

Tele-Advocacy Ensuring Accessibility For Underserved Crime Survivors During the COVID-19 Pandemic

JACKI CHERNICOFF: Good afternoon, everyone. Thank you for joining our virtual session today. This is Jacki Chernicoff with the Vera Institute of Justice's Center on Victimization and Safety, and the National Resource Center for Reaching Victims, or the NRC. I just really want to welcome you to today's session, entitled Tele-Advocacy Ensuring Accessibility for Underserved Crime Survivors.

So this is our fifth session this week in our sustaining services during COVID-19 series. This series is really an opportunity to bring the field together during this really rapidly evolving circumstances we find ourselves in, and tackle these unprecedented challenges together.

This week has really shown me what I've always known about our movements, which is that we are resilient, we are creative, we are resourceful. And I've been drawing great strength from our collective response and call to action. Sandra?

SANDRA HARRELL: Pause for captions, one second.

JACKI CHERNICOFF: Thanks, Sandra. OK, looks like our captions are back. So I just really want to say a big thank you to our

colleagues for pulling this all together really last minute and joining us today.

Just a few logistical items to go over before we begin. Participants are in listen only mode, which means that you should be able to hear me and all of our presenters, but we will not be able to hear you. If you cannot hear the presenters speaking or if you're having any difficulty with captioning or the interpreting or any other technical difficulties during the presentation, just please enter a message in the Q&A pod at the bottom of your screen. This is the best way to communicate with Vera staff who are providing technical support during this session. You might also post a question about the presentation in the Q&A pod at the bottom of your screen.

So just a couple of quick notes about your view. If you're joining us via web browser, you may only be able to view the interpreter, who is spotlighted. If you're joining via the Zoom app, you should be able to see all the presenters that are on video. Currently there are five videos going at the moment.

During this session, our presenters are going to be sharing their screen to share some PowerPoint slides. When the presenter shares the screen, we'll pause to give everyone a moment to get set up. At that time, what you'll see is a sort of gray horizontal line. If you hover over these two little white lines in the middle and you grab that gray horizontal line, you can shift it to the left

or to the right to adjust the size of your screens. So you can make the presentation larger and the panelists smaller, or vice versa. You can have more control over your view after they share a screen.

Couple of other logistical items. Closed captioning-- if you need access to the captioning for this session, you can click on the closed captioning or the CC icon on the bottom of the screen. You click on the little open white arrow to the right of that icon and select show subtitles. You should be able to select the view entire transcript if that view is better for you. The words that I'm speaking now should be appearing on the screen if you have clicked show subtitles. Again, if you're having any challenges with the closed captioning, please send us a message in the Q&A pod.

You should also be able to see our American Sign Language interpreter. If you can't clearly see the interpreter at any point during this presentation, please send us a note in the Q&A pod. We're also going to be pausing approximately every 20 minutes for interpreter switches.

As I've mentioned a couple of times, we have the Q&A pod at the bottom of the screen. It's the best way to communicate with Vera staff who are standing by. It is also the place to ask the presenters questions. We're going to hold most of our Q&A to the end of the session. But if you don't want to lose your question, please go ahead and type that in the Q&A pod and we'll be sure

to share that with the presenters near the end of our session today.

Couple of more things. We are recording this session. A link to the recording-- as well as the PowerPoint, the transcript from today's session-- is going to be posted on the National Resource Center for Reaching Victims website, or reachingvictims.org.

So just to shift us into the presentation itself. Again, this is really an opportunity for us to come together and discuss mobile advocacy in our work. Our presenters are going to talk a lot more about what that means. When we really say that, we're talking about shifting our work from happening with survivors in person to taking place via platforms such as text, or email, or chat, video, social media. And again, our presenters are going to talk a lot more about that momentarily.

This really unprecedented situation is fast-tracking for creating an expansion of tele-advocacy for all of our programs. And so we're really grateful for our panel today to guide us through some key considerations for some of us as we begin the work of tele-advocacy, and for some of us as we expand this model in our work. So I really want to thank our panelists.

