

***U.S. Department of Health and Human Services
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**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's**

Webinar

"Intimate Partner Violence, Part 1: Critical Community Partnerships"

April 22, 2014

3:00pm Eastern

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Kathy Reschke: Thank you Justin. It's great to be with you today. On behalf of the MIECHV Technical Assistance Coordinating Center, I want to welcome you to today's webinar. My name is Kathy Reschke and I'm the eLearning Coordinator for the TACC and I'm going to be your facilitator today.

As most of you know, the TACC is funded by HRSA and staffed through ZERO TO THREE under subcontracted partners, Chapin Hall, the Association of Maternal and Child Health Programs or AMCHP and Walter R. McDonald & Associates or WRMA.

The TACC provides different levels of support to MIECHV grantees including these webinars using ZERO TO THREE and partner staff, along with many expert consultants and in coordination with other TA providers. I have just a quick logistical item before we dig into our topic for today.

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Kathy if you can advance the slide - hopefully you already know that audio for today's webinar is available through our conference phone line. All attendees are automatically muted which means you can hear the presenters but they cannot hear you.

However, we do encourage you to submit questions or comments any time during the webinar. To post a question please see the control panel which is located to the right of your screen. At the top of your panel is an orange arrow. Click the arrow button to show or hide the panel.

At the bottom of the panel is an open text field. You can type your questions there. I'll be monitoring the question box and will respond to or pass along appropriate questions to our presenters during our Q&A period. Next slide please.

To start off our presentation we're joined by Lorrie Grevstad, the HRSA project officer for region 10. Lorrie, thank you so much for joining us today.

Lorrie Grevstad: Thank you Kathy. Good afternoon everyone. It's a pleasure to be here. And I want to welcome you on behalf of the Health Resources and Services Administration and the Division of Maternal Infant & Early Childhood Systems.

This is an important topic today and one we've heard from many of you a request for more technical assistance and support. Today as we've shared, is part one of a two part series on interpersonal violence.

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Today's focus is specifically to set a context for the webinar, share an overview of IPV and invite you to consider the important partnerships in this work. It was a personal privilege for me to attend a Futures Without Violence full day training while I was in Alaska about a year ago.

A huge takeaway for me from the training, was the ability to influence and reduce interpersonal violence at a family and service level and at the same time have an opportunity to approve - improve outcomes across systems, an opportunity that allows aligning with both the Maternal Infant Early Childhood home visiting grant and the early childhood comprehensive systems work.

Futures Without Violence is research-based and supports more than just domestic violence. So if you were like me and thought you would just take the training and check it off on your training list, I hope you go away today with many more ideas and opportunities and thoughts about partners to help you in this work.

This webinar - these webinars and the Futures Without Violence Work, helps not only address Benchmark number IV, specifically domestic violence, and Benchmark VI, coordination and referral for community resources and support, but it also has the ability to impact maternal and child health, child maltreatment, school readiness and family economic and self-sufficiency.

So with that, your work has the ability to impact all six of your benchmarks. For those of you who are working with protective factors in the Strengthening Families Initiative, this work supports that. It also supports linkages with adverse child experiences and stress and trauma in young children.

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It supports life force concepts and supports all of the domains that are part of the early childhood systems work - health, social/emotional development, early childhood education, parent ed and family support.

So your benefit from this work provides a value add at many levels - a systems level, a provider level for those of you with home visitors and a child and family level. This provides a natural opportunity to build partnerships across sectors.

Today you will hear from national experts regarding interpersonal violence and an evidence based program building off of science, created to support providers like yourself, who are working to help families.

You will also hear from three states sharing their efforts to improve services to families, address challenges and foster partnerships. Please take a moment and think outside the box for a great opportunity to support safe and healthy families and create futures without violence.

A special thank you to our TACC partners and speakers today, for sharing their expertise and lessons learned. Please enjoy the webinar. And I'll now turn it back to Cathy.

Cathy Bodkin: Thank you very much Lorrie for that wonderful overview and the connection to everything that the MIECHV sites are collecting in terms of their measurements. The - to clarify this webinar, we will be dealing with intimate partner violence and not the broader domestic violence.

Intimate partner violence is defined by the CDC, as a serious, preventable public health problem that affects millions of Americans. IPV, intimate partner violence, includes physical, sexual or

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psychological harm by a current or former partner or spouse, which can occur among heterosexual or same sex couples.

When working with a family with young children and identifying an incident of current or recent IPV home visitors and their supervisors often have many questions about how to proceed. Today we will look at the context or community system in which home visitors are operating.

Expectations are not always clear for the home visitor when there is a risk of intimate partner violence. The community, the agency, the program, the surrounding culture, individuals all have expectations and slightly different viewpoints.

We want to begin today, to look at what are the partnerships in the community, looking to enhance understanding about cultural or rural, urban influences on home visiting and how - learn how state systems can promote improvements in the screening and referral process.

There will be time for your questions after hearing the panelists from Futures Without Violence and from Idaho, Maine and Alaska. We encourage you to type questions into the question box as we're going through the presentations.

And we will have time for those questions at the end or we'll deal with them as a follow up to the webinar. This is the fourth in the MIECHV TACC 2014 webinar series on integrating home visiting programs with other community systems, serving children and their families.

Previous webinars have explored home visiting and relationship to behavioral health systems and to the services needed by homeless families. Today we will be exploring connections between

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home visiting programs and the community services for families at risk for intimate partner violence.

To explore the connection between home visiting interventions, aiming to decrease the risk of intimate partner violence and other early childhood systems, the TACC is providing the two part webinar.

Today's program will focus on home visiting programs and how they work with state and community partners, some of the special adaptations for rural communities and special specific populations will be noted.

Next week, the focus will be on the home visitor's role and the way their role can be supported by the community and by the program and organization. A research article will be sent to you for your review and some other materials that will be used in the second part.

IPV happens between two adult partners who bring to the relationship their individual histories and patterns for coping with stress. Families exist in communities which can be a resource when life events such as the war in Afghanistan, job loss and illness occur.

Parents may or may not know how to navigate the community to find healthy supports.

We are all familiar with the adverse childhood experience studies or ACES and other research about early childhood brain development and that how critical it is for children to have a dependable, warm and caring adult in their lives taking care of them.

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For an infant or a small child, loud noises they hear, disorganized caretaking, the experience, the emotions of anxiety, depression, fear and rage that they sense in their parents when intimate partner violence may be happening, can create levels of stress that interfere with the child's learning, behaviors and physical development.

There are various theories about the causes of intimate partner violence which have led to various interventions, such as modeling problem solving skills, nurturing the parent's coping behaviors, anger management classes, medication for mental health disturbances, treatment for substance abuse, efforts to decrease family isolation and increase community supports.

Use of mindfulness, stress reduction techniques or challenging certain cultural beliefs about gender role and responsibilities. And all of these enter into the very complex problems in intimate partner violence.

