JANUARY 2012 EPRESS

Happy New Year!

New SV Program in Central Florida

Welcome to Bertha Mucherera and the Open Hearts Family Services Visitation Program. Open Hearts began serving families in December 2011 in the greater Orlando area. They have offices in Orlando and in Enterprise. Bertha can be reached at

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Issues for Directors

Last year was a busy year for supervised visitation providers. It is clear that the service, like many other social services, is changing and adapting to new economic, societal, and other forces. A Director has asked that the Clearinghouse add a special phone conference periodically for directors *only*. Are you interested? We would discuss the more complex issues not covered in the monthly call. If

you want to participate in something like that, please email me directly at koehme@fsu.edu.

Also, do you have staff or volunteers call in to the monthly phone call from their homes or cell phones? If so, are you interested in finding a way to determine whether they *actually came on* to the call? I am considering instituting a Code Word at some point during the phone conference. I will announce the word so that directors can ask staff later what the Code word was. That's one way to confirm participation. Let me know if you'd like me to start doing this.

Case of the Month: Parental decisions

Over the holidays I had a mother pray with her son during the visit, and when the father found out, he was unhappy with us. The court order says that the father has the authority to make decisions about religion. But we didn't have any order about praying or not praying. Did I do anything wrong?

Great question for the New Year! Some parents have extremely different styles of parenting, or very different lifestyles, or different practices, and these can cause tension at visitation. For example, one parent wants the child to use a cup for drinking juice, but the other brings a baby bottle to the visit. Or one parent wants the child to use the toilet, but the other insists on diapers. These kinds of issues come up all the time. Some of this tension can be avoided if intake is accomplished successfully. Remember, it's important to talk to parents about how they envision the visit. Ask if there are any issues that could cause differences in opinion about the child – are there subjects that the two parents disagree about? Sometimes the issues can be resolved by avoiding the specific problem. (One parent insists that the child is allergic to a certain food "Chrissy gets a tummy ache when she eats apples," and the other denies it. The easiest way to resolve this is note the difference of opinion in the file, and then to tell the parent not to bring that food. You do not

have to get a doctor's note verifying one way or the other unless the allergy is allegedly a very severe one.)

Other times, the child can be treated differently by each parent. Both of these options may work in many cases. But you should *plan* on how to resolve them. In the scenarios above, the decision will have to be made about a child drinking and using the toilet. Call the Clearinghouse when those issues come up: we can talk them out with you.

Sometimes, as in your specific question, these issues are more complicated. When the court specifically allows one parent to make decisions about the child (the parents do not share parental responsibility on that issue), you must be very careful about the behavior related to that court order. So in the future, you should understand exactly what you can and can not allow related to the order. The main reason you should have a copy of the court order is so that you know what the risks are, and what the issues for the family are. (The second reason you must have a copy of the court order is to have the authority of the court in your corner.)

In this case, I do not know whether the mother was allowed to pray with the child. Even though the behavior seemed harmless, the court did make a decision related to religion, and you must abide by it. I have seen cases in which the parent used prayer to criticize the other parent. The prayer was basically "Please make the judge bring you home to me. Make Dad's new wife a better person. Have her stop being so mean," and on an on. This is using prayer to damage the relationship between the child and one parent. Also, did you hear the prayer? Supervision means that the child is in hearing distance.

My suggestion is this: Ask both parents/lawyers what they think the court order means. Then, if the mother wants to pray with the child during visits and the father objects, you should ask the court what is acceptable. And document everything related to the dispute.

Six months ago, a judge asked me to arrange a visit to take place an hour after our program closed because the parents had to drive from different parts of the state and they could not come during business hours. There was no problem with the visit, although everyone else had gone home, and I was alone with the parent and child. I completely forgot about it afterwards. Now a different judge has asked me to supervise a series of visits during a time that we are not usually open. Should I say yes?

This is an issue for you to decide. You say you wouldn't mind supervising one or two extra visits a year, but you can't manage more than that. I have no objection to directors accommodating special requests (although I do worry about fairness and burn-out), but you yourself see the other issues involved. My biggest concern is the fact that these special cases are not subject to the same office protocol as others. Are you in effect reducing the security in these special cases because there is no other staff around? That's a heightened risk for supervision and may violate your own program policies. There are many directors around the state who have made *occasional* accommodations for local judges that involved extra work for no extra pay. Those are local decisions. However, please don't jeopardize safety in these accommodations. These cases are subject to supervision for a reason, and newspaper accounts tell many stories of problems occurring quickly and without any warning. The better practice is to stick to your program's regular safety protocol.

Diversity Research and Review: Barriers to Social Services

Florida is a state of great ethnic, racial, and cultural diversity. All of those who provide social services should be mindful of the differences between clients, and understand that these differences can cause barriers or difficulty accessing social services. The review that follows is an effort to keep supervised visitation program directors informed of the research written within the last ten years about barriers so that they can approach client services in a thoughtful, evidenced-based manner. This think-piece can be used to satisfy the diversity training best practice.

For purposes of this article, diversity is discussed in broad terms of rural regions, culture, poverty, pregnancy, HIV/Aids, language, and sexual identity.

