

NRC DV TOWN HALL
BREAKOUT 1B
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>> Welcome, everybody one. Thank you for joining our workshop session titled centering our work on survivors and community needs and leadership by listening to the needs of black women. We are so very excited to have the fine company of Timike Boyd Jones. Timike, we got to hear from her earlier on the panel. Just to remind you, Timike is a program specialist at the Indiana coalition against domestic violence. She serves as co-chair, Indiana's equity inclusion and cultural competence committee. She serves on the Indiana health equity action team. Thank you so much, Timike.

Cecily Johnson is a Georgia native, currently serves as director of Strategic Initiatives at domestic violence network in Indianapolis, Indiana. She received her BA in psychology with a minor in women and general studies. She subsequently received her master's of social work degree from Georgia state university in Atlanta, Georgia, where she focused on partnerships. She relocated in Las Vegas, where she managed a federal grant project. Through Nevada's office of the Attorney General and U.S. office of violence against women. Currently she focuses on -- community-wide plan. Inclusion stays at the forefront of her mind. Thank you so much, Cecily.

>> Thank you. Thank you for spending time with us today. We're excited to share with you what we're doing in Indiana. Before we get started, we just want to take time to acknowledge that there are people suffering and hurting all across the United States, and many of you here today, or love someone experiencing pain and hurt, and loss through the wild fires and hurricanes and the vision, the problems COVID has caused, we'll continue hopefully just a little bit longer, and those who are really hurting from the racial tension and the civil rights and human rights loss of people of COVID by the hands of state sanctioned violence. We're going to take some time to acknowledge you and welcome you all to this space as we learn together. We're going to hand it over to my college, friend to be, we are just getting to know each other, she's super awesome, so I love to share her with you guys today.

>> Thank you. Already going to get me in my feelers. Thank you, Timike, thank you, Coleen, for introducing us and this workshop today. Thank you for attending this session, I'm excited about it. This is a passion of mine, as we move forward in the program. Before we get started, again, my name is Cecily Johnson. I wanted to share about what my organization does. Cecily. DVN is a nonprofit DVN agency located here in Indianapolis, Indiana. We serve Marion County, we serve the surrounding donut counties, because it's a circle. And together that makes the central Indiana community.

>> The mission of DVN is to change the culture that leads to domestic violence through advocacy, collaboration. We are not direct service providers. We are the intermediary or the connector. We work with

medical, legal, fellow DVN agencies, community partners who are likewise in the DV movement and we make sure that we connect all of those groups in order to provide best services for our survivors. We all want to make sure we all know there are moving parts. So many of our agencies have to come together to give our survivors the best care. So education, why you all are here today, is a large component of our work. So we go out and speak to community partners, individual community organizations. We do events like this, presentations on nonprofit sectors, essentially if you invite us, we will come and do -- we have a training program on DV overall. But we have designed our trainings that they take into account specific scenarios. When I mentioned we work with medical, we speak with physicians, whether private care or we go into hospitals and we explain, here's what DV is and isn't and here's how it looks or could look in your world, maybe a nurse you work with, maybe in your own life, fellow physician. We explain DV and how it looks in your world, and we do that with many types of institutions, attorneys, judges, law enforcement. And in addition to working with those sorts of entities, we also work with youth. We know that, and I'm sure there is no surprise to anyone here, that our perpetrators and survivors of violence are getting younger and younger. Unfortunately, the rates of teen dating violence is growing, that number, so being a prevention agency, we truly believe we can get in front of our youth as soon as possible, then maybe we're preventing a future perpetrator or survivor of domestic violence. Our goal is to stop the cycle completely. We make a joke we want to work ourselves out of a job. That is our goal, essentially, in central Indiana and for our community to educate in hopes of preventing DV, future DV incidents.

I'm happy to share more about my organization, but in the interests of time, because we have a lot to get through, I'll pause here and transition to another component of what we do at DVN, our community-wide plan. Timike, if you could advance the slide, please.

