



Webinar: Family Violence: Core Concepts for Newcomer-Serving Organizations

July 16, 2025, 1:00 – 2:30 PM ET

Transcript

Introduction

Today's Speakers

Jasmine Griffin: Good morning and good afternoon, everyone. Welcome to Switchboard's webinar today on Family Violence: Core Concepts for Newcomer-Serving Populations and Organizations. We had over 500 people registered for the webinar today, and we are so happy that you are here with us. My name is Jasmine Griffin, and I am a training officer with Switchboard. I will be your facilitator today. I am a licensed professional counselor with over a decade of experience in mental health, program management, and trauma-informed care.

I have served in roles spanning case management, supervision, and leadership in nonprofit and government settings. Most recently, I worked with IRC Dallas's site as health and wellness senior program manager, overseeing key programs such as intensive and supplemental case management, mental health, client voice, and food security programs. During my tenure at IRC Dallas, I also stepped into the role as interim deputy director, guiding the team through significant leadership transitions, while maintaining the high delivery and quality services. I hold a bachelor's degree in sociology and criminology from Cleveland State University and a master's of professional counseling from Grand Canyon University.

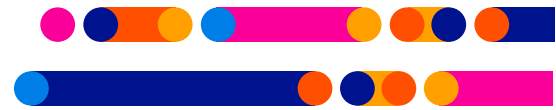
With that, I am delighted to introduce our speaker today, Jess Dalpe. Jess is a licensed master social worker. She is a senior technical advisor for safety and wellness at International Rescue Committee and the project manager for the Center for Adjustment, Resilience, and Recovery. Jess has worked in the international social work field for over a decade. Jess's work focuses on generating and integrating evidence-based practices related to violence against women and girls, as well as mental health and psychosocial support for refugees, asylum seekers, and other immigrants in the U.S. who have faced forced displacement.

For this training today, we will explore sensitive topics related to violence and abuse in relationships. We encourage you to prioritize your well-being during the session and to engage with others with care and respect. Please take breaks whenever you need to.

Learning Objectives

JG: With that, we'll go over our learning objectives. By the end of this session, you will be able to describe the core concepts of family violence within newcomer populations, apply a survivor-centered approach to family violence during service provision, and develop foundational skills to effectively assess and respond to disclosures of violence and refer clients to appropriate services. With that, I will go ahead and hand it over to you, Jess.

1. Core Concepts of Family Violence



Poll Question

What comes to your mind when you hear the words “family violence”?

Jess Dalpe: Thanks so much, Jasmine, and thank you all for taking the time out of your incredibly busy days to be here and to learn in community with me, alongside me, and to also learn alongside each other. As Jasmine said, we are going to jump right in with understanding some of the core concepts, definitions around family violence within newcomer populations. As we do that, I would like to first hear from you all. We're going to be using Slido a bit today.

If you've been to any Switchboard webinars before, you're very familiar with this. If you haven't, welcome. You can join Slido by using a smart device, pointing it at the QR code up there on the left top corner of your screen. You can also go to slido.com and then enter in the code, which is 2633285. What I want to do is really hear from you all, what comes to mind when you hear the words family violence? Just as you all are seeing, this is anonymous, no wrong answers. Seeing a lot coming in here.

Patriarchy, toxic masculinity, abuse, secrecy, trauma. I'm going to miss some of these because I can't read quite as quickly as y'all are typing in here. Pain, child abuse and neglect, generational trauma, toxic, that word is coming up quite a bit. Lots of pain, control, danger, vulnerability, fear. Alone. Seeing isolation coming in here. Shame, some of the impacts, some of the ways that we're seeing the impacts of family violence on families and communities. Adverse childhood experiences.

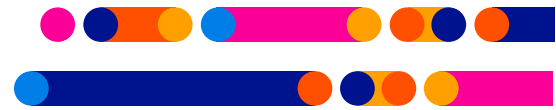
That is one of the studies that we can cite as we think about the impacts of family violence. Future impacts, unresolved trauma, power and control wheel. Whoever wrote that, we will be taking a look at that soon. Fantastic. Substance use and abuse. Yes, fear, scare, manipulation. You all are doing great. The thing that's coming up most here is abuse. That is fantastic that we're all thinking about the same general ideas as we think about family violence. We're going to be talking about a lot of these things that you all are mentioning.

Of course, this hour and a half that we have together is probably not enough to get through everything and to touch upon all of these word associations that you all are bringing up. We're going to get to quite a few of them. Thank you for letting me know that you're here, you're with us. Please keep the Slido open. We will be using that a few times today so we can actually hear from you all and be in touch. We'll have some polls, some other free write options as well. Thank you for participating.

We're going to move along so that we can really think through some definitions. You all are on that topic. You had great word associations, and it seems like you're in the right place for the topic that we're talking about. I also will imagine many of you as you're going through typing in and as I'm reading out all of those responses, you're also thinking, "Whew, this is heavy." Yes, this is a heavy topic today. We're also going to be talking about resilience and what we can do.

Just wanted to acknowledge that we're starting in some of the definitions, and we will get to, what can we do? Where is our power as service providers? To get us started, we wanted to just go over the umbrella term of family violence and what we mean when we're saying that. Really, that's any form of harm or abuse that occurs due to an abuse of power between family members or individuals living within the same household. We're really looking at how people define family. We're not predefining family.

This can have, of course, serious and long-lasting effects on individuals and families, and communities. Family violence can include things such as physical, emotional, or psychological abuse, sexual abuse, financial abuse, and isolation. We're going to talk a little more about those in a little more detail. We're talking about this really broadly right now. As many of you mentioned in that Slido, it can include things such as elder abuse, child abuse, neglect, and exploitation, and other forms of abuse and exploitation. The key component that we really want to focus in on this definition and understanding here is that there is an abuse of power. We're going to take a moment to unpack and understand power a little bit more.



Understanding Power

JD: Power has many different definitions. I promise I'm not going to pull out the dictionary, but it ultimately means the capacity or ability to act in a particular way to direct or influence others. Power is something that isn't inherently good or bad, and it comes in many different forms. We're going to talk about those different forms today. Each of us starts with having the power within. This is the power that we have as individuals and also the power that we have in relation to others.

We, in our work, are focusing on the power to. Power to refers to experiencing the freedom to make your own decisions. It's the power to do different things: to voice your opinion, work, go to school, advance yourself as a person, and also believing in yourself that you have a right to these things. This is the power to, tapping into our own personal agency and the personal agency of those that we work with.

We also have power with, which refers to working in equal partnership with others and supporting those in need and those organizing to make changes. It can also include asking for support or help. We have power together. We bring our individual powers together to have power with.

