

Best practices in supporting intimate partner violence survivors and their children

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- I have no disclosures or conflicts of interest

Before we begin



- We recognize:
 - This is a complex topic.
 - Our lived experiences impact our perspectives, reactions, & approach.
- We will sit with discomfort.
- We will care for ourselves:
 - Stand or sit
 - Slow deep breaths
 - Move your body
 - Take a break, return when ready
 - Seek support



Unique aspects about parent and child focused healthcare settings

- Power and control may manifest differently
- Patient may be the child, not the caregiver survivor
- Clinicians may have concerns over mandated reporting
- Pediatric training may not have included caregiver IPV
- The clinic workflow may be different

Yet most of the data focuses on adult healthcare settings!

Intimate partner
violence is
about **POWER**
& **CONTROL**



Coercion Around Substance and Finances

“There was so much judgment and stigma attached. Well, look how worthless you are, different things along those lines, because you just can’t kick the cigarettes. You must not love this child. You must not love me a lot. That was very manipulative.”

“I remember one day I was waiting on him because we didn’t have any groceries, and he did not come home until like 1:00 in the morning. Then when I was aggravated and yelled at him because I couldn’t feed my child, he got back in the car and left again. Yeah, it was one of the stressors that really led to me having an early birth. Because, I mean, I worked as hard as I could while being a high-risk pregnancy, and yeah, and I had no control over anything.”

Scott et al. 2024, Groves et al., under review

Power & Control in Pediatric Healthcare Settings



Withholding transportation



Manipulating appointments



Controlling medical decision making



Not allowing the parent to speak during visits



Stalking



Aligned with providers



Discrediting survivors



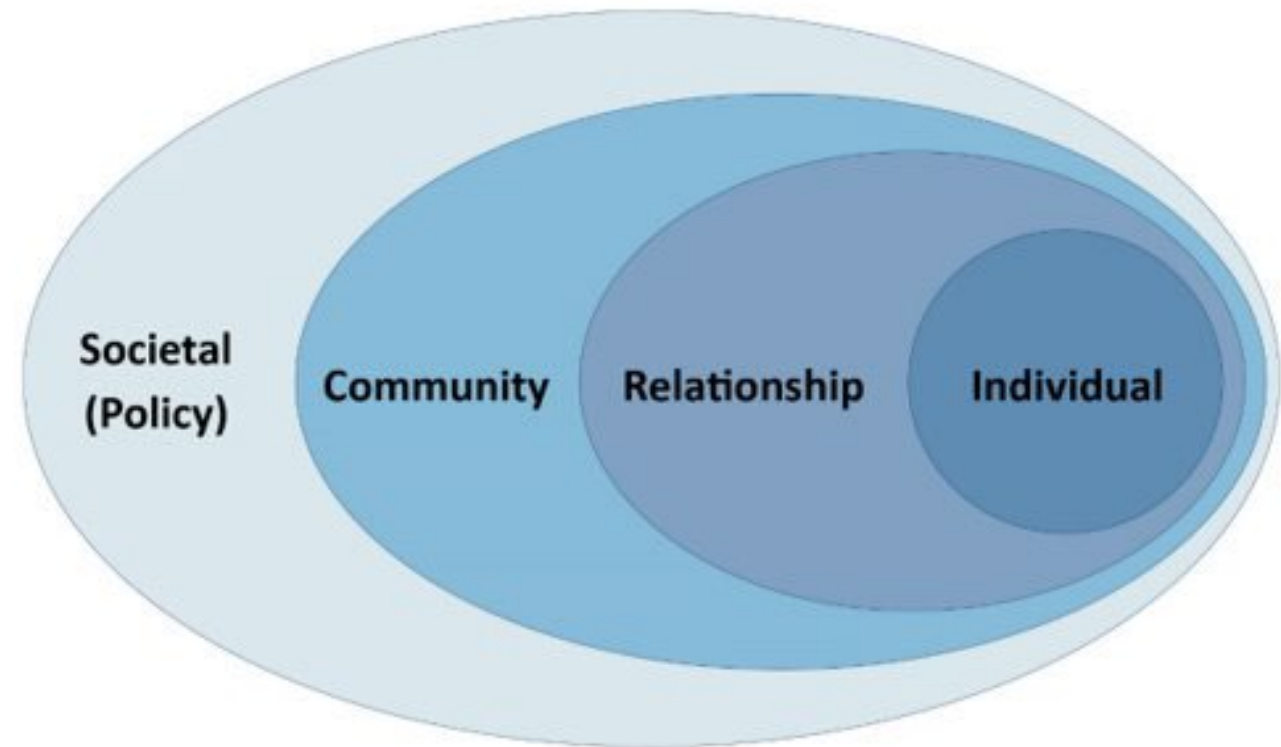
Charming or manipulating behavior

Structural violence

Shar

IPV survivors and children belonging to structurally marginalized groups experience compounded challenges.

