

LIGHTLY EDITED FILE

NRC DV Webinar

National Resource Center on Domestic Violence

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612.339.0545
captioning-paradigm@veritext.com

>> First, I wanted to take a moment to tell you a few things about our webinar system.

You should be able to see the title slide for today's webinar in the center of your screen.

And if you look to the left of the PowerPoint at the bottom of your screen you will find the public chat.

And I know that some of you are introducing yourselves, continue to do so.

You can also post your questions for our presenter as well as any thoughts, ideas, and any resources that you have that might be helpful to others on the call.

Remember that when you submit your questions in the public chat, they are public, and so be sure if you need to contact or communicate directly with the presenter, just select their name.

You also, like I mentioned, have the option of sending a private message by selecting a specific individual.

Thank you for being a part of today's session, and we'll start promptly.

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>> Hello, everyone, I just wanted to do a quick audio

check.

This is Justine Robelard from the National Resource Center on Domestic Violence.

A few folks are having trouble hearing -- well, hearing sound.

So if people could let me know in the public chat if the audio is coming through.

Okay, it looks like it's fixed itself.

Perfect.

Thank you so much, everyone.

We'll get started in less than 2 minutes now.

We're so excited to enjoy this presentation with you today.

Jacqueline Miller has presented with us before, and she's a fabulous presenter.

You're in for a real treat and a lot of good learning.

>> Hello, everyone.

My name is Ivonne, I am the training manager for the

National Resource Center on Domestic Violence.

Better known as NRCDV, I want to thank you each and every one of you for attending the training and I want to welcome you to today's webinar.

Today's title is understanding the impact that biases, inequities, and historical trauma has on influencing

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age processes for children of color.

And today's webinar, like Justine mentioned, is a follow-up last year's webinar to -- on child -- of trauma with an emphasis on children of color.

If you would like to access the recording please visit our access our online library at www.vawnet.org.

As many of you know this month we are observing sexual violence awareness month and child abuse recognition month.

We would like to recognize all of those advocates working hard making sure that communities are better places for -- and families.

Thank you, we are very proud of your work and we're sending you a virtual hug.

Thank you to all.

So let's start.

Let me see, now we can -- so the NRCDV, we work to

improve community response to domestic violence and ultimately prevent its occurrence.

Our comprehensive technical assistance, training, and resource development are just a few examples of the many ways in which NRC DV broadly serves those dedicated to those ending domestic violence in relationships in our communities.

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Our commitment to racial equity has significantly

shifted what our work looks like.

And we use principles of racial equity and justice to inform the -- context and substance of what we distribute to the field as well as how we model what it means to integrate these practices into -- work.

We are also -- in a set that builds the approach to build capacity to engage in approaches.

In 2016 the NRC DV adopted the stands that you're looking at.

It stands with individuals and groups who have been targeted, degraded, threatened or marginalized because they are Native Americans, people of color, immigrants, women, Muslims, LGBTQ, or people with disabilities.

And that we stand against white supremacy, racism, misogyny, anti-Semitism, homophobia, transphobia,

xenophobia, and all other forms of structural oppression.

Today's webinar is a great example of how we are centering racial equity and justice as well as survivors' voices into all aspects of our work.

Today's presenter, Jacqueline Miller, is the founder of healthy actions intervening responsibly.

With our 20 years in the domestic violence field, she shares her knowledge and expertise on the impact domestic violence has on children's health,

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understanding trauma, including -- and the implication domestic violence has on children's lives and well being.

Jacqueline is also available --

[no audio]

>> I'm so honored to be back with a follow-up conversation.

And thank you for having me again.

>> It's such an empowering experience and just gives me so much joy, motivation, fuel, happiness, and all that to just continue the journey as we collaborate and connect the -- across our nations, raise the awareness

of these devastating and disempowering issues that affect so many people

>> Yeah.

We're happy to have you.

So let's start the conversation

>> Well, thank you.

Awesome.

Awesome.

Well, thank you.

Thank you to everyone who's online today.

You made space and room to join us in this conversation, I am thrilled about this topic, however,

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it's not an easy topic, and we don't expect it to be. It's a very challenging topic and I would say for myself, I frequently find myself having to find and get the courage to speak up and to, as I've heard us saying before, is to speak up and, despite my voice, even when my voice shakes, that I still speak up and find that courage or find that strength.

So I thank all of you being here with us today.

And we're going to go ahead and go further into this piece.

So our objectives today, we're going to draw upon

historical traumas.

We're going to lay groundwork for defining and understanding implicit biases during our time together.

We're going to understand how experiences of childhood trauma can impact development and decision making.

We're also going to shed light on ways inequities impact children of color and their overall wellbeing.

And we're going to apply equity and dignity frameworks for building resilience and healing pathways.

So, and I'm going to also just encourage you to give comments, use that chat box, share and say whatever you want to share with us, and that's great.

And we're also going to come to several moments and opportunities here where we're going to ask you to go

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to the chat box and give some input and feedback.

So, women.

They were women then.

My mama's generation.

Husky of voice.

Stout of step.

With fists as well as hands.

How they battered down doors.

And ironed starched white shirts.

How they led Armies head raged generals across mined fields boobytrapped, ditches.

To discover books, desks, a place for us how they know what we must know.

Without knowing a page of it themselves.

That's by Alice Walker.

And I find lots of strength in looking at that today.

So today we are going to take a look at and reflect on what shapes our experiences.

Gender shapes our experiences in many ways, and it never operates in isolation.

Which our race, ethnicity, sexual orientation, religion, class, and other identity characteristics affect how we navigate the world.

And I can say that as a woman of color, all of those things truly show me and are tools, are experiences

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that really do affect and have an impact on how I navigate the world.

As we work through challenges of everyday life, these obstacles that are created by gender inequity can seem like insurmountable barriers.

So we're also going to draw upon the historical trauma and aging processes.

And in preparing for this conversation, I did and spent a lot of time in reflecting, in learning, in reading, in researching, and reminding myself of what I've learned and what I was told about these moments in history that were very traumatic and its impact on the aging process.

I'll also say that it started within my home.

My mom had shared with me her very traumatic experiences as it relates to working in the cotton field when she was younger.

And she really didn't have a choice.

She was expected to be there, and she was there every day and as a result of that time and period of her life as a child, a lot of what she's experiencing today has a lot to do with the decisions that she makes and the way she sees things, and her perspectives on things.

And so I'm honored to learn her story, to hear her story, and to take that look back in time and how such

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incidents and experiences have huge impacts on women of color, black women, and their health.

But what we're going to look at is a glimpse in time.

In the 1800s, a physician used black women, many of whom were still enslaved as experimental subjects for

gyne research.

