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Recording Available

Healthy Moms, Happy Babies I: Supporting Staff To Help Families Remotely



Upcoming Webinar

Sexual Behavior: The Importance of a Multidisciplinary Evidence-Based Approach
November 3, 2020

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HEALTHY MOMS, HAPPY BABIES II: VIRTUALLY SUPPORTING PARENTS EXPERIENCING DOMESTIC ABUSE



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Meet Today's Presenter



Rebecca Levenson, MA

Consultant and Former
Senior Policy Analyst,
FUTURES Without Violence



Healthy Moms, Happy Babies II: Virtually Supporting Parents Experiencing Domestic Abuse

October 7th, 2020

Presented by **Rebecca Levenson, MA**



National Health Resource Center on Domestic Violence

7



- Setting and pop-specific safety cards
- Webinar series
- Training curricula + videos
- Clinical guidelines
- U.S. State & Territories reporting laws
- EHR and documentation tools
- Posters
- Technical assistance

To order cards, or for more information, resources and support:

E-mail: health@futureswithoutviolence.org

www.futureswithoutviolence.org/health

Phone: 415-678-5500 TTY: (866) 678-8901



In the chat box,
please type a word
that sums up your
feelings today?



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Getting Started

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Why is it important for home visitors to know about domestic violence?



Domestic violence negatively impacts home visitation program outcomes...

10

Including:

- Maternal health
- Pregnancy outcomes
- Children's cognitive and emotional development and physical health
- Parenting skills
- Family safety
- Social support
- Economic readiness

FUTURES
WITHOUT VIOLENCE[®]



Lessons Learned from Nurse-Family Partnership

11

- 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.



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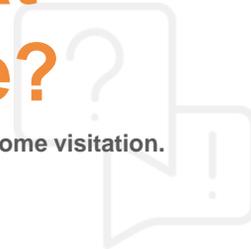
(Eckenrode, et al. 2000)



12

What is domestic violence? What does it include?

Personalize it with examples you have seen in home visitation.





What is domestic violence? What does it include?

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1. Physical
2. Sexual
3. Emotional
4. Economic
5. Other



Photo by Alexandra Koch from needpix, CC0



What is domestic violence (DV) and how is it connected to childhood exposures?

14

- ACEs and role of childhood trauma in perpetrating future abuse
- Trauma experienced as adults (e.g. combat exposure and related Traumatic Brain Injury) influencing our interactions with others
- It is often a cycle that gets worse over time – not a one time 'incident'
- Abusers use jealousy, social status, mental health, money, military rank and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest, or most realistic option for survivors



How common is domestic violence (DV)?

15



1 in 3 American women

- Highest risk ages 18-24
- High percentage of mothers

Cuts across all race, class, sexual orientation/gender identity, but some groups more at risk...

- Black, indigenous, and other people of color
- Transgender/non-binary/GNC people

<https://www.cdc.gov/violenceprevention/pdf/nisvs-statereportbook.pdf>



Health Disparities Issue

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When differences in income, education, and/or employment are considered, the differences attributable to race for DV decrease or disappear.

(Benson, 2004)

Home Visitation DV Data

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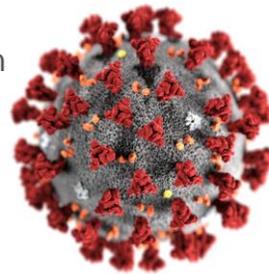
- **17%** reported past-year physical or psychological DV (Michalopoulos et al., 2015)
- Studies conducted among samples of low-income predominantly single women have noted that up to **30%** of women experienced DV during the perinatal period (Alhusen, 2013; Alhusen, 2014)
- In rural settings, the incidence of DV may be as high as **50%** during the perinatal period (Bailey, 2007)



Using COVID-19 to Extend Control

18

- Isolating from sources of support
- Exploiting resources for personal gain
- Regulating a person's daily life
- Depriving a person of independence
- Using children to monitor or control a parent
- Economic interference
- Minimizing or disregarding COVID-19 information



