>> Hello and thank you for being here.

We will get started just past the top of the hour, 3:00 p.m. Eastern.

This will be recorded and closed captioned, and the closed captioning transcript, the recording and any materials our presenters share today will be posted on our website later this week.

They will also be e‑mailed to you, if you registered today.

If you would like to receive a certificate of attendance, we're not able to offer any CEUs, but we're happy to give you a certificate.

If you fill out a brief form, it tells what you're looking for, and in exchange, you will be able to put your e‑mail in that form and then we will e‑mail you the certificate after the conclusion of today's event.

Just as a note, this is a Zoom webinar, so you will not be able to unmute yourself or to turn your camera on, unfortunately, but we welcome to you ask any questions using the Q&A function and we would love to hear more from you using that and you will hopefully be able to see and hear us.

Most folks besides me are not talking right now, and we will let you know when we get started at the top of the hour.

Thank you all so much for being here.

>> Hi, everyone.

Thank you so much for joining.

We're going to get started in just a few minutes.

We wanted to welcome you and give you a couple of reminders.

Just as a reminder, this is going to be recorded and closed captioned.

The recording, any materials that our wonderful presenter shared today and the closed captioning transcript will be posted on our website later this week.

They will also be e‑mailed to you if you registered for today's event.

This is a Zoom webinar so you will not be able to unmute yourself or turn your camera on, but we hope you will be able to see and hear our presenters.

We haven't gotten started yet, so I'm the only one speaking, but you're welcome to ask questions and share with us using the Q&A function.

As a final note, if you would like to receive a certificate of attendance, we ask that you fill out our brief evaluation survey.

I put a link in the chat and we will do so throughout the webinar.

Thank you for joining us, and we will get started in a couple minutes.

>> It looks like we have folks joining from all over.

Penalty penning, New Mexico, Mississippi, Miami, Illinois.

Thank you all so much for being here today.

We're going to get started in just a few minutes.

Welcome to folks just joining us.

Just as a reminder, this will be closed captioned and recorded, and the recording, the transcript and any materials that our presenters share will be posted on our website later this week.

They will also be e‑mailed to you if you registered.

This is a Zoom webinar so you will, unfortunately, not be able to unmute yourself or turn your camera on, but you will be able to see and hear the presenters and we welcome to you answer any questions using the share Q&A function.

We will get started in a few minutes.

As a final note, if you would like to receive a certificate of attendance for this event, we ask that you please fill out our brief evaluation survey after the event, and it will automatically be e‑mailed for you.

I put the link in the chat and I will be reposting everything that I'm saying in the chat as we prepare to get started.

Thank you all so much for being here.

>> Thank you so much, Jess, for getting us started.

My name is Kiersten Stewart, I'm with "Futures Without Violence" in our Washington, D.C. office and I would like to thank everyone out there for joining us today.

I have the distinct honor of being joined by me colleagues today in what is, for me, a very rare treat and for you I hope a wonderful session.

I would like at the outset the family violence prevention and services office, as well as the Children's Bureau at the Department of Health and Human Services for their support of this series.

We will get started now with a moment of silence or reflection or prayer, whatever you feel most comfortable with.

We've been doing this for each of the sessions and we feel like it is deeply important in this time to ground ourselves in what is going on around us.

So I will ask everyone to please close your eyes briefly, keep a soft gaze on the floor, and less rather those who are perhaps lonely today, who are sick, who are struggling, those who may be scared at home or at the work place, or those who perhaps have even lost family or are scared to losing family.

Let's hold them in our hearts and minds and give this a few seconds right now, please.

Return to the group, take deep breath, put your feet on the floor and we are honored that you have chosen to spent this afternoon with us.

We know many of us are very busy and we appreciate your attendance.

Before I introduce our guests for today, I do want to take a minute and review what this series is about.

It is not news to any of that you two months ago, our lives changed dramatically.

Some were asked to leave our work place, and others were deemed essential, not leaving work places, some forced to leave their families to be at work in this series, we've heard from people who are doing both.

We've heard from practitioners doing telehealth with children and their families, people working with meant and fathers who use violence are or using violence.

We've talked to child welfare and domestic violence advocates, all shape shift in their professions to serve the families they care about.

This series is about unpacking all these things and learning from each other.

Today we will hear from a few staff at "Futures Without Violence" who have been thinking about and talking to folks on the front lines and learning and helping where we can to meet the needs of these families for what we're calling a better normal.

Some people are in chaos, in some cases, right now.

We know we need build back some point soon and the system for many of us wasn't working before so we need to build back better, create this better normal, as I said.

We hope your audience will find this useful.

We welcome you.

We want to hear from you, as well.

We will begin the session with some questions and conversation, but we will count on to you weigh in with your suggestions towards the end of the session, as well.

One of the things we know we can count on is things will keep changing.

Some of our newly‑developed practices will be with us and some should stay with us, and that's one of the things we will talk about today is some of the good things that we've learned, ways to change our practice for the better.

So, as a reminder, the session is the well‑being as a pathway to safety, it is the third in our series.

And I will repeat one more team for those that joined recently, this session is being recorded.

With that, I would like to introduce my colleague, Tien, if you would like to introduce yourself and then I will move on to Lisa and Juan Carlos.

>> Thank you, Kiersten.

Hi, so great to see you and have this time with you.

Welcome everybody who joined us on the call today.

I hope everybody is hanging in there, finding some joy in our sort of new normal and certainly being kind to yourself and others.

As Kiersten said, my name is Tien Ung and I over see our impact and learning efforts here at "Futures Without Violence", and one of the privileges of being a national organization is that we get to work directly with amazing incredible with innovators and doers and thinkers who are working across several different settings and in very diverse communities, constantly striving to improve outcomes for children and families that are impacted by violence.

So a big part of the work that I do is really to learn from all of our partners and from my colleagues here, some of them on this call with me todays, about what's working and what's not and to align and explore how that practice wisdom aligns with sort of lived experience and the current science and the best research on help, development, trauma and resilience with an eye to sort of codify and translate those points of alignment and intersections into sort of practical, feasible, cultural responsibility and actionable organizing principles for practice, program and policy design.

