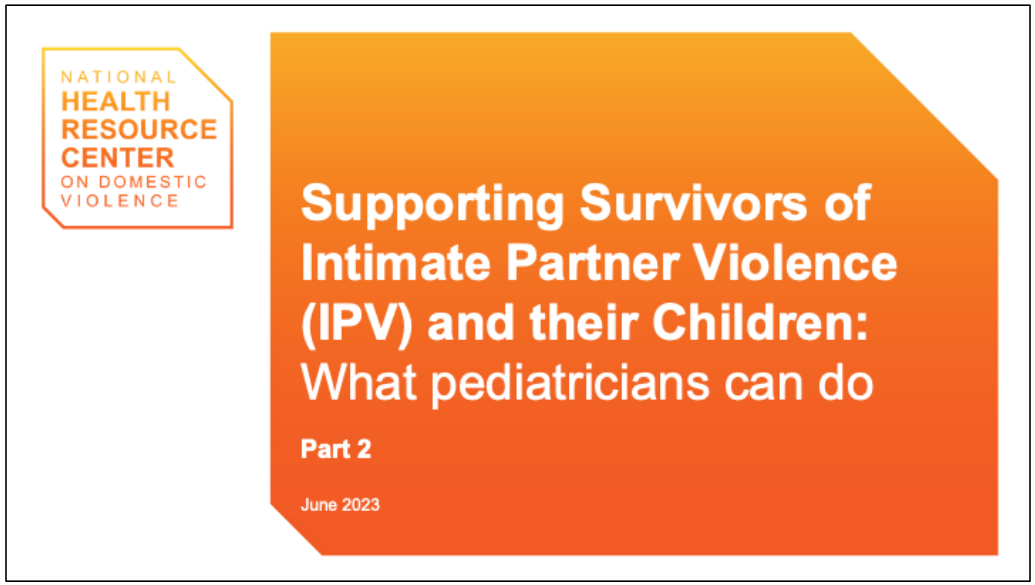
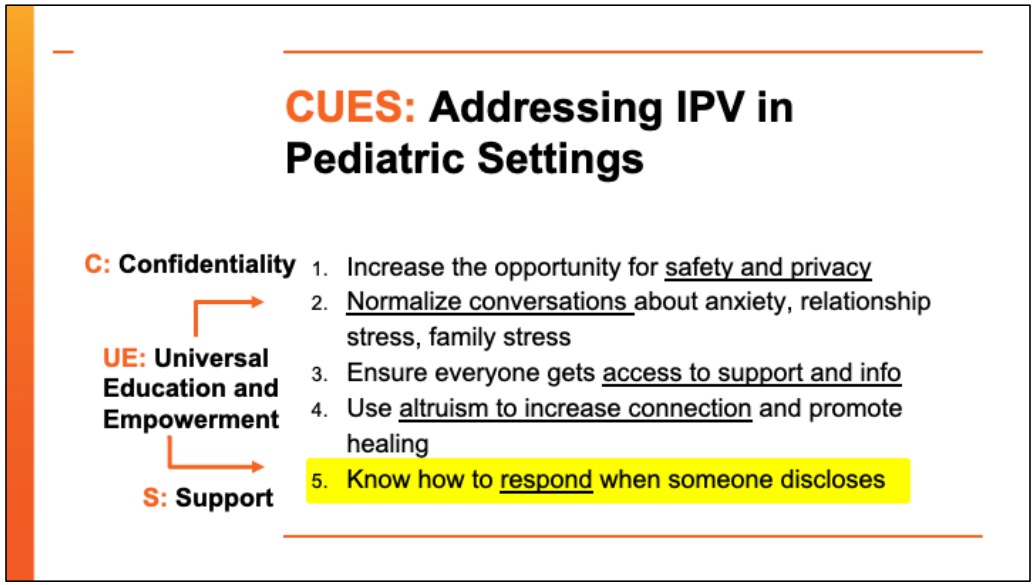


Welcome to part two of Supporting Survivors of Intimate Partner Violence and their Children, What Pediatric Healthcare Providers Can Do." This training was created in partnership by the American Academy of Pediatrics and was funded by the US Center for Disease Control and Prevention. This training is 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

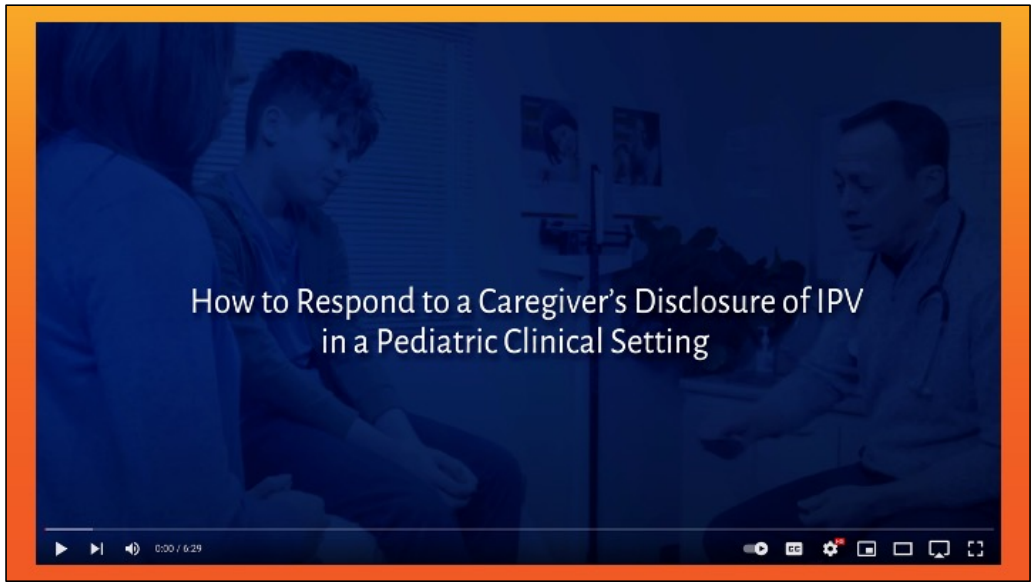
1. Understand how to implement comprehensive, trauma-sensitive response to disclosures of IPV.
2. Implement 2 practice changes to shift from mandatory reporting to mandatory *supporting*.
3. Identify 2 strategies to safely document universal education and conversations about IPV in electronic health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



In this part of the training, we are going to focus on how can we respond in a way that is supportive for caregivers when we identify IPV within our practice.

