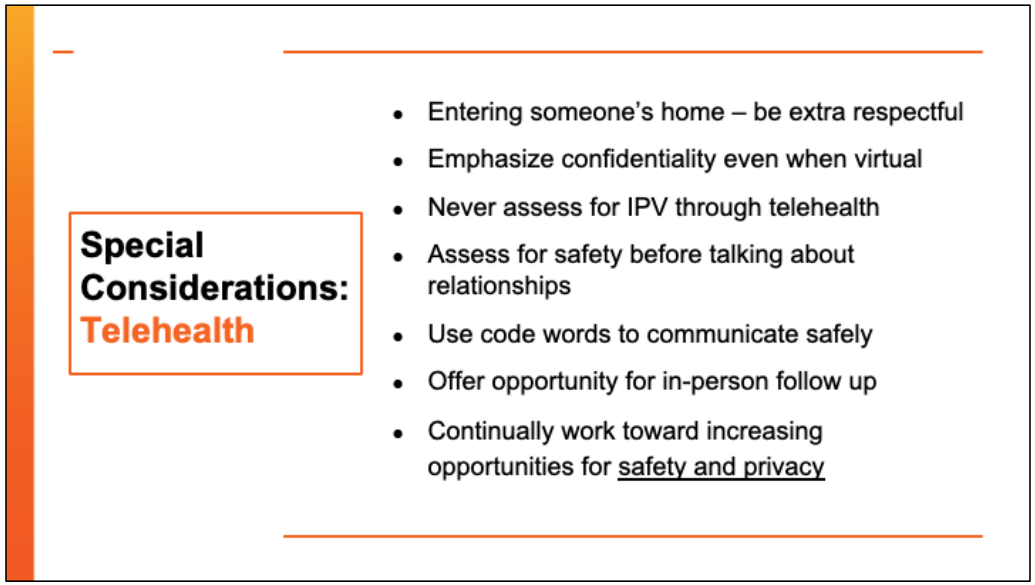
- Invite a follow up conversation when caregiver can be alone
    - Ask when and how is safe - in-person or by phone
- Another strategy can be to ask if the child wants to wait at the nurse's station, have a snack, maybe color a little bit. This works well like with school-aged children, in particular.
- Be mindful of the language you're using

- Monitor the depth of the conversation



We really don't know how to do this in pediatrics safely yet…here are some suggestions that may work depending on the situation.

- Consider team-based strategies to provide a private moment with caregiver
  - Ask staff to bring caregiver to front desk to make next appointment, sign forms or confirm insurance information
  - Let caregiver know the child needs to be re-weighed/measured in another room
  - Invite caregiver to take child to the front desk for an end of visit surprise/treat
  - Establish cues or code words/phrases with all staff to step in and support when needed



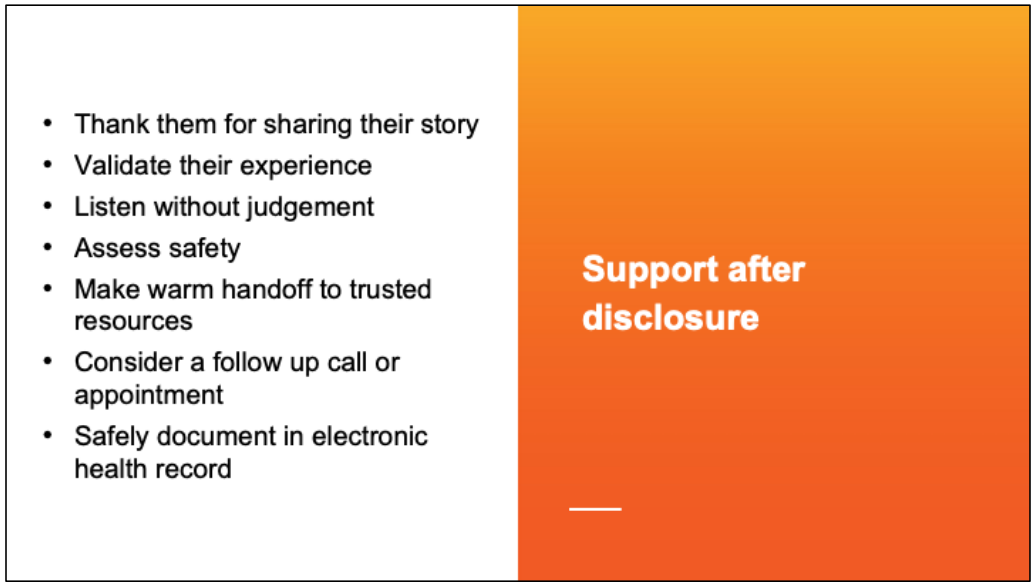
COVID-19 pandemic really catalyzed on already brewing telehealth movement and really prioritized virtual visits. There is a lot of opportunity around supporting IPV survivors and providing universal education and resources around telehealth and some important things to be aware of.

