

# Girls And Women Of Color Covid-19 Listening Session

CHARITY HOPE: Good afternoon, everyone. Thank you for joining our listening session on sustaining services for girls and women of color during COVID-19. My name is Charity Hope. I'm the Center on Victimization and Safety-- I'm with the Center on Victimization and Safety at the Vera Institute of Justice and the National Resource Center for Reaching Victims.

We have just a few quick logistical items to go over today. Participants are in listen view only mode, which means we should not be able to hear you. But you should be able to hear us, or you should be able to see the American Sign Language interpreter. I'd love to ask my-- OK, great. We just spotlighted the interpreter. Wonderful.

If you'd like to turn on your captioning today, please go to the closed captioning symbol at the bottom of your screen. It's going to be little CC and the closed captioning box. To the right of that is an arrow. If you select that arrow, you'll be able to show subtitles or view full transcript. Once you select one of those, you'll either be able to see the words I am speaking up here below my video or to the right of your Zoom room.

If you cannot hear the presenter speaking, if you're having any difficulties with the captioning, or can't see the American Sign

Language interpreter, or you're having any other technical difficulties, please reach out to us via the chat pod at the bottom of the screen. And that's the best way to get in touch with anyone that's providing support today.

A few other quick notes-- if you've joined the session via web browser, you will only be able to see the American Sign Language interpreter, and you won't be able to see our panelists or facilitators. If you joined via the Zoom app, you'll be able to see the facilitator, as well as the interpreter, and you'll have a couple of more captioning options.

So we will interject today if we need to pace to help pace our speech, to help the sign language interpreters, or if we run into any captioning problems. We might jump in if we need to do interpreters switches, or if we need to help pace the conversation.

Additionally, we will be recording today's session. A link to the recording will be made available on our national resource-- our national resource center website at [reachingvictims.org](https://reachingvictims.org). You can also find the link to the other sessions there as well.

With that, I'll turn this over to my wonderful colleague, Zoe Flowers. Zoe has been the project lead on the National Resource Center for Reaching Victims around our work, censoring girls and women of color.

ZOE FLOWERS: Hi, everyone. So glad to be here with you this afternoon. And so before-- it looks like we have about 357 folks. So welcome, welcome. Before we get started with this conversation, I do want to just invite you all to just take three just deep breaths with me. Because we're going to be delving into some things. And so I just want to get us all sort of centered. And I'm sure you're ready for this conversation. Because even as I'm talking, the numbers are growing and growing. So just thank you to everyone for showing up.

So wherever you are, please just let yourselves sink in and just get comfortable. And I just want to invite you to just take one deep breath in through your nose. Exhale it out through the mouth, allowing yourself to be present in this moment, in this conversation, taking another deep breath in through your nose, out through your mouth, and allowing yourself to just take one more deep breath.

Wherever you are this present moment, you're exactly where you need to be, and just take another exhale out.

Thank you for everyone that was able to do that. And thank you to the interpreter for doing that along with me. Thank you so much.

So we at the Women of Color Network, we wanted to check in with you all as part of our work with the Vera Institute and our

National Resource Center that we have created together, myself and my colleagues. And we really just want to hear from you all about how you're doing, right? You know, we here at WOCN, as staff and consultants, we're definitely taking things one day at a time.

And one of the things we know is that at times like this, it's natural to just experience so many emotions, right? Powerless, anxiousness, fearfulness. And you know, sometimes we're experiencing these things all at once. And so I definitely would just encourage you all to just take a moment to breathe through all of this, right?

But one of the things we really believe at WOCN is that self care is critical. It is a first line response to being sustainable, and just to continue to show up to do the work. And so that's why we're having these conversations and these listening sessions. Because we really want to explore how you all are navigating this new world, and this way of doing the work.

We also want to hear about your programs' most pressing needs during this time, any strategies that you're employing. We definitely want to hear from you about, what is it like being a safety monitor at this time? Are you holding space for family, for your staff, for community, and for the survivors? What is that like for you all? And how are you balancing this physical versus social spaciousness that we are in now, right? So I will go through those

questions one by one. But I just wanted to give you all an overview of what we're going to be talking about for the next hour.