The question is certainly about protecting children but also balancing the home visitor role of guiding the parent, of supporting the healthy family development and connecting family members to community resource.

Although developed initially with regard to children with special needs, systems of care may provide a useful framework for viewing the special needs of families in which intimate partner violence is a risk, and support of home visiting services being a part of an integrated comprehensive response.

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The system of care principles point to a service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs and build an infrastructure that supports positive outcomes for children and families.

The system of care framework enlarges the lens to include not only the home visitor interaction with the individual parents but also the extended family neighborhood and community. It allows for a consideration of culture and history.

Systems of care are characterized as multifaceted, multilevel interventions with desired outcomes at each level - state, local and at the point of service delivery. The interventions are also not static but are involved to meet the needs of the family.

Services are flexible and individualized to the family. We will now also consider the US population is becoming more diverse and being responsive to these changes needs of diverse families is challenging.

The benchmarks may measure an activity by the home visitor but the outcomes for the child and family rest on the community and the system of care for intimate partner violence.

So we hope you will think broadly as Lorrie indicated, and outside the box as we talk about community partnerships. I now have the pleasure of introducing Rebecca Levenson from the Futures Without Violence. Many of you are familiar with Rebecca.

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She's worked in many states, providing training and consultation and we feel very fortunate to have Futures Without Violence on this webinar. They have been a steadfast national partner and have great example of collaboration. Rebecca, I'm going to turn it over to you.

Rebecca Levenson: Well thank you so much Cathy. And quickly, by way of background, and we're going to go to the next slide, Futures Without Violence is a national nonprofit organization in the US Department of Health and Human Services National Health Resource Center on Domestic Violence.

So what that means for today is that we provide training and technical assistance as Cathy mentioned, model policies programs, really cute posters. Do you see that cute little boy holding his mommy's tummy? Safety cards.

We have tools that have been developed with - in conjunction with Alaskan native sites as well as other tribal programs. There's just a whole host of things.

And essentially the most important thing for you all in the field, with dollars being tight, to know about our organization is that what we provide is freer. There's a \$5.00 shipping charge associated with it.

And as you can see in this next slide, we developed a specific tool for home visitors, called Healthy Moms Happy Babies. And it was really to support states meeting their federal benchmark on domestic violence so states wouldn't have to reinvent the wheel.

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I think what's really exciting about the curriculum is that it was developed to be home visitor centric. So Linda Chamberlain and I had the opportunity to go to 32 different states and work with various home visitation programs from Nurse Family Partnership to Health Families America to Parents As Teachers.

And all of these experiences went into shaping this tool which includes again, a home visitor centric approach to looking at research, best practices and addressing the barriers that get in the way of home visitors screening for and supporting families experiencing domestic violence.

And that's a big important part of this, isn't it? We can have all the screening tools in the world but at the end of the day, how comfortable are our home visitors? And we're going to talk more about that in the next webinar.

And I - one of the tools that you'll see in the next - in this slide, is - that is highlighted in the curriculum, is a safety card. And the various states are going to be talking about these safety cards as we move on.

But these are cards that help home visitors open conversations about domestic violence, through a healthy relationship universal education approach.

And what we've found is that the safety card approach really helps home visitors opening the more complicated issue of domestic violence in a way that feels client centered, doable and supportive to them. So on the next slide you'll see an example from the curriculum. It's a question.

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And if I were sitting in front of you as a live audience today, I would ask you why is it important for home visitors to know about domestic violence? Well Lorrie actually answered this question in part, when she gave her beautiful opening for the webinar today, Lorrie Grevstad.

But I want to show you that one of the things that we learned as - and as we were working with our 32 initial states and then with hundreds of other programs and various other states sort of throughout the last 15 years, is that many programs sort of silo the issue of domestic violence so they don't see how it's connected to other program areas.

And as Lorrie mentioned, to the six benchmarks that MIECHV is paying close attention to. Next slide please. One of the things the curriculum does is really help make the case to home visitors who are passionate about children and that's why they come to the work.

And maybe they don't recognize how important their work with moms directly is, as compared to what they're trying to do with moms around their kids.

And this is one of the ah-ha moments that we have been doing our trainings that home visitors really wanted to hear more about the impact of violence and mom's exposure to violence within a relationship on children.

So as you can see here, the effectiveness of home visitation services in preventing child abuse, is diminished and may even disappear when mothers are being victimized by an intimate partner.

So in terms of promoting partnerships and we'll go on to the next slide here.

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One of the questions that I'm hoping states will ask themselves and programs will ask themselves, is when domestic violence trainings are offered in your state, which community partners are at your table?

And I'll tell you, the programs that have been really successful in working with moms are ones that recognize that all of these different players, right, we can talk about how domestic violence affects these various program areas, are sitting at the table together.

And I'll give you one quick example of why this is so important. I can't tell you in those initial 32 states that Linda and I went to, how many of their - the mental health referrals that the visitation programs are working with, had folks working with those programs who didn't have any expertise in domestic violence.

And this is true for substance abuse partners and other community partners as well.

And so this is an opportunity I think the curriculum sort of in this broader picture, helps all of these different players understand how if they don't understand more about domestic violence, they're not going to be as successful with moms and kids in their programs, as they hoped to be either.

Next slide please. So in terms of - next slide please. So one piece - oop, no. Back up. Sorry.

Oops. Okay, thank you.

In terms of the - one of the first partnerships that I want to highlight here that I think many programs didn't recognize as an important resource and an important partnership, it's the National Domestic Violence Hotline.

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And again, if I were doing a live training and there - let's see, there are 107 of you on this call right now.

So if I were to ask all 107 of you to raise your hand, how many of you have called the National Domestic Violence Hotline yourself, very few of your hands likely would go up, unless you've already seen me do this training, in which case I hope a lot of hands would go up.

But when we walk in fresh to a community the answer is again one or two maybe have called. And as you all know, home visitors are so important when it comes to referrals and having their moms buy into why a referral is really useful.

And I'll tell you, I don't think that you can really sell how useful this tool is or even help your home visitors understand what a resource they have at their fingertips unless you encourage them to do this as part of your programming.

And what they would find is - what you'll find if you call, is that this tool is available 24/7. There are a whole lot of languages spoken, I think 174 at last count; they offer support and help with safety planning and additional programs.

So I really want to encourage all of you to think about calling the hotline because I can't tell you, there's - there couldn't be a nicer group of wise people I think on the planet, to refer your moms to across programs.

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And one little last tidbit here - if you're a new home visitor or you have yet to establish a connection with a local agency, the national hotline can connect you to specific programming in your area. Next slide.

So another question I would ask you live if I were there, is does your program have a memorandum of understanding or an MOU with your local domestic violence agency? And we know that benchmark was really focused on screening, referral and supports and safety planning.

