

Pediatric Grand Rounds

Text: 608-260-7097

Code: YADJUT

Please text to record your attendance and claim credit. If this session is for ABP MOC Part II you will receive an email with instructions to take the assessment for credit. Even if you do not need the credit, please text in to record your attendance!

Need support? Email Kate Dougherty at catherine.dougherty@wisc.edu.



Department of Pediatrics

UNIVERSITY OF WISCONSIN

SCHOOL OF MEDICINE AND PUBLIC HEALTH



**School of Medicine
and Public Health**

UNIVERSITY OF WISCONSIN-MADISON

A pair of hands, one larger and one smaller, are shown holding a purple awareness ribbon. The hands are cupped together, with the ribbon resting in the center. The background is a soft, out-of-focus image of a person's torso and arms, suggesting a caregiver or healthcare provider.

Addressing Intimate Partner Violence in Pediatric Health

Lenore Jarvis, MD, MEd (she/her)

Pediatric Emergency Medicine Attending, Children's National Hospital

Director of Advocacy and Health Policy, Division of Emergency Medicine

Associate Professor of Pediatrics, The GWU School of Medicine and Health Sciences

School of Medicine
& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY



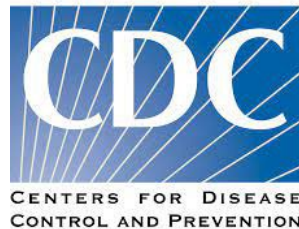
Children's National™

Conflict of Interest

I have no relevant financial relationships with ineligible companies to disclose.

I do not intend to discuss any unlabeled or unapproved use of drugs or devices.

I do have current funding: CDC K01 (1 K01CE003326-01-00) for *Addressing Adolescent Relationship Abuse in a Pediatric Emergency Department*.



Text: 608-260-7097

Code: YADJUT



Evaluation

Please take a moment at the end of the session to complete your evaluation.

Thank you!

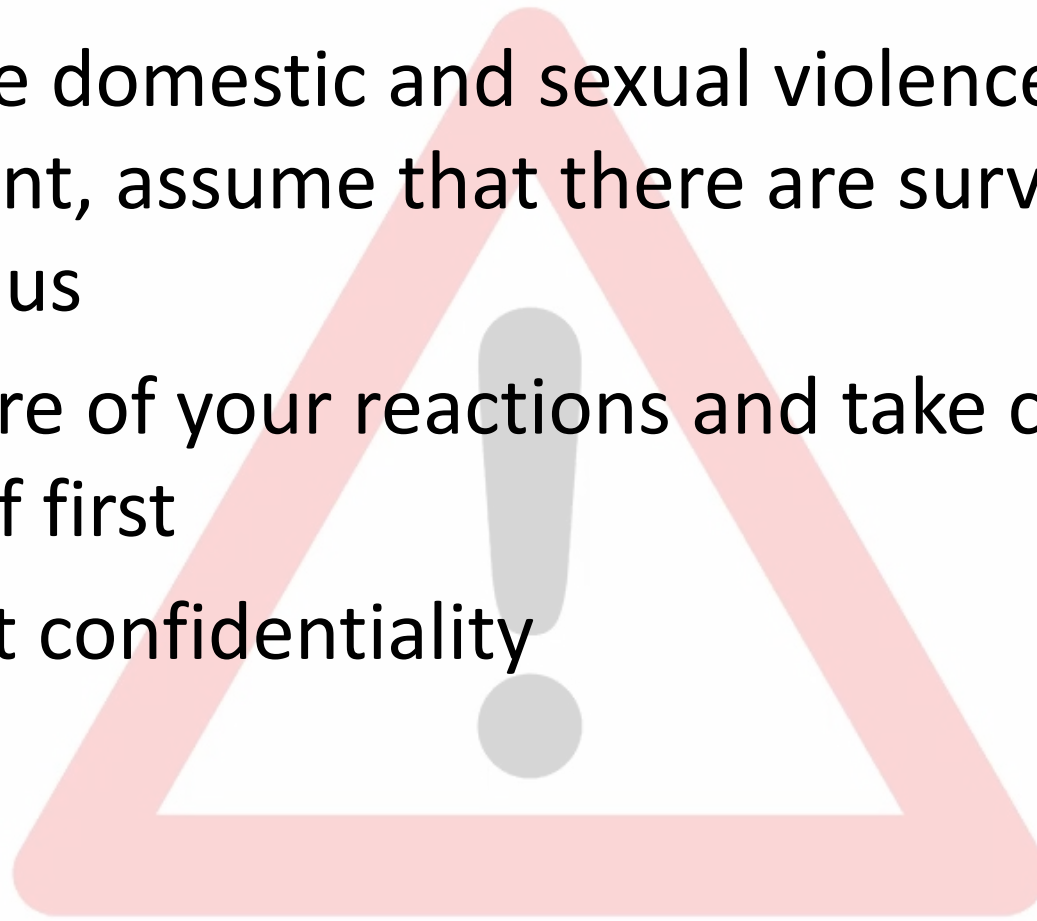
Text: 608-260-7097

Code: YADJUT



Presentation Agreements

- Because domestic and sexual violence are so prevalent, assume that there are survivors among us
- Be aware of your reactions and take care of yourself first
- Respect confidentiality



Objectives

1. Describe the scope and effects of intimate partner violence on children and their families
2. Outline strategies for identification and response to intimate partner violence
3. Identify resources available to families experiencing intimate partner violence



Case: 6-month-old with URI Symptoms

Mom is sitting on the bed holding the baby and dad is sitting in the chair. As you start asking questions about the baby, dad answers all the questions. Whenever mom tries to answer a question, dad interrupts her and corrects her. Dad is worried that mom got the baby sick because she took the baby to see some family members. While talking to the parents you notice that mom has a black eye.

You diagnose the baby with a URI and provide anticipatory guidance regarding supportive care and return precautions.