And so you all have the option to either put questions in the chat - and I think, for the Vera folks, folks can unmute themselves if they want to answer. Yeah, whichever you need. Great. Great. So however you all want to participate, please feel free to do so. We definitely want to respect everybody's confidentiality. So what we want to say is that what's learned here leaves here. But what's said here stays here, right? Because we want to ensure everybody's confidentiality.

CHARITY HOPE: Zoe, this is charity. Just one quick note for all the attendees-- if they would like to speak, we'll need to meet them on our end. So they just need to raise their virtual hand, and we'll unmute them and call on them.

ZOE FLOWERS: Thank you so much, Charity. OK, so we are going to launch into this first question, right? And so the question is, how are you all navigating this new world, and this way of doing the work?

Oh, OK. Great. So actually, our CEO, Tonya Lovelace, has joined the call. Amazing. So she wants to unmute herself so that she can say just a quick word before we get into the questions.

CHARITY HOPE: Tonya, you are unneeded, Tonya.

ZOE FLOWERS: Hey, Tonya, you're unmuted.

Oh, it says it's not working.

OK, so you're going to try later. Perfect. OK.

So folks are saying that they're taking it day by day, absolutely. Someone said, it's so different from other workshops, where it has all systems. But this one does not have. Rebecca, if you could say more about that, that would be great. OK, so someone is doing web based support groups and lots of phone calls. Folks are also answering in the Q&A, which is great.

So someone says, I feel very lost and honestly unsure of how to keep serving DV victims. Absolutely. Absolutely. Working from home, and having to do video chat with clients in nursing homes, it has some advantages. But the big advantage is no face-to-face contact with older clients. Yes.

Someone is saying they're using Google meet with the people that they're working with, so that they can be face-to-face. And they're making sure that folks know what to expect in law enforcement and social media. If you could say more about that--

So someone's saying we're doing all advocacy work over the phone and remotely. So what is that like? They're doing their best

to take care of calls from home, and seeing clients one day per week per staff member to assist with the protective orders and referrals. Since we have been having less calls for this assistance, we're also taking this opportunity to do a ton of training and webinars. Thank you, Anna. Anna, if you could put kind of what kind of trainings and what kind of webinars you're doing in the chat, that would be amazing.

Working from remote work is extremely challenging. Please let us know what's challenging about that. You're meeting--

CHARITY HOPE: Zoe, this Charity. We also have a hand raised. Sharita?

SHARITA: Yes, can you hear me?

CHARITY HOPE: We can.

ZOE FLOWERS: Yes.

SHARITA: It's very difficult, basically working from home with a client. Because I just had a new client. And she needed to go to the police department. But they're not letting people inside of the police department. You have to stand outside with them. It's kind of difficult to try to do it via phone. And you want to be there for them as much as you can. But it's complicated. It's complicated. It is.

ZOE FLOWERS: Wow. And how are the folks that you're dealing, with, how are they adjusting to that, Sharita?

SHARITA: She was kind of skeptical at first, you know, because she didn't want anybody to know that she was going to the police department to fill out the report. And we had to literally stand outside. So everybody passed by saw standing out there. And so she was kind of skeptical about having to do that. So yeah, that poses a problem.

ZOE FLOWERS: Right. Right. So when you-- so you were outside. So does that mean that the folks had to come from inside the building?

SHARITA: Yes. They came from-- we had two police officers. And they had the gloves and the mask on. And they came outside to assist us, to see what we needed. And they gave her the forms that she had to fill out. And she had to fill them out outside, and we had to do all the paperwork like that.

ZOE FLOWERS: OK. And then as somebody checking back with you to--

SHARITA: Yes they turned it over to the prosecutor.

ZOE FLOWERS: OK.

SHARITA: He's supposed to file the report and get back with us once he gets everything out, and keep me posted on that.

ZOE FLOWERS: OK. And what are you doing to take care of yourself during this time?

SHARITA: I have one of the underlying conditions, because my immune system-- I'm a former cancer patient. But I'm basically doing the social distancing as much as I can. We go to the office on Tuesdays and Thursdays. We alternate coming into the office, and try to get as much done as we can while we're here. The work from home, you know, other things, like taking webinars as well.