>> A community-wide plan, I would say, is my baby. You will hear me speak about it with a lot of passion. Our community-wide plan is why you all are here today. It is why I oversee and create it with the help of my amazing colleagues. Our community-wide plan is our strategic plan to address the needs of our central Indiana community and address those needs as they relate to domestic violence. We launched the fit -- named it equity, as you see on your screens. My hope is that as I explained equity and define it for you, explain our why, why we felt this was important, how this applies to centering, particularly black and African-American women, I am able to see our vision, take it back to your places of business, community members, whatever that set up looks like, I'm hoping this is helpful for to you bring back to you our respective communities.

So equity, our plans beings listening to the truth, am fighting voices, changing symptoms. Amplifying. We wanted this to be an informed, intentional plan. Not to say our previous ones weren't. But as Timike mentioned when she first spoke about everything happening in the world around us, before COVID, before a lot of this has been brought to, I guess, the front lines, the lime light, we knew that equity or inequity was an issue. We knew that we were not seeing equitable services for all of our survivors. I'm going to pause here, I saw something pop up in the chat. Yes, this plan is on our website, I will share the link to our website to this plan at the end of the piece. Thank you for asking that question, I forgot to mention that. It is on the website. So with equity, we spent a year and a half putting this together because, Leaky said, we wanted this to be intentional, informed, amplify the voices of those who have historically been left out of the conversation. The term we use is you want to make room for another seat at the table. And we believe at DVN that we need to get rid of the table. That table was built not necessarily for everyone. It was not necessarily inclusive. We need to take that table away and build an entirely new one with all the communities that we want to serve, to be as inclusive as possible. So we want to build that new table with everyone there, to make sure that we are all getting the services that we need in the way that we need them, because it looks differently for communities. I say this, being in the DV movement, we acknowledge that in the domestic violence movement black and African-American women and those LGBTQ communities have been left out. Some argue it was intentional, some argue it was not, but the point is the nuances of these communities have not been taken

into consideration historically and we're seeing that today. With this community-wide plan we wanted to help close some of those gaps and eliminate some of those barriers that are unique to these communities, whether it's in prevention services, resources, safety planning, we wanted to do our part to help make sure, again, that we are including all communities as we are talking about domestic violence prevention. And the DV movement is not alone, if you think about the suffragette movement, equal right pay, all of these groups, black women, African-American community, LGBTQ community, we didn't want to make in your effort without being specific and intentional of the needs of these specific communities. Can you advance, Timike, please?

So the why, you heard me mention the populations we are working with, why these pop allegation locations, again, the research, we've been planning this for a year and a half, but we've been seeing -- these are the trends, unfortunately, in the DV movement and other trends, that black and African-American women are excluded from the movements. When you think of equal pay, women's rights, these groups were left out. The LGBTQ+ community often excluded from programs and prevention efforts in terms of nonviolence, for a myriad of reasons. These groups experience violence at higher rates than whites, yet they have the least access to services and that's not okay. Next slide, please.

So here are some facts and figures that we like to share just to bring it home as to why this is such a big issue and why we chose to focus on these groups. Black and African-American women are 2.5 times more likely to experience DV than white women, and the least likely to seek services and often feel services are tailored to them and their specific needs, due to the treatment of black women, they often experience no recourse to counteract it, so that brings forth our relationship with law enforcement. Studies show black girls are in less need of protection from white girls, so that is -- essentially this act can't happen to them because they are not in need of it. They're independent, they know better. They can't possibly be a survivor or victim of violence because of these stereotypes and assumptions you see on your screen here. We know that at least 56% of black transbinary individuals -- of a violent relationship, and we're speak about black trans and nonbinary individuals

>> You'll hear me differentiate between black and African-American women, I did that on purpose, because there is a distinction and I want to define, when I say African-American, when we define African-American, they're descendents of the slaves, captured from their native homes in Africa, brought to the U.S. That's when we say African-American. When we say black, meaning individuals of African ancestry native to countries within the continent of Africa, we're looking at the Africa diaspora, so we're not just talking about natives of different countries in Africa, but also Caribbean islands. You will hear me here both. I know that was a lot I just threw at you, but I'm happy to explain that further, we can chat off-line, send me a message in a private chat or I'll give you my email after this and you're welcome to email me after this. That is why we have both terms. Wanted to clarify.

For LGBTQ+, we know 70% of LGBTQ+ youth have been bullied at school. Two out of men identified as gay or bisexual experience -- color who was trans has become a -- as you see, these terrifying figures and statistics, there are few resources to address this. Hence, equity, why we wanted to do our part, at least starting here in central Indiana and building a movement. I am a forever optimist. This is our why, our focus, and this is what the research told us, to guide us to do this plan.