So I'm really pleased to be here to talk with you all about what we've been learning.

>> Thanks, Tien.

Lisa.

>> Hi.

Thank you so much for joining us, and may name is Lisa James, he direct our health programs here at "Futures Without Violence".

Like Tien, I have the privilege of being able to partner with so many advocates, domestic violence advocates and sexual violence advocates who are partnering with health care, as well as community health centers and major health systems that are working hard to support families who may be experiencing violence and prevent violence to begin with.

And so much of what I'll be talking about today is really building off those lessons learned, both through ‑‑ we have a number of different multistate, multisite initiatives with health care providers to build partnerships between them and advocates to support families, so I'll be sharing some of those lessons learned.

As well as lessonings learned that we are able to host and share out through the national health resource center on the national center for domestic violence we've been appointed by children and families to run for the last 30 years.

So it is an honor to be here.

>> And good afternoon, everybody.

This is Juan Carlos Arean, and a pleasure to be with you all here today.

I'm the program director at "Futures Without Violence" in the children's and youth program.

And my area of expertise and what I will be talking about is work with people who use violence from a perspective of particular programs, maybe child welfare courts and so on, systems that work with them.

I have almost 30 years of experience in this particular field, both as a practitioner and for the last few years as, like my colleagues here, training and technical assistance personal.

I've been talking to a lot of intervention directors in the last four or five weeks, so I hope to humbly represent their voices well here, so thank you.

>> Thank you so much, Juan Carlos.

As a recap, this session is really looking at how we do practice and trying to change the way we think about families in the way that enhances their safety and well‑being.

I'm going to start us off.

We will jump into the deep end.

One thing that's been exposed through the pandemic is the deep inequities that long existed in our society.

Covid didn't create them but it has certainly exposed them.

By this, I mean racial and gender disparities, as well as the disproportionate impact on immigrant families in tech, of our federal policies and recent immigration decisions by our government.

I would like to start with how black, indigenous and other people of color are impacted.

How do you training, how you recommend front line workers, equity issues in how they provide services and think about providing services.

I will say, before you jump in and answer, for those just tuning in we know folks are coming in gradually, this session is really a chance to provide both some very practical solutions we hope will be helpful as well as to give us a chance to think about some of the bigger issues, which we don't always get to do in our work.

Some of us are running hard from one thing directly to the next.

We hope to provide with you both things.

Lisa, one of the things we often talk about is that we're all in the same storm, but we're in very different boats trying to navigate that storm.

If can you lead us off thinking from a public health perspective, how are you approaching equity?

>> Thank you.

I just agree with you that ‑‑ and I know it is very apparent to everybody who is listening in and participating today what this coronavirus has shown us, it is disproportionately impacting communities of color, particularly the African‑American communities seeing 3% more rates of infection and six times higher rate of death compared to the majority white counties.

So we are living and seeing and breathing these disparities we know have always been there, but it is just, again, shining very bright, breath light on those disparities so a number of patterns or contributing factors we're paying attention to in our work is those disparities themselves.

Many of us collectively have been working for a long time address the health disparities and higher rates of health issues that can actually lead now to complicating factors around covid, so higher rates of asthma or other complications that will make you more vulnerable to infection and death.

And so we are continuing our effort to address those implicit bias and other structural challenges that contribute to the health disparities that we're now seeing really play out around covid.

We're also seeing a lack of health care access, and that is just going to increase, unfortunately, as we see more and more increased unemployment and lack of health care access through your job.

And, again, this just more important now and more than ever because it is a matter of life and death some we're working hard to increase the access to all communities to health care so that we can both prevent things like this in the future but also serve our communities better.

And continue to face and challenge the implicit bias in the health care delivery system that is happening even now as we treat victims of covid.

I also wanted to lift up it is not just about the patients, but the staff, as well.

One of the reasons and contributing factors that we've seen is looking at who has been deemed an essential service, and so many communities of color are disproportionately included in those essential services or jobs that are deemed essential.

And for health care, that's really played out for us in terms of who comes to work, who gets protective gear, who is celebrated at 7:00 p.m. and who is not in our communities.

And who is getting sick.

So we really spent a lot of time trying to think about not only the patient care but also the carry and support for the whole health care team who is putting themselves at risk as they to this work.

And then, just lastly I'll mention, and then I'll stop.

We're always committed to address the larger structural issues at play and the systemic challenges we're facing.

So looking at all those components and lengths that can contribute to putting a person at risk for infection, like living in unsafe housing or crowded housing in jails or detention centers or foster centers, living near maybe it might be incinerators to put you at risks for asthma.

And how can we work on these structural issues as we promote violence prevention so we can improve access and better health so those are some of the issues we're looking at.

I was very struck by a colleague's comment.

We asked her, she is an emergency room physician in New York and we asked her, how has your life changed in a couple of months and tell us a little bit about that.

She said, well, from the safety of my privilege where not much has changed I consider that not much has changed.

It is our same people bearing the burden, dying, hungry, grieving, sacrificing and afraid.

So it is with that knowledge that this is very much the same but also very unique and different that we're just doubling down on our efforts to promote the policy and practice change to do a better job by all communities and prevent both e both violence.

>> Lisa.

>> We served on the front lines of the child protects system for a decade, in the area of family violence and child maltreatment.

When it comes to inequities, I want to highlight some was what you and Lisa have already put out, we had precovid disparities and sort of inequities that are amplified, since covid and just separate some of that out a little bit so that we can hear more from the folks who called in today about what their specials are and their questions are.

But certainly in child welfare, in terms of inequities and disparities, we've known for a long time that there are racial and ethnic disparities in terms of reporting.

Which children and families experience a higher rate of investigation and support, supported investigations in the child welfare system tend to be African‑American families, la eastern know families and native and tribal communities.

Those communities of families also experience higher rates of removal, just by way of concrete numbers, we know that 33% of kids in foster care are African‑American, even though African‑American children only make up 15% of the child population.