ZOE FLOWERS: Thank you so much. And at any moment, folks, right, because we're all feeling so many things-- I see it here in the chat, how difficult it is, working from home and just making this shift, right? Please continue to put those things in the chat. Again, one of the purposes for this conversation is for the resource center, for the WOCN team, for Vera, for us to really create some tailored responses to what you all, and some strategies to what you all are lifting up. So please put all of that information in the chat. It is all critical.

And for folks who just, on another note, who are struggling stress wise, please join the Vera breather that we're doing tomorrow and till the end of the month with me, right? Because we're really

doing a lot of work to reduce this stress, OK? I just want to definitely put that out there as well.

So Sonia, you've raised your hand. Sonia Tull has raised her hand, or their hand. Please say your gender pronouns, so I don't misgender anyone. Thank you.

CHARITY HOPE: Sonia, you are unmuted. And just a quick reminder, if we could get all of the comments into the chat box. And if, when you're responding, so everyone can see your response, choose to respond to all panelists and attendees. That way, everyone on the call today can be able to see everything.

And Sonia, you are, should be unmute. Let me get you unmuted. Sonia, you are unmuted on our end. You might need to unmute on your end as well. Jackie, could you try to unmute Sonia for me? Sonia, we have an unmuted you on out end. Oh, yeah. There you go. Oh, now you're muted again. Sonia, are you there?

SONIA: Yes, I'm here. Can you hear me?

ZOE FLOWERS: Yes, thank you.

SONIA: So I was just listening in, and I was, had a call today. And my client was a new client. I work for a division of Family Services. And am a liaison. And I was trying to do her intake. And she started crying. And then I heard a male voice in the background. And it was like, uh oh. Is this a safe time to talk? Do

we need to end this call? And it was like, she said, yes, we need to end the call.

But it was still traumatizing for me. Because I had to leave this woman client with the perpetrator now in the home. So that was definitely a struggle for me. And it was just, what did I do? I don't know. So that's kind of where I wanted to just put that out there. That definitely was upsetting to me to be able to finish the conversation with her, and I have to leave it at that end point of her crying, and ending the conversation, and not knowing what's happening now. So just wanted to say that.

ZOE FLOWERS: Thank you, Sonia. Thank you so much for offering that. And for anyone on the call, please just remember that you all are doing the best you can in this situation. And so the more that you can do around self care for yourselves, the absolute is the better, right? Because these are very, very hard times. So I'm so sorry that is happening for you and for the person on the call. And we thank you for showing up here anyway, right? Thank you all for showing up anyway.

And so someone is saying that they're noticing that their supervisors and others are not handling the stress as well as they are. So that's interesting to note.

So with that, I think that we should shift into the next question around-- and I feel like we kind of touched on this already. But

what are your programs' most pressing needs? Someone said, thank you. She heard her. Staying VOWA-- Violence Against Women at compliance-- this chat is too fast. This chat is too fast. Hang on. Jackie or Charity, is there a way to actually slow the chat down in any way?

CHARITY HOPE: Hi Zoe. This is Charity. No, just because we have a great number of people here who are interested in this conversation, we can't. But I would also encourage everyone again, if you would like to verbalize, or if you'd like to sign your comment or question, we can unmuted you.

ZOE FLOWERS: OK, all right. So one person said that their most pressing need is that they need to get back into the office, so that they can do the things that they need to do. Finding shelter has been difficult. One person says a big change for their small team has been the loss of interns who can't work from home. They have a shelter connected to our DV outreach care center. So they're going into the shelter. Say more about that, Lakeisha. Because I'm not sure what that means. If you could just clarify that a little bit, that would be great.

CHARITY HOPE: Zoe. we do have Misty is unsuited, and has her hand raised.

MISTY: Hi, folks. Thanks for acknowledging me and giving me a chance to chat. I have noticed, our police department here in

town reported 33% increase in DV calls. And our organization works mostly with domestic violence. And our ladies in our office are just overwhelmed with the amount of outreach. But I feel like we're missing people, and we're not getting to everybody that needs us. And I feel like that's our biggest need right now, is just not being able to get these women away from their abusers long enough to have that safe conversation. I hope I'm talking slow enough for the interpreter.

ZOE FLOWERS: Yeah, well, I think you are. The interpreter, she says you're OK.

MISTY: Excellent.

