

Alabama Chapter

INCORPORATED IN ALABAMA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



SUPPORTING DOMESTIC VIOLENCE ADULT SURVIVORS AND THEIR CHILDREN: **Bridging the Gap Between Healthcare and Service Providers**

APRIL 7, 2022

Background

Alabama Chapter-American Academy of Pediatrics one of 3 state AAP chapters working on intersection between pediatric healthcare and domestic violence service providers – partnering with Alabama Coalition Against Domestic Violence, as well as other organizations

Objective is to educate these disciplines on domestic/intimate partner violence and its effects on children, their roles and how they can work together at the local level to help these families

Overall goal is to develop a blueprint for action that can be used by local teams (pediatricians, domestic violence service providers, child welfare workers, others) in Alabama

Today's Agenda

- Overview of Domestic Violence in Alabama
- Effects of Domestic Violence on Children and Parents
- Interventions in Pediatric Healthcare Settings
- Resources for Establishing a Partnership: First Steps for Pediatrics & Domestic Service Providers

Today's Learning Objectives

Describe the effects of domestic violence on children in families of adult survivors

Describe evidence-based interventions to address domestic and sexual violence in healthcare settings

CEU Information for Social Workers & Counselors

This webinar is co-sponsored by Children's of Alabama, an approved provider of CEUs through the Alabama Board of Social Work, and is approved for **1.0 hour of Continuing Education Units** for Social Workers and Counselors/Mental Health Professionals (through the Alabama Board of Examiners in Counseling).

Completion of post-activity evaluation (link in chat and post-email sent later today) is required by **Monday, April 11 COB**; certificates of attendance will be issued within two weeks following this webinar.

Our Speakers

- Taneshia Hannon, MA, Deputy Director, Alabama Coalition Against Domestic Violence, Montgomery, AL
- Kimberly Randell, MD, FAAP, Pediatric Emergency Medicine Physician at Children's Mercy Kansas City, Kansas City, MO
- Elizabeth Dawson, MD, FAAP, Pediatrician, Charles Henderson Child Health Center, Troy, AL

**What is domestic violence
and what are its impacts on
families/children?**

Power and Control Wheel

The intentional pattern of actions used to gain or maintain control over an intimate partner.

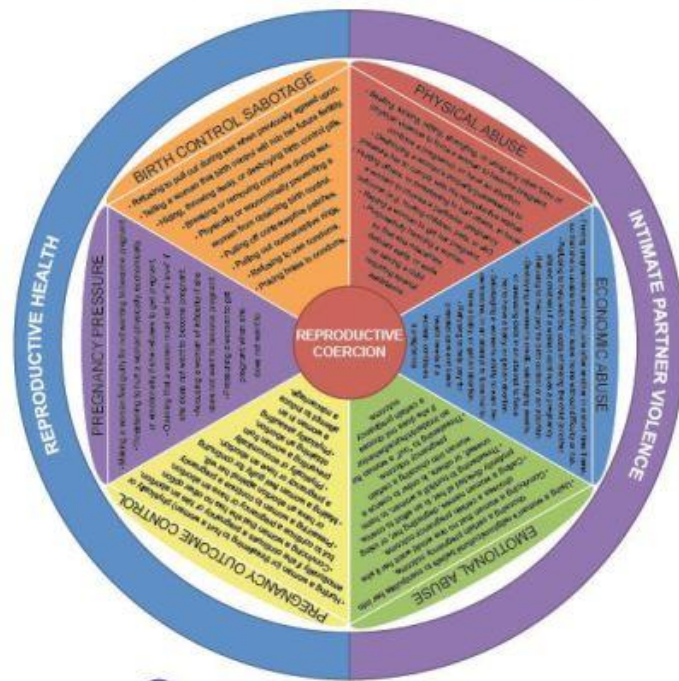
Various Languages:

<https://www.theduluthmodel.org/wheel-gallery/>

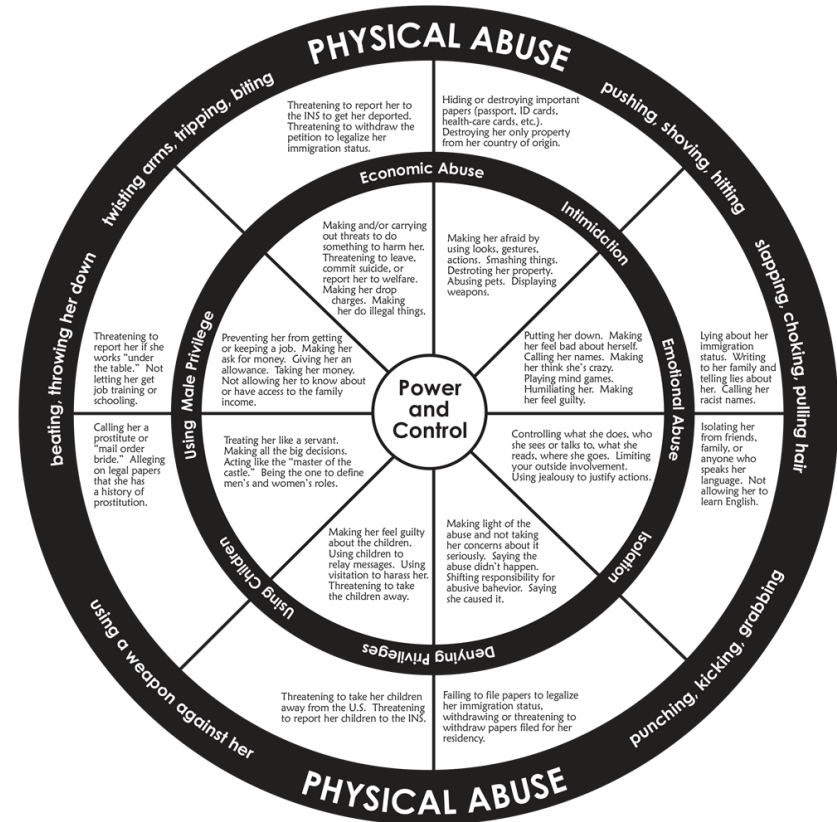


Various Power and Control Wheels

REPRODUCTIVE COERCION **Reproductive health** and intimate partner violence (IPV) wheel