<https://www.shutterstock.com/search/Tmaximungo%20coronavirus%20COVID>



Considerations for Immigrant or Non-English Speaking DV Survivors

19



Photo by Tim Sloan, 2010, AFP

Unique controlling behaviors:

- Threats of deportation
- Taking kids outside the U.S.
- Lying about immigration status
- Forbidding English classes
- Using language privilege
- Holding on to important documents

DV 2018/2019 Data From Maine Home Visiting Program

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2018 Data	2019 Data
<p>% of clients screened for DV: 595/620 = 96%</p> <p>% of clients referred to support services who screened positive for DV: 9/26 = 73%</p>	<p>% of clients screened for DV: 484/544 = 89%</p> <p>% of clients referred to support service who screened positive for DV: 16/18 = 89%</p>
<p>Disclosure rates for DV: 19/595 = 3%</p>	<p>Disclosure rates for DV: 18/484 = 4%</p>



Share in the chat box...

21



Photo by fauxels from pixelfs, Pixelfs License, CC0

Why might a person stay in an abusive relationship?



Urgent: Please Pay Attention

22

If you only take one thing home from this training –

Leaving a relationship can never be the goal.

Leaving comes with the highest likelihood for homicide or acute victimization. Staying might be the safest choice.



We need to move away from asking:

“Why hasn’t the survivor left?” to asking...

“What can I do to support this mom, with what she needs?”

Picture from needpix, CC0





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How does domestic violence impact women's perinatal health and their birth outcomes?



Physical DV in the 12 months prior to pregnancy increases the risk of:

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- High blood pressure or edema
- Vaginal bleeding
- Severe nausea, vomiting, or dehydration
- Kidney infection or urinary tract infection
- Placental abruption
- Preterm birth

(Bailey, 2010)



Homicide and Suicide

25

- **45.3%** of pregnancy-associated homicides were DV-associated.
- **54.3%** of pregnancy-associated suicides involved intimate partner conflict attributable to the suicide.



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(Pandino et al, 2011)



Biggest Pregnancy Risks?

26

“Pregnancy-associated homicide and suicide each are a significant cause of maternal mortality...”



Photo by Thiago Borges from pexels, Pexels License, CC0

(Palladino et al, 2011)



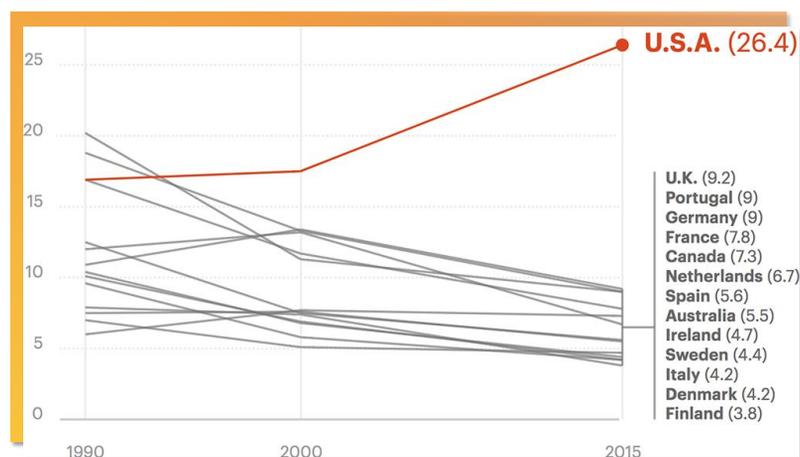
Using Illinois as Case Study

27

- ✓ In Illinois, non-Hispanic Black women are **six times** as likely to die of a pregnancy-related condition as non Hispanic White women.
- ✓ Black women were about **three times** as likely to die within a year of pregnancy as women of any other race/ethnicity.
- ✓ Homicides accounted for **15%** of all pregnancy-associated deaths for Black women. In contrast, homicide was a very rare cause of pregnancy-associated death for White women (2%)