ZOE FLOWERS: Thank you, Misty. Thank you. Thank you for sharing. Anybody else want to take themselves off mute and say something? We definitely want to hear from you, about pressing needs. And we have Dixie Lopez. Dixie, I'm unmuting you now. You should be unmuted.

DIXIE LOPEZ: Hi. I am calling from, or I have some on the call from Women's Haven here in Modesto, California. And I have seen a decrease in calls. I am working remotely from home. And I am actively taking calls from-- we work with domestic violence victims, victims of sexual assault and human trafficking. I, like I've mentioned, have seen a decrease in calls. Now we are trying to implement a text option. But I would have to go into the

voicemail. Because when people call, they call directly into our office. And they get the voicemail that I have left to call to the remote number.

And when they do that, I didn't put a text option. But we're actively talking about implementing that to see if maybe that would incentivize people to reach out more. Because that is a concern of the agency, that people are not reaching out because the batterer is home. And I have even had a batterer call in. Well, initially, the victim called in, trying to withdraw the restraining order. And then he called in under the guise, I guess, of giving me the case number.

And it was really, it set me back a lot. Because I had never experienced anything like that before. And so eventually, I caught on to the idea that he was calling, that it was the batterer who had the restraining order against him, calling to try to see what's the status of that. And then it dawned on me. And I kind of played it off like I didn't know who he was or what he was calling about. I told him I think he might have the wrong number, and I left it at that.

But yeah, something I did observe, because I have been trying to take up a lot of webinars, and see how I can better serve the community that I'm in-- I learned that Mammoth Lakes, there was an agency out there that has seen 85% increase in their unemployment rate. And they've seen an increase in calls. Here

in Stanislaus County, there are still people going actively to work. So I am, I'm not sure why it is we've seen this drop in calls. But I don't know if that might have something to do with it. But it is an observation I definitely made. And I just want to share that with you guys, just because that's something that we're thinking of doing right now, is implementing that texting option in the event that victims cannot reach out to us via phone call.

ZOE FLOWERS: So you actually have taken us to our next question. So thank you, thank you for the offering, right? I hope it's not too soon to shift into what you all are doing. But I am curious about what strategies are you employing? Have you had time-- you know, we just heard one around this text option, which sounds interesting. Are there any other strategies that you all are putting in place right now, that you might want to share for other people to hear? Please unmute yourself, so that we can hear what you all are doing.

Oh, someone has said they're using Facebook Messenger. They're using emails. They're using tablets in hospitals to Zoom with clients during sane exams. I'd love to hear more about that, Tyler, if you would send to Vera to, to Charity, to unmute yourself. I'd love to hear about that.

CHARITY HOPE: Zoe, sorry. I was waiting for a chance to jump in. We actually have a couple of other hands raised, before we

get to Tyler. I'm going to go to Rebecca first. And Rebecca, you should be unmuted.

ZOE FLOWERS: Rebecca, are you there?

CHARITY HOPE: Checking in one more time for Rebecca. You are unmuted. OK. Rebecca, [INAUDIBLE] Rebecca. Next up, we have Zakiya?

ZOE FLOWERS: Zakiya, are you [INAUDIBLE]. Hi.

ZAKIYA: And we have actually, our full time staff, we're all working from home. So I did like transfer my work phone to my cell phone, so I can still get calls. But we still have our second and third shift people going in and doing their shifts. So our crises line continues to stay open 24 hours. So we still can respond to calls and everything.

ZOE FLOWERS: Great. How is that working for you all?

ZAKIYA: It's working good. Because we're still able to actually see our survivors, if they have like an emergency come up. We're still allowed to see them. But we're still using social distancing. So we can still help them.

ZOE FLOWERS: OK.

ZAKIYA: And our DV shelter has continued to stay open through this crisis. So we still have our DV shelter available, just in case

our client doesn't have a place safe to go back home. So we can get them into our DV shelter.

ZOE FLOWERS: OK. Thank you so much. Thank you.

ZAKIYA: Thank you.

ZOE FLOWERS: Yes. Someone else with strategies that they're employing?

CHARITY HOPE: I think we've got Tyler. Let me get Tyler unmuted.

ZOE FLOWERS: Great.

TYLER: Hello? Can you hear me?

ZOE FLOWERS: Yes.

