

National Strategy Session On Sustaining Services #2 (03.18.20)

CHARITY HOPE: All righty. Good afternoon, everyone. Thank you for joining our second national strategy session on reaching and sustaining services for victims and survivors during the COVID-19 pandemic. My name is Charity Hope. I'm the Deputy Director of the Center on Victimization and Safety at the Vera Institute of Justice, as well as the co-convener, one of the co-conveners of the National Resource Center for Reaching Victims.

We have just a few quick logistical items today before we get started so we can dedicate most of our time to our conversation today. Participants are currently in Listen Only mode, which means you should be able to hear us, but right now we can't hear you. So if you need to get in touch with us, the best way to do so is through the Q&A pod. Down at the bottom of your Zoom room, you're going to see a little Q&A. We have Vera staff standing by to help you with any technical difficulties, and we'll eventually open the conversation up for questions. And that's what we'll be using.

To turn on your closed captions, you need to go to, again, the bottom of your Zoom room, and go to the Closed Caption pod. Right to the right of that Closed Caption pod, you're going to see a little arrow or little carets. You're going to click that, and you've

got a couple of options for viewing captions. You can either show subtitles, which will allow the captions to be viewed at the bottom of your screen, and you'll see the words as I'm talking right now pop up on the bottom of the screen, or you can view the full transcript. When you go to view the full transcript, that will show up on the right side of your screen in a bar. So you can do either of those to view the captions.

If you have any challenges in turning your captions on or if you cannot see the interpreter, please let us know. For those that would like to continually view our interpreter, please go to where you see the interpreter right now. We have Rachel interpreting for us. There are three tiny little dots to the right hand of her box.

If you click those and then go to Pin Video, that will maintain your interpreter view, and make sure that you don't lose sight of the interpreter as we have different folks joining us or dropping off the video. So please go and pin that video right now. And again, if you need any additional assistance in doing so, we have Vera staff standing by to help. So again, if you need to get in touch with us, just chat us to the Question and Answer pod. And we are here to help.

And with that, I'm going to turn it over to Nancy.

NANCY SMITH: Thank you, Charity. Hi, everyone. My name is Nancy Smith, and I'm with the Vera Institute of Justice. We are here together in recognition of several things. First is the extraordinary impact that COVID-19 is having on survivors of crime, their access to victim services, hospitals, police, courts, and many other vital systems of support.

We are also here in recognition of the new and unprecedented set of challenges facing organizations that serve survivors. And lastly, we're here recognizing that we, as a movement, are strong and resilient, creative and innovative. And we have created this time for us to come together to tap into our collective creativity to solve these unprecedented challenges together.

Today's meeting is the second in a series of events that we are hosting this week. We will be recording this event, and also taking notes at this event. And we will make this information available to everyone as a follow-up later in the week. During today's session, we hope to do a couple things. One is to share more about what we know and what is happening, and what the impact of COVID-19 is on survivors and on those supporting survivors. We also want to surface the challenges and the issues that are facing us now, and provide any guidance that we have available.

At the start, we want to acknowledge that we will likely raise more questions than we will answers. And we are committed to

finding the answers to the questions that remain after today's session. We, as I mentioned, are taking notes, and we have a process in place involving many, many people from the field, as well as funders of victims services, to come together to be able to answer questions and to send them back out to you.

In terms of our call today, I am very happy to be joined by a number of my colleagues in the field who will serve as panelists and will join in the conversation. I'll have each of our panelists introduce themselves. Before I do that, just continuing to paint a picture of what you can expect today, we'll start with those introductions. Many of you, when you registered, sent a number of questions that you'd like answered during the session. We've pulled those out. There were many touching on a lot of different issues.

Just to get us started, I'm going to pose a few questions to our colleagues on the panel. And we'll hear from them for a little bit, and then we want to open the discussion up, sort of in a town hall forum. We're really interested in hearing from you what is happening in your community, what is happening in your program, and give you an opportunity to ask questions if you have them. So we'll talk more about the format to do that in a moment.

I also wanted to let you know, in addition to being joined by our panelists, we are happy to have representatives from the US

Department of Justice's Office on Violence Against Women and Office for Victims of Crime on this call. They are here to learn and to listen, and also to track your questions. And they, too, are committed to answering the questions that you bring to this session. And so we appreciate them for being on this call, and look forward to guidance from them as this unfolds.

In the interest of time, I'm going to ask our panelists to introduce themselves. And I'm going to start with you, Michael.

MICHAEL: Thanks, Nancy.

[ECHO]

That's not good.