So once we did our research, where are the gaps. I just shared those facts and figures with you about the gaps across the board nationally, but here at home in central Indiana. We did a community-wide e survey, sent out in survey Monday key with -- monkey, we wanted it to be a true community-wide plan, we wanted our community members to tell us what is it that they felt that they needed to know more about, or maybe groups, populations that they wanted to know more about to help them do their work better and we got those responses. After we got the e survey back, we did focus groups. So we gathered our service providers together into many focus groups. I think we did between 8 and 15 and did several of them where our

community providers -- community members took this survey, came in and had a conversation and DV and staff sat back, we presented a few questions for them to answer because we didn't want to guide anyone's -- didn't want to influence anyone, we wanted to hear from their mouths, why did you choose this group or say that this was of interest to you, and what is it that you're seeing or not seeing in our community that prompted you to want to answer this way. It was a very honest conversation, it was wonderful and this helped to guide our work. I highly recommend focus groups. Then we took that information back to our research analyst who ran the numbers and said this is what the ranking looks like, this is what was said. This is what was captured in this meeting. And this is how we can -- this will help build the blue print for our plan. Next.

So here are our survey results. So the question, please rank the following topics in order of preference, using a scale of one. Topic of most interest, topic of least interest to determine what you are most interested in. You can see all of the different subjects that we -- some of this was internal, so we had so many different topics that we felt we could speak about and then narrowed it down, looked at what we were seeing in the news more often, what we know about our community, I brought in information that I had seen living in Georgia and in Nevada, and as you can see, the most popular options were women of color and LGBTQ+ community. And with those focus groups it went from women of color to black and African-American women specifically. So that helped guide us. Next?

After the survey results and focus groups, we did a community forum, which were even more narrowed focus groups, once we got those populations together, we wanted to know, okay, why these populations specifically. So it was an in-depth discussion between DVN, partners, survivors. We provided a series of questions for these participants and it expounded on the initial E survey and responses were recorded and all responsible responses were anonymous, everything that was said, because it was a safe space, we kept organizations and individuals private. We knew who attended the event, but we did not record who said what, to respect the integrity of the process.

Simplex was our last step. So that's a focus group but much more formal. I can provide more of that information, how to get one, how to facilitate a simplex. I myself am certified, and have wonderful folks who have been doing this for much longer than I have that can facilitate simplex sessions. It's a problem-solving tool where through group listening sessions a team develops a set of solutions together that is informed by context experts and key stakeholders. So we had a simplex session one, specifically for the LGBTQ+ community. When I say that, in this simplex, because, again, earlier I said that we wanted this to be intentional and informed, we created a space where folks who are part of that community could come together to tell us at DVN what it is they have seen, not seen, what has been done right, what hasn't been done right and the DVN movement as it relates to this community. The same with the black African-American women, that told DVN, this is what we're seeing, not seeing, they were honest, you missed the mark here. They would tell stories about themselves, a relative or a client that they had, someone that had come to their organization or maybe just a close relationship, person that they had, and they said I couldn't get this resource, or I went to this place and I felt like I was the last thing that they wanted to do on their to do list. I felt like an item to be checked off, I didn't feel like anyone was supporting me. And it was honest. Some of the incidences happened outside of Indianapolis, nowhere in our service area, some was local. Hearing that, you're, like, that's not okay, but it was good to hear, because we know it helped us learn where the work needed to be done and what we needed to do better and how we needed to communicate with our partners and community members on what we needed to do collectively to do better for these communities and for our survivors who are part of these communities.

We also wanted these simplex sessions to be made up of the groups that we are serving, because we -- what I did not want was for a person who was not a part of the LGBTQ+ community to come in and say, this is what

you need, this is how to do it. No. I didn't want someone who was not a black African-American woman to come in and say, this is the issue, this is how you should fix it, here's why, and give their \$0.02 on it, when you're not part of that community. I am all about collaboration and ideas and bringing in those ideas, but at this stage it was you tell me as a part of this community what you need, not what I think you need. What is it that you need specifically, and that was very important to me and my colleagues at DVN. It was that space, it helped us form a plan that was community-informed and informed by the specific communities so that we weren't in there -- so that we didn't come up with a plan that sounded great in theory but really -- great in theory but wasn't applicable to communities because that's been done way too many times, too often. So we wanted to make sure this was intentional to these groups and made sense for these groups. Next.