Harmful and intrusive procedures were performed on Black women without anesthesia or without their consent.

And I'm going to ask, as we go through this piece here, if you would join me in reflecting on those times in that moment, what that must have been, what that must have felt like, and let's put our, try to put yourselves in a place of understanding, in a place of empathy, which we're going to build on for this presentation today.

So I pretty much put myself in the shoes or at least I make every attempt to do that just by reflecting and focusing and imagining what those experiences were like at a time such as that.

So 1932, and you'll understand what I mean by "as a time such as that" in a moment.

1932, many of you are familiar and aware of the Tuskegee syphilis study which was conducted on Black men who were deliberately misinformed about the purpose

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of the study, even though there was a cure for syphilis.

The study was to last about six months, but it went on

for about 40 years.

1951, Henrietta Lacks was born in 1920 with a condition in which her cells never died.

Her cells were taken from her tumor biopsy without her consent and it was used for research.

Today this line is known as HeLa, or HeLa cells which led to some of the most important discoveries in the medical field.

Neither she nor her family received any compensation or any apologies for the unethical behavior that she endured.

And this list, might I add, is not all inclusive . there are many more traumatic and unethical things that took place in the experiences that people had that we unfortunately are not going to have the time to go through today.

But I encourage you beyond this training and this presentation to dig in and add to this list of the things that you know about and/or you are learning about.

From the 1870s through the mid-1960s early-life exposure to Jim Crow laws legalized racial

discrimination in Southern U.S. states.

And as I was taking a look at this and reviewing periods of time, of this time, you know that I found myself like wondering how could I have survived those times?

How could I about, what would that look like for me and how would my life, how would it have turned out?

What are some of those decisions I would have made based on the Jim Crow laws?

And so those who were born in Jim Crow states, Black women in particular, Jim Crow laws heightened Black women's risk of being diagnosed with breast cancer.

I was looking at a particular piece of research where this professor talked a great deal about it and gave grave details based on her findings.

And one thing that really stood out to me and that really touched me at my core was that many of the women who are currently, have currently been diagnosed with cancer that were born in Jim Crow states, they were children during the period of abolishing the Jim Crow laws.

So Black Americans were exposed to noxious social, economic, and physical conditions, above and beyond the types of discrimination experienced in the non-jim Crow states.

And I kind of took a look at that and feel free to use the chat box if you're familiar with any of those or are aware of any particular differences between the Southern and non-Southern, the Jim Crow states and the non-Jim Crow states.

It's very interesting to see what that looked like that how that shaped many African American women's experiences as it related to their health.

Also, one of the professors who had a role in this research was able to identify racial segregation as a key driver of health inequities.

And do we see some of this happening today, or was this just then or back in the time?

And so we have many of these, many marginalized women, women of color have lots of experiences, lots of stories how this is really true, is that racial segregation or where they were able, I would say, where they were able to afford to live or where they did not have access to certain areas, much of that -- is that their access and experiences to health, to quality health care, and as a result we have numerous areas of health disparities.

And inequities.

So one thing I learned is that the Harvard Chan school

of public health office of diversity and inclusion held

a symposium in 2017, as a matter of fact, so not too long ago, and the symposium was on slavery in public health, past, present, and future.

And it's a really, really good piece, it's a very rich piece.

It really takes us down the path or the journey of the historical traumatic experiences as it relates to health, as it relates to racial inequities.

As it relates to discrimination, and I got a lot of information and a great understanding, my understanding and knowledge was expanded based on engaging in this symposium that they conducted.

And so one of the things I wanted to share were these photos here.

Now, these individuals, they talk about their experiences and the testimony -- as a testimony.

Testimony to the enduring impact of slavery.

These ghost portraits portray significant African Americans and Native Americans in public health history.

And I really like this part right here, for a while and I continue to think about the engaging in a wordless

dialogue with the portraits of white men that surround them.

They demand to be acknowledged and to be seen.

And I think that is very, very powerful, and I invite you to the chat box if you want to say something about that or anything that stands out to you or resonates with you as well.

Yeah, we want to show their faces, we want to let their portraits be shown and visible.

And I just so much love the part where it talks, where it says "wordless dialogue."

how often or how frequent are we having those wordless dialogues, and taking a look at the expressions on their faces and their tenacity and their perseverance and -- say I'm sure many areas they could share with us their resilience as well.

So this one really struck me as well, Ta-Nahesi.

Between the world and me.

Racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth.

And he was writing this letter to his son and he said you must always remember that the sociology, the

history, and the economics, the graphs, the charts, the regression all land, with great violence, upon the body.

Those portions bring us to this place of as we take a look at what shapes folks' experiences, their traumatic

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experiences, maybe like the story that I learned about my mom and how relevant that is today, how relevant that is when I make decisions, how relevant that is with me understanding and learning my mom's journey and how that related to how she parented me.

How that relates to the decisions that she made, when she decided she would try to start a new life, all of that matters when it comes to decision making and the ability to do so.

Decision making includes skills, knowledge, resources, social networking, which helps to manage relationships with others, to play various roles, to perform behaviors, and to react to environments under the familial culture or the climate of a larger society. So when I think about decision making ability and I apply it to my life, I literally go through each of these pieces here and I think and I reflect on these things that, yes, I find myself needing to make what I

consider to be sound decisions, wise decisions, balanced decisions, and then there are times I find that, well, I think I need a little more, or I think I need to make lots -- I've made lots of adjustments. And I'm finding that I am in the place now of making lots of decisions.

And sometimes those decisions or reviewing those

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decisions, modifying those decisions take place based on moment by moment, depending on what the situation is and what's going on.

And so I would say as a Black woman, I am constantly, I feel like every day I have to hone in on in terms of making a decision, my skills, my abilities, knowledge, resources, what do I have access to?

Well, who do I have a resource?

Who's within my social network?

All of that together that, so that I can make, what I say a sound decision or what is to be a sound decision, or making decisions that would have very minimum of punishment, very minimum of isolation, very minimum of being excluded, being marginalized, and I do have those thoughts on what else can I do not to be discriminated against.

What else can I do not to be excluded.

So I find myself on a daily basis taking a look at decision making ability and all that it involves and it includes.

So from the start, unacknowledged and untreated tolls of toxic stress often stems from trauma which drains energy and potential of many girls and women.

And I often, even with this, I reflect back to my mother.

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The toxic stress that she endured and currently endures because of the health consequences that she's living with today from being forced to work in the cotton field, where she talked about and described being in the sun all day, her back is bent over, having to load the sack with cotton, and then being the one to pull it and take it to the scale.