NANCY SMITH: One of the I think central principles that we are all operating from right now is flexibility and patience. And we are all operating in a new environment. And for many of us, we're working from our homes for some of the first time. So there's a lot of technology hiccups. So Michael, do you want to try again, or should I switch to another panelist?

MICHAEL: Should we try again?

[ECHO]

NANCY SMITH: Olga?

OLGA TRUJILLO: Hi, everyone. This is Olga Trujillo. I'm the Director of Education and Social Change at Latinos United for Peace and Equity. And we're part of Camina Latino, which is a Latino organization in Atlanta, Georgia. Serves Latino community there. We do training and technical assistance, LUPE, we do training and technical assistance around the country.

NANCY SMITH: Thank you. Erica?

ERICA OLSEN: Hi, everyone. My name is Erica Olsen. I'm the director of the Safety Net Project. We are at the national network and domestic violence safety net project. It looks at all things under the intersection of technology and abuse, which definitely includes a lot of pieces on confidentiality, privacy, and technology, which are a lot of questions that are coming up today.

NANCY SMITH: Thank you. Sandra.

SANDRA HARRELL: Hi, I'm Sandra Harrell. I'm the associate center director of the Center of Victimization and Safety at the Vera Institute of Justice. And I work on a body of work focused on improving services for survivors with disabilities and death survivors.

NANCY SMITH: Let's turn back to Michael.

MICHAEL MUNSON: Hi, everybody.

NANCY SMITH: This is Nancy. Michael, while you worked out your technology issues, we will move forward. And then we'll come back to you, so everyone can get to know you. As I mentioned, many of you sent in numerous questions when you registered. We've had a chance to look at those questions. There were a number of key themes. I thought it would get us started by posing some of your questions to the panelists.

Erica, in your introduction, you raised some of the key themes that are coming up. We saw a number of questions from people just grappling with moving to remote advocacy or mobile advocacy. I'm wondering if you could talk a little bit about some guidance that people should be considering as they move to mobile advocacy.

There were a number of questions about confidentiality and security.

ERICA OLSEN: Yeah, absolutely. So we quickly tried to turn around some of our guidance, so we have some things on our website. So I'm going to only really scratch the surface to be respectful of time here today. So our website where you can find that on is techsafety.org. And we'll make sure that's in the chat for everybody as well.

But there's some resources there that are both focused on technology-- be using technology to communicate with survivors

and also using technology to telework and work remotely for programs and services.

Things that are kind of primary focused that we want to be thinking about in terms of maintaining privacy and confidentiality is we want to be assessing all of the technology that we're using for confidentiality concerns. We want to look at access, meaning who has access to survivor information that could be exchanged over platforms. And that could be the third party company, that might be hosting or owning the service that we're using.

It could be the access levels that are internal for organization in terms of how do we access our databases and the programs that we need to do our jobs remotely. So there's a big component of thinking through confidentiality and privacy has to do with that access.

And really assessing if there's any third party access. And then how do we as agencies control the access that even we have within our agency so that we are making decisions about appropriate access even within the agency.

And then other than that, we also want to think about how do we make sure that we're being clear with survivors and providing as much information ahead of time to survivors that they are making informed choices about how they are communicating with programs, how they're making just choices about what's safe or

what's comfortable with for them. We can only control the technology that we have access to and have control over.

But they have to understand on their end that if they're participating in an online chat, does that content, does everything that's being exchanged live on their device? Would it be accessible to an abuser that might have access to the device?

So we want to find ways to communicate information about safety and privacy to survivors in as simple and not scary ways as possible so that people are able to make those informed choices. So that's a big piece of it.

And another piece is just talking about how we think about being sensitive in these moments too because we are trying to translate over all these skills that we have with sitting down and being face to face and active listening skills that are so important there to online services and where we might not be face to face at all.

Sometimes with video, we could be. And that could help a little. But thinking about how we're going to translate those skills over is going to be important.

NANCY SMITH: Thanks, Erica. And thank you to your colleague Toby who is also putting links into the chat to some of those invaluable resources that you have available on your website around mobile advocacy, around remote working and safety and

confidentiality in those contexts. We will also send those back out to the group in an email.

Would any of the other panelists like to address any questions around mobile advocacy before we raise some of the other questions that are coming up? No? All right, I'm going to pause for one second. Michael, can we do a sound check ?

MICHAEL MUNSON: Let's hope this is a little bit better. Excellent.

NANCY SMITH: Perfect. Do you want to introduce yourself while you have the floor?

MICHAEL MUNSON: You bet. Thank you. So I'm really glad this call is happening again. I'm Michael Munson with Forge. We're a national trends organization that does anti-violence work across OVWs for crimes as well as OVC's more extensive range of crimes.