Maternal Mortality USA

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Complications During Pregnancy

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- Pregnant women experiencing DV were more likely to **miscarry** than their non-abused peers.
- DV is a significant risk factor for **pre-term birth** among pregnant women.
- Low and very low birth weight (Shah, 2010)

(Donovan, 2016)



Women who experience abuse around the time of pregnancy are more likely to:

30



- Smoke tobacco
- Drink during pregnancy
- Use drugs
- Experience depression, higher stress, and lower self-esteem

(Alhusen, 2015)



Women, Opioids, and Violence

31

- **Research indicates that opioid use disorders are associated with DV victimization, particularly among women.** (Smith, 2012)
- **22.8% of women on Medicaid in 46 states filled opioid prescriptions during pregnancy (2007)**
(Desai, 2014)



Substance Use Coercion

National DV Hotline & NCDVTMH Survey N = 3,224

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- 26%** Ever **used substances to reduce pain** of partner abuse?
- 27%** **Pressured or forced to use** alcohol or other drugs, or made to use more than wanted?
- 24.4%** **Afraid to call the police** for help because partner said they wouldn't believe you because of using, or you would be arrested for being under the influence?
- 15.2%** **Tried to get help** for substance use?
- 60.1%** If **yes**, partner or ex-partner **tried to prevent or discourage you from getting that help**?
- 37.5%** **Partner or ex-partner threatened to report** alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?

(Warshaw et al., NCDVTMH/NDVH 2014)

Tobacco Cessation and DV

33



42% of women experiencing some form of DV could not stop smoking during pregnancy, compared to **15%** of non-abused women.

image by Cervels, from nestrix, CC0

(Bullock, 2001)



DV and Breastfeeding

34



Women experiencing physical abuse around the time of pregnancy are **41 to 71%** more likely to cease breastfeeding by 4 weeks postpartum.

(Silverman, 2006)



Postpartum Maternal Depression

35



Women with a controlling or threatening partner are **5 times** more likely to experience persistent symptoms of postpartum maternal depression.

(Blabey, 2009)



Rethinking Non-Compliance

36

- Women experiencing DV are also **twice** as likely to not initiate prenatal care until the third than their non-abused counterparts (Subramania, 2012)
- Women are significantly **more likely to miss three or more prenatal visits** than their non-abused counterparts (Dunn, 2004)



Photo by BT_Creative from DepositPhotos.com/110881600



Inadequate Weight Gain

37

Several studies have documented an association between DV during pregnancy and poor weight gain.



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(Beydoun, 2011)



Perinatal Health

38

- Women who disclosed abuse were at an increased risk for **rapid repeat and unintended pregnancy** (Sarkar, 2008; Raneri, 2007)
- Male partner desires for or against pregnancy may **overpower women's reproductive decisions**, especially in relationships characterized by patriarchal or male dominance (Gonzalez, 2010)



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The Coronavirus Outbreak | **LIVE** Latest Updates Maps and Tracker Markets Stimulus Checks What You Can Do

THE INTERPRETER

A New Covid-19 Crisis: Domestic Abuse Rises Worldwide

Movement restrictions aimed to stop the spread of the coronavirus may be making violence in homes more frequent, more severe and more dangerous.



Taub, A. (2020). "A New Covid-19 Crisis: Domestic Abuse Rises Worldwide." The New York Times.

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Remote Home Visitation: Supporting Clients Experiencing DV in the Time of COVID-19

Let us know in the chat box...

41



- How many of you have, or know someone who has ever left something out of a medical history or intentionally misrepresented information to their healthcare provider?
- Why? What were they worried about?



What Is a Mother's Greatest Fear?

42



Qualitative Research with Broad Health Implications

43

Perspectives shared by home visited moms:

- “If mandatory reporting was not an issue, she would tell the nurse everything about the abuse...”
- “I say no [when my home visitor asks about abuse] because that’s how you play the game... People are afraid of social services. That’s my biggest fear...”
- “Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services...she avoids the nurse a lot.”