And certainly we know that home visitors, especially when they're new to the issue of domestic violence, it's hard. And I think they need additional supports and there is so much expertise in their statewide domestic violence coalitions.

I think one thing to note too, is that creating an MOU creates an opportunity to connect pregnant and parenting women to home visitation services early while they're in shelter or receiving other domestic violence services.

And something worth mentioning is that many domestic violence programs don't know much about home visitation themselves so your reaching out to them to create this MOU opportunity, really creates an opportunity to better serve moms and kids.

And lastly, one of the things that states have done that really added some teeth to this concept of developing an MOU, is making it a requirement for the RFP process.

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So when home visitors - when programs apply to get state federal dollars for - to provide home visitation programs in your state, that they be required to do this. And we'll skip the next slide and go onto the following.

I think there's a really wonderful tool that will help you in a state by - step by step process, developing the MOU. Certainly within our curriculum in the appendices section at the end, there's an example of a sample MOU.

Texas took that and they made a very large toolkit around that process because they really needed that in their state. So this is a really great tool for you all to check out. Move onto the next slide please.

Now one of the things that I want to mention in terms of opportunity partnerships is that we have seen that this issue of reproductive coercion is an opportunity to partner with local reproductive health organizations.

So for those of you not familiar with this, it's a really important issue for home visitors. And we have a whole section of the toolkit committed to this particular issue and I'll just go ahead and read it to you.

Reproductive coercion involves behaviors and to maintain power and control in a relationship related to reproductive health, by someone who is, was or wishes to be involved in an intimate or dating relationship with an adult or adolescent.

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More specifically, reproductive coercion is related to behaviors that interfere with contraception and/or pregnancy. And what's important about this is that, you know, the screening tools that currently exist within programs aren't going to be extensive enough to carry on into this area.

But again, this is an example of something that is affecting moms within your programs and may not be something that your home visitors know directly about but the curriculum can help educate them about.

And the behaviors that we're looking at and that home visitors will be educated about, are behaviors around reproductive coercion that include explicit attempts to get a partner pregnant against her wishes, controlling the outcomes of a pregnancy, coercing a partner to have unprotected sex and interfering with her contraceptive methods. Next slide please.

So why is reproductive coercion important for folks to think about in terms of partnerships?

So I'm - we're hoping that through education around this, that home visitation programs will partner more with family planning agencies and other programs, other statewide programs that provide free access to contraception as part of the thinking, the broader thinking in home visitation programs.

But connected to goals for home visitation and benchmarks, certainly spacing is a big issue. And so what you see here on this slide, is that adolescent mothers who experience physical abuse within three months after delivery, are about twice as likely to have a repeat pregnancy within 24 months.

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And so really understanding whether or not this is an issue for moms is essential. The next slide please.

One thing worth mentioning in terms of greasing the wheels for partnerships, is that ACOG, the American College of Obstetrics & Gynecology, in 2013 recommended that all OBGYNs screen routinely for reproductive coercion.

So when you're looking to make that partnership you can say hey, there's an article here that might be really helpful to you and you can point out this journal article.

And in terms of other tools that's going to help home visitors have these kinds of conversations with mom or provide direct education to moms about this issue, next slide please, here is an example.

So this is a different safety card than the first one I showed you but these are both part of the toolkit for Healthy Moms Happy Babies. And you can see here, this card says Loving Parents Loving Kids. And the panel of the card I'm talking about it says Let's Talk Pregnancy.

But I mean I think these are really powerful questions that again home visitors may not necessarily have on the tip of their tongue. But this is supposed to help support that conversation. So does my partner support my decisions about if or when I want to have more children? Great question.

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And you can see that there are other panels of this card that are going to support additional conversations. I want to talk just at the very end here about one more safety card that I think can be really helpful in terms of promoting partnerships and community conversations, right?

Because in some ways the issue of domestic violence lends itself to larger conversations as both Cathy and Lorrie mentioned, around kids exposed to violence. And we know that all parents, caregivers and communities care deeply about this issue.

We heard very directly that programs were looking for more tools and support to have conversations with dads. And teachers just developed this card.

It's not directly part of the toolkit although I think in the next iteration for Healthy Moms Happy Babies, this will be a part of that - that next - the second edition when that comes to fruition. But in any case, this is an adverse childhood experiences safety card.

And it really talks about - it gives you a tool to use with moms, dads and grandmas and anybody else in the family, to talk about what we want for kids, how violence - kids exposed to violence can really affect their health and wellbeing.

And it gives you a different way to have those conversations that may allow themselves to segue into conversations about healthy and safe relationships and domestic violence in a more acceptable way for both the home visitor as well as for the mom.

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But it's certainly a tool that you can use with both parents that's not going to put anybody in a position of either being the perpetrator or the victim but rather really talk about what our goals and hearts' desire are for the children that we serve in our programs.

So I will stop there and turn over the conversation again to Cathy to introduce our folks from Idaho, Maine and Alaska. Thank you.

Cathy Bodkin: Thank you so much Rebecca. That was great. And Futures Without Violence has so much to contribute to our - shaping our thinking and ways of approaching the intimate partner violence situations in ways that are constructing healthy relationships.

So I do appreciate all of your work and thank you for going over this with us. And I hope others who are not familiar with Futures Without Violence, will be contacting you all. So we are very fortunate today to have three state leads, explaining what their states are doing in relationship to intimate partner violence.

Each of their stories has slightly different angles to it and there are some commonalities. In your speaker packet that you received in registering for the webinar you've had some additional biographical information on all of our speakers.

But I want to introduce our three panelists. From Idaho we have Deborah Drain who is a health program specialist with the Maternal Child Health Program. From Maine, we have Pam LaHaye who is the MIECHV coordinator with Maine's Families Children's Trust.

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And from Alaska we have Becky Morisse who is a perinatal nurse consultant in the Division of Public Health. So I will turn it over now to you Deb.

Deborah Drain: Thank you Cathy and thank you all for having me here today. So if we can move to the next slide, the Idaho Maternal Infant and Early Childhood home visiting program, is a relatively small program at this point. And we serve a combination of both rural and frontier and some urban areas.

One of the goals from our base grant in addressing intimate partner violence was to increase training opportunities and assessments for domestic violence, home safety and injury prevention for our home visitors to really get them off the ground, to start working with families in addressing this issue.

I have been with Idaho MIECHV for the past eight months, since August 2013. And I actually picked this project back up with the completion of our federal benchmark reporting for the DGIS. And what I found is that we needed to address some issues with completion and completion on time.

And it's become one of our most important continuous quality improvement projects. So in doing that we are assessing and leveraging our partners. And a few of those are listed in the next slide. So looking at our partnerships, we have several levels.

We have statewide efforts, we have state level Idaho MIECHV and we have local level partnerships. So in our statewide efforts the big picture is that since 2009 the State of Idaho has been working on an initiative against sexual violence.