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
0:00 / 6:29

We want to emphasize and keep in mind that disclosure of intimate partner violence is not our goal as pediatricians.

Our goal is to connect families, to connect caregivers to supports for IPV if that's what they need, and for them to be able to make those connections regardless of whether they make a disclosure to us during a particular healthcare visit or not. In fact, when there is a disclosure, even in those cases when there is a disclosure of IPV, it is not uncommon for there have been there to have been multiple visits, whether that's to an emergency department or a primary care setting, or some other pediatric healthcare setting for multiple visits to have

occurred before the disclosure takes place.

Keep in mind when we think about supporting families experiencing IPV, though, that even though disclosure is not our goal, we know that we can help families connect to resources without that disclosure, disclosure is going to happen. So, we want to be prepared to provide a trauma-sensitive and supportive response when disclosure happens.

Here are key components of a trauma-sensitive response after identification of IPV or after that disclosure.

First, offer gratitude for sharing their story – "Thank you for trusting me with that part of your story." This acknowledges that it's not an easy thing to share, that we are appreciative of the trust that they're convening by sharing this with us, and that gratitude also validates that disclosure.

Next, we make a warm handoff to trusted support services. Whether that is a local service within our community, or if we are practicing in a community where

we don't have local services readily available, there is at a minimum the National Domestic Violence Hotline. You can see the number here on the screen where families can connect to IPV advocacy resources either through a phone call, through a text, or even through online chat. Offering that warm handoff does require some degree of partnership. If you have a local victim services agency, they can be a really valuable partner so that you have maybe a backdoor number even that your families or that you or staff can call to help connect families to resources at the time of disclosure. But that offer for a warm handoff can really be key in connecting with resources.

Offer resources, when safe and in ways that are safe

- Consider alternate ways to share resources to improve safety (photos, QR codes, etc.)
- Safety cards available at no cost (low cost for shipping)
- Safety cards can be localized

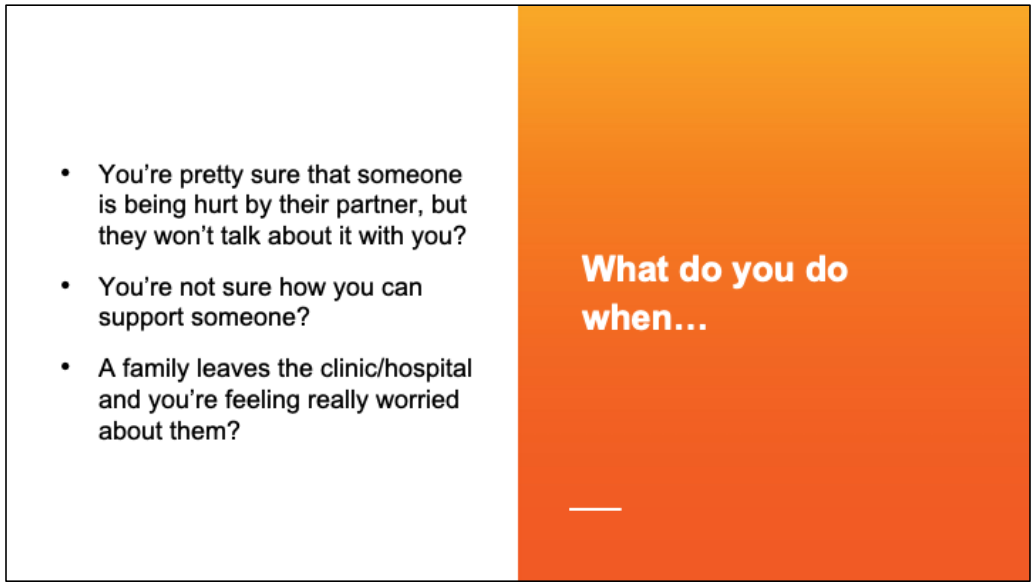
Studies have shown that when we as pediatric clinicians, as healthcare providers, make a warm handoff to a resource that we can validate as a trusted resource, caregivers are much more likely and patients are much more likely to access that resource and access that source of support.

Here is a script that you can alter to fit your practice.

After we've a made that offer for resources and that connection for resources, think about other ways we might be able to offer support to the caregiver and child.

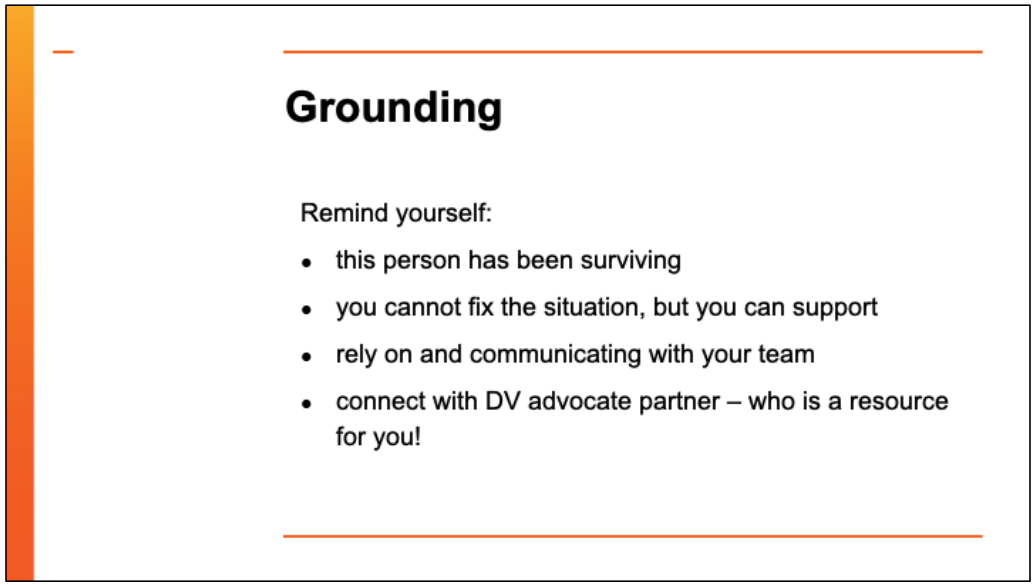
Here are some questions we can ask the caregiver and some we can ask ourselves as we consider all the supports that might be useful in each particular situation. As we're thinking about the situation and next steps, which includes assessing child safety, we must also consider whether this might be a situation in which we do need to make a report to Child Protective Services. As a mandated reporter, we want to consider what biases are we personally bringing to the situation and how that might be impacting our assessment of safety and next

steps.



