

Young Mothers Safety Card Webinar CC Transcript

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>> Good afternoon, everybody.

Thank you so much for joining us today.

My name is Jennifer Rose, and I'm a consultant with Futures, and we want to welcome you to our webinar, Expanding Healthy Moms/Healthy Babies: Spotlight on Our New Young Mothers Safety Card.

Today's webinar is part of an ongoing series, with exposure to violence and funded by the Defending Childhood Initiative, in particular, by OJJDP.

After signing up for today's webinar, you will continue to receive e-mails notifying you of additional series, and we have one next month.

Our webinar will run until 3:30 Eastern Time.

During the webinar, your phone line will be muted, and you can note problems in the chat screen and in a few minutes we'll give you an overview of the technology we have in place today.

Before we get started it's my pleasure to introduce you Carmen Santiago, who is responsible for implementing the juvenile delinquency Prevention and several states and Ms. Santiago serves as the team lead for the program manager discretionary fund.

Carmen has been a great advocate for our work and it's my pleasure to hand it over to her.

Carmen?

>> Thank you, Jennifer.

Good afternoon, everyone, and welcome to today's webinar.

As Jennifer mentioned, my name is Carmen Santiago, and we are delighted to be partnering with futures to provide this webinar, Defending Childhood Initiative.

This initiative is being supported by many federal agencies, as you can see on the slide.

There are three main goals the Defending Childhood Initiative, first, to lessen the exposure to violence, to mitigate the negative effects and to develop knowledge.

Also, Defending Childhood has several strategies and components, and first, there are sites across the country, and the sites are in the range of prevention, intervention, and treatment strategies to meet the needs of children in the community, the newborns, the youth through age 18, 17.

There is a research evaluation component led by the center for court intervention and with the attorney general's task force on children exposed to violence.

Further, there is a second task force that was created in 2013 to make recommendation for Native Americans and Alaskan native children.

Finally, the training assistance led by Futures Without Violence so we can have our collective understanding about evidence-based programs.

We invite each of you who are listening to this webinar to find ways within your own communities to protect children and to help them heal and thrive.

Before I turn it over to Jennifer, I would like to thank the speakers.

Our Futures Without Violence and you, the participants, for joining us today.

>> Thank you so much, Carmen.

>> Thank you, Jennifer.

>> Excellent.

So now I'm going to take a minute and hand it over to Mie, who is going to talk to us about the technology we have available today.

Mie?

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>> Thank you, Jennifer.

Let's see.

So there's the tech side.

Hi, my name is Mie, and I'm a program specialist for Futures Without Violence, and I want to say, thank you again for joining the webinar.

And you have two audio options, but I'm seeing that some people are having some trouble getting it through the computer speaker, so I encourage everyone to call in so the number is on the screen in front of you.

It is 1-888-850-4523 and the code is 755365 pound.

There is closed captioning, but when you scroll, the feature is disabled, and you have to click on the auto box which is on the upper right hand corner of the captioning box.

We'll also have some polls, but I'll pull those up when they come up and click on the answer that you prefer.

And we have a short Q&A section at the end of the session, but if questions come up throughout the webinar, please type them into the chat box and we'll try our very best to answer them all by the end of the presentation.

For private support, send me a private chat in the upper box and choosing the closed option and for system problems I recommend you call Adobe support, 1-800-462-4223, and I'll click that on as well if you need to reference the number later on.

At the end of the webinar, you'll be prompted to answer a short survey.

Your feedback is very important to us, so please take a couple of minutes to answer the recording for today's webinar and the PDF version of the PowerPoint slides will be available on our website, but I'll be e-mailing those to you after the webinar as well.

And once again, thank you for joining our presentation today.

We really hope that you enjoy it, and I'm going to turn it back over to Jennifer.

>> Great.

Thanks so much, Mie.

Well, let's get started.

It is my pleasure to introduce our webinar today.

We are at Futures very excited about the launch of our new team card that we're going to talk about today in the expansion of the Healthy Moms/Happy Babies curriculum.

This is hot off the press, and you're among the first to hear about.

We have Heather Baeckel from Portland, Oregon, an MSW who has been supporting young mothers and their babies at Insights for over 14 years.

She has worked as a facilitator and is with the intervention of foster care, and Heather developed a Healthy Moms/Happy Babies for homeworkers working with mothers and believes that young parents can be great parents when provided with validation, support, and positive opportunities.

She received our bachelor's of social work from the Troy University and a masters of Social Work from the Walla Walla university.

We have Rebecca Levenson, a health consultant, prior to her move to consultancy in July of 2013 she worked as a senior policies analyst from 2010 to 2013, a nationally known advocate and speaker she has worked with perinatal and health for the past 20 years, a champion for health issues, and her most recent work focuses on family resilience, and supporting them and giving them the tools that

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reduce shame and build resiliency and she is known for her abilities to translate data with diverse audience and convey a message from what is wrong from where we want to go, the co-author of numerous publications including future Safety Cards and related strategy, the adolescents health guidelines and training for home visitors.

Prior, she was the director for planned Parenthood in vacville, Fairfield, and Vallejo, California.

And last, but not least, from Erin Fairchild, Erin Fairchild, MSW, has worked with communities impacted by violence for the past 15 years, and involved in anti -- ACE, and children's mental health, in her role in defending Childhood, Ms. Fairchild believes that everyone has a role in making our communities just and loving.

With that, I'll hand it over to Erin to get us started.

>> Good afternoon, everybody, it's such a pleasure to be on this webinar with you, and thank you for that kind introduction.

So I am just going to give a little bit of background about how we came to do this project in collaboration of Futures Without Violence here in Portland, Oregon, which is Multnomah County is where Portland is located.

We are one of the eight demonstration sites that Carmen Santiago had mentioned at the beginning of the webinar, piloting new strategies under the banner of Defending Childhood.