Today, we have Toby Shulruff from the National Network to End Domestic Violence, or NNEDV. We have Sandra Harrell from the

Vera Institute of Justice. And we have Amber Hodson from DeafHope. Just thank you guys all for joining us today.

I'm going to turn the floor over to Toby as our first presenter. The rest of us are going to go off camera for now. So you should be able to view Toby and the interpreter. Thanks, Toby.

TOBY SHULRUFF: Hello, and thank you so much for joining this session to talk about tele-advocacy. I am Toby with the Safety Net Project at NNEDV. We're going to be talking about tele-advocacy, which at Safety Net, we're calling digital services. Whatever name you give it, we're talking about using technology to provide services to survivors.

Some examples of that would be adding text or web chat to your hotline, doing video calls with survivors, using video or web chat for support groups, or emailing or texting with survivors-- we do have a couple of cautions around that.

We want to stay grounded in core values while we do this work of adding technology to our advocacy. Those include support and access. We want to meet survivors where they are, in this case online or on their phones. We want to offer tools that meet accessibility needs. And also that provide the lowest possible barrier to technology access. We also want to provide information so that survivors can choose the option that's best for them.

The other part of our core values are privacy and safety. Technology tools that we choose should have options for anonymous use, just like our phone hotlines. They should ideally leave no traces on a survivor's device or in their accounts in case that's a safety or privacy risk. And in line with our confidentiality obligations, the company that's providing this service for us should not be able to see any information about survivors or the content of conversations.

Just a warning, but a lot of companies out there say that they are HIPAA compliant. H-I-P-A-A. But HIPAA compliance is not enough. The requirements of VAWA V-A-W-A, VOCA V-O-C-A, and FVPSA F-V-P-S-A, are much more stringent than HIPAA.

Just because the technology makes something possible doesn't mean we should necessarily do it. We need to stay grounded in our core values and remember that even a technology that might work for our own families, or even in our workplaces, might not be appropriate to use to communicate with survivors.

We also encourage programs that are diving quickly into this, because of the pandemic, to pause once the pandemic has passed and reassess how the technology is working for you, and how you want to keep using it.

I'm going to offer some basic overview of the kinds of technology that you might be considering or already using. Chat, or web

chat, or online chat, is where survivors are connecting with your program or a specific advocate, often through a browser window. Sometimes an app, but the more privacy-conscious options are through a browser window.

And the advocate would be connecting to that system, usually through a computer-based chat system. Again, that could also be an app. Your web page then can include more information if your service is down, or if you have hold times, so that's a benefit there.

Another option is texting. This is a benefit because it's not high tech. All mobile phones, even the old school ones, have default texting capability. There's a convenience because a survivor can text from wherever they are, at whatever time works for them.

In the way that advocates use text, there's two approaches. One is to also have a phone, which can pose a lot of logistical challenges as well as confidentiality challenges. The better option is to use a computer-based text platform. It's easier to protect confidentiality. It's also easier for staff to triage calls and to manage multiple conversations that might be coming in at once.

Even though email is also old school, I want to offer a couple of quick notes. Email can be easily intercepted. It is saved in multiple places. If a survivor is emailing you it would be in their sent folder. And if they delete from there, it might still be in the

deleted folder. In addition, oftentimes, our email accounts can be accessed from multiple devices because they're in the cloud.

All of those options were silent options-- options that don't involve speaking aloud for folks who do that. And that can be a benefit in the current situation where people are sheltering in place or quarantined, and might be in the same home, either as an abusive person or with someone else who they don't want to hear what's happening if they want some privacy.

We want to offer a couple of options that could involve speaking out loud though, in case that's a safe option for survivors. Video calls are one of those options. In addition to providing support for an advocate and a survivor-- possibly with the addition of a sign language interpreter to communicate-- video calls offer visual cues and audio cues if people are speaking. And it's important to know though, that many people, many survivors and some advocates, are not going to have the bandwidth or the data plans to support video. So it's a good option to offer, but you want to include other options as well.

Another out loud option would be a phone call. It's important to think about some plans including to forward calls after shifts, so that advocates don't have to always be on-call 24/7. As people work remotely from their homes, rather than the office, to make sure that everyone has access to phone interpreter information

like language line. And again, to bear in mind that it's not safe or private if someone else is in the location with the survivor.

