



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

Part 2

June 2023



Learning Objectives

1. Understand how to implement comprehensive, trauma-sensitive response to disclosures of IPV.
 2. Implement 2 practice changes to shift from mandatory reporting to mandatory *supporting*.
 3. Identify 2 strategies to safely document universal education and conversations about IPV in electronic health records (EHR).
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CUES: Addressing IPV in Pediatric Settings

C: Confidentiality

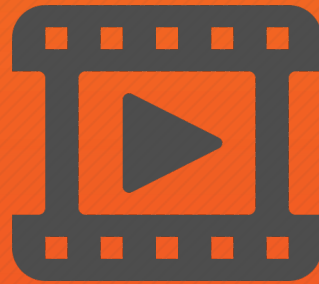
UE: Universal Education and Empowerment

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 info
 4. Use altruism to increase connection and promote healing
 5. Know how to respond when someone discloses
-

CUES in Pediatric settings:

1 caregiver, verbal child, disclosure of IPV





How to Respond to a Caregiver's Disclosure of IPV in a Pediatric Clinical Setting

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**Remember, disclosure is not the
goal **but** *disclosure may happen***

S: Support



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.

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0529). ©2022 Futures Without Violence. All rights reserved.

Every parent needs support at some point.

Scan this code for more resources.



NATIONAL PARENT HELPLINE is staffed with trained advocates who offer nonjudgmental support and advice when you need it.
PHONE: 855-427-2736
<https://nationalparenthelpline.org>

NATIONAL DOMESTIC VIOLENCE HOTLINE has anonymous 24/7 help --for both people who are being hurt --and for those who cause hurt.
www.Thehotline.org 1-800-799-SAFE
Text "Start" to 88788 TTY 1-800-787-3224

Trauma-sensitive response after disclosure

1. Offer **gratitude** for sharing their story
 2. Make **warm handoffs** to trusted support services
(requires partnership)
 3. Offer resources, when safe and in ways that are safe
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Warm handoff to trusted resources

“Thank you for sharing your story with me. This sounds really difficult. I am here to support you and your child. We work closely with a local program that has helped a lot of parents in situations like yours. Would you like me to connect you with them? They can talk with you about options and explore what might be the most helpful for you.”



**What are we
listening for?**

**What are we
asking about?**

What are they most concerned or worried about?

What have they done to survive and take care of themselves?
How is that going?

Who has been supportive and helpful?

What concerns or worries, if any, are coming up for you as a
support person?

What are your worries and dreams for the children? How are
they affected?

What safety strategies might be useful to add to the mix?

What bias(es) do I bring?

- You're pretty sure that someone is being hurt by their partner, but they won't talk about it with you?
- You're not sure how you can support someone?
- A family leaves the clinic/hospital and you're feeling really worried about them?

**What do you do
when...**



Grounding

Remind yourself:

- this person has been surviving
 - you cannot fix the situation, but you can support
 - rely on and communicating with your team
 - connect with DV advocate partner – who is a resource for you!
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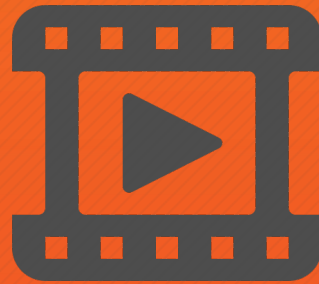
- Secondary or indirect trauma is common
- You may have personal experiences with IPV
- Working with families experiencing IPV can trigger personal trauma
- Explore ways to debrief and seek support for yourself
- Practice self-care in ways that are meaningful and effective for you

“If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us.”

Laura Van Dernoot Lipsky

Centering Lived Experience:

A survivor's story on how to support caregivers in pediatric settings





In the Words of an IPV Survivor:
What are some things pediatricians should keep in mind
when supporting caregivers experiencing IPV?

