



Supporting Survivors of Intimate Partner Violence (IPV) and their Children: What pediatricians can do

Part 1

June 2023



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.
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Grounding and self-care

1. Stand or sit
2. Sip on tea or water
3. Stretch or move your body
4. Take slow deep breaths
5. Take a break and return when you feel ready
6. Seek support



**We honor your contributions and
commitment to support children
and families**

Healing Centered Systems

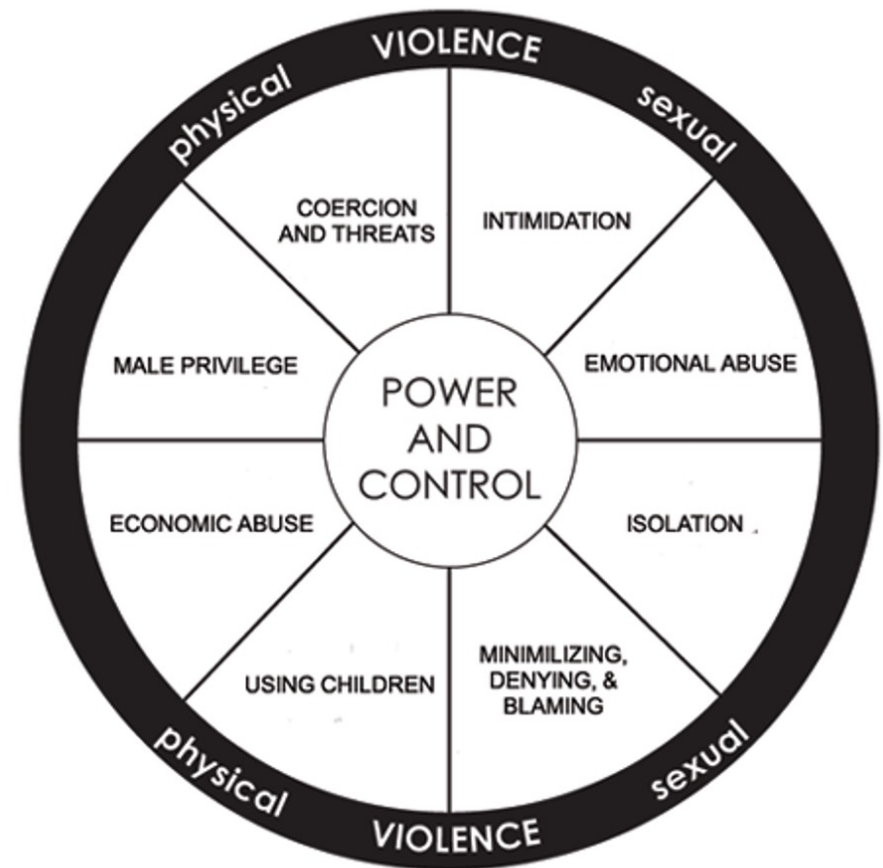
We recognize that healing-centered engagement requires institutional change and investment, not just at the clinician level.