And I think, as long as 2009, Native American children have had the highest rates of representation in our foster care system.

We also see sort of inequities in sort of disproportionate ate numbers when it comes to serious injury.

In that context, we tend to see sort of much younger children, infants and toddlers, being the ones in our child welfare system that come in and experience highest rates of placement, out of homes, highest rates of death due to serious injury.

Again you see racial disparities in that phenomenon, as well.

And, you know, I don't want to sort of not sort of highlight pre‑covid inequities when it comes to our child welfare system relative to the experience of our sort of older youth in the system, right.

It's one of those dynamics where, as you get older in the child welfare system, service delivery tends to shift from a service, right, aspect, more to kind of a punish and control aspect.

So we see a lot of youth, you know in our care systems receiving services that are primarily focused on things like behavior modification, symptom management, unless and sometimes at the expense of more sort of relational interventions that focus on cultivating their social connections and more supports in the community such that we have young people aging out of foster care into unstable housing conditions without support for education and for employment or into our juvenile justice systems, which is indeed pretty stressful.

What I think covid has highlighted is that maltreatment, the nation is turning to understand that family violence and domestic violence are not simply about individuals with either violent tendencies or sociopathic or psychopathic tendencies but violence comes from larger social conditions like poverty, discrimination, gender‑based beliefs about who gets to do what and who gets to express what and how one gets to express their feelings and emotions.

Social inequities, education, health care, jobs that pay a liveable wage.

We see that covid‑related impacts, if we're worried about children and women and the safety of children and women, we have to look at the systems of care.

Particularly, systems like our childcare infrastructure, like you're saying, and really look deeply and critically at who is getting care who is giving care, when is care offers, and how are needs getting met in the childcare structure.

We mate shift, there is a huge opportunity there that I think is being highlighted through the covid disparities that adequate, universal, affordable childcare that doesn't over burden people of color who are sort of earning low wages as caregivers now is certainly an area to spotlight.

I think he will say one more thing and hand it over to Juan Carlos, you know, there is a lot of question about whether or not we've got eyes and ears on our children right now, during this time of sort of lock down, and I think that's an important question, no doubt.

But I think what we're learning from the field is that additional questions that are equally important is just not so much do we have eyes and ears on our children, and are they safe, but how are they doing?

How are their families doing?

How are their parents doing?

Are e okay?

Are they able to manage food access?

Are they able to, you know, be safe in their homes?

Are they at risk for eviction.

All of those are dynamics that exacerbate violence and maltreatment in homes and so we can't look at this issue any more solely as an issue of adults harming children.

>> Thank you for that, Tien, you gave us a lot of good language and thinking how we need to reframe these issues with that Juan Carlos, I want to kick it over to you to sort of jump in here to help us sort of rethink how we view men and fathers and how we think of this exact issue are we trying to keep eyes on people?

Are we helping support families to be safe and healthy?

>> Thank you.

Yes, fascinating conversation, what my colleagues are saying here, of course, could apply with the work with men who use violence.

It is fascinating because in my experience, one of my big professional frustrations is the field, so called battery intervention, working with people who use violence, has been, I would say in denial about all these issues of inequity.

It is a conversation that is just not happening and hasn't happened for decades.

Certainly pre‑covid, right?

And, the truth is that because the domestic violence movement in general and battering in particular, have been so closely aligned with criminal justice responses, the inequities, Lisa was saying, the structure and inequities do transfer over to the battering intervention programs.

We know communities of colors of policed more than white communities.

We know that men of color are seen as more dangerous, arrested at a higher rate, convicted at a higher rate and deported, right?

All that has an effect on who gets referred to this program they receive almost all the refers from the criminal justice system.

This has a very strong implications we have programs that universally where the participants are low income in urban settings are people of color, and one thing I've seen through my career, might be referred to therapeutic services, maybe even couples therapy which is contra indicated approach and a dangerous one and people of color, men of color, are being sent to these programs that many of them already have a conception of account that is more punitive, less supportive.

So this has all kinds of implications.

The other interesting point is that if someone is sent, for instance, to a therapist, usually they can use their insurance, if they have insurance to pay for it.

Battery interception programs, by and large, do not accept insurance and some states are forbidden from getting insurance.

So they are ‑‑ verily support for battering intervention programs so they rely on the fees that this largely low income people have to provide.

One of the interesting things happening now is with the amount of unemployment we have and with the circumstances that we have, programs are really struggling financially because people cannot pay or will not pay to participate.

One more thing in terms of inequity right now, in the era of covid‑19, is access to technology.

More and more programs are moving to online platforms, leak this one, but not everybody has this kind of access.

Right?

Not everybody has a computer.

Not everybody has good internet access.

People can join by phone, but not everybody has unlimited data.

Right?

Some people pay by minute so there is all these kinds of implications, not to mention that many of the programs feel that it is very important that, for the men to anticipate, they need to have privacy.

Not everybody has the privilege of privacy.

Certainly there are all these inequities, and as Lisa said, this very bright light is shining on them right now.

>> Thank you so much for that framing and that introduction.

I think that conversation really grounds us for the conversation ahead.

We know that, generally, when people are afraid, that's not always the best time try to make change in terms of best practices.

Often when we're afraid, that's the time we exist in systems we retreat back to what we know.

We retreat back to the rules say this or the law says that.

I know what we're all really trying to do is take this moment to encourage people to do best practices and to not see them as counter to safety, particularly in the most difficult and challenging teams.

We love you guys and all your best practices, but I'm Amanda Tory reporter or I'm seeing clients in an hour, what do I do when I see this?

What do I do when this happens?

How can you make these ideas concrete for me as a day‑to‑day practitioner.

We will go back to you, Lisa in how we start this off.

How I do address, I am a neighbor, I'm a health care provider, I'm scared my client may be a victim was domestic violence, what do we do.

>> And for those that don't know, Kiersten always asks the practical questions.

That is her role in our agency.

I wanted to back up for a second, I forgot to mention another sort of trend or complicating factor that we're really paying attention to, and it lends us into the practical recommendations.