- Racism
- Poverty
- Disability
- Transphobia
- Homophobia
- Technology inaccessibility
- Language injustice
- Xenophobia/immigration stress



Healing-Centered Engagement

- Holistic, strengths-based approach
- Trauma and resilience are universal.
- Trauma and healing are experienced collectively.
 - Healing occurs within relationships.
 - Spirituality
 - Culture
 - Civic action
- Considers providers' healing



Limitations with Screening

- Generally low rates of disclosure
- Resource provision limited to those who disclose
- Less survivor-centered



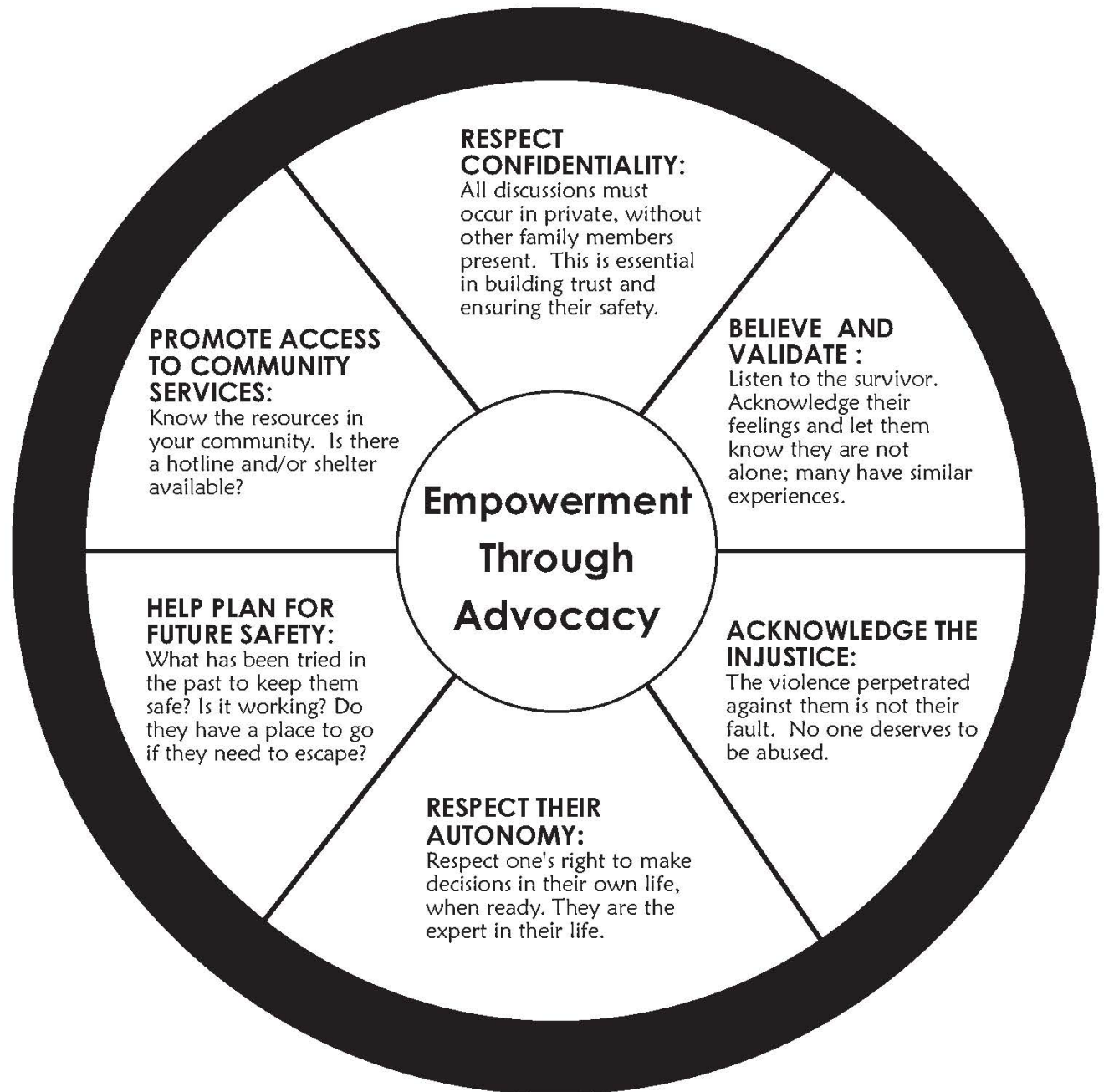
Chang et al., 2005, Randell et al., 2020