TYLER: OK. Hi. I work for two victims services programs. So I work for the Domestic Violence Shelter in Albany County. So what we've been doing, because it's a full time shelter, is trying to avoid contact as much as possible between the clients. So during meal times, they're all like staggered, and the meals are separated. So they're individually like premade, versus everyone starving themselves. And then we requested that all clients not stay at one table together, and try to avoid being in the lounge together.

And then in reference to the other victim service program, in the hospital, we're in New York state. So there are a lot of restrictions here. So we have put tablets in each hospital that we have an on call system for, and left it with the same nurses. So the same nurses connect the advocate from home. And then we would Zoom the client, and speak. And the same nurse but leave the room, and just give them resources.

ZOE FLOWERS: And how's this-- how do you feel that this is working out for your program?

TYLER: to the is difficult with clients. Because I'm saying that most of them are mostly focused on Maslow's hierarchy. So they're focused on the basic needs, of course, like you know, do I have food, versus they traumatization. So it's, we're more so focusing on their basic needs then their traumatization at this point. Because that's what their primary focus is, of course.

ZOE FLOWERS: Of course. Absolutely. And I feel like that's, in any trauma situation, right? Even us, as we're responding to this thing, too, this-- our basic needs, right, are very much present. So that makes perfect sense that that's happening. Thank you so much.

TYLER: Thank you.

ZOE FLOWERS: Yes. Thank you. Someone said they attached a self care booklet for everyone. Yes, blessed on that. Thank you. So people, please use that information.

Does anyone else want to talk about any strategies, again, that they're using? Wisconsin, I'm from Wisconsin. We have a 10 bedroom shelter. We have two isolation rooms on standby. The shelter is disinfected every two hours. And we have 24 hour crisis line, and one staff always available. I was wondering about the disinfectant piece. So thank you so much for that. They're focusing on crisis intervention and emergency services. OK. Thank you for that.

Anyone else want to raise their hand? OK. So let's shift into this, and--

CHARITY HOPE: We have a hand raised, Zoe. Sorry to jump in. Janelle?

JANELLE: Hi.

ZOE FLOWERS: There you go

JANELLE: I'm a TA provider in Alaska. And we are having people tell us that there are a lot of sane exams, that they are not letting advocates into the hospital with victims. And along with that, if our victims are flown in from a community, they could be facing an additional amount of time out of their community. Because

many of our communities have travel bans right now. So they could be looking at being out of their village for up to 30 days after their exam. So I was looking, wondering how other community, or how other places may be dealing with the sane exams and advocacy.

ZOE FLOWERS: Thank you so much. So that there is a request for folks-- we heard the tablets conversation. But if anyone else has any input about what they're doing around sane exams, please put that in the chat so that resource is shared.

We're no longer able to get in our hospitals. So we are calling in to speak with the survivors. OK. All right. So that's another strategy that folks are using.

So now, and if you want to keep putting your strategies in the chat, please do. This as a learning time, to learn from each other, what we're all doing to cope with this. We've been utilizing burner phones.

Oh, that's what I wanted to get back to. Thank you. So they've been using burner phones for clients who were unable to pay their phone bills. I'd love to know how you're getting the phones to people. Are these for folks that are in shelter? How are you getting these burner phones to survivors? Please put that in the chat.

CHARITY HOPE: And Zoe, only we actually have another hand raised. But I'd also like to pause to do a quick interpreter switch. We've get a little bit of freeze, Jenny, on your end. So we're going to switch back.

ZOE FLOWERS: Thank you, Jenny.

CHARITY HOPE: All right. So Jarra, apologies if I'm not announcing your name correctly. I'm going to unmute you, and then you can correct me.

JARRA: Hi. This is Jarra. Yes, you pronounced it correctly. And I'm from the Baltimore Child Abuse Center, which is the CAC in Baltimore, Maryland. And something that we've done to sort of address the hospital issue is that we do have a medical clinic with a forensic doctor and a forensic nurse practitioner. So we've done all of our safe exams, sort of for kids, for young kids and for older kids. We sort of diverted all of that traffic to our CAC. That way, the hospitals, again, are not overloaded. I know that that's a problem that a lot of people are seeing. So if you have a CAC, a child advocacy center, that has the capacity to be able to provide those exams, then that could be another resource. And that has worked out for us as well.