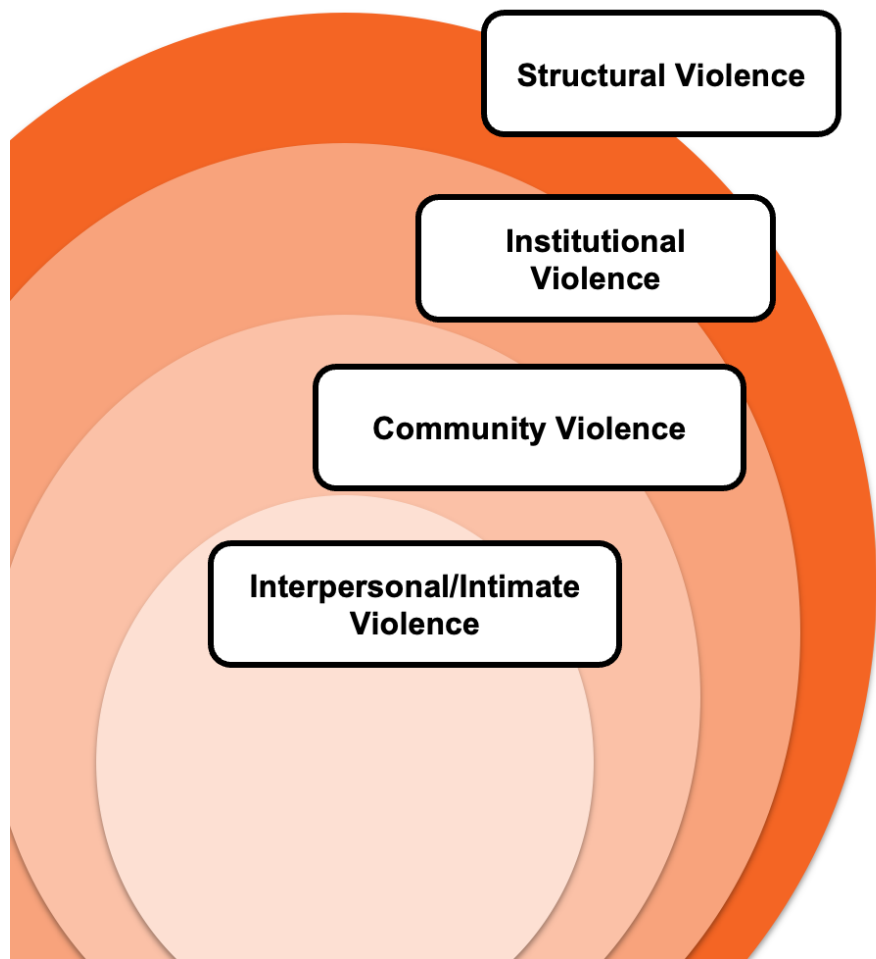


Healing-Centered Systems

1. Prioritize development of comprehensive services and supports
 2. Develop sustained and funded programs to co-locate IPV advocates
 3. Partner with IPV survivors and advocates when making recommendations
 4. Invest in community-medical partnerships
 5. Provider survivor-centered training to staff
 6. Reimburse follow up calls with survivors
 7. Invest in healing for clinicians
 8. Continue to interrogate institutional policies and practices to ensure they are strength-based, healing-centered, and rooted in principles of disrupting structural oppressions and making transformational change
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**IPV is rooted in
POWER and CONTROL**





IPV does not exist in a vacuum

**IPV is a public health and a
pediatric health care issue**

2 OUT OF **3**
CHILDREN
ARE EXPOSED
TO TRAUMA
AND VIOLENCE.

IPV impacts the entire family

- Between 1 in 2 and 2 in 5 people in the US have experienced some form of IPV
 - 40-60% of IPV cases also involve child abuse and child sexual abuse
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- Developmental delays
- Internalizing & externalizing behaviors
- Physical symptoms & disease
- Poor school performance
- Child abuse
- Child homicide
- Cycle of violence in adolescent and adult relationships
- Adult decreased net worth & occupational achievement

Exposure to IPV as a child may have negative and lifelong health impacts



Protective Factors and IPV: Focus on Strengths

Individual, relationship, environmental and social conditions that:

- Reduce the impact of IPV risk factors
- Support safety, healing and wellbeing for adult and child survivors
- Promote healthy development and prevention
- Build individual and family strength and resilience

**Protective factors have stronger influence than risk factors
or stressful life events**

Resilience and Resilience Boosters

Social, cultural
and spiritual
connections

Safer and more
stable living
conditions

Nurturing
parent-child
relationships

Perspective and
growth mindset

Social and
emotional ability

Agency

"The human capacity to face, overcome, and be strengthened by adversity."

- Not all children are equally affected – **children can heal**
 - Strongest predictor of healing and resilience in children: having caring and consistent adults in their lives
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Impact of IPV on access to and quality of pediatric health care



Withholding transportation



Manipulating appointments



Controlling medical decision making



Not allowing the parent to speak during visits



Stalking



Aligned with providers



Discrediting survivors



Charming or manipulating behavior



Ask yourself...

What is our goal as pediatricians?

Do we need to identify IPV to support survivors?

What system and practice changes could better support families experiencing IPV?

Healing-Centered Support

- **Caring for the family is caring for the child**
- Holistic and strengths-based approach extends support for caregivers promotes healing
- Trauma and resilience are universal
- Healing happens in safe relationships

“A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively.”

Shawn Ginwright Ph.D.



Universal Education is Healing-Centered Support

Screening approaches are limited

- Not survivor-centered (experiences are not captured)
- Not trauma-sensitive
- Low rates of disclosure (for valid reasons)
- Support only offered to those who disclose
- Power differential between the health workers and patients

Universal education focuses on relationships and connection to resources

Universal Education Approach

Considers structural inequities

Strength based

Focus on altruism

Improves access to advocacy

Empowers patient and the people they care about

Shares power between clinician and patient

- Easily integrates into what you're already doing
 - **Reaches survivors who don't or won't disclose**
 - Creates a welcoming, safe space for all caregivers (and adolescents) to talk about safe and healthy relationships
 - Educates all caregivers and adolescents how to help others
 - Promotes health, wellness **and prevention**
 - Democratizes information about available support
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CUES: A healing-centered approach for IPV