Then, finally, what we're also talking about today is power over or the abuse of power. This refers to controlling the actions or choices of another person or a group of people. This is limiting their freedom or opportunities, devaluing their personhood. It's also, as I said, the focus of what we're talking about today, particularly within relationships between adults, though we will touch a bit upon child abuse and neglect.

Wheel of Power and Privilege

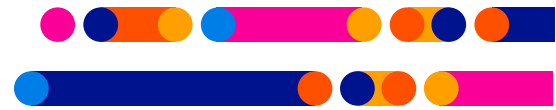
JD: We want to look at this beautiful wheel of power and privilege here. This is adapted from a graphic by Sylvia Duckworth, and we have it here to really understand and to give a visual representation of the different levels of power and privilege that we all have, depending on identities, characteristics, resources, and on the context that we are in. Going back to that definition of family violence and abuse, violence and abuse is a harmful act that results from that abuse of power.

Where do we get that power? Someone may abuse power that they derive from different sources. That's what this wheel looks at. An example of that can be exerting power over individuals through the privilege of language. Only speaking English when in the company of someone who doesn't speak English and doing that in a way that is harmful. For example, talking about important information for safety and deliberately not sharing that information in languages other than English when the people in the conversation don't speak English or don't speak English fluently.

Many of these inequities, as you can see around this wheel, are rooted in systems and ways of viewing the world. They're often influenced by our culture, but many of these are often universal. For instance, in most societies, men have more power and access to opportunities than others, including women and girls. This sets up the perception that women should be subordinate to men. This is one of those key components of power and privilege in situations of family violence that we're really looking at. As we think about these different ways that power is being exerted in a way that is unhealthy or abusive, we often get this question. I get this all the time in the work, and I think it's a fantastic question.

Violence or Conflict?

JD: How do we know the difference between violence or abuse and conflict? We are humans. It's really common for us to have conflict with other humans. It's common for there to be conflict within families and within relationships, because we all have different perspectives, ideas, values, motivations, and, as we saw on that previous slide, different access to power and privilege in our lives.



The difference between violence and conflict is how we address these differences. Marital conflict, as we're talking about within the family context, is the experience of two partners working to negotiate, compromise, share, or navigate power differences. I know many of you asked in the pre-webinar questions some really great questions about how we can engage with clients from different cultural backgrounds and respect different ideas relating to roles and power on the individuals that we support, and how that looks in different relationships.

I always like to take this moment to recognize that our job as service providers is not to force certain dynamics or roles on the individuals, families, and communities that we work with and we support, but it's really to understand the existing expectations and norms and to help ensure that those expectations and norms are supportive of equal rights and healthy dynamics of power sharing within relationships. Power differentials will exist. How are we addressing those power differentials or making sure that there are healthy ways to still maintain equality within conversations? That's marital conflict. It's the process of really negotiating, trying to find and navigate ways of making shared decisions and negotiating differences in opinions and ideas.

Power and Control in Newcomer Relationships

JD: Now, we're looking at intimate partner violence as one of the core components and pieces of family violence that we're investigating today as part of our learning. Intimate partner violence, or IPV, occurs when a current or former intimate partner engages in a pattern of abusing the power. It's really important, you've heard me say this a few times, that there is a pattern of abusing power that exists. Again, it's looking at these behavioral patterns that we'll talk about a little bit more on the next slide, but we're not there yet.

This can occur. Intimate partner violence can occur within any intimate or romantic relationship, so between partners, spouses, sexual partners, boyfriends, girlfriends, et cetera. It's not just between individuals who are married and it can be between people who are former or current partners. Many providers in the US, many of us on this call, I'm sure I myself have done this, we sometimes use intimate partner violence, or IPV, and domestic violence interchangeably. Oftentimes, we also look at domestic violence really as meaning violence within the home.

Here we're using it as the same as family violence, which again, we talked about is that pattern of abusive behavior within the family relationship. That's where we look at things of violence or abuse between elder family members or towards elder family members. Maybe using that power of age differential or access to resources and information. It can also be between parents and children or between siblings. Again, thinking back to that previous slide and those different levels of power and privilege we all have in our different roles.

Now, because the dynamics in each of these are different, so the dynamics between marital conflict and intimate partner violence or family violence, those are different dynamics. The interventions themselves are different. For marital conflict, which we're not going to talk about much more after this slide today, that intervention is really targeted at the couple, at the individuals who are having that conflict. That might be counseling, mediation, or conflict resolution.

For intimate partner violence, which again is that pattern of the abuse of power within a relationship, the intervention is generally targeted at individuals, so services for abusive partners to recognize and change some of the unhealthy patterns of behavior and dynamics and interventions for survivors to stay safe and recover from the violence and abuse that they've experienced. That's what we're really going to focus in on today.

This, as many of you wrote in our very first Slido, again, you foreshadowed what we're talking beautifully, is that we're looking at the power and control wheel. This is a Switchboard-ified power and control wheel, which is beautiful. We're really focusing in on the issue of intimate partner violence and power and control within relationships for this webinar. We're doing that because we know that 41% of women and 26% of men in the United States experience sexual or physical violence or stalking by an intimate partner in their lifetime. Oftentimes, these statistics are quite underreported.



We also know, this is a big range I'm going to share, but that immigrant women experience intimate partner violence rates between 24% and 60% depending on the different studies and communities and their individual experiences. We also know that over half of intimate partner violence incidents, so when incidents do occur, when there are children in the home, half of these incidents are witnessed by children. 60% of children who witness intimate partner violence between adults and parental figures within their lives, they are likely to experience child abuse at the same time, so co-occurring child abuse and intimate partner violence.

I know I just rattled off a bunch of statistics here, but it's all to say, there's a reason we talk about this. We want to make sure that we have this awareness as service providers so that we can effectively engage and support the communities and families that we're working with so that they can be safe and that they can have access to all of the resources, those things that they need to achieve themselves. As I mentioned earlier, intimate partner violence is an abuse of power within a relationship.

That abuse of power is often because of the different systems and structures which give power to different groups in society. Back to that other graphic we looked at. I love graphic representations because I think they can be powerful. The power and control wheel allows us to recognize many of the common patterns that survivors experience in relationships for how abusive partners are utilizing power and control and utilizing violent behavior and abusive behavior to maintain that power and control.

You'll see here the bright orange, yellow, depending on how it's showing up on your screen, center of this wheel is power and control. It is about the abusive partner wanting to maintain power and control. All of these little wedges in the wheel here are the different strategies and ways that abusive partners maintain power and control. They're held together by the physical and sexual abuse that also occurs. Not all of these occur in every relationship where there is violence.

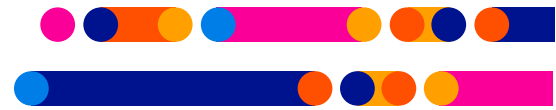
There may be a relationship where a survivor has not experienced physical abuse or physical violence, but they're experiencing isolation, threats, and denying and minimizing. This isn't a checkbox, and it's not prescriptive to say this has to be present for everyone or it's always there for every survivor. Enough survivors had shared their experiences and had shared these themes that this wheel was created to represent what so many survivors have experienced. This is based off of the immigrant power and control wheel.

