WELCOME!

LESSONS LEARNED ABOUT SURVIVOR-CENTERED SUPPORT DURING THE COVID-19 PANDEMIC

April 27, 2022
Reminders

- This webinar is being recorded
- Use the chat and Q&A feature
- Recording and slides will be emailed to you
Improving Services for Violence Against Children and Women

Project Collaborators

- Futures Without Violence
- The American Academy of Pediatrics
- The University of Pittsburgh Medical Center Children’s Hospital of Pittsburgh
- Funded by the Centers for Disease Control and Prevention
3-Part Webinar Series

IPV Advocates, administrators and programs
- March 23

Health care providers and clinical providers the pediatric care
- Today!

Child Welfare and Child Protective Services
- May 25
Maya Ragavan, MD, MPH, MS
(pronouns she, her, and hers)
Assistant Professor of Pediatrics
University of Pittsburgh, Children’s Hospital of Pittsburgh of UPMC
Ashley Starr Frechette, MPH
(pronouns she, her, and hers)
Director of Health Professional Outreach
Connecticut Coalition Against Domestic Violence
SUPPORTING INTIMATE PARTNER VIOLENCE SURVIVORS IN PEDIATRIC CLINICAL SETTINGS

Maya Ragavan, MD, MPH, MS
Assistant Professor of Pediatrics
University of Pittsburgh and UPMC Children's Hospital of Pittsburgh

Ashley Starr Frechette, MPH
Director of Health Professional Outreach
Connecticut Coalition Against Domestic Violence
DISCLOSURES

Both speakers have no disclosures or conflicts of interest to report

Black and white images were created by Angelica Escobar
Centers for Disease Control: Intimate partner violence (IPV) describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse.
About **1 in 4 women** and **1 in 10 men** experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related impact during their lifetime.
HIGH LETHALITY SITUATIONS

- Stalking
- Strangulation
- Separation
- Pregnancy
- Weapons
- Threats to kill or harm
CHALLENGES TO LEAVING

• Fear
• Children
• Love
• Abuser promises to change
• Money
• Limited or no support system
• Peer pressure
• It might be safer to stay at that time
SURVIVORS BELONGING TO MARGINALIZED GROUPS EXPERIENCE COMPOUNDING CHALLENGES DUE TO INTERSECTIONAL INEQUITIES

- Racism
- Language injustice
- Immigration stressors/xenophobia
- Technology inaccessibility
- Disability
- Homophobia
- Transphobia
- Poverty
INTIMATE PARTNER VIOLENCE AND HEALTH CONSEQUENCES FOR CHILDREN
POWER AND CONTROL MAY MANIFEST WITHIN PEDIATRIC CLINICAL SETTINGS

- 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

Ragavan et al. 2020
IMPACT OF COVID-19 PANDEMIC ON IPV SURVIVORS & THEIR CHILDREN

1) COVID-19 used as a form of coercive control

2) Important to balance safety and trauma-informed approaches

3) Syndemic impact of compounding inequities

4) Challenges and opportunities with virtual service provision

5) Leveraging self and community resilience

6) Workforce wellness

Garcia et al., 2021
Ragavan et al. 2021
IMPACT ON IPV SURVIVORS

“There’s been a lot of emotional impact on the survivors that I’ve worked with who are—were already experiencing isolation due to abuse, and that only increased because of the shelter in place orders, or—and/or I would say their own concerns of getting COVID for a lot of them who are either older or immunocompromised or both, so a lot of isolation impacts.”
“When COVID hit as hard as it did, the abuser was saying that they weren’t comfortable exchanging the children on the weekends anymore. . . so she wasn’t able to see her children, except by Facetime. She has started seeing her children now, but for longer—at least for a couple months, she wasn’t able to see her children at all.”
HEALING-CENTERED ENGAGEMENT

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

Healing-centered engagement: use of a holistic, strengths-based approach to foster well-being.

Considers providers’ healing

(Ginwright, 2018; Miller, 2020)

https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c
Providing affirmation, universal education, and resources to all families, as well as support if parents disclose experiencing IPV or other social stressors.
ESSENCE OF CUES

<table>
<thead>
<tr>
<th>Considers structural inequities</th>
<th>Strength based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on altruism</td>
<td>Improves access to advocacy</td>
</tr>
<tr>
<td>Empowers patient and the people they care about</td>
<td>Shares power between clinician and patient</td>
</tr>
</tbody>
</table>

“...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others.”

J.V. Jordan, 2006

*Slide adapted from Futures Without Violence*
“We have talked a lot about your child. I want to take a pause now to check in with you. Being a parent is so hard now and parents don’t always get to hear how important they are, so I am thanking you for all you do for your children and family.