I'm going to dive in a little bit more deeply into safety and privacy risks at this point. The four key risks are interception, impersonation, program confidentiality, and advocate safety and capacity. So by interception we mean that someone else could see the content of a conversation or hear the content of a conversation. That could be a personal safety risk if the abusive person is the one who is intercepting that communication.

And for folks who might not be in danger or experiencing a safety risk at that moment, there could still be a loss of privacy. If a friend or family member or child were to pick up the survivor's device and see an entire conversation, the survivor might lose the option of who they disclose to and what they're disclosing. Those risks are at the top of our list.

Another risk that comes with sending only written words through text or chat or email would be impersonation. It's possible that a survivor might start a conversation with an advocate and then later on an abusive person, or someone else, might have access to those conversations and pretend to be the survivor to reconnect with the advocate or the program. We'll talk about some strategies for that in a moment.

Another risk is that using all of these devices and electronic accounts creates challenges to program confidentiality. The very nature of communication technology is that it tends to collect, store, and share information. So for domestic violence, sexual assault, and stalking advocates, we're swimming upstream against this tendency to keep everything forever. Instead, we want to minimize the data trail that is left.

The last risk is to advocate safety and capacity. Especially in these times where we all feel personally stressed by the pandemic and very dedicated to helping survivors, it's important that we prioritize advocate well-being. And also recognize that there are some risks to advocate safety if they have their personal information accounts or devices being used for communication.

Before all of that feels too overwhelming. I want to pause and say that with this, please start with what you know. The same safety and privacy measures that you have in place for your phone hotlines can be adapted to this new realm. The technology is different, but we're still centering those core values-- giving survivors informed choice and focusing on their safety and privacy.

Do we want to pause to switch interpreters or should I keep going?

For strategies with survivors, we encourage advocates to talk with survivors about the risks each time. Every survivor is going to have a different level of risk for safety and privacy. And that risk level could shift from one day to another day, or a week later when you connect with them again. Talk with survivors about safety and privacy and in your plans include technology and communication, not just with the advocate, but with other people who might be supporting the survivor. Offer options based on the unique needs of that survivor at that time.

Specific to the risk of impersonation, consider using code words or phrases to help verify identity when you're connecting through text, chat, or email. And remember that in our increasingly connected world, our accounts are often available across devices. So my text messages on my phone might also be accessible online or from another device.

Some strategies for your program specifically include to delete message history-- this helps with confidentiality. If you weren't keeping a word for word transcript of a phone hotline conversation, don't keep all of those text messages or chat messages. And don't make a recording of video calls or voice calls. Don't save survivors' information in an advocate's phone or any other place other than your secure database.

Provide program-owned devices if possible. I know that's a heavy lift, and you can contact us for more ideas about how to address

that. It's important because advocates' devices can be picked up by other people in their household, and that's a risk to confidentiality. And in addition, it's possible if a court case proceeds that an advocate's device might be subpoenaed for the evidence. In addition from the program side, you have more options for ensuring that messages have been deleted, and that a phone could be remotely wiped if lost or stolen.

Choose technology tools that don't require survivors to download an app or to sign up for an account. Basically, choose tools that were designed with privacy in mind.

We're often asked what vendors we would suggest that people use. We don't endorse a specific company, but in these times of urgent adoption of tele-advocacy, we point to these particular companies as options to consider. Unfortunately, there is no company out there that meets every accessibility marker that we and Vera have. And there is no company out there that is 100% also covering all of the privacy benchmarks that we want. Each of these companies does the best that we're aware of in some of these areas. And we feel that if you have multiple options, you can match the accessibility and privacy needs that are unique to each survivor.

We're adding those resources and companies into the chat and you can also find out more information on our website, where we have all of these companies listed. The bottom line here is that

offering additional communication options is crucial at any time, and particularly now in the midst of the pandemic. And it should be done with caution.

You can see our website at techsafety.org and see our digital services toolkit for information about everything that I've talked about today. And we are available to you at this email address at the Safety Net team.