ZOE FLOWERS: Jarra, thank you so much. And I love that you all are sharing resources and emails in the chat. So please continue to do that. Again, this is a learning for all of us. And I also just

want to commend you all again for showing up. This has been such a short amount of time to have put in all of these strategies. So just, you know, thank you, thank you, thank you to you all for just hopping in and doing what advocates do, right? Just doing what we do, which is, you know, doing the hard things. So I want to give you all big ups on that.

So someone has put in the chat, has anyone found a successful way to do intake and assessment? So please put that in the chats as well. So I want to go back to you all now, and find out, how is it for you all, being sort of a safety monitor, if you're looked at that way, in your community? What is it like to hold all of the things that you're doing, and also have people coming to you at the same time for assistance? What is that, what does that been like? If you want to-- yes to the guided meditation app. I love y'all. Y'all came to-- Y'all came to participate today. Thank you so much.

So this piece about being advocates in this time, right, going to the courthouse, being outside, being exposed, when we have our own conditions-- how's that been? It's overwhelming. Not able to be everything that the client needs. You feel like you're not enough. You are doing everything you can. You were doing everything you can.

Thank you so much for raising that, though. I'm going to make a note of that. You've already done so much. Let's just breathe into

that for a moment. Anxiety, because there's only so much you can do from home. Absolutely. And this was true even before this, right? You know?

So how are you all handling the social-- we're calling it social spaciousness. Hold on. Let's see what we said. Lots of prayer. It's difficult because we're so passionate about our jobs. Right. Absolutely. Absolutely. We need to give ourselves permission to grieve. Absolutely. We haven't had time, right? We just kind of all jumped in, got jumped in.

I'm curious about VOWA and VOCA compliant apps, too. So someone's asking about VOCA and VOWA compliant apps. So if you have that, you all have that, please put it in the chat. Yes, my one way is prayer, and focus only at the moment. Absolutely. 100%. That's all we can do, moment to moment.

Permission to sit in a quiet space. Yes. Give yourself permission to get quiet. We're using clock tree to do telehealth for therapy and crisis counseling sessions. It is HIPAA compliant. OK. I'm not handling it well. I have clinical depression. So this is making me feel even more depressed than I already do.

If you're not already attending the virtual breathers that I've been doing, please attend tomorrow at 4 o'clock. I think that the Vera team's going to put information in the chat. Please attend, OK? Please feel free to reach out to me. I didn't really introduce

myself properly. I am a holistic healer. And so that's why I've been doing these self care sessions for advocates, right? You call your survivors daily and email them positive emails, right? So there's other folks too, here, putting their strategies for what they're doing in the chat.

Also dealing with depression and anxiety. And it has been heightened during this time. So it's hard to also be there for clients at the same time, dealing with my own triggers.

Absolutely. Absolutely. And that's why we said at the beginning, we might be feeling all of these things at once. So any way that you're feeling is normal.

We have a residency team that focuses on staff self care. And we have amped it up during this time. We have daily staff yoga the Zoom that staff can join if they are able. Amazing. A lot of mixed emotions. Depression and some anxiety.

So for folks that are feeling that way, I wonder if it's possible for you to reach out to somebody at work, to do some of these yoga practices. You know, sometimes when you're depressed, you don't even have the energy to even do that. But maybe somebody in your agency can lead that.

My agency is placing videos on Facebook weekly. Oh, this chat is too fast. I missed it. Please type that again. That sounds like such a resource. Amazon now provides free streaming access to more

than 40 children's educational programs by signing in with a free Amazon account. There is also a calm app. There's an app called calm that has like a guided meditation and things like that for you all as well. Also, just little things like sea salt baths, for folks that don't have issues around salt. Sea salt baths, Epsom salt baths can be good detoxifiers. Somebody put in this Superbetter app.

So we're learning a lot in this listening session. We're learning that folks are definitely dealing with a lot of things. And folks have strategies, too, right? So this is good.

They have a weekly checklist and daily movement. And personally, I love the calm app. Yeah, the calm app is amazing. Oh, here we go. Videos weekly-- it's gone again.