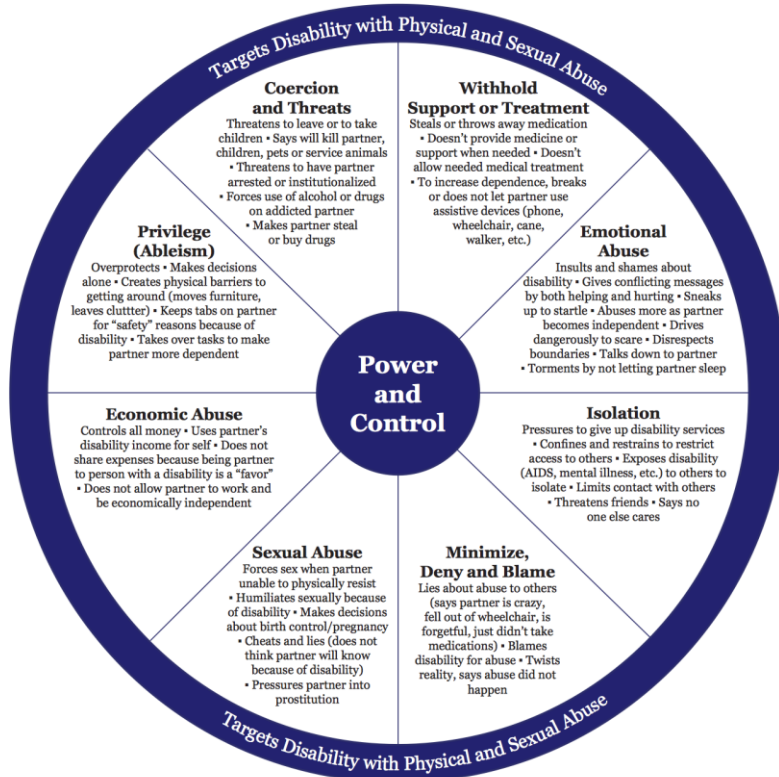
<https://www.communitysolutionsva.org/index.php/resources/item/reproductive-health-and-intimate-partner-violence-wheel>



<https://www.tahirih.org/pubs/immigrant-power-and-control-wheel/>

Various Power and Control Wheels

People with Disabilities in Partner Relationships



Power Based Violence

What if Violence is . . .

"Anytime we impose our will on another, it is an act of violence."

How did I use my words, my volume, my expressions, my connections, my anything to silence someone?

Are there ways in which I took up space that caused others to shrink?



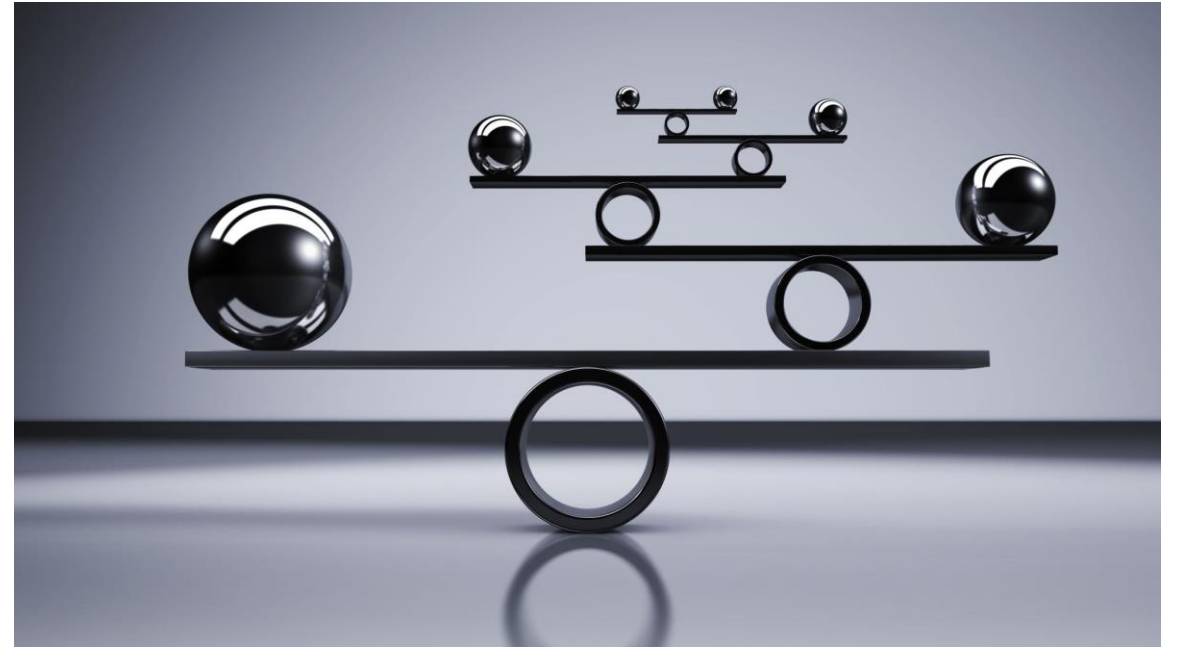
Harmful Power Imbalances

Think of an experience that you've have had with another adult that left you feeling:

- Like a child
- Less than
- Hesitant to speak
- Altered your normal response

“What are the words you do not yet have? What do you need to say? What are the tyrannies you swallow day by day and at, tempt to make your own, until you will sicken and die of them, still in silence?”

(Audre Lorde, 2007)





Power Based Violence

- Control of the narrative
- Answers the questions
- Unequal access
- Belittles
- Doubts self
- Support system
- Undue influence over another's action
- Language
- Clothing
- Proximity

Not Only Physical or Sexual Violence

Emotional
Abuse

Minimize,
Deny, and
Blame

Economic
Abuse

Isolation

Privilege

Coercion and
Threats

Intimidation

Using the
Children

Societal Impact

- “One study estimates the cost of IPV to U.S. society, including health costs and productivity losses, to be \$5.8 billion, including \$4.2 billion for physical violence, \$320 million for partner rape, and \$342 million for partner stalking, in 1995. Converted to 2017 dollars, the cost of IPV in the United States would be \$9.3 billion dollars.” (The Institute for Women's Policy Research, 2017)
- "59.1% of mass shootings between 2014 and 2019 were DV-related" (Geller, Booty & Crifasi, 2021)