(Davidov, 2012)

Help-seeking behavior was limited by abused clients’ fears of losing their children

44

One nurse discussed that although reporting children’s witnessing of IPV is meant to benefit women, it can actually prevent them from calling for help when they are in danger:

“We now have the thing where the police are calling Children’s Services. Well that prevents the mom from calling the police now because now she becomes the victim twice – “Not only have I been hit, now you might take my children because he hit me.” And so it’s something that looked like it was going to work goes in the other direction. . . It helps mothers get empowered but it also makes mothers not call for help.”

(Davidov, 2012)

Identification and Assessment of DV in Nurse Home Visitation

45



- The use of structured screening tools at enrollment **does not promote disclosure** or in-depth exploration of women's experiences of abuse.
- Women are more likely to discuss experiences of violence when nurses initiate non-structured discussions focused on **parenting, safety, or healthy relationships**.



(Jack, 2016)



Brave Space

46

- We are asking the field to move into what is called a '**Brave Space**' – what comes to your mind as you think about this?
- Often 'Brave Spaces' are spoken of in relation to 'Safe Spaces' (Arno, 2013; Boonstrom, et al 1998)
- We are asking the field to consider how disclosure driven practice means being the gate keeper of information



Health Equity

47

“Health equity means social justice in health”

(i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/ socially disadvantaged).



Photo by alfred03 on pixabay, Pixabay License, CC0

(Braveman, 2011)



Healthy Moms, Happy Babies Safety Card

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You Might Be the First Person to Talk About Healthy Relationships

49

How's It Going?

All moms deserve healthy relationships. Ask yourself:

- ✓ Do I feel treated with respect and kindness?
- ✓ Do I feel safe and supported?
- ✓ Does my partner support my decisions about if or when I want to have more children?

If you answered YES to any of these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, a longer life, and better outcomes for children.



Helping Others Is Strength-Based and Feeds Self-Esteem

50

Helping Another Mom

Everyone feels helpless at times—like nothing they do is right.

This might be true for you or someone you know. Connecting with other Moms about what's hard, and where you find strength, might help you feel less alone.

You can make a difference by telling another Mom she's not alone: "Hey, I've been there too. Someone gave this card to me, and it helped give me ideas on places I can go to get support and be safer."

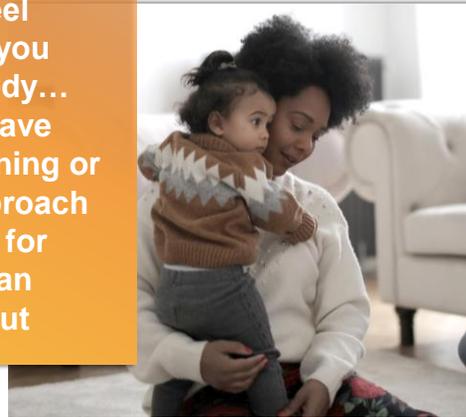
And for you? Studies show that when we help others we feel good about ourselves, too.



Empowerment: Provider Interview

51

“(The card) made me feel empowered because...you can really help somebody... somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel...more relaxed about talking about it.”



(Miller, 2017)



Empowerment: Client Interview

52

“They would bring out a card, basically walk in with it and she would open it and ask me had I ever seen it before? It was awesome. She would touch on, no matter what the situation you’re in, there’s some thing or some place that can help you. I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part.” –

(Client)
(Miller, 2017)



Photo from govt
public domain. 500px

“[Getting the card] makes me actually feel like I have a lot of power to help somebody...”



Universal Education + Altruism = Survivor Strength

53



CUES: Trauma-Informed Intervention

54

C: Confidentiality – See client alone, disclose limits of confidentiality

UE: Universal Education + Empowerment – How you frame it matters

Normalize activity:

"I've started giving two of these cards to all of my moms – because relationships can change. I always give two so you have info on how to help a friend or family member."