C: Confidentiality



UE: Universal Education and Empowerment

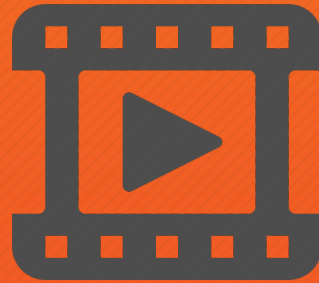


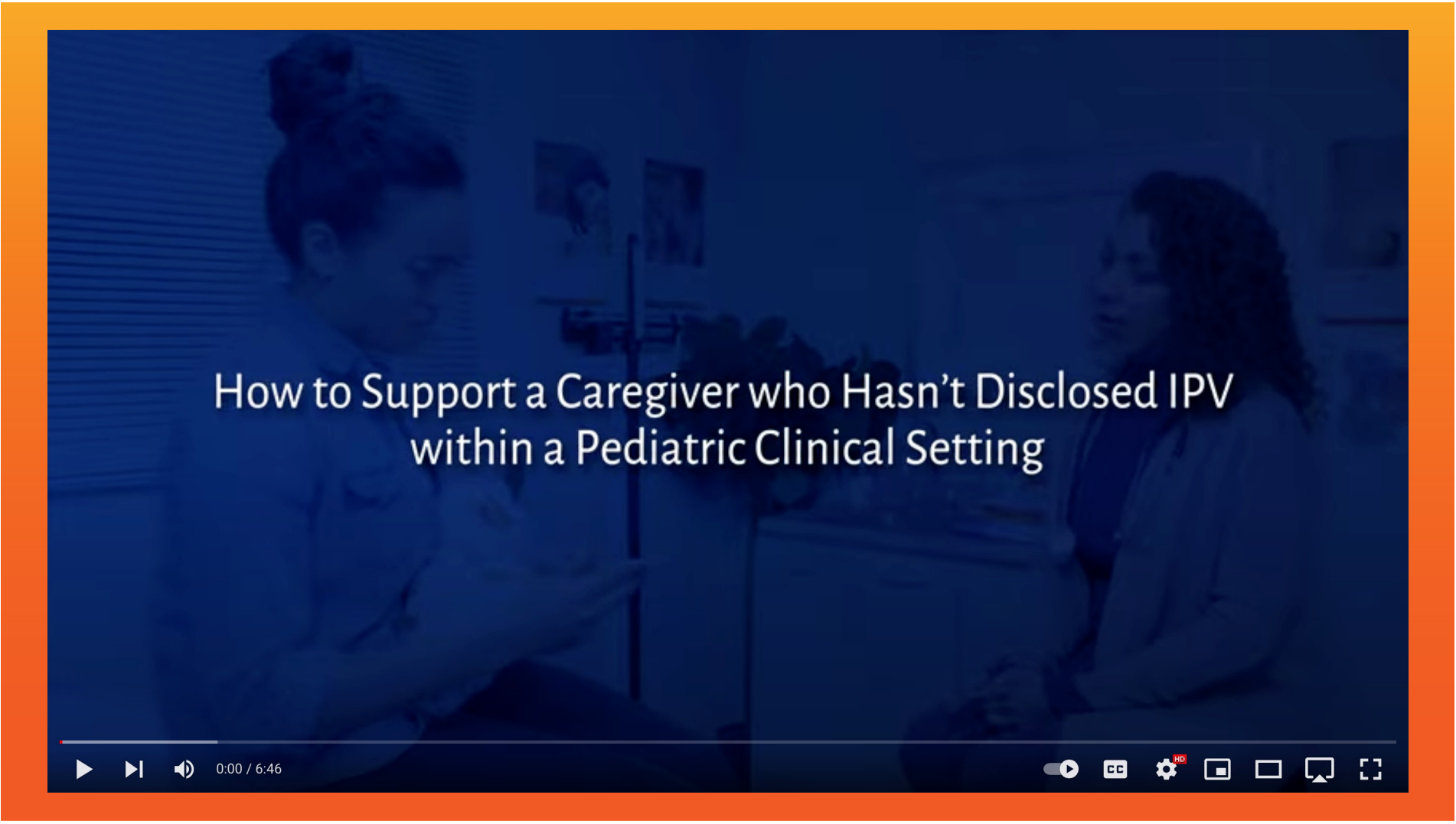
S: Support

1. Increase the opportunity for safety and privacy
 2. Normalize conversations about anxiety, relationship stress, family stress
 3. Ensure everyone gets access to support and information
 4. Use altruism to increase connection and promote healing
 5. Know how to respond when someone discloses
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CUES in Pediatric settings:

1 caregiver, nonverbal child





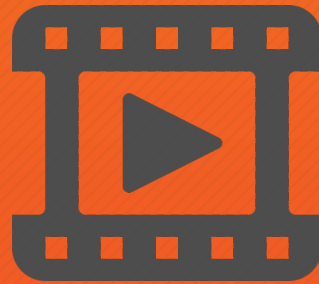
How to Support a Caregiver who Hasn't Disclosed IPV within a Pediatric Clinical Setting