We are one of the partners at the National Resource Center on Reaching Victims. And we provide training and technical assistance across the country as well as do direct services, both in Wisconsin as well as across the country.

NANCY SMITH: Thanks, Michael. One of the other questions that came up commonly here is, what strategies can we be using as programs to help minimize the isolation that we know many

survivors are feeling and also advocates? Does anyone want to address that? Olga?

OLGA TRUJILLO: Hi, yeah. So this is actually a really good example of a way to minimize how much isolation we might feel as advocates. And also, these are kinds of things we can do to help survivors. So I'll just kind of speak from my experience. All this stuff is really stressful. And we're getting lots and lots of information.

So kind of having check-ins with people that you work with, hearing their voice on the phone, or seeing them on Zoom kind of helps bring things a little bit back to normal. I've noticed that it's been reassuring to me to see people and hear from people, to know they're OK because it does sound like doom and gloom kind of out there and understandably so.

This is a really serious health crisis. So I found that that's really helpful. And another thing that you can do is-- and this is something that I've been doing. I do a lot of peer support for people with dissociative identity disorder. And I know, as a person that has it, how hard it can be during crises that everything else gets kicked up.

So one of the things in the peer support that I've done is reached out to all the folks that I know that I've been regularly in contact with to just say, hi, how you doing? How you holding up? How are

things going? And we'll do that either via text. It's usually the way that they've contacted me is the way that I'll get back to them.

So in the past, if they've emailed me, then I'll email them. If they've texted me, I'll text them. If they've contacted me through Facebook Messenger. And then if they want to set up a call, I'll do a call with them to just talk and see how they're doing.

And I find that those are all just kind of examples of, OK, it's really big stuff, but you're OK, taking it one day at a time, just kind of reminding people. The reach out seems to help people feel connected and a little less isolated. And also, it can be a little bit of a reset.

Sometimes when you're isolated and you're experiencing a lot of distress, whether because of violence or some of the remnants of violence, you can kind of spiral. So that kind of checking in with folks without them necessarily contacting you can help be a little bit of a lifeline. Thanks, Olga. Michael?

MICHAEL MUNSON: Yeah, I wanted to kind of carry on what Olga was saying in the responsiveness to how we're responding to people in terms of survivors and folks in the LGBT community. And as I'm thinking about safety and security as well, like, we are receiving more and more comments through Facebook.

And I know that that's not the most secure way, but we want to respond to people in ways that they're reaching out to us. So that's one of those things where we're kind of juggling what's safe versus what people are needing. And I think what Olga was saying too is that we are actively reaching out to survivors. We're also actively reaching out to our staff members and our colleagues.

And our staff and colleagues looked a little bit different than how we are reaching out to survivors, but we're making a point of kind of going down our survivor lists of who's accessed our services before, who we know are survivors, who may not have reached out for a while, and just checking in to make sure that they're OK.

And it could be a simple text or an email or a phone call. And that seems to be really reassuring for folks. One of the things that we've been conscious of as well is what are social media messaging has been around survivors. I mean, we're all getting inundated with COVID-19 messages about what our pharmacy is doing and what our restaurants are doing. And people are just overwhelmed by just seeing those words about COVID-19 or coronavirus.

So we're trying to not use that language, not use the responsiveness to that in our messaging to try to just tamp it down a little bit and allow people to live as normally as they can

in this crisis time because they're getting the information from other places.

And if I can-- let me share a little bit about what we're doing with our staff and then what we're doing as a Milwaukee community. So I think that those are all three separate areas. What we're doing with our staff is really pretty simple because the work-- we're increasing our communication. We use Slack as our primary messaging tool. Lots of messaging tools that people can use. But I have found that we've just naturally been communicating more as a staff. And then I've been encouraging that communication as well.

And it seems to be really grounding folks in, we're in this together, we're going to get through this together. If somebody is having a bad day, somebody else picks up the slack some more. So no pun intended, with Slack and slack. But that's definitely how we're working.

I've also had more phone conversations with our staff. We hardly ever talk on the phone. And we have found that to be really useful. And just making that, really, human to human connection, which helps reduce isolation.

And then the third piece, many places around the country are using kind of a mutual aid response. So doing the kind of the Google forums-- again, not the safest venue in the world, but can

have informed consent with that. And so here in Milwaukee, where many of our staff are, we're using-- we've set up a mutual aid around trans folks that are survivors.

They don't have to prove that they're a survivor to be involved with that. But we're asking not just about basic needs, about, do you need food or do you need help with your surroundings or getting to appointments.

But we're really focusing on, do you have emotional needs? Do you want to talk to a pastoral care person? Do you want to talk to a peer? Would you like to go for a walk with your dog? And noticing that we're going to stay 6 feet apart, but let's meet at a park and go for a walk together.