It's Complicated

Parent's Experiences that May Impact their Medical Choices

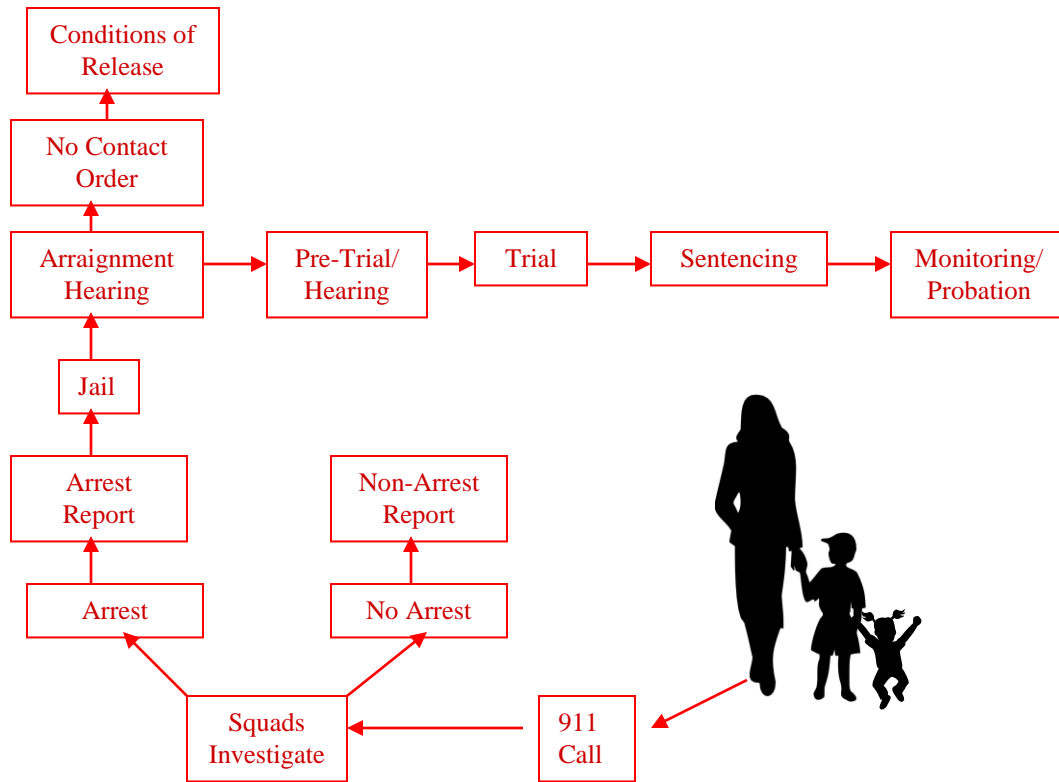
Parent's Experiences that May Impact their Medical Choices

- “Nobody’s gonna know. They’re gonna know. How would they know?”
- Welfare of the child
- Will this keep me safe? Will this keep me connected? (Deb Kennard, S.A.F.E. EMDR)
- Past Trauma: How people see themselves, others, and the world