I think I'm just going to advance the slide here.

Thank you for bearing with me.

So you can see here, a little bit about how we started with Insights teen Parenting Program, and when we first began implementing here, the Defending Childhood, thinking about how to promote better outcomes for children and families impacted by violence, we heard loud and clear from home visitation, the childcare, the preschool, that our early childhood providers really felt that they needed more support and recognizing and responding to domestic violence.

So we decided to use some targeted time and funding with our Defending Childhood dollars to bring Healthy Moms/Happy Babies out to do a training, and we did three full days of Healthy Moms/Happy Babies training, and in our ongoing, which has been so delightful to see what they do, we heard loud and clear there need to be specific resources for young kids and moms who are experiencing IPV, and there's a significant gap for moms experiencing IPV, and we launched into Insights and launched us into the projects around, supporting Futures to create a safety card, and it's a pleasure to work with Heather and all of the incredible insightful Strong Moms as the program is called, and their work. And that's my last slide, so I'm going to hand it over to Heather now, and I'm excited to hear what Heather has to say.

She's such a strong ally and advocate for young moms.

Thank you.

>> Thank you, hey, everybody, this is Heather Baeckel, and I work at insights teen Parenthood here in Portland, Oregon, and it's been around since 1979.

All of our services are for young parents, 22 and younger, and we have healthy Families, parents and teachers, and working with the foster care program and also for young parents experiencing homelessness, we do recognize the high pretty far --

prevalence of intimate partner violence, and we appreciate the work of Futures Without Violence and everyone acknowledging the need for a safety card as a way to begin those healthy conversations.

Before, before we had a final draft, we wanted to get the feedback from young parents themselves.

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Is it clear, is it relevant, and what other suggestions they had for improvements as well.

So two staff members, Nicole Gary here with the foster care program and myself, we interviewed ten moms recently receiving service or recently exiting service, and we had a rapport established and they were done in a home visit or here in the office.

At Erin mentioned, we have a good working relationship with Defending Childhood and we got all of the qualitative data once the interviews were complete.

So the ten moms that were interviewed were involved with two of our insights.

One is the Echo program, and having their child or parent or both in the foster care system, and Homesafe has care for young mothers experiencing homelessness, all 22 and under, all from diverse backgrounds, one to two children, more than half have a high school diploma or GED and more than half were working at the time of the interview.

Most identified as experiencing intimate partner violence and some of the moms did.

We'll move on to the next slide.

Okay.

So during the interview with the moms, we would discuss that before moving on to the next one.

The moms offered a few suggestions, like using bullet points rather than checkmarks so they could ask them without the checkmarks already being answered for them.

They also suggested that we use the term "young mom" throughout the whole word.

The moms frequently said, "I can relate to that," and that's straightaway with the pictures on the covers, seeing the mothers so positive with their babies, and also, experiencing the isolation that some young parents experience.

One said, "this is validating," and one said, you need to take care of yourself, like an oxygen mask on the plane, and one is glad the news is getting out there, not to feel guilty about taking care of yourself and it helps them think about all of their relationships, less threatening to think about this, and say, instantly, this card isn't for me.

They thought about their intimate relationships, whether that's the boyfriend, girlfriend, father of the baby, however they identified.

They thought about the friends, family, other professionals in their lives.

There's a bullet point that says, people listen to me and what I say I need for my kids.

And this is something that was important to the mom, because they want the acknowledgement that they are the parent, regardless of their age, and that they can make healthy decisions for their children.

Most said that they would share the card with others, so remember, not all the moms identified as being in a domestic violence relationship, but they did find it helpful and most knew they would give it to someone.

Like identifying with pain, not being able to get out of bed or using drugs or alcohol or self-harm, and they identified that it may not be only because of their relationship but other life experiencing.

And two in a domestic violence relationship said, I wish I had had this card when I was in an unhealthy relationship.

They felt there was just enough content on the panels to get the idea out there and we were excited about that, so hopefully I'll get you excited about the Young Moms, Strong Kids cards, and Rebecca will walk you through it.

>> Thank you so much, Heather, and Erin, and I'm really delighted to be with all of you on the phone

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today.

At the outset of this call, I think, we talked a little bit about Healthy Moms/Happy Babies, which is a national curriculum to help meet the federal benchmark and really helps with that, and it's gone to the 2nd Edition, so my friends on the phone who had the 1st Edition, please now that there's a new, improved out there, and really, I think, today, going over the Safety Card and then getting ready to launch the new module is just further testament to how you, the field, really drive our work, right?

So when we have the privilege of hanging out with Insights when we were in Oregon, they said, this does not meet the needs of our moms, and we were able to bring to you what we came up with and the wisdom that the moms and others lent to finalizing the Safety Card.

So what we're going to talk a little bit about today is barriers.

What gets in the way of accessibility to have conversations about partner violence and other unique barriers for teen moms?

We're going to talk a little bit about universal education and our bigger thinking relative to that and how we see this as essential.

I don't care if your program is doing screening.

We really feel like this is an essential piece and we hope to take that home with you in your pockets.

And we'll talk a little bit about the visual empowerment tool and that's one of the great things about getting to do research, you get to see a part of something that you developed in the first place.

So real quickly, and it's hard to do a webinar because I want to see your faces.

I love that it allows us to have people from all over the country in one virtual room together, but if we were doing this in a room, I would ask for a show of hands, maybe a personal self-reflection, but ask about how comfortable are you with a positive disclosure of domestic violence?

We have a poll for folks to share with us.

How comfortable are you right now with a positive disclosure of domestic violence?