Because people are more stressed than ever, we are sharing ideas about helping yourself and people you care about. Some types of stress that parents are feeling are not having enough food to eat, not having a stable place to live or getting behind on the rent, worries about having enough hot water or heat, not having childcare, feeling lonely or sad, or experiencing stress in a relationship. We want to you to know that we are here for you. As part of the after-visit summary, we send over a resource sheet to all families, which has information about resources like fresh food, who to call for help with utilities, numbers to call if you are stressed, lonely, or experiencing violence, and childcare resources. These are resources you can share with friends and family to help them feel more connected. Would it be okay if I sent you some resources?”
“One of the things on the resource list we talk to everyone about is how more stress in our relationships may come with fighting or harm, and that can affect our health. There is free, confidential help available if you know someone who is being hurt in their relationship.”
REMEMBER

Disclosure is not the goal

BUT
disclosures do happen!
Thanks for telling me

IT'S NOT YOUR FAULT

I believe you

You're not alone

Just listen

I'm here for you!

It was brave of you to tell me that
PRIORITIZE PARTNERSHIPS WITH IPV AGENCIES & COMMUNITY-BASED ORGANIZATIONS

• Develop systems for transformative collaborations
• Proactively develop strong partnerships
• MOU
• Add IPV education into sites
  ➢ Get staff trained as IPV experts
  ➢ Co-locate IPV advocates
ROLE OF AN IPV ADVOCATE

IPV advocates:

• Offer free, confidential, and safe resources - short and long-term
• Not attached to law enforcement, child protective services, ICE
• Explore all possible scenarios and outcomes to best support the client and their children
• Support health providers
  • Answer questions, provide office resources, and serve as an expert
• Connect clients to additional services:
  • Safety planning
  • Housing & legal advocacy
  • Support groups and one-on-one counseling
  • Referrals to other programs for health/mental health
PRIORITIZE PARTNERSHIPS WITH IPV AGENCIES & COMMUNITY-BASED ORGANIZATIONS

Examples of programs in practice in Connecticut:

New Haven Family Violence Community Advisory Board (CAB)

- **Healthcare Providers**
  - Yale New Haven Hospital Pediatric ED providers, Pediatric/CAC providers, Social Workers, Mental Health providers
- **Child Protective Services**
  - Local CT DCF IPV Specialist
- **Local IPV Organizations**
  - CCADV & representation from the local IPV organization
- **Law Enforcement**
  - Local officer
PRIORITIZE PARTNERSHIPS WITH IPV AGENCIES & COMMUNITY-BASED ORGANIZATIONS

Examples of programs in practice in Connecticut:

New Haven Family Violence Community Advisory Board

- **Signed MOU** in place & meet bimonthly to provide feedback and collaborate
- **Increased understanding of each organizations’ requirements and resources**
  - Allows the voices of child abuse specialists, medical providers, IPV advocates, law enforcement & child protective services to be heard
- **Ensures that racial biases aren’t being propagated**
- **Increased comfort** discussing and referring to IPV resources in pediatric settings
  - The CAB transformed the direction of the project from just focusing on the child to really focus on the family as a whole
  - Implemented an IPV advocate on-site at the child abuse clinic to support the non-offending parent while the child is being assessed
PRIORITIZE PARTNERSHIPS WITH IPV AGENCIES & COMMUNITY-BASED ORGANIZATIONS

Examples of programs in practice in Connecticut:

New Haven Family Violence Community Advisory Board

Collaboration has increased connection to IPV Advocates

- 18/31 caregivers in this program connected to the IPV advocate at the time of the visit
  - 5 additionally already connected with IPV services
- 15/18 (83.3%) had follow up visits with IPV services
  - Range 1-40 contacts
REMININDERS FOR
PEDIATRIC PROVIDERS
ELECTRONIC MEDICAL RECORD

Safe documentation:

• Use minimal, objective, and (when possible) coded language
• Intentionality in terms of parents’ medical information in the child’s chart
• Caution when documenting IPV in locations outside of a protected note
• Discuss documentation risk/benefit with survivors

Control access

• Limited access to EHR, including online health portal
• Standard process for information release

Consider potential benefits

• Continuity of care, communicating important information with the team

Randell et al., 2021
MANDATED REPORTING

How do we prevent violence and harm without causing more violence and harm?