Make the connection – open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't, and how they can affect your health and pregnancy – it connects things that you might not otherwise see – like how substance abuse or depression can be connected to hard relationships."

S: Support – "On the back of the card there are ideas on how to be safer and 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."

Essence of CUES is Healing-Centered Engagement

55

Builds Relationships

Strength-Based Caring Focused

Focus on Altruism

Improves Access to Advocacy

Empowers clients and the folks they care about

Shares power between provider and client

“...the power of social support is more about mutuality than about getting for self...that is, there is a need to give, to matter, to make a difference; we find meaning in contributing to the well-being of others.”

- J.V. Jordan, 2006



From Cards to Conversations about Helping Others

56



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Remotely Supporting Survivors During COVID-19

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Virtual CUES is a Lifeline

What are Virtual CUES?

58

They are quick text messages



Scripted conversations for the home visitor



Always ask if texting is ok!

Virtual CUES: two strategies for connection relationship building and healing-centered engagement

59

1

Sharing positive support messages with clients during this challenging COVID-19 time, normalizing feelings and offering suggestions for ongoing support for ourselves and others.

2

Opening the door to conversations about healthy relationships: universal education and support for DV experiences.

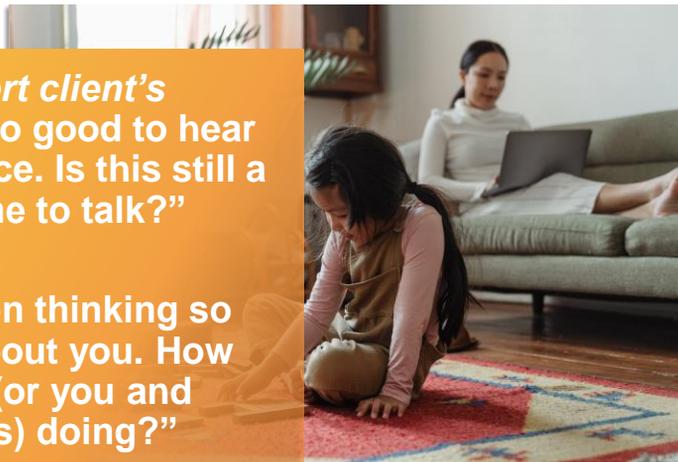


Safety first - Who is in the room...?

60

“Hi (*insert client's name*), so good to hear your voice. Is this still a good time to talk?”

“I've been thinking so much about you. How are you (or you and your kids) doing?”



Always ask – Can we talk privately?

61

- “Is there any chance you can take yourself out for a walk while we talk?”
- “If not, no worries, sometimes it’s just nice to have another adult one on one to talk with so we can focus on each other.”

Ideas for privacy:

- ✓ **Locations:** the closet, garage, in the car, basement, on the roof, in the bathroom
- ✓ **If older children present:** Or “have someone in the house watch the kids while you and I talk?” Or “do the kids have a headset they can use while we are talking?”
- ✓ **Safer Strategy:** “I know while we are talking folks may walk into the room or the privacy situation can change—if you ever feel uncomfortable please feel free to change the subject and I will follow your lead.”



Check-in: Self-identified needs...?

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“What do you need?”

- Food?
- Diapers?
- Formula?

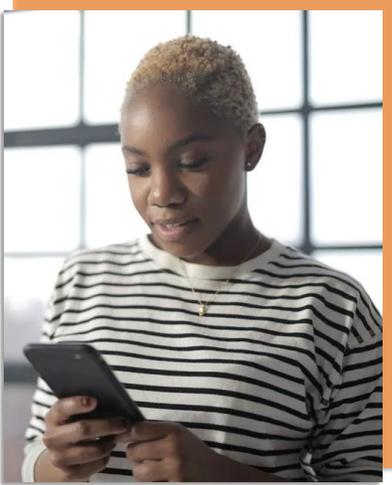


“Anything else that feels urgent I can help with?”