So those are the kinds of things that we're doing with that mutual aid, which is a little bit different than what I've seen some communities do.

NANCY SMITH: Sandra, go ahead.

SANDRA HARRELL: Yes. I just wanted to also talk about survivors with disabilities and that survivors in there, what we can learn from the fact that for so long they've been isolated from society. And so what measures have they taken in order to connect even though they are often isolated and marginalized from larger group activities, et cetera?

And we see a lot even in the face of the coronavirus where people with disabilities were being left out of the conversation or if they were included in the conversation, it was, oh, well, it'll be only people with disabilities and older people are really at risk.

And so they were basically being told, your lives don't matter very much. Even in the face of that, they took to social media created groups for themselves and began to connect and come up with strategies for safety, for staying healthy, for staying connected.

And also, navigating some of the real issues that people with disabilities who rely on care, people who come into their home everyday to help at close proximity, them staying six feet apart, if you're relying on a personal care attendant. So like, that coming up with strategies for doing that in a safe and healthy way.

So again, looking to the disability community and the deaf community to identify ways that we can actually create or minimize isolation even though we have to stay in our home. I also just want to lift up what both Michael and Olga were saying about the importance of just connecting via video conferencing if possible.

Being able to see body language and what's going on in a person's face is such a critical component of good advocacy and

being able to respond to a flat affect in somebody's voice. But you can see that they're obviously tense. So video conferencing if that's a possibility.

And there's lots of video conferencing capacity out there, but I also want to recognize that people in rural communities may not be able to take advantage of like those video conferencing. And so kick it old school with the telephone-- I love that-- hearing a voice.

Let's go back to the days when we would call each other. I think those are great ways to minimize that isolation. I also think that, like social media-- I mean, more and more people are turning to social media right now. So if that is a way that you are trying to stay connected with people, I would just invite you to bring us and to make sure that your social media outreach is accessible to people with disabilities and deaf people.

Because if you're inviting people into these conversations, we want to make sure that everyone can come into this conversations.

NANCY SMITH: Thank you. I think I want to pause for one second for an interpreter switch. All right. And we'll go to Olga. And then I'd like us to open it up, so we can hear from everyone who's in the room.

OLGA TRUJILLO: One other thing that I've been doing lately is not just kind of reaching out to some of the people that I know, for example, that I do peer support with but also kind of anticipating something that I know happens because it happens to me.

So when something like this kind of kicks up, your anxiety kicks up, and it's really hard to think and focus. And so I've been kind of checking in with folks. And I think this is something that advocates could do and, I also say, with survivors generally. But I know like sexual assault survivors, survivors of human trafficking might need this a little bit more.

So I would check in and just kind of say, how are you doing in terms of focusing and being able to think? Do you need any help? We can sit down and talk through that. And I've met with quite a few people each day kind of walking through their day, what do they need to try to do, and then helping them break it down into really small steps that don't feel overwhelming to help them be able to get one of the things that they need to accomplish that day.

And so it's just one of those things that I think survivors could be experiencing that, as an advocate, you don't normally need to help survivors with. But at this time might be a good thing to reach out. Also, helps them feel like it's not just them. Because a lot of times, you'll blame yourself. Like, I'm not working hard

enough or I can't think well or I'm not doing my safety plan the way I'm supposed to do.

Whatever kind of negative thoughts come in about yourself, this kind of normalizes it. Yeah, everybody's having a hard time thinking right now. I just want to check to see if I can help.

NANCY SMITH: Thanks, Olga. As I said, I think we should open it up. We really want to hear from everyone in the room. We want this to be an open forum. What would be helpful is if you could tell us a little bit about who you are, where you're from, the program that you work in.

And then we'd love to hear what's happening, what steps your programs have taken, what questions you may have. And there's two ways in which you can participate in this. We have a Q&A box. At the bottom of your screen, there is an icon with Q&A under it. You can click on that. You can certainly type in your question. We will be monitoring that.

You can also raise your hand. And we can unmute your line so that you can share with us. If you would prefer to share your comment and to raise your hand, you are going to go to the Participant icon. You'll click on that. And a little box will come up.

And in there, there'll be an option for you to raise your hand. And we will have staff who will essentially call on you and unmute

your line. And you'll be free to participate. So again, two ways in which you can participate, either using the Q&A box or we can unmute your line.

So as we wait for people to type in their questions, there was another question that came up in a number of different ways around how-- and although you started to talk about this. But as we're working with people remotely, what are some grounding techniques that we can use to help support people.

OLGA TRUJILLO: Oh, yeah. So when I think about grounding, I think about it in two ways. I think about it in the moment when you need to ground yourself. And I think about kind of planning ahead of time for things that you could do to prevent that kind of needing of grounding.