REGION

Population in Florida			
	Rural	**Urban**	**Total**
Year			
1980	2,242,188	7,504,773	9,746,961
1990	799,413	12,138,513	12,937,926
2000	1,009,305	14,973,073	15,982,378
2010	1,207,042	17,594,268	18,801,310
Per-capita income (2009 dollars)			
2008	29,375	40,694	39,973
2009	29,537	39,604	38,965
Earnings per job (2009 dollars)			
2008	34,049	44,699	44,216
2009	34,826	44,956	44,490
Percent change	2.3	0.6	0.6
Poverty rate (percent)			
1979	20.3	13.0	13.5
1989	17.8	12.4	12.7
1999	16.1	12.3	12.5
2009 (latest model-based estimates)	19.4	14.7	15.0

Data from the USDA Economic Research Service

Hong, L. (2006). Rural Older Adults' Access Barriers to In-Home and Community- Based Services. *Social Work Research,* 30(2), 109-118. Retrieved from http://www.ingentaconnect.com/content/nasw/swr/2006/00000030/00000002/art00005

Many adults living in rural areas have difficulty accessing both in-home and community based care services. Transportation in rural areas is difficult, as not all individuals may have vehicles or be able to drive, and public transportation is typically limited in these areas. Many adults in rural areas also have personal factors influencing access to care, such as a "strong sense of self-reliance, belief in family care giving, and misunderstanding of social service programs". This can cause a lack of information about needed services, healthcare and social services alike.

Cohen, P., & Hesselbart, C.S. (1992). Demographic Factors in the Use of Children's Mental Health Services. *American Journal of Public Health,* 83(1), 49-52. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694500/

The rate of mental health disorders in children exceeds the rate of service for these disorders. Mental health services are more narrowly accessed by youths between the ages of 18 to 21 than youths under 18 years of age. Middle income families, as well as those living in rural or semi-rural areas also underutilized social services for mental health disorders. Interestingly enough, one study has shown that middle-income families had fewer initial visits to services for mental health treatment than the lower-income families. Wealthy families, however, access these services more often than low-income and middle-income families.

CULTURE

	Florida	U.S.A.
White persons	75.00%	72.40%
Black persons	16.00%	12.60%
American Indian and Alaska Native persons	0.40%	0.90%
Asian persons	2.40%	4.80%
Native Hawaiian and Other Pacific Islander	0.10%	0.20%
Persons reporting two or more races	2.50%	2.90%
Persons of Hispanic or Latino origin	22.50%	16.30%
White persons not Hispanic	57.90%	63.70%

Data from US Census 2010

Beigel, D.E., Farkas, K.J., & Song, L. (1998). Barriers to the Use of Mental Health Services by African-American and Hispanic Elderly Persons. *Journal of Gerontological Social* Work, 29(1), 23-24. Retrieved from http://www.tandfonline.com/doi/abs/10.1300/J083v29n01_03

This article studied minority elderly persons and their barriers to mental health services. The article identified key limitations, including insufficient resources, a lack of outreach, a lack of transportation, and a lack of publicity or information about services that are available. Cultural barriers were very strong between African Americans and Hispanic elderly persons between agency professionals. Limited outreach has been identified as one of the top barriers in both African-American and Hispanic elderly adults.

Woodward, A. M., Dwinell, A. D., & Arons, B. S. (1992). Barriers to mental health care for Hispanic Americans: A literature review and discussion. *The Journal of Behavioral Health Services & Research*, 19(3), 224-224. Retrieved from http://search.proquest.com/docview/205245375?accountid=4840

The Hispanic American population is the second fastest growing minority group. This population also appears to have a similar rate of mental disorders as does the general population. However, Hispanic Americans do not utilize mental health services at the rate the general population does. Language barriers, a cultural heritage of alternative treatment, a lack of transportation, and a lack of cultural sensitivity by agencies have been identified as barriers to social services for Hispanic Americans. Financial barriers also affect Hispanic Americans, especially those in poverty. Many Hispanics live in states with strict Medicaid requirements, and thus do not qualify for assistance.

Gelman, C. (2010). Learning From Recruitment Challenges: Barriers to Diagnosis, Treatment, and Research Participation for Latinos With Symptoms of Alzheimer's Disease. *Journal of Geontological Social Work,* 53(1), 94-113. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/20029704

Many Latino and minority groups have not sought treatment or resources for Alzheimer's disease, including both the patient and the caregiver. Part of this lies in a cultural belief that even the most significant memory loss or confusion come with old age. This has delayed the actual feeling of need to receive services among these groups. There is a general lack of education on resources and diseases, including Alzheimer's, in minority communities. Structural barriers like language differences, finances, and availability have also prevented minority populations from accessing resources.

LANGUAGE

	People	Percentage
English	12,112,968	74.54%
Other than English	4,136,551	25.45%
Spanish	3,031,002	18.65%
French Creole	282,487	1.73%
Other	702,969	4.19%

Data from MLA, 2005.

Hornberger, J.C., Gibson, C.D., Wood, W., Dequeldre, C., Corso, I., Palla, B., & Bloch, D.A. (1996). Eliminating Language Barriers for Non-English Speaking Patients. *Medical Care*, 34(8), 845 – 856. Retrieved from www.jstor.org/stable/3766401

Non-English speaking Americans do not visit doctors or other service providers as often as other Americans. Information exchanged between a client and a service provider, as well as the patient's ability to contribute to the conversation, and the varying rapport between client and provider is a primary factor in healthcare and social services. Without adequate communication, the health status of non-English speakers can be compromised. Face to face, first person translation, as well as provider/physician sensitivity to the needs of the client can drastically improve the rapport between client and provider/physician, as well as improve the healthcare services provided.