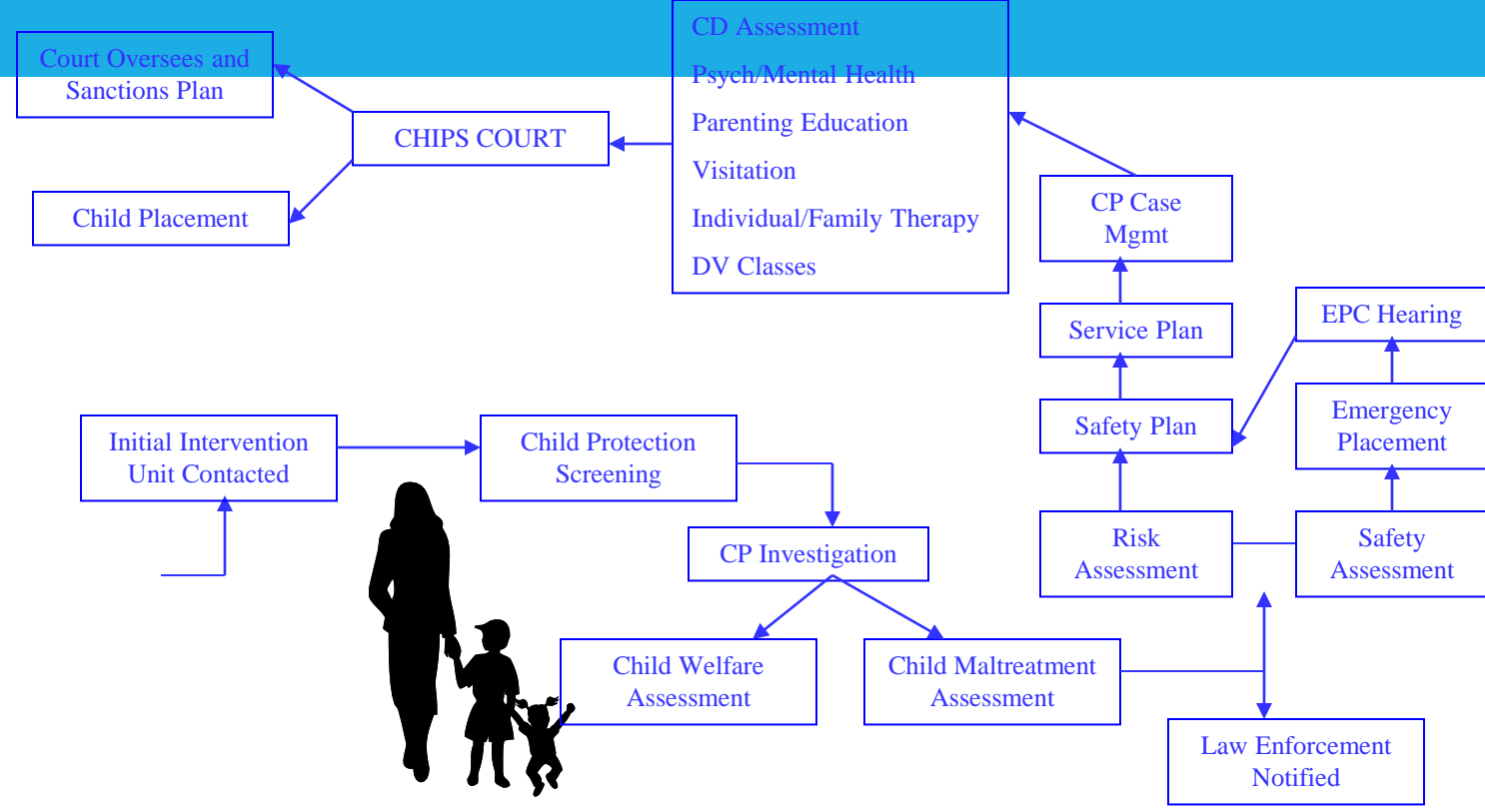


A Glimpse: The Systems Your Patient May be Navigating



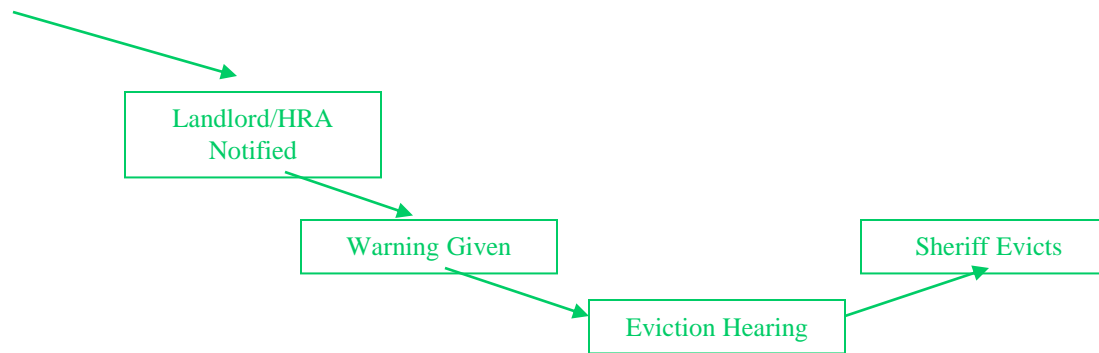


DOMESTIC VIOLENCE/ ARREST INCIDENT

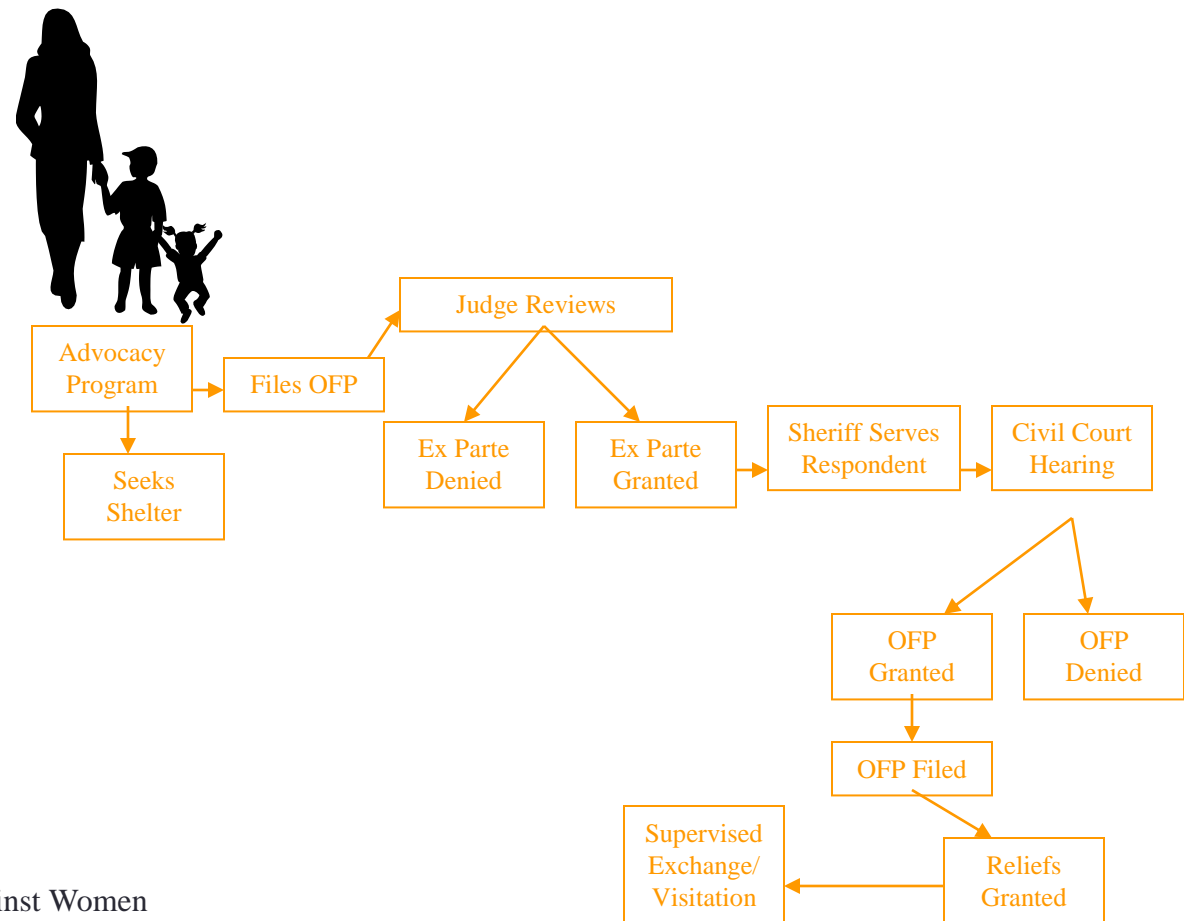


CHILD PROTECTION MAP

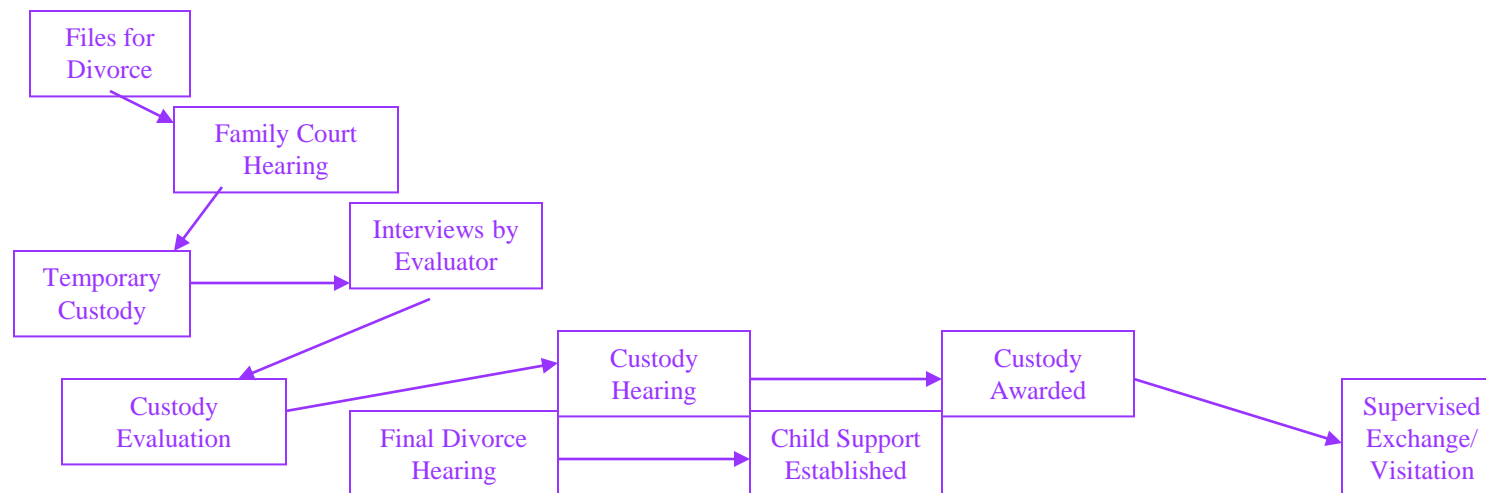
HOUSING MAP

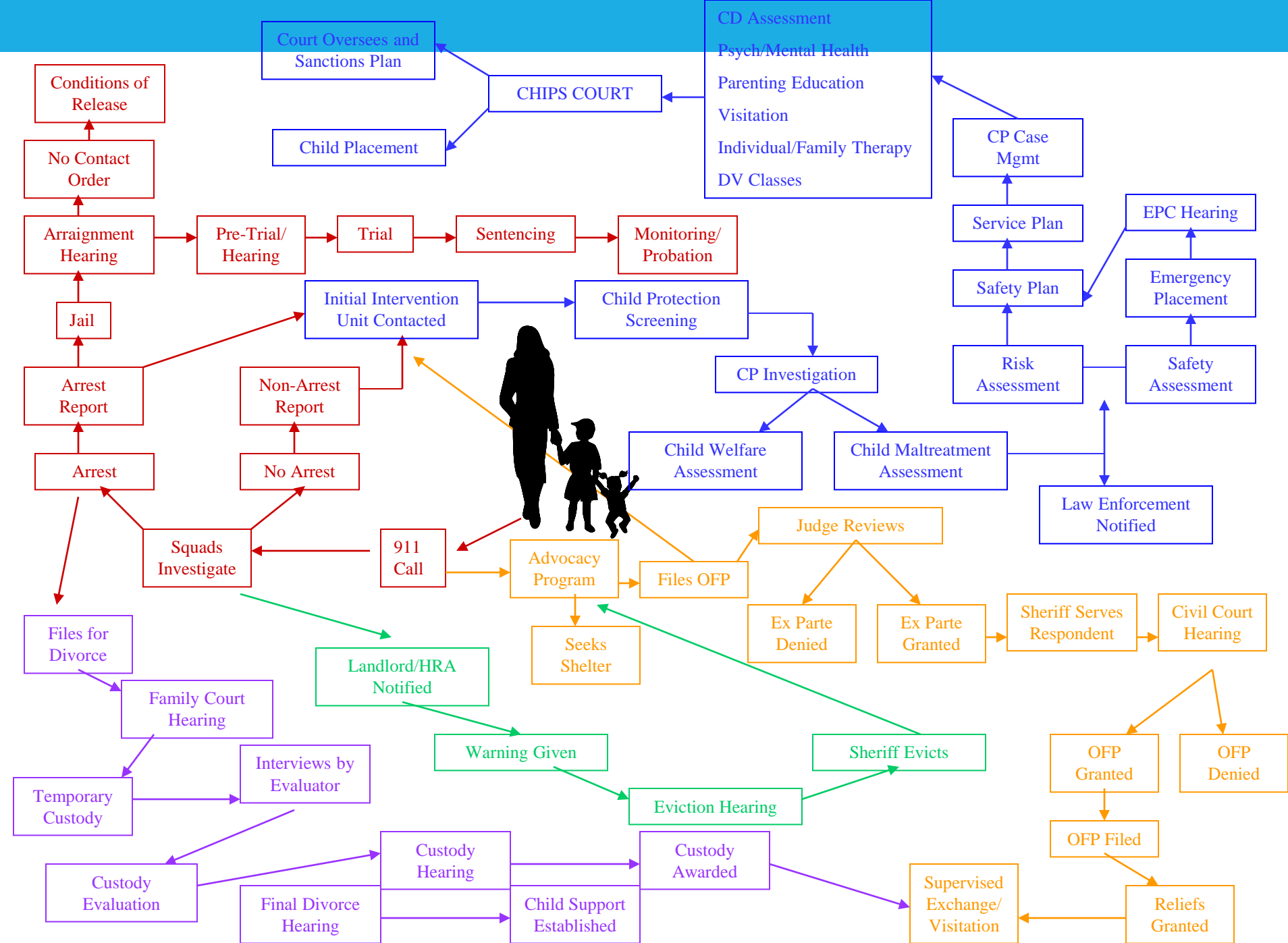


ORDER FOR PROTECTION – CIVIL COURT PROCESS



CUSTODY MAP





What Might be Helpful

- I believe you
- I'm concerned for your safety
- You do not deserve this
- Unchecked, it doesn't get better on its own
- I trust your judgement



References

Community Solutions to Sexual and Domestic Violence: Virginia. (2017). *Reproductive health and intimate partner violence wheel*.

<https://www.communitysolutionsva.org/index.php/resources/item/reproductive-health-and-intimate-partner-violence-wheel>

McLean, G. and Bocinski, S. (2017). *The economic cost of intimate partner violence, sexual assault, and stalking*. The Institute for Women's Policy Research. https://iwpr.org/wp-content/uploads/2020/10/B367_Economic-Impacts-of-IPV-08.14.17.pdf

Lorde, A. (2007). *Sister outsider: Essays and speeches*. Cross Press. (Original Work Published in 1984)

Love is Respect. *LGBT power and control wheel*. <https://www.loveisrespect.org/lir-files/LGBT-Power-and-Control-Wheel.pdf>