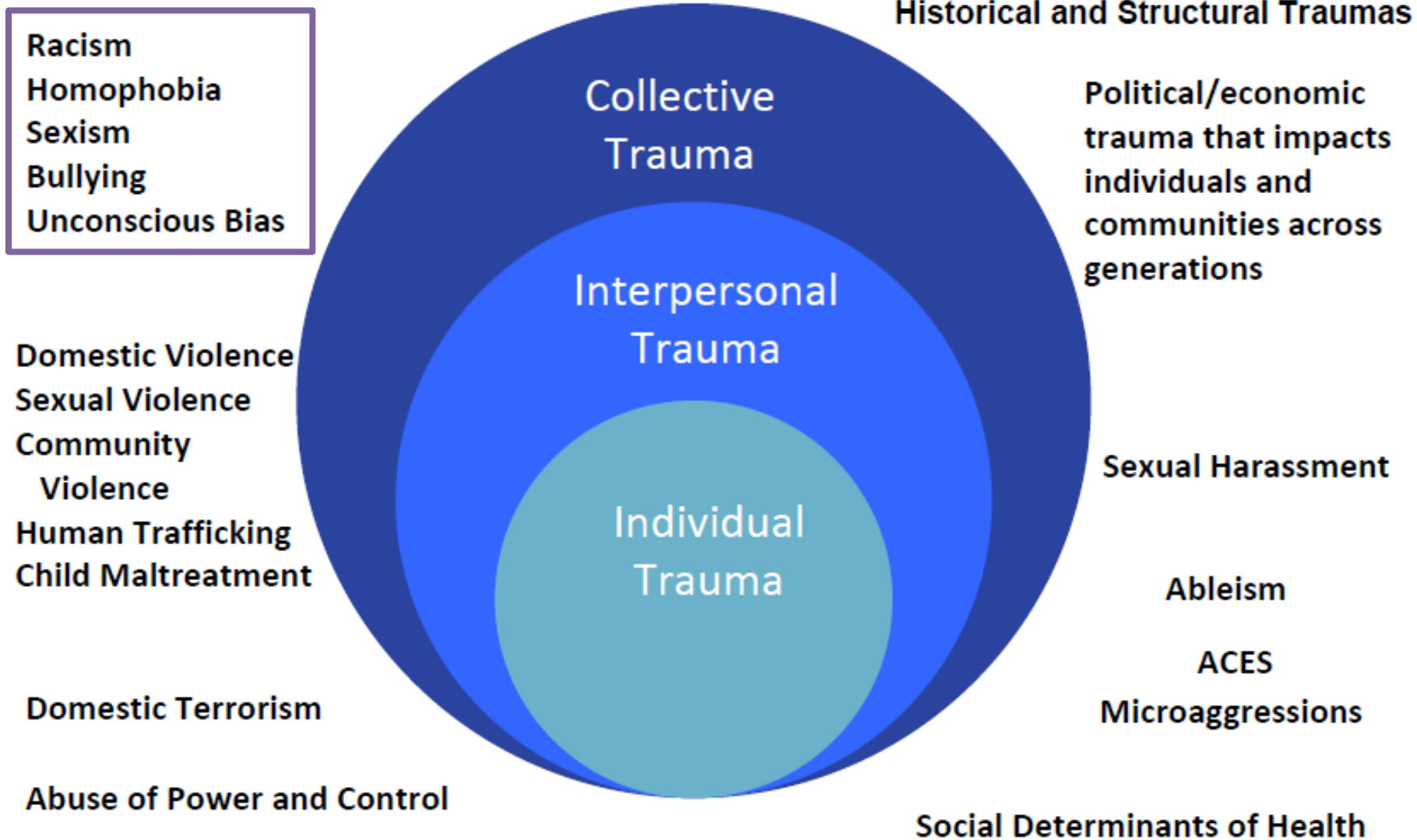
Is there anything else you should do for his family prior to discharge?



Who is affected by trauma?



What is Trauma?





IPV AAP Recommendations

The American Academy of Pediatrics (AAP) recognizes the importance of improving the pediatrician's ability to recognize intimate partner violence (IPV) and understand its effects on child health and development and its role in the continuum of family violence.

Pediatricians are in a unique position to identify/support IPV survivors in pediatric settings, to evaluate and treat children exposed to IPV, and to connect families with available local, state, and national resources.

Terminology



Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. IPV includes **physical, verbal, emotional, economic, and sexual abuse**.



Domestic Violence specifically refers to violence or abuse that occurs within a domestic setting.



Teen Dating Violence is a type of IPV that affects millions of young people in the US. It can take place in person, online, or **through technology**.



IPV – Cyber Abuse

TEENS & SOCIAL MEDIA



Ninety-two percent of teens ages 13 to 17 report going online daily. Of this group of teens, 24 percent say they are online "almost constantly."

Nearly three-quarters of teens own or have access to a smartphone.



Seventy-one percent of teenagers use Facebook, making it the most popular social media site for the age group.



Fifty percent of teens also use Instagram, the second most popular social media site.



Forty percent of teens ages 13 to 17 regularly use Snapchat.



Thirty-three percent of all teens use Twitter.

Source: Pew Research Center

Design by Anjali Alangaden

Where were you last night?

Why didn't you call me?

I was up all night waiting.

Don't do that again, ever!!!



Children's National™

Lifetime IPV

About
1 in 3
women



and

About
1 in 4
men



report having experienced
severe physical violence
from an intimate partner
in their lifetime.