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This has provided a foundation for MIECHV efforts by creating state and community level awareness that cuts across agencies. For Idaho MIECHV at the state level, we have a steering committee of partners that act as a sounding board for projects such as this.

So some of these partners include the Idaho Children's Trust Fund, the Idaho State Department of Education, the Head Start Collaboration, Children and Family Services as well as Adult Mental Health. Outside of our steering committee we have additional partners such as Infant Mental Health.

So some of the progress that we were able to make in our initial goals for providing training, the steering committee was able to help us to develop electronic training materials in the areas of home visitor safety and boundaries.

We were also able to work with them to bring in Futures Without Violence, to provide Healthy Moms and Happy Babies training. And then contract with a local agency to then provide that training to all of our home visiting programs. And we're also planning a refresher course for this coming summer.

At the local level, a lot of our implementing agencies have been able to connect with domestic violence shelters and other agencies. Many of these partnerships have actually been longstanding.

And we have been able to support the enhancement of that through the Futures Without Violence training and materials.

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And some of our implementing agencies have been able to then innovate in making those connections between the Healthy Moms Happy Babies training and framework and focus in with their local partners on what they specialize in, to bring that back to the framework and how they talk to families that are enrolled in our home visiting program.

So in looking at our cultural and geographic considerations on the next slide, we do have some challenges in addressing intimate partner violence in Idaho. We have a lot of families that live in isolation and even our urban areas that we do serve in Kootenai County and Twin Falls County.

Even those cities - they're not spread out so much as they feel much more contained. So even our urban areas have a sense of remoteness to them. A lot of families who live outside of those urban areas and away from resources, are very isolated.

Some of them are one car families. So if their partner is away at work or running errands. They really cannot go anywhere or very far. We also have a culture that has traditionally tolerated sexual violence. We have a very independent mentality in our state.

Even in how laws are written and implemented, you know, there's a distrust of authority. So even to have policies and procedures they're - those have been met with resistance in the past.

However, statewide there have been positive changes through the Idaho Coalition Against Sexual and Domestic Violence, in helping to support our program that creates a foundation of consistent statutes and rules.

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It sends a message to communities that supports our message about healthy relationships and safe environments for children and their families. And in those initiatives, families can see that offenders, even public officials, are being convicted and those convictions are successful.

Some of the other challenges that we face though, we also have cultural considerations. We do have some programs in our state that address domestic violence and immigration. And we have a lot of immigrants from Mexico.

We also have a refugee program in South Central Idaho where we have refugees from Iraq, Eritrea, Myanmar. And so we're encountering very different attitudes about gender roles and about intimate partner violence.

So in addressing that, you can see on the next slide, our process for our assessment. So the process for assessment came about in partnership with the Boise State University Evaluation Team in identifying the timeline as well as selecting the relationship assessment tool.

And this tool was selected for its validity, links, cost. What we're also looking at in how we developed our timeline and chose the tool and it - in the role of the home visitor as someone who assesses and refers, who makes those connections to other agencies, who actually specialize in things like intimate partner violence.

We also had a challenge in making sure that our programs felt comfortable in doing the screenings. Our Parents As Teachers Program and our Early Head Start Programs had not done assessments for Intimate Partner Violence before. So providing that training and support has been critical to them.

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And then following up to provide further support now has been critical. So once an assessment is completed if a woman is indicated for intimate partner violence you can see on the next slide that we then refer. So for the referral our process is to give up to two weeks to complete the assessment.

Well it should be done on the home - same home visit as the assessment. This gives the home visitor some flexibility, particularly if there are any safety concerns for that home visit and for the family. So many of our referrals are going to crisis centers and shelters, counselors and hotlines.

And then finally, on the slide after that, in addressing intimate partner violence, we also use the safety planning process that Futures Without Violence recommends. And so in doing that, we are allowing for up to a month to complete that once again for safety reasons.

But then also to give the woman time to think about, and identify her resources and other strategies for safety for her and for her children. And also to give the home visitor time to work with that woman to help build that self-efficacy to create that plan.

So some of the challenges ahead - what we found in looking at our data is that 22% of caregivers participating in home visits are men.

So in addressing some of those safety concerns we at times will choose an offsite location such as an office or a room in a library or even, if needed, just asking the woman could you walk me out to my car?

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But at the same time, we also want to make sure that we are building the strengths of both male and female caregivers that are involved in our program. We want to make sure that we are building on their strengths as a father and that we're addressing to them the best environment for their child.

And we also try to pivot back to the child in having those conversations about safety. Some other challenges that we've seen, are that 70% of the women who actually had a late completion are still in the program. So this is really an issue of rapport building and addressing safety issues.

At the same time 83% of women who do not complete the relationship assessment are no longer enrolled in the program. So that brings us to the question of how can we better retain those families with high needs?

How can we better establish that rapport from the start if they're not staying in the program very long? And then also how do we set the stage for home visiting to be a priority for families and also to address what those expectations are for families in moving forward with this.

So I would now like to introduce Pam LaHaye, the Maine Coordinator for MIECHV. Pam?

Pam LaHaye: Thank you Deborah and good afternoon. Maine Families is our state administered home visiting program serving about 2300 families annually, statewide.

It's made up of 12 longstanding sites located in a variety of community agencies and five new tribal sites, all of which are receiving MIECHV expansion funding. All of our sites are Parents As Teachers affiliates. Next slide please.

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We began to offer universal screening for intimate partner violence here in the spring of 2012.

Anticipating both home visitor and family discomfort with multiple tools, we selected one integrated screening tool and provided introductory scripted language for our staff.

Prior to implementation, we partnered with our project launch grantee to offer specialized training in difficult conversations, trauma informed care, crisis and case management skills.

We also stressed to staff that the purpose of this screening wasn't to illicit disclosures but rather to open the door for conversation whenever a mom might be ready.

On the next slide, you'll see that we have a number of supervisory supports in place for staff, including weekly reflective supervision and monthly clinical consultation. We're fortunate to have a very skilled clinician who has worked in home visiting.

She spends time at each site each month, traveling all over the state, meeting with the supervisors, with the home visitors as a group and individuals as needed and is available for consults as needed also. Next slide please.

In spite of these supports, we learned that staff were still feeling anxious about screening. Even though they had always worked with families in which intimate partner violence might be present, formal screening caused them to feel that they had a greater level of responsibility to fix the problem.

And seemed to erode their feelings of confidence in responding to disclosures. Next slide please.

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The Department of Health and Human Services Director for Prevention of Domestic Violence, reached out to partner with us when Futures announced availability of the Healthy Moms Happy Babies curriculum.

Together we worked with Futures and also had planning input for the Maine Coalition to End Domestic Violence, the Sexual Assault Coalition and Public Health Nursing. Looking for long term sustainability, we opted to train trainers instead of holding one large training for all staff.

We set up three regional trainings across the state in order to bring Maine family staff together with their local IPV and sexual assault colleagues, as well as nurses and those from other home based programs. We trained about 75 people in all.