JACKI CHERNICOFF: Thank you, Toby. This is Jacki. Really appreciate that presentation. I'm just going to pause for an interpreter switch.

This is Jacki. I'm going to just now turn the floor over to my colleague, Sandra Harrell.

SANDRA HARRELL: Well thank you, Jacki Chernicoff. Hello everyone. It's been a long week. It's been a heavy week. It's been a fast-changing week. And I hope that you're all taking good care of yourselves in all of these trying times.

I wanted to share a little bit about how to ensure that people with disabilities and Deaf people are able to take advantage of the tele-advocacy that you begin, or be necessary, to provide to survivors of domestic and sexual violence.

Just really quickly, I know many of you may not necessarily regularly serve survivors with disabilities and Deaf survivors. But

they are a huge constituent pool of the survivors in our community. The fact that they are not able to access services has more to do with the barriers that are in place to them than the need that they have for those services.

And at this time, this moment in our time and in our movement's history, we are turning to tele-advocacy more than ever. And that means that more and more survivors with disabilities may be reaching out. This may be the time that they finally feel like they can have access to services within your programming.

So I'm going to talk a little bit about some steps that you can take to make things more accessible. But I also know that there are so many other elements of effectively serving survivors with disabilities and Deaf survivors. So at the end of this, I'll also share contact information for how you can receive additional support from us, more intensive support from us, during these times.

So the very first step for making things more accessible and inclusive of people with disabilities is just to have a plan in place. Frankly, I say this all the time to people who call me when they have something happening tomorrow and they need help with making it accessible. It's really hard to make things accessible at the last minute. It really does take planning.

So while you may not be seeing survivors with disabilities right now, I beg you to begin using this time while you're working from home and everybody's working from home to start making connections in your communities. Make connections and build relationships with interpreters. Understand the range of access needs that a person with a disability may have, which would include, of course, interpreters but also plain language. I've included here some links to some websites that will help you more thoroughly explore what that means, what plain language means.

Another need around accessibility is flexibility. Start having conversations in your programs now about granting some flexibility for how you're working with survivors across the spectrum, not just survivors with disabilities, because these new modes of advocacy will require flexibility and creative thinking, frankly.

And then of course, making sure-- and thank you, Toby for sharing those platforms-- that you're choosing an extensible platform. And I'll talk a little bit more about stuff to look for in a platform in just a moment. As Toby mentioned, we haven't found a platform that is both private and confidential and also accessible. So we're working with what we have right now and you'll have to make some decisions along the way. What we're hoping is that the pressures of these times might result in us

being able to put pressure on the platforms that we are using to become more accessible and/or more private.

And then I also have a link here so you can begin to explore the range of auxiliary aids that a person with a disability may rely on to fully participate in services. So you can explore that more on your own time.

And then as I mentioned, I really encourage you to leverage existing resources through partnership. I've listed the National Council on Independent Living. Their web site will allow you to explore Independent Living Centers that may be in your community or a nearby community. They will either have or have knowledge about assistive technology that you can rely upon. So I really encourage you to begin looking into those now.

So just a handful of considerations for access. I was listening to Toby and I was like, oh, my part's going to be a little bit redundant because I think the same theme of good advocacy just runs through all of this, right? In doing good advocacy with survivors of domestic and sexual violence it's always about centering their needs. So if you're working with the survivor with a disability, you're centering their needs not only about the abuse that they've experienced but their access needs as well.

So if you're doing telephone advocacy, some of the steps that you can take to improve the accessibility for survivors with disabilities

and Deaf survivors, is at the very beginning of the call, check in with them about what their needs are. We recommend when screening for an accommodation need that you ask about, do you have any access needs? Is there anything that you need that you can fully participate in this call?

We never ask you to screen them for disability, primarily because there's a long history of screening people out of services if they have a disability. And there's a lot of stigma attached still to having a disability that somebody may not be willing to disclose. But they may be willing to disclose little tweaks that you could make to make sure that they can fully participate.