There are multiple different forms of the power and control wheels. Each of those different wheels incorporate different relevant components of power and control. This one incorporates the relevant components for newcomers, which you'll see over on the left here, of using citizenship or residency privilege. Oftentimes, the abusive partner will use immigration consequences as a way to control behavior.

In the current context that we know right now in the U.S., threats regarding immigration enforcement and immigration actions are currently having horrible, great impacts on survivors. It's greatly reducing survivors' help-seeking behaviors and preventing survivors from seeking out support or making reports to law enforcement. The abusive partner will often use these different tactics and ways to maintain that power and control within the relationship.

Now, I want to pause here just for a second, because sometimes when we look at this, our minds can go to that idea of an evil person who is actively thinking about all of these different ways to harm someone or to maintain power and control. I want to acknowledge sometimes that is the case. There's someone who is very intentionally using these tactics in many relationships with the abusive partners, doing the best that they can as well.

That doesn't mean that what they're doing is okay, but they may not be actively and intentionally utilizing these different strategies, but they are still causing harm. That cause of harm, causing the harm is an active choice that they are making, whether or not they recognize the full extent of what they're doing or have full intentionality behind it. I think it's easy sometimes, especially when we speak in hypotheticals or generals in these conversations to make the abusive partners the villains in the stories. We want to recognize everyone's humanity as we are providing services to the families and communities that we all serve.



We talked through a lot here on the power and control wheel, and I want us to think a little bit about the causes and the contributing factors in abusive relationships. Here on this next slide, we're going to take a look at what it looks like to understand the root causes and contributing factors. This is going back to what many of you had also said in the Slido. Again, fantastic foreshadowing. I feel like we couldn't have planned it better. You all were doing great. When we think about these root causes and contributing factors, we want to make sure that we're distinguishing between the two.

This gets to that point of what I was just talking about, of understanding the why of violence within relationships. Again, it's important, as I had mentioned, because violence and abuse is a choice, which means the positive, it means that abusive partners can choose not to engage in these behaviors. There's room for growth. It also means that there's room for accountability. Again, this links us back to those first few slides where we discussed power, that intimate partner violence is supported by systemic inequalities, which are those larger systems in society that unfairly advantage one group over the other.

These inequalities are then abused to justify the subordination of one group under another and are often supported by social norms. These are the root causes that we're looking at. Sometimes we can confuse root causes and contributing factors. They are very important to know. Contributing factors influence or exacerbate the problem, influence or exacerbate those root causes. In the absence of contributing factors, family violence may decrease, but it can still exist. Again, it's that root versus some of the things that add to it.

Contributing factors that we know for intimate partner violence include things such as being in poverty, having challenges with emotional regulation, including regulating emotions such as anger. Also a contributing factor is substance use, as many of you had mentioned. We also see stress as a major contributing factor, which is also a through line in poverty and substance use. This includes the stress of forced displacement. We know, again, not saying everyone who's experienced forced displacement is going to have violence within their family. No, not at all.

We know that the additional stressors that the families and communities that we serve, that they've experienced, they can contribute to the stress and the root causes of intimate partner violence. Now we're going to pause here for a minute. I'm going to bring Jasmine back. She brought herself back in because she's great. We're going to take a look at a case study to see what this looks like in practice. We'll be revisiting this case study a few times today.

Case Scenario: Maria

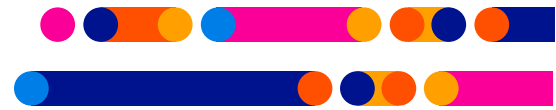
JG: Yes, thank you so much, Jess. For this webinar, we will be referring to a fake client. Her name is Maria. Again, this client is not real. This is a fake scenario that we are using. Maria is a 35-year-old mother of three who arrived in the US within the past year after fleeing war and conflict in her home country. She is residing with her US tie, who is her boyfriend. In a routine meeting with her caseworker, she mentions she is having "a difficult time." She says she is thinking about leaving her boyfriend, who she states "has a temper tantrum."

Maria continues to explain that her boyfriend threatens to report her to ICE and gives her \$50 a week to cover her expenses, which is not enough. She says he tells her that she is a bad mother to her children and that they would be better off without her. She says she feels grateful for all he has done to help her and her children, and she is ashamed to be complaining about him.

Discussion Question

What are some signs of family violence you notice in this case study?

JG: We're going to go on to the next slide for a Slido question. What are some signs of family violence that you notice in this case study?



If it's helpful, we can read it again. Financial abuse, financial controls, threats, verbal abuse, using power to withhold basic needs. You guys are hitting it right on the head. Using the children, emotional abuse and financial control, manipulation, the immigration threats like we talked about earlier, demeaning mom with language in front of the children. Yes, using children to shame, power and financial abuse, manipulation, saying that she's a bad mom.

Yes. Being violent in front of the children, withdrawal, financial abuse, guilt. You all are doing amazing. Gaslighting. Yes. Intimidation and shaming. Absolutely. That was seen in the scenario as well. Making her feel worthless. Lots of intimidation tactics as well. Awesome. You all are doing really great. Keep the answers coming. Disappointment. Shouting. Yes. The fear of ICE, just like we talked about. Awesome. You all are doing great. Thank you so much for participating in that Slido. We'll go ahead and move on to our second objective. Back over to you, Jess.

2. Applying a Survivor-Centered Approach

The Cycle of Intimate Partner Violence

JD: Thanks so much, Jasmine. Thank you all. You did so great, as Jasmine said, which I'm not at all surprised about. You picked up on so many of these potential signs. We don't know too much, so we're thinking like, "I'm noticing some of these things that we saw on the wheel. Maybe we want to investigate this a little bit more." By investigate, we're not like actually investigating. We want to ask questions, which is what we're going to talk about in this section.

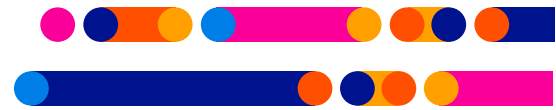
We are now looking at applying a survivor-centered approach. What do we do when we may recognize that we're working with someone who might be experiencing some form of family violence? Before we move any further, I do just want to quickly take a moment to address the language that we're using and that I'm using. Many of you may have noticed that I use, and Jasmine and I have been using the term survivor to refer to the individuals that we work with.

Some different sectors or professionals and clients themselves may refer to themselves or to individuals as victims. We want to always be client-centered first and foremost. If we're talking to a client, we want to mirror the language that they use. Though many clients don't actually like reference themselves, they refer to themselves as survivor or victim. If they do, we want to make sure that we're mirroring their language and being very client-centered.