INTIMATE PARTNER VIOLENCE IN THE LGBTQ+ COMMUNITY

39% of transgender and gender
non-conforming
experience sexual assault in college¹

26% of gay
men

37% of bisexual
men

44% of lesbian
women

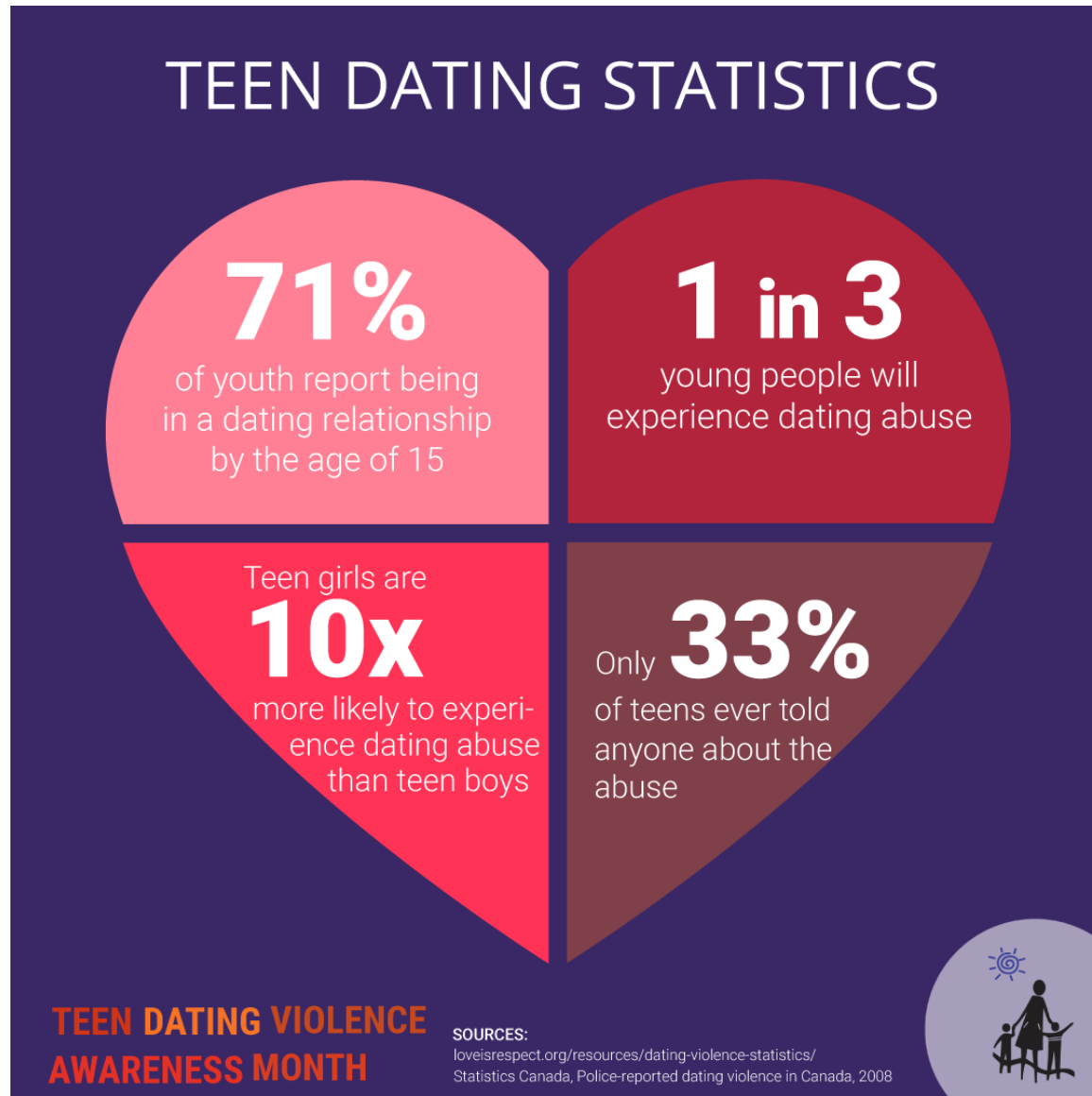
61% of bisexual
women
experience rape, sexual violence or
stalking by an intimate partner in
their lifetime²



www.lgbtlifecenter.org/ipv

Sources: ¹American Association of Universities, Sexual Assault Campus Survey, 2015
²2010 Findings on Victimization by Sexual Orientation, CDC

