

>> Caption test. >> Thank you so much, Jill, and Heidi. And thank you to the interpreters and all of you who are working on the back end. Just really glad to be with you today and excited to hear from Lisa and Kelly, my long time research partners. Next slide, please. Slide after that, please. The expanded ongoing national conversation about the harms that arise out of race and policing and the need for more community-based solutions. Within the domestic violence field, these conversations have ignited as many of you know fierce self-reflection, especially about the movement's entanglement with the criminal legal systems. This document and several others that I'm going to talk about will be in the chat soon so you can see for yourself. So this document which really called for a shift away from the criminal legal system and towards solutions like restorative justice and transformative justice got us thinking about what was needed to really do this, and one of the things our research group realized we lacked were systematic data from survivor themselves especially regarding moments of significant danger when they chose not to call police. What were they doing in those moments and how could we build on the wisdom of survivor themselves in developing alternatives. So that was the basis of this study. Next slide, please. More specifically our study questions were first of all who do survivors already reach out to in moments of danger, separate and apart from whether they call the police. And then second what factors across individual interpersonal and contextual levels influence survivors goals and decisions in these moments. Next slide, please. So three ideas framed our approach to this study. One, we wanted to elicit the experience of survivor themselves and in particular to ensure strong representation of BIPOC survivors given their centrality in discussions of alternatives to the police. And to do this, we partnered with community programs across the country. I'll tell you where in a few minutes. And second, we wanted the insight of a range of stakeholders as we developed the study. First we conducted a focus group with a very large group of advocates of color at one of our partnering programs which is safe horizon where our next two speakers come from. And this large group of advocates really helped us frame the right questions to ask. You'll hear what they are in a few minutes. We also formed this advisory group as I mentioned earlier and sought their input periodically especially in the interpretation of our findings stage. And then finally we took a relational and ecological approach seeking to understand in depth not just what participants did, but why and what influenced them. And we're particularly interested in their perceptions of themselves, their relationships and their social context. Next slide, please. So we worked with a bunch of different community partners from Indiana, North Carolina, Kentucky, New York, and Massachusetts. To recruit participants we asked advocates in programs in these states to send out flyers to survivors. And then survivors reached out to us by email or phone. In all we interviewed 25 survivors, and I'll just let you take a look at their demographic characteristics. I'll just briefly state that most, though by no means all identified as Black or African American. All were English speaking, all but one were U.S. born, all were English speaking, half employed, median age range 36. 20 had spent time in shelters. We didn't see any real differences in those groups. We paid everyone \$50 for their time and we conducted our interviews on Zoom. So next slide, please, for the questions. After getting to know each other a little bit in these interviews, the interviewer asked the first big question, and this came out of the focus group that I mentioned that really helped us form this question which was I'm going to ask you to think about times when you or your children were duly scared and unsafe because of your partner. When the situation went beyond your own capacity to deal with it on your own and it felt like a real emergency. We would ask them would you tell me about the first time it felt like that and the scariest time, the most recent time. Often we got many more. Then we followed up with who did you reach out to and why and what

happened and is this what you wanted. Next slide, please. So in their responses to this opening question, it became clear that it was generally a moment of dangerous change in their partner's behavior. Like when the violence became much more severe, when the partner really lost control, or when the participant felt suddenly and completely powerless because of the partner's actions. Those were some of the themes in how they described these dangerous moments. Next slide, please. Who did they reach out to in those moments? A full half of them reached out to no one either most or all of the time. I'm going to come back to this really central finding in a second. This really brings to light something that has been obscured in prior research. Because most research on survivors use of informal network members reveals as many of you know that most survivors rely very heavily on their informal networks both before and during and after they reach out to formal systems. But our study, and our study was consistent with that in that most participants did reach out to their informal networks at least once. But prior studies have focused on like survivor's general help seeking rather than systematically asking about specific incidents. So we took this more systematic approach of asking about specific and concrete individual violent encounters across time. And that approach provided this new insight, that even for those survivors who had reached out over the course of their relationship, they also experienced plenty of dire emergency moments when they did not feel able to contact anyone from their informal network. Friends, family, neighbors, community members, not anyone. And to me this is a really sobering finding. Still, as I said, most did reach out to someone at least some of the time mainly as I said to family members, friends, and neighbors.

And their choices were based on the following criteria. Number one, by far the most important thing they were looking for is a person who would not judge. Which is a striking finding given that one might expect a preference for a more kind of action-oriented response in a dangerous moment. But that was very much not the case. And then they also looked for people who could provide practical assistance like a place to stay or a car to come get them. And third, somebody who lived close by. Next slide, please. So what did they receive when they did reach out? Many network responses that survivors described were painful ones like discrediting the survivor ranging from doubting them to full out not believing them. Refusing to provide help, telling the survivor what to do, or conditioning assistance on their leaving the relationship. Fed up with you, you leave and then I'm here for you kind of reactions. Some provided very useful, practical help like a place to stay, transportation out of the violent situation, coming to the scene to serve as a supportive presence, or very occasionally calling the police.

And a very few provided the very kind of help that participants had named as the number one thing they sought which is empathic and nonjudgmental listening. This was very much the minority of responses. So I want to turn now to next slide, please, what influenced survivors' decision making. So why is it that most participants felt they had no one to call most of the time and when they did reach out why the responses felt so bad. Fascinatingly, when we asked about influences, a lot of survivors like immediately harken back to early in life. So when we asked the question so if you didn't call someone, why not. Many talked about different kinds of family rupture. And they talked about this in a variety of ways. And this is like the first set of influences which we're calling interpersonal influences. So they talked about intergenerational trauma. Most of them talked about intergenerational trauma. Participants noted that their mothers, their grandmothers, their siblings, their friends, had themselves suffered violent victimization including child abuse, neglect, partner violence, sexual assault, mostly within their families. And that in some families, participants felt that this had resulted in kind of a desensitized perspective like these things just happen. So one person said my grandma, she stayed with a man that was abusing her. My dad, he stayed with a woman that was abusing him. My sister is

still married to a guy that was abusing her. And it's like it's a family pattern. It was always you've got to work it out. You've got to stick with it. They never tell you how to leave. So I kept quiet for a long time. For others this intergenerational trauma rendered their support networks in their view too emotionally overwhelmed to really be able to listen in a meaningful way. Like one person described this as a constant triggering. She said I wouldn't call my mother because it would just trigger her and she wouldn't be able to help me.