However, we're not talking to a client in this webinar, and so we're speaking in general terms. I always like to, and I encourage you all to do the same, is to use survivor to emphasize for ourselves and also for those that we communicate with that the person has survived. This doesn't negate or invalidate the very real negative consequences of intimate partner violence or family violence, but it highlights the individual's resilience and the fact that they have indeed survived what they've gone through. It shifts the focus back to them as the survivor versus them as the victim. I just wanted to note that. I don't think there's right or wrong language, but we are making a choice to use survivor-first language.

We need to understand the cycle of intimate partner violence briefly to really be survivor-centered. I want to acknowledge that most people enter relationships because there's a connection or perceived benefit, emotional benefits, social, et cetera, and that most relationships do start out in a state of calmness. Even if that relationship might be arranged in some form or influenced or not otherwise chosen, a lot of relationships, especially when we're talking about intimate partner violence, these relationships do start out in this state of calmness where things do feel peaceful and calm.

Then this cycle, what tends to happen is that the relationship moves to a space where stress and tension builds. There are those contributing factors that we talked about that can add to stress in the relationship. This is normal. This happens with all of us. I'm sure many of us on this call can think about, oh yes, tension building



in relationships or work relationships. Life is stressful. When we see this cycle of intimate partner violence, this tension is building, and those abusive behaviors are coming out. It's not just the contributing factors, it's also those root causes.

The belief that one person should have more power and therefore has more access to resources, makes more decisions, is better in other ways than other people. That's where that tension is building. This impacts all individuals within the family. This tension building is often followed by an incident of heightened abusive behavior. This can be verbal, physical, sexual, psychological abuse. This larger incident in an effort to exert power and control. This is often followed by a period of reconciliation.

Also known, you may have seen this cycle before, sometimes it's referred to as the honeymoon phase. Not to be confused with the honeymoon phase when we talk about adjustment for newcomers. Just want to mention that. In that, this phase of reconciliation, the abusive partner often will seek to justify their behavior, apologize, or act as if nothing happened at all. Then things tend to return to that calmer state and the cycle begins again. Now, I want to acknowledge these are not exact.

Each phase of the cycle is unique and looks different for different families. It's important for us to be able to recognize the cycle so that we can empathize with and begin to understand the survivor's experience. We'll never know without talking to the survivor ourselves, and hearing from them. If we can recognize some of this, one, it helps us have a better understanding in our support for survivors, but it can also help us provide more tailored support if we're working with someone and we're starting to recognize this cycle. We can think, "Things seem calm," or "Maybe tension's building. How do we think about maybe safety planning," which we're going to talk about in the next section, I promise.

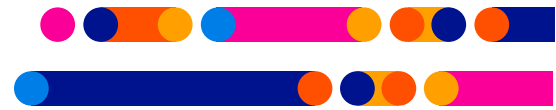
Why Do Survivors Stay?

JD: Taking all that we've discussed into account, you're probably wondering, maybe, I know I have wondered in the past, I've been doing this work for many years, and I still sometimes wonder, why would a survivor stay in an abusive relationship? We want to talk about that because there are some very real reasons. Common reasons include love for and hope that the partner will change. A fear of retaliation from the partner, community, family. A lack of alternative means for economic support.

When we think back to that power and control, economic access is one of the ways that abusive partners control the survivor. We saw that in the case study with Maria. There may be a concern for where to live. Where is there somewhere safe? Fear of losing custody of children, pressure from family, friends, and community. There are so, so many reasons that are situational. We're thinking about that isolation and all of those different components.

We also know that a lot of these reasons are emotional. Survivors are constantly assessing the risk of staying and leaving. They are making calculated decisions, understanding the risk, and taking all these factors here on the slide into account. What we know is that traditional social norms and more restrictive social norms and lack of resources tend to make it unlikely that there's a safe space or other permanent option for survivors to relocate to safely. We also know that a lot of survivors have been socialized to believe that being abused is a normal part of life in a relationship, and particularly, for women that it's in a normal part of being a woman within a relationship.

We also know here, which I didn't acknowledge yet, but on the left of this slide, that we know, and this is not an exact science, but it takes an average of seven attempts for a survivor to successfully leave an abusive relationship. This is data that's been compiled over many years with many different survivors in the US. We know that this is not something that happens often quickly or easily. There are many barriers, and they are varying in how they impact survivors. Now, before we get to our survivor-centered attitudes, we want to hear from you all again. Pass it back to Jasmine.



Poll Question

What does being survivor-centered mean to you?

JG: Yes. What does being survivor-centered mean to you? Before we jump into those definitions and the attitude to have, what does that mean? Empathetic, curious, nonjudgmental, putting yourself in their shoes, being empowerment, listening, prioritizing the client or the survivor's decision and their choice. Yes, listening to the survivor, allowing the survivor to tell their story, having compassion, being trauma-informed, no judgment, empathy, empowering language, building their self-esteem and self-worth, listening more than we speak, not offering unsolicited advice, really great answer. Empowerment, meeting the survivor where they're at, cultural competence, asking the survivor for their feedback and input, providing resources, patience, compassion, empathizing.

You all are doing amazing. Believing the survivor, so important. Using language that they can understand, honoring their resilience, not judging, actively listening. Meeting them where they're at. Giving them space and time to process, absolutely. Understanding their needs, supporting them with resources, safety planning, being respectful of their way of life, absolutely. You all are typing so fast, and I'm so thankful for the active participation. Jess, I'm going to go ahead and pass it back to you so you can tell us more about this survivor-centered attitude.

Survivor-Centered Attitudes

JD: Sure. Thanks so much, Jasmine, and thank you all. I was just noting the tally at the top and I think the top three words that came up were survivor, decision, and choice. I'm pretty sure if my memory is serving me right, now I'm questioning it. You all are really thinking about what it looks like to enter into this relationship as a service provider with a client in a way that prioritizes their decision-making and their choice. Promoting these survivor-centered attitudes within ourselves is the best way that we can have a compassionate response.

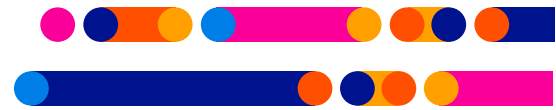
When I was a case manager for many years, I actually had these printed up in my office as just a reminder for myself and also for the clients that I served, that first and foremost, we believe our attitude in this work is that people have the right to live a life free from violence. Then, as you all had so beautifully stated in the Slido, that survivors are not responsible for the violence that they have experienced.

We're not blaming anyone for what they're experiencing. That also survivors should not be stigmatized, shamed, or ridiculed for the violence they've experienced. We're not saying, "What did you do to cause that?" or "Are you sure that's how it happened?" We're really making sure that we are not stigmatizing that experience or making them feel in any way shameful for what they've experienced.