And then as Toby said, just in the same way that safety needs shift and change from week to week, a person's access needs can change once in the midst of a one hour advocacy session. And then again, if you're talking with them next week, their there access needs may also have changed. Don't let there be just a one time check in about accessibility. Just keep on checking in. Is this still working for you? Is there anything I need to change in the way that I'm doing this to make it work better for you?

If you haven't done this already, if you're going to be using telephone advocacy, I would really encourage you to get some training on working through video relay service because a Deaf person who calls your hotline is likely going to call in through video relay versus using the outdated TTY. So if you haven't

already started training your staff, this is a good time to begin doing some of that training.

And then once you've had that training, instead of listing TTY on your website, on your brochure make a notification that staff are trained to work with VRS. That will be a good signal to the Deaf community that you better understand their needs.

And then, you're going to hear this throughout, build in more time. If you would usually schedule one hour for an advocacy session with a survivor, I would recommend an hour and a half or checking in with the person about how long they may need. Frankly, sometimes if you're working with people with intellectual disabilities, they actually may need to have a session be much shorter but more sessions. So you're just going to have to be flexible as I said earlier on, and creative about how you engage with survivors with disabilities.

And then importantly, this is a good time for you to begin having conversations within your organization about how you will work with someone who relies upon a support person to communicate. And I know that in our movement we have a long history of saying we want to talk directly to the survivor, the survivor has to request the services directly, and then give us a release of information. But if the survivor relies on somebody through a communication board to be able to articulate what they need, the program needs to be able to work with that support person. So

this is a good time for you to begin having conversations about how you'll go about doing that, while also upholding confidentiality and the principles and ethics of our movement.

And then importantly, don't pretend to understand someone if you don't. If you're having trouble understanding someone over the telephone because they have a disability that impacts their communication, let them know. Ask them to repeat themselves-- I'm having a hard time understanding you, can you repeat yourself, can you say that in a different way with a different word so that maybe you can better understand it? It's harder to begin to understand a person's pattern of communication over the phone than it is on video or in person. So this will take more time. So again, build in more time.

Some of the considerations for text- or chat-based advocacy that have to do with accessibility. It's just making sure that you're again, checking in about the access needs at the beginning and then throughout the exchange. Make sure you're communicating using short and direct sentences while remembering that English may not be the survivor's first language. If they're Deaf, ASL might be their first language, and ASL shares nothing in common with the syntax of English.

And so you want to use really short direct sentences that get this point across. And then of course, when we're choosing your words, use the simplest possible terms. Anyone who is in crisis

does not need your master's level vocabulary to be coming out in exchange with them. Use words that are going to resonate with somebody who is struggling with a lot at this time.

Of course, avoid acronyms and jargon. Again, be patient and build in more time. And again, ask for clarification if you don't understand what is being shared. Clarify it, don't pretend to understand.

For video-based advocacy again, we don't have a perfect platform at this time. So really the idea here is to understand the limitations of the platform that you're using. So if you're working with a Deaf survivor they may really prefer Zoom because Zoom has a much clearer video for ASL.

So video resolution is important. How much bandwidth is it drawing down on? Rural communities are sometimes operating on satellite internet if they have internet at all. So you just want to really work with the person to figure out what is going to make the most sense.

And again, talk to them about what experience they have. They may have a lot of experience using Zoom or another platform and may feel really comfortable using Zoom or another platform. And so you want to take that into consideration as well while also explaining any confidentiality and privacy concerns. Transparency is key here, so giving the survivor a choice in this matter, but it

has to be an informed choice. You're not keeping any information about how their privacy might get compromised from them. And again, ask for clarification.

Social media is another way that we're engaging survivors. So survivors may go on your social media page and just look for a community of support there. So certainly people with disabilities and Deaf people are using social media a great deal. So we highly recommend that you take some steps to make your social media more accessible.

So including hashtags and the at mentions at the end of tweets and posts versus at the beginning. Screen readers, when they're reading through-- A, screen readers can read through social media, can be used with social media. But if you have that hashtag at the beginning or the at mentions at the beginning, it comes across really screwy on a screen reader. So we'd suggest putting those at the end of the post.

