



WELCOME!

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

April 27, 2022



Reminders

2

- 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

3

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

4

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





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(pronouns she, her, and hers)

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SUPPORTING INTIMATE PARTNER VIOLENCE SURVIVORS IN PEDIATRIC CLINICAL SETTINGS

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DISCLOSURES

Both speakers have no disclosures or conflicts of interest to report

Black and white images were created by Angelica Escobar



DEFINITION

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.

PREVALENCE

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.

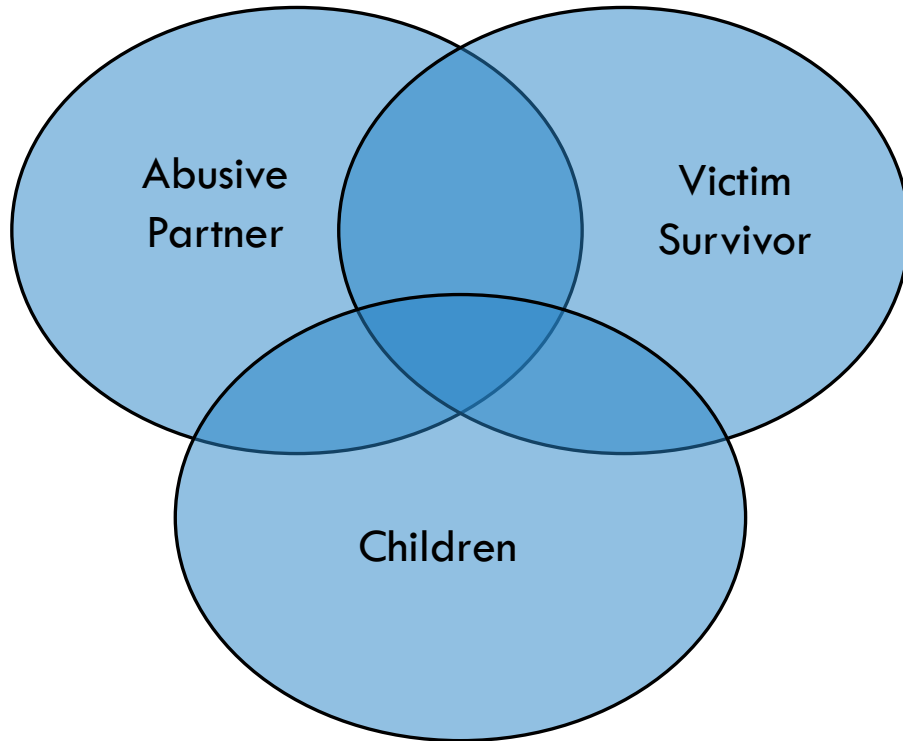


HIGH LETHALITY SITUATIONS

- Stalking
- Strangulation
- Separation
- Pregnancy
- Weapons
- Threats to kill or harm



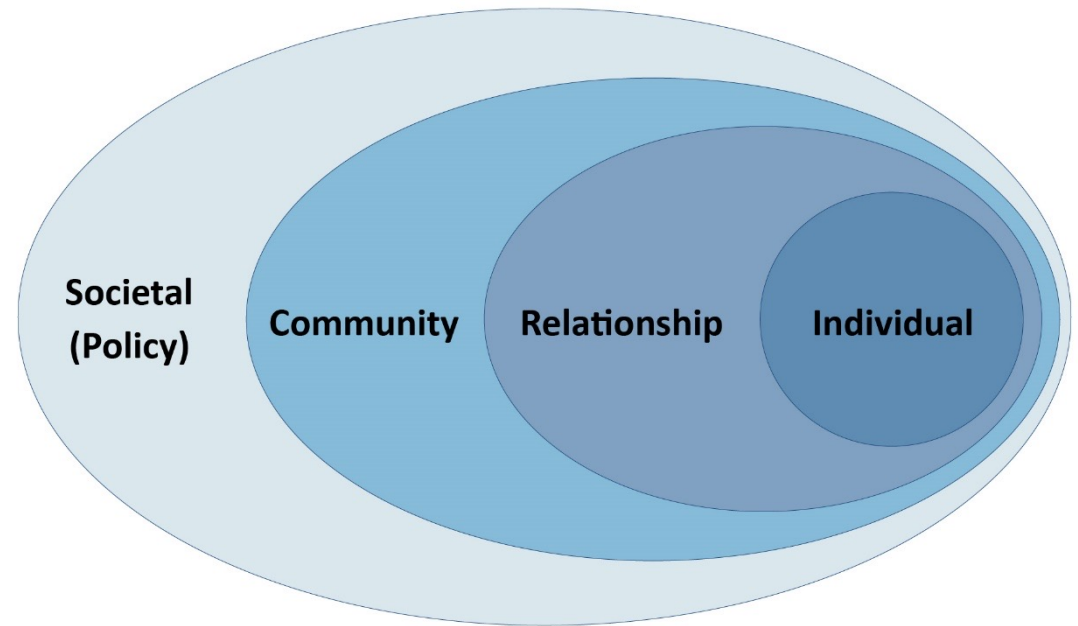
CHALLENGES TO LEAVING



- 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



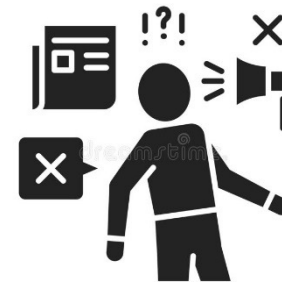
Not allowing the parent to speak during visits