DISABILITY

Floridians with Disabilities between 21-64 years	1,122,010
Unemployment rate for disabled Floridians	62.4%
Projected veterans with disabilities from Iraq and Afghanistan	~35,000

Data from 2003 U.S. Census Bureau's American Community Survey

Valios, N. (2004). Barriers to understanding. *Community Care*, 30(3) 30. Retrieved from http://go.galegroup.com/ps/i.do?&id=GALE%7CA113872559&v=2.1&u=tall85761&it=r&p=PPPC&sw=w

Language barriers are common within social service agencies, but deafness has also caused a barrier to accessing resources as well. Deaf people do not have translators available at many agencies or healthcare providers, and they often feel as though they are being ignored when providers speak with a third party to translate. This can cause feelings of "frustration and humiliation", and difficulty following up with services via phone or even in person. Some deaf people are able to speak and read lips, but are still ignored and are not talked to directly in agencies. Sensitivity to the deaf population and their needs (and abilities) is lacking in both social services and healthcare settings.

SOCIAL/STIGMA

Keith, P. M. (2007). Barriers and nontraditional students' use of academic and social services. *College Student Journal*, 41(4), 1123-1127. Retrieved from http://go.galegroup.com/ps/i.do?&id=GALE%7CA172978010&v=2.1&u=tall85761&it=r&p=PPPC&sw=w

This article addresses barriers to educational services for non-traditional students. Situational barriers, such as "family circumstances (marital status, dependents), employment, and civic involvement" may

prevent access to resources for students. Students may also have dispositional barriers to services, such as attitudes towards services, and other intrapersonal attributes. Institutional barriers like the structures of organizations, office and agency hours, and locations of agencies can also inhibit access to these social or educational services. This can generalize to all sorts of services for individuals who are non-traditional service seekers.

Hansen, H., Alegria, M., Caban, C.A., Pena, M., Lai, S., Strout, P. (2004). Drug Treatment, Health, and Social Service Utilization by Substance Abusing Women from a Community- Based Sample. *Medical Care*, 42(11), 1117-1124. Retrieved from www.jstor.com/stable/4640863

Many women who use drugs recreationally need drug treatment, according to various diagnostic criteria, and qualify for government entitlement programs or assistance. Women with drug use issues are underserved in the areas of health and social service. Stigma because of drug use has inhibited some women from utilizing services they could benefit from. Women who are heads of households are less likely to enter drug treatment, perhaps because treatment can inhibit them from fulfilling duties to their families, including children. The concern of losing custody of their children for receiving drug treatment was also a barrier to treatment.

HIV/AIDS

Florida:
Miami-Dade County has the highest number of new AIDS cases per capita in the nation.
Broward County has the second highest number of new AIDS cases per capita in the nation
Florida has the 3rd highest number of AIDS cases in the nation.
Florida has the 2nd highest number of pediatric AIDS cases in the nation.
11.7% of the national population are living with HIV in Florida.

Data from avert.com, Miami-Dade County Department of Planning and Zoning, Data Flash, Issue # 7, 2010

Population Council. (n.d.). Understanding Barriers to Community Participation in HIV and AIDS Services. *Population Council*. Retrieved from http://www.popcouncil.org/pdfs/AP_BarriersSummReport.pdf

Individuals who are HIV positive do not always realize the severity of HIV, and sometimes lack education on the subject at all. Without the knowledge that they need to know to get assistance, they may not use available resources. Illiteracy, lack of education, and stigma are hurdles to acquiring assistance. Many HIV positive individuals do not want to disclose their status, even if it is just from being present at an agency known for HIV services, or receiving food or formula from those clinics known for HIV services. HIV positive individuals may also seek non-traditional care in the form of healers and allopathic practitioners, and it is important to remain culturally sensitive to these methods of treatment.

PREGNANCY

Cook, C. A. L., Gohn-Baube, E. A., Selig, K. L., & Wedge, B. J. (1999). Access barriers and the use of prenatal care by low-income, inner-city women. *Social Work*, 44(2), 129. Retrieved from http://go.galegroup.com/ps/i.do?&id=GALE%7CA54250794&v=2.1&u=tall85761&it=r&p=AIM&sw=w

Many low income women who were pregnant had lower rates of accessing prenatal care. The most difficult access barriers were feeling embarrassed about one's pregnancy, hearing bad things about the prenatal clinic, not wanting family or friends to know about the pregnancy, disliking the kind of care

received at the clinic, lacking trust in the health care system, being affected by the personal problems of family or friends, and lack of evening or weekend clinic hours. The most severe access barriers were clinic hours, personal problems with family or friends, and not wanting people to know about the pregnancy.