Capitalize the first letter of each word in a hashtag. This is called camel casing. Example here is hashtag capital V-- Vera, capital I-- Institute, capital O-- Of, capital J-- Justice. Take some time to draft your tweets or your posts in advance, and then test them using a screen reader software before you post in the social media, just to see how they sound and read. You may have to make some tweaks there.

And then you also want to be really strategic about where emoji are located in your post because again, the screen readers can read them and will pick them up. So if you put a bunch of smiley face emojis in the middle of your post, the screen reader is going to read those. And it may really be hard to understand what it is that you're trying to get across. And then of course, always, always add alt text to social media images or videos.

And then for your website-- I know you're not necessarily doing advocacy on your website, but it is a way that survivors will engage with your services now, especially since they're at home. So we encourage you to think about the accessibility of your website and do what you can to make it accessible. Again, we're here to help with that.

And there's a bunch of guidance here which includes alt text, captioning videos, including audio descriptions, descriptive hyperlinks which I can say more about when we get to Q&A, making sure there's a high color contrast, you're using a sans serif font, that you can navigate your website using keyboard shortcuts versus having to use a mouse. And then your heading level structures really help a screen reader clarify what content the person is reading, so making sure that the design of the website includes those heading level structures. Resizable text options. And then making sure that it's mobile friendly. I'm not

going to go through all of those because we'll send out this PowerPoint at the end and these are just tips for you.

But we also have a variety of tip sheets at that are part of our Disability and Deaf Resource Center at the Vera Institute of Justice. You can access those resources at our endabusepwd.org website or you can email us to request resources at cvs@vera.org. And with that I will be quiet.

JACKI CHERNICOFF: This is Jacki. Thank you so much, Sandra, for that rich presentation on accessibility and inclusion considerations when switching to tele-advocacy work. Do we want an interpreter switch? Okay. Right, we're going to have our last panelist now. This is Amber Hodson from DeafHope. And she's going to join us today to really share about a program experience doing this. She's got a lot of rich experience at DeafHope in doing tele-advocacy, so we look forward to her sharing her insights. Thanks, Amber.

AMBER HODSON: Hi everyone. Thanks so much for taking the time to be here. I just wanted to say how much I'm honored to see our work, our fields, our communities, come together in this time. I'm seeing so many beautiful, rich, responsive things happening, and you guys are all at the center of that. I'm really grateful.

This is a lot of information. It can be really overwhelming to think about all of the privacy, and confidentiality, and technology considerations, to think about access. I have been doing this work for a while and know a little bit about access and it's overwhelming for me thinking about what platforms to use. My colleagues are some great experts on this, and so I encourage everyone to reach out for direct technical assistance when you have questions.

I wanted to just focus in a little bit on the service side of it and think about how we're actually doing this. Really that balancing of safety considerations with the reality that things are changing so fast and people need support. People are in isolation in places that are probably more intense and risk is higher in a lot of ways. So the balance between how do we do this the best way possible with the fact that something is better than nothing in a lot of cases.

And that's something that at DeafHope our advocates have worked on somewhat in the past. We've been doing mobile virtual advocacy for about six years after our office had a fire in the county building and we weren't able to use our office for about a year. It was a good opportunity for us to start experimenting with different strategies.

So just given that we have a little bit of time and I want to leave time for questions, our biggest learning in all of this is that

connection-- personal, deep connection with survivors-- is the best way to make your virtual advocacy successful. Not in person is harder. There are some differences in that barrier between you when you're not in person that really needs to take some intentional action to overcome.

And so some strategies. Well first of all, strategy is to do your good beautiful advocacy work that you already know how to do. Active listening, making sure that we're really, really present, that we're grounding ourselves before we go into interactions-- because what we see when we've been doing text-based, video-based, other forms of mobile social media advocacy is that we kind of need to be present as an advocate in a much broader way than we are when we're in the office.

So our advocates are texting with survivors at all times of the day and night, depending on what works for the advocate and the survivor. It changes, then, self-care considerations. But also it really allows deep connection between the advocate and the survivor. Part of that is just sharing who we are-- having a video conference call where a dog runs through the screen, I have bed head, I have my water bottle ready to go for my comfort level. Really being present in a different way that might not be true when we're meeting with survivors in an office setting.