We can't guarantee privacy or confidentiality. For that reason, you should never screen for IPV through telehealth. If you're concerned about a situation, you should never assess for IPV through telehealth. Providing universal education and resources is a great way through telehealth.

Some scripts to use:

- *“Have you had a telehealth visit before? Do you have a private space in your home (or outside) where we can talk?”*
- *“Just a reminder that what we talk about today is confidential, that doesn’t change because we’re not in person. I will not share anything we talk about outside of the care team unless you tell me that your children are being physically hurt by someone.”*

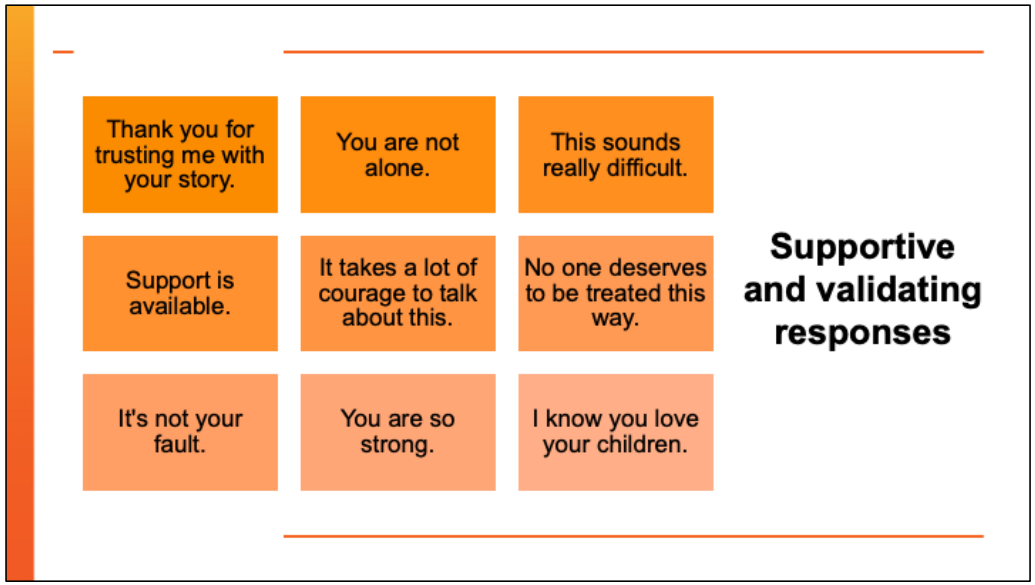
We know disclosure is not the goal, but disclosure may happen, particularly when you're creating these safe and supportive settings for folks. The videos showed us that the clinicians did not ask outright if they were experiencing partner violence. They really emphasized that this was a place where you could talk about partner violence, that we were here to support them, and that can open up a space where people will feel comfortable disclosing.