So after the -- wow, these numbers are all weird. So I apologize for the numerical issues, I don't know what went on. So what DVN will do, after hours simplex session, we left that session with great conversation, in both of them there were tears and joy. If we all left happy and friends -- but there were some moments of vulnerability and moments of anger. It was a moment for them to say, this is what went wrong here, this is the experience I had here, and we were just kind of the sounding board that these participants could use and it was, again, great, because it helped us know how to best help. And so, for the black and African-American women, when we left that simplex session we left with action items, action steps and this helped inform our plan. So a task force to develop a project plan to ensure better representation and specific events for the black community. So we have convened a coalition of sorts of black and African-American women, and it's as if we're doing simplex, part two, we are building the plan, I call, we are putting our -- we are making action items, creating steps and objectives that we want to achieve for our community. We have, at this point, we have discussed networking events for our professionals. We've discussed having education and training, which you see on your screen now, how to create those educational and training brochures geared toward assisting the black and African-American community. It was brought to my attention on many occasions, when they see resources, it's not a person or woman of color, it's usually -- tends to be white women or white men, white women, no color, historically. But in this task force, it was, we want to change that, we want to see us represented to know that this happens to everybody, you know. We don't know the statistics. This isn't something that's unique to -- anybody can be a survivor of domestic violence and we want to see on this brochure, I can get help because this person looks like me. Representation matters. So in this task force, it's going through really creating steps, creating objectives. And those -- I think the education and training community has been the most common theme through every meeting of how do we create a curriculum to educate certain communities and certain entities, organizations, who would do -- who would do well to know how to best serve every black and African-American woman. Their work is entirely on domestic violence, the intersection at. They are phenomenal, they are my gurus, I follow them, I go to them for technical assistance. We will have them facilitate things like this, where they presents findings and share their information with us to help give us tools to better our central Indiana community. They go across the country for these trainings, or did. So still vertebra you'll, and provide this kind of -- virtual, and provide this kind of technical assistance and this is who we have been working with closely. So having them as our TA provider has been wonderful, because it's helping us do our best work for our community. We wants to expands programming to include specific issues related to the black and African-American community on healthy relationships and education and outreach to survivors. Some of this educational outreach is in the community, but also specific places. Earlier I mentioned specific organizations we wants to address. We wants to speak to churches, where many black folks, that is our haven, where we tend to be central, is in the church. We want to get into churches. Any black-led, black-focused organizations, that's who we want to partner with and work with to make sure we are getting in front of as many folks as possible to say, you are not alone in this, this is knots a specific person thing. Like black and African-American woman absolutely have been are survivors and here is how it looks differently for us. That has been a lot of the conversation in the coalition task force. I'm excited about, we're getting great movement. In the interest of time I'll keep it moving. I'm interested to share what that task force, get ahold of me off-line.

And then for the LGBTQ+ community, again, this is informed by the community from the simplex sessions. This is another task force that I actually don't lead, I oversee T but one of my colleagues is leading it because both of these task force, we wanted to make sure that it was folks of these communities leading these task forces and these efforts. So my colleague is actually the lead with the task force and I'm happy to put you in contact with them. But very similar to what is happening in the other task force, it's what is it that we need to do to get in our community to share this information. What is it that we need to do to say that we should be included in this movement and what is it -- what are the resources, who do we need to speak to, get in front of. Again, outlining those areas. So we need to get in front of youth, scrutinize, to gets in churches how do we come together and have this collective effort to make sure all survivors are included. In the co-alleges, I feel like -- coalition, I feel like we're -- when my colleague who runs this task force and I speak and do our follow-ups, it is mirror image. Education and training has been a big components in this group as well. There are a lot of misconceptions about domestic violence in this community and we want to dispel those myths and put to bed any of those negative perceptions on what DV looks like in this relationship. We've learned so many different stereotypes and assumptions that are terrifying. So we want to make sure that we are giving appropriate and accurate information and that's what this coalition, this task force is doing. How do we get in front of folks to give the real story