Let's acknowledge these are not always easy situations. At the end of the day, you might feel like you weren't able to make that optimal connection between a caregiver and resources. And these can be really challenging situations. So what do we do as clinicians do when we're really pretty sure that a parent or the caregiver is being hurt by their partner, and we've opened the door for resources and a safe conversation, but they don't make a disclosure? What do we do when we're not sure? What is the best way to support a caregiver and to support a family when IPV is occurring? And what do we do when a family leaves our practice, whether that's the clinic, the hospital, the emergency department, and we're really feeling worried

about them because these are not uncommon situations when IPV is at play.

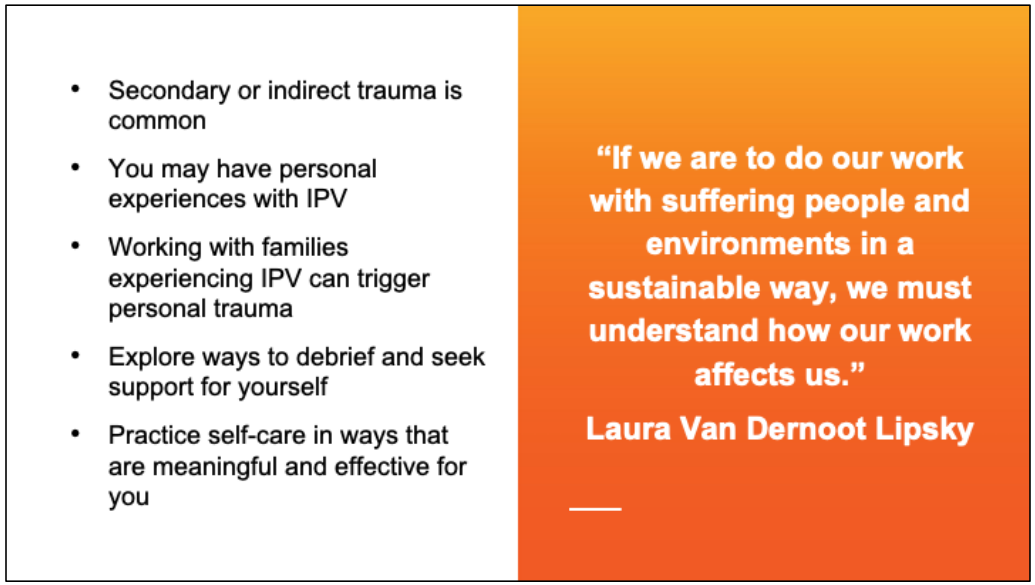


The first thing to do is take a moment and just ground yourself. Take a deep breath. Remember that this caregiver, this person has been surviving. That they have strengths that may not all be readily apparent to us at the time of the visit, but they have been surviving. And we know that when a parent is experiencing IPV, one of the things that they are always thinking about is how they can ensure safety for themselves and their children.

We want to remember that even though we might want to swoop in and just fix the situation, it's not always possible. But we have some really important opportunities for support, and that role as a support for that caregiver, for that child, for that baby is really

important.

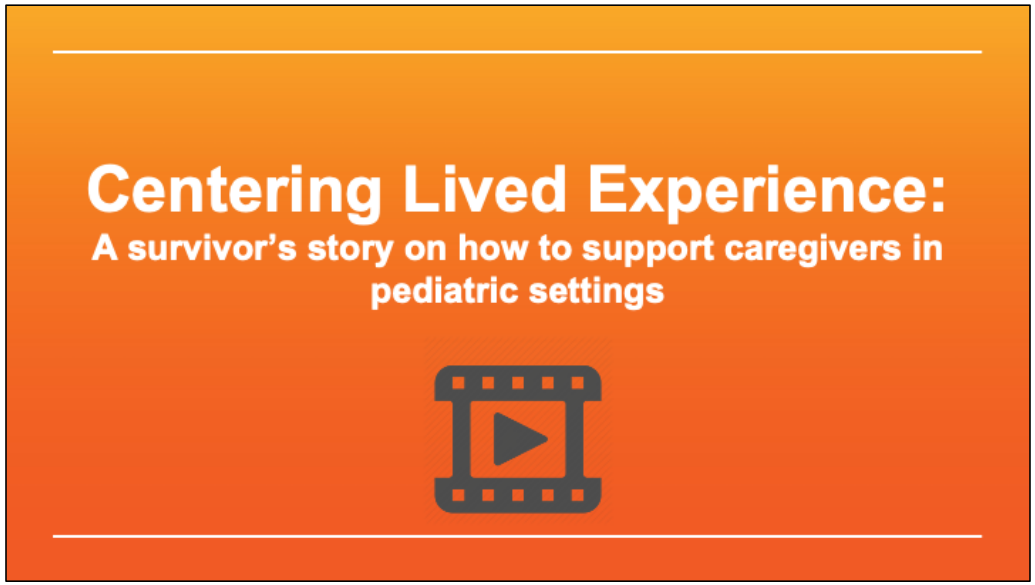
We want to rely on our team and communicate often with our teams. No one pediatrician is solely responsible for supporting a family and for meeting the needs that they have. It is done, and done well, in partnership with the healthcare team. It may include the emergency department, nursing staff, social workers, and it also includes our community partners. Your local victim services agency or state domestic violence coalition is a critical resource, and of course, the National Domestic Violence Hotline too.