Geller, L.B., Booty M., Crifasi, C.K.. (2021). *The role of domestic violence in fatal mass shootings in the United States, 2014-2019*. Inj Epidemiol. 8(1):38. <https://doi.org/10.1186/s40621-021-00330-0>

National Center on Domestic and Sexual Violence. *Disabled caregiver power and control wheel*. <http://www.ncdsv.org/images/DisabledCaregiverPCwheel.pdf>

National Domestic Violence Hotline. *Power and Control Wheel*. <https://www.thehotline.org/identify-abuse/power-and-control/>

Praxis: Rural Technical Assistance on Violence Against Women

Samsel, M. (2018). *Violence defined*. [Quote]. Abuse and Relationships. <https://www.abuseandrelationships.org/Content/Basics/violence.html#:~:text=Clarity%20is%20largely%20restored%20however,refusal%20is%20safe%20and%20respected>

Tahirih Justice Center. *Immigrant power and control wheel*. <https://www.tahirih.org/pubs/immigrant-power-and-control-wheel/>

**What are the impacts of
domestic violence on
families/children?**

IPV is a Pediatric Health Issue

- 15 million US children exposed to IPV annually
 - 7 million in homes with severe IPV
- Children exposed to IPV are at increased risk for:

Child abuse	Poor school performance
Child homicide	Adolescent relationship abuse
Physical illness	IPV
Mental illness	Decreased net worth
Behavioral problems	Decreased occupational achievement
Developmental delays	
- Childhood IPV exposure associated with increased healthcare utilization and costs, *even after exposure ceases*