>>> We have a collaboration here called clearing Indy. One of the objectives is to create a rainbow book, so a book that is filled with resources that specifically serve our LGBTQ+ communities. So if we need housing, if we need a physician for something specific, and this is something that I learned from this community during this simplex, when we were in that session, there are plenty of resources on paper to go to, but it's usually 1+ person who works in a place who knows a guy is how it's done and it shouldn't be that way. How do we make this network in this collective, collaborative effort, and the term is rainbow book that was created, it will be a virtual and paper book, hard copy, of resources available for the LGBTQ+ community, ranging from housing, is it medically related, is it legal, is it legal-related, legal assistance, what is it that -- what are the resources that are needed that have been inaccessible for so long, especially in our central Indiana community. And then a film screening of a movie blindsided that deals with domestic violence, in the LGBTQ+ communities, and in a relationship, I've seen it, it's eye opening, a great conversation starter. And I believe you have to have a link to access it. I don't have it anymore. My colleague does, who is helping put together this film screening. If you're interested, I'm happy, again, please email me, email happy to share that. We're going to host a film screening and panel discussion, because the movie opens up a great dialogue Mr. What does domestic violence look like in this community and this is what you saw on the film, let's talk about it in role life, action steps we can take if we were this person's family memory colleague or whatever that relationship is, how can we step in and help and make change. This is my information, for any questions, please feel free to email me, questions about the community-wide plan. I've put hash tags on Instagram. Here's my email. Feel free to let me know if I can help with anything. We've only had -- I kind of grazed the surface with what our community-wide plan is doing. I'm happy to share any insight that you have, or if you have any ideas, maybe -- I was thinking of doing something similar to the task force, the brochures or whatnot, I'm happy to discuss that with you as well. Thank you for your time. Thank you, Timike.

We will be available for overall questions. If you have any questions specifically to the details of this plan, please email her. I'm going to talk to you quickly about what we've done at the coalition.

First of all, my role is primary prevention. We're blessed enough to have a whole team that looks at the social determinants before any violence starts. For example, when we look at our centering report that Coleen talked about, how we created our strategies after we heard from is your veers, we realized we weren't hearing from people prior to -- we hadn't heard the voice and hadn't heard the voices of black women. Let me tell you why this is important. We know that black women experience 45.1% of black women experience some type of interpersonal violence in their lives. We looked at statistics of black women and girls between the age of 18

and 85 make up less than 4% of the whole state's population, but 2018 statistic says 33% of all black women within the sexual reproductive age, 44% have the gonorrhea cases, 50% of HIV cases, 51% of newly diagnosed AIDES cases. We looked at black infant mortality and -- it's the highest throughout the country. We saw in Indiana our mortality rates were 53 of all 100,000 live births of black women, live birth, were experiencing infant-maternal mortality and 21% of all black birth babies were -- I think I got those statistics all wrong. However, they were tragic, and we noticed that black women disproportionately live in poverty, and we know that violence is more prevalent in communities of poverty.

So we asked ourselves, why are black women having these adverse outcomes? What are the underlying conditions that cause these adverse outcomes. Since we do our primary prevention work using the public health approach, we have to first define the problem. So we've decided, as an agency, that how we define the problem is listening to people who experience the problems. So we decided that in order to be effective at a strategy to address the social conditions affecting black women and girls in Indiana, we have to ask them what they need.

And so we decided, we are embarking on a program, to look at the datas through focus groups. We want to gather state-wide focus groups, where we ask black women and girls specifically how -- what do their communities need to flourish. We ask, what do they need to feel safe, stable in their dream. What do they need to be supported in order to keep safety in their communities. And so this project, it's been modified due to COVID, but we're working at seeing how we can gather these thoughts and information from black women to say, what are your barriers to healthy reproductive and sexual health? Because we know that is a protective factor for sexual and interpersonal violence.

We decided that we wouldn't create strategies without using our e4 framework. Everything we do, we look and see if it's equitable, efficient, safe and ethical. But we want to start any strategy asking, is it equitable? So before we retrofit, strategies and try to make it fit populations who have been ever marginalized we want to develop it around the needs and voices of those who have experienced the harm. So this is why we chose to listen to black women and girls in Indiana in mind with creating this environment where they have the ability to thrive, that's an equitable environment. I'm kind of rushing through this.