She needs to heal before I can heal. So she just talked about many people in her family being constantly triggered by each other and by other things as well. And the second category of interpersonal influences were systemic intrusions. And by that, I mean there were many stories about systems, mainly child protective services, but some others as well, splitting up families early on in a way that they never recovered from. So they didn't really have anyone now in terms of family to support them now. And then less frequently but sometimes survivors talked about family disruption and instability due to addiction or incarceration or homelessness or occasionally they just mentioned physical distance. There were several exceptions I want to make sure to highlight where survivors talked about the credible family strength and how family members would be there for them no matter what, no matter what the risk even. But those were the exceptions, not the rule. Next slide, please. So in addition to interpersonal influences, there were explicit network messages that shaped their decision making. So a lot of survivors talked about even if there was someone in their life, sometimes they didn't feel like they could reach out to that person because of various messages they received from their networks like domestic violence is a necessary evil, the network kind of lacking understanding of domestic violence dynamics, blaming them for inciting the violence themselves or provoking it. As I mentioned disbelieving them or just being disapproving or fed up with their own decision making. Again there were a few exceptions, mainly like best friends from earlier in life who really seemed to get them and made them feel loved. Next slide, please. Another set of influences had to do with survivors own orientations to relationships. Which I think survivors saw a following from the messages they received. This is how they felt about relationships, what we in psychology call relational images that contributed to a tendency to withdraw rather than reach out. So about half of them described a sense of profound aloneness. One person said I felt alone I guess because I felt like nobody truly knows my story. Many express deep distrust of other people, not seeing them as dependable or seeing them as out to take advantage of other's vulnerabilities. One person said people don't always want to be a good person. They don't always have your best interests in mind. And some wanted to avoid the shame they felt if they would look weak to others, even others in their own families. One person said I didn't want to involve my family in it because I wanted to portray myself to them as being an independent person. I was embarrassed. I didn't want people to think that I would tolerate that. It's embarrassing because people know me to be a strong person, a smart person, someone that didn't take crap. I didn't want people to look down on me. And I asked at that moment and that weighed stronger than the desire to get help in an emergency? And she said at that time yes. For many of the participants, most of the Black women in the study, the cultural stereotype of the strong Black woman contributed to their own personal desire to appear resilient and independent and not wanting to burden anyone in their network. They would say like that's just not the way I am. Again there were a few exceptions. That was the dominant theme. Next slide, please. And then at the individual level, just sort of removed from the relational context, many survivors didn't reach out simply because they just didn't think they mattered, that they were not important to anyone including their network members that they were not seen by anyone including their network members and not cherished with a few exceptions.

So next slide, please. So looking back to the top, I think what I've tried to show you is that there was this very powerful set of themes in the interviews that we did where most survivors describe this damaging cycle of intergenerational trauma and early systemic intrusion followed by negative messages from networks alongside their own limited perspectives on relationships, relational images of limiting relational images. All leading to and following from a sense of not mattering to anyone. So in the dangerous moment when survivors were terrified and unable to manage on their own, they had nowhere to turn or they felt that they had nowhere to turn. And that in turn kind of reinforced this pattern of having no one. So I want to turn now in the next slide to what they wanted. So in the face of all of this, we asked participants what would you wish for in the dangerous moment? What did you need? I think strikingly many said they simply didn't know. They said things like how could I know. In that moment their heads were spinning, they felt like they were having an out of body experience, they couldn't think, and I want to illustrate this with a quote. This is the best thing that comes to my mind, if I'm a baby and I busted my head open and I'm walking around and people are just looking at my head busted open and I'm sitting up there and I'm just walking around with a busted head, I don't realize what's going on because I can't see it. I know that it hurts, but if I never get that care for it, it's like I'm going to die, I don't even know how to go to somebody and say hey, my head is busted. It's just unaware. It's oblivious. I couldn't tell people that I needed them to care, I just literally did not care about myself. And then I asked even at that moment of danger, you couldn't see what was happening. Yes, even in that moment. And then at the same time many also could see very clearly what they needed. And some said I needed help calming him down. Most but not every single one of the harming partners were men. Help calming him down. Someone to pick me up. Someone giving me a safe place to stay for a day or two. And then much more commonly they talked about psychological respite through someone listening without judgment, someone listening with empathy. More specifically, many described wishing for someone to listen in very specific ways to reflect back the survivor's experience in a way that would help the survivor understand themselves, to respond with what the survivor needed once they could figure out, but not what the listener needed for them. And survivors described in really glowing terms how transformative it was when a friend or family member listened carefully, stayed with the survivor's perspective and expressed love and a sense of the survivor's value. And this was by far the most cross cutting and pervasive theme in these interviews and a surprising one that even in the most dangerous moment, even when the survivor's life was in danger or their children's life was in danger, what they said they needed was for someone simply to listen. I would ask because I found this really surprising, even when you are in the bathroom with the door locked and your partner banging on the door, you want a listening ear? Really? Yes, really. I have a quote that I think beautifully illustrates this by a woman who eventually was able to receive emotional support at the emergency moment from her brother. She said he gave me the type of help that I needed just to hear his voice, just to know that somebody still loved me out there, they meaning the harming partners, they find whatever weaknesses and whatever insecurities they have and they tear each one of those things apart to a point for somebody like me who I knew I had good self-esteem can make you feel like the smallest particle of dirt on the ground. Sometimes just to hear that's not how everybody thinks about you, it's everything in the world. It's an empowerment, it gives you strength to say it's the first step to say wait a minute, everything that you're saying to me is wrong, maybe I should leave, maybe you're not right. And then I being kind of like slow on the uptake said you needed this at the moment of greatest danger? And the person said, I guess it helps you to stop for a moment, rethink, and regroup. You know when Popeye the sailorman is getting weak and he's in a fight and he gets that spinach,