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**Shifting from
Mandatory Reporting to
Mandatory *Supporting***



Mandated Reporting and Healing-Centered Support

- Primary goal: **support all families**
 - If filing is indicated, there **must** be concurrent support
 - Know your state laws
 - Always inform the caregiver of the need for reporting before filing
 - Have clear, written policies on reporting and responding to suspected child abuse and neglect (CAN)
-



Mandated Reporting and Healing-Centered Support

- Consider child safety and survivor autonomy
 - Have healing-centered conversations
 - **Offer full range of support resources to all families,** including IPV referrals and culturally-specific CBOs
-

50%

Report mandatory reporting made the situation “much worse”

1/3

Report they have not asked someone for help for fear the person would be legally required to report what they shared

Harms of Mandatory Reporting

Racism and intersecting bias in child welfare deeply effects parents of color

More likely to have reports filed against them

More likely to have child(ren) removed from the home

Less likely to receive child welfare supports

Survivor are fearful and anxious about losing their child(ren)

Child welfare involvement

Abusive caregivers are more likely to seek sole custody

Survivors often report negative outcomes from reporting

Reduced help-seeking

Situation became worse



Reducing harm in mandatory reporting: **Do not report alone**

- Always involve another team member to help you think through the facts and ensure you are within the statute
- Make meaningful efforts to notify survivor and involve them in the reporting process



Reducing harm in mandatory reporting: **Consider all factors**

- Identify ways child welfare involvement could increase harm or danger
- Understand how child welfare disproportionately targets Black, Indigenous and Latinx families in the US in every decision
- Actively evaluate how your bias may be impacting your perceptions
- Understand how reporting will impact your relationship with the caregiver and their family – take steps to mitigate this

Questions to inform complex situations and reporting

How does my own world view impact my understanding of the family's reality?

Have there been threats to harm, kill, or kidnap the children?

(If you're working with a family of color)
How might my response be different if the family were white and/or affluent?

What supports do I need to ensure reduced harm for this family during the reporting process?



**Remember,
Disclosures and reports are requests for
non-judgmental help and understanding.**

**Healing comes from empathy, family-centered
support and resources.**



Child Protective Services and Domestic Violence?

KNOW YOUR RIGHTS

- CPS should ask about domestic violence and what you're doing to keep your kids safe
- CPS must try to keep you and your kids together – that includes helping you all stay safe from the abuser
- CPS should not hold you responsible for things the abuser does

Go to wscadv.org and search for **'know your rights'** to find out more

WASHINGTON STATE COALITION
WSCADV
AGAINST DOMESTIC VIOLENCE

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Social Worker's Practice Guide to DV, p. 17, 09/04/CA Practice and Procedure Guide 20027, 2013.1741 US.C. 47(1)(b), RCW 11.341(2)(b), Practice and Procedure Guide, section 110, Social Worker's Practice Guide to DV, p. 08/05/Social Worker's Practice Guide to DV, p. 17

Safe Documentation



IPV + Pediatric EHRs

Control access

- Standard, consistent processes for information release
- Mechanisms for limiting access to EHR, including online health portal

Cautious documentation

- Minimal, objective, and (when possible) coded language
- Consider impact of caregiver information in the child's chart
- Discuss risk/benefit with IPV survivors

Consider potential benefits

- Continuity of care
- Communicating safety information to the team



Strategies for Survivor-Informed Documentation

When possible, inform survivor:

- What is being recorded in the medical record
 - Who has access to the medical record
 - Why you are documenting the conversation in the medical record
 - If survivor indicates that what you are doing will increase danger, find another way to communicate the situation to the people who need to know
-



Keep safety in mind

01

Assume a telehealth visit is not private

02

Ensure communication with the IPV survivor when possible

03

Don't discuss IPV in front of verbal children and/or multiple adults

04

Consider risks of the electronic health record, including online health portals



Steps toward practice change

1. Educate yourself and your team (ongoing)
 2. Make local connections with IPV agencies and CBOs
 3. Formalize partnerships through an MOU
 4. Develop IPV-specific privacy and practice protocols for trauma-informed response and support
 5. Improve safe EHR documentation for IPV
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Steps toward practice change