And we can't tell who says what, so the anonymity will allow you to share, I'm not comfortable at all, and when I say extremely comfortable, that means someone says to you, this is what is happening to me, you say, thank you, I know just what to do, and you're able to walk them through the process, through partnerships or national hot lines, safe person, you know how to support them in your conversations, and think about next steps.

And that you feel really prepared for that.

And it's helpful for -- I think it's -- just leave this up for a second, because it's very helpful, I think, for our senders and our supervisors and the national program officers on the phone to get a sense of what's really going on in the field.

Are people feeling great about this?

Do they need more help with this?

I think it's helpful for them to know.

So I'll leave it up for a minute or two more.

I guess I would also say to my supervisor friends on the phone, so if you're not in a position to be doing frontline, but you are supervising staff, I guess the question I would ask you to ask yourselves, how comfortable do you think your staff is hearing these things.

When it comes up during your debriefing, when you're doing reflective supervision with your staff, what does that look like?

So that you aren't left out of the picture?

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Great.

So I think we can close this poll.

We've had a chance to hear some folks.

This is very helpful.

I appreciate it.

And yet -- so, you know, the great thing about being the national health Research Center on domestic violence is that that job is to really listen to the field and to sort of bring the latest, greatest research data tools, policies and programs to you all and understand about what you need, and when we started this work with healthy visitation, I want to say it's 15 years ago, and it was grants, and we did 32 site visits in two years.

Some we did alone, but we did a lot together.

What we did, and it was actually very -- a supervisor in Florida, and her -- her name is Lowberry, and Lowberry said to us, you know, Rebecca, if you really want to know what's going on, you need to separate the frontline staff from the supervisors so they can really talk about what's happening with families, and we did at every single site visit across the country, and it really changed the game with what the barriers were.

Sometimes you can't talk in front of the supervisor, and the supervisor, they want to show you the best of what they've got, not realizing, for technical reasons, we want to know what's not working.

So what we learned was that folks weren't comfortable with figuring out how to start a conversation.

They felt stressed or uncomfortable when working with clients with domestic violence, and they had own instances of trauma that were getting in the way.

While we won't have a lot of time to talk about that today, I think that's one we talk about in a more robust way, and if you aren't familiar with that, there's a whole opening module, Healthy Moms/Happy Babies, dedicated to, hey, whether you are a survivor or experiencing vicarious or secondary trauma because you're dealing with patients who have very difficult lines, you need to be grounded and get yourself tools to be centered in this work.

So a lot of this comes from all of voices in the field.

So quickly, I want to do a little poll here.

And my question is, what do you think?

True/false.

Starting and ending conversations about difficult or stigmatizing issues like domestic violence can be challenging during home visits.

For those early childhood folks and working in other fields, is this a challenging issue?

You can do the poll that I think Mie is opening that up.

I think.

True/false.

Starting conversations, difficult and stigmatizing issues like domestic violence is complicated.

And forgive me.

I see in the chat box, because my colleagues have a chat box that's special for the presenter that someone said, they weren't sure what is meant by a positive exposure.

What that means is that someone has said yes to the question of domestic violence.

So positive disclosure means, I've told you I'm experiencing domestic violence.

I'm glad whoever asked that question asked that question.

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Okay.

So I've gotten a good sense.

A lot of you think this is true.

Now I have a trickier poll question. We'll end this poll, Mie, and this is a tricky question.

We take care of ourselves by presenting questions and answer -- questions in a way that feels the most comfortable to us.

We -- we take educational messages in the way that feels most comfortable to us.

Is that true or is that false?

We've got -- we'll let you weigh in here a little bit more.

It's funny, you know, depending on the room I'm in.

Sometimes I get a 50/50 response.

So I'm serious, if you would go to a national webinar.

A lot of you think it's true.

Okay.

And we'll go ahead and close this poll, Mie.

A lot of you think it's true.

Let me follow up with this, give you some examples.

Now, these are three stories that are true stories from nurses, and I want to start with -- by saying that these are not folks that don't care about patients or clients, right?

These are not folks without compassion or warmth or connection.

But I do want us to sort of look at this, relative to that last I shared with you.

So no one is hurting you at home, right and one of the nurses said.

And she said that as the partner of the woman is seated next to her.

Now, if we were in a room together, I'd say, so when she said that in this way with the partner next to her, what happened?

And everybody said, she said no.

Even if it was true.

Exactly.

And the question here is, do you think that the nurse was aware that she asked this question in a way that she absolutely was assured of getting a "no" response?

So hold that thought.

Same idea here.

And this is with a nurse with her back to her client, right?

So within the last year, has he ever hit you or hurt you?

And her back is to the client and she's typing at her keyboard when she asks it.

She tried making contact and engaging eye contact and doing that.

But when it came to the domestic violence questions, she turned around.

Do you think she was aware of what was happening to her and what was going on there?

She says, I'm really sorry I have to ask you these questions.

It's a requirement of my program.

On the one hand, you can see, okay, this is about someone trying to build rapport, right?

But isn't it, I'm really sorry I have to ask you these questions and I'm sure you're one of those people that the answer is "no" too.

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And the reason we're talking about these, I don't think people are talking about the truth around, what does it mean to ask a staff member to do a screen, and what does a good screen look like versus a bad screen?

I think we talk about screening as sort of the standard, but is that getting us where we want to go?

And what's our intent here?

Is our intent to check a box and say, okay, I've got these questions?

So certainly, all three of these bullet points would allow you to check it off as a no.

Okay.

I've done my duty.

Sort of what we're trying to get at the heart of in our work with Healthy Moms/Happy Babies and much of our other national work.

And to illustrate this, MICVE are the federal dollars that go to support the federally funded programs around the country.

So under Obamacare for the first time, we were able to get a benchmark in for domestic violence, which is why Healthy Moms/Happy Babies came to the fore.

And what we know is the prevalence of domestic violence is somewhere between 14 and 52%, and in every single state in the country, except Delaware.