then he gets this internal strength, it gives you that mental and emotional strength to reevaluate a situation and sometimes figure out is this the fight or flight situation, can I de-escalate? I don't know how to explain it, it can help you get the strength to even call the police or call someone else or whatever. It gave me strength, it gave me a serenity, a calmness, to at least stop my part in the situation. I was able to calm down, quiet myself, to self-reflect on some stuff. I think that was a starting point of me forming an escape plan. Then a quick quote from somebody else, I wasn't asking for money, I wasn't asking for a place to stay, I was really asking for somebody just to hold space for me. And again what is so crucial is that for many participants this kind of support was in very short supply or completely unavailable at least in survivor's perception. Without any consistent friends or family to turn to even when their lives were at stake is a matter of profound concern. So on that note, I want to turn to recommendations that survivors made for us all. And that's the next slide, please. So the range of recommendations include a deepening of our survivor defined practices in several key areas. First survivors told us that they wanted us to work with informal network members to increase their capacity to be able to listen, listen, and listen. And to understand survivors' needs and to know how to respond in dangerous moments.

This could come in the form of workshops or groups for network members or opportunities for dialogue between survivors and their network members, like mother and daughter pairs or survivor plus other network member pairs and sort of coaching sessions. They talked about wanting some sort of a buddy approach where programs could help two survivors connect with each other and start to develop mutual trust so that they could be there for each other in moments of crisis. And I want to just call out a few amazing programs that are doing things like this. One is the bay area transformative justice collective with disability activist Maria Mingus who does pod mapping. In their model a pod is a set of people you can turn to for support in the face of violent, harmful, or abusive experiences whether as survivors, bystanders or people who have harmed. And she has a pod mapping worksheet so people can think in advance about who they want in their pod and who to trust in moments of danger. Another initiative that overlaps with this, is the CHAT project which stands for the collective healing and transformation project also in Northern California. This is a restorative justice project that resides in the community and helps survivors, community allies, and sometimes the person who caused the harm to come together in circles for safe and meaningful face to face dialogue. And then for advocates themselves, the call from survivors was to do more deep listening. And to do that even when the urge for the advocate to act rather than listen is strong. And I know that my friends from safe horizon are going to say a lot more about that. So the sum what do survivors wish for, they want an opportunity to slow down, think with someone even in dangerous moments, and they want those someones to be a friend or family member who gets it or an advocate that they can turn to easily to listen. I know that the listening ear is something that is not as simple as it sounds and for that, I'm going to turn to the wisdom of Kelly and Lisa specifically on how to do this work taking an anti-racist approach. So turning it over to you all.

>> JILL: Thank you, Lisa. Thanks for all of that information and so much of raising up the lessons from survivors directly and from hearing their voices. We wanted this webinar to really be driven by survivor realities.

And there's so many things that we could talk about. But we wanted to take up the issues that they raised. So we're going to focus on two things. First, listening without judgment, and then also the community as a resource for survivors. And Kelly, would you just start us off by giving us a sense of Safe Horizons approach with client-centered advocacy with this anti-oppression lens?

>> KELLY: Yes, thanks so much. And thank you for that, Lisa Goodman for hearing about your research. I figured I would start by giving you a couple of sentences on Safe Horizon. We're about almost 45 years old. And we started out as a small pilot program working in courts and over the years have grown into a large human services nonprofit who serve about a quarter million New Yorkers every year. Specifically New Yorkers who have been impacted by crime, violence, and abuse. And we work throughout all five boroughs of the city. So we provide healing and support for people who have experienced a wide range of things including interpersonal violence, community violence, structural violence which includes child abuse, sexual assault, trafficking, stalking, youth homelessness, intimate partner violence, and crimes like robbery and assault. And I just think it's important to give you that context because we work with a wide diversity of folks across New York City including across age range, gender, sexual orientation, including in the clients we serve and the thousands of staff that work with us. Why do I bring that into the discussion? It's because we understand how complex and how unique all of the circumstances that bring people to Safe Horizon, and how unique their choices are to what they think is going to be the most helpful to keep them safe. So our approach has been really developed over the last 45 years based on our experience with our clients and from the advocates who help us lead the way. So to answer your question, Jill --

>> Can you slow down a little bit?

>> KELLY: Yeah, sorry. My New York talking is coming out. I'm from South Carolina, I have to bring back my slow, southern speech. Let me tell you a little bit about client-centered practice. We have a practice approach we refer to as client-centered practice or CCP.

And what we really think about that is it is a way that we work with clients. And I think the key pillars are they help us to demonstrate respect for the client, this nonjudgment we've been talking about, as well as compassion and empathy. It represents a shift. I've been doing domestic violence work 20-25 years now. And I can remember when I started and being a young advocate. If I didn't give a client something, I didn't feel like I had done anything for them. So our shift is really moving away from service provision to helping ourselves and our advocates really see how the clients, the survivor is really the expert in their own safety. And that we really need to slow down and listen to them. And so it's grounded both in research that we've done as well as practice from our at -- advocates. These three pillars, we'll talk about them. One, it's respect. Not just respect for the human sitting across from us in the interaction which is important. But also respect for the complex choices they've had to make in order to get there to talk to us. Trying to respect their lived experiences, the choices. Understanding that there's no right way to be a survivor. That many of us have to make a lot of decisions and a lot of choices in order to survive. And the pathway to healing looks different for everyone and the pathway to safety. I had a new hire orientation with some staff today, and I think this is something that means the most to me is that we believe the clients and believe that they are accurate in their reporting of their risks and of the things that they think will keep them safe. And I guess I want to really lean into that. That in my experience many of us say that we believe that clients are the experts in their own lives until our clients start making decisions that we disagree with or until we get really worried and scared for our safety and then we suddenly start centering ourselves again and thinking we know best. Another pillar of really listening without judgment is that compassion that we heard survivors talking about and just understanding that trauma and violence and crime and systematic oppression has an impact on our client. And so we aim to make sure that in our interactions with us, that we're not retraumatizing a person when they're reaching out to seek help. And then the thing that makes the most sense and is the most obvious and definitely one of the hardest is this nonjudgment. We'll spend