CUES: Healing-Centered Approach for IPV Intervention

- **C**onfidentiality,
 - **U**niversal Education, and **E**mpowerment
 - **S**upport
-
- Provides affirmation and universal education to all families
 - Empowers caregivers to:
 - Identify healthy/unhealthy relationship behaviors.
 - Identify impacts of IPV on kids.
 - Access resources for self.
 - Serve as resource for friends & family.
 - Creates a safe environment to discuss IPV

Advocacy Empowerment Wheel



CUES script

“We’ve talked a lot about your child. I want to take a pause to check in with you. Being a parent is hard & parents don't always get to hear how important they are, so I want to thank you for all you do for your children & family.

“Because people & families are more stressed than ever, I’ve started sharing ideas about helping yourself & people you care about. Some of the stresses that parents are feeling are not having enough food to eat, not having a stable place to live or getting behind on the rent, not having childcare, feeling lonely or sad, or experiencing stress or in a relationship. I want to you to know that we’re 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.”

CUES script

“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.

“I want you to know that you don’t have to share these parts of your story with me, if you’re experiencing these things, to access resources. But, if you ever want to talk about these or other stressors, we’re here for you. These things can be challenging to navigate and we want to support you.”

Thank you for telling me

**You're not
alone.**

*Thank you for
trusting me with
your story.*

*This is
really hard.*



**I'M HERE
FOR YOU!**

It takes a lot
of courage to
talk about this.

No one deserves to
be treated this way.