I stopped at -- drove through Delaware, but I didn't stop there.

When people are asked what they think the real numbers are, it's easily a third to a half of women in the program.

But what's interesting, under the benchmarks, the state have to choose the state screening tool, and they could choose the assessment tool, which is Futures does on the web, but they had to choose a tool to use across the federal programs, and what's interesting is that as the returns were coming back in, how many women are being screened routinely for domestic violence, it was pretty darn good, state to state.

98, 97, 96, percent in a lot of states, very compliant, asking the screen about domestic violence.

However, and here's the other piece, the state average positive disclosure rate, this is not all of them, but many of them, were really low.

Right?

4 to 5%.

So what they would do is bring us in to think about, why?

What's going on here?

And, you know, some of it are those examples I just gave you on the earlier slide.

The ways in which the screening tools get introduced, what people's personal experiences are and how prepared they are, but I think there's another piece here as well.

So here's my poll question.

And I think we have it, Mie. Is that right? What's a mother's greatest fear, when it comes to working with other settings?

What's a mother's greatest fear?

And maybe this is a check question and maybe it's a poll question.

>> Okay.

This is a chat box question.

>> Thanks, Mie.

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Sorry about that.

So here it is.

Every single one of you being judged, having your kids taken away, losing your kids, losing your kids. You've got it.

Qualitative pieces from the nurse family that was published in 2012.

If mandatory reporting was not an issue, she would tell the nurse everything about the abuse.

But one said, I say no because that's how you play the game.

People are afraid of social services. That's my biggest fear.

My friend said, the reason she doesn't is because she thinks the nurse is going to call children's services.

As we think about barriers, that's a good reason to say no.

I asked, have you ever been kicked, choked by a partner, they say no, we're done, you move on to the next thing we want to do.

And what we were stuck on is how many women didn't feel comfortable saying no because they were worried about being judged, because they were afraid of the way the screening tool was introduced, because they were worried about child welfare, because they weren't ready to talk about or sit with or things really were in their relationship.

Because that's another piece of this, right?

I want to focus on the hopeful parts of my relationship, the good parts, not the bad parts.

I'm going to skip this slide, actually.

So to overcome the universal education and screening for domestic violence, we really realize that we had to combine the universal education with screening, end of story.

And I think that's where Healthy Moms/Happy Babies has proven to be helpful, to have a strong adherence to your model or your healthy Families America or your childcare provider or the juvenile justice system or whatever, this idea that there's a lot of reasons why somebody is going to not necessarily share information with you, but that if you don't change the way to do it, you become a gatekeeper to all knowledge and if we do universal education, everybody gets the information, no matter what.

And that's the key.

And I think it can really open the door to have a conversation for the provider as well.

So here we are, Young Moms, Strong Kids.

I think you're among the first people in the country -- you are the first people in the country to learn about this Safety Card, and we are really excited about it, and I think Heather did a beautiful job, it's an honor to work with moms, but also to hear from the moms about what this meant to them to see themselves reflected.

So this is super exciting for us.

Now, I know some of you are able to print out the safety card.

Some of you were not.

So I'll describe it.

If you've never seen -- it's exactly the same size as a business card, a multifold card, eight panels, and it folds up like a little accordion, so just to give you perspective, if you weren't able to print it out, and because I was afraid that people wouldn't be able to print it out, I put in the panels.

How is it going?

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True or false.

What's true in your relationship?

I feel treated with respect and kindness, people listen to me, and what I say I need from my kids, safe and support, people important to me are helping me be the mom I want to be, everybody deserves to be cared for, respected, and be empowered in their relationships.

It's good for moms and really good for kids too.

So I have a poll question here.

>> Here it is.

Type into the chat --

>> So when I relationship is this card panel addressing?

So what do you think?

As you look at this, what relationship does is -- what relationship is this card addressing?

All.

That's exactly right.

So this was really, really important, as we were listening to the voices of young moms and the voices of home visitors, frankly.

Nationally, they're supposed to be using a screening tool for intimate partner violence or domestic violence, and a lot of the home visitors say, Rebecca, she's not in a relationship.

She's living with her parents or her grandma or her aunt and she doesn't live with a partner or have a partner or it's a different partner than the father's baby, and all those different pieces.

So what was complicated about the benchmark is it didn't actually ask that positive relationship program, and these can apply to any program that's listening today.

What's complicated about it, there was no nugget to be screened for other kinds of violence.

It's not that we don't care about these things.

We just know we created this tool to help with the domestic violence part of the piece, and then we started asking ourselves as we were developing the card, could we make it broader?

And by talking about what she deserves in the partnership looms large in all of her relationships, with parents, with aunts, with friends, et cetera, and it gives a greater opening to a home visitor who might have a mom in front of them who may not have a partner but allows them to do that universal education and prevention as you're talking about it there.

So here is the next panel of the card.

You matter a lot.

Sometimes people forget that moms are as important as their kids.

How are you doing?

Who is supporting you?

Where do you find strength?

Being a young mom can be lonely, like you are on the outside of friends and family.

And again, the honor of working with so many states, in the first round of the funding, the consumer groups were a part of this, and we sat with the young moms in Mobile, Alabama, we had a group of young moms that we got to sit with and hear their experiences, and that loneliness piece for teens and that you feel on the outside is something that stayed with me.

If this is true for you, talk to your home visitor.

Even though it says home visitor here, you can say, this is about home visitors, but really, it's about

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anybody doing work with teen moms.

The zerotothree.org website, there's fabulous resources there if you don't know it already.

So why did we -- I think I'll skip that right now.

Here's a quote from Insights.

It's like this panel can read my mind.

If this panel can read my mind, then other moms must feel like that.

Sometimes we forget to think about ourselves.