Teen IPV

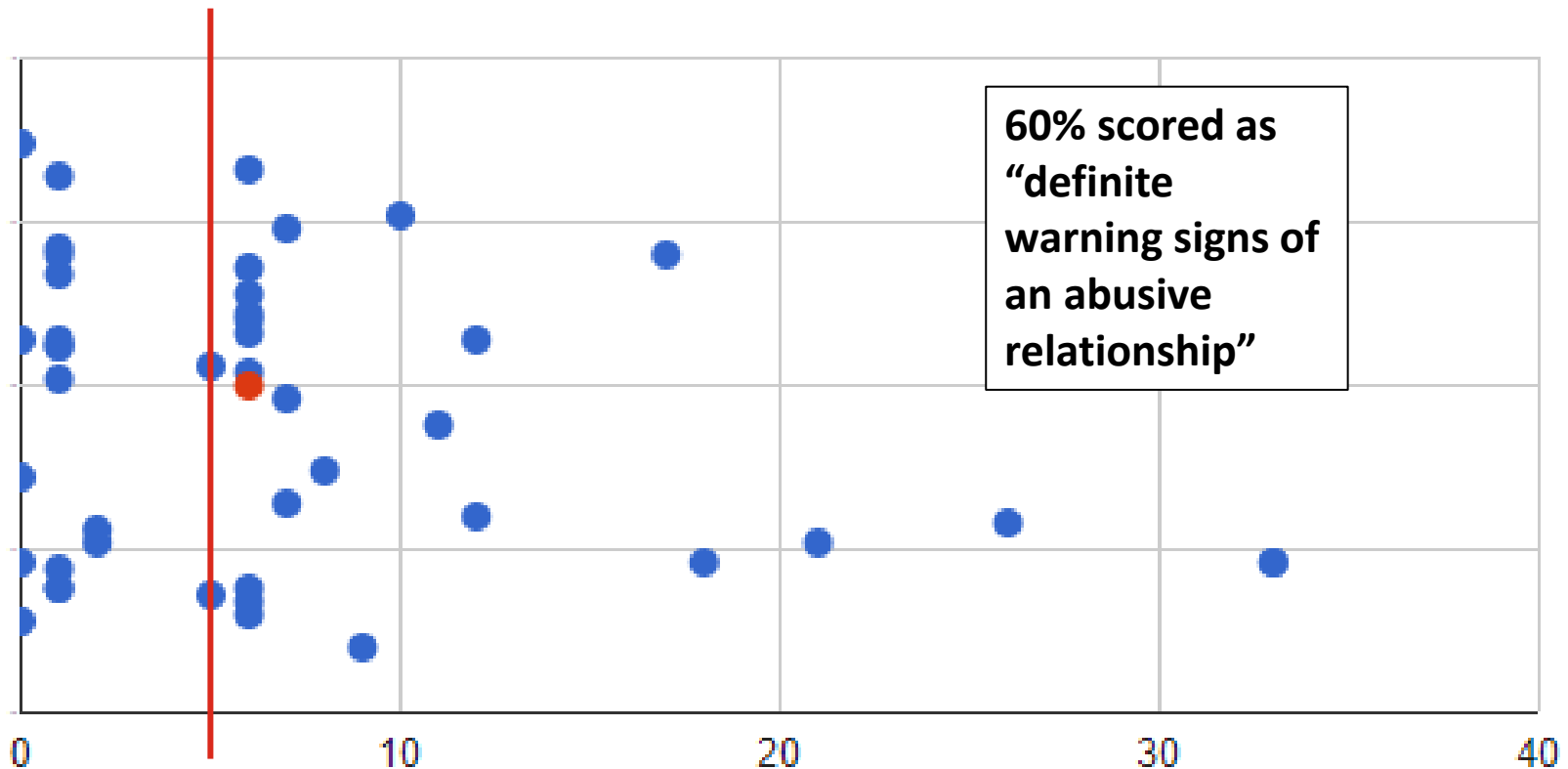


Teen IPV - CNH



Data not yet published

Healthy Relationship Quiz



5pts

If you scored five or points, you are definitely seeing warning signs and may be in an abusive relationship. Remember the most important thing is your safety -- consider making a safety plan. You don't have to deal with this alone. We can help. Chat with a trained peer advocate to learn about your different options at loveisrespect.org.

IPV & Children

1 in 4 children
experience exposure
to caregiver IPV
during their lifetime



Source: CDC

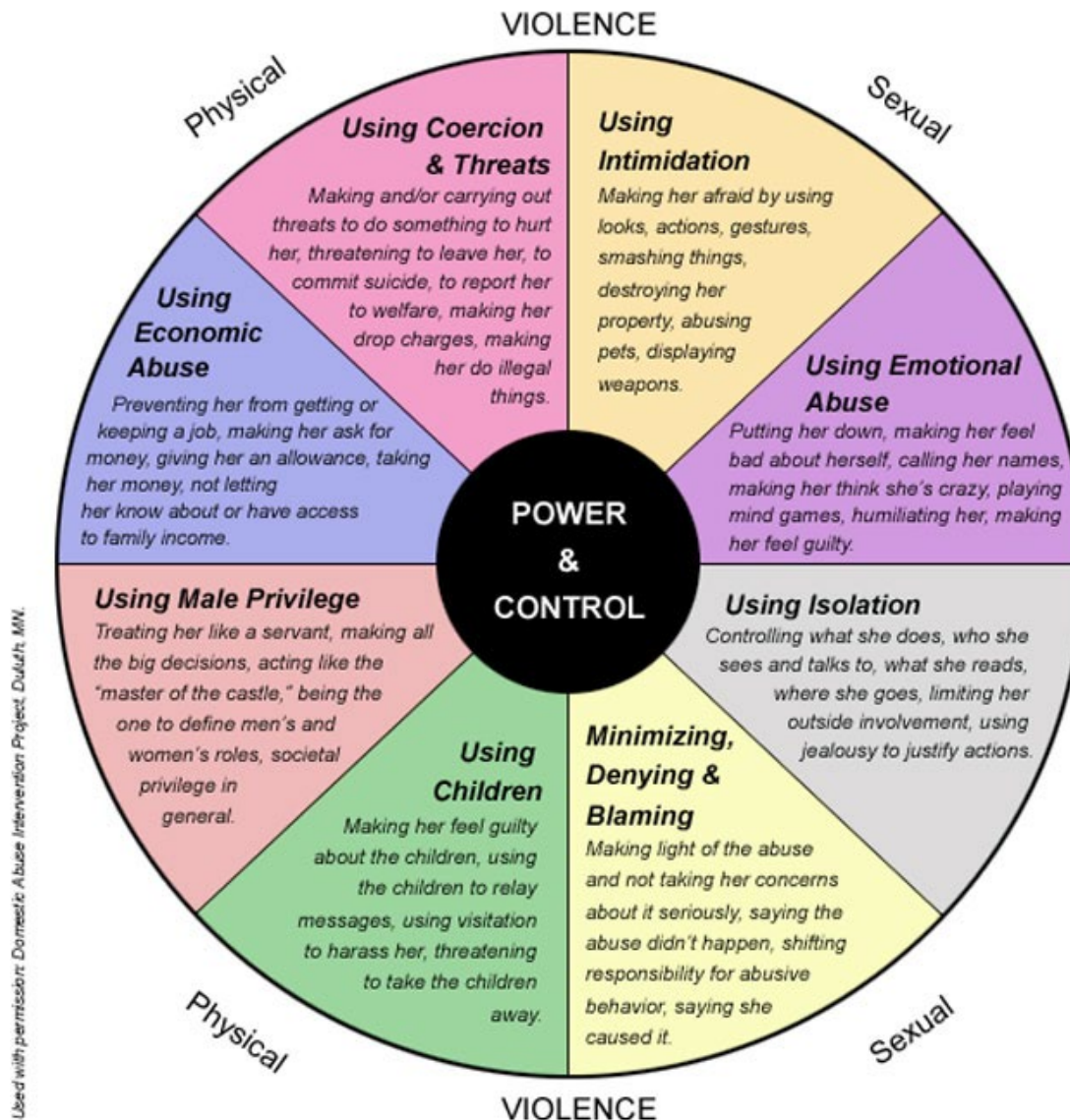
IPV & Pregnancy

Homicide is a leading cause of traumatic death for pregnant and postpartum women in the US accounting for 31% of maternal injury deaths