Stalking



Aligned with providers



Discrediting survivors



Charming or manipulating behavior

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.”*

COVID-19 USED TO CONTROL

“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>

HEALING- CENTERED ENGAGEMENT :CUES

- Confidentiality
- Universal Education and Empowerment
- Support

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

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

“...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

UNIVERSAL EDUCATION AND EMPOWERMENT

“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 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?”

UNIVERSAL EDUCATION AND EMPOWERMENT

“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



**It was brave
of you to tell
me that**



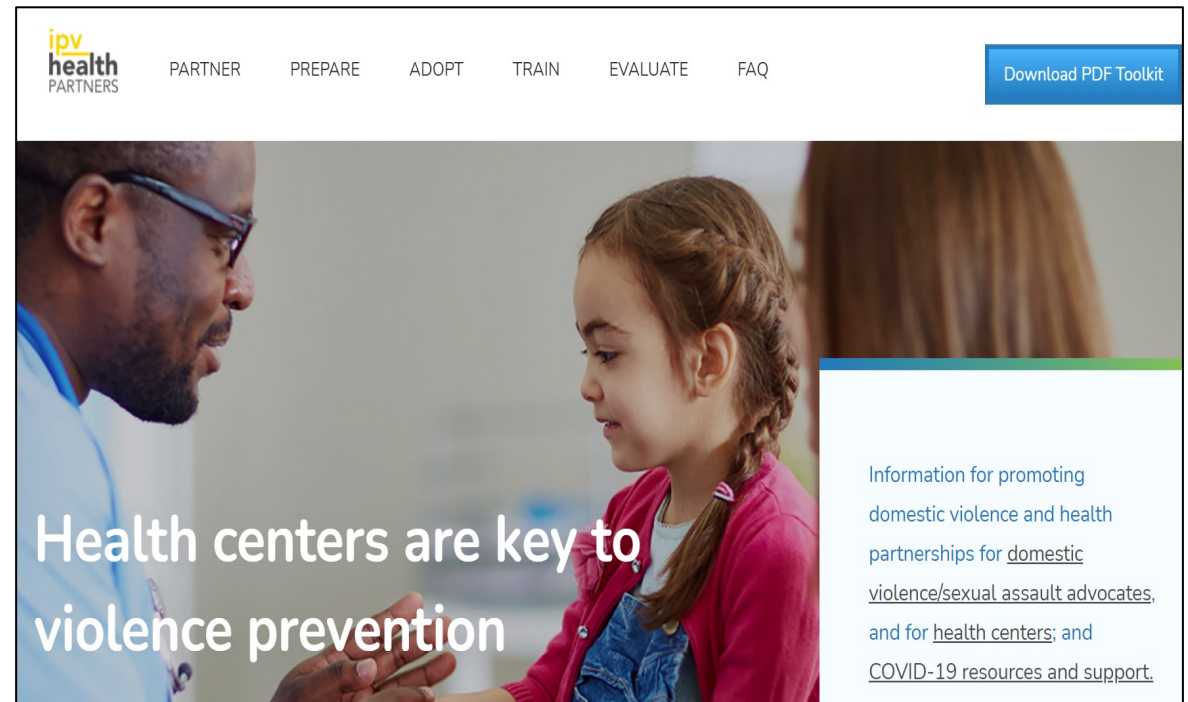
**You're not
alone**

JUST LISTEN

**I'm here
for you!**

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 serves 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