CHARITY HOPE: Zoe, this is Charity. You should scroll back up on your chart, on the right hand side. There's a little bar. You may be able to scroll back to see, since we are getting great resources and, um,

ZOE FLOWERS: Yes, I see. My agency is placing videos on Facebook weekly by our therapist to focus on mindfulness practices, yoga, grief, et cetera. It has really helped our clients to following us on Facebook. So amazing. So there are actually therapists putting information out there as well.

So please do not suffer in silence, right? We want to do the same thing that we advocate for survivors to do. So we really want to be taking care of ourselves. Dungeons and Dragons has been a self care.

I am FaceTime with my mom, Zooming my recovery support group, doing Facebook video chats with my girlfriends. That, I was thinking about that support group. So that sounds really good. Zooming through recovery groups, another great example and strategy. Phenomenal.

Daily staff meetings and at the beginning of the day to stay connected. Online art and gardening classes. OK. All right. And so how, so it sounds like so-- my next question was around, how are you managing the social spaciousness? That's what we're calling it. But it sounds like you all are doing a lot of online things. AA and other A meetings are all over Zoom. Fantastic. My family and I use Google Docs so my parents can see the grand children more frequently.

Oh, there's a Liberate app. It's meditations for people of color. Supervisor contacts us daily. She is awesome. So lots of suggestions in the chat. So we've got about 15 more minutes. Trying to always practice gratitude, even for the small basic things in this trying time, but also acknowledging that being grateful is hard sometimes. And that's normal, too.

Loving family, connecting to my cultural activities, and beading without time pressures. Do you all, as facilitators, have information to suggest? Thank you. We cannot copy-- so they're saying they can't copy and paste any of the links from the chat. So maybe we can handle that on our end.

CHARITY HOPE: Yes, this is Charity. If it's an actual link, you should be able to select it. And it should open the page for you in an additional window. But we'll also make sure that we get, we collate all these resources and get them up on the web site when we post this recording.

ZOE FLOWERS: There was something about-- OK. My daughter is also working from home. She deals with anxiety. When we log off for the day, we binge watch reality TV and snuggle up for a while. Getting eight hours of sleep, and encouraging my clients to do so as well. That's been hard for me. I don't know how you all are. I'm having a hard time getting eight hours of sleep. Brene Brown's new podcast, Unlocking Us.

Oh, burner phones. Here we go. OK. So we set up a no contact pick up or drop off, aha, following sterilization procedures-- wash hands. Use gloves if available. Our ED sets up the phone for the client, and leaves it in a plastic Ziploc bag inside a paper bag. Client can do a no contact pick up at our office, or staff will do a no contact drop off at a decided on location. Brilliant. Brilliant.

Facebook Messenger to stay as close as possible. Yes to Brene Brown. They've moved out their parent classes online. I would like an email with the resources and information. Absolutely. This has been so good. This is, you all are doing really, really great work. Establishing a daily routine and keeping to it has helped tremendously. Yeah. So a lot of folks want resources, and we've got them for you.

Does anyone else want to raise their hand and be in the chat? There an app called House Party, kind of like Zoom. But all can play an interactive game with each other for social gathering. Amazing. Yeah, there's a lot of folks also doing virtual house parties on Instagram.

OK, so all of the resources, you all are going to be able to get on [reachingvictims.org](https://reachingvictims.org), along with the recording of this session in the coming days. So there you go.

Tonya, do you want to try to chime in now, if you can take yourself off mute?

TONYA LOVELACE: Hi. Every time I kept pushing unmute, it kept muting me again.

ZOE FLOWERS: Oh, OK.

TONYA LOVELACE: Hi everyone. This is Tonya Lovelace, CEO of Women of Color Network Inc. And I just want to say how grateful

I am to the National Resource Center on offering this forum, and this opportunity, to the fantastic Zoe Flowers for hosting this space. We really are most concerned with our constituents around the country, in terms of what this impact with this national emergency has done, in terms of impacting you, your day-to-day work, as well as just your self care and your wellness. And so just so grateful for this opportunity. Really, really quite enjoyed the dialogue, and loved seeing all that we shared. And really hope that you got a lot out of today.

And WOCN and we'll have some other calls coming up, and opportunities for you to participate in. So we look forward to that. And also, I imagine the National Resource Center will as well, both in coordination with Women of Color Network, but also in coordination with other groups that they work closely with. So thank you all so much. And do take this positive energy back with you, and feed the bliss where you can. Thanks.

