>> Just a reminder for folks

joining early.

Thank you so much for being

here.

We're going to get started at

the top of the hour.

So 3:00 p.m. eastern, 12:00 p.m.

Pacific.

Just as a reminder, this is

being recorded and the recording

will be posted on our website

later this week.

You will also receive an email

with the link to the recording.

If you registered for today's

event.

This is a Zoom webinar platform,

so you will not be able to turn

on your camera or your audio.

But you will be able to see and

hear the presenters.

And we welcome you to ask any

questions that you have using

the Q and A function at the

bottom of your screen.

We will have closed captioning

today as well, and that will

start when we get started in

about five minutes.

And thank you so much for

joining us.

We're looking forward to today's

event.

DV/SA.

DCFS.

>> Hi, every one to folks who

are joining.

Looks like we have 266

participants, which is very

exciting.

We're going to get started in

just a few minutes.

Just a reminder this is being

recorded and the recording will

be posted on our website later

this week.

This is a Zoom webinar event, so

you will not be able to turn on

your camera or speak using your

audio, but you should be able to

see and hear the presenters.

This will be closed captioned,

and we're going to get started

in just a few minutes.

>> Testing.

>> Hi, everyone.

Our numbers are still rising.

So I think we're going to get

started in just a couple

minutes.

Thank you so much for joining us

today.

Just as a reminder, this is

being recorded and the recording

will be posted on our website

later this week.

You will also receive a link to

the recording on our website.

You're welcome to use the Q and

A function to ask any questions

of our presenters today.

And this will also be closed

captioned.

Thank you for joining us.

We're going to get started in

just a couple minutes.

>> Jess Fournier: We're going to

get started in just a couple

minutes.

For folks that can't hear, we're

not -- folks are not speaking

yet, so that could be the

reason.

Also, if you just make sure

you're connected to Zoom audio,

down at the bottom of your

screen.

You won't be able to speak or

turn your camera on, but you

should be able to see and hear

the presenters.

If you can hear me right now,

hopefully you'll be able to hear

the presenters as well.

We're going to get started in

just a minute.

Just a reminder this is being

recorded and the recording will

be posted on our website later

this week.

And thanks so much for joining

us.

>> Tien Ung: Hello, everyone,

thank you so much for getting us

ready, Jess.

Welcome to our second virtual

conversation.

My name is Tien Ung, and I am

delighted to be hosting and

facilitating today's virtual

dialogue with my colleague,

Shellie Taggart.

We're really pleased to welcome

you all to this call today.

Even though we still have people

joining, I can see our numbers

rising, we had a little over

1400 people registered for

today's conversation.

But feel like it's important for

us to get started, so keep

coming.

As Jess said, this is being

recorded, and so we will be

sending this out and you'll have

access to things if you had to

join late.

So before I turn this over to

Jess, just to give us some

instructions and an overview of

the technology, I want to take

just a brief moment to give a

shout out and a sincere and

heartfelt thank you to the

children's bureau and the family

violence prevention and services

division, which are both a part

of the administration for

children and families, which is

pa the of the Department of

Health and human services.

So they have collaborated with

us on launching this three-part

national dialogue series called

"innovation on demand" and we're

really grateful for their

partnership.

Jess, do you want to give us an

overview of what we can expect

today?

>> Jess Fournier: Sure, thank

you, Tien.

Hi, everyone.

Thank you so much for joining.

So this is -- we're using the

Zoom webinar platform, so just

as a reminder, you will not be

able to turn on your own camera

or to speak using your audio.

But you should be able to see

and hear the presenters using

just everything is set up, so if

you're having problems with

audio, I recommend going down to

the bottom left-hand corner of

your screen where there should

be a phone or microphone icon.

You may need to click that and

follow the instructions if your

audio is not joining.

You can also leave the event and

then rejoin and that might solve

some problems, because there are

so many people on the platform,

sometimes there are weird tech

things that happen, and

hopefully we will not have any

major issues today.

Just as a reminder, this is

being recorded.

The recording will be sent to

everyone that registered today,

and it will be posted on our

website later this week.

This will be closed captioned as

well, and those closed

captioning will be the

transcript will be posted on our

website as well.

Just as a reminder, we do have

certificates of attendance

available, if you would like

one, I'm going to put my email

address into the chat box for

anyone who wants one, you can

just email me directly after the

webinar is over.

We cannot offer any sort of

CEUs but we're happy to give

you a certificate to show you

joined us.

One final note, we have a

feedback survey of the -- at the

conclusion of this event.

It will pop up on your screen

automatically.

We'd love to hear your feedback

about what you found useful,

what worked, what didn't work,

and any -- anything you would

like to learn about on future

discussions.

I believe that is all the tech.

One last thing.

You will not be able to ask

questions using your audio, but

we welcome you to put any

questions for the presenters

into the chat function the Q and

A function and we'll be

monitoring that to ask questions

of our wonderful presenters.