Some other things beyond that true connection that we can think about is again, I mentioned self-care and thinking about how to

set personal boundaries around that. So we really encourage advocates to communicate directly with the survivors that they're working with about what boundaries they have. I'm going to be in a conference all week so my text response might be slower than it is normally. Or I am not available this weekend to chat, but I can talk with you on Monday. Or I have 10 minutes right, now I would love to check in with how you're doing.

Another tip is that we encourage a lot of advocates initiating communication. It really helps with that relationship. So our advocates will do a quick check in. Hey, how are you doing? How is that big project you had at work going? How are the kids?

One of the things that we've been doing-- particularly in this environment where we know that the people causing harm are present, that privacy and confidentiality is a significant concern right now-- we don't have any brilliant ideas but what we've been doing is reframing, publicly, how we're providing services. So DeafHope as a domestic and sexual violence service provider has become a lot more about supporting families, supporting people through this crisis right now. So we then can have conversations with people in our community about homeschooling resources, about food banks, about just basic information about the virus, and things like that, so that then it's not centered on the domestic and sexual violence part of things and we can find ways to have those conversations as necessary.

So those are a few tips. I think that again, setting boundaries with survivors and being clear, asking questions-- a lot of times text-based communication is missing the tone. We try really hard to ask when we don't understand something or to ask for a video conversation if things aren't maybe feeling as connected as they could. But also to make sure that as advocates we're using the most generous positive interpretation of tone and not taking things personally.

So there's a lot of other things to consider as you're starting to do a different way of connecting with survivors in this time. I am again, really grateful for us all being willing to be creative and to think about what really works for the survivors that we serve. It's not going to look the same for everyone. And so our ability to be flexible and offer as many options as possible, I think, is really, really valuable. So I'm grateful to you all for doing that. My information is going to be shared, I'm sure, so I'm happy to have direct conversations with anybody. But I think, given time, we'll turn it over to questions. I'll let Jacki take the lead on that.

JACKI CHERNICOFF: This is Jacki. Thanks, Amber. I just want to give a moment for our other panelists, Toby and Sandra, to rejoin us with video. Excellent, thank you. Hello, little one. We have a visitor with Toby now. This actually speaks really well to one of our questions.

We're getting a question around as advocates-- and we're shifting into this remote-working tele-advocacy model, working from home, maybe engaging clients and survivors, and doing that kind of work. How are we able to really ensure privacy when we may have kids? Really good moment, Toby, to show us what we're talking about here. How when we have kids, or partners, or others in the home with us. What do we do? If our child walks in the room, or partner walks in the room, how do we manage confidentiality and privacy in this remote context?

I, for one, really appreciate seeing your child, Toby. Anyone want to take-- oh, your sister. I apologize.

TOBY SHULRUFF: No, Esther. This is Esther.

JACKI CHERNICOFF: Esther. Esther. Anyone, Amber, Toby, Sandra, want to speak to that?

TOBY SHULRUFF: Just this morning a article came through talking about how some lawyers who were working from home were concerned that their home speakers, their connected speakers, were potentially violating their confidentiality by listening in on conversations they were having.

So I think this is a concern not just for survivors, who might be worried about their privacy as they're reaching out to us through video or phone and using their voices in a way that could be

overheard, but is absolutely a confidentiality concern for advocates as well because we really do need to keep survivors' information within our program. And so I think it's important to consider finding a space in the house where you can create that silence, perhaps ordering a white noise machine, perhaps having communication with survivors if it's possible in a way that is more silent as well.

JACKI CHERNICOFF: Amber?

AMBER HODSON: Yes, this is Amber. Also again, that balance between privacy and connection. So as we just saw, there's something different and special about having a child come into the room or your pet, and showing your cat on the screen. I think that makes a different level of connection with people. So having open communication with the survivor ahead of time as much as possible is really useful. So setting that relationship and understanding that, I'm not bothered when my advocate's children are in the room. And that as the advocate, I feel that that's OK given what else is going on. So just balancing that and knowing that we can be creative and having direct communication with the survivor.

JACKI CHERNICOFF: Sandra, did you want to add as well?