Before you send a text: Scripted conversation toward virtual CUES

63



“I know with COVID it’s a hard time for all of us.”

“The stress can be overwhelming. We are all worried about how we are going to feed our families, pay bills. Everyone is on top of each other in the house or maybe feeling lonely if they live alone.”

“How has it been for you?” Acknowledge what you hear. “That sounds so hard/complicated.” (Or if things are going well) “I’m glad your family is doing ok.”

Mirror back what the client says.



Script #1: Supporting ourselves during COVID-19

64

“To help folks feel less alone we have been sharing quick texts with simple ideas about supports to help if you are feeling sad or overwhelmed by COVID and you can also pass on to someone you care about too.”



“Saying things out loud that are positive, especially on the hard days, like –“together we are going to get through this” or saying to others how much you love or care for them helps reduce isolation – actually makes us feel better too.”



“The other thing I’m sharing with all our clients is an online support resource. Because we are so isolated it is important to know where to get free confidential help for everything from anxiety, to depression, relationship stress issues or worries about COVID-19. You can Text HOME to 741741 to connect with a Crisis Counselor.”



Sample Texts#1:

Supporting ourselves during COVID-19

65

Quick thought for you ☺

Your words matter, even on the hardest day find away to say something positive: **“We are getting through this”** or **“together we are going to make things better.”**

Saying hopeful things often, and out loud, can help us with stress.

- ✓ Love yourself – you deserve it
- ✓ Helping others can help us feel better too
- ✓ Tell the folks you care about how much they are missed or loved
- ✓ Talk with supportive people in your life
- ✓ In a crisis? Text HOME to 741741 to connect with a Crisis Counselor about anything – anxiety, depression, relationship issues, or COVID-19.

Script #2:

Universal education and support for DV

66

“COVID-19 has made things harder for everyone.”



“While we are all isolated, stuck at home, maybe worried about jobs or housing – With all that is going on we may be feeling stressed, we may hurt each other or our kids. Yell or make someone feel ashamed. We may stop listening.”



“The question is what can help and where can we to go to find out how to get support?”

Script #2:
**Education about domestic violence
 advocacy services**

67

“There is a **confidential national domestic violence 24-hour hotline** that has great ideas to help, and can connect people to local supports like counseling, ways to be safer at home, and even hotel vouchers when people need to get away from home to be safe. If you would like, I can text you a link or the phone number, or you could write it down if you like – what is comfortable for you?”



Script:
**Follow up about DV hotline
 number**

68

**If they don't
 want to write
 it down and
 say things
 are "fine".**

"I am glad to hear that, if anything should change, we are here for you."

And/Or, "No problem, we always have the numbers handy if you know someone who needs them."

**If they do
 want to write
 it down.**

"Thanks so much, and you do know if something like this were ever an issue for you, we are here for you. Please know we care about you (or you and your children)."



Script: If disclosure happens

69

"Remember you don't have to be in crisis to get support. A lot of people struggle in their relationships and it hurts."

"Thank you for sharing with me."

"You (and your children) deserve to be safe and treated with respect."

"You are the expert on your life and family; you get to decide what is next."

"You are not alone."

"I am here to support you".

"There are confidential services I can help you connect to – or make a three way call and stay on the line with you – whatever you want."

"Hi, I am Shannon I'm a home visitor and I have a client with me on the line who is in a complicated relationship and asked me to help connect them to you."

Script #2:

Universal education and support for DV

70

Quick thought for you 😊

Helping Others

- ✓ Everyone is feeling alone right now. Maybe where they live is hard. Maybe they are being hurt.
- ✓ We all need support now more than ever. To support others:
 - ✓ Ask what things they have done in the past or are doing right now to help themselves feel less alone and safer?
 - ✓ Call and text often. "I love you, care about you, I miss you can be a lifeline" — it may be the only support they have.
 - ✓ Help them know they are not alone.