It's helps to know -- it helps to know that other moms go through this too.

I love that, that this reads my mind, that other moms go through this too.

That helps them feel less alone in their experience, which is great.

So bad days.

We've all had them.

What do yours look like?

This language is very intentional.

We wanted folks to feel like, you know, really destigmatize the issue of violence in relationships.

What does yours look like?

Maybe it looks like this.

Am I called names, shamed, hurt by someone I am seeing or -- and instead of saying dating, we used the language from youth, hooking up with, am I afraid for myself or my kids because of what is done or said by someone I'm seeing or hooking up with?

Am I kept from people who would support me?

If you are answering yes to these questions, go to the resources on the back of the card.

Yes, they work for clients, but it was for the provider, they were like, I don't know how to start this conversation, I don't know where to go next.

I don't know how to segue from one to another.

So this is to give them modeling language and a place to have these conversations.

I think, too, like so many moms who are in violent relationships self-medicate and they use that as a coping strategy, and I think that there's a real opportunity here to represent educate working with folks to understand that complicated relationship between abuse and substance abuse.

Do I feel so sad that I can't get out of bed?

Am I smoking more, drinking more, having thoughts of suicide?

If you answer yes, the reason might be related to your relationship.

Please call someone safe in your life and figure out next steps right away, and some of the hot lines are like the Samsha and the national Abuse Hotline.

I'm showing you a lot of information on one card.

Am I expecting that people will read all of this or talk about all of this at one time?

No.

But I think the great thing about this tool, you can use it as a touchstone in many different activities.

If you're doing a screening on depression, this is a place, are you looking at a substance abuse screen, if you're looking at the five P's, this would be something to highlight there, and as you're looking at that screening tool, to tie it back into the relationship, I think, can be really powerful.

So helping another mom.

And this, I think, is really where all of the years we've been working on the safety card and

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intervention kind of coalesce.

Helping another mom.

Everyone feels helpless at times, like nothing we do is right.

This might be true for yourself or your family, connecting with young moms about what's hard, where you can find strength, might help you feel less alone.

I've been there too.

Someone gave me this card and it gave me support where to go to feel safer, and when you help others, we feel the good in ourselves too.

I will tell you this empowerment piece of the card has ended up being -- we have a study coming out this year, a quantitative study, looking at the empowerment, and it's so transformative to look at it in here, but I want to give you the science behind this as well.

So most social support studies have emphasized one-way support.

Getting love, getting help.

The power of social support is more about mutuality than getting for themselves.

That there's a need to give to for well-being, and for a mom, when you think about a survivor of domestic violence, right, they've been told their worthless, they're afraid.

Maybe they've been limited in their ability to continue their education or get a job or to connect with family and friends.

The idea that you just said to them, say, we give this to everybody, so in case they need it for themselves, but we also give it to you, because we all know someone, and I want you to know how to accept somebody if that's an issue for them.

And when you do it and when you see it, it is a transformative thing.

Because I swear, goodness, people sit up straighter.

Another supportive piece of science there, evidence to support why this direction matters, helping others connect to family and friends should provide opportunities for mothers to get help as well as receive help.

It lessens the feelings of indebtedness.

So here is another qualitative photo from a study that my colleague and many, many others did.

In 2014.

I did interviews with 25 clients and 25 providers who were working with Safety Cards.

It was slightly different, in a clinic setting, and I think the sentiments are universal.

What a client said, getting the card makes me actually feel like I have a lot of power to help somebody.

I would -- Insights, I would definitely say these things, especially like the line, hey, I've been there too.

You can often feel judged when you ask for help, but I like being able to tell another mom that she can ask for help.

Safety planning, certainly one of the things that a lot of folks aren't going to disclose, but going over the fact that there's safety planning on the card, and I'll talk about how to do this big picture universal in a moment.

Maybe she doesn't need it today.

Maybe she needs it three months, six months from now.

But it's nice that it's a part of the card.

And also, it has the hotline numbers on the back.

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As I mentioned, loveisrespect.org, the national suicide prevention Lifeline, and I think I said it's two hot lines before.

It's just one.

Thank you.

So what I want to say about the backs of these cards, and this is something that Insights and -- I can't even say it, Erin?

Are you on the call?

Can you say it for me?

>> I'm sorry, what did you want me to say?

>> I want you to say the name of your county.

>> That's always a trouble spot.

Multnomah County.

>> Multnomah County.

What you're seeing is a national version of the safety card, teaches about violence, and here you see what insights, you know what, we want to make this a part of our program too, so they -- we put their logo on there too, and they gave their own -- the phone number to their program.

So again, if a mom was giving it to another mom and we were in the waiting room of the clinic or a preschool setting or a --

some kind of early childhood care center, et cetera, that they'd have information here, and happy to do this with you, like the -- the insides of the card doesn't change, we certainly can work with you if you want to customize it.

And also, a question that often comes up, is this English and in Spanish, and of course we know there are far more languages spoken than that and we are willing to support you.

We don't have the money to generate a million different Safety Cards, but if your community has a high population of Portuguese speaking community and you want to translate the card, we could support you in doing this as well.

So how does the safety card work?

If we were together in a room and I was doing a live training with you, I'd ask you to hand one of these cards for one person versus another person.

So if anyone was in a large room with a business card, turn to the person next to you, take it, take it back into your lap and hand it back to that person and put it in their lap.

The reason I do this in a training, it's different than an 8 by 10 piece of paper.

It's small enough that it requires your hands to be close together and requires eye contact.

I don't know if you remember how happy those images are on the front.

If you feel good about something, you smile, and they smile back.

So this is truly a way to connect for conversation.

And also, if you were sitting in the room with me and playing with the card, right, because it's -- it's an accordion, right?

How can you not play with an accordion?