Eleven of those trained were from the tribes, although not necessarily from the home visiting programs as those sites were just beginning to hire when we did the training. Tribal representation came from not only domestic violence and sexual assault but from child welfare, health centers and social services.

This created training capacity within all the tribes. Not all the tribal staff have yet been trained as there are many initial trainings to complete. But Healthy Moms Happy Babies is on the radar for the near future in our tribal sites.

Another partner from Portland's Defending Childhood site, committed to support the training process. She came to all three trainings to meet the attendees and followed up by scheduling calls to plan local trainings.

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She provided some coaching support also to the local teams as some of the folks had not ever trained before. And tracked the trainings as they happened. On the next slide, you'll see some of the results. Over the last year all home visiting staff have been trained as well as many community partners.

The trainings have largely been done by cross disciplinary teams. These cross disciplinary trainings have created opportunities for staff from various programs to get to know one another. Staff confidence around screening has grown.

The screening rate, using our behavioral health risk tool, is 100% now. But we did find we had to create a version without the domestic violence section to use when a male partner is present. Of course home visitors do go on to address this topic at other times beyond screening.

They share and discuss the Parents As Teachers curriculum materials on healthy relationships and the safety cards from Healthy Moms Happy Babies on later visits. Home visitors are finding that the Healthy Moms Happy Babies safety cards make excellent prompts for the conversation around IPV.

Interestingly, we are starting to hear more disclosures when the safety cards are shared than we have through initial screening. We are adjusting our data system now to be able to capture those later disclosures as well as those coming from male partners.

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Communication between home visiting and IPV programs has increased. We're hearing more stories of opportunities to make warm hand offs when there is a disclosure. And our staff are reaching out to one another for consults and support.

Our sites have all developed meaningful MOUs for their IPV counterparts based on the template provided by Healthy Moms Happy Babies. We'll move onto our last slide. We still see some challenges in this area of our work.

Safety for our home visitors with most working in rural and isolated areas is an ongoing concern. We're exploring options such as further safety training and the possible creation of a Web-based check in system.

It remains a challenge to balance, actively trying to engage male partners in the visits and then to complete screenings when we do. It is often not feasible to get mom alone or away from the home due to lack of transportation in our rural state, or even the weather, to be able to go outside.

We have also had the experience of the male partner participant as the victim. We aren't screening males but we are providing appropriate services and referrals as needed. All in all, the additional training from futures has been a great support to our staff.

They are clearer about their role and more comfortable approaching the subject. And now we'll hear from Rebekah in Alaska.

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Becky Morisse: Thanks Pam. Hi everyone and thank you for having - allowing Alaska to participate and share in this important discussion. I just wanted to start by giving a brief overview of our MIECHV program here in Alaska.

The Alaska MIECHV program has one local implementing agency which is located in Anchorage. Anchorage is the largest city in Alaska with around 300,000 people which makes up for around half of the total population of our state.

And there are some similarities to what - to Idaho like Deb was sharing, with the large geography. Provenance In Home Services began serving families in January 2013. There are four nurse home visitors and one supervisor with a total caseload capacity for 100 families.

The program became fully staffed earlier this year and they are utilizing the Nurse Family Partnership model for home visiting.

I also wanted to briefly mention that outside of our small MIECHV program, there are other home visiting programs in our state, including military services, our tribal MIECHV grantees in Anchorage, Fairbanks and Kodiak, Early Head Start, Parents As Teachers, Healthy Start and also Home Visiting Services Through Infant Learning Program which we partner with.

Our MIECHV program is just a small component of the services going on in Alaska. Home visiting services occur in various parts of our large state and also take place in our remote rural villages.

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Recognizing that there are large geographic distances in our state, and also the various funding streams that provide services, we realized a need to bring together all of these programs for a more coordinated system of services in Alaska and for better partnerships.

In March of last year, our statewide home visiting advisory committee was established and met for the first time. And while all of these different programs may serve different populations and areas, they all work to improve the health of families in Alaska by providing services in the home.

The committee is going to be working on things such advocacy for home visiting, sharing data outcomes and also partnering on training opportunities. But the creation of this committee allowed for a greater awareness of services in our state and allowed the home visitors to share experiences and challenges.

All of these programs are dealing with intimate partner violence and there are different challenges depending on the community you're working in. In Rural Alaska for example, it is more challenging to refer a client to supportive services when compared to our program here in Anchorage.

Discussion in this committee identified there are special considerations also for home visitors working in these remote and rural villages.

They identified, in conversations, that they need additional professional support as they are often the only person providing services in that village and often travel by themselves.

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On the next slide, when we were planning for MIECHV program, we knew that Alaska has historically had some of the rates of domestic violence or intimate partner violence in the country.

The National Intimate Partner Violence and Sexual Violence Survey 2010 data show that Alaska had the third highest prevalence of rape, physical violence and/or stalking by a partner among the 50 states.

The graph that I have here illustrates some of our PRAMs data on prenatal physical abuse by a partner or husband. And you can see in that top orange line that our Alaskan native women are experiencing this at a higher rate than our non-native women.

In addition to state and national data on intimate partner violence, we also had an awareness of this topic from prior home visiting programs in our state. In 2005 the Alaska legislature asked for an evaluation to be completed over Healthy Families Home Visiting Program.

That evaluation found that 45% of the women in the program experience intimate partner violence. But what was really important information gained from this study that helped target our efforts with MIECHV was it highlighted that this is a priority.

It highlighted that program staff wanted and needed additional training and expert consultation on intimate partner violence as we know how it can affect the outcomes of home visiting programs.

Recognizing that intimate partner violence plays a role in home visiting and that many of our at risk clients experience it, like I said, we recognize the need for training.

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In our Alaska home visitation steering committee which is composed of state representatives from Child Protective Services, Department of Education, Public Assistance among others, identified this as a need.

Our MIECHV reached out to Futures Without Violence in this effort as well, like the other states. We're also lucky enough here in Alaska, to have a great resource on intimate partner violence in Linda Chamberlain who's done training nationally on this topic.

In September 2012 we brought together a local implementing agency, Provenance In Home Services, our tribal partners, infant learning program representatives, Parents As Teachers, Early Head Start, Healthy Start home visitors together, for this opportunity from Rebecca and Linda at Futures Without Violence.

The content of the training covered topics like the impact of intimate partner violence on perinatal health outcomes, reproductive coercion and like Rebecca was mentioning, the effects of violence on children, the impact on parenting and also preparing staff on intimate partner violence.

What was really great for the attendees though was that it was more than just a training on intimate partner violence but really allowed for discussion with the home visitors and allowed them to share experiences, strategies and questions they have faced in their programs.

As home visiting programs expanded in our state and as new staff were added, we again partnered with Linda who facilitated another training and discussion for home visitors earlier this year. She also provided some training on ACES at that time.