We also want to remember and have that attitude, as I had said, that survivors speak the truth about what they've experienced. This can be hard, though. I want to acknowledge these things look great when we put them on a slide, and even when I had them printed out on paper hanging in my office. We are also humans. Oftentimes, many of us are working with an entire family. Many of us are members of the communities that we serve, and we may know the abusive partner. We may have that moment of like, "Really, are you sure?"

Our own disbelief can get in the way. This is why it's important for us to have these attitudes so that we can remind ourselves, one, that it's okay that we're human, but two, we want to believe the survivors that we are talking to. Believe that and honor that we are believing they're speaking the truth. We also want to be able to honor self-determination that survivors are not forced to disclose or report their experiences to anyone. Now, there is a caveat here.

In the vast majority of cases, we're working with survivors who are adults, in which case we do not have to report that harm unless we know that they are a harm to themselves or immediate danger to someone else. Of course, we have to report if we know that a child or a vulnerable adult is in harm's way. They are also in danger.



In our work, we are often working with survivors, and we might say like, "I really think you should call law enforcement, really think you should talk to this colleague." We don't want to force survivors to disclose their experiences. It's their experience and their story, and they need to choose who they want to talk to about it.

We also believe that survivors have a right to make their own decisions. That's taking that a step further and thinking broadly about what they want and what they are going to accept in terms of services. Last but not least, we believe that survivors can recover and heal. Again, we're using that survivor language. I've worked with many survivors who are like, have said, "I don't want to see myself as a survivor. I just want to see myself as Jess. I'm just a person." We are also being able to really connect with that person and what they hope for themselves in the future. I've also worked with many survivors who say, "No, I'm taking on that identity. I am a survivor. I've survived this experience, and that's important to me," so we honor that growth that can happen.

What does this look like in practice? We wanted to go over six practical considerations for what we do as we are working with survivors. First, if we are using interpretation. Oftentimes, I know we have, I'm sure, many incredibly gifted colleagues on this call who speak many different languages fluently, but there's a good chance that many of us will be working with some clients with whom we do not share a language. If we are using an interpreter, we want to make sure that we are considering if and how we can match the interpreter's gender with the survivors to be able to make sure that there is that comfort and that level of sharing.

Second, we want to be mindful of our body language. This goes back to our trauma-informed care approaches, and really being mindful of the verbal and nonverbal communication skills and strategies we're using. For many of us, we may not be working with survivors on a day-to-day basis. It may not be the main component of our jobs. We might be a little nervous when we have someone share an experience of violence or abuse, but we want to be mindful of our body language, how we can stay open and engaged.

Next, we want to, where we can, as we are listening, use open-ended questions. We want to focus first on just listening, which we're going to talk about, but when we are talking to the survivor, we want to ask open-ended questions to give them the choice of how much they would like to share with us.

Next, we want to make sure that we are validating the survivor's experiences and normalizing their feelings and emotions. Really being present with them and saying, I hear what you're saying. It's normal for you to feel this way, and many other survivors I've worked with are feeling this way.

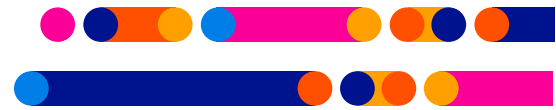
Next, we also want to ask the survivor for permission before we take any action. This goes back to that survivor-centered attitude of the right to self-determination. Before we do anything, we want to make sure that we are giving that control back to the survivor. As we talked about, the whole basis of this violence that we are talking about in survivor's experience is power and control. We don't want to replicate that control in the work that we do with survivors.

Finally, we want to approach all of our clients with respect and patience. Again, these are things that we all do, I'm sure, on a regular basis, but sometimes it can be helpful for us to have that little reminder. Now, we're going to go back to Maria.

Case Scenario: Maria

JG: Okay, thank you so much, Jess. As you recall, everyone, we had our case scenario for Maria. I will not be reading the entire case scenario again, but just as a quick reminder, Maria is a recently resettled mother of three, living with her US, tie, who is her boyfriend. During a recent check-in with her, she shared concerns about the boyfriend's controlling behavior, including financial restriction, emotional abuse, and threats to report her to immigration.

While she did express a desire to leave, she also feels conflicted due to gratitude and shame. Let's review what we've learned so far. On the next slide, we'll give you a few options to select from, so that we can determine survivor-centered approaches.



Discussion Question

Which of these next steps are survivor-centered?

JG: On the next slide, we have a slide, if you all can pull up your phones: which of these next steps for Maria are survivor-centered? What would you do next?

Encourage Maria to report her U.S. tie's behavior. Ask Maria what is most important to her right now. Ask Maria if she would like you to call her U.S. tie and discuss his behavior. Let Maria know you're going to call your local DV provider to get her connected with resources. You can select more than one option. I'll give you all just a few minutes before we go through them.

I'm seeing many of you choose, "Ask Maria what is most important to her right now," which is a survivor-centered approach.

Okay, giving you a few more minutes. I'm seeing more people log into Slido, so I'm giving everyone an option to participate.

Okay, so we'll go ahead, and go through. Ask Maria what is most important to her right now, that is survivor-centered. Encourage Maria to report her U.S. tie's behavior is also survivor-centered. Letting Maria know you're going to call your local DV provider to get her connected to resources is not survivor-centered because we are not asking for consent. Ask Maria if she would like for you to call her U.S. tie and discuss his behavior is not survivor-centered because we do not want to push anyone to make any decisions like that. Thank you all so much for participating in this Slido.

3. Assessing and Responding to Disclosures

Discussion Question

What is your role in supporting survivors of family violence?

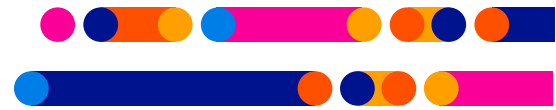
JG: Please keep it open. We're going to go ahead and jump into our last objective, assessing and responding to disclosures, where we'll explore what appropriate and safe service provision looks like. This final objective is all about developing foundational skills to effectively assess and respond to disclosures of violence, and to refer clients to the right support services.

Before we dive in, we'd love to learn more about who is in the room with us today, your roles, and how you support survivors. Please take a moment to share what is your role when it comes to supporting survivors of family violence?

Accessing resources, program design and leadership, case management, social work, providing resources, case management.

Someone said, "I have not had any support of survivors yet." Advocate, listening, supervisor for staff, health support, coordination, training staff, being a safe space for disclosure, home visitor, case manager, housing. I love the variety of folks we have in a room. Community resources, advocacy and emotional support. Lots of case management, therapy services, sexual health care coordinator.