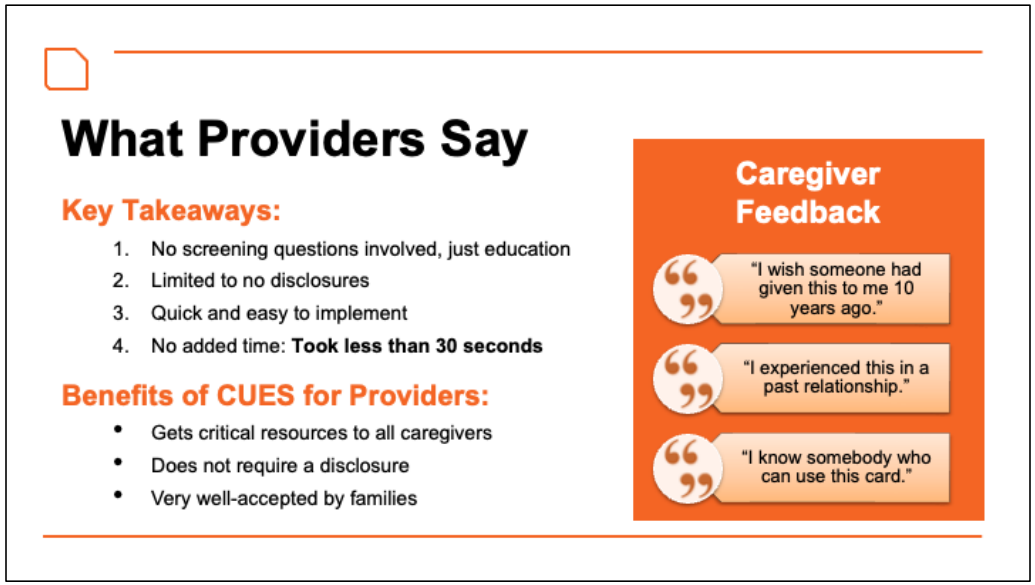


The number one thing studies have shown us when asking IPV survivors what they from their clinicians after they disclose is that they want them to listen. They want to be heard, and they don't want to be judged.

We recommend that whenever you hear a disclosure, take a moment yourself, take a deep breath, center yourself because that's a lot to hear. Always thank someone for trusting you with their story. Then, sit and listen. Then, do some assessments for safety and make a warm handoff to a trusted resource.

This will be discussed in more detail in Part 2 of this training


Thank you for trusting me with your story.
You are not alone.
This sounds really difficult.
Support is available.
It takes a lot of courage to talk about this.
No one deserves to be treated this way.
It's not your fault.
You are so strong.
I know you love your children.
Supportive and validating responses



This is from a Connecticut IPV & Pediatric Collaboration project:

- Partnership project between the Connecticut Children's Medical Center (CCMC) and the CT Coalition Against Domestic Violence
- Piloted CUES in the CCMC Suspected Child Abuse and Neglect clinic
- Here are the core lessons as well as feedback from providers and caregivers

Think about this in the same way that medicine is a team. We are a team. It's a team-based approach. We rely on our colleagues and other clinical staff and specialists and generalists, and people in general pediatrics and the ED. We all work together to support families.

Victim services agencies are part of our medical home and they are a critical piece of our medical home. And community-based organizations or hospital-based organizations are included in this because we know that health happens in communities. Referring people to organizations in their communities can be really powerful. The IPV support services are vast. There are over 1,700 victim services agencies in the country. Most

counties have one, sometimes more than one.

One thing that we recommend doing is just knowing your community resources. Every victim services agency offers a little bit of a different array of services and supports. For example, in a community, there may be one victim services agency that offers emergency shelter and one that actually offers pet shelter because oftentimes, survivors do not want to leave their pet behind. Knowing the services and supports in your community is really critical.

IPV advocacy programs provide a wide range of trauma-sensitive services

- Safety planning, housing, legal advocacy, counseling, support groups, children's services, health advocacy, mental/behavioral health (onsite or referrals), financial empowerment, pet shelter, employment support and skill development

- Learn about your local resources
- Identify champions
- Set clear goals for collaboration
- Establish an MOU
- Meet and talk regularly
- Engage in cross training
- Build a system for warm handoffs
- Use a “back door” number for immediate advocate support
- Consider co-locating an advocate

Strategies for Building Partnerships

A look to Part 2

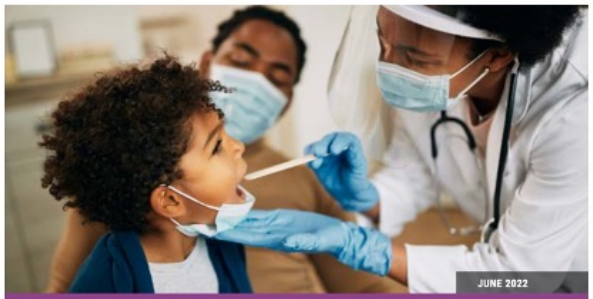
- Deeper dive into trauma-sensitive response and support
- Mandatory *supporting*
- Safe, survivor-informed health record documentation

Resources

- Setting and community-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting laws
- EHR and documentation tools
- Posters
- Technical assistance

For resources and support:
health@futureswithoutviolence.org
www.futureswithoutviolence.org/health
Phone: 415-678-5500
TTY: (866) 678-8901

More resources are provided in the Resources section of this training



Lessons Learned About IPV Survivor-Centered Support During the COVID-19 Pandemic:

Recommendations for Pediatric Healthcare Providers

www.futureswithoutviolence.org/aapissuebriefs