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For this training we again, invited home visitors from outside of our MIECHV program as an opportunity to share training resources and for collaboration and connection between programs on this topic.

Home visitors at our local (mending) agency, Provenance, are going to be utilizing the Futures Without Violence cards that we mentioned earlier, to facilitate discussion with clients.

Along with utilizing the Futures Without Violence card as a screening tool, our local MIECHV partner at South Central Foundation here in Anchorage, additionally utilizes a version of the card that was created by Futures Without Violence, which was adapted to meet the cultural needs of the Alaskan Native American Indian population.

In addition to training, it was also important for our home visitors to make connections and relationships with referral sources who may be able to help these clients such as shelters and mental health counseling agencies.

In addition, the Office of Children Services, known in some states also as Child Protective Services, also met with our home visitors and came to some of the meetings of this program to talk about intimate partner violence and mandatory reporting.

On the next slide, you know, we asked home visitors what are the challenges you're experiencing in the field? And when speaking with home visitors out there in the field, this is some of the feedback we've received.

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They expressed that clients often do not want to disclose or report abuse for various reasons which can be frustrating for a home visitor who can see that the client's safety is in jeopardy. Home visitors also noted that you have to be asking the right questions.

Questions that you may use while working in the hospital are not what you need in the home setting. For example, we need to be asking more than are you just safe in your home.

It also takes some time to develop a trusting relationship with your client and allow her to feel comfortable discussing this topic. Some clients also verbalized a distrust of law enforcement and decline to report abuse to the authorities for that reason.

In summary, intimate partner violence is an important topic which really needs to be addressed in both the planning and implementation phases of any home visiting program. Discussion, training and linking home visitors with community agencies and resources, is really essential.

In Alaska, our next step is to formalize the community partnerships we have here with resources in Anchorage and formalize those into MOUs. We have MOUs with many other agencies but we need to also, like Rebecca mentioned earlier, create that formal relationship. Thank you very much.

Cathy Bodkin: Thank you Deb and Pam and Becky, for sharing with us the very detailed steps and stages you've had to go through in terms of building the worker awareness and community partner awareness and giving us some good examples of some partnerships.

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I am now, you know, going to open it up, if you have any comments you wanted to make, maybe something you forgot to add in if any - if Rebecca or Becky, Lorrie or Pam or Deb, if you have any comments you wanted to add in or things that you noticed as you heard the other presenters...

Rebecca Levenson: I mean it's so - it's - this is Rebecca. There are so many things to add. I think I'm hesitating.

So I'm very excited for the next webinar because, you know, the first thing that comes to my mind is sort of the staff who are going out - the home visitors who are actually going out to people's homes to have these conversations and the needs of those folks.

And really thinking a little bit about partnerships beginning at home with the agency that employs those home visitors. And we're going to talk a little bit about that in the next webinar. But I just think this broader piece around how many - how many times you've watched the

When you sit two people down at a table who have been working with the same family for five years and they've never met before. And that, you know, what was described in the Alaska, you know, experience where they brought together all those folks.

What has been a, you know, what the experience was in Maine and other states, Virginia, Texas when they brought those partners to the table and they all sort of learned that they were working with the same family and they were able to strategize so differently and think about resources and just opportunities for community partnership around this.

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It had just been extraordinary. So anyway, I'm really excited to hear what states are doing and hear more about the questions that they have around building community partnerships because it's just - it's an opportunity where we have yet to sort of fully realize all of the things that could and can be happening or maybe are already happening and we just don't know about them yet.

So we'll - I'll look forward to hearing more questions from the participants.

Cathy Bodkin: Thank you Rebecca. And I was really struck by the cultural adjustments and awareness that each of the programs has as you get input and really opening up your programs to hearing from the community, being conscious of the community ethics or viewpoint as you're shaping your programs.

And building with your partners to get information together and develop referral systems as Idaho explained or the training together, so there is some common framework. And the - just the detailed hard work it takes month to month to build those partnerships. It doesn't happen overnight.

So nice job that you're all doing and I'm going to turn it now over to Kathy Reschke to take questions from the audience. Kathy?

Kathy Reschke: Thank you Cathy. As all of you know, an important part of these webinars is connecting the expertise of our speakers with the questions that you all have and so that's why we have such a significant part of these webinars be a Q&A time.

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It's also why we include some questions in your registration. So I'm glad so many of you take advantage of that because we do pull from those questions that you're asking, and use those during this Q&A time.

But we also want to take your questions that you - that may have occurred to you as you were listening to each of our speakers. So go ahead and type in your questions that you have and while you're doing that I'm going to start out with a question.

Piggybacking on what Rebecca mentioned about that ah-ha moment when you see partner agencies at the table who have been working with the same family and didn't even know it.

And just the benefit that you see from that kind of partnering and collaboration. So I wanted to throw that back to Pam and Deborah and Becky.

If you have some specific examples of a challenge or an obstacle or a problem that was - that you saw collaboration meet, that you could see it was a partnership between agencies either at the community level or at the state level, that that was what got the ball rolling to address a particular issue, whether it was one specific family or a broader issue.

So any of you have some thoughts? And Rebecca, you can also respond too if you have some specific examples.

Cathy Bodkin: I'm going to ask people that if they're on mute you need to take your line off of mute.

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Kathy Reschke: And if you're on mute because you didn't know I was going to ask that, my apologies for that. Give it some thought and we can come back to it in a little bit. We do have a question for Rebecca that's come in through the question box.

Lynette wants to know how long does training on healthy moms and healthy babies curriculum take. How - what length of time does that training take?

Rebecca Levenson: So that's a great question. And one thing I want to mention is that we developed this curriculum to be very flexible, recognizing that different states and different programs were going to have different amounts of training time available.

And the reality might be that you have a one hour staff meeting once a month where you can meet, and you can do one little portion of the curriculum and you can, you know, move that forward and do another hour the next month.

In Virginia they developed a 3½ hour training so we kind of distilled the key - the key pieces from various modules together and helped them do that.

The one thing I would say to all of you in terms of meeting the benchmark, and I'll be very transparent about this, module 3 in the curriculum, is the one that is set up to train your staff on how to screen, do safety planning and refer.

And the other modules, they're companion modules and they're really shaping this bigger conversation in helping your staff understand how violence is connected to the other areas as

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Lorrie mentioned, as Kathy mentioned, as our other partners from Alaska, Idaho and Maine mentioned.

And kids exposed to violence, those other kinds of areas. And so some states have done that just that one module alone, which takes about an hour and a half. Other states have done a full day training.

One model that's been really helpful is to do - we did a training day kind of with supervisory staff around the curriculum. So how do you support your staff around various areas of the curriculum? And then did a training day on the staff on how to do this.

And creating opportunities for conversation as Becky mentioned. But I think the staff are really hungry to have a chance to talk and have questions answered.