a little bit more time talking about that. But it means nonjudgment about experiences that they have, choices they have made to get safe, choices they have made about prioritizing their safety. We may be feeling totally freaked out about this level of their experience but they're like this is what I'm prioritizing and having to stop our judgment right there. And the last pillar is informed decisions. That we think it's our job to listen to the client and then tell them what they want to know based on what they're asking us. So here's what we know about this particular system. Here's some of the pros and cons of this, do you want to move forward, what else would you like to know. And so I guess that's how I might start answering that question is I think that those things feel key to really getting into an engagement with clients and sort of centering coming in trying to build trust and respect before we start diving into like here's what you can and should do.

>> JILL: Sure. Lisa, did you want to add anything at this point?

>> LISA O'CONNOR: I would add that a part of that centers around the risks that survivors are centering. For so many advocates, we're so worried about the violence they may be experiencing. But they're bringing to us their life generated risks like poverty, certain circumstances like racism. There's a lot of different things that might be posing a risk to the clients that we're serving. If we're only focusing on abuse, then we're not being client centered because the client might be most worried about this other thing that has nothing to do with the specific violence that they're experiencing today. So it really does push you to open and be able to hear more in this client-centered way.

>> JILL: It's so hard when the priority risk is not the intimate partner violence. And that so frequently happens for BIPOC survivors because they're dealing with so many other things. It so resonated, Kelly, when you said when you started out and I hear this all the time, it's like all I did was listen. We hear advocates say that all I did was listen and we hear from Lisa's important research and that important message was all folks wanted was for us to listen. I think some of it is us learning how to value that essential role that we're playing. Would you mind talking a little bit about how you're supporting advocates in this day-to-day? As you said it's difficult, it's challenging day in and day out. How are you doing that?

>> KELLY COYNE: There's a couple of things that we do at Safe Horizon that I think are really key one, supervision, supervision, supervision. That we try, I meet with my team weekly for at least an hour, closed door, like what's on your mind, what are you most worried about. But there's a lot. You could unpack the word supervision for days. There's a lot of problematic connotations with that word. I try to get into a right relationship with my team. Where you're centering authenticity and showing up with your full self. And I think it's important to model that in my interaction to model that with clients. So making it okay for people to be parents at work. To make it okay to be a woman of color at work. To make it okay to learn, to make mistakes, to cry, to be happy, to be mad. Because I think so often as people of color in particular like we're taught that advocacy and safety looks a particular way. That Lisa and I joke when we meet with Safe Horizon employees, they're always like what brought you in today? We all know what we think an advocate is supposed to look like. How do you say that? What makes the most sense to you. And for myself I can remember being taught that you don't bring you into the interactions. You try to bring this like neutral, fake person into the conversation. And I think we're reteaching that and telling people you can bring your racialized self into the conversation. And if there's sameness, you can say I've had experiences like that too, let's talk about that. And where there's not, you can say I don't understand this lived experience, but I know it might be a thing. I heard you say you were worried about going to the police, tell me what your experience has been like and let's see if we can partner on a way to help you feel safer. So I think part of that is just bringing real conversations

into peer groups, into supervision, into client interactions. We also listen to clients. We also check in with clients. You get it wrong, you know when you're talking to a client and you have gone down the wrong path, right.

And we really talk with our staff about how to say hold on, it seems like we've gotten off track. I've said something that hasn't worked, so tell me what's happened and let's try to get back on. Because one of the things that we notice is when we're not listening to clients, we develop beautiful safety plans that have absolutely nothing to do with their real life. Like it looks great, it's sort of like if you make a budget for yourself and absolutely don't follow it. On paper, you have savings. In practice it's not working out. So we try to like help advocates know it's okay to talk about the real deal with clients and to say like it's okay to be worried about. And to give it a really practical example, when I first started at Safe Horizons about ten years ago, I had a client I was working with who was a perfect candidate for a protective order. Partner scared of being arrested and didn't want to be, check. Had things that people could say that had happened to her on her body, check. Like everything was right about it. And so I talked to her about a protective order and how it could be useful. She said yes, that sounds great. I talked to her about our court advocates, I said do you want to go and see that. She said yes, that was great. We made an appointment, she didn't show up.

So the next day we like role played, I'm like it's probably the court. She's very nervous about court, so we role played how you get in. Didn't show up. Finally in talking to my supervisor, I'm like I'm not sure what I'm missing. Cep -- and she was like why don't you ask. I said we had this good plan, you haven't shown up. So I'm guessing something else is more important. Can we talk about that? She was able to say that her partner's sister was the only family she has. She had been in foster care and gotten involved with this man when she was like 16 and this sister was important to her and if she got him involved in the criminal justice system, she was going to lose that relationship. And for this client, her safety around having family and having this woman in her life was the thing that she was prioritizing over the PV which is what was most on my mind. And I think being able to hear that conversation and being able to then safety plan with her around this relationship helped her open up other strategies that could actually help keep her safe from the domestic violence. So it's being able to like stop and say like I'm missing something. Lisa, what would you add?