The amount of significant information certain communities are getting about the coronavirus and about violence prevention and that that information is not being applied in an equal way.

You meet have a language access issue, you might have technological access issues that Juan Carlos just talked about, you might be in a very isolated community.

Or you meet just not have trust in the systems that are providing the information.

So I wanted to lift that up because it is a part of our practical solutions.

In terms of thinking about how to will that trust as well as working on some of the structural challenges, and clinical and practical challenges as we move forward.

The big move in the last couple months for advocacy is the move to telehealth.

It has been mind blowing how quickly that shift has happened, and how we have been struggling with, okay what does this mean for conversations around health and safety and particularly around how do you start conversation around intimate partner violence and where to get help.

Because we're particularly concerned, as I know many of you are, with people over hearing the conversation, and Juan Carlos lifted up the lack of privacy.

You definitely can see that particularly controlling people might be interested in monitoring either texts or video chat so we have to address this carefully.

At the same time, here is an incredible opportunity, a life line through the telehealth or virtual visits and that provider might be the first person a patient or client has talked to in the last couple weeks and may be the person who can offer those resources we know could be critical.

Just lift up we've really leaned into the universal education approach in thinking about virtual visits because of the concerns around safety about asking direct questions and expecting extended responses.

And so I won't go through our entire intervention because that is a training in and of itself but I want to lift up a couple of themes, which are the first being universal education.

So after establishing some form of private place to talk and people have been very creative about how to do that.

I can talk a little bit more about that.

After establishing privacy and disclose anything limits of confidentiality, we are really working with providers to encourage them to offer information about domestic violence and where they can get, where a patient can get help to share for themselves or for their friends and family members.

And we're really hoping that this is a shift to a more relational approach that promotes family well‑being opposed to sort of an investigative approach to screening for domestic violence.

And, I think now more than ever it feels more doable because we're starting, each of us, even when we get on the phone with our friends or family members, we start with how are you, how are you feeling?

Kind of a check in that is more natural, unfortunately, due to the health issues we're all so afraid of.

So having that normalizing conversation, we've found has really lended itself to opening the door to other concerns and acknowledging you might be feeling a lot of stress and that stress may be impacting your relationship, impacts your health.

As a result, we're offering everybody resources and would it be okay if I sent you a text or entered in the video chat, information for yourself or your friends and family about food insecurity, about stress, parental stress and about relationship stress.

So just bringing that up, normalizing it regardless of whether or not the person that you're speaking with discloses anything, gets the word out across the board.

And I want to lift up a key element of that universal education which is altruism.

We are really leaning on the patients to help us be public health advocates themselves.

We don't hold all the power.

Let's share the information and you can share it particularly in times of physical distancing and isolation with your friends and family members, so really trying to equalize that and encourage patients and providers to share the information.

And the last thing I'll say is just that even though we're moving towards, we're pushing forward with universal education and virtual visits that doesn't mean people don't disclose, so we're working with health care providers and learning from health care providers, how can they respond to somebody when is experiencing violence or abuse and how can we not only connect them up with other resources and community‑based resources, but also address some of the health issues they are facing that takes partner interference into consideration.

We're seeing a whole host of behaviors, in terms of how a perp who uses violence can go to great lengths to control somebody so limiting access to hand sanitizer, limiting walks, misrepresenting the physical distancing rules so making sure that providers know about those strategies and they can create a care plan that take it into consideration has been a big lesson learned.

I'll stop there.

I could keep going, but I'll stop there.

>> Edge there will probably be good questions, too.

We will have another chance to get into the practical benefits you've already seen in terms of this approach.

Tien, I want to bump it over to you now to talk about what this type of passionate engagement looks like when we're talking about children, and children where we may be concerned about issues of wheeled abuse or even child sexual abuse.

>> It is a great question, Kiersten.

The practical situation, I am a neighbor, a family member, how can I help.

You know, we did come up with a list of tip sheets for that scenario specifically, for family members and friends of children and adults you might be worried about on our website.

I want to direct people there.

Again, one of the things I think is really bubbling up during this time, Lisa was saying before, you said this in your opening comments, right?

As the world started turning upside down, some of us were deemed essential, others were not.

We're seeing the disparities in terms of essential workers, folks that need to go and serve in our pharmacies, at our gas stations, all the help support workers who are managing offices, cleaning hospitals.

Even though schools are shut down there staff that clean the schools, serve food, grocery workers.

These are all essential workers who actually have to work and many of them have children and those children need care.

So offering care and offering, you know, safe childcare is something that people can do, which, again, not to belabor the point, bull I think people don't tend to think about the childcare structure as a child abuse prevention strategy, but yet it is.

We talked about childcare not being just a service provided to working parents so their child can be looked after as they work, but childcare is an opportunity for society to create the experience being and conditions that actually keep children safe, help them learn and promote their health and their development so I think it is really essential for us to kind of think about that during this time we're trying to think about how to help children we're worried about.

We have to crack that nut.

In terms of compassionate engagement, I know Juan Carlos has a lot to say this.

I would just say it really is about how we do things, not whether we do things or not.

And again, I'll hand this over to Juan Carlos it expand on.

But one thing, in addition to compassionate engage that is critical in terms of your question, what do we do when we're worried about children and we're mandated reporters, especially into times like this, is sort of remember that slept and accurate decision making is a team sport, right?

This is a time, now more than ever, where we need to be, as service providers, building relationships and partners and trust to engage in what we call full spectrum decision making, getting multiple points you view to make sure we're making decisions about when to file, whether to file, when to screen and investigate based on what we know and understand about families and not what we think and believe.

You know, I think it is just really critical now to have that cross system trust and collaboration, not just coordination.

Coordination would be the design prince neal sort of exacerbates everybody's fear.

How can we get there fast enough?

How can we make sure we have ears and eyes on families behind closed doors?

How can we understand what is going on?

How can we work with children and families to help them really be safe and get to the truth of the matter?

>> Thanks, Tien.

I would like to transition over to Juan Carlos.

One of the things that this moment has made visible and that we've talked a lot about is what to do about the men, and it is not always men, but we do know the majority of cases of domestic violence in general it a male person who is using violence against most often a female partner.