So also looking at things that disrupt girls' educational trajectories and limits their abilities to achieve their dreams.

Those things are implicit biases.

Those things are inequities, inequalities are some of the things that do interrupt girls' educational outcomes.

The other thing is some children are provided with opportunities and tools and resources from the very beginning that puts them on track.

Well, let's take a look at those we may say who falls or gets off track.

Once again, opportunities, tools and resources that helps to put them back on track.

We know that not all children benefit from having those privileges.

And the other thing is, others who are pulled off track by life experiences, we would say they're pulled off

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track because of some of the things they experience or because of some of those traumatic incidents or experiences or those historical things.

Maybe some triggers will come up, such as a time like now that our nation is going through.

Some of these experiences today are triggering many individuals, and that those things are impeding their abilities, and not everyone, and not all, of course, but in some cases, are impeding their abilities to learn and to flourish.

We do know that for children to learn and to thrive that the threat of harm needs to be removed.

And so let's look at that even in terms of today. What are people experiencing today, what are children experiencing today, and once again looking at the opportunities, the tools, and the resources that are often used and utilized to help someone be on track or get back on track.

And thirdly, a lot of experiences, once again, very often for many people pull them off track and many times it's no doing of their own, but it's just life experiences that contribute to many of those instances. So this one, we use this and present it on this last, in our last conversation, and we talked about the groundbreaking study from the Georgetown Law Center on

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poverty and inequality.

And their groundbreaking study shined a light on many of these areas.

Many of us were already familiar with this, and we knew this was happening and many of us just did not have necessarily terminology or the framework for it, but truly, many of us came from the place of this is nothing new, many of us are survivors of this piece right here.

Where the groundbreaking study revealed, it was like

300-plus adults who were recruited to participate in this study online that came from various backgrounds. And so the findings showed that majority of those adults, their perspectives were that Black girls were treated as if they are willfully engaging in behaviors typically expected of Black women.

We also found that adults, their perspectives were that Black girls are not afforded the opportunity -- well, we learned from the study based on the responses that Black girls are not afforded the opportunity to make mistakes, to learn, to grow, to benefit from correction, for youthful missteps to the same degree as white children.

Here's where I inserted myself and here's where I identified, yeah, I know what that's like, I've

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experienced that, I've been through that, but also, and the disheartening part is that I find myself even as a Black woman that I am not afforded the opportunity to make mistakes, to learn, to grow, and to benefit from my missteps at the same degree as white women.

And, again, I found that and find that, continue to find that very disheartening.

And that the consequences for making mistakes are

immediate and they are harsh for women of color.

Also, we found that Black girls were viewed as being less innocent and punished more harshly despite their status as children.

Black girls were described as having very mature behavior, socially, not academically, but sophisticated and controlling at a young age.

Here's where I had a conversation with someone who said that their daughter was lying and was not telling the truth on being touched by a male relative.

And the child was 5 years old.

And the perpetrator was an adult.

And so I said to that individual, I said, so are you telling me that you believe this 5-year-old is completely fully capable of manipulating this situation, of placing herself in the laps of that individual and being very, very sophisticated and sexy

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and looking him in his eyes and wanted to have this experience?

Is that what you're telling me you believe?

And then the person said, well, you don't know her like I know her, she's a big liar.

And I'm going to go back to what I just said.

Are you telling me that 5-year-old is capable off -- and which is what you are saying -- turning that adult on that resulted in the further action?

And the person listened at me and she said, wow, you know, I never really thought about it like that.

So what we're seeing based on Black girls' experiences what they're telling us, the stories we're hearing, the research that accompanies that, it doesn't have to validate it, but that the work is being done to gather information from the field, but that this information is coming back and it's shining a brighter light on on Black girls are viewed, described, and seen as having a very mature behavior and bringing on these experiences and that they're the blame and the cause for it.

The other thing is the interpretation of Black girls' outspokenness is often associated with the stereotype of Black women as aggressive and dominating.

So the many -- the perceptions that people have about Black women and Black women's behavior, and Black

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women, angry Black woman, aggressive and dominating, those same things are cast upon Black girls as young as 5 years old.

I recently learned that it's even earlier than that, my

friends.

It's even earlier.

Black girls are experiencing many of these behaviors in the neonatal units of hospitals where they are left to fend for themselves, they're not offered any attention and protection at the same degree or nurturing at the same degree as white children.

So the impact of being exposed, exposure to racism is a stressor that increases vulnerability to depression and anxiety, particularly if the bias is internalized.

Feel free to use the chat box if you have something to say about that and you want to share perhaps your own experience or what you may have learned and heard of from survivors.

Being on the receiving end of frequent microaggressions, words or actions that subtly convey prejudice has been linked to depression and anxiety. And that is something I can speak to as well.

I was doing some work at a school and I was there as an artist, I was there engaging in the after-school program with a class and I tell you, it was such a

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beautiful sunny day, and I was just happy, you know, with carrying my box of supplies, like my arms were

completely full, and I'm carrying my box of supplies and I'm going to my class and suddenly I'm stopped and asked who am I, where am I going, and if I had some ID to show.

And I tell you, I was very caught off guard, I wasn't expecting that at all and then I at all you, at that moment, going back to decision making, going back to the experiences that shape, that shapes our experiences, especially as women of color, I then thought real quickly, now, how I respond can certainly determine the outcome of this scenario or the outcome of this experience right now.

And so I was very careful, I was very cautious, and so I'm looking at the 30 children that were on the side, many of them recognized me because I worked with them, but guess what?

That did not change the person's mind about me having a right to be there and not needing to show any ID.

I was expected to put that box down and to show my ID as proof that I belonged there where I was.

So once again, going back to the daily experiences of women of color and what that looks like, and the demands that are often on us to explain or to give

information or to say more, it is very, very taxing and it's very toxic.

So we're going to go a little bit more into this.

The stereotypes at a glance.

The bodies of women of color are exoticized, hypersexualized where many women of color are perceived to be submissive based on their culture, and even glamourized based on their culture.

Certain races of women are seen to be more submissive and more glamorous than other races of women.

Stereotypes often result in children of color not being afforded, we've already covered that part.

Learning from their mistakes.

And even we'll say as they're growing into adulthood and that what that looks like and what they've learned perhaps from the men in their family or the women that -- the women that they trust, the women that they engage with, many times it's the same principle that is applying here.

That applies here.

Latina women are very frequently described as being fiery or passionate.

Asian women, and this is not all, but these are just quick glimpse at examples, Asian women are often seen as submissive and available.

Black women are seen as promiscuous and immodest. Racism and sexism feeds stereotypes that links to the rates of violence against women.