Providing tools and resources, prevention manager, SAS caseworker, clinical social workers, DV Focal Point, program planner and leadership, helping to navigate rights and resources, lots of people providing resources, connecting patients to mental health, facilitating community collaboration, housing program, program



coordinators, support liaisons at DV centers, program management. Awesome. Advocates. Thank y'all so much for sharing. Contracted with DCF. Okay. Awesome. I'm going to go ahead and pass it over to Jess, so she can tell us more about the role of a caseworker. That's what we'll be focusing on in this section.

Caseworker Role

JD: Thanks, Jasmine. Sorry, I was writing a response in the Q&A, and got a little carried away. [chuckles] Thank you all so much. It's so wonderful to learn a little bit about all of the wonderful roles that we have here. I was jotting down some of them that I wanted to highlight, that we are supporting clients in as a home visitor, as supervisors, where we're supporting our staff.

Advocates. I noted one person, and Jasmine, you read out one person that said that their role is to be a safe space for disclosure. I really loved that. That we all represent many different professional roles and responsibilities. As a caseworker or a direct service practitioner, what we want to talk about is how we can support you in that role, because we all have an important role that we play, but there are also limits to that role.

To be effective, we want to, of course, you're probably not going to be surprised I'm saying this again, but keep in mind our survivor-centered principles and attitudes. We also want to, as I said, maintain boundaries around what we can do, and what we cannot do in this work. Oftentimes, and I have been in this situation myself in the past. We are very drawn to this work, because we want to try to help.

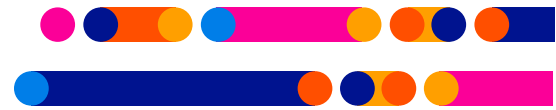
We want to try to make situations better for people, and want to try to connect them to resources. Sometimes that can lead to us overstepping the boundaries of what our professional roles are, and the resources that we have. I wanted to talk a little bit about our role as we think about effective response for survivors. First, our role is to pay attention to safety. This means safety for ourselves as providers, and for the survivor or client.

In situations of active family, or intimate partner violence, we generally advise to not engage in home visits at all, or if we must, because it's part of our programming, and our job responsibilities, to ensure that we're going with a colleague, right? This is because we know that in situations where there is violence, there can be volatile moments. There can be moments, where maybe that tension is rising, and maybe there is an incident. We don't want to put our staff or any of ourselves in a situation, where we might be in harm's way.

That's not saying we don't provide services, but we are cautious around things such as home visits. Part of safe engagement is also to not engage in mediation between a survivor and their abusive partner. I have been asked to do this many times, and for many of you on this call have been asked to do this many times. On the surface level, it would be, we might think like, "Oh, it's survivor-centered. The survivor is asking me to talk to their partner to remind them that they aren't allowed to do this here in the US." We also want to remember back when we talked, gosh, a number of slides ago about between marital conflict, and intimate partner violence, right? Marital conflict, we can go to counseling and mediation, but for intimate partner violence, we are not utilizing mediation, because it can sometimes lead to survivor blaming.

Often, the idea of mediation is compromise. When we're talking about violence, there is no compromise on violence. It's either there is violence and abuse, or there's not violence and abuse. Mediation is not the right intervention for that situation. That's how we're paying attention to safety. Our role is also, as many of you said, to be present. To be present for the client that we are working with, to engage them in that open, nonjudgmental conversation about what they're experiencing, right?

This doesn't always mean that we'll be the ones bringing up the topic, or asking those direct questions. We may not be engaging actively, or proactively in the conversation, but it can look like us maybe making a general statement, something like, a lot of the clients that I work with have experienced family violence, or violence within their relationships or marriages.



We have resources here at whatever agency, right? At IRC and within our community, wherever you might live, I'm in New Jersey, so we have resources here at the agency and within New Jersey to support people experiencing abuse and violence, because you have a right to not experience violence even within your family, right? We are opening up these conversations sometimes, again, depending on your role.

Your role is also, as we said, to use those survivor-centered attitudes, believe what the survivor is telling you. We're not investigating, we're not trying to determine what happens by talking to others, but our role is to provide support to the client, the survivor in front of us, the person that we are working with, right? For a caseworker, if we're an advocate, we are providing those services to the client that we're working with.

Finally, our role is to follow the survivor's need. We want to, in this, we talked a lot about what that looks like in making decisions, but one of the things we didn't talk about is also how we speak about the abusive partner, right? I think, as I mentioned earlier, we want to be mindful of the language that we're using. For example, if the survivor doesn't speak negatively about their abusive partner, we should not be speaking negatively, even if maybe we're feeling negatively about how that person is behaving, or how they're engaging in that relationship, right? Again, we're following the survivor's lead, and we're being nonjudgmental.

Assessing and Responding to Disclosure

JD: Now, we're going to transition to looking at the steps that we can take to actually implement this role. We're looking at six steps today. We want to first think about, in those moments when we're working with clients, practicing empathy. Survivors may express mixed emotions when discussing their experiences. We want to, again, follow their lead, respect their boundaries, validate their feelings, and listen without that judgment. We can do this by using healing statements.

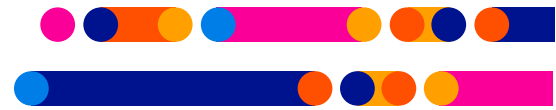
These healing statements, this is an example of them on this slide here. These are phrases that we can say that highlight the resilience, strength, and the humanity of the survivor. I encourage you all, at least, not going to read through them. These are examples. I want you all, if you use these to find your own voice in them, what feels authentic to you. We want to try to be as warm, engaging, and authentic as possible, but we can really utilize important statements like saying, "I believe you." That can be really helpful, especially when survivors oftentimes are not believed by people that they reach out to, right?

To recognize that, "You're not alone." We saw one of those wedges of the power and control wheel, isolation, right? We can say, "You're not alone. You've shared this with me. Thank you for sharing with me. I'm here to help you navigate these next steps." Again, not making false promises. Make sure that we are making promises, or making commitments that we can actually see through based on our role. We use healing statements to show empathy.

Next, we want to reaffirm confidentiality. This is important, in that, we are really assuring the survivor that the information that they're sharing with us will not be disclosed to anyone else without their permission. That includes family members, or community members. Oftentimes, many of us are working with families as a whole unit. We want to be mindful of really reminding individuals that we can keep their information confidential.

This also needs to be upheld in our case notes, how we document information. We also, at this moment, want to remind survivors about any exceptions to confidentiality such as mandated reporting. It can feel a little weird to go in this order, right? We're responding with empathy, and then we're going to say, "Hey, as a reminder." It is important for us to do that to say, "I just want to remind you what you share with me, I will not share with anyone. That includes your family, that includes your partner, and there are some limits to this. These are the times that I may need to share even without your permission." We're talking about those mandated reporting duties that we might have depending upon our state, our profession, and our agency regulations.