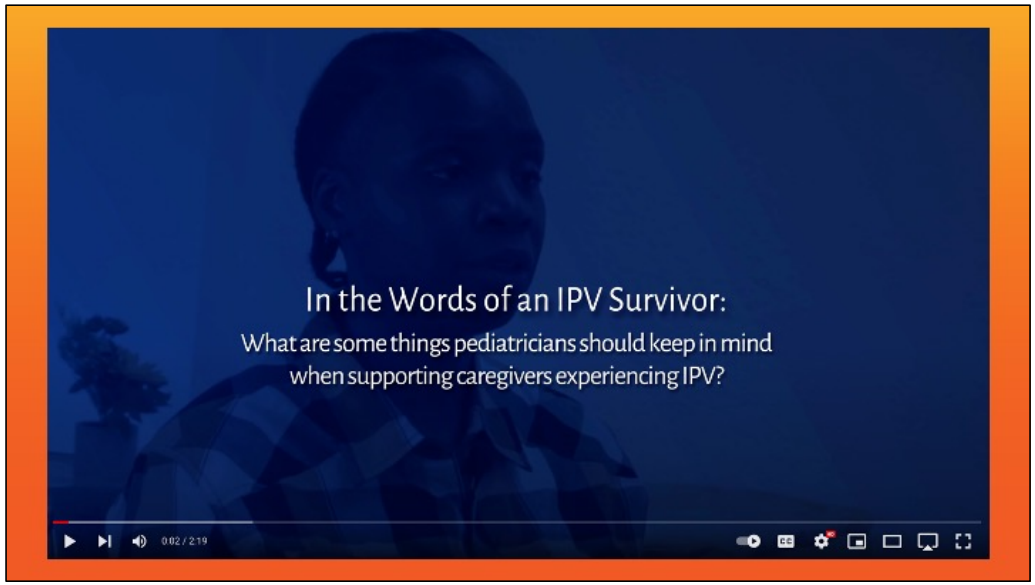
"If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us." -- Laura Van Dernoot Lipsky, 2008 (quote from *Trauma Stewardship)*

We must think about taking care of ourselves as we deal with these sometimes really complex and nuanced situations. Secondary, or indirect trauma, as we support families through intimate partner violence is common and real. Additionally, many of us have our own personal experiences with IPV, whether that happened within one of our own relationships, or whether that's an experience of our family members or our friends. Working with families who are themselves experiencing IPV can really trigger our own personal

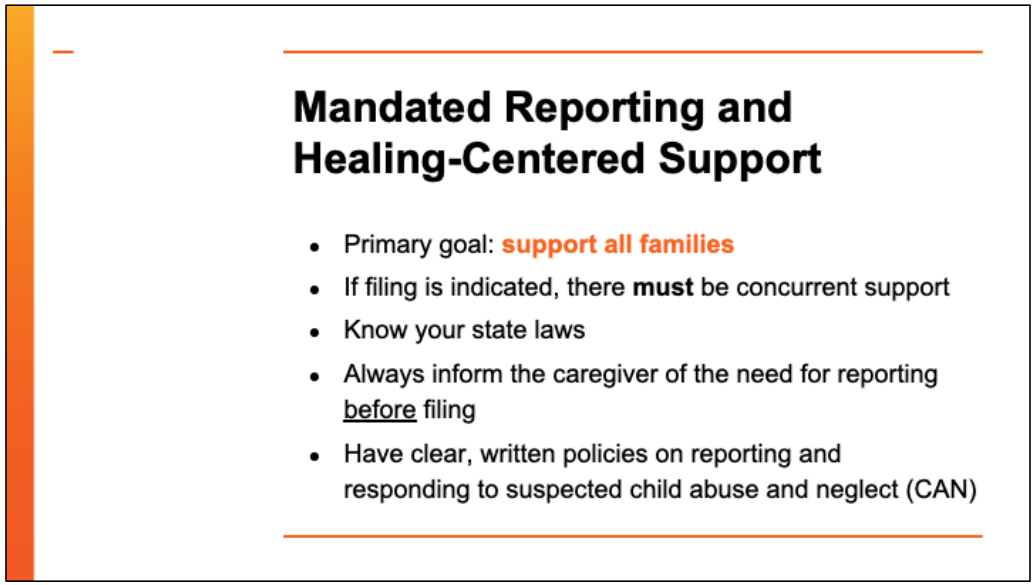
trauma. We must think about ways to support ourselves and identify ways we can practice self-care that are meaningful and effective – ultimately allowing us to continue to do this work.



Here we'll hear from a survivor of intimate partner violence and part of their story and their recommendations for how pediatricians can support caregivers experiencing IPV.


In the Words of an IPV Survivor:
What are some things pediatricians should keep in mind
when supporting caregivers experiencing IPV?
0:02 / 2:19

Shifting from Mandatory Reporting to Mandatory *Supporting*



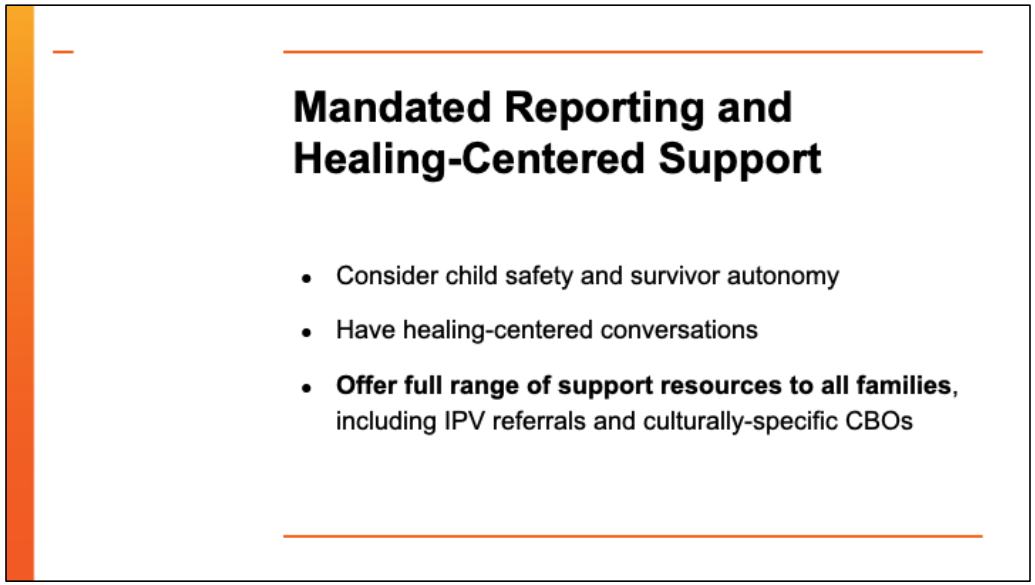
Our primary goal as pediatricians is to support all families. When we think about families who are experiencing IPV, although there are times that we need to make a mandated report, that in and of itself is not a robust form of support for families.

Let's consider other things that pediatricians can do. What are potentially other community connections? What are other child health services or services for that caregiver that we can help connect that family to? What can provide robust wrap-around supports for them beyond what will happen with a mandated report?