It's also powerful because the kinetic aspect of this, when you're doing universal education helps people remember it, but also for any of my friends on the phone who have teenagers --

and I'm a mother of four, and what I like to say to my other friends who are parents of teenagers, how many of you have had a difficult conversation with your parent, typically when you're traveling over a

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large body of water, and why do they do that?

So you don't have to make eye contact with them.

I think it also gives us a socially acceptable way of looking down at it and allowing you to listen to the words.

The other reasons why it can be very -- a useful tool for survivors is because we learned this from our DV advocate friends in the room, that it's smaller enough and discreet enough, you can hide it in your view, behind your cell phone case, which is another favorite place to hide it, in that zippered compartment of your purse.

It makes it easier to hide.

So I think this story from Maine features a whole host of things, and we're going to talk more about this research again, so don't worry about it.

We have many of our websites and tools to share with you.

But Futures also does an E bulletin twice a year now and we did one in 2014.

We have worked with so many home visitations companies across the country and we wanted to highlight their stories.

Here's a story from Maine.

Maine is an interesting state.

Partially because Pamela Hay is there and I think she's brilliant if there's only one program there, the parent And Teacher Program, and she wanted their public health nurses who are doing case management, although not formal management, trained in Healthy Moms/Happy Babies, and this is what they say.

The home visitors at our site has always done a great job talking to families about violence in the home, however, now they have a card that enhances these conversations and elicits more information on the standard questions being asked about hitting, punching, choking.

We found that many women say no to this.

However, when they read some of the questions on the Healthy Moms/Happy Babies card, it's brought up significant revelations, and they are related to universal education and normalize activity.

I've started giving this card to all of my clients, educate about DV, make the connection, and so they can help a friend or a family member.

Safety planning information on the back and national hotline numbers you can call 24/7.

That's how you do that.

Here's a great example of how we will train, this is an example from the new module relative to the safety card and Healthy Moms/Happy Babies script.

We started giving two cards to all clients for reasons, so you can have it for yourselves or to give it to someone to help someone else.

It helps you think about moral support.

There's hot lines on the back and gives simple steps to be safer, and this helps you help another mom who needs support, because we all know someone who has been hurt in relationships, and open up the card and go over those panels, generally.

When you make it about the other, it's not just about her, it's not targeting her, it's for her to take the information, basically to say, yes, I need the information, to disclose, really.

But when we made it about friends and family, really seeing her as a vehicle around empowerment for herself and for others, that changed the game in terms of uptake, so it made it completely safe,

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and actually, made -- that means I'm somebody who is prepared to make a difference for somebody else.

So here is, again, a qualitative interview from a mom.

They would bring out a card, basically walk in with it, she would hope it and ask if I'd ever seen it before.

It was awesome.

She would touch on, no matter what the situation is, there's someone 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.

So I am very curious to hear from all of you.

I'm very curious to hear from all of you.

What stands out from you, what you've heard today in the trained?

What do you need more of, and what changed in your thinking?

This is super-important, if you're willing to take the time, because it allows us to make the argument for offenders moving forward, to help get for help, and when we pull up the chat box and use those quotes, we can change the game in terms of thinking about, you know, what should happen next?

What, you know, it's like when Insights said, we need a teen mom card.

It took us a little bit to get there, but we got there.

I'm excited to hear from all of you.

I'm going to give you a minute or two to check in with your ideas.

The other thing is, we can use this, maybe as an opportunity to answer some of these questions or problem solve with you a little bit about what you need more of or better understand this.

I'll give you a minute or two.

So I see people are typing.

That's awesome.

While people are typing, I'm going to do one other thing.

I want to talk about domestic violence at this point.

This is a different talk for a different time.

But it goes back to this idea that if we want to do really amazing work with the women and young women in our programs, then we have to start with ourselves, so what I love for you to do is for anybody who might be overwhelmed, just need to get a little grounded, I'd love for all of you on the phone, you can put it on speaker, but wrap your arms around yourself -- left hand over the right arm and rub your arm, switch arms, stretch arms in the air, wiggle fingers, shake hands, come back to center.

What I'll end with, this is my last quote from a client.

And it's the one that I kind of hold on to as I do this work.

So there'll be times where I'll just read the card and remind myself not to go back.

I'll use it so I don't step back.

I'll pick up on the subtle stuff, because they'll trigger me.

I remember what it was like.

I remember feeling like this.

I remember going through this.

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I'm not going to do it again.

For me, it just helped me stay away from what I got out of.

I carry it with me, actually.

I carry it in my wallet.

I carry it with me every day.

So I just want to thank everybody for listening and caring and doing the amazing work you do.

It's an honor to serve, and to bring tools to you, and I hope that this is going to be something useful in your work.

And to switch gears here a little bit, I mentioned, I won't leave you hanging.

I mentioned the National Health Resource Center on domestic violence.

If you've never been there, I strongly encourage you to go there.

There is probably something perfect you didn't know you needed or answers a question that you've been wanting to instill.

So within the National Health Resource Center, that's where Healthy Moms/Happy Babies lives and a whole bunch of other tools as well.

And I haven't said the word domestic violence enough, but everything we do is through and for and connected to and in partnership with advocates nationally.

You know, they are very much connected to everything we do, so we actually have a website called [promisingFutures Without Violence.org](http://promisingFuturesWithoutViolence.org), and I think for advocates in the audience, I wanted to call that out.

And then, of course, as was mentioned in the outset by the federal funder and by Heather and Erin, that we are -- the --

we are lucky enough to be the assistance provider for Defending Childhood and there's fabulous resources here, a webinar Webinar Series, public education campaign, lots of information and you can go to [Futures Without Violence.org](http://FuturesWithoutViolence.org) and now I'm going to ask my friends -- my colleagues on the webinar to sort through all of your great questions and comments and maybe give them to me and maybe Erin and Heather can also help answer those questions.