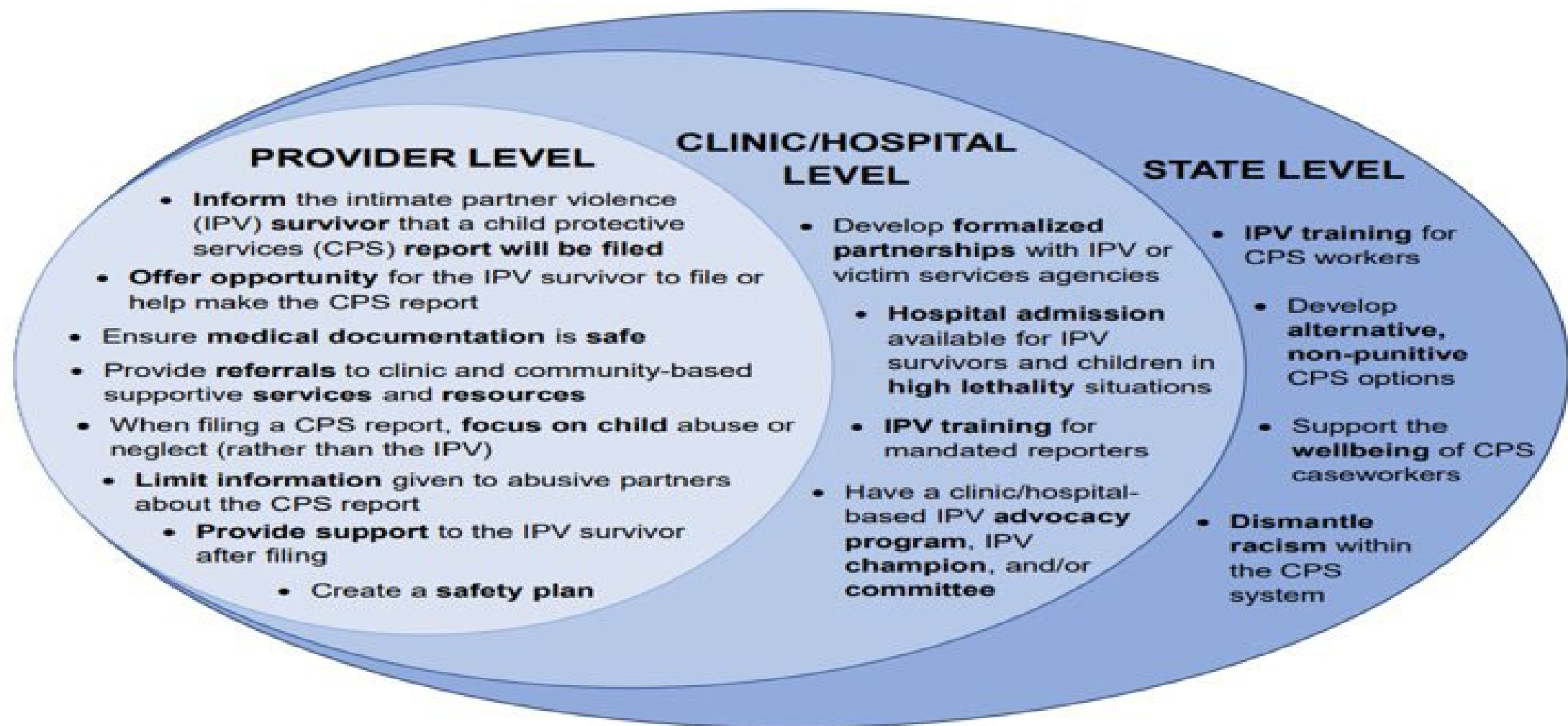
**It's not
your fault.**

Mandated reporting around IPV

- Consensus was reached to NOT file
 - With exposure alone
 - For younger children
- Consensus was reached TO file
 - With co-occurrent child abuse and neglect
 - If a child is injured due to IPV
- But for most of the situations proposed, consensus was not reached

	Round 1	Standard Deviation)*	Round 3	Should We File
Filing a CPS report if the IPV survivor physically abuses the child	100%	1.1 (0.23)	100%	Yes
Filing a CPS report if the IPV survivor sexually abuses the child	100%	1.0 (0.0)	100%	Yes
Filing a CPS report if the abusive partner physically abuses the child	100%	1.0 (0.0)	100%	Yes
Filing a CPS report if the abusive partner sexually abuses the child	100%	1.0 (0.0)	100%	Yes
Filing a CPS report if a child is physically injured, inadvertently, because of IPV [ie, a child is being held by a parent]	96%	1.2 (0.42)	91%	Yes
Filing a CPS report if a child is physically injured because they are trying to stop the violence [i.e., a child gets in between the IPV survivor and abusive partner]	91%	1.1 (0.32)	91%	Yes
Filing a CPS report if the abusive partner neglects a child	91%	1.3 (0.75)	91%	Yes
Filing a CPS report if the IPV survivors neglects a child	91%	1.4 (0.61)	87%	Yes
Filing a CPS report if the abusive partner emotionally abuses the child	83%	1.5 (0.70)	82%	Yes
Filing a CPS report if the IPV survivor emotionally abuses the child	74%	1.7 (0.67)	82%	Yes
Filing a CPS report if a child experiences mental or behavioral health symptoms because of exposure to IPV	65%	2.2 (1.1)	73%	Consensus not achieved
Filing a CPS report if a child experiences physical health symptoms, not including injury, because of exposure to IPV	41%	2.2 (0.98)	64%	Consensus not achieved
Filing a CPS report whenever children are a direct witness to physical or sexual IPV	57%	2.3 (1.3)	59%	Consensus not achieved
Filing a CPS report if a child experiences development delay or academic concerns because of exposure to IPV	57%	2.4 (1.1)	57%	Consensus not achieved
Filing a CPS report for exposure to physical or sexual IPV	43%	2.7 (1.2)	45%	Consensus not achieved
Filing a CPS report whenever children are a direct witness to any kind of IPV (physical, sexual, emotional etc.)	43%	2.5 (1.3)	36%	Consensus not achieved
Filing a CPS report for any case of IPV when there is a firearm in the home	52%	2.8 (1.2)	36%	Consensus not achieved
Filing a CPS report if an IPV survivor is experiencing mental health symptoms	13%	3.4 (1.3)	14%	No
Filing a CPS report for exposure to any kind of IPV (This would include physical, sexual, emotional, financial, etc.)	35%	3.1 (1.4)	14%	No
Filing a CPS report for any case of IPV when there is a child(ren) less than 5 in the home	22%	3.3 (1.3)	9%	No