>> LISA O'CONNOR: There's also the work that has to happen with the advocates directly. So so many of the advocates who work at Safe Horizon are Black and Brown people themselves. So they are working and navigating the world with all of its micro and macro aggressions as Black and Brown people. So many of the survivors we're seeing are also Black and Brown people. So there's a conversation to be had in this space that Kelly is describing that supervision becomes sacred. So much of what could happen when I'm a Black woman sitting across from a Black person, I may be assuming some sameness that actually isn't there. So I'm planning based on what I would do as a Black person. And this other person is looking at me like yeah that's not what I want to do. And so really being able to create that space where advocates themselves reflect on their own racialized selves and how they're showing up in partnership. And also that they're dealing with some of the same issues of race that our clients are. And so where do they get space to talk about that. So supervision is not just a place to talk about case practice, but it really is a space for advocates to reflect on issues of race. That can be really transformative, like where do you talk about race in the workplace? And I also think it's about creating affinity spaces that are aligned by some kind of shared identity which includes race so that there can be another layer of support. So so much of what our advocates have access to is not only their supervisors and their colleagues, but they also are in affinity group spaces that we

need to be able to come here and talk about how big and crazy the world is and what I might be experiencing as a Black person coming to work every day, listening to the pain of other Black and Brown people. So really creating those spaces continues to bolster our advocates to be able to do this client-centered work.

>> JILL: Would you talk a little bit about supporting advocates and particularly advocates of color as they're working in systems where there's this expectation of them, the expectation of the survivor, and also this expectation that our job as advocates is to get folks to leave, to get them for example like you said, Kelly, to file for the protective order. Those kinds of things. What are the conversations in supervision and elsewhere that you're helping advocates deal with that?

>> KELLY COYNE: We think it starts even before the hire. So we're talking with folks in interviews. So we have staff that work in every single New York City precinct for example working to support folks who have filed police reports in the city. And so we spend time talking to advocates about the environment they're working in and does that work for them. First let's talk about that. We spend a lot of time talking with one another about what it feels like, especially to be a person of color in a system that becomes a gatekeeper. And that can feel really hard to be asked to hold up or enforce things that we know to be either systemically oppressive or outright racist, right. And that has an impact on us. So we've made it okay to engage in those conversations. We spend a lot of time talking with our partners about what those things feel like and look like to try to make an impact from within the system and trying to sort of talk about what's realistic to expect of our staff and clients and what's not. Lisa, do we spend any hour not talking about this? That I think it's just something that we don't pretend like isn't there and offer as much support as we can and planning around what those experiences can be like. I think what Lisa just raised around our affinity spaces are really important. And we try to make it okay for, there are going to be things sort of what Lisa was saying, just because I'm a person of color, I don't have every person of color's experience. As a matter of fact I'm fairly light skinned, I have a lot of passing privilege, so I definitely don't have the experience of every person of color. Making it okay for people to point out blind spots or outright things that you missed.

How do we create environments where we don't have to harm our staff or clients to learn things. We put a lot of emphasis on ourselves to learn and grow. We try to be in relationship with people, so when there's those oops, ouch moments we can solve through those. Even through we have a racial response healing team. All of those words in the right order, you can make that work. So that when we know those things happen both at work and with partners, we have opportunities for folks to say this is something that I want to talk about. And so I think there's no one right thing. It's looking at all of the ways that are from practice models to role playing to supervision to affinity groups, policies, to interviewing that it's how do you make it just a part of the fabric of the work that you're doing. And so I can tell you a huge mistake I made that I think is just indicative of the environment that we're in, that when I first moved up, I moved up from very rural western North Carolina to Brooklyn. That was quite the change. And when I first started working at one of our shelters which were confidential locations, we had law enforcement that stopped by that wanted our cameras had caught a crime that had happened in the community. And they stopped and asked for it. And our policy at the time was that nobody comes in the shelter, period. And I wasn't on site, I was the director at the time. And one of the staff of course they came in, brought police right in, gave them a copy of the video, and I come in the next day and I'm like what happened. Here's our policy, like were you unclear, should we role play. Like I did all sorts of things with that. And finally, this was an employee I had a lot of respect for but could not understand what happened. And it happened a couple of times that week, they were really

trying to get a little bit more footage. And finally she was able to say to me, you can tell that person no, I can't. Like I live here. I don't leave this neighborhood every day, and this could cause problems for me in the rest of my life. And that's not different than what we have to hear from our clients that like so my solution was to help do training with her and what she needed was something that we now have in place where we have here's our general counsel's number if you need this, this is what you do. It wasn't training she needed, I was completely missing the racialized context to what was happening. Anyways so we try to make things like that things we can talk about and notice. Lisa.

>> LISA O'CONNOR: Yeah, I think the issues about being a part of systems is always a tricky part for Safe Horizon to exist. And one of the things that we know is that what we want for survivors is a range of options.

It's not this or that. It's what do I need in the moment. Lisa, I loved hearing the different quotes that you used, because people want different things at different points in their lives.

And our role is to not say no, not this system or that system until the system changes because system change takes time and I need help today. So really engaging this conversations about what are all of the things that you're interested in doing as a survivor that we can access for you. So our staff spent a lot of time in systems. And part of their work is you need something from the court, our staff can help you navigate that so that you are not necessarily bearing the brunt of all of what is going to be hard, what is going to be harsh, what is going to be discriminatory. We can play a little bit of a buffer in those spaces. And so I do think there is value to being able to do that work with survivors. And then there are times that you're in the community and there's no system that is around and available. And yet you're doing community work to support survivors. And then there's everything in between. So I think when we're talking about kind of working with systems, it's acknowledging that until we have something else, there needs to be some responsiveness because it's what we have. So creating all of those options for survivors feels really important. To Kelly's point, someone may not really be interested in an order of protection, but there are people for whom it is important. And so we don't want to shut that off because we have thoughts and feelings about the systems that we're a part of. That's the listening. I think that's the hardest part when client-centered practice comes into place is when someone is saying something and you're like oh but if that were me, I would, well that's not you. And you don't know what sacrifices someone is willing to make for their safety, they do. So sit back, listen, and then just kind of hold on for the ride. Because so much of what we do comes from fear. So much of what we do, we're worried about parents, we're worried about their children. And so we want to wrap them up in all of this bubble wrap that includes orders of protection and police and community and housing and we want to wrap them in those things. And that's not often something that we can do all the time. But we can listen. We can understand. And we can behave from that place even within systems.