And we've talked a lot about what are the other systems of accountability that can actually change the behavior, right?

What we know as domestic violence advocates is so few people really want to end their relationship, they want the violence to stop.

So I would love for you to talk about some of the new programs and new ways of thinking and how they're playing out in this moment.

>> Sure.

I mean, this is a very complex question that doesn't have a perfect answer.

Right?

We're all trying to figure this out together.

But, my colleagues were saying there is a lot of fear right now but there is a lot of creativity, too.

That's what I've seen in the field.

People are really, I mean, people are committed to this issue deeply, are trying to figure out how to do this safely.

Both of my colleagues mention things like compassionate engagement or relational connection, right?

And the futures for a long time we've had a framework we work with, now we like long names so we're call this is the systemic end relational accountability.

And, we understand that accountability for men who use violence or people who use violence can have, needs to have, a systemic dimension of it, right, because people have to be contained, of course.

But, I, and we will believe that it also can have a relational component to it.

And one of the interesting things about this, Kiersten, is that talking to program directors about intervention programs around the country, the ones that I know that have been tracking this relational kind of accountability, I hope that everybody understands when we talk about relationship, compassionate, we are pea not talking about justifying the behavior, we're talking about still our goal is to keep families safe, children and survivors safe.

But it's about approaching it from a different point of view.

This is not something, you know, this is many practitioners have been doing with different names, with different approaches, but it is basically number one people who use violence, it's men as complex human beings and the other one is that, when one establishes a relationship with someone else, whoever that is, it will be much easier to do whatever you want to do, including keep them accountable of their behavior.

It is interesting what Lisa was saying of the questions, first questions now are how is your health and do you have enough food?

I have heard from practitioners that work with men who use violence that they are asking those questions that they never asked before.

It is always the first question, what did you do now?

You know, what's wrong with you.

By starting to express genuine interest in the well‑being of all of family members, including the pressure who uses a real lens, do have you enough food, how is your health?

How is your family?

Normalizing a little bit of the situation that has been one of the things that this situation has given us, too.

I can call someone that I might not know very well and say, you know, I'm really stressed out right now, I have to take care of kids, I have to work, or not work, how are you coping?

What are you doing?

So it is a different conversation, if you will.

What I've seen is the programs that already have been using that approach and are offering right now groups, say, online, many of them for free, many of them without a negative consequence if the men do not peat, they've seen that 80 to 90% of the participants who want to be included, want that connection, want that support.

So this is breaking a big paradigm that we have had in this country that men who use violence will not come to groups voluntarily and they will not seek help voluntarily.

We've seen in other countries, that's true that people will do that.

But I think one of the things that I would like to get out of this period is to really start exploring, as you say, Kiersten, other models of how to hold men and people accountable, including community accountability.

Restorative justice.

There are many models based on practices of people of color and practices that have millennia of traditions that we could look at without just saying, oh, this works there, we will take it here.

But I think this is a time to be creative and bold and careful, too.

We can do both things at the same time.

>> Great, I appreciate that, Juan Carlos.

You know, we're going to start jumping into questions shortly after we have some of these initial questions so Lisa, I would love to pose a question to you that came up in the Q&A.

And then, he would also love to do a bit of a pivot, so let me introduce the pivot and then we will go back to the questions this next section, I would really like to talk about what you've been learning both in the work you've been providing and what you're learning from programs across the country that's working.

Right?

We had to jump into this, all of us did, we had to make some changes but there are some things I think I've been hearing and I think I heard this from you all, as well, we would like to keep there are some good practices that are starting so I would love for you to each talk about that and then, Lisa, maybe to kick us off, if you could answer what sing a really good question, which is, can you break down a little bit what you talked about around the intervention and what does it near do universal education.

Start us off, how does that conversation begin, and if you could let folks know about where they could learn more.

>> Sure.

Thank you.

The intervention we've been implement agency cross the credit for some time face‑to‑face, the active crow name is c is for confidentiality than gets at your reporting question, I realize I didn't touch on too clearly, Kiersten, but it is absolutely critical to disclose any limits of confidentiality prior to having any conversation about violence.

Just so that the person that you're talking with knows what they share might, what part of what they share might be reportable.

That allows the patients to choose what they want to disclose or not.

So c, disclosing limits of confidentiality.

U, universal education and empowerment.

And the s is support in terms of universal education, it is offering resources, information about how violence impacts health and where people can get help.

This seems like a lot when what are increasingly very short visits.

It is faster to provide this to everybody than look long and lengthening risks of red flags people associate with violence, because there are so many health consequences that result from violence, it is more efficient to provide this information routinely.

It may be a question, after checking in with somebody, how are they doing, do they have enough food, just acknowledge we may be experiencing stress in our relationship, including increased fighting or harm.

This can impact your health.

As a result, I'm offering all my patients information about confidential help that you can access, free of charges, and would it be okay if I offered you or texts this information about where you can get support for parents or stress, around food access or around violence.

So checking in with that person to make sure they can receive a text safely and them offering either the text or in the chat, a lot of people have found that offering that in the chat is helpful.

And then, finally connecting with services.

It is important, one thing that we've learned in the last couple months so that many domestic violence and sexual violence programs are operating in lots of different ways, so it is important to encourage the health centers know their local program and know what services they're providing, even during covid and we've seen really creative strategies around how to connect up right then and there during the visit and patch somebody into an advocate if they need it.

So that's the intervention.

And there is a lot more, we'll include after the session in terms of where you can get training and resources to support that type of intervention.

But to get to your question around what's working, and what I think might stick even after things change, if and when things change.

So, that is that this telehealth I think is here to stay.

It might not be quite as much as we're seeing current high, but it is here to stay and access for folks who are interesting trouble getting to their appointments with transportation challenges and work challenges.

We've seen increased access, and we've also seen, I've heard providers describing basically what an honor, I think we talked about this in some of the earlier sessions in these series what an honor it is to be in somebody's home and how that changes the dynamic between the patient and provider in new ways that were unanticipated.