And I'll add to this, what adds to the racism, the sexism, and the violence against women is that Black women are often viewed as not needing any protection or being strong enough to handle it all or being strong enough to take on any situation that comes and meets us or that comes our way.

So the role of microaggressions, being on the receiving end of frequent microaggressions has been linked to depression and anxiety.

I go back to this once again based on my own experiences where some of these microaggressions, oh, I don't see color, I have Black friends, the question, did you grow up with a father in your life?

I've heard this comment time and time again, I'm sure she's smart, it just doesn't come across in the classroom.

Or carrying the burden of calling out discrimination when you see, experience it with the risk of retaliation, which can result in being overlooked for a promotion or losing your job for creating a hostile

environment.

How many times are women of color told that they are

responsible and the blame for creating this hostile environment?

Also, you're told that your colleagues, students, coworkers or customers are intimidated by you and are afraid to approach you.

How many of have heard those comments like that?

How many have been told something like that on your place of employment or where you spend a good deal of your time that people are afraid to approach you because they don't think you're approachable.

They're afraid they're going to go off on them or that you're aggressive.

And also, you have been socialized to be satisfied that you have a job.

How many have been told, oh, yeah, well, just be grateful that you have a job, are you kidding me?

Are you kidding me?

Do you see what times we're living in and how tough it is for everyone?

Just be grateful to have a job.

How many times of women of color been said to that?

Next thing we're going to go into is man-made trauma versus natural disasters.

I'm going to invite you to the chat box and just go ahead and share some things that you recognize or you

think about that related to man-made trauma.

What type of man-made traumas are out there that you know about?

So one of the first things that I thought about when it comes to man-made trauma, and for me that's very obvious to me is violence.

It's a man-made trauma.

And I looked at it in terms of the natural traumas, the things that, such as the weather and so forth that we don't have necessarily any control over.

And let's just take a look at this.

Yeah, I'm looking at that -- prison, colonization, industrial complex, prison-industrial complex, abuse, many of those man-made traumas.

So, disasters such as Hurricane Harvey can make matters worse, especially for communities of color.

Now, I did some reflecting back on Hurricane Harvey and some of the things that I learned from survivors of Hurricane Harvey and there were many things that I

learned, I didn't enter that experience in conversations with, as the expert and knowing it all and having heard everything, I've heard it all by now -- no.

But I really engaged no that relationship and engaged in it learning fresh from a survivor who had that

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experience and not me coming with my not my expertise in this area.

I reflected on I learned that ten months after Hurricane Harvey, four in ten affected residents, about 42% say they are not getting the help they needed to recover from the storm.

Half of those living in the community Golden Triangle incomes below 200% of the federal poverty level say that they are not getting the help, and to this day they did not get the help they needed to recover.

So what I think about that, before we go on, what I think about that, I want to ask you, invite you to the chat box to give some of the things or some of your thoughts of why you think people weren't receiving the help they needed post-Hurricane Harvey?

What are some things you think about?

So before the storm, approximately two years later, the

Texas Children's Harvey Resiliency and Recovery Program assessed and treated more children than it did in the 6 to 8 months immediately following the storm.

These are some of my thoughts and please share your thoughts.

Did those families have access?

What were those families dealing with that they're considered to be more of a priority and more immediate?

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Rather than going into a program and having your child assessed, having your child, to see what treatment plans are available, what are some of those things that took place you think happened why there was a gap? And so what the information told me, what I learned from it is that families were getting the help under to two years after the storm.

I have a question for you.

If folks go, like for folks that come into the doors for help post- a storm such as Hurricane Harvey, if they were to come into a program or service and say, okay, I'm a survivor of Hurricane Harvey, I'm here to get help.

Okay, yeah, well, how long ago was that?

Two years later.

What do you think some of those responses to those families might be?

For someone who comes in two years later asking for help what, do you think some of those responses they might get, some of those faces or looks that they might get.

How do you think that might go for a family?

Yes, judging them.

You should have come sooner.

We can't help you now, why are you just now coming?

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After that all, really?

Great.

Thank you all.

Well, here's two comments that were shared by survivors.

One of them said we just need people to help us, period.

Because you'll call these organizations and nobody still gonna return your calls, even a month or two later.

Still no answer.

Another individual said once this left the front page, we become yesterday's news.

As long as it's on the front page, you had everybody coming down wanting to help poor little old Port Arthur.

But once it left the front page, then you're expected to be back to normal at that point.

And it's not so.

Yeah, so lots of judgment.

People saying, well, it's too late, you missed your chance.

So many of these individuals that participated in this needs assessment within a community who was impacted by Hurricane Harvey, they shared and listed some of the

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health and wellness kinds of areas for them and a lot of problems that were results of that storm or a lot of these underlying preexisting conditions actually worsened or were exacerbated.

And some of things on the list were stress, asthma, resource problems, insomnia.

I have lived with asthma for all of my life and there are times and certain incidents and periods, particularly times of stress where, yes, my asthma is triggered and sometimes at a point where it really isn't controllable.

And also looking at sleeping problems, depression, some folks talked about they started getting rashes on their skin, they never had rash problems.

They talked about allergies and anxiety and anger, appetite and weight changes, mold related to illnesses, exhaustion, headaches, all these complaints that they had, many of these, once again, were very new and were, you know, results of going through that traumatic incident were Hurricane Harvey.

This one word on here really stands out to me, I'm going to pull it back out again, which is anger.

Imagine a woman of color who's described or seen or viewed as being angry coming in and, you know, forcing her way into the program or throwing her weight around

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as I so often hear, and uncontrollable, what do you think would be some of the responses and/or outcomes that woman of color might experience who's coming in after Hurricane Harvey and the impression is that she's angry and uncontrollable?

And how many times, how prevalent is that?

So let's bring it to today.

This crisis that our nation is in, COVID-19, approximate -- and these numbers are changing all over

and they're changing every day.

But that 22% of households don't have home income.

This further inhibits access to resources for children of color to necessary resources to meet their basic needs.

Families with school-aged children, think about the challenges with that where they're there's a household that has four school-age children and they all are on different tracks and have different schedules and have different deadlines.

I talked to someone the other day and were talking about how stressful things were because now they all are competing for, to use the computer.

Even adjusting their sleeping schedules so that they can get on the computer and get their work done.

Many students do not have sustainable shelter, which

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makes accessing online learning challenging, and this is a time where we see a lot of assumptions, assuming that people have access to the resources.

Assuming that people have safe shelter.

Assuming, making lots and lots of assumptions where there's safe shelter in place.

And I'm learning even more now how COVID-19 is shining,

once again, another issue, another pandemic, another crisis is shining the light on those that have resources and those that don't.