Maybe I can look and see here.

Let's see here.

Let me look back and see if there are any questions.

>> Okay, Rebecca, I know there are -- there were a few.

There were a few questions about ordering the cards.

>> Okay.

>> We'll make sure that we send folks the link to order them.

The cards are free.

We only charge a nominal shipping fee for each order.

So we've got tons of them here in the San Francisco office and we'd be happy to send you some.

I know there have been questions about funding for translating the cards.

We are looking for additional funds to translate.

It's only available in English right now, but we would be happy to work with you to translate and adapt and mobilize the card.

And that could include translation, you know, as Rebecca said earlier, around adding different logos and phone numbers and also we would gladly talk to you if you wanted to change out the images on

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the cover.

So Mie has put her e-mail address into the chat box earlier.

So if you have questions about localizing the card, please notify her and we will be soon to send out the links to order the cards as well.

So Jennifer --

>> I see Jen just typed in the chat box that there was some concern and I didn't get in this webinar and forgive me, and let me say, I'm very sorry for not including a big flashing card.

There is a slide in our slide deck for the new module, Healthy Moms/Happy Babies that says, safety first, do No Harm, of course, for someone who is in a currently violent relationship, it could be dangerous for her to take this information.

So part of the reason why we do the universal education piece is so that she knows exactly what she's getting.

And I think sometimes people make the mistake of sticking domestic violence information into that packet that you're sending to your new client, and please, don't ever do that.

That's super dangerous.

But also, if you have someone who is acting anxious and worried, and always do it when you're alone, never do it with a friend who is a translator or certainly never with a partner in the room, it might be good to check to see if it's comfortable for her to take that information.

If she readily takes it and says thanks, which is a lot of our experience, and puts them in her spot, that's great, and sometimes, we've seen them, you know, kind of dropped, as she's somewhere else in the clinic, and that means it's not safe for her to take it home, but she held on to that information.

So, you know, we really feel like especially if you're in a home visit, you definitely don't want to leave her hanging and more of a clinic setting or different setting, it may look a little different, but certainly, that do no harm, make sure it's safe for her to take that information is paramount.

And I'm sorry there wasn't a slide for that, but definitely, it's something we think a lot about.

Great question.

What was the reading level for the card?

How does that safety card work at all if you don't read, right?

And really interesting thing about the safety card is that, again, remember who we created it for.

We created it for providers, to help them have conversations with their clients.

It's a prompt for you.

And what ends up happening, and what's funny in the qualitative interviews I did, women didn't necessarily remember any of the details in the card.

They remembered it was about violence and healthy relationships and they knew there were hotline numbers on the back of it, and it was creating this talisman, this thing that you hold on to.

Anyone can use the hotline numbers on the back.

Someone says, we can't use this in our population because they only speak X language, but you can use it for yourself as a prompt, right?

And explain that this is -- you know, this is something that you give, and what the hotline numbers are and you're just giving it to them for the hotline.

So I think that's important to know.

And I -- I would just highlight that piece, because I think a lot of times folks worry that it's -- it's -- it's sort of --

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is sitting in their head in a very different way than the intention of what it's being used for. So we definitely ran had through a lens, and I think there are some places where it will get down to that fifth grade reading level because you lose the meaning, and again, that's where the provider doing that universal education, big picture, talking about things in more detail is appropriate or feel comfortable is important.

There was another question I saw along the way.

What about building trust with folks?

What about that?

You know, great question.

So it's really important -- I think the great part about this being something that's a conversation-opener and when you normalize it and say, we started doing this in our program with everybody we say, because.

Right?

And it happens to so many women, and we want women to know how to help friends and family.

And thinking about doing that on the first visit, with are -- where you know -- she doesn't know you from Adam.

It's a way her her to know that you -- way for her to know that you care about this issue.

Three months down the line when you have the ability to have gained her trust and have a deeper, more full conversation, you can use that card again, again, as part of the screening tool or something else, to highlight that.

I think that the universal nature of it actually is kind of brilliant, because it allows for people -- you don't have to worry about did you develop are a -- rapport, and you're anything, oh, you're not thinking about me.

This is just what you do as a part of your program.

When you hold that space, it makes it acceptable to take and to think about and that you're treating it in that way.

Were there other questions?

>> Rebecca, there was a question about using the card, even if you aren't using the curriculum or haven't been trained.

>> I think what I would recommend is -- I think you probably could use some help with some of the steps and some of the thing.

We created a Train the Trainer module, for any of you familiar with PowerPoint, you know, if you go into the notes section of the PowerPoint, it actually gives you directions or information to help you understand what it is you're reading, and I would strongly recommend that you read through the curriculum to support your use of the safety card, because because -- because I want you to understand that safety first piece, and this is a full-day training.

That's why you want a full day of training to do this, but the Train the Trainer is somewhere I suggest you go first in order to be prepared to use the card.

>> And just so my colleagues on the phone know, I'm really not reading the chat box.

So any other questions you want answered, if you wouldn't mind sharing them with me verbally.

>> Rebecca, there was another comment about working with family -- female offenders that are victims and anything you want to adding to -- add to that.

>> Females who have perpetrated violence?

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>> Perpetrated violence but are also victims.

>> That's a really good question.

I will tell you that these cards have lots of limitations.

So, for example, you know, that we're talking about families.

And men are half that equation.

Or at least in the fathering part of it are half the equation in most cases, and these are obviously not set up for any of the daddies or any of the men involved in the lives of women.

We certainly know they can be victims as well.

So that's a limitation.

I would say that the question that was just asked is also a limitation.

Really, these are pretty focused on somebody who is being hurt by a partner.

And you can imagine -- not that that's not incredibly important, but you can imagine that -- no tool covers all things.