And.

>> Tien Ung: Thank you so much,

Jess.

And a special thank you for all

of you -- all you do so we can

have these very important

conversations and to have them

happen so wonderfully.

Thank you so much for that.

I want to start off first by

just acknowledging that we are

all going through some really

difficult times as we sort of

turn to think about how to deal

with the impact and the

implications of COVID-19 in our

families, in our professional

communities, and in our local

communities.

So I would like for us to start

with a moment of silence and

reflection, for all the people

that have been negatively

impacted by COVID, and

especially for all of us who are

on the call, who are worried

about people who may not be

doing well right now, and

certainly for all of us on the

call who are grieving and

mourning those who have passed.

>> Tien Ung: Thank you,

colleagues, I appreciate that.

As I said, this is the second of

three national dialogues that we

organized as part of a series

that we're calling "innovation

on demand" to really capture and

share out all the ways in which

your colleagues on the front

lines of the field of domestic

and family violence are really

shape shifting their work and

their practices and their

partnerships to meet the very

many diverse and unique needs of

those who are sheltering at home

when home may not be such a safe

place to be.

As I said, this is the second of

two dialogues, and if you've

missed the first one, which was

with implementing culturally

responsive and trauma-informed

Telehealth services and

cultivating family-centered

practices during COVID

constraints you can catch that

on our website by just typing in

the name of our organization,

Futures Without Violence, and

"innovation on demand part one"

and it should bring you to a

link for the recording for the

first dialogue.

Today we're talking about

advancing collaboration during

COVID to protect children and

families, and I'm going to hand

it over to you, Shelly, to kick

us off and introduce yourself

and our panel, please.

Thank you.

>> Shellie Taggart: Thanks,

Tien.

I'm thrilled to be here with all

of you.

My name is Shellie Taggart, and

I'm the project director for the

quality improvement center on

domestic violence and child

welfare at Futures Without

Violence.

And I do have the great pleasure

of introducing our panelists

today.

I'm going to start with Nelly

Bonilla, who is at a safe place

in Waukegan, Illinois.

I'm going to give all of our

panelists to tell you more about

their work, so I'm going to do a

very brief introduction here at

the beginning.

Nelly, thank you very much for

joining us.

Nelly worked in a position where

she consults with child welfare

folks on the front lines going

out and doing investigations and

so forth.

Cydney Smith is joining us from

the West Virginia Coalition

Against Domestic Violence.

Welcome, Cydney.

Cydney oversees a unit of people

who do the roles that Nelly is

doing currently.

So Cydney is going to be talking

to us about the experiences of

folks doing this work in West

Virginia.

And Susan Hubert is the head of

the domestic violence unit at

the Massachusetts Department of

Children and families.

And this is -- we -- Sue

graciously agreed to join our

panel last-minute because we are

missing Eloise Sepeda, who was

supposed to be one of our

panelists today and had an

emergency and was unable to

join.

A non-COVID emergency.

So let me just say that.

Sue, thank you so much for being

willing to step in.

And we're very much looking

forward to talking with all of

you and hearing all the pearls

of wisdom you have to offer.

We're getting a lot of questions

have been coming in sort of from

around the country and we're

going to ask you to share those

questions with us as we engage

our panelists.

So I just want to say before you

all talk just a little bit about

what each of you do, what your

organizations do and sort of

where you're positioned, each of

you are working in different

models, right?

So there's, for example, some of

you work in the child welfare

agency, some in DV programs.

Etc.

But one of the things is that

you all obviously work at the

intersection of these two fields

of child welfare and domestic

violence.

And we'd really love for you to

talk a little bit more about

your work, and I think all of

you do some version of or your

staff do some version of case

consultation with child welfare

workers, training with both

child welfare staff and probably

with DV programs as well, right,

so to help domestic violence

programs sort of learn more

about child welfare and how to

help.

I know that several of you at

least a couple of you do

policy-level work as well.

So there are themes here that I

think are cross cutting across

the models you work in.

So I just want to sort of say

that up front because we're

going to be focused less on the

models today and more focused on

the practices.

So I'm going to turn this over

to Nelly to give us a little

two-minute overview of your

organization and the work you do

and the community that you work

in.

>> Nelly Bonilla: Thank you,

Shellie.

So, yes, I work with the safe

place, the domestic violence

agency in lake county, Illinois.

And the project that we -- that

I'm working with is the research

project here with the DCFS is

very new, so we're like in the

baby stages of our project and

so I work closely with DCFS

services in the Lake County

area.

Right now my job is going out to

the homes with investigators and

also they collaborate with me on

cases, both investigators and

supervisors.

And some intact the agencies as

well.

>> Shellie Taggart: Thank you,

Nelly.

Cydney?

>> Cydney Smith: Hello, thank

you, Shellie, hello everybody.

I am Cydney Smith, I'm from the

West Virginia Coalition Against

Domestic Violence.