So let me see if I can make sense of it. So usually, it's anxiety that kind of takes people away out of their bodies or makes them so nervous that they're not paying attention to their body, and their breath gets more shallow, that kind of thing.

So in those situations, what I've learned to do over time is try to anticipate and manage my anxiety. And then I'm able to have less times of of high anxiety and worry. But then there are things that you just kind of can't anticipate.

And so in those situations, to be able to identify that your anxiety has really kicked up or you're having a hard time-- like you're feeling out of it or you're having a hard time being present. And so what I do in those situations is I try to notice how my body feels so that I can try to pay attention to that to catch it earlier.

And then I'll try to slow myself down. So I start by thinking, OK, my fingers are tingling, my feet are feeling tingly and cold. And then I recognize this anxiety. And then I start trying to slow myself down. OK, so let me take a deep breath and relax a little bit, take another deep breath, and relax a little bit.

And then I might notice-- try to physically pay attention to my body. So notice my feet and how it feels that they're touching the floor. Notice my legs in this chair. Notice my hands on my desk. So like really feel myself in my body.

And then I might try to look at things around me and try to identify things in the room, which, again, takes me away from what it was that was pulling me out of my body and bringing myself back.

So I might look and might try to identify for myself three things that I see that are blue, four things that I see that are red, five things that I see that are green. Those kinds of things help bring somebody back into their body. And that helps you in the moment.

But then trying to mark that. So what happened then that caused that anxiety to spike or for you to kind of like leave yourself? And try to change those circumstances to the extent that you can. So for me, it's always kind of planning ahead.

So once I started seeing some of the stuff around this pandemic, I started losing sleep. And then I realized, oh, yeah, that's what happens when my anxiety gets kicked up. So then I talked with a friend or my partner. And I can talk about the things that I'm afraid of, that are going to happen. And then we can set up plans around those.

So that's kind of more down the road to try to limit how many times you might need to ground yourself. And then those are kind of strategies in the moment.

NANCY SMITH: Thanks, Olga. Michael?

MICHAEL MUNSON: I'd love to add to what Olga said. Olga and I are pals. And I think we think along the same lines a lot of times. One of the things that we've noticed is that it's really difficult for a lot of survivors, such as what we've noticed. But a lot of survivors have difficulties with some of the traditional kind of grounding techniques, like take a deep breath.

Taking a deep breath can feel incredibly vulnerable for survivors and be kind of counter-productive. Or if somebody is focusing on relaxation, that can be really counterproductive for survivors.

So like, with what Olga was saying, I think, what we've found really successful and a lot of people have found successful is using people's five senses of saying, OK, can you identify something in the room that's a rectangle? What are some things in the room that are blue?

I mean, just exactly what Olga was saying so that we can kind of ground people using their current surroundings if their rounding is relatively safe. If they're not in a safe space, can they imagine things that are blue or red or what it feels like to have their feet in the sand or those things that are about imagination?

And I think that some of the things that go with that is, how do we help people be fully present but presence enough if they need to not be present? If they're in an unsafe environment, how do we allow them to be in that environment without telling them they have to be fully present there, if that makes sense?

So it's kind of like this dance of like how can we be fully present for the clients that we're working with or our co-workers were, for example too, and not encouraging them to do things that are going to stimulate their traumatic responses but help them be

where they need to be, which may not be where we think they should be. So just to move that down just a little bit.

NANCY SMITH: Thanks Olga and Michael. Also, thank you, Aaron, for your comment. I think we all can feel overwhelmed and uncertain in this time. And I think it is very comforting for us to come together and know that we will get through this together and just to be able to see what other people are doing. So we appreciate that comment.

We have another question. This one, I am wondering if Erica could address. What are examples of free HIPPA-compliant teletherapy tools.

ERICA OLSEN: Yeah. So that's a really common question that's coming up right now. And I'm actually going to instead of directly talking about HIPAA-compliant tools, I want to make sure that we focus on what is going to offer us the highest level of privacy and confidentiality.

We have been very much kind of taught in this space that HIPPA is the kind of a gold standard that we should be looking at. But it is always important to remind ourselves that most of our programs are going to be funded by VAWA, FVPSA, or VOCA, which have much stronger confidentiality obligations.

And those, like VAWA-- it's a privacy law. It's a confidentiality piece of that law. Whereas HIPAA is actually an information sharing law. HIPAA doesn't really do a whole lot in privacy, it just clearly outlines all the ways that people could get your medical information.