>> Lisa, what you reminded me of is when we talk to especially advocates, but even people who have been for us for a while. People are like I don't get to know anything? I'm an expert, but I don't get to know anything. When do I get to tell a survivor what I know? It's not listen, period, end of sentence. It's listening and asking questions and being curious, and helping the survivor to tell you the thing that they're most worried about and the thing that they think is going to keep you the most safe.

And that's where our expertise comes in to say you're interested in this from your experience this is the thing that's going to make you most safe. Let me tell you what I know about how that particular resource works and let's learn about the rest of these things together. So I think that's the thing that is hard for folks because they're like I've got a lot of experience, I know lots of things. But if I'm listening, when do I get to do my job and it's listening to make sure you're clear on what it is that we're supposed

to be telling, what they need our help understanding.

>> LISA O'CONNOR: I always say to staff, listening is such a gift. There's so much that we have to do when we're working within systems, when we're working with other things. And it almost feels like we're moving mountains sometimes to connect clients to resources. And when you're listening, you can really hear what our clients want and what they need, and that's such a powerful part of the relationship. Because you might be the first person that someone has told this to. You're probably the first person that might have believed this person.

I'm listening to Lisa's research where people were like I wasn't believed. Our jobs as advocates is to listen so that you hear that we believe you. We don't need any proof, we don't need to see pictures, we don't need to see bruises, we don't need to see any of that. We can take your words and go from there. And that's what's most helpful to respond to you. It's not -- responding to you. Much to people's chagrin when they start doing this work, people can leave an interaction without one single referral, not one single connection, but I listened and I understand what might be some options to me. And I know I can come back. So when I'm ready to make a different decision maybe a month from now or tomorrow, I can come back because this person listened to me, heard me, and didn't try to make me do something that I wasn't ready for or willing to do at the time. Because you don't know me, you don't know what resources are available to me. You don't know that I'm not willing to sacrifice my relationship with the person who's causing me harm's sister. You don't know that unless you listen to me, unless we have these conversations. I often think listening is such a gift. And I think it's so important to the work that we do and I can't emphasize it enough in how you do this work.

>> JILL: There's many lessons, but one from survivors is listening is what we need to do.

Thank you for helping us understand more about how to do it and how to support advocates to do it. I want to go on to our next topic. But before I do that, I wanted to make sure there wasn't something else you wanted to tell us about listening without judgment. Lisa Goodman, is there something you wanted to connect us back to the research we haven't done?

>> LISA GOODMAN: No, I am just appreciating these subtleties you raised so much. I couldn't portray all of the richness of what was said in these interviews. But the example you gave about the person who harmed's sister, that is not atypical. It's typical in ways advocates cannot understand on why a person would not want to call the police on someone who was harmed or let anyone know. Or in fact be fearful of sharing this information with a friend or family member because of what they might do to the person who harmed. So one can only know that through listening or listening a little bit more. So I very much appreciate that. And then Kelly's example of listening not only to survivors, but as supervisors in programs listening to advocates is a layer that I don't hear much. And I have done many, many focus groups with advocates in your organization and am struck by what I think is the outcome of your encouragement of truth telling which is a lot of truth telling, no hesitation about talking about how Safe Horizon could improve, what it does well. There's a freedom and authenticity among your advocates that emerges among the senior-level staff listening. That's all I have to say.

>> LISA O'CONNOR: I also want to put a note in for white advocates, that you are not absolved from your responsibilities in these conversations as well. So for white advocates, it really means for us that you have also sacred supervision space. That includes all of the reflection and all of those things. It's also a place for white advocates to reflect on their own power and privilege in relationships where white people can call each other in about bias and white fragility. So it's even more important for those spaces to also do some good work, because it's not just the responsibility of Black and Brown people to take care of other Black and Brown people. But really that white advocates you have a specific role

and specific calling in naming issues of race and your own specific issues. I want to not leave out our advocates who are white folks who are doing this work as well.

>> JILL: Thank you. In relationship with other advocates but also as we're trying to listen without judgment, there's so many things we have to be aware of and talk about and own. Thank you for raising that, absolutely. Let's move onto the second topic that we wanted to explore. We wanted to talk about the community as a resource for survivors. We hear the word community thrown around a lot, I thought it would be helpful if you would just talk a little bit about what we mean by community.