Know your state's reporting requirements for child abuse and neglect (CAN) and child exposure to IPV. They're highly variable between states and they often may use subjective language. Exposure to IPV itself is rarely a reason to report. There are several things that we can do to help support a caregiver as we move through the process of mandated reporting:

- Inform the caregiver, the non-abusive caregiver, of the need for that mandated report before we're filing, so it's not something they're surprised about on the

backend. There are several key reasons for that:
    - This can help them consider more fully the potential safety risk that might be related to the reporting process and what happens after the report
    - It also helps to maintain trust, not just between us as their individual pediatrician or pediatric clinician, but really between the caregiver and the healthcare system as a whole.
- We can also consider offering the caregiver the opportunity to be part of making that report or frame the concerns that they have to include those within the report as well. We want them to know that our primary goal is the child's safety, not filing a report because we are mandated by law.



Let’s center child safety and survivor autonomy in the mandated reporting process.

- Recognize that caregiver who is the IPV survivor as the expert in their situation.
- When talking about mandated reporting with families and considering a mandated report, do so within the framework of healing-centered conversations - recognize and acknowledge the strengths of that survivor that acknowledge what that survivor has done to date, to ensure their safety, to ensure their child's safety, and to consider when we're making that report, to highlighting those aspects of the situation as well.

Healing-centered Conversations

- Build trust and connection - Healing happens in safe relationships

- Strengths based
- Survivor-centered
- Promotes healing
- Focus on the family
- Meet the adult and child survivor where they are

Offer full range of support resources to all families, including IPV referrals and culturally-specific CBOs

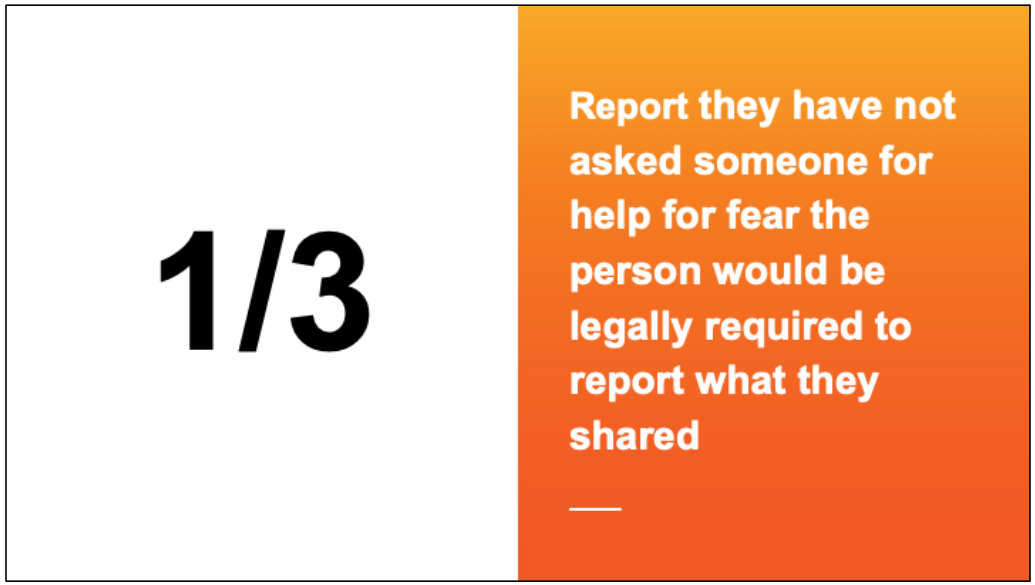
- Formalize partnerships with IPV agencies for support (safety planning, shelter, CPS navigation, etc.)

2017 Survey of 3,616 domestic violence survivors and help- seekers through National DV Hotline.

- 50% say MR made the situation much worse
- 12% say MR made the situation a little worse
- 20% say MR made no difference
- 15% say MR made the situation a little better
- 3% say MR made the situation much better

http://lgbtqipv.org/wp-content/uploads/2017/02/CBLC-Mandatory-Reporting_Final-Report.pdf

Lippy, C., Burk, C., & Hobart, M. (2016). There’s no one I can trust: The impact of mandatory reporting on the help-seeking and well-being of domestic violence survivors. A report of the National LGBTQ DV Capacity Building Learning Center. Seattle, WA.



Mandated reporting often brings up concerns and fears about what will happen after a mandated report is often a barrier for help-seeking for IPV survivors.

2017 Survey of 3,616 domestic violence survivors and help- seekers through National DV Hotline.

http://lgbtqipv.org/wp-content/uploads/2017/02/CBLC-Mandatory-Reporting_Final-Report.pdf