So that's said, I try to use that as a, like, way to kind of compare them. So that said, if we find things that the company is selling and saying, this is HIPAA-compliant, it doesn't necessarily translate over into being fully kind of VAWA-compliant or meeting the needs that we will have in terms of meeting our confidentiality obligations under VAWA, FVPSA, and VOCA.

If we look at things that are actually going to be compliant for VAWA, FVPSA, and VOCA, then they will cover HIPAA as well because VAWA and FVPSA and VOCA are going to be stronger.

So the biggest things that we want to look at are services that are not going to allow for the third party to have access. A lot of HIPAA-compliant tools and services on the third party service may have access to the content.

So if you're chatting online with a survivor, the company that runs that service and that you're purchasing from or using the free service on, they might be able to see the logs of everything that's shared. Even if they can't see the individual messages back

and forth, they still might have a lot of identifying information [INAUDIBLE] the service.

And so we really want to look at what information they're able to have access to. Again, on our techsafety.org, in the resource on communicating with survivors, we provide a few recommendations of services and tools that are available, that are basically functioning with the technology of like no knowledge, encryption.

The third party company doesn't have access to the information. And they are a much more privacy focused than some of the other services that are kind of unfortunately knocking on the doors of local domestic violence sexual programs and trying to sell their services but will not actually hold up to the confidentiality obligations that we need to be upholding.

I can actually mention them just in case that would be helpful. And we'll put them down below too. But even on the last strategy session that they're hosted, we did mention Gruveo is one of them. And Cyph is another. So we can put those in there. Thank you, Toby. So they're in the chat and make sure they're available to people.

NANCY SMITH: Thanks, Erica. And we have a couple of people writing in, just sharing some of the strategies that they're implementing. Kim in Montana is using Microsoft Teams as a way

to have staff connect and hold team meetings also shifting with their prosecutors and discussing cases via phone at this point.

Danielle, who is in a dual domestic violence sexual assault program and also a shelter is looking at video chat as well to increase the ways in which they can be available and increasing the precautions they're using around sanitation, schedules, and things like that.

A couple other questions that have come in. Erica, you may be a person to answer this, but others on the call may have some thoughts about how we can sign consent forms and other forms remotely. Who wants to take that? Erica?

ERICA OLSEN: Yeah. So this is a little complicated. And we're going to put some information in the chat so that I'm not taking up too much space here. So we'll try to make sure that this is out in writing to everybody as well. But this does get complicated because consent is supposed to be in writing. An oral consent is not allowed under VAWA.

But that said, there has been plenty of conversations looking at the allowing for electronic signatures and that you can get really creative with being able to do that, whether that's programs sharing an image of the release, talking through a release.

You can be on the phone with somebody and just reading to them all of the information on signing. Like, I read this out loud. The person said that they understood. You could send them a photo of it. Like you said, the person could send a photo back with their signature, or they could submit that in some way.

Back in the day, we used to say, if you think you're going to see them, if you're just in a rural area and you're going to see them in two days, then you could get the verbal consent, and then they could sign it in two days. But now I think we are going to have to be really focusing on creative ways to get electronic signatures, which are OK.

They think that the trickiest part about that is going to be not-- we don't want programs to try to find a one size fits all solution and just mandate, OK, everyone is going to have to get a photo of our release sent to them via text message or something like that because one survivor might be in a safe place where they don't believe the abusive person is able to see their phone or anything like that.

But another person getting something on that device might not be a safe option for them. So we want to be having those individual conversations to figure out what waves we can send the person information and be in communication with them. But as long as we're doing that and finding those ways, then we can try to identify how we can get their signature.

And I think Toby is still on. If she has any other pieces to show.

NANCY SMITH: Toby has been doing a wonderful job of providing supplemental resources and guidance in the chat. Again, we will make these available post-meeting. Michael, Olga, or Sandra, anything to add around signing forms remotely before we move on to another set of questions?

SANDRA HARRELL: This is Sandra. This is something that we see all the time with survivors with disabilities and particularly survivors with disabilities with intellectual disabilities or disabilities that our physical disabilities that make it difficult to write.

And so again, I would say looking to the disability community for the solutions that they've come up with, a lot of times they have come up with electronic signatures as an alternate to a handwritten signature. I would also say that this is a good time to think about your consent forms and whether or not those consent forms are written in plain, easy to understand language.

People who-- just to Olga's earlier point, this is going to be an incredibly triggering event for all survivors. And people who are in crisis need that information delivered to them in plainest possible and, um, language, especially if they are consenting to services or consenting to release of information.

So these are critical times for us to take a step back and make sure that what we're putting out to survivors is in plain, easy to read language.

NANCY SMITH: Thanks, Sandra. Olga?