Those who are marginalized, especially in many cases, our homeless population is suffering desperately.

COVID-19 is shining its bright light on structural racism, which contributes to poor outcomes.

The decisions we make has implications on our shared future.

We need to know that moving forward.

Everyone surviving a pandemic -- everyone surviving a pandemic this nation's goal.

It should be the number one goal is that everyone survives.

Everyone benefits when those who are suffering at the greatest burden are at the center.

We find that with girls of color as well the study that was conducted when programs and services and outcomes

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are improved on behalf of Black girls or girls of color, we know and find that all children benefit from those changes.

Also, human rights principles should be at the forefront of our work and our approaches.

So, immediate effects after a major disaster.

I really pretty much covered a lot of these on the health and wellness slide, but look at some of these.

Clinginess, separation.

Let's think of these in terms of children.

And I'm going to use the one right there in the middle.

Avoidance and refusal to talk after the incident, even years later.

Sometimes people, you know, want someone to talk about that experience or tell me what it was like or trying to find ways to engage children to sense how they're feeling and what they're thinking, but they may be avoiding it for many, many, many reasons, as well as we adults.

We may not want to discuss a particular period of time for our own reasons.

Hearing about another storm coming can be a trigger.

And that's something that is really, I like to highlight and say that's very significant.

Many of these survivors are possibly triggered during

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this time.

This time could very well feel and be familiar to another crisis period that we've had in our lives.

And also this is a big one, prior traumas and losses. Lots of losses, and I personally have experiences lots of losses due to this crisis that we are experiencing together.

So the immediate effects, once again, visible, lot of things are visible to the public eye, but there are lots of things that aren't visible.

Some of those things visible damage, flooding, water contamination, but there are tons of other things that are not visible.

I invite you to go to the chat and put in some of the things that you're thinking of or you can think of that aren't necessarily visible to the public eye.

So one of those things in terms of like longterm impacts is psychological.

Those things are pretty hard to see.

You can't necessarily see them with the physical eye, you know, sometimes you might get some indication by looking at a person's behaviors or their change in behaviors or the activities or their body language, we can get some ideas, and I really want us to take from this is that we, there are clues and signs when there

are some psychological consequences and impacts that

individuals are going through as a result of disaster.

Also, short-term.

Families are in survival mode and many of them are generally mostly concerned about their basic needs needing to be met, housing, food, water, and many other of those other thicks.

In some cases clothing and things like that.

And I know a family that basically threw everything out because of covid hearing that it can live on many different services and the family went into a panic and a crisis and threw everything out without even thinking twice about it, you know, trying to protect themselves from the virus.

then another thing is we need to tune into the mental health and the mental needs of our children.

You know, how are they coping, has there been any changes in their sleeping and eating patterns, or they engaging.

Some of them are afraid to touch their mom and their dad or their siblings because of what they're hearing that's constantly running across the screens of many televisions in our homes.

So the socioeconomic impact upon women and children, that -- really suffering, that's who's really

suffering, who suffers during pandemics and crisis such as what we're dealing with today.

And a lot of times post- the storm, post the crisis where there were changes, things tend to go back to the traditional, the patriarchal decision making, decision making framework.

And that's something we can look at.

You know, things going back to normal.

Things going back to the way they were and I hear from survivors and I hear from advocates in the field that talks about the work that we've done and achieve and the progress we've made, and how moments like these are what we're experiencing sets us back so many years and so many steps and there's no maintaining, and we find ourselves kind of -- back to the place we were again.

Also, looking at women's roles in the community.

Decision making tends to decline after disasters, where male oriented models become in the forefront.

Or they are rebuilt and we go back to those old systems and it's really important and critical that we guard ourselves and that we're watchful that we don't allow ourselves or, I shouldn't say allow ourselves, but that we have a voice in not going back and taking us backwards.

But that we get in front and that our voices are heard,

our survivors, that our voices are heard because we know what it really takes and we know what we need to lead us forward.

And it doesn't take research to know that.

It's our experiences and our stories that we know what it takes and we have the tools and resources and the skills to move us forward.

And also, we know that in the disaster recovery period, women often experience the erosion of economic security, the loss of support, and protection in times like these is well documented that orders for protections actually are very frequently sought out. Like they increase by alarming rates and that sexual abuse and domestic violence also increase by alarming rates.

So what these survivors talked about, I just said survivors, we know, we have the tools, resources in our situations and wetter experts in our situations, and what these individuals, survivors of Hurricane Harvey, this is what they listed here, these are the things that they need or the resources and solutions that they need to recover, to recover and for longterm recovery.

Some of these things here are some considered to be untraditional.

Some are considered to be, well, no, I don't think

that's necessary, I'm looking at like for instance, relaxation, the massage or a spa.

There would be people who would think, no, that's a luxury.

No, you can wait, you don't need that.

So tell me in the chat box, what do you think about that?

What do you think about some of these things on here where survivors are saying this is what the resources and solutions look like for longterm recovery.

Before disaster many people are having those financial and social struggles, challenges, and they are disadvantaged even before a disaster strikes.

We know that there are lots of help seeking barriers. You know, such as the increase of violence, intimate partner violence and child abuse and sexual abuse, and many help seeking barriers are in place even before disaster strikes.

Disruption of social environment and network.

Disasters increase feelings of powerlessness and

bereavement.

Like right now what's going on, I do feel like there's not a lot that I can do and the continued losses that come in and I hear about every day, I do feel in many cases powerless and helpless.

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So when implicit bias is in the mix and implicit bias is any set of associations we have about a group of people but we aren't aware of it, and we all have our biases.

We find that negative societal perceptions and attitudes become intertwined with social structures. And looking at a study that was conducted in Texas where I was working with families of color in the child welfare industry is that we found that race, risk, and income were all found to influence case decisions. African American families tended to be assessed in this particular case with lower risk scores than white families, they were more likely than white families to have substantiated cases, but have their children removed, or to be provided family based safety services.

And so there were a lot -- and I looked a lot of that information and looked at a lot of the studies and the

research that was out there and learned that, yes, it was very much true.

And talked with families, which is, you know, one of the key things is having those conversations with families who were having that experience in the system, and they talked about how their children were removed right away, their children were removed without there

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being like they were immediately removed only for the children to be returned back most immediately.

And where we find that is the case that is due to a bias, biased decisions being made where decisions were made very abruptly based on the race, risk, and income of that family, based on even in many case where's they lived, only for after the investigation they found the children should not have ever been removed in the first place.

disproportionality, we know that there are high rates of poverty, racial bias, and discrimination exhibited by case workers, mandated reporters, and other reporters as well.