Toxic stressor, e.g., IPV exposure



Chronic activation of HPA axis



Chronic elevation of stress response hormones



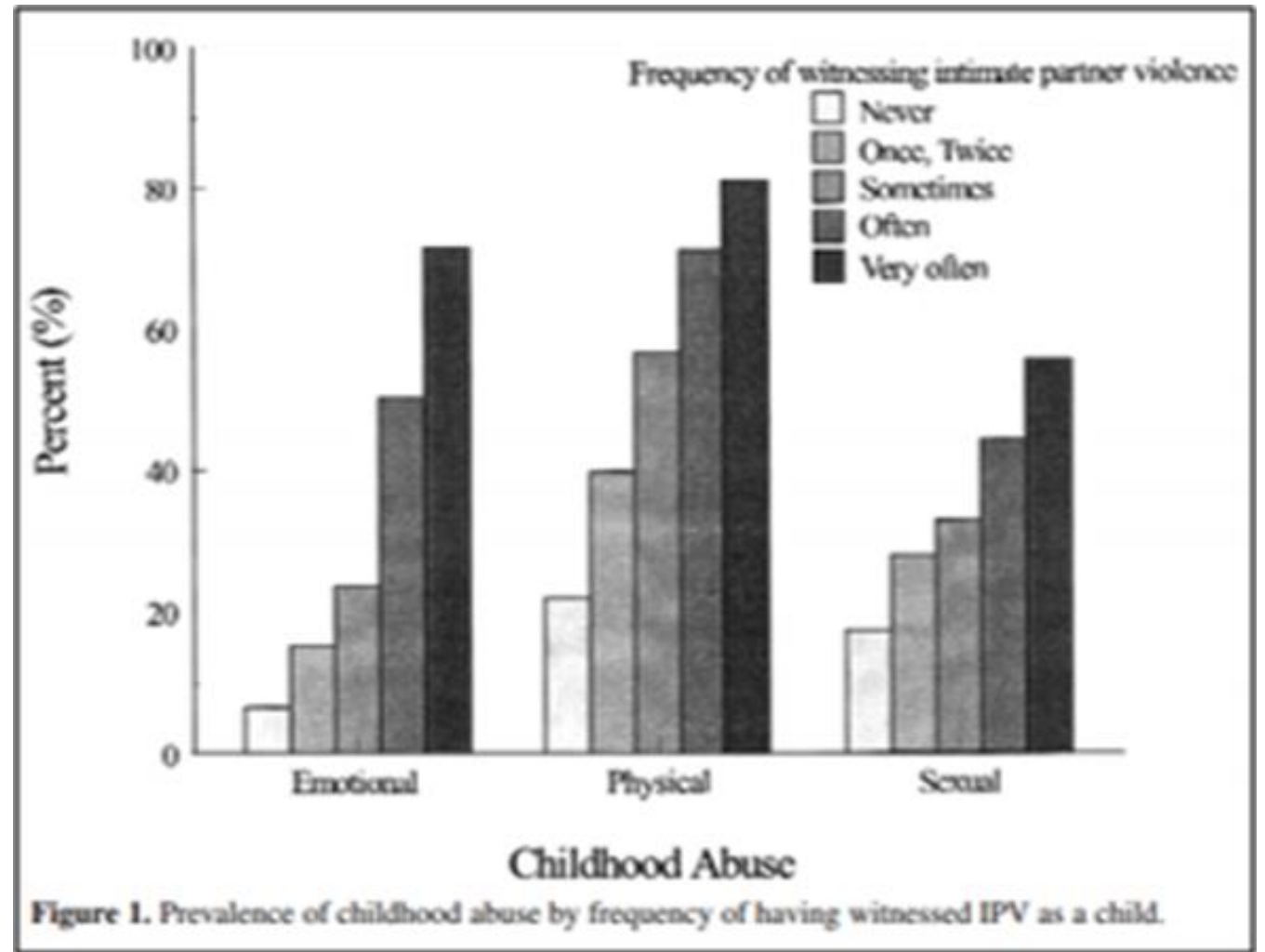
Changes in:

Epigenetics

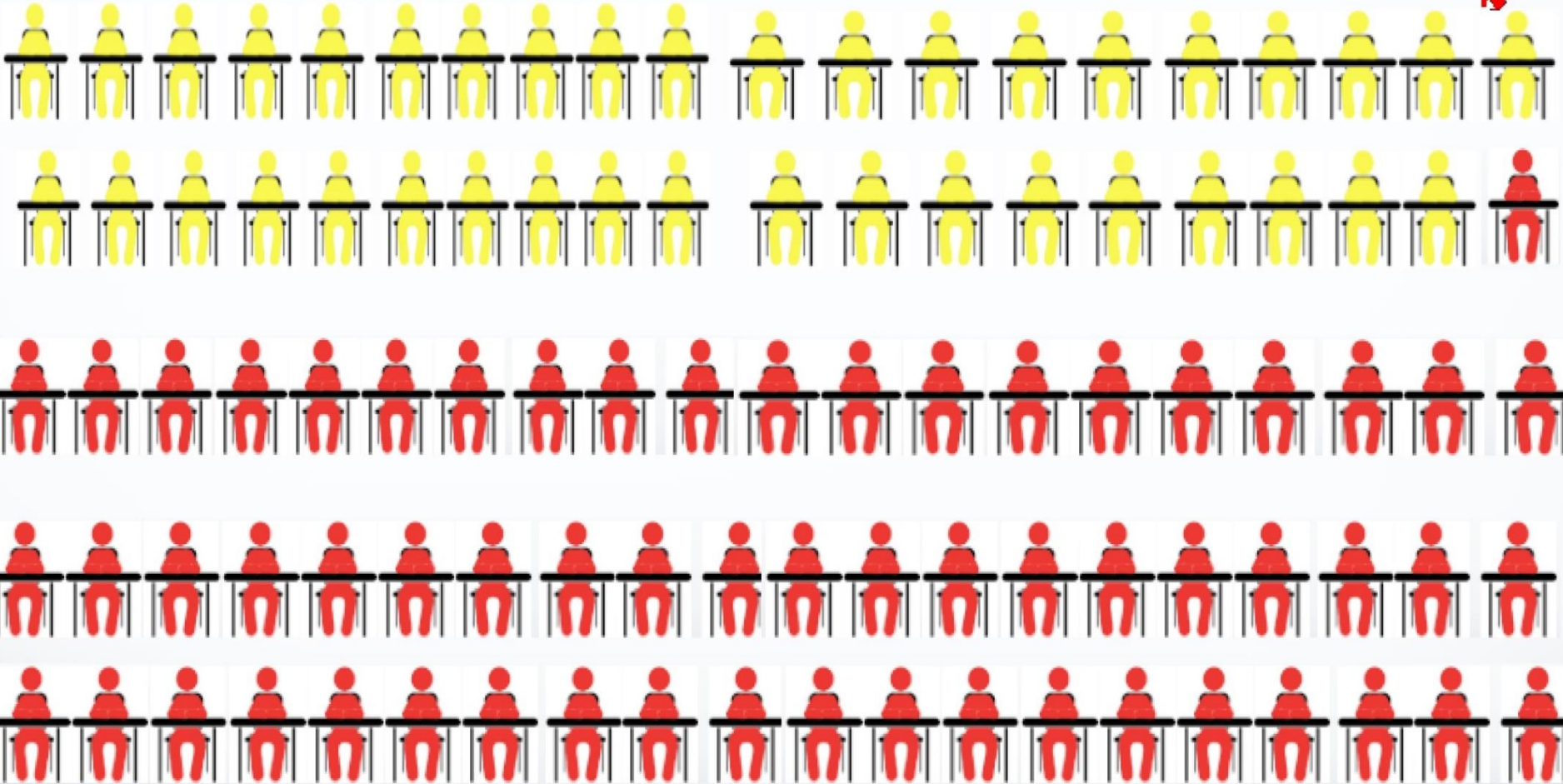
Brain architecture

Immune function

IPV is associated with child maltreatment



Witnessed Domestic Violence



Zero ACEs

One ACE

2-3 ACEs

4 Plus ACEs

Child and Adolescent Health Measurement Initiative (2018). "2016-2017 National Survey of Children's Health: Guide to Topics and Questions". Data Resource Center for Child and Adolescent Health, supported By Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).



association of
ALASKA
school boards

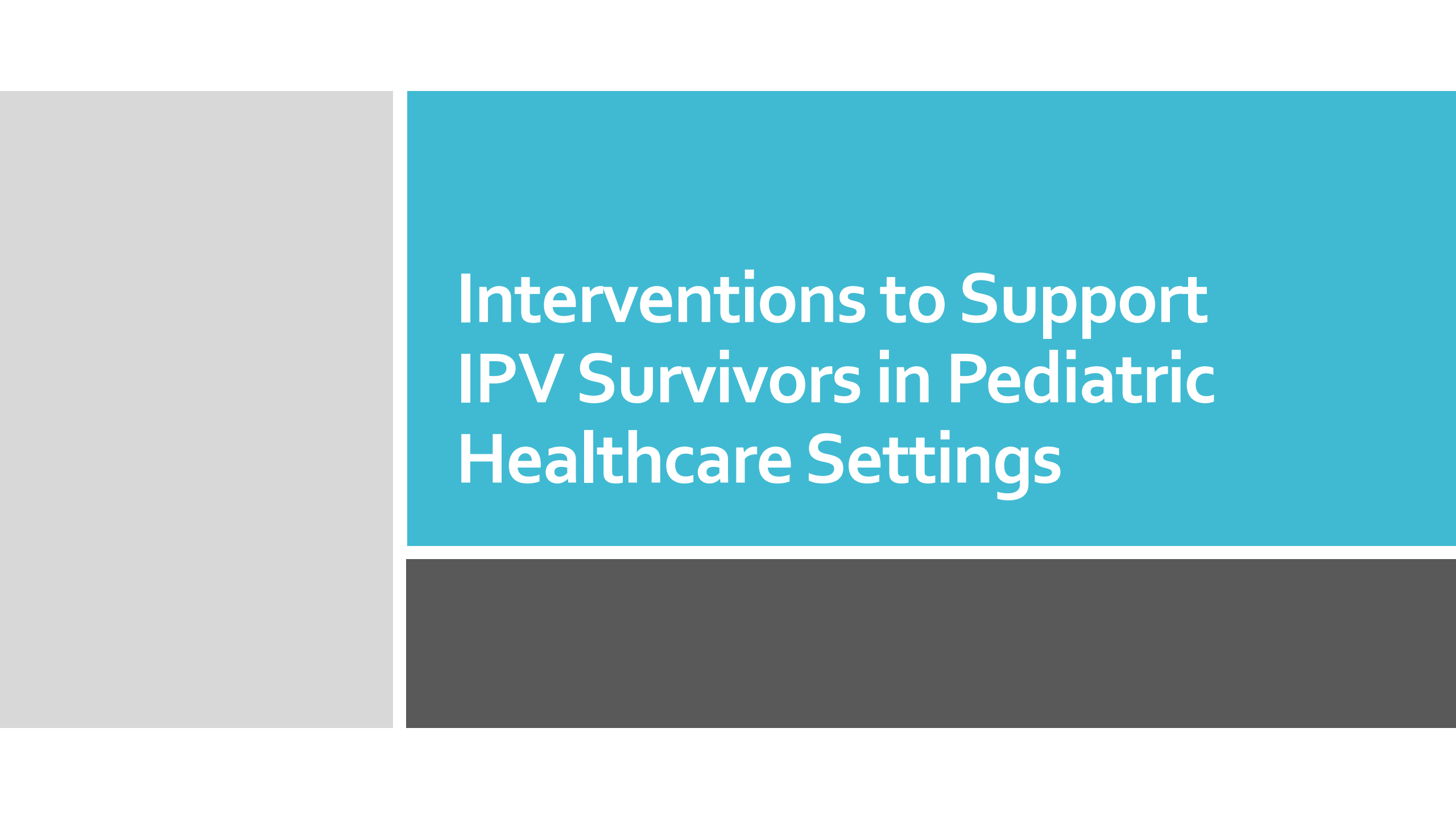
Factors associated with fatal/near-fatal child maltreatment



Risk-factor	Fatalities										Near-fatalities									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Protective services history																				
Perpetrator prior victim	X							X	X					X	X					X
Perpetrator/parent prior reports		X	X		X	X	X	X	X	X		X	X	X		X	X	X		
Social factors																				
Recent/frequent moves		X			X			X	X											
Recent change to household composition or childcare	X	X			X				X		X			X						
Reported financial difficulties	X	X				X	X					X								X
Suicide attempts parent/perpetrator	X																			
Substance use history	X	X	X				X	X									X	X	X	
Diagnosed/identified mental illness	X	X			X	X		X	X				X							X
Caregiver developmental delay/disability			X					X						X				X		
Visitation or custody dispute			X	X		X			X	X										
Complaints of baby behavior/colicky/crying					X	X		X	X	X		X						X	X	X
Developmentally inappropriate expectations/negative attributes/not protective		X	X		X			X	X	X	X	X	X	X	X	X	X	X	X	X
Violence																				
Threats/violence among family members	X	X	X	X			X	X			X		X		X					
Domestic violence	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Orders of protection		X	X		X			X				X		X						
Mandated anger management classes			X						X											
Criminal history																				
Perpetrator Criminal history	X	X	X	X	X	X	X	X	X		X	X		X		X	X	X	X	X
Non-offending parent/partner criminal history	X		X		X	X	X			X			X	X	X	X	X			
Incarceration – parent/partner or family member		X	X							X					X		X			X

Pediatric Settings Offer Unique Opportunities

- Key motivators for IPV help-seeking include:
 - Intervention by others
 - Impact of IPV on children
 - Gaining information about resources, signs of IPV
- Parents may bring kids for pediatric care when they don't see their own medical providers



Interventions to Support IPV Survivors in Pediatric Healthcare Settings

Consider . . .