OLGA TRUJILLO: Yeah. So the tricky thing in rural communities is that not everybody has high speed internet and not everybody is very comfortable using technology. And I know we've mentioned this before.

So one of the things that I was thinking that advocates could do in rural areas is a little bit kind of what-- so if you're in an area that hasn't quarantined everyone where you don't have to shelter in place, you could drop a form of for someone and then arrange to pick it back up.

And so that you're not actually meeting together, but a little bit kind of like what some of the delivery services are doing where they're just dropping things off at someone's front door because the likelihood of the spread of the virus is it can live on a thing, but it doesn't spread as fast on like cardboard and paper and stuff.

So anyway. So that was-- because some of these technological things don't work in some communities either because they're rural or because they don't have the resources. So some of it will

have to go drop then pick back up without having that kind of encounter.

NANCY SMITH: Michael.

MICHAEL MUNSON: Just a quick add to that. In terms of access, one of the things that-- this is not certainly about COVID but about-- for trans clients in particular, are we making sure that our consent forms have name of use and not having people feel like they have to provide their legal name, which might be different than their name of use? So just a public service announcement about remembering that kind of access as well.

NANCY SMITH: All right, Olga?

OLGA TRUJILLO: So that comment that Michael made takes me someplace else. And I'm not sure if we're ready to go there or not.

NANCY SMITH: I did want to. We have a lot of technology questions coming in. But I do want to make sure. We had a question actually that Martha posed. Do you have any tips for the communities who are at the margins and operating with limited resources? I do want to make sure we get to that.

Olga, would you mind if we hold your thought and move to this question? OK, so the question again is, do you have any tips for

the communities who are at the margins and operating with limited resources? Michael.

MICHAEL MUNSON: Let me just start us off with I mentioned before that we're engaging locally with a mutual aid kind of response. So this is just one example of how we can work with folks who might be of limited resources or access.

We've been working with two LGBT friendly churches who have lots of people that want to volunteer. So obviously, there's some challenges around working with survivors and who's going to be informed or not. But there's a lot of work that volunteers could do.

So we're finding that when we partner with agencies, even agencies that are not necessarily who we would think of as our primary, like, oh, they know about trauma. But there are people who are really caring, who want to make a difference. So it's not an ideal solution. But I think in this time and this day, we have to figure out, how can we fit the pieces together? And what will work?

And sometimes we're finding things do work. And sometimes they don't work. And then we're going to learn from it and try again if it doesn't work. So partnering is really a good thing, I think.

NANCY SMITH: Sandra?

SANDRA HARRELL: I'll be very quick. But I just want to put an exclamation point on the partnerships. This is something, if you don't already have them, this is a good time in order to break that isolation and to make those connections. You have to do it virtually, maybe. But um, to really start building partnerships in your community.

Because as those resources are needed, there are likely partners in your community who would be able to bring access to those resources. So begin building those relationships even if it has to become virtually.

NANCY SMITH: Olga?

OLGA TRUJILLO: I think with communities that have limited resources, you kind of have to go old school. And I don't know if it was Michael or Sandra that said this earlier, that you may want to start making phone calls with them and kind of walking them through different options or issues that are coming up, letting them know, for example, that a lot of states are saying that people who aren't working can apply for unemployment to get some benefits, walking them through.

So I think it's going to be more kind of labor intensive for advocates to reach out and walk them through kind of some of the issues. The only other way I can see doing it with people's limited resources is, again, limited time out to share information.

And I know some people that are doing that-- meeting a survivor in a place when staying a fair distance apart and sharing information. And I'm going back. And those are places that are obviously not asked to shelter in place.

Also, I'll say one more thing, you can leave information at the places where survivors and other people can go and need to go with your grocery stores, pharmacies, and medical facilities.

NANCY SMITH: Thanks, Olga. Another question we have is, do we have any recommendations for working with CPS and survivors in regards to meetings? Olga?

OLGA TRUJILLO: I know a lot of CPS workers just naturally communicate with a lot of survivors through text. So I think one is they might need to do that a little bit more. And then if people have access to computers or internet to be doing those over video conference.

And again, if survivors have cell phones-- so I'm going to be totally-- I know iPhones have the FaceTime option of doing a video chat. And I don't know what Android phones have. But there's also Facebook that you can call.

So for a lot of CPS workers, they need to see that the kids are OK or they need to see what the home looks like instead of doing a home visit. So I think there are some low cost tech through

phones, through tablets. But otherwise, I'm not sure how folks are going to be able to do it.

NANCY SMITH: Thanks, Olga. This might be one of the questions as well that we're going to take back with us, and we are going to really consult a number of people to think about, so we can provide you with some additional guidance.