Land, G.H., Sable, M.R., Schramm, W.F., & Stockbauer, J.W. (1990). Differentiating the barriers to adequate prenatal care in Missouri, 1987-1988. *Public Health Reports,* 105(6): 549. Retrieved from http://go.galegroup.com/ps/i.do?&id=GALE%7CA9311914&v=2.1&u=tall85761&it=r&p=AIM&sw=w

Prenatal care is an important part of preventing health issues (especially low birth weight) for newborns. Women who do not know they are pregnant initially are 9 times more likely to have had inadequate prenatal care, and women who were Medicaid-eligible are1.9 times more likey to have inadequate care. Women with previous pregnancies were also at higher risk for poor prenatal care, up to 1.7 times more likely. Education also plays a large role, as women who have not finished high school are1.49 times more likely to have inadequate care. Other characteristics correlated with inadequate care include transportation problems, financial problems, unwanted pregnancies, Medicaid recipients, or crime victims.

SEXUAL IDENTITY AND GENDER IDENTITY

Chapman, M., Williams, K. (2011). Comparing health and mental health needs, service use, and barriers to services among sexual minority youths and their peers. *Health and Social Work.* 36 (3), 197.

Youths who identify as homosexual, bisexual, or non-heterosexual (sexual minority youths) have higher rates of physical assault and sexual victimizations. Sexual minority youth females report higher rates of suicide attempts, depression and anxiety. Among these groups, they report higher rates of high risk sexual activities (like sex without a condom). Because of the social victimizations these groups face, as well as the higher risk activities, health care is a serious issue, but they do not access needed healthcare or services as often as their peers. It has been suggested that this is because of privacy and confidentiality concerns among sexual minority youths, and the fears of being "outed" or judged by friends or family.

HEALTH INSURANCE

Crandall, L. A., Metsch, L. R., McCoy, C. B., Chitwood, D. D., & Tobias, H. (2003). Chronic drug use and reproductive health care among low-income women in Miami, Florida: A comparative study of access, need, and utilization. *The Journal of Behavioral Health Services & Research*, 30(3), 321-331. Retrieved from http://search.proquest.com/docview/205218862?accountid=4840

Low income women have difficulty receiving healthcare because they often do not have health insurance, nor do they have the income to pay for the medical care themselves. A particularly at risk population is low income drug users. This study found that physical assaults, STDs, untreated health problems, smoking, prostitution, and drinking, which are all significant health risks, were higher for chronic drug users compared to non-chronic drug users. Non-chronic drug users also reported having more well medical visits, and more had healthcare coverage. Reproductive care for this group is low, but lower for chronic drug users because of drug testing policies in place which can prevent healthcare coverage through programs like Medicaid.

Poverty

Gonzalez, M. (2005). Access to Mental Health Services: The Struggle of Poverty Affected Urban Children of Color. *Child and Adolescent Social Work Journal*, 22(3-4), 245-256.

38 million Americans live below the poverty level, and nearly 15 million of those are children under the age of eighteen. Children also make up nearly 40% of America's homeless population. Social service access, poverty, and being non-white are interrelated features that affect many families in America. Studies show that children have a much harder time accessing not only food, shelter and clothing, but also social services, safety, and good schools when they are living in poverty. This is amplified in minority children, children with cultural differences, language barriers, and those who may fall victim to discrimination. Mental health service providers may not realize these factors exist, and because of the location and status of families with children in poverty, outreach and access may become limited.

SUMMARY: Implications for social services including Supervised Visitation

Florida's population consists of many unique cultural, social, and minority groups, and also groups facing hardships. Because of this, cultural sensitivity, and also an awareness of various barriers to social services is essential. Being aware of these barriers is just step one. The ability to critically analyze the impacts these barriers have on the clients a social worker serves, and also the effects these barriers have on agencies can help create a more cogent relationship between client, agency, and social worker.

Addressing regional and financial barriers is an important aspect of successful outreach, and maintaining a rapport with clients. 19 of Florida's counties are considered medically underserved. Medically Underserved Areas are areas with too few primary care providers, a high rate of infant mortality, a high poverty rate, and/or a high elderly population. This is calculated based on a weighted score coming from the ratio of primary care physicians per 1,000 people, the infant mortality rate, percentage of the population below the federal poverty line, and percentage of adults over 65 years old (U.S. Department of Health, 2010). All of Florida's Medically Underserved areas (except for Osceola County) are also considered to be rural areas, having less than 150 people per square mile (American Community Survey, 2007). Because of the higher number of families and individuals in poverty, in combination with a lack of resources, many of these individuals are not only medically underserved, but also lack access or knowledge of various social services.

- Poverty, in combination with limited public transportation can inhibit the client from getting to a physical agency. Work with clients to find a ride from a friend, use a dial-a-ride service that is low cost, and make sure to have updated bus schedules if available. Also, the Florida Commission for the Transportation Disadvantaged offers rides for individuals who are unable, due to a physical or mental impairment, to board, ride or disembark independently from any readily accessible vehicle on the regular fixed route system. See http://tinyurl.com/FLtransdisadvantaged for more information.
- There are many barriers to healthcare that correlate with poverty. Out of pocket healthcare costs have skyrocketed, and access to Medicaid and Medicare is limited for some individuals. Application processes for these programs can be laborious, and the client may not know exactly how to go through with the process. Encouraging clients to apply, and referring them to various places to get resources can be beneficial.
- Drug users may have more barriers to healthcare than others. Drug users have been shown to have more health risks, and more fears of applying for health insurance in fear of being denied

for their drug usage, arrested, or having children removed from their custody. Discussing options with clients, and understand their concerns.