We do that to, again, give control back to the survivor, so that they can choose how much they want to say to us, and how much they want to disclose. Third, we are assessing. We're exploring the needs and the options for the survivor by assessing the situation. It's just like our assessments that we do in case management and



maybe housing assessments. We are looking at the different complex needs, working together with the survivor, allowing them to guide the decision-making process, and to really understand what do they want to do, now that they've shared this with us, how can we move forward?

We want to keep in mind that leaving a relationship may not, and often is not always the survivor's first step that they want to take. Many survivors may look at other options such as housing, financial assistance, legal advocacy, immigration services, mental health, and/or connection to religious, or community groups that they might want to be a part of, right? We're looking at holistic needs and opportunities.

Next, we are collaborating with the survivor to create the plan. What are we doing? What happens next? Again, we're prioritizing the survivor's needs, and we are prioritizing their preferences. We also want to be aware of being able to support the client even if they decide, "Oh, that plan isn't working." Part of the planning process is constant reassessment, and constant replanning.

As we are planning, we want to be mindful of, again, maintaining that confidentiality. If we are providing referrals, we're getting releases of information, and that we're only sharing information on a need-to-know basis. One of the things that we know, is that survivors, as they are taking steps to maintain, or gain more independence, or possibly leave abusive relationships, those are the times that their danger is at the highest, right?

The risk factors are highest because they're taking steps to reduce the power and control within that relationship. We want to only share information on a need-to-know basis. We want to think about, "Well, will this sharing this information put the survivor at risk? Will it betray the trust of the survivor? Then, will withholding this information cause any risk?" We're always thinking about that.

Part of planning is also safety planning. Many of us in our different roles, we may be looking at safety planning in different ways, and we may not be engaging in many safety plans. Depending upon your role and your position, you will maybe do a basic safety plan, or you might do a more in-depth safety plan. Safety planning is really just an opportunity to think through risks with the survivor before those risks happen.

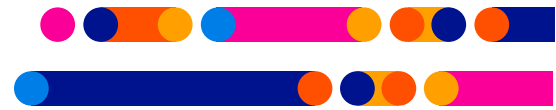
Safety plans should always be realistic, practical, and easy to remember. The goal is to mitigate the risk or the harm to the survivor, and their dependents, so their children, or anyone else they might be caring for ahead of time. When creating these safety plans, we are always prioritizing the survivor's voice and choice. It may not be something that the survivor wants to necessarily engage in, but we can always do a basic safety plan, right?

Those are these three main components that we see here on the left, which is really the warning signs. When does the survivor recognize warning signs for escalation? Then, we think about prevention. What can the survivor do to prepare to stay safe? This may include things like removing weapons from easily accessible locations, or avoiding certain situations with the abusive partner. Again, this is not saying it's the survivor's responsibility or fault, but we're thinking about what can we do to help them stay safe.

Finally, we are looking at strategies for coping and staying safe. This can be what the survivor can do in the moment, if there is a moment of escalation risk, or an incident, who can they call for help, and where can they go? Really being sure that we are giving those resources, but also going over what resources and support survivors have.

Again, I think we put it in the chat, because the team is amazing, and I think we had Rebecca, our Switchboard host, or maybe Jasmine, I'm not sure who put it in the chat, but the additional resources on Switchboard for safety planning. If you want more on that, please check out those resources, because we're not going into it in detail today, but there are plenty of resources out there to support you.

Okay, so we're planning. Now, we're actually doing the referral, as we talked about. What we want to do is try to facilitate warm referrals, meaning connecting the survivor, whether that's in-person, or via a joint phone call,



with their resources that they are hoping to access. As we're doing this, we want to make sure that we're providing the survivor as much information as possible about what to expect.

This is part of us being trauma-informed, and part of giving the survivor control over what's happening in their lives, and making sure that they can make the best decision rooted in the most accurate information that they can have. Finally, we have our last step, which is to follow up. Follow up regularly. Conduct these regular check-ins. Survivors' needs often shift over time, and their desires in terms of what they want to do with their relationship, or how safe they feel, they often change and shift over time. We want to maintain regular contact to help assess safety and provide ongoing support.

What if Support is Declined?

JD: Okay, so you all are probably wondering, this question that happens, comes up to all of us, is what do we do if a survivor shares with us that they're experiencing intimate partner violence, and they don't want support? We want to first manage our own expectations, right? It's okay. [chuckles] We may have expectations of like, "Oh, we want this person to leave. We don't want them to be in this situation, and experiencing violence or abuse anymore," and we might be feeling disappointed.

First off, that's okay. You're human. You're allowed to have feelings. Also, we want to go back to our survivor-centered attitudes. It is the survivor's right to make a determination about what they want. We want to follow their lead. Manage our own expectations. It's okay. Then, I am a huge fan of case consultation. I always love being able to talk to others. Case consultations are talking about a situation without divulging any identifying, or personal information of clients.

Talk to your supervisor. They can know information, because that's-- They're part of the information sharing within your organization. You may seek out technical advisors, or other supports to say, "Hey, I have this situation. Can I get your opinion on how I can best support this survivor?" We also have some guidance on Switchboard. We forgot to grab that link for case consultation and case conferencing.

Then, we want to follow up regularly, right? We can follow up, even if the survivor says, "I don't want to engage in regular services around this need at the moment." We can say, for example, to a survivor, "I hear that you don't want to engage in services, and I'm also concerned about your well-being. I want you to know that we can continue to talk about your safety and options at any point. I'm here." Being able to leave that opening.

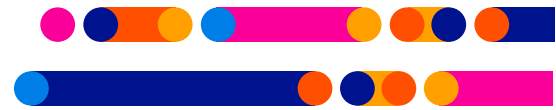
We know survivors face a lot of ambiguity in making decisions about whether or not they should leave, right? Many of those reasons why survivors stay. We want to maintain that connection and regular contact with the client, so that we're there to be a support. Then finally, we want to think about reducing some of those risk factors.

Things like reducing isolation and increasing protective factors. They may be services like ESL services, peer support groups, mobility resources, financial means. Being able to think about what are these other ways, maybe not directly related to the violence and abuse, but these other supporting factors that we can put in place with and for a survivor to help them?

We're going to go back to Maria one last time, and I will pass it over to Jasmine for that.

Case Scenario: Maria

JG: Thank you, Jess. Going back to Maria, and thinking about responding to Maria, get your Slidos ready. You thank Maria for having the courage to share her experience with you, and remind her that your conversation is confidential, and that you won't tell her US tie anything you have discussed. You then ask Maria what is most important to her right now. Maria explains that she wants to find a job to have more financial independence.



Poll Question

What is your next step to support Maria?

JG: On our next slide, our Slido question for you today is, what is your next step to support Maria? Tell Maria that you think earning money is a good idea, but you're worried about her safety. Call your workforce development colleague, and explain Maria's situation, so that they can help provide information about options for employment, and ask Maria which she would like to pursue, or create a resume with Maria, so she can apply for jobs.