Best Practice	Round 1	Round 2 *	Round 3	Best Practice †
Inform the IPV survivor about the need to file a CPS report	96%	1.1 (0.32)	100%	Yes
Creating a safety plan with the IPV survivor at the time of filing	96%	1.1 (0.23)	100%	Yes
Provide IPV survivors community-based resources (e.g., number to an IPV agency) prior to filing.	100%	1.1 (0.23)	100%	Yes
Providing legal resources to the IPV survivor	91%	1.4 (0.50)	100%	Yes
Help the IPV survivor think through social supports	100%	1.1 (0.32)	100%	Yes
Provide resources for children exposed to IPV	N/A	1.3 (0.45)	100%	Yes
Provide survivor-centered care	N/A	1.2 (0.38)	100%	Yes
Have clear and transparent conversations with the IPV survivor about confidentiality	N/A	1.1 (0.23)	100%	Yes
Ensure medical documentation is safe	N/A	1.1 (0.23)	100%	Yes
If someone discloses IPV, make them aware of mandated reporting requirements	96%	1.2 (0.42)	95%	Yes
Limiting information given to abusive partner about the CPS report	74%	1.5 (0.61)	95%	Yes
When filing, make the child abuse or neglect (rather than the IPV) the main documented concern	N/A	1.9 (0.81)	95%	Yes
When filing, highlight the ways the IPV survivor is trying to keep their children safe	N/A	1.1 (0.23)	81%	Yes
Offer the IPV survivor the chance to file the report themselves	61%	2.2 (0.96)	81%	Yes
Provide parenting education for IPV survivors	N/A	1.6 (0.70)	81%	Yes
Provide a detailed explanation to the IPV survivor regarding the process of filing a report	N/A	1.8 (0.86)	81%	Yes
Follow up with the IPV survivor after filing	N/A	2.0 (0.88)	76%	Consensus not achieved
Call the CPS office directly for a “warm referral” after filing	43%	2.8 (1.3)	57%	Consensus not achieved



IPV & Pediatric Electronic Health Records

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

Emerging/Current Research

Engaging Together for Healthy Relationships



Dating violence prevention intervention for caregivers and adolescents to be delivered in pediatric primary care



Erin Mickievicz



Joseph Amodei



Sarah Tiffany-Appleton



Funded by National Institutes of Health, UPMC CHP Children's Trust Grant, CTSI pilot grant, and UPMC CHP RAC grant




Provider Training



- ★ Interactive Online Case-based Training
- Training Podcast
- Training Videos
- ★ Virtual Communication Skills Training

★ Family Pre-visit Introduction Video






- ★  Description of ETHR
- ★  Reason for ETHR
- ★  What to expect

In Office




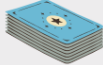
ETHR Conversation with Provider



-  Provider introduces topic to parent and adolescent
-  Confidential provision of ARA education and resources to the adolescent
-  Bring caregiver back for adolescent, caregiver, and provider conversation