Florida is a state of great cultural and racial diversity, as well as individuals who speak different languages, or those who are deaf and communicate using American Sign Language. More than a fifth of Florida's population identifies as Hispanic or Latino, and more than a quarter of Floridians speak a language other than English. In addition to language differences, many cultures have different views on mental health, medicine, and social services. It is important to take these into account to be able to work with clients in a sensitive manner.

- Because of language barriers, it is important to ensure your agency can work with clients who speak limited or no English. Having forms translated (especially legal documents like consent forms and liability waivers) is a great way to help clients feel accommodated and well informed. Communication with clients is important as well. If some workers at your agency are multi-lingual, they can assist in translations, or work with non-English speaking clients more often.
- When working with a translator, whether from English to another spoken language, or from English to American Sign Language, be sure to keep eye contact with your client, and talk TO them, and allow the translator to assist. Do not just talk to the translator, or another relative or friend. Your client may be more able to hear, speak English, or understand what you are saying than you think, and this can cause the client to feel self conscious or unimportant.
- Minority populations, including African Americans and Hispanics, underutilize many social and health services, especially mental health services. These groups have cited language barriers, cultural insensitivity, as well as other barriers associated with socioeconomic status as hurdles to getting assistance. Being aware of perceptions of social services, family dynamics, and cultural traditions and ideologies can help a social worker understand the client with which they are working, and to better understand their needs.
- Stigma and social implications can be a huge barrier to social services. Individuals who may not want to release information about their sexual identity, HIV status, poverty level, or other conditions may be hesitant to seek assistance, worrying about confidentiality or gossip in their community. Understanding these hurdles can help to make a client feel safe disclosing various details to agencies, and be assured of the confidential nature of their case files and other documents.
- Sexual minorities, including gay, bisexual, lesbian, transgender, and other non-heterosexual individuals face pressures and societal strain from their lifestyles. These groups also report higher rates of victimization, and women report higher rates of depression and sucidiality. Groups have reported fear in being "outed" or having their orientation or transition discovered, and being socially ostricized. Ensuring confidentiality, and being sensitive to confidentiality issues and social concerns of clients can help sexual minorities feel more comfortable with accessing services.

- Education can also be a barrier for various populations facing social stigma. HIV/AIDS education may be limited to certain groups. Miami-Dade has the second largest amount of new HIV cases per capita, and Broward is right behind. Because of the growing amount of people diagnosed, it is important to extend services for those affected, and to provide education and outreach to prevent further new cases. Maintaining confidentiality, as well has having accessable

information for various groups can help to serve this population. This includes all groups, but specifically Hispanics, who have seen an increasing number of new cases in South Florida, cases have grown by 76% in the past few years.

- Prenatal care is an important part of medical care. Some women, however, lack resources for prenatal care, and because of the perceived stigma of pregnancy, they may forego prenatal care all together. The most severe barriers to prenatal care have been identified as clinic hours, personal problems with family or friends, and not wanting people to know about the pregnancy. Making sure that the individual feels safe and understands that her information will remain confidential is a great first step.

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Early 2012 Training Opportunities

Understanding Trauma and Effects - (January 10th 10:00am-12:00pm EST)
Trauma-Informed Care - (January 19th 10:00am-12:00pm EST)

About Trauma Web Events
Most individuals seeking public behavioral health services and many other public services, such as homeless and domestic violence services have childhood histories of physical and sexual abuse and other types of trauma-inducing experiences. Research tells us that these experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system. Psychologically safe and meaningful screening, assessment and dialogue are critical when engaging survivors of trauma during intake and planning.
When a human service system or program takes steps to become trauma-informed, every part of its service delivery is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed systems, organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate. This webinar will highlight a planning process through which service principles and practices can better promote safety and healing while avoiding re-traumatization of vulnerable populations.

Who is the training for?
The web events regarding trauma assessment provides a general curriculum for interested persons involved in Florida's mental health and substance abuse treatment system at all levels including, mental health and substance abuse professionals, medical professionals, advocates, consumers, and their families. A wide array of personnel throughout will find this training useful and relevant to their professions.

Cost
The web event is free to take. CEUs are $25.

Understanding Trauma and Effects - (January 10th 10:00am-12:00pm EST) Click Here to Register

- Participants will describe the physical and psychological effects of trauma on people in general and on vulnerable populations in particular.
- Participants will distinguish between the effects of childhood and adult onset trauma
- Participants will locate up to date information and resources on the effects of trauma for adult and child populations.
- Participants will identify 5 principles for interviewing victims/survivors of trauma.