What is our goal as pediatric healthcare providers?

Do we need to identify IPV to support survivors?

What does a successful intervention for IPV look like?

Limitations of screening-based approaches

Generally low rates of disclosure

Resource provision limited to those who disclose

Not survivor-centered

Rethinking
our approach



Healing-Centered Engagement

- Holistic, trauma-informed approach
- Resilience is universal
- Healing occurs within relationships
- Healing occurs collectively
 - Culture, spirituality, civic action are integral



CUES approach for universal education

- **CUES** = **C**onfidentiality + **U**niversal education + **E**mpowerment + **S**upport
- 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

Putting CUES into practice

- “Before we get started I want to let you know that I won’t share anything we talk about today outside of the care team here unless you were to tell me about . . .
- “I’m giving two of these cards to all of my patients. They talk about relationships and how they may affect our kids. I’m sharing these because relationships can be stressful and sometimes harmful, because our relationships as parents have a real impact on our kids. On the back of the card there are resources you can call or text if you ever need to. And you can always talk to me about things like this, if this is something that is part of your experience, but I want to make sure you know that you can use these resources no matter what you talk to me about. These are also resources that you might want to share with a family member or friend. ”



Healthy Moms, Happy Kids

Virtual CUES

- Confidentiality: “Your medical information is confidential, that doesn’t change because we’re not in a clinic setting. I will not share anything we talk about here outside of with the care team [or if you tell me refer to your state law].
“I know while we are talking folks may walk into the room or the privacy situation can change—if you ever feel uncomfortable, please feel free to change the subject and I will follow your lead.”
- Universal Education + Empowerment: “There is a lot that can make being a parent challenging. Because of this, we’re sharing ideas about helping yourself and people you care about. For example, we may experience stress in our relationships, including fighting or harm, and that can affect our health and our kids’ health, too. There is free, confidential help available if you know someone who is being hurt in their relationship or if this is ever part of your experience. Would it be okay if I sent some resources for you to have in case you ever needed them for yourself or to share with friends or family? I can also send information on support around parenting, housing and food support, and other things that you can use or share. And I want to make sure you know that you can always talk to me about things like this, but you can use these resources no matter what you choose to talk to me about.”

Support

Disclosure is not the goal, but disclosure will happen

Support =
Validation + Warm Hand-off
to Resources



Support

- Validation
 - *"It takes a lot of courage to talk about this. Thank you for trusting me with your story."*
 - *"I hear you saying that things are complicated, but you're worried about how your partner treats you."*
- Warm hand-off to resources
 - *"If you'd like, I can put you on the phone with [local advocate, national helpline] right now. They've helped a lot of parents in situations like yours."*
 - *"I'd like to have [name] come talk to you today. They know a lot about dealing with complicated relationships and have helped many parents in similar situations."*

Privacy Considerations

- Assume that a telehealth visit is not private
- Don't discuss IPV in front of
 - Verbal children
 - Other adults
- Electronic health record
 - Ask survivors what is safe to document in the medical record
 - Minimal, objective, and coded documentation

Consider environmental cues

- Posters
- CCTV
- Pamphlets, pocket cards
- Computer screen savers
- Exam rooms, waiting rooms, restrooms
- As part of discharge instructions, with other resource information

Everyone deserves a safe, caring home.



**There is Hope.
There is Help.**

Do you ever feel like you or your children aren't safe at home?

Do you worry that someone you know isn't safe at home?

Speak to your child's provider today
or call (816) 468-5463
(Available 24 hours daily)

 **Children's Mercy**
KANSAS CITY

Preparing your practice

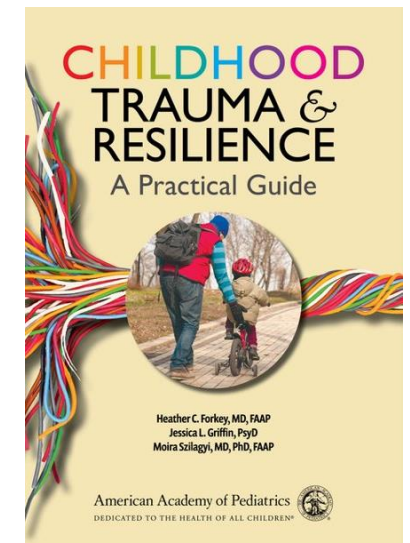
- Educate yourself & your team
- Plan for disclosures
- Consider EHR safety
- Identify resources & make connections
 - Community-based
 - Online, text, phone

Resources for Providers

- American Academy of Pediatrics
 - IPV & Trauma-Informed Care webpages
 - *Childhood Trauma and Resilience: A Practical Guide*
 - IPV Policy Statement (Thackeray et al, 2010, Pediatrics)
- Futures Without Violence
 - CUES cards, scripts, webinars
- IPV Health Partners

> Pediatrics. 2022 Mar 22. doi: 10.1542/peds.2022-056980. Online ahead of print.

Healing-Centered Care for Intimate Partner Violence Survivors and Their Children



Resources for Caregivers

FUTURES
WITHOUT VIOLENCE



Healthy Moms, Happy Kids



Connected Parents, Connected Kids



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 are reporting more

violence in their relationships because of the COVID-19 pandemic. Children may be experiencing more stress during these tense times, too.

Here is some information that may be helpful to you, your family, your friends, or others in your community.



Call

1.800.799.SAFE (7233)
TTY 1.800.787.3224



Chat

Chat live now



Text

Text "START" to 88788

**Resources for establishing
partnerships:
1st steps for Pediatric and
Community Service Providers**

Pediatric healthcare providers

- Identify resources in your community & state
- Explore services offered by these resources
 - For survivors
 - For children
 - For healthcare teams
- Reach out to community agencies, state coalition, children's hospital
- Keep reciprocity and co-learning in mind



ACADV
ALABAMA COALITION
AGAINST DOMESTIC VIOLENCE

Shelter Map by County



This project was supported by Subgrant #05-FY-07
Traffic Safety Division of ADCA and the U.S. Do

Where do we go from here?

Upcoming Webinars

May 3: Intervention
workflow at local level

June 7: Cultural
Sensitivity Considerations

**Next steps for
those who
want to take a
deeper dive**

**Sign up to agree to make
contact with your counterparts
before next webinar**

**Help us develop our blueprint
to guide local teams moving
forward**

REMINDER: CEUs for Social Workers & Counselors

Complete evaluation (link in chat and post-email sent later today) is required by **Monday, April 11 COB**; certificates of attendance will be issued within two weeks following this webinar.

Questions?