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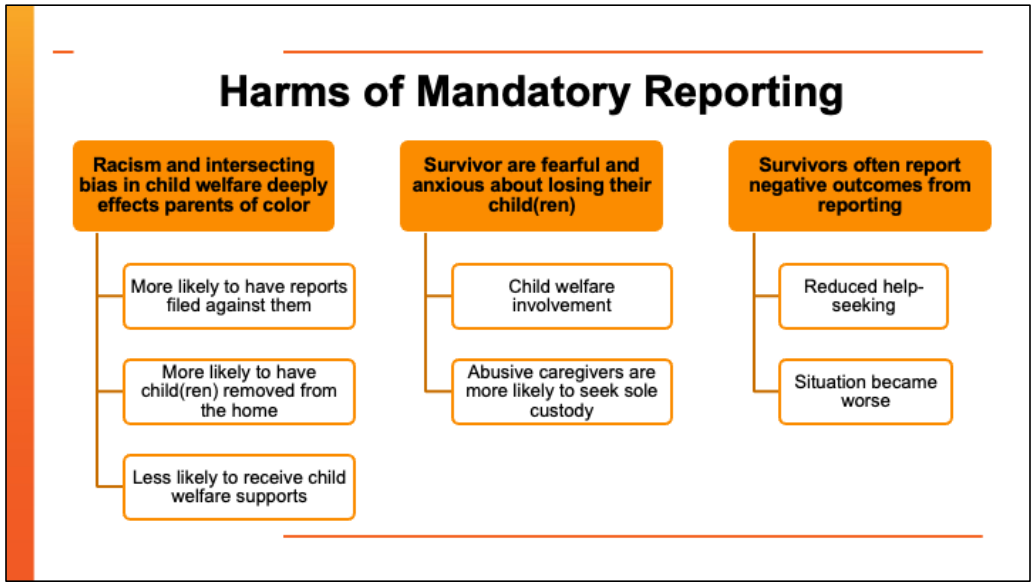
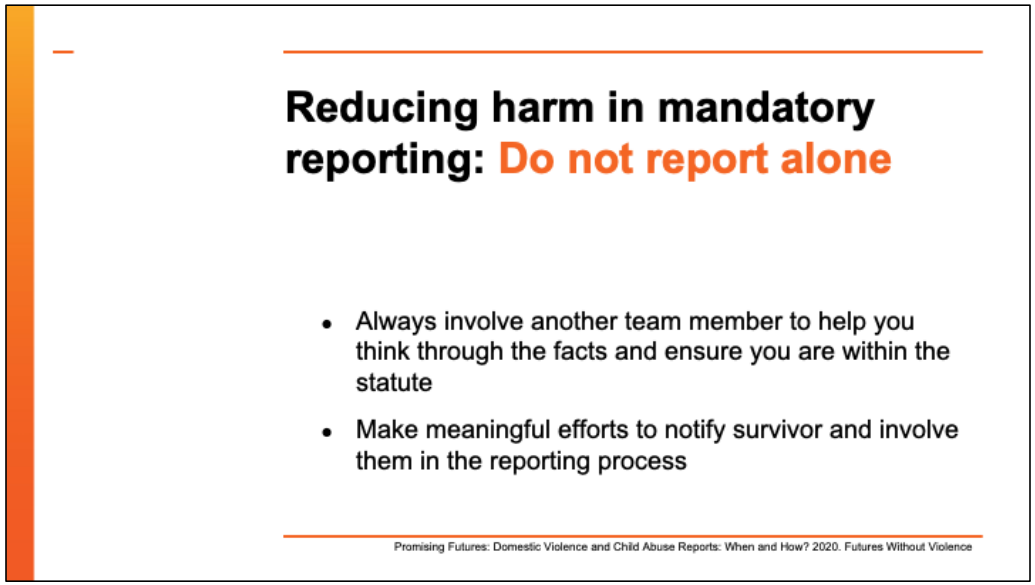


Keep in mind that racism and intersecting biases in child welfare really deeply affect parents of color. We know from looking at the evidence that parents of color are more likely to have reports filed against them, that they are more likely to have children removed from their homes, and that they are at the same time, less likely to receive child welfare support.

For example, black children, although they make up only 13.7% of the population as a whole, represent 22.8% of children in foster care. We also know that survivors are often fearful and anxious about losing their children, and they worry about losing their children as a direct consequence of child welfare or

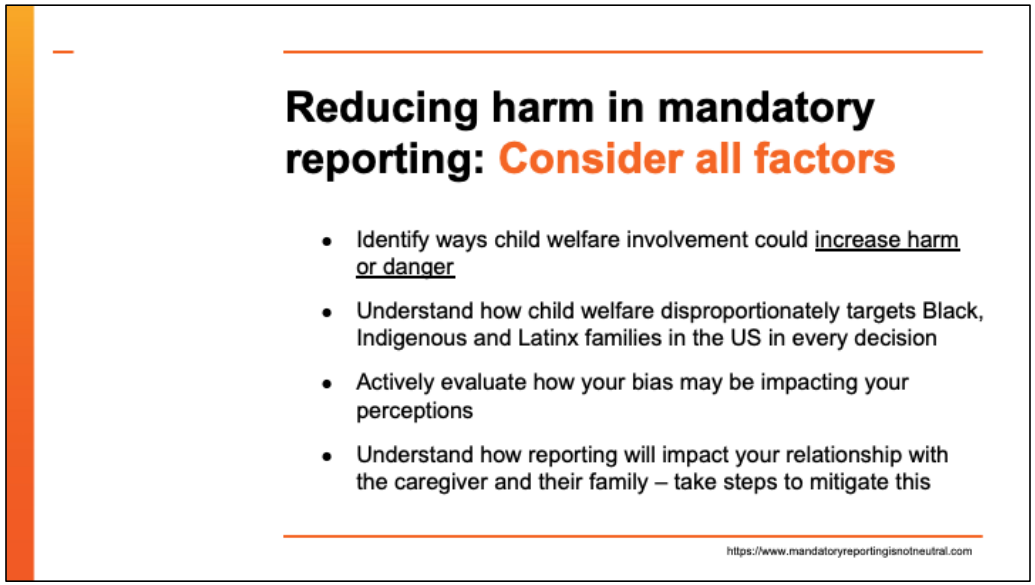
child protective services involvement. We also know at the same time that abusive partners or abusive caregivers are more likely to seek sole collectivity of children as another way of perpetuating power and control against that IPV survivor.

- Lippy, C., Burk, C., & Hobart, M. (2016). There's no one I can trust: The impact of mandatory reporting on the help-seeking and well-being of domestic violence survivors. A report of the National LGBTQ DV Capacity Building Learning Center. Seattle, WA.
- *Domestic Violence and Child Abuse Reports: A complex matter* (2021). Futures Without Violence. https://promising.futureswithoutviolence.org/program- readiness/programpractices/child-abuse-mandatory-reporting/
- 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.