REMINDERS 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

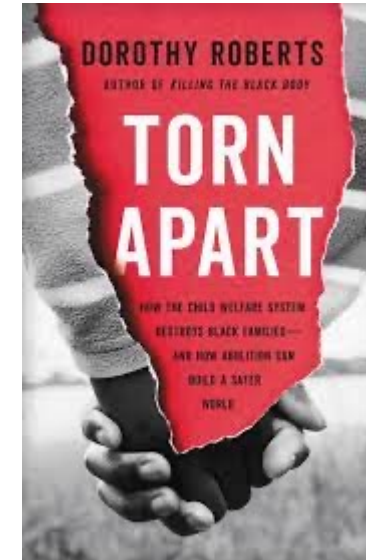
Consider potential benefits

- Continuity of care, communicating important information with the team

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

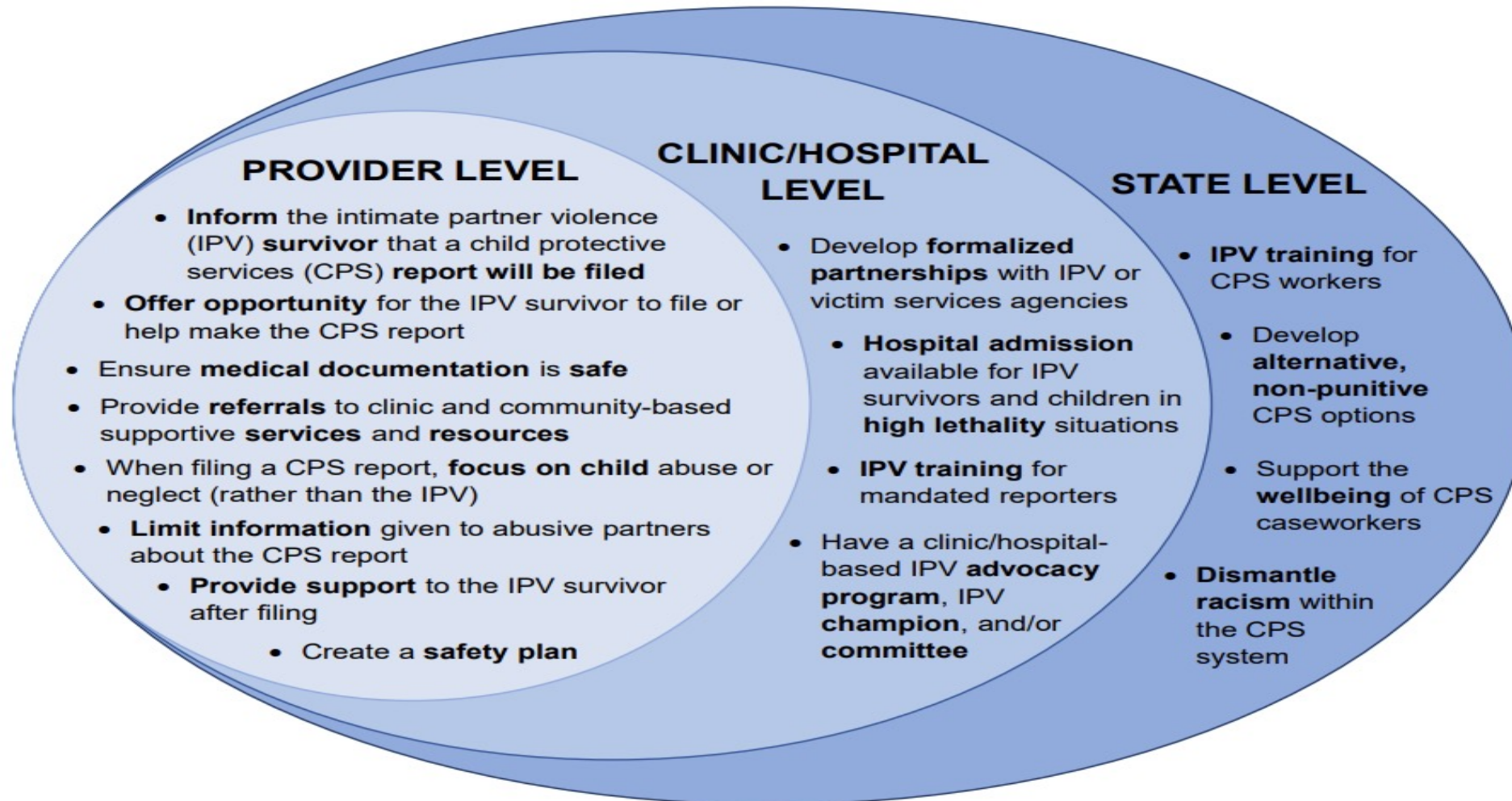
Most participants said the report made the situation worse or had no impact (50% much worse)

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



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

[Healthy Children](#) > [Health Issues](#) > [Conditions](#) > [COVID-19](#) > Stress and Violence at Home During the Pandemic

HEALTH ISSUES

[LISTEN](#)

[Español](#)

Text Size - +



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



FOLLOW



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The National Child
Traumatic Stress Network

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[TRAUMA-INFORMED CARE](#)

[RESOURCES](#)

[ABOUT US](#)



OUR MISSION is to raise the standard of care and improve access to **services for traumatized children, their families and communities** throughout the United States.

[DEFINING CHILD TRAUMATIC STRESS](#)



RESOURCES FOR PROVIDERS

Ginwright (2018). The Future of Healing. [The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement | by Shawn Ginwright | Medium](#)

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/>

Ragavan, Garcia, Berger, & Miller. **Supporting intimate partner violence survivors and their children during the COVID-19 pandemic.**

<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?

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Q & A



Resources

8

Today's recording and slides will be emailed

Project webpage and briefs:

www.futureswithoutviolence.org/AAPIssueBriefs



Evaluation

9

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!

10

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