0:00 / 6:46



CUES in Pediatric settings:

2 caregivers, verbal child





How to Support a Caregiver with an Upset Partner in the Office



0:00 / 7:02





C: Confidentiality

- Discuss confidentiality before talking about relationships
 - Talk to caregivers alone
 - Talk about your limits of confidentiality in ways they can understand
 - Understand your reporting requirements
 - Never use a child, family member or friend as an interpreter
-

UE: Universal Education and Empowerment



- Normalize the conversation
 - Introduce 2 copies of a resource or card
 - Make the connection—connect to reason for visit or child’s presenting symptoms, when applicable—and give power back
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**Special
Considerations:
Verbal child in
the room**

- **Never discuss IPV in front of a verbal child**
 - Be mindful of language used
 - Monitor depth of the conversation
 - Consider strategies to provide a private moment with caregiver
 - Invite a follow up conversation when caregiver can be alone
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**Special
Considerations:
2 caregivers in
the room**

- Provide non-specific universal education for both caregivers
 - Frame conversation as an extension of services
 - Normalize resource sharing so leaving with safety cards or resource lists is common
 - Normalize individual support for all caregivers
 - Consider team-based strategies to provide a private moment with caregiver
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**Special
Considerations:
Telehealth**

- Entering someone's home – be extra respectful
 - Emphasize confidentiality even when virtual
 - Never assess for IPV through telehealth
 - Assess for safety before talking about relationships
 - Use code words to communicate safely
 - Offer opportunity for in-person follow up
 - Continually work toward increasing opportunities for safety and privacy
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Disclosure is not the goal
but *disclosure may happen*

- Thank them for sharing their story
- Validate their experience
- Listen without judgement
- Assess safety
- Make warm handoff to trusted resources
- Consider a follow up call or appointment
- Safely document in electronic health record

Support after disclosure

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**



What Providers Say

Key Takeaways:

1. No screening questions involved, just education
2. Limited to no disclosures
3. Quick and easy to implement
4. No added time: **Took less than 30 seconds**

Benefits of CUES for Providers:

- Gets critical resources to all caregivers
- Does not require a disclosure
- Very well-accepted by families

Caregiver Feedback



"I wish someone had given this to me 10 years ago."



"I experienced this in a past relationship."



"I know somebody who can use this card."



Community Partnerships

- You don't need to be an IPV expert to provide support
 - Build partnerships with family-serving, community-based organizations (CBOs)
 - Lean on expert partners you know and trust when beyond your scope of practice
 - IPV support services are a critical part of our healthcare infrastructure
 - Wide range of trauma-sensitive services
 - Support to survivors and their children and pediatric health care providers
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- 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
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Resources

NATIONAL
HEALTH
RESOURCE
CENTER
ON DOMESTIC
VIOLENCE

Hanging Out or Hooking Up:
Clinical Guidelines on Responding to
Adolescent Relationship Abuse

An Integrated Approach to Prevention and Treatment
Second Edition
By Elizabeth Miller, M.D.,
and Rebecca Levenson, M.D.

**FUTURES
WITHOUT VIOLENCE**

Our vision is now our reality.

Eat your vegetables.
Don't play with matches.
Finish your homework.
Respect women.



Strong Kids
There are simple things you can do to help support your child to heal and grow:

- ✓ Have fun with them and show them they are special.
- ✓ Show and tell them that you love them.
- ✓ Calm voices, calm hands, hugs, and cuddling helps them.
- ✓ Let them know that whatever is happening is not their fault.
- ✓ Celebrate one positive thing you do with your child every day.

Helping Another Parent

Everyone struggles with parenting and relationships at one time or another.

- ✓ Connecting with other parents can help make a difference.
- ✓ Let them know they aren't alone.
- ✓ Pass it on: "Hey, I've been there too. Someone gave this card to me and it gave me ideas about how to reach out for support."

When we help others it helps us too!

**FUTURES
WITHOUT VIOLENCE**

2-1-1 is a 24/7 confidential referral system to get connected to food banks, substance use, mental health, parenting supports, childcare and help with relationships.

For more information, visit www.211.org

Every parent needs support at some point.

Scan this code for more resources.



NATIONAL PARENT HELPLINE: Support with school, discipline, behavior, and substance use. www.thehotline.org PHONE: 855-427-2728

NATIONAL DOMESTIC VIOLENCE HOTLINE: Help anonymous 24/7 help - for both people who are being hurt - call for those who cannot call. www.thehotline.org 1-800-799-SAFE Text "DVR" to 99788 TTY 1-800-787-3224

Together We Can Grow and Heal

Connected Parents, Connected Kids

- 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



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

Recommendations for Pediatric Healthcare Providers

www.futureswithoutviolence.org/aapissuebriefs