So sorry, that was a longwinded answer to that question but in any case, it's flexible and we can help you sort of figure out which pieces if you have a limited amount of time, are the most important to touch upon given our experience.

Kathy Reschke: Thanks Rebecca. And if it's a long answer that's great. That means it's - just the fact that it's adaptable to different needs is really good to know. So thanks.

Another issue that was raised by several people during registration and I think Becky you mentioned, families' reluctance and issues with Child Protective Services as well as law enforcement.

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I'm also wondering - and the question was raised by several people in registration, about collaborating with these agencies or other agencies whose - who may have very different perspectives and goals when it comes to intimate partner violence.

And when developing partnerships and collaborations is there some challenge because the goals are different or the perspective towards intimate partner violence is very different? And can, you know, so how do you create those partnerships when there are different perspectives?

Becky, I wondered if you would want to start with - since you had brought up that topic as well.

Becky Morisse: Sure. I think it's really important to - for home visiting from the state perspective and from the local, to reach out to these agencies, reach out to law enforcement and reaching out to Child Protective Services and invite them to the table.

You know, when you're doing your mandatory reporting training, you know, invite them to your training and talk about the referral process. And when we did that, intimate partner violence came up right away.

And I think it'll really allow for a better understanding of where the different focuses of the programs and how they can collaborate a little bit more and have a better understanding of where each program is coming from.

Also, you know, many at the state level and at the local level we have community advisory boards, we have steering committees.

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You know, I think it's good to invite law enforcement to be on community advisory boards so that they can have a better understanding of the purpose and goals of the program. And you can - and that allows for another opportunity to talk about this subject.

Kathy Reschke: Thanks Becky. I wondered, Pam or Deborah or Rebecca, did you have anything to add regarding that question?

Pam LaHaye: This is Pam. I do think it's really important to create those connections. Our sites have been pretty intentional about creating relationships with local law enforcement.

And several of them actually have state police or local police chiefs on their boards which provides an opportunity for a lot more dialog about shared approaches when we're dealing with these issues.

At a state level - statewide law enforcement has been very involved here with child abuse prevention efforts. And it all connects. And so they attend many of the same meetings where these discussions come up.

And I think there is a really different understanding now around what home visiting can offer and how we can work better together here.

Rebecca Levenson: So Rebecca, one thing I think worth mentioning here is that in these partnerships that Pam is describing and Becky described, there's an opportunity to clarify what the laws are and that I think there's a lot - there's often a lot of confusion when it comes to the issue of

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domestic violence and what needs to be reported where, if anywhere, what needs to be reported to local law enforcement or child welfare, etc.

And then clarification around state laws is really useful. And for the states that have laws on the books, such that a positive disclosure to domestic violence in some way shape or form, is a tickler for child welfare. And this is a very few states.

But still it's an important little piece. To really think about how to do a trauma informed referral I think is important and I'm not looking at the curriculum.

And I think module 10 is about mandatory reporting and offers some sample scripts on how to talk with moms and have them be a part of a conversation when you do need to make a report to Child Welfare around something connected to domestic violence.

So I think that's a helpful tool for folks to know about whether they end up training on that particular module or not. There are some - there are some useful tools in there.

Kathy Reschke: Thanks Rebecca. Any other comments on working with law enforcement or Child Protective Services?

Cathy Bodkin: This is Cathy. I think one of the experiences you'll have and - is it goes through stages too where at first they're not sure how to use home visiting and then they - and Pam was referring to this, then they kind of over-refer because they think home visitors are wonderful.

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And they kind of have to keep drawing the purposes and the goals of the referral and continuing the conversation.

Kathy Reschke: Okay. Thank you. Oh, go ahead.

Cathy Bodkin: No. I was interested to know if any of the three states could comment on their work with medical providers.

I heard you mention several agencies but I wasn't sure what your relationships are with either the OBs or family practice or with pediatricians and what you've found worked to develop that partnership.

Becky Morisse: This is Becky in Alaska. When we were planning our program up here, we made a list of the different OBs, family practice providers and also the referral agent - other referral agencies in our community and kind of split up and really tried to have face to face meetings with folks to get a better understanding of the goals and the purposes of the program.

And we developed MOUs with - I don't know if that helps but face to face discussion for sure.

Cathy Bodkin: Yeah, that - the relationship is so important. So that's very helpful to describe. Thank you, Becky. Pam or Deb, do you have something?

Deborah Drain: Well for us this is something that we're working on developing. So it's really - for us it's really more in process and I think where we're starting is looking at, you know, who are our existing partners in the medical community. And working from there.

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And then also looking at and asking our partners who specialize in intimate partner violence or domestic violence shelters, who they're partnering with in the medical community.

Cathy Bodkin: Thank you Deb. Pam, do you have any comment on that, on the partnership with medical community?

Pam LaHaye: It's a very important one. In Maine, we get the largest number of our referrals from medical providers and hospitals and have put a lot of effort over the years, into building and maintaining those relationships and they do take constant maintenance in order to - for that to continue.

We, as part of our protocol, typically ask families if they would like us to be in touch with their medical providers to let them know that they're participating in the program and with families' permission we also exchange information around screening results if that's okay with the families.

So we do try to work closely with them. Sometimes the medical providers would like our boundaries to be a little looser than they are and can be. But it is a really important partnership on behalf of families.

Cathy Bodkin: Thank you. Thank you. That helps to explain the whole process and it is important to recognize the confidentiality and the boundaries for the families. So thank you.

Kathy Reschke: We had another question come in that has also been one that several people mentioned during registration and that's the - some issues around fathers. She says, I wonder if any of the programs presenting today partner with the Fatherhood Initiatives.

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Many of the abusive fathers have likely been abused themselves as children. In addition, we find that sometimes the abuse is woman to man. In general, violence may be seen as a way to solve problems. How are referrals for fathers handled?

And what other comments might you want to make about addressing the needs of fathers as well? So if anyone would like to take that question on.

Cathy Bodkin: Pam, I think you mentioned father involvement. Do you want to start? You may be on mute.

Pam LaHaye: This is Pam. It - the dilemma around fathers is very difficult. Our home visitors really want to screen fathers and of course screening fathers lets fathers know that we're screening mothers. And we're trying to protect moms from being in that situation if they're in an unsafe situation.

And yet we have had several really seriously injured fathers in our state. So we do connect fathers - we - with appropriate resources much as we would with moms. There are some specific programs for dads in our state but not many, and certainly not in the local areas.

So serving dads continues to be a challenge and we are finding we have to sort of sort that out locally, depending on the resources that are available.

Rebecca Levenson: I think this is - this is Rebecca. I think this is where the national hotline again, is a great resource. They're happy to serve either male or female survivors of violence. And we'll talk with them and that's a good referral source.

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Secondly, I wanted to mention that Futures Without Violence has a Fathering After Violence curriculum. It's in English, it's in Spanish. There are some great resources and tools there. It's looking at - it's certainly looking at perpetration rather than victimization within an adult relationship.