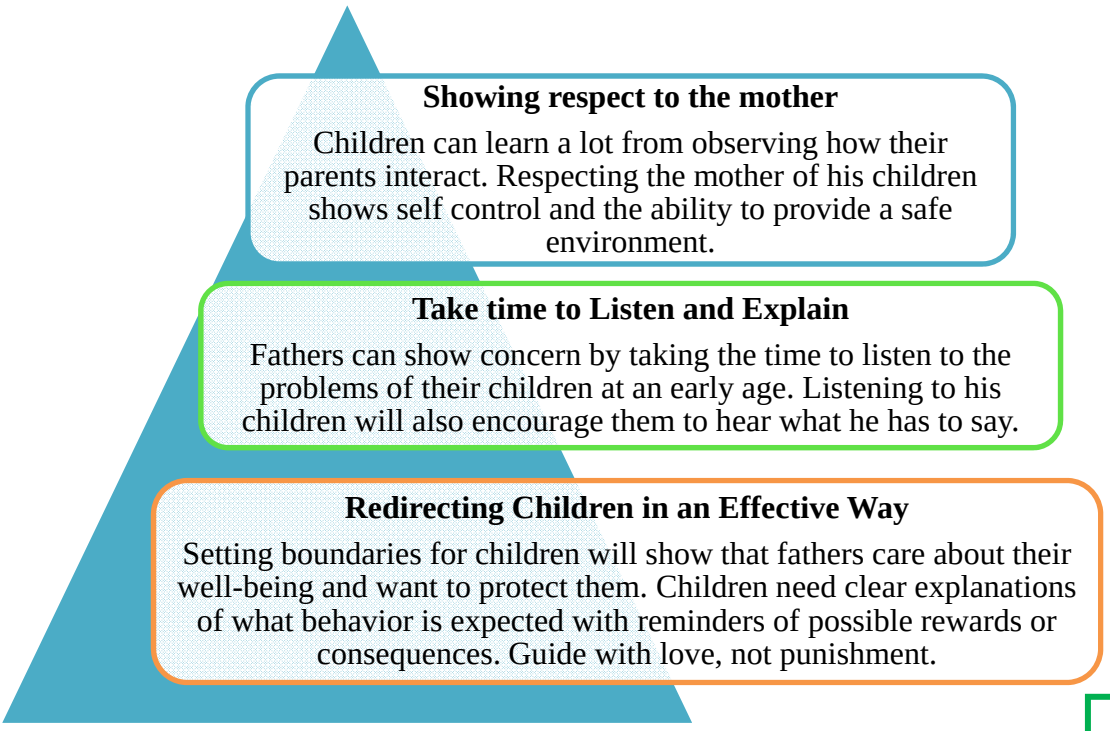
- Participants will articulate at least 8 critical reasons for the inclusion of trauma into a comprehensive assessment process.
- Participants will reference at least 5 of the leading trauma assessment tools.
- Participants will discuss the functional relationship between trauma screening, assessment, triage and intervention.

Trauma-Informed Care - (January 19th 10:00am-12:00pm EST) **Click Here to Register**

- Understand the origins and history of trauma-informed care (TIC)
- Distinguish between trauma-informed care and trauma-specific interventions
- Explain and apply TIC care principles in adult and child serving systems
- Identify domains of assessment and opportunities for cultural organizational change that support TIC
- Identify additional resources for organizational self-assessment

Tips and Ideas for Dads: Pass these on to Clients

Mothers and fathers play a key role in the lives of their children. The relationships children form with their parents has a strong impact for the stages that follow. Girls may look to their fathers for protection, guidance, and support. Boys may desire encouragement, direction, and quality time that only a father-figure can provide. Here are a few tips that will encourage fathers to continue being an important part of their children's lives.



Positive Activities for Fathers and their Children

The meaning	The action
Reward and celebrate the success of your children	-recognize a good grade, make a photo of the memory, or provide a small gift.
Small things sometimes mean the most	-read together, play a board game, grow a plant or tree, help with homework, or show them when you are working on a project yourself.
Spend time together doing something different	-show a hobby you take pride in, take a walk together, offer a trip to the library, share music that has had a positive influence in your life, or make a meal together.

Being a dad is a life-long role. There are many stages that a child goes through, and having a father there makes the transitions much easier. Dads can have a positive influence just by making themselves available to their children along the way.

Prevent Child Abuse, Florida, The ounce of Prevention Fund of Florida, and DCF. (2011). Pinwheels for prevention, 2011 Parent Resource Booklet. *A Guide to Child Development, Positive Parenting, and Community*

Cyber-Stalking: A New Challenge for the 21st Century

By Daniel Dunleavy

Technology has made the 21st century an age of convenience. With each new gadget arises the possibility that it will be misused. Below is a discussion about the issue of cyberstalking, and issue that supervised visitation providers should be familiar with so that they can help protect clients who are being stalked.

"He said he wanted to see me, whether I wanted him to or not"[1]

These are the harrowing words of a young British woman, known only as Jemma. Like millions of other people around the world, Jemma has been the victim of cyber-stalking. In the United States alone 3.4 million people, age 18 and older, will be cyber-stalked each year[2]. This number is predicted to increase with the continued advancement of social networking and multimedia devices. Luckily, victims, advocacy groups, and the government are taking steps to expose cyber-stalking and the suffering it causes.

What is Cyber-Stalking?

While many people understand the meaning of the word 'stalking', the term 'cyber-stalking' may be unfamiliar to most. The definition has changed and expanded over the past decade and will continue to do so with the advent of new technology. According to the National Center for Victims of Crime, cyber-stalking can include (but is not limited to):

- Repeatedly leaving or sending victim unwanted items, presents, or flowers.
- Following or laying in wait for the victim at places such as home, school, work, or recreation place.