Source: Family Violence Prevention Fund, 2008

Power and Control Wheel



Relationship Health

HEALTHY	UNHEALTHY	ABUSIVE
<p>A healthy relationship means you and your partner:</p> <ul style="list-style-type: none">▪ Are economic/financial partners▪ Are equal, honest, respectful and trusting▪ Communicate▪ Enjoy spending personal time away from one another▪ Make mutual choices together <p><i>Adapted from: Love Is Respect</i></p>	<p>Your relationship may be unhealthy if your partner:</p> <ul style="list-style-type: none">▪ Is dishonest, disrespectful, or distrustful▪ Doesn't communicate▪ Makes you pay for being economically unequal▪ Only wants you to spend time with each other▪ Pressures you into activities	<p>Your relationship may be abusive when your partner:</p> <ul style="list-style-type: none">▪ Accuses you of cheating when you're not▪ Communicates in a threatening or hurtful way▪ Controls you▪ Denies their abusive actions▪ Isolates you from family and friends

Source: Adapted from Love is Respect

The background image shows two young women sitting on the floor in a library. They are surrounded by tall wooden bookshelves filled with books. The woman on the left has long dark hair and is wearing a red and white plaid shirt. The woman on the right has long dark hair and is wearing a purple top. They are both looking down at an open book held by the woman on the right. The setting is a well-lit library with a brick wall visible on the right side.

“If you loved me, you’d send me a topless picture. It’s not a big deal- lots of our friends are doing it.”

**Coercion/
Pressure**

“I didn’t mean to hurt you, but you made me mad. You deserved it.”

Blame

“Do you have to go to your friends bday party? I wanted to spend time with you this weekend- I should be more important than your friends.”

Isolation

“I love you so much that I don’t want to live without you. I’ll kill myself if you leave.”

Threats

“You are such an idiot! I can’t believe you forgot again. This is why I have to make all the decisions!”

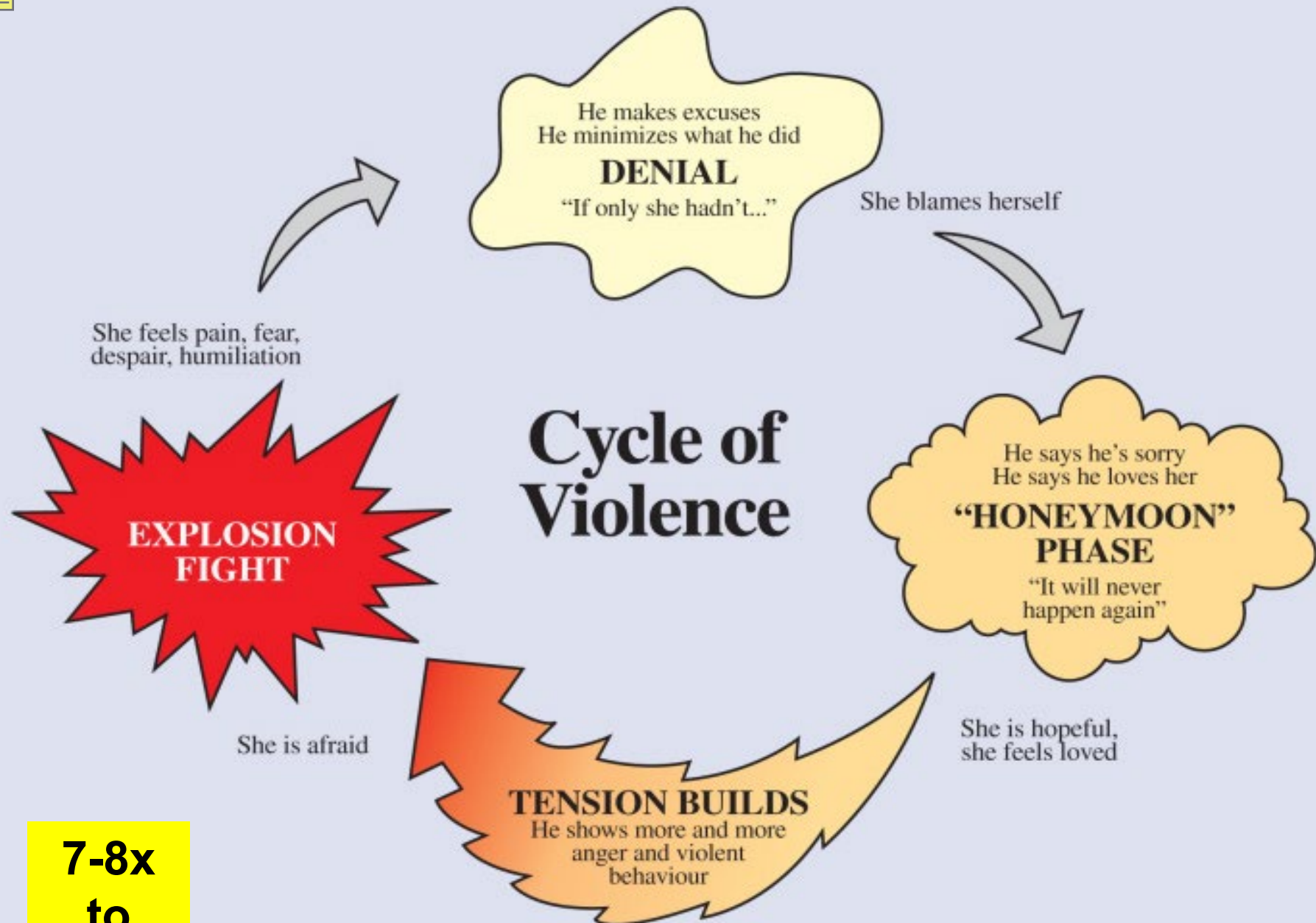
Emotional Abuse

Warning Signs



- Problems with school attendance, particularly if this is a new problem
- Lack of interest in former extracurricular activities
- Sudden request for a change in schedule
- Unexplained changes in behavior, grades, or quality of schoolwork
- Noticeable change in weight, demeanor, or physical appearance
- Isolation from former friends
- Little social contact with anyone but the dating partner
- Unexplained bruises or injuries
- Making excuses or apologizing for the dating partner's inappropriate behavior
- New disciplinary problems at school, such as bullying other students or acting out
- Name-calling or belittling from a dating partner