In the interest of time, we have about five minutes remaining. And I want to honor our time together, especially as I know that everyone is being pulled in many, many different directions. I'm wondering for our last five minutes if we could just maybe hear from each of the panelists if you have one sort of parting thought or something that you'd like everyone to hold in their center as they leave this call or a piece of advice, just something brief that you'd like to share. Olga?

OLGA TRUJILLO: Yeah, thanks. OK, so here's the thing I think would be really helpful for advocates with survivors and maybe with your family members or other advocates. A lot of survivors are going to have a hard time with the medical system. And they may end up in the medical system because they need to.

So strategizing with them of how to do that and how to do it safely is a really helpful thing. And I have some information around that that I'm actually working on for our resource center,

Nancy, that I could try to get done a little faster, so we could share it.

NANCY SMITH: Thanks, who'd like to go next? Sandra.

SANDRA HARRELL: I mean, I just would want to remind everyone that this movement is resilient and creative. And I think that if any movement was able to adapt to the times that we find ourselves in, it would be this one. So I feel absolutely confident that there's a world of amazing advocates.

And I saw some of the Q&A where you're still showing up, you're still going to that shelter, you're still going to that rape crisis program. And we recognize that you're there on the frontlines of this. So if you need anything from us, reach out. We're here to provide you with that guidance.

And if we can't provide you that guidance, someone else will. And just know that you are unsung heroes in all of this. And the fact that you are still showing up and supporting survivors, and we thank you for that. And if there's anything at all that we can do, we're here for you.

NANCY SMITH: Thanks, Sandra. Michael.

MICHAEL MUNSON: I think that Sandra just took many of the words that I was just going to say, which is I think some of the words that keep on resonating for me are how creative we all are

how resilient we all are and how we communicate with each other, whether that's through eye contact through video calls or reaching out, and whatever ways feel good to us and to our clients.

And I think the other kind of things that rattle around for me are just how do we take care of each other in this new time. And those are open questions. And they're different answers for different people that we deal with. But I really want to stress that I think it's important for us to take care of our clients as well as taking care of our staff.

I think that sometimes we forget about our staff and the people that we work with because we're so busy working for the survivors that we work with. But if we don't take care of our staff, we're not going to have anything left for our survivors.

So I really encourage us to reach out to each other. And I encourage folks that are on this call to reach out to those of us who are providing TA and to each other and just reach out everywhere because I think there can't be too much reaching out.

NANCY SMITH: Thanks. Erica?

ERICA OLSEN: Yeah. And actually, would second what Michael is saying. I think we are so creative and really leaning into that and using that at this time is going to be really important. I'd like to

mention that just say it out loud that technology is very overwhelming sometimes.

Our entire project spends all day long looking at these issues. And it gets overwhelming to us. There's constantly new things coming out that we have to download and play with, and because we're like, what is this thing that we now have to understand and figure out. And so it can be really overwhelming.

And what's going to be a challenge a little bit to this is that we are going to have to get creative with the technology. And we're going to have to get used to-- not used to because we're very much used to actually. But in terms of technology that there's not going to be a one size fits all for this at all.

We can find multiple different platforms. But one platform that's great for service providers to connect and communicate with is not going to be something we want to use to work with survivors. And something that we might suggest to people suggest decrease isolation because they want to talk to each other but not about something that they're worried about sharing online.

Some people just want to talk about what they're cooking tonight, especially when they couldn't find all the ingredients at the store. If people want to talk about that, there's plenty of options for that that technology involves, right? And if you're talking about the digital divide and thinking about less access and

things, it came in my mind about-- we use an app called Marco Polo.

If nobody's looked at that, it's not an app I would absolutely ever suggest for service provision. But if we are talking to people who are saying, I just want to talk with my family members, I want to see them, and I can't see them, that I'm an extrovert, that is something where it doesn't take as much bandwidth because your each individually doing videos that are sent to each other, but it's not live, so it's not streaming.

So things like that, we can get creative. We can use the technology to get us creative. But I encourage people to play with this technology, to ask a lot of questions. And we will read the terms of services and privacy policies. We will do that work to make sure that we feel like it's good for each type of use. But even though it can be overwhelming, we can do this. We're very resourceful, and there's a lot of options.

NANCY SMITH: Wonderful. Thank you. And I want to close this session in gratitude. Thank you to all of the panelists. Michael, Olga, Sandra, Erica, we really appreciate all of what you had to share. And I also want to thank everyone for being here with us. We know that this is a very challenging time. And for us to be able to come together and connect is so critical.

And also, just a reminder, we are here to support you in the work. We also want to learn from you about what is happening in your communities. So please reach out, and we will be back in touch with the recording as well as notes from this call. Thank you.