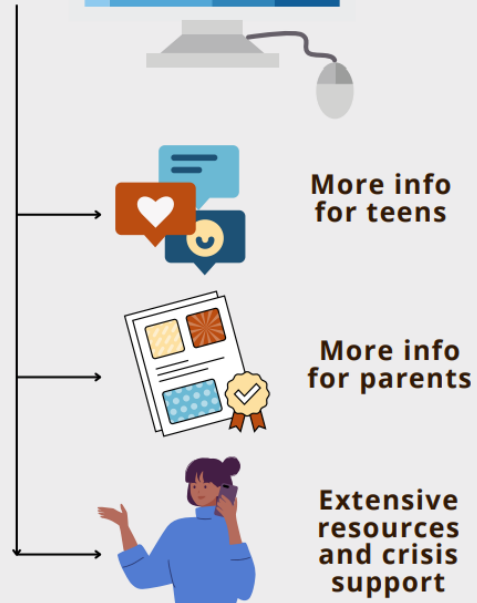
★ Take-home Resource box



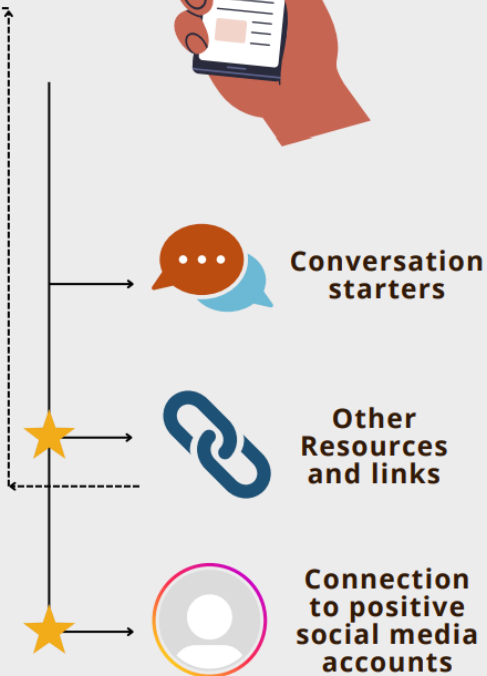
-  Resource Guides
-  Resource Business Cards
- ★  Stickers and other swag
- ★  Family card game

After Visit

ETHR Website



★ Text Messages



Doula Thrive

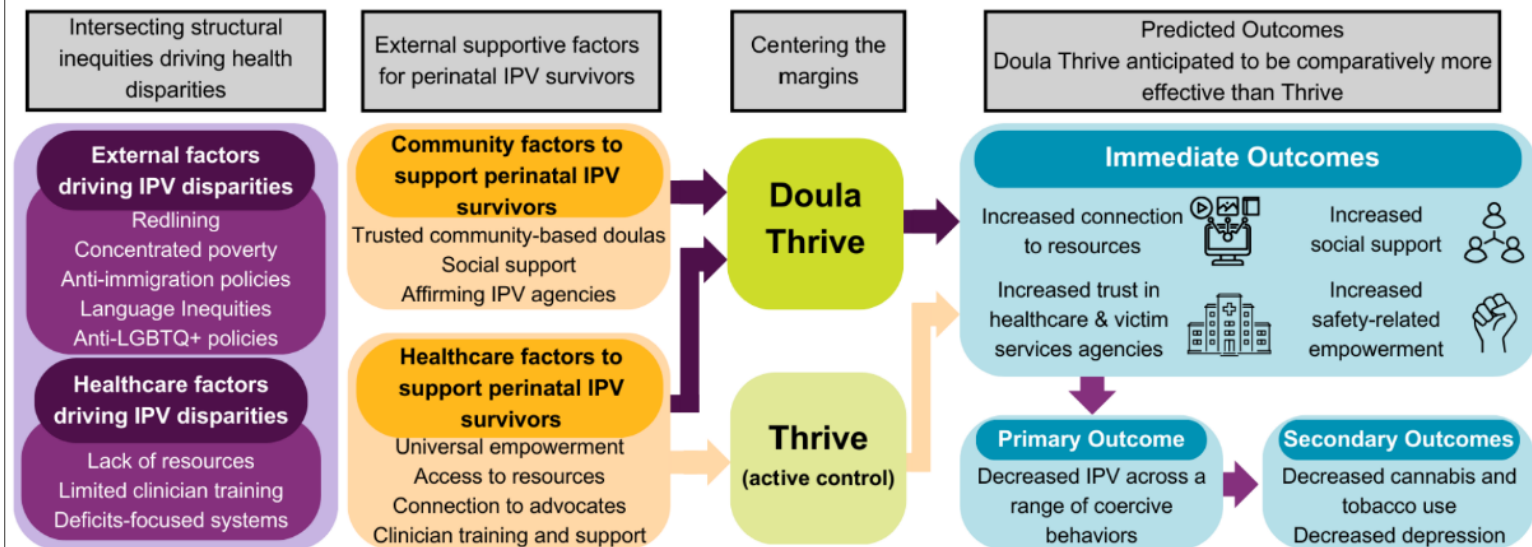
Comparative effectiveness trial of CUES and CUES and an IPV-trained doula in supporting perinatal IPV survivors



Dara Mendez,
PhD



Figure 1: Conceptual model integrating PHCR, Andersen's Health Care Utilization Model, and IPV-related help seeking



How do we create 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 when making recommendations.
4. Invest in collaborative partnerships (victim services, community organizations, child welfare, and healthcare).
5. Provider survivor-centered training to staff.
6. Reimburse follow-up calls with survivors.
7. Invest in healing for all providers, including support for providers who themselves are experiencing IPV.

Questions? Reflections?

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