Don't forget that advocates can help support folks in complicated relationships: <https://www.thehotline.org>

Script #2: Education about domestic violence advocacy services

71

“The reason I’m sharing this with you today is because we all know someone in a complicated relationship, but maybe don’t know what is available to help.”



“I send all our clients a link to the family & relationships page of Military One Source — it has everything from information about parenting and childcare, to help to strengthen mental health, and ideas that can help folks in complicated relationships. The information about supports for relationships includes domestic violence hotlines and info about local advocacy programs. I could also give you numbers now if that would be helpful.”

How often do you connect with FAP DAVAs?

72

- It is reassuring to know what your Family Advocacy Programs and local civilian domestic violence agencies are doing: **Have you checked in with them recently?**
- “We are using COVID to introduce our clients to local resources – so you have a name with a face and can ask questions.”



image by mohamed hassan from pexels, CC0

A FAP Victim Advocate Can:

73

- Remotely, on-phone, in-person
- Safer planning
- Navigate and negotiate systems
- Systems advocacy, including for undocumented people
- Support groups
- Housing supports and shelter/hotel vouchers
- Interpreters
- Support to adults, friends, family, teens children



S: Important Reminder

74



**Disclosure
is not the goal
AND
Disclosures do
happen!**

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S: What survivors say that they want providers to do and say

75

- Be nonjudgmental
- Listen
- Offer information and support
- Don't push for disclosure

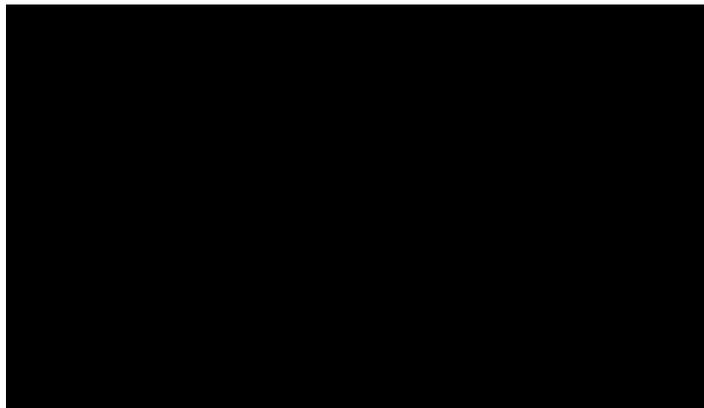


(Chang, 2005)



Empathy Video

76



<https://www.youtube.com/watch?v=1Evvqu369Jw>



Virtual CUES is a lifeline

77

- Making sure every client has knowledge about where to seek help for domestic violence.
- And know they have your support and understanding.
- This is the most crucial link for home visitation.
- Your action may save lives.



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Home Visitors can be a lifeline

78

You may be:

- The first responder for families experiencing domestic abuse or child maltreatment
- The only other person in contact with the military families and parents you support
- The only kind word heard
- The only access to information on help and safety



PROMISING FUTURES PROMOTING RESILIENCY

among children and youth experiencing domestic violence

Almost 30 million American children will be exposed to family violence by the time they are 17 years old.¹² Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother!¹¹

<https://www.futureswithoutviolence.org/promoting-resiliency-infographic/>

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL	FAMILY	COMMUNITY
<p>Temperament Individual temperament or sense of humor</p> <p>Relationships Ability to form relationships with peers</p> <p>Understanding Ability to make sense of their experiences</p> <p>Mastery Opportunities to experience mastery</p> <p>Expression Opportunities to express feelings through words, music, etc.</p> <p>Conflict Resolution Development of conflict resolution & relaxation techniques</p> <p>Culture Strong cultural identity</p>	<p>Role Models Adults who role model healthy relationships</p> <p>Supportive Relationships Positive child-caregiver relationships</p> <p>Health Healthy caregivers</p> <p>Networks Relationships with extended family members and others</p> <p>Stability Stable living environment</p>	<p>Access to Services Basic needs, advocacy, health</p> <p>School Positive school climate and supports</p> <p>Mentors Role models & mentors, i.e. coach, faith leader</p> <p>Neighborhood Cohesion Safe & connected communities</p>