>> LISA O'CONNOR: Community for the survivor needs to be defined by the survivor. Lisa, your research talked about that in important ways. So who in folks' community is survivor defined. I think about some of the work I have done in the past in some of the restorative places I've done, groups of people really play different roles in people's lives. So when you talked about the pod mapping, Lisa, that resonated really strongly with me because there are people who may identify different people in their lives who play very specific roles and they don't want those roles to intertwine at all. So there might be that person in my community that they have a place for me and my kids to stay if I needed it. There's a place I can get food if for whatever reason that's a need. There's someone who can accompany me to court if I need them to go with me to some big scary place. There's someone who can watch my kids or if I can borrow a few bucks when I'm in a tight spot. These can be different people at different times. So it really is helping people see who is in their community. So that's something that we actually talk about with clients is asking them well is there anyone that you're getting support from and then we want to know what kind of support is it and is that support helpful. Because I also think that people have people in their lives who may be consistent, but if they really spent time thinking about it, they're not as helpful as they want them to be. And I think that that's information that people can then utilize in how they navigate their world. I think a survivor's community can be this really beautiful quilt of different pieces and people who have a very specific place in my journey. For some survivors, advocates can be a part of that community. And our role as advocates is to help you think about those resources. And there are things that we've kind of talked with people about who knows about this, and what do they know? And that might be that different people know different pieces of your story. And that's also something to help bolster people in thinking about who are the people in their life that can be helpful. When I used to work with young people experiencing different types of violence, something that always came to the forefront was that they had fractured relationships with families, either because of isolation where the person who's causing them harm has intentionally isolated them and with others it's because the family or friends didn't want to deal with the violence. Like I don't want to deal with that part of your life. So their relationships are ruptured. When you think about you're 21, 22, you're navigating the world in this really interesting place where you think you know a lot but you don't know as much, you need some support, but you don't have people who can help you. So really thinking with young people about are those relationships that you want to revisit? Because that might be something that might not have been on the plate a couple of years ago, but is it on the plate now and something that you can continue to explore. That's the beautiful thing about the community, the community can continue to shift and change as you need it to and as dictated by you because you are the center of this. Let me use the word the pod map, you are the center of that pod. You get to decide who's in it and how long they stay.

>> KELLY COYNE: When you were talking about the fractured relationships, that's something we don't do enough in our movement. If we know domestic violence and systems in general destroy families, how can we help repair relationships where safe people exist, and I think that's something for us to

continue to explore and develop our expertise around sort of healing those relationships whether it's with whoever is in that pod or who people wish could still be in that pod.

>> JILL: I want to talk about advocates and when the community is going to be helpful. Lisa, you started to talk about this. But when the community might actually be a risk, when it might make things worse or more difficult. And how we as advocates might engage with individual survivors around addressing those issues.

>> LISA O'CONNOR: I think community response can be helpful when there's clarity about what is better for the survivor and their children when it's defined by the survivor. I was watching things in the chat, there's so many people that want you to leave this relationship, they want you to do this other thing. So their support of you is contingent upon those things.

We all need to have clarity about what do I want for me and my kids and therefore how do I get the support to kind of wrap around me to do that. And so lives can be much better organized and safer when that clarity exists about the role of people in the community. So for example, something that safe horizon has been spending a lot of time with is there are a lot of different people who are developing apps and devices that allow people to contact others rather than law enforcement in the moment of danger. And people bring those things for us to look at and we spend time giving them feedback as experts in this field, what would they all need to think about. So the idea about these devices or the app is that a survivor has access to this, and when something happens, they can activate the app or device and an alert goes out to a predetermined list. Everyone on that list has had a real conversation with a survivor about what would be helpful when you get that alert.

There might be that person who is a friend who wants you to come wherever I am because the person who's causing me harm won't make a scene in front of you or whatever the dynamics are, the violence can lend because just you're there. Person B might be they know to call others and make sure that my kids are some place safe. So their role in my life is about kid safety. There might be others that if that person shows up, it's going to make it worse so please don't show up. But person C might be the person on the list that's getting a room ready for me or making up the sofa so that when I need a safe place tonight, it's available without thinking. So it's the real conversations about when you get this alert do this, but definitely don't do that. It's dangerous when it's not rooted in that, because survivors sometimes want people to do different things in their lives.

And I heard you, Lisa, say that they might want someone to call the police. They don't want to do it themselves. That's clarity about your role. But if I don't want the police to show up and that's your go to response as a person on my list, you've potentially caused more harm to me. So really having some real conversations about when that alarm goes off on your phone, this is what I want you to do. So our questions when we're talking to survivors is really understanding who are the people that know, what do they know, what should they know. Are there other people you want to know who don't know. And can there be ways that we talk with you about what that could look like. So it's really helping people have real conversations about who is your community and what do you need them for. And it's so important to keep asking. People's lives shift and change.

Today it might have been a good option for so and so to be in my community, tomorrow not so much. I think the other thing about when we talk about community and safety for our survivors, so many survivors communities have also called them harm, whether it be through culture or religion or whatever other belief systems that communities have caused our survivors harm. So it can't be assumed that because you belong to this group, that they are going to be helpful to you. So that's why talking about are those resources actually really helpful to you. And so I think it really depends on that

kind of conversation that you're consistently asking. Asking about all of the risks associated with that and therefore we can think about what are community-generated supports that might be available to you to respond to that. It might be your immediate pod, or it might be other things literally within your neighborhood that might be a resource. So that's some of the work that we do is also trying to understand community.

>> JILL: Kelly, did you want to add to that? I'm not saying you should, I'm just asking. That was a great answer, Lisa. Perfect. So let's talk a little bit more about, I'm hearing advocates in my head saying this sounds like it takes a lot of time, this doesn't sound like a minutes in the courthouse when I need to know up or down protective order or not. How are you sort of building in that space, how are you talking about that? How are you operationalizing trying to institutionalize this practice?

>> LISA O'CONNOR: It can be anywhere from 15 minutes where you hit all of these things to an hour. It doesn't have to be formulaic. You're trying to understand risks for people and then trying to understand what are the ways that we can help you manage your risks. So those two things are kind of prime and parcel to every single conversation. What are the risks, what are the ways we can help manage that. And in the what are the ways we can help manage that, that's the conversation in our community. It sounds like it can be arid --

arduous. There's some we only see one time. If we're only going to get you for one time, there's a lot we need to get done. But it can be done in a very organized conversation where you're listening to someone understanding what they're needing and trying to gauge how do we manage the risk that you're prioritizing, because there might be a lot of risk, but the person is saying I only have these two things that I want to prioritize. And then we're focusing on those two things, so it's really guided by a survivor and what is it that they want to share with you and what kind of help they're seeing. So you don't have to do all of it all of the time. It's a road map to getting to a destination of supporting a client, but there are lots of details that can happen and I think that's the beauty of flexibility of doing client-centered work is it is where is the survivor looking to drive today and how do we navigate along with them.