So this is very focused on helping providers have conversations with women about what they deserve in relationships, you know, empowering them to help others, recognizing that there's a way to help someone who is a survivor or frankly, anybody benefits from being seen as helper, and knowing how to help survivors connect to services.

That's a limitation on the card.

It doesn't go in the other direction.

>> Rebecca, these are the majority of the questions that have come in.

So maybe if there are folks who have other questions in addition to the many questions about wanting access to these materials, which is really what we hoped people -- we're posting that information for you all.

Any other questions folks have, either for Rebecca or for Heather and Erin?

I would invite Heather and Erin, you all have been such phenomenal partners in bringing this locally to the Portland area.

If there's anything you want to add about the work that you've done, we'd love to hear from the two of you as well.

>> This is Erin.

And, you know, one thing that I've been thinking about, and actually, Rebecca already kind of got the ball rolling with that conversation, shared insight about earlier on in the presentation about some considerations around screening, when the person asking the question perhaps doesn't feel comfortable and asks them in a way that probably doesn't lead to a positive disclosure, and if it does, may not feel good to the person answering the question or feeling safe and all of these considerations around how and when to ask.

One of the conversations we've had here in Defending Childhood in Portland, not just young mothers but prenatal and pediatrics, oftentimes there are new requirements around screening for domestic violence but not enough considerations for the screener themselves.

So this concept that a lot of people refer to as work force protection is something that we've been investing a lot in and trying to raise awareness of.

That some people may be uncomfortable asking questions about domestic violence in an early childhood program or they may feel uncomfortable because maybe they have a history of domestic violence themselves.

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Maybe they're currently experiencing domestic violence, or like Rebecca mentioned, they just don't know what to do when they get a positive disclosure, or maybe the vicarious trauma impact has been increasing for them as they've been asking the question over and over and getting positive disclosures.

So we want people to take steps to think about the quality of life and the experience of people in the field doing this work, when we expect them to ask these questions.

We want -- we didn't have time to dive into that deep, but thinking about reflective supervision, trauma-informed practice and trauma-informed care, where we're expecting people to ask questions.

Also, reaching out to your local domestic violence organization if you yourself are not a domestic violence-specific provider, and a lot of the work we've done here to build bridges between our local specific domestic violence providers and all of the others engaging with clients around domestic violence.

So any of you out there can do that bridge-building work.

Never underestimate how important that is.

As a former domestic violence advocate out in the field, I hope that all of you doing the work, my wish for you is that you have all the support you need to feel grounded in the work you're doing.

>> Maybe one more thing I would say, Erin -- I love the thing you just said -- one thing we didn't touch on but it's in the module, the importance of developing a formal relationship with your advocacy program and giving that -- having your staff feel like they can call, you know, the Erin, you know, to get help.

But the other place for my advocate friends on the phone that we've been thinking a lot about, the moms or the pregnant women that come into your programs, your advocacy programs, whether it's for counseling services or for shelter services, and being able to get them into home visitation.

And I say this because I think it really can augment the services that you provide and take the burden off your clients.

Home visitors are helping moms in all ways, helping with WIC, with prenatal services, with getting a place to live.

Finishing her GED.

Helping her with all kinds of things.

So if you can connect moms, if you think about it, while she's in the shelter or some kind of advocacy program, home visits ends up being this crazy great bridge between the individual services happening within advocacy, and I really would suggest to all of you that you think about ways to sort of partner more deeply, because I think, again, we're all serving the same families.

We all know this.

So it's a way to really strengthen that community response.

>> Yeah, you know, that is making me -- a detail I'd forgotten because it was three years ago I think when you were out here doing the Healthy Moms/Happy Babies training.

After we had a full-day training for home visitation for a variety of programs, they came back and said that training of the incredible, it gave me lots of information, but it was the first time that I learned in depth about domestic violence and I still don't understand how our local domestic violence works.

Is it only for shelter, only for emergencies?

I don't know who those people are.

We don't interact much.

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Our professional lives don't seem to cross much.

Because we got that feedback and the early childhood area was asking us, we want to build relationships with the domestic violence field here, we did invest some resources, which I know not everyone has, necessarily, dollars and funds to influx, but thinking creatively about ways you can do that without fundings, we funded an early childhood from domestic violence from a shelter program who is co-located with Head Start, and we think there's a lot of information in that co-location model.

If you don't have the luxury of that resource, that might be frustrating.

But just thinking about, if there are ways that you can even just -- if you have time and your program has time to attend early childhood -- because the home visitation really wanted, like Rebecca was saying, I want to know who I'm referring people to.

I want to know when they call, what they can expect, that kind of thing.

So this was a really helpful learning.

>> How do you get to the post training?

Mie, are you sending that out as a poll, as a survey monkey poll or --

>> Actually -- I didn't even know you had that slide up on the screen.

That's awesome.

>> Perfect.

>> Well, that is probably a good place.

I want to, first of all, thank our amazing presenters.

Rebecca, I always love listening to you.

And Heather and Erin for your just incredible partnership in this work, in particular, around this project.

And so thank you.

And thank you for your presentation and your time today.

Thank you, Futures.

Thank you, Carmen, for your ongoing support of this around the country, and thank you all of you.

We know that even taking an hour and a half out of your day takes away from the work you're doing with individuals and families in your community, so we really appreciate and honor the time you've taken to be with us today.

It looks like it's been helpful and useful.

We look forward to hearing you, assessing the cards and curriculum, and please let Futures know how they can support the important work that you're doing every day.

And again, a gentle reminder on this Friday to do something kind and loving for yourself as much as the people you work with.

Thank you so much for being with us, everybody.

>> Thank you.

>> Please remember to do the survey.

>> Thank you, everybody!

Bye-bye.

>>