[1] BBC Radio January 20, 2009 Woman's Hour: Cyber Stalking http://www.bbc.co.uk/radio4/womanshour/02/2009_03_tue.shtml

[2] Bureau of Justice Stats

- Making direct or indirect threats to harm the victim, the victim's children, relatives, friends, or pets.
- Damaging or threatening to damage the victim's property.
- Harassing victim through the internet.
- Posting information or spreading rumors about the victim on the internet, in a public place, or by word of mouth.
- Obtaining personal information about the victim by accessing public records, using internet search services, hiring private investigators, going through the victim's garbage, following the victim, contacting victim's friends, family work, or neighbors, etc.
- Source: Stalking Resource Center, National Center for Victims of Crime[3]

Profile of a Cyber-Stalker and Victim Statistics:

Over 75% of cyber-stalking victims have been harassed by someone they know. This can range from a jealous ex to coworkers, family, friends, neighbors, partners and more. Most of these stalkers will not be 'computer whizzes', a common misconception. Technology so accessible and user-friendly that almost anyone can learn how to use it. With each failed attempt, the stalkers technique and use of technology will become more intense and sophisticated. Here are some other facts about stalkers and their victims:

- 3.4 million Americans will be stalked this year. That's roughly 1,400 per 100,000 or 14 per 1,000 people will be victims of stalking this year.
- 1/3 of stalkers have previously stalked.
- 13% of female college students will be stalked.
- 46% of victims have at least 1 unexpected contact with the aggressor per week.

[3] US Department of Justice: What is Stalking? http://www.ovw.usdoj.gov/aboutstalking.htm

- Victims and perpetrators of cyber-stalking are mostly between the ages of 18 and 24. However, stalking can happen to anyone, regardless of age.
- Most often, men are more likely to stalk women, although there have been exceptions. With the advent of new technology, the number of women stalking men will likely increase due to the anonymity and ease of the crime.[4]

Table 1: Victim's Worst Fears Resulting From Stalking:	
Not knowing what would happen next	46.1%
Behavior would never stop	29.1%
Bodily harm	30.4%
Harm or kidnap child	12.9%
Harm other family member	12.2%
Loss of freedom	10.3%
Death	8.9%
Loss of job	6.3%
Harm current partner	6.0%
Losing one's mind	4.3%
Other	16.6%
Don't know	5.3%
Number of Victims	3,416,900

Table 2: Other Crimes Perpetrated By The Offender Against the Stalking/Harassment Victim[5]:			
	Percent of Victims		
	All	Stalking	Harassment
Property Damage	15.9%	24.4%	4.0%
Damaged property of victim or someone in victim's household	9.5%	15.0%	1.8%
Illegally entered house/apartment	8.6%	13.2%	2.2%
Illegally entered car	3.8%	6.3%	.5%
Attacked Victim	12.3%	21.0%	0.0%
Hit/slapped/knocked down	7.2%	12.3%	~
Chocked/strangled victim	2.4%	4.2%	~

[4] The Use of Technology to Stalk DVD
National Center for Victims of Crime: Stalking Resource Center
http://www.ncvc.org/src/Main.aspx

[5] Stalking Victimization in the United States, Bureau of Justice Statistics, January 2009

Used a weapon	2.4%	4.0%	~
Chased or dragged with a car	2.1%	3.5%	~
Raped/sexually assaulted victim	0.9%	1.6%	~
Attacked/attempted to attack in some other form	4.3%	7.3%	~
Attacked person/pet (other than victim)	8.8%	15.0%	4.0%
Attacked or attempt against a family member	3.5%	6.0%	~
Attack or attempt against a friend or co-worker	3.4%	5.8%	~
Attack or attempt against a pet	2.2%	3.7%	~
Attack or attempt against a child	2.2%	3.7%	~
Total Number of Victims	5,857,030	3,424,100	2,434,930
~Not applicable. Harassment victims by definition were not attacked, nor were their friends, co-workers, family members, or pets.			

Waiting to Exhale:

As table 1 illustrates, one of the most common fears of victims is the uncertainty of the ordeal. Two gripping stories of cyber-stalking come from victims Kristina and 'Samantha' (The latter was only listed by the initials S.H. in the court report).

"I'm gonna be leaving here in a little bit ur (expletive) done ... get ready for a day of hell."

These are just two of over 1,000 text messages and emails sent by former boyfriend Daniel Dibias Jr. to his ex-girlfriend Kristina Brown. Despite having received a court-mandated Protection from Abuse order for more than a year, Kristina still experienced days and nights of vulnerability and terror with each horrific message. The 28-year old Debias started threatening Kristina after she broke up with him. Not only did this lead to mental distress, but the possibility of physical violence was constantly looming for Kristina. Debias came to her house, knocked on her door, looked through windows hoping to find her.

"Block me all u want (expletive), I'm gonna get u today (expletive) whore."[6]

One day, college-bound 'Samantha' broke up with her Houston-area fiancé Christopher. After several failed attempts to win her back, things became scary for Samantha. Hundreds of messages, evoking a paralyzing fear, appeared on her phone. *"I want to watch you suffer", "I WILL come for you,"*[7] These messages led her to move several times, seek police intervention, and caused severe emotional and psychological trauma. Hlavinski was not easily discouraged, using the internet to research where she

[6] Debias-Article 2

[7] Christopher Hlavinka-Article 1

had moved. *"Isn't it cute that you think you can get protection from me?"*. Eventually, with some FBI involvement, Hlavinski was arrested for his crimes.