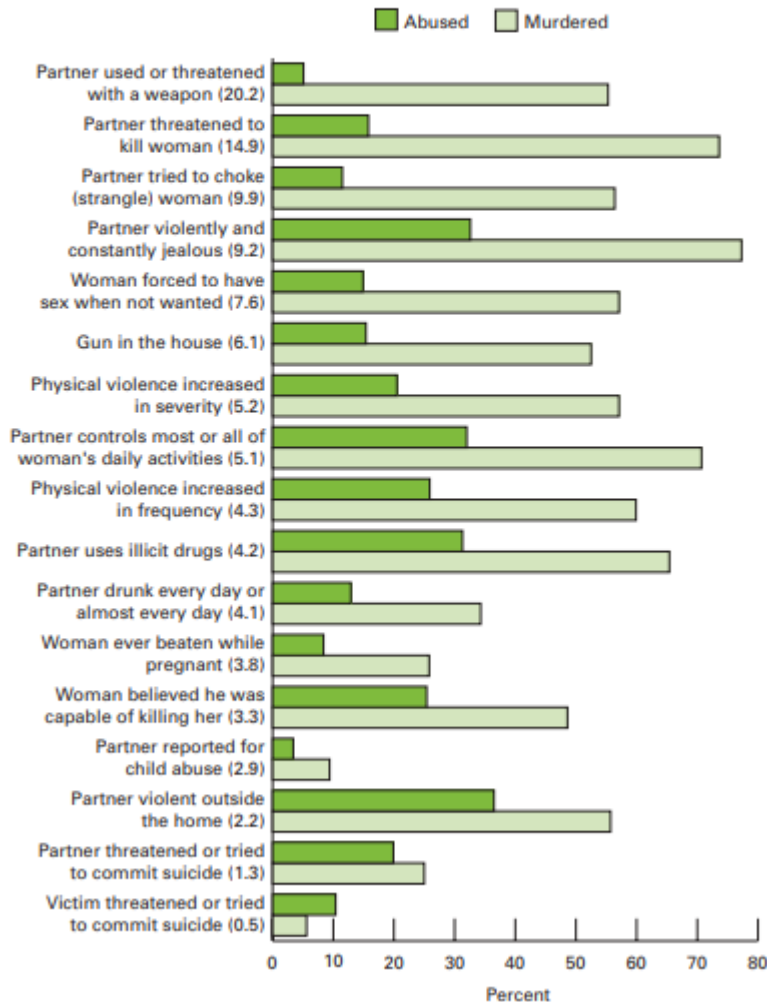
**7-8x
to
leave**

*The cycle can cover a long or short period of time
 *The violence usually gets worse
 *The "honeymoon" phase, then the denial phase, will eventually disappear

Risk Factors

Figure 2: Danger Assessment Risk Factors Among Murder Victims and Abused Women

(The numbers in parentheses are unadjusted odds ratios and indicate the likelihood of being in the homicide versus the abused group.)*



Lethal Violence:

- Threatened with a gun
 - 20 times
- Threatened with murder
 - 15 times
- Attempted strangulation
 - 10 times

Campbell, Jacquelyn C., et al. "Assessing risk factors for intimate partner homicide." *National Institute of Justice Journal* 250 (2003): 14-19.

How to Help

Healthy
relationships involve

- ♥ accountability
- ♥ trust
- ♥ respect
- ♥ support
- ♥ affirmation
- ♥ intimacy
- ♥ open communication
- ♥ negotiation
- ♥ compromise





Trauma-Informed Best Practices

1. Ensure there is a private space to talk with patients about their relationships
2. Always allow the patient to be in control – this includes during the interview and physical exam
3. Display posters and patient education tools in exam rooms, waiting rooms, and bathrooms to indicate that your health center is a safe place to discuss relationships
4. Develop a list of local resources for survivors and their families



Healing-Centered Engagement

Emphasizes both trauma and resilience as universal experiences, recognizes that trauma and healing occur within relationships, and empowers youth to actively participate in their healing process. Prioritizes relationships, connection to resources, empowerment, and autonomy.

General practices that may facilitate this in healthcare settings include ensuring youth are aware of any limits to patient-provider confidentiality, providing opportunity for resource connection that is not disclosure-dependent, and using a shared decision-making approach when responding to disclosure. These practices can foster patient-provider trust, empower youth through choice and autonomy, and minimize risk for potential unintended harm related to healthcare.



IPV Education and Screening

Indicated

Those who are at high risk for domestic or family violence. Focused on individual level treatment/services to prevent occurrence or recurrence of violence.



Selective

Those at higher-than-average risk for domestic or family violence. Focused on subgroups, identified by risk factors such as children exposed to domestic or family violence.



Universal

General population. Focused on deterring violence by cultivating positive norms, providing education/information and skills to support upstander behavior and safe relationships.



IPV Education and Screening

Good Intentions Aren't Enough: Mandated Intimate Partner Violence Screenings Need To Change

[Charlotte Elizabeth Masters](#), [Ashlee Murray](#)

JULY 13, 2023

10.1377/forefront.20230712.458993

What The Joint Commission Should Be Mandating


The bottom line is: we all want to support survivors. But are we doing it in the right way? Rather than mandating screenings, the Joint Commission should mandate the following:

- Mandatory training for ALL hospital employees on IPV;
- Universal patient education and community resources given to all patients regardless of disclosure;
- A full-time IPV advocate on site available to support patients and staff; and
- Patient privacy for all visits to create safe space for safe disclosure.