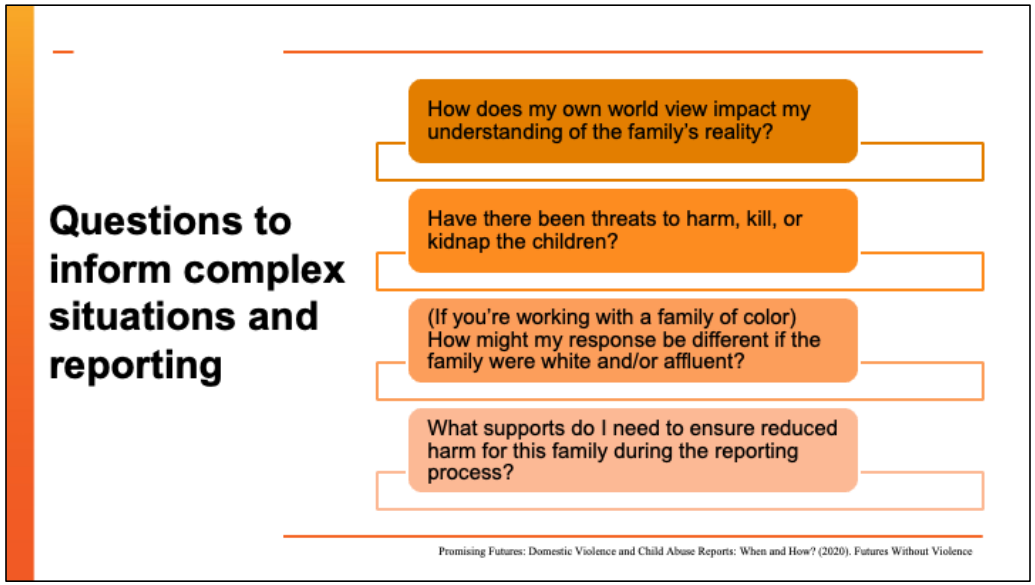


We do not want to report in a vacuum. We must approach mandatory reporting as a team. Involve other team members to help us think through the facts, think through carefully the situation, and ensure that we're within the state statute and that a mandated reporting is going to be a meaningful way to support this family. Make meaningful efforts to make sure that that IPV survivor is aware that we're going to make them mandated report and to offer to involve them in the reporting process to the degree that they feel comfortable.

- What to expect
- Where/how to get support
- Invite to be there when report is made



Identify ways that child welfare involvement might increase harm or danger. Make efforts to understand and consider how child welfare is disproportionately targeting or disproportionately targets black, indigenous, and Latinx families in the US. And we want to actively evaluate how our own biases both conscious and unconscious, may be impacting our perceptions around the need for mandated reporting and which families we are using mandated reporting for. And to think about how mandated reporting will impact our relationship with the caregiver and the family and take steps to mitigate this.

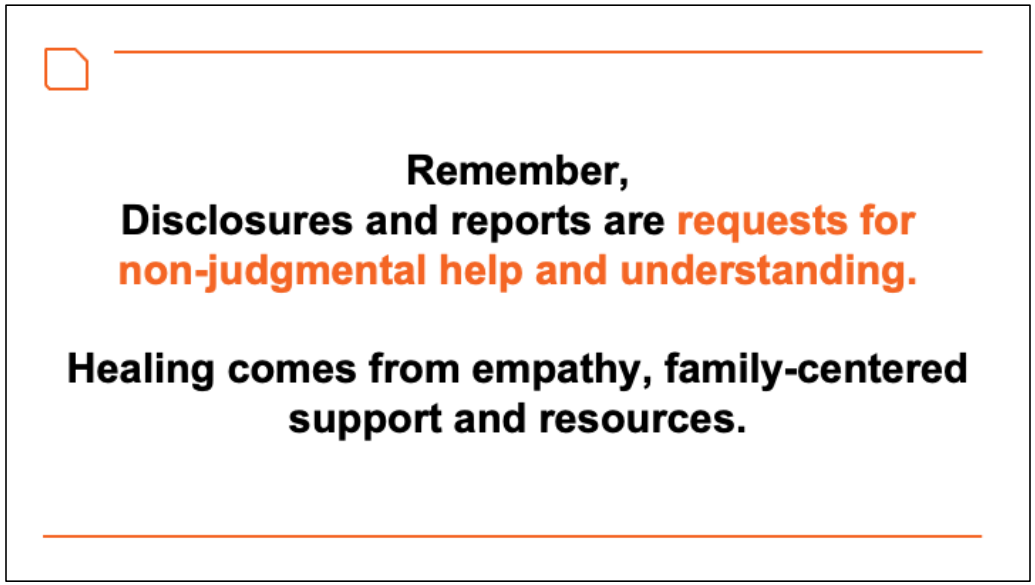


Some of the questions that we can ask ourselves when we are working with a family that's experiencing IPV and we're considering the question, do I need to make a mandated report for this family, is to interrogate our own biases.

Reference the resource Domestic Violence and Child Abuse Reports: When and How (Promising Futures) for a full list of questions

- How does my own world view impact my understanding of the family's reality?
- Has the child been injured as result of the violence toward the survivor?
- Have there been threats to harm, kill, or kidnap the children?
- Has the abusive partner used a weapon on the family or threatened to?
- If you are working with a family of color, assess how your response might be different if the family in the situation were white and affluent?
- How would a MR potentially impact this survivor and family?
- Does the survivor want me to make a mandatory report?
- What supports do I need to secure to reduce harm for this family during the reporting process?

- *What other questions are helpful for you?*



Remember that disclosures and reports are requests for non-judgmental help and understanding for our family, and we want to frame it to the family from that perspective too. And most importantly, keeping in mind that healing comes from a place of empathy, that it comes from family-centered supports and resources.

"Know Your Rights When CPS Comes Knocking"

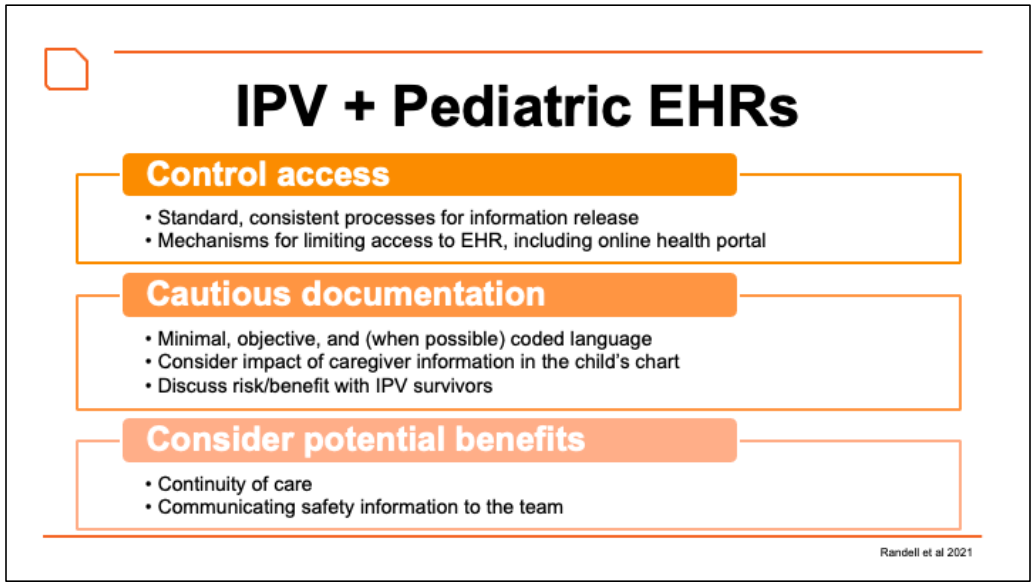
This is an example resource for families when you are making a mandated report. It can help families better understand how they can advocate for themselves and for their children to ensure safety when mandated reporting is occurring within the context of IPV.