So it's been a real personal transformation for so many health care providers to sort of see and have an understanding of what is protective and not protective in the home.

And again that kind of mutual concern for one mother has been a stabilizer that has leveled the playing field and helped with conversations around violence.

So I just think all of that lends itself to an increased window to talk more about relationships and do that in a way that, as you said, Tien, that's less about surveillance and investigative and more about conversations and well‑being and healing.

>> Thanks, Lisa.

You saying that reminds me of a conversation we had with someone who works in a school peace based health center, saying the same thing, you see the child at school and it feels like it is going well and seeing that child in the moment, seeing a sibling, a mom come into the picture, the dog showing up, you have a much better sense of what is going on in that family and the strengths that are in that home, as well, that you don't always get.

So maybe Tien, now it is good time to transition to you, what are some things that are working?

What are some things that we're learning we may want to keep after this?

>> This question gives me so much joy and hope, so thank you for posing it.

I think just to kind of hold on it what everyone has been saying, the things we're seeing and hearing from the front lines and things we want to keep is this notion that communities and systems, more than surveying as eyes and ears and access to sort of vulnerable children and families can actually serve as protective factors, the right?

And that we can actual design those systems and those communities to serve and act in that way, which I think is so incredibly exciting.

I think we've seen, and I hope stays, a shift from sort of symptom, behavior and attrition management when it comes to service delivery as key organizing principles for design to, instead, centering our lived experience, right, using kind of the science and best evidence to sort of guide decision making, and I think my favor rate is this notice of solution co‑design rather than intervention as the primary output.

What we're seeing, I hope it is here to stay, the problems we're worried about at this time can be meaningfully and respectfully engaged to play a key role in offering and explaining what they need for a better outcome and better quality of life.

That is something I hope stays.

The last thing I'll say is I hope that we will, as providers and prevention ecology continue to reward help seeking and effort.

I hope that help seeking and service utilization are actions that we can celebrate and make easy for children and families, should never cause anguish.

I hope those things stick around.

>> One thing I want to remind folks or encourage folks to do who are listening, please put your questions in the Q&A.

We would love to hear your suggestions, resources, as well as some ideas or things you would like us to respond to, as well, things that spark some creativity or curiosity on your part.

So please go ahead and put those in, start putting those in the Q&A and my colleague will start feeding those to me, as well.

As that happening, Juan Carlos, I would love it hear your thoughts on that question.

>> Thank you, Kiersten.

One of the things that I'm hoping that will stay is that we expand the way that we think of the work with people who use violence to include a community approach.

And what do I mean by that?

I think we all can play a role in that.

I think faith healers, for instance can play a very strong role.

It is independent of the battering intervention and so on.

In order to do that, as a nation we need to come to a place which we understand that people can change, that these folks by and large are not monsters, they are people that most of them have been hurt themselves.

Again, this is not a justification for violence, it is an understanding how to approach.

The other thing is, Tien was mentioning help seeking and rewarding help seeking.

Another paradigm in this country, people who use violence will not seek help voluntarily.

The United Kingdom has a dedicated hotline for men and women, I suppose, to call when they need help.

We do not have one in the U.S.

We've had attempts for some at times, but there is never funding for that.

The one in the U.K. say doubling of calls since the beginning of covid‑19, and a triple of chats and e‑mails and those kinds of communications.

A lot of people out there asking for help.

Not everybody, but some are.

So, for me, again, this is an opportunity in this country by and large, we have had the only channel to get people to programs to work on violence are what I would call the channel, mainly criminal justice and also child welfare.

But what will other channels, as health care, as faith, as you know, therapists and so on, as neighbors, right?

Why don't we develop a response in question, when a neighbor hears that another, you know, I hear my male neighbor using violence in his home, that I learn how to knock at the door and say something to intervene.

You know, it doesn't have to be confronting him to have a fight with him, it could be something as simple as saying, hey, I want to see if everything is okay.

So I think we need to develop more and more of those solutions outside of the individual very narrow line that we have, which by the way, only touches very, very few families at this time.

>> So, Juan Carlos, we have a question or two in the Q&A so I would like to push this a little bit with you.

I know it is something you're familiar with and a concern that we all have.

There are some out there who are still very dangerous and some pathological.

How can this approach, could it be apartment snow level it is something folks have African‑American or fear about.

>> I totally understand that.

When you train, I create a chart, with access.

Within that chart there are thousands of possibilities of how much we reline on systems and how much we rely on relationships.

For some folks, absolutely, some people belong in jail.

I actually believe that very strongly.

I also believe that our criminal system punishes some people, like people of color or low income people, more than others, of course.

That's also a point.

But if we think if we create all of our responses based on this idea of a pathological, psychopathic, non‑empathic person who uses violence, in the field for a long time what I call a batterer, if all we know is to respond to that we're missing an lot of people and opportunity.

Yes, we need that response for some people, but we need differential responses for many other people and some will immediate much more on the relational side and more on the systemic side and most will be some kind was healthy combination.

>> Okay.

I like that idea there needs to be more tools in our tool belt for responding to then.

>> Yes.

This is not instead of, it is in addition to.

Right?

>> I appreciate that.

Tien, also, getting back to some sort of the practical issues, how do you to virtual visits?

What are we learning?

What are some of the best practices?

For who are not necessarily in the health care system where there is more of a structure behind it.

Say you're doing a visit with a child in foster care and maybe you have concerns about that child's safety in the home.

>> That is a good question, we created a tip sheet for that as well, how to interact with children and young people.

If you are in an organization that serves children and families, you can find that on our website, as well.

Some of the things we are advise and coaching people to do is to find ways to organically, you know, engage with young people, their phone, allows you to open the framework that opens the door to other deeper conversations.

So, for really young children, we were suggesting things like, you know, when you're calling to a house, you can invite young kids and their siblings to go on a scavenger hunt, for example.

Maybe have them play what we call sort of virtual hide and seek.

Have them hide the phone somewhere in the house and stay in the room where they've hidden the phone and thing the worker or the service provider, therapist or social worker can kind of guess what room they're in.