AAP Clinical Report Recommendations


FROM THE AMERICAN ACADEMY OF PEDIATRICS | CLINICAL REPORT | JUNE 20 2023

Intimate Partner Violence: Role of the Pediatrician **FREE**

Jonathan Thackeray, MD, FAAP ; Nina Livingston, MD, FAAP; Maya I. Ragavan, MD, MPH, FAAP;
Judy Schaechter, MD, MBA, FAAP; Eric Sigel, MD, FAAP; COUNCIL ON CHILD ABUSE AND NEGLECT ;
COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION

Address correspondence to Jonathan Thackeray, MD, FAAP. E-mail: thackerayj@childrensdayton.org

Pediatrics (2023) 152 (1): e2023062509.

<https://doi.org/10.1542/peds.2023-062509> **Article history** 

- Consider providing universal IPV education to caregivers.
- Adhere to developmental screening guidelines and referral to specialists for children at risk or exposed to IPV.
- Validate the lived experiences of IPV survivors and maximize the safety of caregivers and child victims.



Children's National™



IPV Education and Screening

The goal of discussing IPV does not need be disclosure or detection of abuse

It is to provide education and resources about IPV and to normalize the topic, so that the patient may feel more at ease about disclosing and not feel coerced by someone in a position of power



CUES

C = Confidentiality

- Know your state's reporting requirements and share limits of confidentiality
- Always see patients alone

UE = Universal Education

- Give/open cards to start the conversation
- Emphasize you are a safe person

S = Support

- Disclosure is not the goal, but know how to support someone
- Make a warm referral
- Offer health promotion strategies

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS

shown to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental • Listen • Offer information and support • Not push for disclosure

C: Confidentiality

- ▶ Know your state's reporting requirements and share any limits of confidentiality with your patients.
 - ▶ Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- ! Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"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 [find out your state's mandatory reporting requirements]."



Safety cards are available for different settings, communities and in a variety of languages at ipvhealth.org

UE: Universal Education + Empowerment

- ▶ Give each patient two safety cards to start the conversation about relationships and how they affect health.
 - ▶ Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.
- ! Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for a friend or family member. On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

S: Support

- ▶ Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- ▶ Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- ▶ Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

! What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health..."

A lot of my patients experience things like this. There are resources that can help. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you."

For more information or to order materials contact the National Health Resource Center on Domestic Violence: M-F 9am-5pm PST | 415-678-5500 | TTY: 866-678-8901
health@futureswithoutviolence.org | ipvhealth.org | for community health centers: ipvhealthpartners.org

FUTURES
WITHOUT VIOLENCE

- place this poster in your health staff break room -

Sample Confidentiality Script

“Before we begin, I want to make sure you know that you can use the resources I'll share with you no matter what you choose to share with me today. But if part of your story is that you're in a relationship with someone who is hurting you or you have questions about if something is ok in a relationship, I'm here to listen if you want talk. Sometimes when I'm talking to youth about relationships, they share that someone is physically or sexually hurting them or that they're thinking about hurting themselves. When that happens, I need to talk to others to help make sure that young person is safe. That might include a parent or another caregiver, law enforcement, or others. If I need to do this, I let that young person know who I'll be talking to and give choices about how that happens when I can. My main goal is to make sure that young person is safe.”

Universal Education

Call 911 if you are in immediate danger.



©2019 Futures Without Violence. All rights reserved.

Funded in part by the U.S. Department of Health and Human Services and Administration on Children, Youth and Families (Grant #90EV0414).

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline

1-800-799-SAFE (1-800-799-7233)

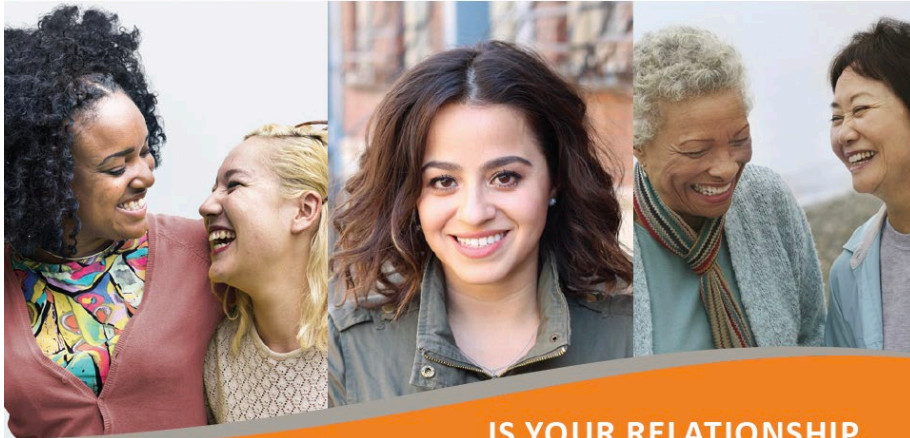
TTY 1-800-787-3224 www.thehotline.org

Text trained counselors about anything that's on your mind:

Crisis Text Line

www.crisistextline.org

Text "START" to 741741



IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH?

How's It Going?

Everyone deserves to have partners listen to what they want and need. Ask yourself:

- ✓ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✓ Is my partner willing to talk openly when there are problems?
- ✓ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Are There Times...

My partner or the person I'm seeing:

- ✗ Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- ✗ Ever hurts or scares me with their words or actions?
- ✗ Makes me have sex when I don't want to?
- ✗ Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.



Children's National™

Universal Education



Hanging Out or Hooking Up?



Anyone you're with—if you are talking, hanging out, or hooking up—should:

- ✓ Make you feel safe and comfortable
- ✓ Not pressure you to get drunk or high because they want to have sex with you
- ✓ Respect your boundaries and ask if it's OK to touch or kiss you (or whatever else)
- ✓ Give you space to hang out with your friends

But sometimes there is drama in relationships. How often does the person you are seeing:

- ✗ Shame you or make you feel stupid?
- ✗ Pressure you to go to the next step when you are not ready?
- ✗ Control you, or make you feel afraid if you don't do what they want?
- ✗ Send lots of texts, ask for your online passwords, or make you send them naked pictures?

How would you want your best friend, sister or brother to be treated by someone they were going out with? Ask yourself if the person you are seeing treats you with respect, and if you treat them with respect.