But it's looking at the - through the lens of a child, of a boy who grew up in a home with domestic violence or has children now and has perpetrated violence against his partner.

And it's really tapping into ideas around empathy and ways to talk about wanting the best for children as a way to motivate fathers to really think about their behavior and - which is different of course than looking at the issue of victimization for the dads in programs.

But I think that that tool can be useful. And I - again, I think this framework around what do we want for kids and what do we want for families and really thinking about that ACES card as a way to kind of open an opportunity to have a bigger conversation about universal goals for families is really - I think that's a really hopeful, helpful framework around these issues as well.

Kathy Reschke: Great. Thanks Rebecca. Deborah or Becky, did you have anything to add on that issue?

Deborah Drain: This is Deborah. For us it's really, you know, emphasizing with those fathers who are involved with our home visits, you know, just emphasizing the best and safest environment for their child so they get to thinking about what they want for their children.

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So it's even just pivoting back to the child rather than putting it - pointing back to the father and what they're doing and just building on what they are doing right as a parent and what they are doing right in their relationships.

Several of our programs also have parenting groups where mothers and fathers can connect to peers and communities so that reduces that sense of isolation as well. But we still have challenges in ensuring those safety considerations for completing the screenings.

And even just getting fathers to come to events sometimes, it's sometimes much harder.

Sometimes there's still a mentality that those events are for the mother instead.

Becky Morisse: And this is Becky in Alaska. I guess I can add that one of the strategies that the local implementing agency here has done - they've really done a good job of trying to engage fathers and we had a holiday party, a Halloween party here and we had half of the fathers come to the holiday party events.

So I think opportunities like that really can help better explain the purpose of the program and for them to be included and see it as a positive thing. So just one strategy we've worked on here.

Kathy Reschke: Thanks. That was very helpful. We just have a couple more minutes and so this may be a difficult question to raise when we only have a few minutes left. But a couple of you mentioned cultural issues. And I wondered if you could address maybe the role of partnering and collaboration when it comes to addressing cultural differences.

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I think Deborah you, specifically talked about some of the cultural issues that you have with both immigrants and refugees.

So I wonder if you wouldn't mind taking a stab at just talking a little bit about what you have learned as far as meeting some of those - understanding those cultural differences and how collaboration has maybe helped with that.

Deborah Drain: Well, in meeting some of those cultural differences I think for the home visitors, especially, doing a lot of listening, I think what we don't always realize is that every family has its own culture in addition to the society that it comes from.

So really creating that reflection with the family about, you know, when this happens what do you do? In addition to that, in working with our partners. So for example, if we were to work with a family who would come to us from a refugee center, to do a lot of listening to that refugee center while ask questions about what is and is not appropriate with the family and how you interact with them, whether or not you accept even some really basic things like food.

So that, you know, going in, you're kind of prepared to work with a family, you know, at - on a more open level. You kind of have to be almost like a tourist in approaching families from different cultures and really just be open-minded about how they might react or not react.

But also communicate to them what your culture is and how you do things so that if you do make a misstep that there's a lot more understanding or you can, you know, back up and save face and then move forward with the family.

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Kathy Reschke: Thanks Deborah. Anyone else want to comment on the issues of cultural differences?

Becky Morisse: Well I think - this is Becky in Alaska. One of the things our tribal - I mentioned in my presentation is the use of when you're using the cards or handouts, you know, pictures.

And that was one of the things our tribal partner over at South Central Foundation, made an effort to make sure that the screening materials that they were using with clients were culturally appropriate for the population they were serving.

Kathy Reschke: Good point. Time for one last comment, if either Pam or Rebecca, you want to address this issue.

Rebecca Levenson: I guess I could - this is Rebecca - speak to the safety card that Becky was just talking about in Alaska. There was a ton of work that went into that card and there were many focus groups that were conducted. And, you know, language matters and the words matter.

And while nothing is going to ever be completely perfect for every single person that comes to it, do you think it really makes a difference when people feel like it represents their experience in language and connects back to things that feel sacred and language that really works.

So it was - and how - I just want to say it was a really powerful thing to get to sort of hear about and, you know, witness the experience of folks having tools that were developed with them, for them and by them and how empowering that was for the women themselves in those communities.

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Cathy Bodkin: And Rebecca also the education that happens when you're working on a common project like that, a lot more description and understanding about what the difference and viewpoints and values. So that has a dual purpose. So Kathy, we're at the point where we need to wrap up I think.

Kathy Reschke: Yes. I agree. We're out of time. That went so fast. Rebecca, Pam, Becky and Deborah and Lorrie as well, I want to thank you so much for sharing so much of your expertise and your experiences.

It's really been a wealth of information so thank you so much for the time and effort that you each invested in being a part of today's webinar. Thank you so much.

As mentioned earlier several times now, today's presentation is the first of two webinars on the topic of home visiting and intimate partner violence. So you can see who our presenters are. Rebecca's going to be joining us again next time as she mentioned.

And Dr. Linda Bullock is going to be talking about research that she's done with - in Missouri I believe, with training of home visitors on intimate partner violence, and the results of that. And then Cynthia Zagar is going to be joining us to talk about the work in Michigan that's going on.

So I know that many of you have already registered so I know - and there's still time if you haven't. The link is right there. For those of you who have registered, in the next few days you'll be receiving an email with a link to some resources that you will want to look at before next Tuesday.

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One of those is a summary of the lessons learned by Dr. Bullock from her research. A very interesting article that will give you some idea of what she's going to talk about in more detail. And then also Cynthia has shared a couple of tools that she's going to be talking about.

And we will share that with you in that email. So keep your eyes open for that and make sure that it doesn't get caught in your Spam filter. And then we will end the section of the webinar next week, with a pretty long time of Q&A. So be sure and let us know if you have additional questions.

If you didn't provide any during the registration, you will have plenty of time to do that during the webinar. So we know that they're some really challenging issues and we want to give our experts some time to address those issues for you.

And then after the second webinar, next week, we'll be sending a follow up packet to everyone who has registered for both webinars or either webinar, that has additional resources and information.

And then also hopefully you noticed on that last slide, oh wait, well there is also going to be a final webinar in May, May 27th, that's going to conclude our series on systems integration by addressing some questions about measuring the effectiveness of efforts to better integrate home visiting services with other child and family serving programs.

So keep your eyes open for that invitation. And any questions that we don't answer will be addressed - some of them will be addressed in our eNewsletter. So if you're not a subscriber, click on that link.

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And then finally, of course, we hope you'll answer the questions in our evaluation because we really do use that to improve our TA. Thanks to Cathy Bodkin as well as Lena Cunningham, our program associates, for all of your work in planning and producing today's webinar.

Thanks to each of our speakers once again, and thank you for joining us and for all that you do on behalf of children and families. Have a great day.

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