We see great numbers of disproportionality.

And it's so disheartening to think about this, a child is removed, can you imagine the confusion that's going

through that child's mind, why they are the ones being removed and it was nothing that they did, it was nothing related to their behavior, however, they were the ones to have to be removed, were removed from their families and from their homes.

There was a study that was conducted where the majority of folks -- where researchers urged the focus to be more on poverty as a sole focus versus looking at the biases within the child welfare system.

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So how about you give your input in the chat box.

What do you think?

What are your thoughts about what should the approach be?

Do you think the focus should be on looking at poverty disparities or maltreatment disparities or looking at biases within the child welfare system?

Poverty may amplify exposure to social service systems where family is living in poverty, well, we know, it is well documented based on that family's race and based on that family's economic position that that family very well then will be put under the microscopic and will be more monitored and put under surveillance and now there's going to be a referral which then puts that

family into contact with government agencies, which then makes them more visible.

It makes them, it gives them greater visibility as they are now put in touch with governmental services.

Just looking at schools, looking at biases, implicit biases within schools how children of color tend to be criminalized for their behaviors.

And also with children who might be living with a mental disability and have needs in that area.

But we also find many of them, because of their behavior, they're treated in criminal ways.

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Black students are 4 times more likely to be suspended than white children.

Preschoolers, 3.6 times more likely to receive one or more out of school suspensions.

And also looking at subtle and subconscious stereotypes has resulted in lower expectations and rates of children, gifted program referrals for Black children.

Also, it is well documented that Black boys are identified by teachers to be the ones who needs the most attention in the classroom.

Or who requires the most attention because they're more active or we have to monitor their behavior.

Okay.

This also pertains to leadership development.

You know, depending on that child, a child of color, their behavior, if they're seen as, perceived as having an attitude, how they might not be referred to gifted programs or mentorship opportunities based on that implicit bias.

Implicit bias is relate today natural hair textures.

There are children all over this country have been excelled from school because their hairstyle or their hair texture did not meet the school dress code.

And that is also well documented.

Students are having educational opportunities disrupted

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for being themselves, for embracing their Blackness.

For whatever that looks like for them, many times that is treated as if it's disrespect, it's aggressiveness, it's just being too loud, and a lot of our children are not allowed to be themselves.

Boys are prohibited from wearing their locs, there are lots and lots of -- signs we can document this where they're told their hair needs to be tapered and cut and off their collar and it needs to be no longer their ears.

Some are actually being told that.

And then the other thing is there was a Black varsity high school wrestler in New Jersey, he was told he had to get his locs cut before he could participate in the after school math.

These are the high costs of isolation, restricting access to basic human needs.

Social dysfunction increases levels of strain in all adults, including the parents.

So let's take a poll.

What do you think might accelerate subjective aging?

What do you think might contribute to the acceleration of subjective aging?

Okay, please keep it coming.

So subjective aging captures self-perceptions of one's

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age in terms of how old one feels compared to others of the same chronological age or the age group with which one identifies.

For instance, I have heard lots of young ladies say that they're 21 but they feel 55.

And I've heard lots of teenagers say, well, I'm only 13, but I feel 25.

And a lot of that is related to the stress that they

are experiencing.

A professor at University of Michigan, she pioneered the theory of weathering and she's done a lot of great stuff today, and I'm really excited about her passion, her areas of interest as it relates to women of color, and particularly Black women and what that looks like, maternal mortality and such.

But she had the idea that high levels of chronic stress can lead to negative outcomes and premature aging.

The health of women of color may begin to deteriorate is what she found, early in adulthood as a physical consequence of cumulative, socioeconomic disadvantage. And so, you know, this really speaks and says a lot to us in terms of weathering and who tends to weather, who grows up faster and the reasons why they grow up faster.

This one teenager said sometimes I just don't believe

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how this school operates and thinks about us.

Here I am a grown man.

I take care of my mother and I have raised my sisters.

Then I come here and this know-nothing teacher treats me like I'm some dumb kid with no responsibilities.

I'm so frustrated.

They're trying to make me something that I am.
, don't they understand I've been a man longer than
she's been a woman?

I better be a man before I lose my life on these
streets.

And once again, let's tie this into decision making
ability.

Let's tie this into decision, this teenager would make
based on his experiences.

So the role that implicit bias can play in subjective
aging process.

We think of two things: Early exposure to trauma such
as with ACEs, the adverse childhood experiences and
then war-like captivity, such as a survivor whose
abuser is utilizing coercive control, who's prohibiting
her freedom and liberty and movement and signing up for
school and getting a job and improving herself,
improving her health and how that is often disrupted
and interrupted.

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And so many survivors have talked about, many of the
experiences feels like they're in war, feels like they
don't have their lives, they don't have the freedom or
liberty to be who they are and to do what they do.

And they talked about it on a level that's very chronic and like ongoing.

And many times they've said that no one would believe the things that we're going through because it seems to be really out the box.

Or just really over the top.

Some women have said, some have responded to them, oh, that's really over the top, I think she just overexaggerates.

But there are survivors who are living in some of the most abusive, coercive abusive situations than we could probably ever even imagine or think about.

Size weighs heavily, where a study demonstrate that did Black boys were perceived to be more older and likely to be guilty.

And this also pertains to, found that Hispanic boys were also included that, in they were treated the same as well based on their size, if they're big, then they're perceived to be a threat even before they open their mouths.

So when children become bystanders, discriminatory

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criminal justice practices affect, they're affected by just being, once again, being a bystander, and

oftentimes this happens through the criminal justice system.

And we can go on and on and on all day about that one, and where children are exposed to police violence, racial profiling by law enforcement officers.

I heard someone the other day said that the policing in their community has increased because the police is making sure everyone who comes outside has a mask on, and the children are afraid because now there's this increased presence of police and now they're policing people who don't have masks on or policing neighborhoods where people are walking around without masks on.

Also, among the homeless youth, experiences of perceived discrimination were independently associated with increased emotional distress.

And also exposure increases the likelihood of children suffering toxic stress.

And we're going to look at the definition on that in just a moment.

Who decides when enough is enough?

Like within the system, who gets to make that decision and what are they basing those decisions on?

Children of color are less likely to receive appropriate help when they are perceived as acting out, when they are perceived as being difficult, being not interested, not engaging, like and then the decisions that are made based on what's gonna happen in that scenario with that child.

Who makes the decision and says when enough is enough?

What is considered disruptive behavior, who makes the decision about what behavior disruptive behaviors is?

And often a reaction, the reaction, who's going to decide the response or the reaction or the decision based on those disruptive behaviors.