Many of you are selecting, we see a lot of answers for provide information about options for employment, and ask Maria which she would like to pursue, helping her create a resume, so she can apply for jobs, especially if you're in the employment department. Awesome. [silence] Telling Maria you believe earning money is a good idea, but you're worried about her safety. While that can be helpful, you want to also ask her if she feels safe, and help her find a safe space to pursue these goals, and not place your own opinions on her situation. Awesome. Our number one answer is, provide information about options for employment.

Case Scenario: Maria

JG: Next, we have one last step. For next steps, Maria states that she wants to work with a financial coach, and gives consent for you to make the referral. You connect her to your colleague, and they begin working on a financial independence plan. You then ask Maria if she would be open to creating a brief safety plan with you, so that she knows what to do if she needs help, and Maria agrees.

Discussion Question

What should be included in Maria's safety plan?

JG: What should be included in Maria's safety plan? Her children, budgeting, how she's going to make her money, emergency contacts, yes, safe places to go, living arrangements, legal support resources, warning signs. Y'all have really great answers. Who to contact, how to respond, knowing her rights, having responses ready, yes, her well-being, ways to take care of herself, community support, absolutely, yes.

I'm seeing a lot of people putting in emergency contact, and family supports, safe places to go, trusted people in her networks, yes, gathering her documents, really great answers. Awesome. All right, Jess, I'll go ahead and pass it back over to you to wrap us up.

JD: Thanks, Jasmine, and thank you all. You're doing a fantastic job. We just wanted to wrap up with our key takeaways before we move to Q&A. Today, our goal was really to understand how we can best respond as providers to family violence, as we're supporting newcomers. We want to take away these four main points to understand the dynamics. We spent a lot of time going over understanding the definitions, and really understanding that family violence involves patterns of abuse aimed at exerting power and control, right?

That this requires a really nuanced understanding of systemic, cultural, and individual factors. You all are doing a great job at understanding that. We also want to apply our survivor-centered approach by prioritizing empathy, confidentiality, and survivor autonomy, while also validating their experiences, and offering tailored support. We want to have effective responses by responding with compassion, and using a structured approach.

Assessing for needs, creating plans and safety plans, and providing warm referrals. Then, we are building long-term solutions by addressing root causes, and some of the contributing factors. Thinking about economic independence, systemic barriers, and collaborating with survivors to develop sustainable support networks.



make sure that they have survivor-centered attitudes. I don't know, Jasmine, is there anything that you're thinking of? As you say that, sorry, it just started pouring outside. [chuckles] My distraction there.

JG: No, that's super helpful. A lot of people are putting some scenarios in the chat, or maybe specific clients that you are working with. I do want to say that Jess and I are not in a position to answer those live. We would need a lot more information. If you do need support, or you want to case consult with Switchboard, please put in a request, and we just put that link in the chat for you all.

One other good question that I see on here that popped up, Jess, is that some, and I'm assuming this may be coming from a leader, a program manager of some sort, but there are certain positions where some may feel that they have to do some sort of investigating on deciding who to believe in a situation if they're working with the whole family. I know you and I have personal experience together working with a situation like this, where I know you mentioned before, like you believe the client, believe them the first time, and don't try to be that investigator.

[Is there any advice that you would give to a program manager who's trying to train her staff on, or his staff on how to handle those types of situations?](#)

JD: Yes, that's a—this is tricky. We, I think first off, always talking it through. [chuckles] A big supporter of case consultation. Please use that technical assistance request form, because that is a resource that is here for you all. I also, I think about two—well, three other points that I'm thinking about. One is, have policies in your organization. If, I think this person is a potentially a leader, right? Part of what is great about working in an organization also is a challenge, but is that we get to create policies, and then communicate those policies to clients, so they know what to expect of us.

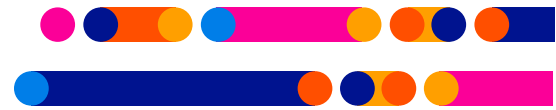
A lot of organizations may have a zero tolerance policy for violence. I think I saw one of the examples was that you're managing a housing program, right? If you're managing the housing, part of that agreement might be that there's a zero tolerance policy. Not saying that I'm advocating for that. There are pros and cons to that on many levels, but having a clear written policy and procedure as an organization for what you do is essential, because we don't want these to be one-off decisions that we're being— That we're making.

We are still making individualized decisions based on the different contexts and factors, but having the policy procedure to go back to, and to also inform clients of what are your rights and responsibilities in entering into this program with us? How will we address that if you are not living up to the responsibilities that you agreed to? That's, I think, first, one way that we can really, especially as leaders, support our teams around that question.

Second, I think, is taking the survivor's lead. Really, just being able to, again, follow that survivor's lead, which is very, very hard, I know, when you're working with the whole family, because it might mean that we have to be in a really challenging situation of addressing service discrepancies, or differences in the work that we're doing. Which brings me to the third point.

I think whenever it is safe, and we're consulting with the survivor, and it's feasible, if we're working in a family, and let's say I'm the one caseworker supporting the whole family, and we find that there's a situation of family violence, where it is appropriate, possible, and it won't raise too many red flags within that family, lots of "ifs" here, separating the family with different caseworkers, so that each adult in the family has their own main focal point, so that they can get individualized services, and also so we're protecting that information that we have about the survivor, and about the abusive partner.

Those are the top three things that I think of as we're going through these situations. As Jasmine said, with these specific situations, yes, it's best for us to hop on a call, and do a case consultation. I know that we're out of time, and we only made it through two, I'm sorry.



JG: No apologies are needed. As Jess mentioned, we will take a look at the rest of the questions, and curate some answers for you all. That will be in the follow-up email that you receive.

Conclusion

Reviewing Learning Objectives

JG: We hope that you're now able to describe the core concepts of family violence within newcomer populations, apply a survivor-centered approach to family violence during service provision, and develop foundational skills to effectively respond to disclosures of violence, and refer clients to appropriate services.

We do have a quick survey. If you can scan this QR code and please give us some feedback, it should take you about 60 seconds. It's just five questions. We would love to hear from you to help us improve our future trainings and technical assistance.

JD: I just want to say, thank you all. I see people are having to drop off here. Please take the survey, but also thank you for being here.

Recommended Resources

JG: Absolutely. Here are some recommended resources. These will be in the follow-up email. They will also be in the chat.

Stay Connected

JG: Lastly, for any additional training and technical assistance needs, please stay connected with Switchboard. Visit us on our website, email us, or follow us on social media. On behalf of all of us here at Switchboard, we thank you for learning with us, and we hope to see you all again soon. Thank you.

JD: Thank you, everyone. Thank you, Jasmine.

JG: Thank you, Jess.

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