What do we want to do with this information? When we hear from black women and girls, we have a plan to create action. We don't want to listen and do nothing. Those a waste of everyone's time and it breaks trust. What do we do after we listen, collect the data, after we figure out where the needs are? We're going to decide where we invest our resource. We're going to realize that where we put our money is where we put our priorities. So we're going to take the time to say -- where our resource would go, how do we strategize as an agency. That's important as well. We create strategies that help people that experience harm. Most importantly, I think, and that is often is empower the black women, girls, to speak with us to advocate change. We want to be at a place of equity, not always going back to address disparities, but how do we develop equity from the beginning of the strategies and public policy, and where we place our investment. So that was a really quick -- I want to leave time for questions. But -- I'm almost done. So that is what we want to do, and this is why we want to do it. So actually, Cecily and I had a conversation, we were doing the same thing, both in Marion county, we realized there's so much to be learned. Her questions that she asked from her focus groups are completely different than mine. So we need to be -- it's the intersectionality we talked about earlier, the black women and girls won't get the questions that I need answered at a state level. So it's important, in this project, to partner with multipartnerships. I look at health equity, because those things that determine a health equity, will determine equity when it comes to social conditions that we're looking for, for reproductive health.

So two things. If you have questions, please put them in the chat. We want to you put in the chat a question we have from you. If you don't have questions for us, what is your biggest take away from our session today? What about what we said resonates with you or with your agency's strategies that you may pursue in the future? So the chat box is open for that conversation, and for questions.

>> I'm going to put my email, Cecily, we can put our email in the chat box, you can reach out to me about our agency. I also have resources in our last slide. Our agency, how we look at things do, our work, we have several different ways to kind of give that -- we have these toy boxes, it will be the bottom left hand link, these are games that we look at, and activities that we learn to develop our primary prevention strategies, and they're free to you all. We also have our recentering reports, which is the report that Coleen talked about on the panel that -- I don't think that's free to mail, but we have it online and it tells you how we look at the data provided to us and how we changed our complete strategies to address the nodes per the voices of survivors. And we just have our story book that talks about how we see primary prevention and the walk we're taking and how we listen to populations that have been marginal lied, how we listen to people with disabilities and change outcomes for people with disabilities, based on how we listened and collaborated with them. Listening is the strategy that we prioritize and these are different ways we've done 2.

>> Can I make a comment I love the theme of the take a ways is that folks are seeing that community should drive the work, that the groups and the communities that folks want to serve are the ones who should be coming up with the strategies or helping to develop these voices and intentionality, the factual realization that DV disproportionately affects these communities, all of these are wonderful examples and I love that these are take a ways, and that is why we're here, it is community-driven, getting with these communities and having them tell us what it is specifically they need and that's what Timike and I are doing, what we want to do and it's our position. So I'm excited to see all of these takeaways and responses

>> Shelby had a question, she asked how we secure funding for the incredible work we do. That is a multifaceted question. First, I receive my rape prevention money through the CDC, it's 100% primary prevention work, that is helpful for the work I want to do before violence starts, which is often difficult to do. But we -- like I said, put your money where your mouth S we create line items for equity in every grant we write, making sure that people who don't have the resource can get paid for their time, making sure that our space is equitable, accessible, making sure transportation is available. It is a priority for every grant we do and it allows us to have money there proactively, not looking at equity on the back end, but before we create any strategy, how can we create this opportunity for any person, no matter what their mobility level is, their vision, their hearing, how can we create a space where he ever one is welcome. So that is a big priority that we do. Everyone. Our money comes from every where that we can get it and anywhere that we can get it.

>> Thank you so much. I'm afraid we're going to get sucked out of session, so I want to thank you so much for your amazing, exciting work and offering your email for follow up. Thank you so much for helping to guide us with your work, it was inspiring. Thank you.

>> Thank you for having us.

Thank you. I'm sorry. That was really fast!

>> My email is in the chat. Reach out to me with any questions. He'll be happy to answer. We also have on our website some institutes that we've done, some trainings that we've done outside of here. So I can give you a host of resources just to understand more how we do. Thank you, Coleen! Thank you again, everybody.