And is trauma considered in that, are the injustices considered in situations such as that.

Children of color are often met with hostile responses to many behaviors that are associated with trauma.

And I know several cases, personal situations, personally where the response is, oh, yeah, now everybody's got trauma.

Oh, yeah, now everybody's got trauma.

Everybody's had a traumatic situation.

Now it's really becoming like I'm seeing the desense -- people desensitized in those scenarios or passing it off or thinking that, oh, yeah, it's just an excuse.

And I heard a teacher say, well, I'm not going to let

you use your trauma as an excuse.

That's not an excuse, I'm going to keep the pressure on you.

Okay, so toxic stress is the excessive or prolonged activation of the physiologic stress response systems in the absence of buffering protection afforded by stable, responsive relationships.

We need trusting adults, we need trusting adults and community leaders to be engaged and to be present to offer some protection and some buffers.

There will be varying degrees of someone's traumatic experiences, from PTSD or fear or, memories or cognitive challenges.

I know for myself still recovering from a traumatic brain injury, I find days where I have cognitive difficulty, but sometimes where I have been responded to, some have responded to me as I'm making excuses or I'm just trying to be difficult, and really just passing off my traumatic experience and just saying that I'm just using that as an excuse.

So then imagine a child who experiences race distinction live in an unsafe neighborhood with violence on a regular basis.

Their immune system is likely to be hijacked as well as that child's developing brain.

And we need to take a look and consider the impacts that all of this will have on the child's attention, memory, planning, future, and the ability to learn new skills.

And I was doing a presentation not long ago and I asked the folks in the room, I said what is likely to be the response to a stereo such as this, and the number one thing is, well, make a referral.

And I said, well, what do you think the referral might lead to?

What, how might that situation become very -- the outcome look very different based on the referrals that you're thinking of speaking about?

And many of them talked about, well, the child might then become medicated.

So we have to take a look at how we are responding and approaching and let's check consistently and constantly we have to check our biases.

Girls of color we talked about in this focus group, using that terminology they felt like they were grouped altogether, like a lot of them didn't really care for

the term "girls of color," and they did not like being grouped together like that.

Many of them did not want to be identified or addressed based on their race.

And so what we learned from them, they wanted to be identified and addressed by their own self-descriptions rather than racial or gender descriptions.

They also wanted to be addressed by their personal descriptions that they themselves would give, so that means ask, including girls, how would you like for me to address you, what should say?

Let their voice be heard, and also they based their descriptions on personal experiences thing that's they've overcome and their facets and their approach to daily life.

And then -- we're getting there, y'all.

Okay, there's a growing need to better understand trauma's influence on aging.

And we hear a lot about like from survivors of domestic violence, sexual abuse who were assaulted early in their lives and talked about how that wore on them and made them feel much older than we were.

And -- they were.

And I would say a lot of those story that's I hear in sitting circles or listening circles are from women who have experienced like multiple years like, a great amount of their childhood experiencing sexual abuse to the point that they say they felt that they were a grown woman, in one woman's word.

And she said she felt like childhood was ripped right from under her.

And also survivors of natural disasters have talked about how this wears on them and their aging process, that they feel like they've experienced so many storms that, they do feel like they're well over maybe like three times their age as one woman I'm thinking of shared with me.

And said she does feel three times her age based on the natural disasters that continue to, that happened in her neighborhood and she knows is directly related to the lack of resources not being put in her neighborhood to, as a response or prevention for natural storms.

So looking at equity approach.

We need to consider four things.

Respect, protection, fulfillment, and dignity for individuals and the families.

And all of these mean treating the individual as a human being, having human rights, and listening to them and not making decisions for them and not making decisions based on our assumptions and our implicit biases, those unconscious biases, the things that we think that all people fall in this category because this is just how Black women are, this is just how Native American women are, this is how Hispanic women

are, this is how Asian women are, and this is how white women are, but we need to check our biases continuously and on a daily basis.

As we look at these approaches, we need to consider family and child friendly policies.

Looking at those policies as it relates to helping, helping families, helping humans, helping parents and with housing and health care and child care as well. We need to look at the capacity, consider the capacity for healing.

Individuals react to disasters very differently, and the capacity for resilience can be stretched to the limits depending on these things, the history of trauma, is there, what's the history of trauma, the capacity for resilience, self-care skills, not to

assume that everyone knows what that is and how to do it and has a plan, and then also not everyone necessarily works from a plan.

Like I said earlier in our talk in our conversation, I find myself now on a daily basis of making decisions and changing decisions and doing something very, very different that I hadn't done before.

So not everyone is necessarily working from a plan that sits in front of them.

Also, access to resources after disaster.

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I'm thinking about that right now.

What is that going to look like for many of us, many of us survivors in this movement, what will access and resources look like?

How is it going to look if resources are reallocated based on this disaster?

And we know very well that there's a strong possibility of that, and so I'm trying to prepare myself now for what that could look like and what may happen.

And then also the social support systems, many have, that has been removed from a lot of people.

Not everyone is online, not everyone has a cell phone, not everyone has wifi and access, so those support

systems where we're thinking this is, you know, connecting us more and getting us connected to more people across the world, certainly it is, but not everyone has access and the resources.

So, yes, I too am thinking about what those social support systems are looking like now and will look like in the future.

Teaching children to resist bias.

This is something we can do.

Attitudes attached to aspects of identity.

We can talk to children about that.

We can talk to children about biases that create

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serious obstacles to development, to healthy development.

Rather than hiding your negative feelings or hoping that children won't notice or bring it up, let's talk about it, let's put it out there.

Let's talk about the differences that are not acceptable.

And how we play a role in what's not acceptable, who's not acceptable.

And we need to own our stuff.

Face biased attitudes and change them in order to

foster children's growth.

We need to face those, we need to own those, we need to be able to identify those and be ready, and have those conversations.

I was going to say ready but lots of times we're responding and we aren't necessarily ready to respond, but the human piece, the human rights piece, it puts us in a space of responding.

Okay?

And so I want to ask this question hopefully, does anyone have any specific ideas and tools for teaching children to resist biases?

Now, one place that I've been going to is the National Association for the Education of Young Children, and

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their section on Diversity in the Classroom.

So there are some tools and resources out there, and so once again it's the National Association for the Education of Young Children and their section on Diversity in the Classroom.

And so also, yeah, teaching children to challenge those biases.

And when I looked at this and I said, whoa, wait a minute, for a woman of color, for a Black woman, for a

Black girl, this can be really sketchy, you know, based on how things are and when you speak up, a lot of times you're described or labeled as being angry, aggressive, and so I kind of pause at that, honestly, I did pause at that.