Get started at www.PromisingFuturesWithoutViolence.org
 National Domestic Violence Hotline: 1-800-799-7233 (SAFE)
 National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

FUTURES WITHOUT VIOLENCE
Formerly Family Violence Prevention Fund

Development of this infographic was supported by Grant Number 82536D1 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. (1) Maitlin, A. S. (2016). Promoting resilience in development: A general framework for systems of care. In R. J. Van et al. (Eds.), Promoting resilience in children (pp. 177-194). Washington, DC: U.S. Government Printing Office. (2) Herman, J. (1981). The domestic violence cycle. In J. Tjebk, R. L. Turner, M. L. & D. O'Leary. (2017). Children's exposure to intimate partner violence and other family violence (pp. 1-12). Juvenile Justice Bulletin - NCJ 232372. Washington, DC: U.S. Government Printing Office.

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What are your thoughts about virtual CUES as strategy to help clients?

Self-Care – What’s on your checklist?

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- Turn off email when I’m not working on it (especially the sound)
- Tell co-workers that I’m doing this, and ask that they contact me via text if urgent
- Schedule meetings that were 60-minutes long to 50-minutes, to provide transition time.
- Start meetings with deep breathing.
- In 50-minute meetings, take a one-or two-minute stretch break at about 25-minutes — with families/co-workers.



Getting Started on Virtual CUES: Next Steps

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1. Print out scripts and read through them aloud
2. **Make changes** so it sounds like you/your community
3. **Supervisors** – plan for your staff to buddy up and role play to increase comfort – perhaps via ZOOM practice?
4. **Staff** – please set just a 10-minute date with a colleague to help you do a dry run
5. Try out virtual CUES with a more established family at first to increase your comfort – remember clients want to hear about how to help others in COVID-19



Mindful Movement

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- Wrap your arms around yourself — left hand over right arm and rub your arm
- Switch arms
- Stretch arms in the air, wiggle fingers, shake hands
- Come back to center



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Questions?



Thank you!

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Evaluation & Continuing Education



This webinar has been approved for the following continuing education (CE) credits:

- 1.5 CE from the **University of Texas at Austin, Steve Hicks School of Social Work**
- 1.5 clock hour from the **Commission for Case Manager Certification**
- 1.5 contact hour from the **National Council on Family Relations** to Certified Family Life Educators (CFLE)
- Certificates of completion

Evaluation Link

Go to the event page for evaluation and post-test link.

[Continuing Education](#)

Questions?



Email us at MFLNFamilyDevelopment@gmail.com

Event Page

<https://militaryfamilieslearningnetwork.org/event/85655>



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DISASTER AND HAZARD **READINESS** FOUNDATIONS

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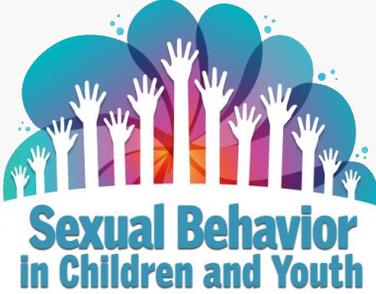
MilitaryFamiliesLearningNetwork.org/MFRA2020/




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Upcoming Webinar!

Problematic Sexual Behavior: The Importance of a Multidisciplinary Evidence-Based Approach



Sexual Behavior
in Children and Youth

November 3, 2020
11:00 AM – 12:30 PM EST

Event Page:
<https://militaryfamilieslearningnetwork.org/event/79979/>

For this webinar, focus will be placed on disseminating information regarding the continuum of sexual behaviors, dispelling myths about children with problematic sexual behavior, and instilling hope in treating this population.

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Topics of Interest

- Early Intervention
- Family Strengthening
- Prevention & Treatment of Family Violence

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