WSCADV - Poster + Post card in English and Spanish

Safe Documentation

We know with the advent of the electronic health record (EHR) and then also with online patient portals that it's ever more easy for families to access their child's information. Families are accessing their child's health information through pediatric EHRs which poses risk because often, the abusive partner is somebody who has legal access to that child's health record.

Often times partners causing harm will use the EHR to gather information that can be used to maintain power and control over their partner. This can also potentially increase risk for families experiencing IPV if information about IPV is documented in the record.

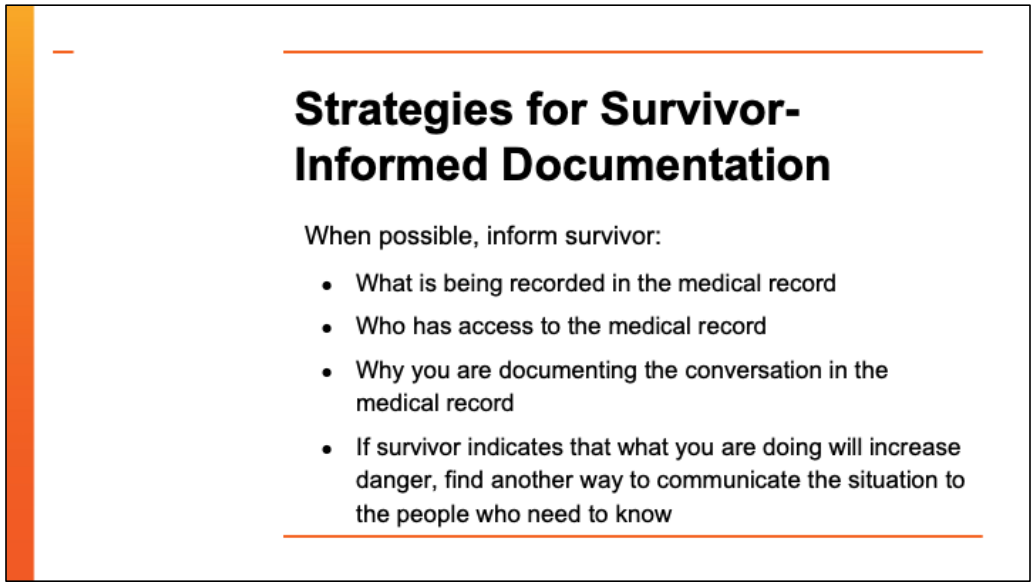


Strategies to increase safety around the pediatric health record when IPV is a factor include:

- Control access – ensure your practice has standard and consistent processes for information release only to those who have legal access to the record.
    - Have mechanisms in place for limiting access to the EHR, including the online health portal. There are opportunities for us to use a protected or confidential note in the record. Consider other features that are built into the EHR system that can help us safeguard and control information around IPV.
- Cautious documentation - minimal objective and if possible coded language to note that IPV is a factor

for our family. So rather than writing domestic violence in a chart, using an abbreviation that you and your partners common use in common for your practice to denote IPV, as well as mental health struggles, substance use, and others.

- Consider what information will be helpful to include in the child's chart and what wouldn't. Documenting around IPV in the chart, when we can do it in a safe encoded fashion helps communicate to the rest of the care team that IPV is at play for this family. This helps create continuity of care while minimizing how many times a caregiver has to make a disclosure and talk about IPV with different members of the healthcare team.



Survivor-informed documentation - keeping the survivor in the loop about what's going in their child's record and who has access to the medical record.

Four key strategies that we can keep in mind when we think about safety in the visits.

- Always think about safety during telehealth visits, assume that the visit is not private.
- Communicate with the IPV survivor when possible around what's in the medical record, and if a report is being filed.
- Never discuss IPV in front of verbal children or multiple adults
- Always consider the risk of the electronic health record, particularly thinking about 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

Steps toward practice change

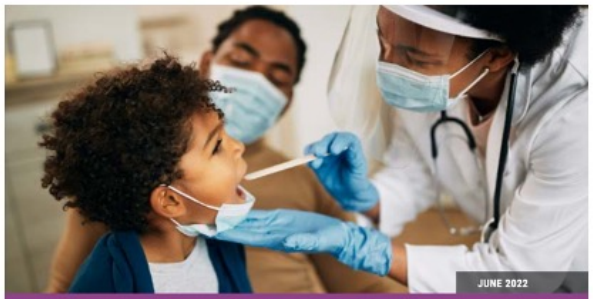
6. Develop universal education scripts that work for you/your practice
7. Order safety cards or other resources that include IPV helpline numbers and partner contact information
8. Display environmental cues and patient education on the walls and in private spaces (bathrooms)
9. Implement CUES
10. Provide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

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:

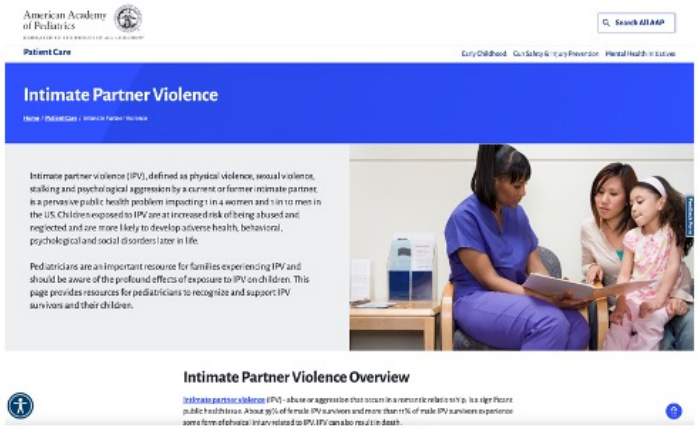
Recommendations for Pediatric Healthcare Providers

www.futureswithoutviolence.org/aapissuebriefs

ipv health THE NEED HEALTH PROFESSIONALS ADVOCATES RESOURCES FAQS

www.ipvhealth.org:

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



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

For additional resources visit IPVHealth.org