If filing is indicated, there must be concurrent support.
SURVIVORS THOUGHTS ON MANDATED REPORTING

Most participants said the report made the situation worse or had no impact (50% much worse)

1 of 7 were warned when reaching out for help that the person would have to legally report what they shared
  • 6 of 10 said the warning they received changed what they decided to say

1 of 3 have not asked someone for help for fear the person would be legally required to report [48% of people under 18 years of age]
BEST PRACTICES FOR REPORTING

PROVIDER LEVEL
- Inform the intimate partner violence (IPV) survivor that a child protective services (CPS) report will be filed
- Offer opportunity for the IPV survivor to file or help make the CPS report
- Ensure medical documentation is safe
- Provide referrals to clinic and community-based supportive services and resources
- When filing a CPS report, focus on child abuse or neglect (rather than the IPV)
- Limit information given to abusive partners about the CPS report
- Provide support to the IPV survivor after filing
  - Create a safety plan

CLINIC/HOSPITAL LEVEL
- Develop formalized partnerships with IPV or victim services agencies
- Hospital admission available for IPV survivors and children in high lethality situations
- IPV training for mandated reporters
- Have a clinic/hospital-based IPV advocacy program, IPV champion, and/or committee

STATE LEVEL
- IPV training for CPS workers
- Develop alternative, non-punitive CPS options
- Support the wellbeing of CPS caseworkers
- Dismantle racism within the CPS system

Ragavan et al., 2021
MANDATED REPORTING

If needing to report, consider the following:

1) Whenever possible, let the survivor know what you are doing, and consider giving them the option of reporting themselves

2) Think about harm reduction strategies

3) Move from “mandatory reporting” to “mandatory supporting” [Futures Without Violence]

4) Develop warm referral services to clinic and community-based victim services agencies
HELPFUL REMINDERS

Educate on Broader Policy & Systems Change Across Healthcare

• Pediatric health providers can collaborate with IPV advocates, mental health providers and social service providers
• Be aware of policies and laws being passed in your state
• Support IPV organizations in the work they are doing in the community
• Promote IPV resources and information in waiting rooms, bathrooms, or wherever possible

Providers are positioned to identify and promote collaborations and partnerships that can benefit the holistic needs of patients and their families.
CONCLUSIONS: TANGIBLE ACTION ITEMS IN CLINICAL SETTINGS

Provide **survivor-centered, healing care** to families who have experienced IPV

Develop a **universal education script** that best fits your clinic’s needs

Create a **universal resource sheet**, which includes IPV helpline numbers which can be distributed as part of the CUES approach

Develop **formalized partnerships** with IPV agencies

Develop **privacy protocols** that can be used for families experiencing IPV

Have **handouts or resources** on the walls & available for families
RESOURCES FOR FAMILIES

National Domestic Violence Hotline
thehotline.org/ (800)-799-7233

National Teen Dating Violence
loveisrespect.org/ (866) 331-9474
RESOURCES FOR FAMILIES

Stress and Violence at Home During the Pandemic

By: Maya Ragavan, MD, MPH, MS, FAAP & Kimberly Randell, MD, MSc, FAAP

We know that stress and conflict happen in relationships. This can sometimes include emotional, physical, sexual and financial abuse or controlling behaviors. Some parents
RESOURCES FOR PROVIDERS


AAP Policy Statement:
https://pediatrics.aappublications.org/content/125/5/1094.full?sid=2281d56f-e24e-4a8d-a2aa-0ac98d7ab081

AAP Trauma-informed care in child health systems policy statement: Trauma-Informed Care in Child Health Systems | American Academy of Pediatrics (aappublications.org)

Futures Without Violence: https://www.futureswithoutviolence.org/get-updates-information-covid-19/

https://pediatrics.aappublications.org/content/early/2020/08/18/peds.2020-1276?download=true

Simon. Responding to intimate partner violence during telehealth clinical encounters. JAMA. Responding to Intimate Partner Violence During Telehealth Clinical Encounters | Intimate Partner Violence | JAMA | JAMA Network
SUCCESS IS MEASURED BY YOUR EFFORTS TO REDUCE ISOLATION AND TO IMPROVE OPTIONS FOR SAFETY.

“Folks have been surviving for years. They don't need us. We're just here to support and maybe encourage and guide and advocate. Just reminders that there's nothing inherently wrong with any of us and with our survivors that we work with specifically.”
QUESTIONS? REFLECTIONS?

Maya Ragavan
Ragavanm@chp.edu

Ashley Starr Frechette, MPH
Director of Health Professional Outreach
Connecticut Coalition Against Domestic Violence
astarrfrechette@ctcadv.org
Q & A
Resources

Today’s recording and slides will be emailed

Project webpage and briefs:
www.futureswithoutviolence.org/AAPIssueBriefs
Evaluation

We appreciate your time to complete a very brief online evaluation for today’s webinar. It will pop up right after the webinar ends.

Thank you!
Thank you!

Jennifer Bell
jhaddad@futureswithoutviolence.org

Lisa Sohn
lsohn@futureswithoutviolence.org