Some of that is about, you know, finding ways to focus on building relationships and making connections with children and young people before you sort of just jump right in to whatever agenda you feel like you need to have a conversation about.

As adults, we've adapted saying we will move our office environment into the Zoom and we will say hello and then get right into business with children and young people, you always have to prioritize the relationship building first, and that might mean you have to step out of the mindset of having one session once a week.

You might need to check a couple of times, text sometimes, see how a one person is doing as a lead up to the actual session or the virtual home visit you're going to have.

So that way, you've had some contact with them, there are ways to could some of these strategies in this tip sheet.

Thing after you've kind of checked in with them, help them to feel a little bit more comfortable, nurtured that connection that relationship, you might say, always, you know, I really wanted to check in about some specific things.

Is there a private place that we can talk?

I should also say one of the first virtual dialogues was exactly about how to create meaningful and respectful virtual spaces for kids who need therapeutic care, so I really encourage folks to check in and hear what Nina had to say.

She had some really beautiful guidelines in terms of also how to create, you know, a very meaningful and respectful waiting room.

How you call out to the house and speak with the adult first and check in with them first, just like you would do when you're receiving somebody in an office.

The parents and the child.

The foster parents will be sitting in the waiting room somewhere, so you have to think about the virtual space.

>> Can I add something around the waiting room real quick.

I think it is also being used by some providers sort of Zoom breakout rooms to have more private conversations about healthy or unhealthy relationships, as well.

It is just another strategy for trying to secure privacy when trying to do a virtual visit.

>> I like that.

We do have tools at "Futures Without Violence" and the previous sessions with the nuts and bolts.

Step one ask, this sometimes the things that people also want as they're getting started.

I have been so inspired by the creativity, name our audience, advocates, people serving children and families for years, just to lean into your creativity, you've been problem solving with families for a really long time.

One thing as a policy person that is, dare I say, even fun for me, a willingness to wave rules quickly, people that want to push the envelope in terms of how I do reach families are being rewarded and, yes, there are concerns about confidentiality issues and we're definitely keeping our eyes on that, but I really want to encourage folks, if you think there is a good way to reach families, try it.

So many schools and parking lots are being used for food distribution, is there a way to reach children with information around food and really building those community partnerships, natural to so much of what we do and rethinking about who those community partners are.

One example we have here is Head Start Centers, right.

Can Head Start Centers be used as care and, you know, Tien, can you talk about the purple scarves, is that ringing a bell?

>> Yes, yes.

So we learned from some of our advocates on the ground, thing was in Philadelphia, maybe, or Pennsylvania.

That's one of the things that's been so inspiring.

Our advocates have been out there on the ground, in the field, trying to find all these creative ways to reach women and children.

They get word out from word of mouth and they take shifts and go to the grocery store and they get messages out so if women or people who are, you knows, not safe at home and are victims of domestic violence need help, information, resources access us when these go to the grocery store, if they're alone, look for the people who are there with purple scarves and they're sort of hanging out in the stores, outside in the parking lot.

And they also collaborated and worked with the grocery stores in their communities to put resource cards and safety tips in grocery bags just for everyone, so like that universal approach so that, when your groceries are being packed, they go in there a list of coupons as just media that can give information to survivors.

>> I think we have a good question, can anyone speak to parents and children with intellectual disabilities and some of the additional challenges that those parents and families may be facing and if there is any strategies in particular?

>> That is a really good question, Kiersten.

One of the things we've been offering folks is information and resource pages that have come and are being posted in a couple of differ places in scoot department, special ed department and schools nationally as well as state offices of disability and services, they have resources there for how to support people with intellectual disabilities.

I don't know if Juan Carlos or Lisa have other more specific things you've come across.

>> No.

>> No.

It is a good call to action, though.

I mean I'm just thinking other than the kind of relational approach, but I think that's not quite sufficient.

>> On those lines, Lisa, talking a little bit about sort of the creativity we're seeing from our providers to sort of find solutions.

You had shares some specifically around issues of hunger, I think that is something that has really jumped to the fore when we look at what is happening in the country right now is how on the edge food insecurity was beginning and how the virus is impacting meeting our most basic needs and the extent to which that is stress.

And it was food that was the leading cause of their stress.

Can you speak on that, less is a?

>> Not to mention the schools.

We feel it differently or it has been a real spotlight on the role of the public schools in offering food to families as well as technological aspects and in education.

So I am definitely on fire supporting my public schools, and I hope you all are, as well.

I have also been so inspired by some community health centers we partner with that are looking at some of those structural challenges and looking at social determinants of health and what can they do as advocates on the policy front and clinicians, so we've seen cool programs with long‑term people have been writing prescriptions for food and now in covid, there is a group in Oakland doing drive up for groceries and we're exploring with them and others around strategies to promote violence prevention messaging and doing intercepting approaches to getting food out and places for resources and help.

Another creative idea, definitely pharmacies.

We built off some of our partners in other countries, we've learned from them during the shutdown how to maximize the pharmacies that are open as places to offer resources and investigation.

So there is are new partnerships being built between violence prevention and advocates and pharmacies that is creative and another opportunity to provide life‑saving interventions or resources, if nothing else.

And, then, I think it is in Oregon, they're looking at not just there, a number of programs, they're looking at contact tracing around covid, and here you are reaching out to community members and might this be an opportunity to again provide some universal education messages around where people can get help if they need it.

So just a lot of creative ways to address health, wellness and safety all at once that I think we will learn from outside of the pandemic's urgent needs that we will carry over.

It has been inspiring.

>> I want to highlight for everybody, our hot lines are still out there working.

In fact, I think it is really important to say shelters are still open.

>> Yes.

>> And they're doing their best to keep people safe who are already there, you know, changing their configurations to make sure people are safe.

So please, if anybody is in urgent need of help, please don't be afraid to call the hotlines, please don't be afraid to call police.

That is one of the resources I think we're also always trying to say that's not the only resource there's been some questions about specific resources for teens so I'm going to say it here on the call and please know it is in the Q&A for those who are using the full zoom features that 1‑800‑787‑3224 is a help line for teens.