So how safe is it, considering safety, how safe is it to challenge biases.

And then examples of lessons to teach, help children to resist the biases that are prevalent in our society.

Let's point those out.

Teach them how to interact fairly with different types of people or interact with equity with people.

Facing our bias attitudes and challenge them -- change them in order to foster all children's growth.

And so there's a list more, this is not all inclusive, of course, and please feel free to use the chat box to

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add to this things that you've used and utilized and that you know about, you're familiar with.

And then so there's an ongoing process of addressing implicit biases, and we need to, individuals need to commit to addressing to have a child welfare system that our families truly deserve.

Our families are intersecting with these systems, many

systems, the prison system, criminal justice system, and there needs to be ongoing processes, educational formats, conversations to discuss this very prevalent and necessary need in our society.

What, as all of the work we're doing, you need to consider the child's safety, the well being of the mom or primary caregiver, create opportunities for engagement, build resilience, you know, it's human capacity and it can be developed in anyone.

The relationship with family members is important, certainly for children, the immediate environment in which they live.

Life events and helping the child even in terms of their own self-esteem and of efficacy and let's work at reducing social isolation and it takes work for that. Creating the -- that's safe and engaging and culturally sensitive for families, not assuming that we know what they need, we know what's going to work and we know

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solutions.

So be a part of the plan is being nonjudgmental.

Get to know the family, how they function.

Have conversations about flexibility and their inner strength.

Adapt forms, you know, the forms that you're working with.

Let them be more adaptable and flexible and open.

Having more open-ended questions.

Observe and assess for early signs of family distress.

What does family distress look like to the family?

Not us assuming what distress looks like, like distress looks like and is the same way for everyone.

Well, no, we need to have conversations with people and not make assumptions based on our experiences and our implicit biases.

Teach concrete skills to prevent stress.

Once again, asking questions, not assuming, oh, she needs stress management, you know, where we make a plan for people and go down the check box and say this is what you need and you should be good after that.

Have conversations and find out for them, what does stress look like for you?

What are you currently doing?

Not assume that they aren't doing anything about, or

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addressing their stress or to alleviate their stress.

What does problem solving look like for you, what does that mean, and then linking parents with resources for

stress management, exercise opportunities, relaxation.
Let's go back to the slide that has (indiscernible) on
there, maybe we're thinking someone might need
something for traditional or rigid.

Here's a list of additional reading materials, and if
you know stuff, please share it with me, put it in the
chat box.

I love to get your reading lists as well, networks for
opportunities.

All those things listed here, and so there's so much
more that we can say in this conversation and is
certainly I consider every one of these is a new
beginning, it's a new experience.

And so I want to thank you for attending and sharing
your time, your day with me, my friends all over.

Here's my e-mail address, my website is there.

Actually go on Facebook and like my page and follow me
on Instagram.

So I'm gonna conclude, I have come to believe over and
over again that what is most important to me must be
spoken, made verbal and shared, even at the risk of
having it bruised or misunderstood.

I want to thank you all for your time.

>> Thank you, Jacqueline, you are a superstar.

My goodness.

Look at you.

The information was just amazing, and like Breckan is saying on the chat, please post any questions that you have.

Wow, amazing presentation.

Thank you, Casey.

Jacqueline, any final thoughts?

I know that we have a couple minutes for people to write their questions

>> Well, yeah, my last thoughts right now is that thank you so much tomorrow your kind words, and I feel they are kind words because you know what?

This is a process, it's a process, and I've been doing it for 30 years, however, it's still a process.

And when I've let down that title that I'll say that I'm an expert in this is that, no, I'm learning this.

I'm an expert at learning this, and so with that coming comes, again, the courage to speak up.

If you all could see me right now, I'm kind of teary eyed that, whoo, I did it.

I constantly have those moments as a survivor that I'm

actually approaching this, and is it okay to say this,
is it okay to speak up.

And so that doesn't always come easy.

And there's a constant ongoing challenge sometimes with
is this the right thing to do, should you be telling
this.

And so I want to just say and acknowledge to all the
survivors out there, thank you for who you are and
being part of this movement.

We have a lot to say.

We have a lot to share.

We have a lot of experience that we can add to this
movement, and that all of our stories, you know,
they're unique and rich and different.

And so that's, I come here today being unique and I
feel like my story, a lot of similarities with you all
but a lot of it is different so thank you for having me
today

>> Yes, and someone I think it was Morgan posted about
maybe doing a Facebook live or maybe Instagram live?

How do you feel about that?

>> Oh, I would love to do that!

That is awesome.

Yeah!

I would love, I am available for a Facebook live.
Maybe one day next week we can plan to do that?

>> Yes.

We can connect, we can help you with that.

>> Oh, I would love it.

>> I think it was, I mean, look at the chat, it's still going.

It was such an amazing presentation, the conversation was really rich.

So I believe everybody will enjoy having you, you know, for a little while longer.

>> Well, thank you.

You know, I just, I see one question, how do we find the Facebook live, if you go on my, I'm on Facebook under healthy actions intervening responsibly, that's my page, and so I will post it there and, yeah.

I will post it there and I'm looking forward to it.

And, you know, Ivonne, if I could just say just one

last thing with this presentation, there's so much more to be added to it and I just encourage all of you to like if you have any thoughts and ideas and stuff in

your work or research with this, that would be awesome because we can always add more to the conversation, that's what's so rich about conversations, they go on and on, and so I just encourage you to take this on and go beyond.

And so, yeah, I'm honored.

Thank you.

>> Wonderful.

I want to let everybody know that you will be receiving an e-mail with a link to our training survey, and I'll be sharing all those with Jacqueline, so make sure to fill out the survey.

Also, you will receive a link to the webinar recording and all of the materials and transcripts, so make sure to look in your inbox for that information.

And probably, Jacqueline, maybe we can then share the date and time of the Facebook live.

So, I look forward to that.

That's going to be great.

I want to also thank our behind the scenes staff.
We have I believe it's Megan our captioner, thank you
so much.
We also have on the chat, you just met her, Breckan,
she is NRCDV program specialist.

We have Justine, you heard her at the beginning of our
webinar, she's our senior communications specialist.
And we have Morgan also, she's doing our live social
media.

She's tweeting away and she is our new digital
communications specialist.

And again, I want to thank you, Jacqueline, we love
you.

Please come back.

I want to thank everybody else that took the time to
join us this afternoon.

Our staff, our amazing NRCDV staff, and everybody else.
Thank you so much for joining us.

Have a great week, everybody, and stay safe.

>> Thank you

>> Thank you, NRCDV.

>> Take care, Jacqueline.

>> Thanks, bye-bye.

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