The implications of stalking are enormous. At supervised visitation, if a woman seems "paranoid" or "anxious" or "suspicious," remember that she may well have a good reason to be!

Types of Cyber-Stalking Technology:

Technology may have been created with good intentions, but when with a malicious intent, it can cause pain and suffering in the lives of many. The two most commonly used devices at the disposal of a predator are cell phone and computers. Some common ways stalkers use these devices include:

Cell Phones:

- Texting and/or Calling: Texting, along with calling, are the most common forms of harassment used by cyber-stalkers.
- Email: With the introduction of smart phones, victims can receive harassing emails even when out of the house. Likewise, offenders can send harassing emails any time, any where.
- GPS (Global Positioning System): One of the most frightening ways a stalker can abuse technology. By installing tracking technology on the victims phone, a stalker can track their movement online. This technology is hard to detect and can take only mere minutes to install, leaving the victim defenseless and unaware.
- Spoofing-Spoofing is a form of technology by which the stalker uses an online program to temporarily change the appearance of their phone number. They can use spoofing so that when they call the victim's phone, it will display a number the stalker creates. Even more alarming, some forms of spoofing allow the stalker to alter the sound of their voice, including the gender.
- Spyware-Although originally a problem for computer users, spyware can now be used on cell phones. Spyware allows its user to read emails and text-messages, and if using key-logging programs, every letter the user types.

Computers:

- Spyware- Spyware used on computers enables the stalker to look at the user's screen, read emails, see sites visited, take snapshots, key log, and more.
- Social Networking-Although not a malicious technology in and of itself, social networking has become one of the fastest ways for predators to obtain information. Sites such as Facebook, Twitter, Myspace, Livejournal and others, allow users to keep up to date accounts of their lives for friends and family. Without the proper privacy settings, access to sensitive information can be easily obtained. Information about future plans, social events, birthdays, relationships, and more can be easily obtained. Even when using extreme caution, stalkers may subvert such precautions by seeking the help of innocent third parties. Friends of the victim, who may not know better, could be manipulated into providing simple information to the stalker.

Miscellaneous:

- GPS (for car)-Small devices may be placed in discrete locations in a victim's car. This would allow the stalker to track the location of the vehicle online, at any time.[8]

Laws:

Every U.S. state and territory has laws against stalking. Almost every state has some form of legislature against cyber-stalking or online harassment[9]. Although there is no formal federal law against cyber-stalking, in some cases cyber-stalking may violate the Communications Decency Act (Federal-47 USCS § 223)[10]. With the

Resources & Help:

If you think you are being stalked:

- If you or someone you know is being stalked, call The Stalking Resource Center National Center for Victims of Crime Helpline.

  Phone: 800-FYI-CALL (800-394-2255): Monday through Friday, 10 a.m. to 6 p.m. EST.
  TDD: 800-211-7996
  Email: gethelp@ncvc.org

- National Network to End Domestic Violence: The Safety Net Project
  http://nnedv.org/projects/safetynet.html[11]

US Department of Health & Human Services: The Office on Women's Health

If you think you're being stalked, consider these steps:

- File a complaint with the police. Make sure to tell them about all threats.

- If you are in immediate danger, find a safe place to go, like a police station, friend's house, domestic violence shelter, fire station, or public area. If you can't get out of danger, but can get to a phone, call 911.

- Get a restraining order. A restraining order requires the stalker to stay away from you and not contact you. You can learn how to get a restraining order from a domestic violence shelter, the police, or an attorney in your area.

- Write down every incident. Include the time, date, and other important information.

- Keep evidence such as videotapes, voicemail messages, photos of property damage, and letters.

- Get names of witnesses.

- Contact support systems to help you, including domestic violence and rape crisis hotlines, domestic violence shelters, counseling services, and support groups. Keep these numbers handy in case you need them.

[8] The Use of Technology to Stalk DVD

[9] State Cyber-stalking, Cyber-harassment, and Cyber-bullying laws-National Conference of State Legislatures http://www.ncsl.org/default.aspx?tabid=13495

[10] Communications Decency Act http://www.law.cornell.edu/uscode/usc_sec_47_00000223----000-.html

[11] The National Center For Victims of Crime http://www.ncvc.org/src/main.aspx

- Tell important people in your life about the stalking problem, including the police, your employer, family, friends, and neighbors.

- Carry a cell-phone at all times so you can call for help.

- Consider changing your phone number (though some people leave their number active to collect evidence). You also can ask the phone company about call blocking and other safety features.

- Secure your home with alarms, locks, and motion-sensitive lights.[12]

Stalking Incident Log

http://www.ncvc.org/src/AGP.Net/Components/DocumentViewer/Download.aspxnz?DocumentID=39028

Stalking Brochure

http://stalkingawarenessmonth.org/sites/default/files/2010/Are%20You%20Being%20Stalked%20Brochure%202009_ENG_color.pdf

[12] Violence Against Women
http://www.womenshealth.gov/violence-against-women/types-of-violence/stalking.cfm