The love is respect line which also has a chat function which we know is also more comfortable, I think, for many teens and youth and also is a little bit easier, particularly if you're in isolation with your family or with a person who is causing harm.

It is a little bit easier for you to access those resources.

So those are out there.

There is also the child help line which can connect adults or young people directly to help in their community, as well.

So, you know, again, please do reach out for help, please encourage people to reach out for help if they are in need.

Is there anything else my colleagues wanted to add?

Otherwise, I might start wrapping up.

>> I would like to add one thing, talking about the fact that programs for people who use violence in this country largely depend on service.

Very, very few states provide funding and the ones that do, it is really, really minimal.

I know this is a controversial subject in the field because survivor services are under funded chronically, but I do believe that we are at a time right now, covid‑19 is rising to the top, this question of do we want these programs around or not?

If we don't do anything, many will go out of business.

I'm hearing from program directors, we cannot sustain this more than with a few more months.

There is a lot of advocates here, I'm not suggest we take any money from survivor services, but it is not a ‑‑ I don't think it is a zero sum game, I can there is other pleases money could be found at the state level, for instance.

So I just want to put that there because your local programs are probably really, really struggling right now.

>> Thank you.

I did want to give me colleagues a chance to share anything they're hopeful about.

This is hard stuff.

It is getting harder, it is about to get even more difficult, I think, for many families.

The benefits already have not been reaching everybody.

Some of the ones that have are going to wrap up in June or July without additional congressional action, so I never want to be naive to the struggles and challenges that so many people are facing, but I also, we always make it a point, I think, to see hope and opportunity and creativity, and to be inspired by that.

I want to open it up to anything my colleagues would like to add, what you've seen that has given you hope or something the rest of us should be focused on, as well.

>> I can go.

I mean, I shared just now some of the clinical creative solutions that I think are happening all across the country that are giving me great hope.

And, also, the idea of a paradigm shift around how we address violence and health visits across‑the‑board in really thinking about healing centered care more broadly.

And kind of move talk about a checklist approach to identifying and helping families, but really focusing in on wellness and healing and tapping into the family strengths.

That's giving me lot of hope.

In this particular time, despite the devastating inequities we started off with, I am feeling very hopeful about the sort of renewed and shared commitment in families to address the structural issues.

Those important policy issues we have to address.

Look at significant changes in how we run our country to not get us in the please we are now.

So I'm really inspired by the opportunity to address some of those structural issues and to try to look back and forward at the same time.

I mean, let's look backwards and see how the health disparities and the health inequities have made such a glaring problem around covid and at the same time look for a to how we can address that together.

So I'm feeling hopeful.

Challenged and tired, but hopeful, as well.

>> Thank you, Lisa.

Juan Carlos, anything more to add?

Or do you feel like we've captured your thoughts?

>> Well, just very quickly, I feel that I'm hopeful to see the dedication of everybody who is working in the field right now.

Everybody is working double shifts.

Everybody is taking so much on at every level from the policy level all the way to the ground.

I'm inspired business that.

Again, I would like to single out people that work with folks who use violence because some of them are really working.

Like, without pay, they are working day and night.

There's one small program that I know that, because there is no national hot line for people who use violence, they decided, the staff of six people that they would take turns to answer phones day and night without any pay to help some of those folks that are struggling at their homes.

So when I see this kind of commitment, I feel like we all get together and work together, we can find a solution to these problems.

>> Thank you.

>> I think I would just add that what I'm hopeful about is I really do feel there is this kind of national recognition now more than ever that violence is a preventible problem, and that there are clear actions and steps that we can take at all levels, individually, right, at the community level, at the service delivery level and policy level when we are beginning to shift into building back to sort of create the conditions that eliminate sort of violence in the lives of children and families, so that makes me really super hopeful.

I also feel really hopeful about what people are beginning to recognize about what needs to change in terms of our childcare system and how building back has to double down on solving that problem, expanding childcare options for people across all socioeconomic communities and groups.

And I'm really hopeful that this climate of help giving and help seeking continues to be organized in this generous spirit and love and patience and understanding and not sort of blame and stigma.

>> Thank you, Tien.

And, I would just also like to add my open thoughts, which is, i can speak for my community, I've never seen more people reaching out to one another and just checking in.

It has created opportunity, for some it created stress and strain and for others connection and for communities to lean in and support of one another and I certainly have taken great pleasure in that in seeing that around me.

I think that was something that was unexpected and I hope to hang on to, see us invest in, from a policy perspective, I also feel like we've seen so many of these things that we have a all talked about and many of us on this webinar have talked about for their careers and lifetimes.

This isn't always new, but it is made visible in a way that helps us advocate, right, and show the world, you know, we need childcare not just from 8:30 to 5:00.

Right?

The equities we led this conversation off, with of course with that, I would like to say thank you to so many of you who joined us today, thank you for the work you're doing, for the creativity, the love, the skill, the intelligence and the passion you bring to families, to victims and survivors of domestic violence and sexual assault, to the children who are so deeply affected by it.

I also want to thank the supporters in the federal government and in the private second, from the family violence and prevention services office, the children's bureau.

Our friends and partners at the blue shield of California foundation who I know have been deep partners with us in the two prevent domestic violence for many years now.

It really does take all of us, and say thank you and be well and be safe.

And we are sending you all of our best.

Thank you so much.

Bye‑bye.

>> Thank you.

>> Thank you, bye‑bye.

>> Bye.

>> I just want to add up with more thing.

This is Jess, thank you so much to everyone, I'm going to put a link in the chat one more time to our evaluation survey.

We would love your feedback about the event, what you learned what worked, what didn't work and what you would like to hear more about.

For anyone who would like or who need as participation certificate, we would like that to be ‑‑ if you fill out the survey, we will get your e‑mail and be able to send you that certificate.

So I'm going to put that one more time in the chat, just a second.

Thank you all so much.

I just put that link in the chat.

>> Thank you so much, Jess.

>> Bye‑bye

>> Be well, all.