We are here to help. You or a friend can talk to us about how things are going. Or you can make a call to one of these confidential hotlines 24 hours a day:

National Teen Dating Abuse Hotline 1-866-331-9474
or online chat www.loveisrespect.org
Suicide Prevention Hotline 1-800-273-8255
Teen Runaway Hotline 1-800-621-4000
Rape, Abuse, Incest National Network (RAINN) 1-800-656-4673



Children's National™

Support: Difficult Disclosures

- Listen and give support
- Accept what the patient is telling you
- Show concern
- Thank your patient for trusting you
- Talk about behaviors, not the person
- Avoid ultimatums
- Be prepared
- Decide on next steps together
- Social workers, DV advocates, and other providers can respond and provide support and resources



Support: Specific Language

- You are not crazy, you are not alone, you are not to blame
- I am sorry you were treated this way
- You have courage and stamina
- You have choices
- You can make your own decisions
- You are welcome here anytime

Support: What if there is no disclosure...

- “You say you are safe, but I want you to know that I am concerned.”
- “IPV is common. Here are some resources if you or someone you know need access to help.”
- Ask a social worker to see the patient and conduct an additional safety screen

On average, it takes a victim **seven times** to leave before staying away for good



Mandatory Reporting – know your state laws

Family where IPV occurs:

- If the patient is injured
- *If the patient was in the room or witnessed the act(s) of violence*



Dating violence:

- No mandatory reporting requirement (but normal age considerations apply)



Lawyers are not mandatory reporters

- May be useful in immigration cases

Biases of Mandatory Reporting

SPECIAL REPORT

U.S. NEWS

Mandatory reporting was supposed to stop severe child abuse. It punishes poor families instead.

After the Penn State scandal, Pennsylvania required more professionals to report suspected child abuse. A flood of unfounded allegations followed, ensnaring thousands of low-income parents.

<https://www.nbcnews.com/news/us-news/child-abuse-mandatory-reporting-laws-rcna50715>



Children's National™

Documenting in the Medical Record

It is very important to consider who may have access to the medical record when documenting sensitive information that was shared with you

Abusers may have access to the child's record so it is crucial to not document any information that may threaten safety



Multidisciplinary Teams and Approach

Child protective services

Clergy

Court

Domestic violence advocate

Friends and family

Housing

Job

Medical

Mental health

Police

Schools

Shelter

Social work

Support group



Children's National™

Survivor Needs

Common Survivor Needs

Immediate

- Emergency medical needs
- Emergency Financial Assistance & Basic Needs
- Interpretation
- Legal services
- Safety planning and danger assessment

Short-Term

- Mental and physical healthcare
- Employment/Income
- Language assistance
- Legal services and immigration relief
- Sense of safety

Long-Term

- Health and healing
- Career & Education
- Language classes
- Legal services
- Family reunification and community



Teach safe and healthy relationship skills

- Social-emotional learning programs for youth
- Healthy relationship programs for couples



Engage Influential adults and peers

- Men and boys as allies in prevention
- Bystander empowerment and education
- Family-based programs



Disrupt the developmental pathways toward partner violence

- Early childhood home visitation
- Preschool enrichment with family engagement
- Parenting skill and family relationship programs
- Treatment for at-risk children, youth, and families



Create protective environments

- Improve school climate and safety
- Improve organizational policies and workplace climate
- Modify the physical and social environments of neighborhoods



Strengthen economic supports for families

- Strengthen household financial security
- Strengthen work-family supports



Support survivors to increase safety and lessen harms

- Victim-centered services
- First responder and civil legal protections
- Treatment and support for survivors of IPV, including teen dating violence
- Housing programs
- Patient-centered approaches

Case: 6-month-old with URI Symptoms

Mom is sitting on the bed holding the baby and dad is sitting in the chair. As you start asking questions about the baby, dad answers all the questions. Whenever mom tries to answer a question, dad interrupts her and corrects her. Dad is worried that mom got the baby sick because she took the baby to see some family members. While talking to the parents you notice that mom has a black eye.

You diagnose the baby with a URI and provide anticipatory guidance regarding supportive care and return precautions.

Is there anything else you should do for his family prior to discharge?



Resources

National Domestic Violence Hotline: 800-799-7233

National Teen Dating Abuse Hotline: 866-331-9474

National Sexual Assault Hotline: 800-656-4673

www.futureswithoutviolence.org

www.nrcdv.org

<http://ipvhealth.org>

www.breakthecycle.org

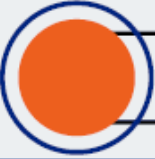
www.joinonelove.org

www.loveisrespect.org

<https://www.cdc.gov/violenceprevention/>



Resources



Resources

Videos

[Identifying IPV in Clinical Care Settings for Pediatric Healthcare Providers](#)

[Creating Partnerships with IPV Advocates for Pediatric Healthcare Providers](#)

[Talking With Your Child's Doctor about IPV \(Spanish, Vietnamese, & Mandarin\)](#)

["In the Words of an IPV Survivor" Video Series](#)

[Quick Facts About IPV Video Series](#)

CUES

CUES (Confidentiality, Universal Education + Empowerment, Support) is an evidence-based intervention to address domestic and sexual violence in healthcare settings – shown to improve health and safety outcomes for survivors.

Webinar

[Supporting IPV Survivors and Their Children During the COVID-19 Pandemic.](#)

Collaboration

[AAP Chapter Partnerships with Domestic Violence Organizations.](#)

Practical Tools for Supporting IPV



Pediatric health care settings can offer a safe space for IPV survivors to connect with a trusted professional. As a pediatrician, there are things that you can do within the context of your practice to support IPV survivors.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



Children's National™

Conclusions

- IPV and exposure to IPV are common
- Exposure to IPV leads to a wide range of negative physical, mental, and psychosocial health consequences
- The goal of discussing IPV does not need be disclosure or detection of abuse
- A trauma-informed, multidisciplinary approach can be useful for survivors to receive the health treatment and advocacy service referrals that they need



Questions?



Lenore Jarvis MD, MEd
lj Jarvis@cnmc.org

Evaluation

Please take a moment to complete
your evaluation.

Thank you!