ZOE FLOWERS: Thank you so much, Tonya. Does anyone else want to go unmute and say anything? If so, welcome. Anything that you all, any other information that you need that you haven't heard, we definitely want to hear from you.

Finalizing the links-- we will-- OK. So the links are all being finalized. And they're going to send them out this afternoon. Oh, OK, for registration, so you all can register. OK. I know-- I know--  
- OK.

So we have, through our Vera project, we're going to have some really exciting conversations like this that we're going to be hosting, the WOCN team of consultants. I I'm the lead on our historically marginalized work group. so the next session that we're going to be doing is around how programs, serving particularly folks of color, are faring during this time. So a listening session like this-- but the focus will be on other programs run by people of color, or programs that primarily serve folks of color.

We also have some very exciting conversations coming up, through our Vera initiatives, where we are going to be talking about the anti-Asian sentiment, and the determinant centers that are happening-- so border issues and things like that. We're going to be talking about that. We're going to be talking about the over-incarceration of black and brown girls as part of the project. We are going to be talking about lessons learned from the organizing that was done around missing and murdered indigenous women, so that it can be adapted for other communities. So we're going to be talking about that. And we're going to be talking about healing in communities of color, and what healing justice looks like.

So those are just a few of the conversations that I will be hosting with my WOCN compatriots in the coming months. So I know that you'll get that information out. It'll be given to you shortly.

Let's see what else folks say. Oh, OK. The links. They want to know about the links to participate in this meeting and send us the resources. Yeah, we all lost track. It was going so fast. There were so many resources. So you will get them all. Definitely, definitely, definitely.

And please, if you want more information on the resource center, and the folks that I'm working alongside, please visit [reachingvictims.org](http://reachingvictims.org). And yeah, resources will be-- oh, the resources will be posted there, too. So check back in a few days.

So check back to [reachingvictims.org](http://reachingvictims.org). And all of the resources here will be posted. And again, tomorrow, I'll be doing a meditation from 4:00 to 4:45 Eastern Standard time. So please check in for that. Because we want to give you those virtual breathers. We want to give you all that breathing space that we all need and deserve.

Thank you, Tonya. Yes, please visit our-- visit our WOCN website, [WOCNinc.org](http://WOCNinc.org), to find out about all the work we're doing as well.

All the meditation is via Zoom. The meditation is via Zoom. It's through Vera.

CHARITY HOPE: Yes, and this is Charity. We are getting those links ready for all of Zoe's meditation staying grounded sessions. You can check back at [reachingvictims.org](http://reachingvictims.org). And we'll also send it

out via email blast sometime this afternoon. So even if you want to participate tomorrow, you will still be able to get in. Because we have not done that registration yet.

ZOE FLOWERS: And I can tell you, I definitely was inspired by this feeling of not enough-ness, and so that is going to be the focus of the meditation tomorrow.

CHARITY HOPE: I think we have a hand up.

ZOE FLOWERS: Good!

CHARITY HOPE: I know. I love it when someone raises their hand.

ZOE FLOWERS: Hello?

CHARITY HOPE: Jackie, could you see if you could unmute at Sue? Zoom is being a little funny in the last couple of days, and not wanting me to unmute folks. Sue, you may be able to unmute on your end as well. We've unmuted you for us.

SUE: Can you get me?

ZOE FLOWERS: Yes.

SUE: OK. I'm sorry. I screwed up. While I was listening intently, I was cleaning off my laptop. But I appreciate all that all of you have done. And I'm from Saginaw and working at the

Underground Railroad. So I appreciate everything, and having people know what it's like to be us as advocates. And I am the youth advocate. So not being there every day to interact with them is really hard.

ZOE FLOWERS: Thank you.

SUE: But thank you.

ZOE FLOWERS: Thank you so much. Thank you so much. And for folks that again, have access to tubs-- you know, I know that we don't have access to that. But for folks that do, just soaking is so good for joints and things like that. So just taking your time to take a warm. If you don't have a bath, you just have the shower, you can still do that. Again, if you don't have any issues around salt, Epsom salt, the sea salt, really using that as a scrub-- it also detoxifies the body. And so I just encourage you all to do that this evening.

So thank you, Susie. Thank you to the interpreters.