SANDRA HARRELL: I would just echo what Amber and Toby said. My sister actually does counseling online. And so any time I'm

home visiting family, she will say, hey, I have a session-- she's a therapist-- I have a session, and she goes to a quiet space. But then she just asks me if I can remove myself or just not listen in. So it's really setting boundaries with your family as well to say, this is a private conversation and I need you to respect that as well. But I, for one, love seeing pets and children on screen for the same reasons that Amber said, there's more connection there. You feel like you have more of a personal relationship with people once you get to see their family life. So balance that out, as Amber said. And you're adorable, Esther.

JACKI CHERNICOFF: This is Jacki. I'm finding joy and peace in watching Esther join us today. It's all that kind of moments that we need during this crisis to really feel our humanness again as well. We are always more than our work, right? And we're whole people, so I really appreciate this moment to share that with all of you.

We have about three minutes left. So if our participants have any questions, please feel free to feed them through our Q&A pod. We do have one outstanding question, and if our panelists aren't able to answer we can certainly follow up with this individual. It's just around a program that's really working with several hospitals. And obviously, they've seen a lot of decrease in the number of survivors seeking out medical services. So they're just wondering for any advice in filling that gap or mobilizing volunteer advocates

in order to support survivors who aren't getting the medical care they need during this time. Does anyone want to-- is able to speak to that, or have ideas on where we could direct this individual to get more information?

SANDRA HARRELL: This is Sandra. That's not really in my wheelhouse, I don't know that I can answer that. I can say that for many survivors with disabilities, they will have a history of trauma related to medical care. So that's just another layer to be thinking about, particularly in this time. But yeah, I think we might have to follow up on that one. Unless Amber has a brilliant-

TOBY SHULRUFF: It's not exactly my wheelhouse either, but I recall from the strategy session that Vera hosted yesterday that folks, at least in the SANE-- Sexual Assault Nurse Examiner-- field are working to try and work with the situation of reduced medical facilities and find ways of looking at these same kind of tools we've been talking about today for communicating to people.

JACKI CHERNICOFF: And this is Jacki. Just so our participants know as well-- sorry Amber-- we are compiling all of the questions we've received both through our registration process and throughout the entire series of strategy sessions we've had. And we're sending those out to a number of our colleagues and folks working in the field to pull all of their collective wisdom and

thinking together on this. So this will be a question certainly that we'll add to that list, and so hopefully some of our other colleagues may be able to get some additional answers to it. Amber, did you have anything?

AMBER HODSON: Yes, this is Amber. I just wanted to reiterate, and I think this is tangentially connected, but we're all experiencing extreme levels of isolation and disconnectedness right now. I think that applies whether you're talking about medical needs, whether you're talking about an experience of violence and harm. No matter what we're talking about, parenting at home, all of these things. Any ways that we can get creative about making connection and having conversations about this because again, there's not going to be an answer that fits everybody. But the isolation and the lack of information, I think those two things are the biggest things that we're seeing out there. And I'm sure many of you are. So any way that we can use strategies that speak to those two things I think will help with the medical side of things as well.

JACKI CHERNICOFF: This is Jacki. Thanks, Amber. Just want to be mindful of our time. It is now 3 o'clock here on the east coast. And I know that we are all carrying very full plates right now, so I don't want to take any more of anybody's time. I see a few more questions coming in. We're going to make sure to get those questions, and we will follow up with you all. We have some folks

answering questions, we'll make sure to follow up with you directly. And if any additional questions come up for folks, we encourage you to reach out to us. We are here for you. We are all working together to be again, resilience and creative, and thinking about ways to do our work differently.

So I want to thank Toby and Sandra and Amber for giving us this time today and really sharing their wisdom with us. We're learning something new in the moment and we'll continue to do so. And I just know this has been a long week for everyone. I hope everyone stays well and stays connected. And we will have some additional sessions that we're going to be adding for next week, so be on the lookout for an email around ways to register for some additional ways to all come together. Thank you all for your time today.

AMBER HODSON: Bye, everybody. Thank you! Thanks for all you're doing.

JACKI CHERNICOFF: Thank you. Bye.