>> JILL: So we're coming to the end of our time so I wanted to invite all of you and talk about ways that advocates in individual work can support that community and network of survivors. So she says yeah, I get that, but would you talk to my mother, would you explain that. Because she had her own history, she has her own stuff and I need you to tell her that I'm not supposed to be told to leave or whatever. Or on a larger scale, the community work you talked about. So I invite anybody to start and jump in.

>> I think something we continually work at is being a part of the community. So when you're in a community and you know what's available, it's also knowing what's your lane and other people's lanes so you can connect people. You may not be the advocate who can talk to somebody's mama about what's going on. But you might be able to talk about repair work, it's knowing who else is in your community as an advocate. You can't do all of it. That's not what we're asking advocates to do is to be everything. But having your own network is important in supporting survivors. Survivors typically live in neighborhoods that are resource rich or resource not. None of us is doing this work by ourselves. We can't do this work by ourselves. That's an important piece for advocates. And also I think uplifting community response. So much of what we talk about is about service. And the service that you get is what door you entered through. So if you entered this door, this is the service you're going to get. So really stepping away from that the community doesn't always have that one singular service, but really understanding all of the things that could be available. And uplifting that as part of the conversation. I

don't think we talk enough about what communities can do to support survivors. So much of what we talk about is doing away with systems and having a community response. But we haven't said what is that community response and it's part of the community saying we all know what's in that cipher so we can take advantage of that. Because no provider, no one agency is going to be able to do all of it.

>> KELLY COYNE: Also thinking about I'm not sure we ask enough what happens with the relationship if you're whomever that might be. Family of origin, the people that raised you. And Lisa and I were talking in the recent past, but in one of our programs, the average age of our clients is like 20 so it could be there was a really terrible thing that happened when someone was 16 or 17 and don't know yet that repairs can be made. It's possible there are unsafe family members we can't go back to. But sometimes it could be my person said if you go back to them I'll never talk to you again and because I was 17, I just believed that to be true. And so I've started engaging with some programs I've worked with to say can we explore your relationships and your friends and offered any support in that. And I feel like there's a lot of opportunities there. From the person who's picking up my kid today to all of those things that are happening, so I feel like helping survivors build and rebuild networks to help hold them up will help if they can get back to their community systems.

>> LISA GOODMAN: I want to piggyback on that to draw us back to the research findings. And just to sort of call out as proudly as I can what survivors said to us over and over and over again, just please talk to my mother, my sister, my family, talk to them. Because I don't know how to get them to give me what I need. So just to piggyback on what you said, Kelly, and to say that I've always talked to so many survivors in your programs and others who say I just want my blank, but my blank doesn't know how to be there for me. So that's a place where I see that our programs don't do very much. And it's just a huge arena that survivors are asking us to enter.

>> JILL: Looks like we're getting close to the end now. I want to invite any of the panelists for last words. I want to thank you for the incredible conversation and for raising up so clearly survivors' voices in research and in practice. And also how you're supporting advocates which are so essential. So I think I'll turn it back to, I think it's Heidi but thank you all. And thanks to everyone who has attended.

>> Thanks, Jill. And thanks so much to all of you. This was extraordinary. We do have like a couple of questions. I don't think we're going to be able to get through every single one of them. But I'm going to turn it over to Brittany or Marlena to go through these questions for you all. Okay.

>> Thank you, Heidi. So we do have a couple of questions. I am going to pick out one that I see right now. One of them says sharing the same story can be exhausting, is there a thing that can help survivors so that, is there a way for survivors or advocates to think about how to help survivors so that they don't need to continuously explain? I think a quick answer is different than how I was trained 20 something years ago, at Safe Horizon we don't need to know the history of what happened. Somebody comes in the courts and are like I need a protection. We don't go back to tell me about ten years ago. We're like why do you feel like you need a protective order right now. What's happened in the last today, tonight, tomorrow, that's got your worried about that. And we really work from right there to get folks, there's this habit of feeling like we need to get 20 years of history. And there could be times when that's irrelevant. I embarrassed myself one time at one of our meetings around flexible financial dollars to clients. And I said stop sending people to budgets class, sometimes they just need pants. And that was like oh my god I literally just said sometimes people just need pants. But I think that's relevant in this question. Hear what they're asking, ask what's behind that request and move from there. We don't need to know everything if that led them up.

>> LISA O'CONNOR: I think you're exactly right. It gets to you had a choice and you made the choice

today to reach out to us.

What drove that choice, so it really is focused on the here and now what are you most worried about so you get to decide what you shared about what you're most worried about as opposed to what Kelly described, what was the worst event, what happened ten years ago. We don't need to hear all of that in that first moment. It might be relevant later. But at the beginning it's what are you worried about today that made you pick up the phone, walk into this building, call this other program, what made you make that choice today?

>> KELLY COYNE: The one thing I wish I had added, we've trained people of color, and people of low socio-economic status that they must prove to us that they're worth our time. I try sometimes when folks come in to say you don't need to bear it all unless that's important to you. That I think that there's a way that we have trained folks to have to come in and rip all of their band aids off and completely expose themselves to us in order to be worthy of our help. So I try to front load that and like hey let's talk about what we can do here. Here's our confidentiality and you do not owe me any part besides what you want to share. And I think front loading that for folks so they don't feel like they have to in order to be considered worthy enough is important.

>> It's 3:29 so I think we've reached the end of our panel discussion. So thank you all. >> Thank you all so much again for joining us, as we said earlier this is also part of our work to center the lived experiences of survivors from BIPOC communities and advocates.

So much gratitude for all of your wisdom to concrete strategies to support survivors and advocates in the work. We have already received a request for a part two. So hopefully we'll be together soon and perhaps organize these conversations amongst many of us as we continue sharing the knowledge and experiences in our work. Have a wonderful rest of the day and we'll be in touch soon. Thanks again.

>> Thank you everyone.