6. Develop universal education scripts that work for you/your practice
 7. Order safety cards or other resources that include IPV helpline numbers and partner contact information
 8. Display environmental cues and patient education on the walls and in private spaces (bathrooms)
 9. Implement CUES
 10. Provide survivor-centered, healing-centered care for all families experiencing IPV
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Resources

NATIONAL
HEALTH
RESOURCE
CENTER
ON DOMESTIC
VIOLENCE

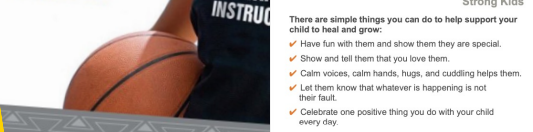
Hanging Out or Hooking Up:
Clinical Guidelines on Responding to
Adolescent Relationship Abuse



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**
Every parent needs support at some point. Scan this code for more resources.

NATIONAL PARENT HELPLINE - Support with school, discipline, behavior, substance use, mental health, parenting supports, childcare and help with relationships.
PHONED: 855-427-3738
<https://chat.futureswithoutviolence.org>

NATIONAL DOMESTIC VIOLENCE HOTLINE has 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 1-800-787-3234



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




JUNE 2022

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

Recommendations for Pediatric Healthcare Providers

www.futureswithoutviolence.org/aapissuebriefs

A photograph of a healthcare provider, likely a nurse or doctor, wearing blue scrubs and a stethoscope. They are smiling and looking towards a patient whose back is to the camera. The background is a blurred clinical setting.

Healthcare providers can intervene and prevent violence

www.ipvhealth.org:

- Addressing abuse during COVID-19
- Using CUES universal education
- Supports for healthcare professionals
- Partnering with DV advocates



Intimate Partner Violence

Home / Patient Care / Intimate Partner Violence

Intimate partner violence (IPV), defined as physical violence, sexual violence, stalking and psychological aggression by a current or former intimate partner, is a pervasive public health problem impacting 1 in 4 women and 1 in 10 men in the US. Children exposed to IPV are at increased risk of being abused and neglected and are more likely to develop adverse health, behavioral, psychological and social disorders later in life.

Pediatricians are an important resource for families experiencing IPV and should be aware of the profound effects of exposure to IPV on children. This page provides resources for pediatricians to recognize and support IPV survivors and their children.



Intimate Partner Violence Overview



Intimate partner violence (IPV) - abuse or aggression that occurs in a romantic relationship, is a significant public health issue. About 35% of female IPV survivors and more than 11% of male IPV survivors experience some form of physical injury related to IPV. IPV can also result in death.



www.aap.org/IPV



Resources for Providers

- [Issue brief on protective factors for survivors of domestic violence](#)
 - [The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement](#)
 - [Healing-Centered Care for Intimate Partner Violence Survivors and Their Children](#)
 - [IPV: Identification & Response in Pediatric Health Care Settings](#)
 - [Trauma-Informed Care in Child Health Systems](#)
 - [Intimate Partner Violence: The Role of the Pediatrician](#)
 - [Childhood Trauma and Resilience: A Practical Guide](#)
-



Rethinking Mandatory Reporting

- [Domestic Violence and Child Abuse Reports: A complex matter](#)
 - [Your Family or Its Health: Intersections Between the Healthcare and Foster Systems](#)
 - [Policing by Another Name: Mandated Reporting as State Surveillance](#)
 - [Abolitionist Social Work: Possibilities, Paradox and Praxis](#)
 - [MandatoryReportingIsNotNeutral.Com](#)
 - [Alternatives to Calling DCFS](#)
 - [Moving Towards an Anti-Carceral Social Work](#)
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For additional resources visit IPVHealth.org