And I am a protective services

coordinator.

So I work with our DV

specialists who are colocated

advocates working with child

welfare to make recommendations

in child welfare cases where

domestic violence is present.

As Shellie mentioned, there's

policy work, so we do some

policy work on the local level

with child protection, and then

with our legislation as well,

making sure that survivors

always have a voice, not only

with child protection, but in

our DV unit as well.

And then we do cross training,

so we do training with child

protection and training with

domestic violence advocates.

And how their two worlds

intersect with one another.

Thank you.

>> Shellie Taggart: Thank you,

Cydney.

Very nice.

Sue?

>> Susan Hubert: Hi, everybody.

I'm Susan Hubert, the director

of the -- I'm at the state child

welfare agency here.

Our unit is -- our state

employees, they're embedded

within child welfare.

And the unit itself is exist --

has existed since 1990, so we've

been around the block a couple

times.

I've been in the unit since

1994, and prior to that I worked

for about 11 years in domestic

violence shelters.

Most of the people, not all, but

most of the people in the

domestic violence unit now came

from that world.

They were in the DV world, and a

provider network.

Currently we've got nine staff

covering field offices

regionally and then two

supervisor positions that

directly supervise them.

The unit itself, its purpose is

to integrate the knowledge of

child welfare -- domestic

violence into child welfare.

So when we're doing our work,

which as Shellie said, involves

a whole variety of things,

whether it's consultation on

cases, or trainings, but our

role is to try to integrate that

thinking and that knowledge into

child welfare practice so we're

not the holders of it, we are

the imparters of it, more likely

than not.

The staff that are out in the

field have a lot of different

roles, but if I had to break it

down really simply, there are

two really primary things that

they do.

One is that they do

consultations with DCFS staff on

child welfare cases, and it

might run the gamut of safety

planning with a survivor, to

engagement strategies for the

person using violence.

And it might involve all

different levels of the agency

in that consultation.

The other really big primary

role, which I think speaks

directly to the title of this

speech, this discussion today,

is that they are there to be

liaisons with the community

providers.

They speak the language of both

worlds.

So they are there to develop,

create, maintain relationships,

not just with themselves and DV

providers, but between the

offices and the DV world.

That's us in a nutshell.

>> Shellie Taggart: Thank you

very much, Sue, lovely

introductions.

So let's dive in to our first

question.

You nope, one of the things that

we all know, and I'm sure, I

don't know how many people are

on this event right now, but I'm

sure 95% of the people in our

audience know as well what we've

always known, which is that home

isn't always a safe place for

all family members, right?

And all families.

What I think the pandemic has

done is sort of elevated our

collective awareness, right, and

elevated it to a national level,

so you can hardly turn around

these days without seeing

something in the media about

concerns that people have, about

escalating family violence,

whether that's partner violence

or child abuse.

And that's happening as we are

hearing from many jurisdictions,

that reports of those things are

dropping in some places.

So a lot of people are worried

about this.

The same issues we've been

worried about for a long time.

So it feels like a moment when

there's sort of heightened

awareness.

So my first question to all of

you, and I'm going to go to

Cydney first for this, I think

is just, if you could give us a

little bit of an overview of

what exactly is it that you're

seeing during this time of

COVID-19, the stay-at-home

orders, whatever they're called

in your jurisdiction, shelter at

home, all those various labels

that we're putting to it.

>> Cydney Smith: Thank you,

Shellie.

So West Virginia, we face a lot

of rural realities, we're a very

rural state.

Our realities are also much

different prior to COVID, and

now they're increased or

heightened because of COVID.

We have seen in some of our

programs, we have 14 programs

across the state and we have

seen that in some of our

programs we're getting less

calls to those hotlines because

people don't feel they have a

safe place to be able to call

and ask for help.

We're also -- our child welfare

workers that when they go out to

assist the home, after they have

received a referral, that

they're seeing more violence

because it's much more present

in their face now, due to the

restrictions of this movement

that we're not having now.

So there's less freedom of

movement.

And the violence has heightened

within the home.

So they're reaching out more in

what do we do, how can we assess

this, how can we make a safety

plan that can really work in a

way that allows this person to

still stay where they are in

their environment, but feel safe

in their environment.

So in one way our programs are

not seeing maybe as many calls,

but our child protection is

now -- child welfare is seeing

that reality, more so because of

this lack of freedom of

movement.

>> Shellie Taggart: Thanks,

Cydney.

Nelly, how does that compare

with Illinois and what you're

seeing?

>> Nelly Bonilla: So I kind of

agree with Cydney on this, even

though they're a rural area with

them having to shelter in place

here in Illinois, you see a lot

more isolation.

They don't have that network of

support that they had before

with their families where they

could go to their houses.

Even going to the store, going

shopping could be dangerous

right now.

So the lack of support,

isolation is I guess the problem

right now.

Also, economic stress is

happening with people not

working.

And because of that, you see a

lot more of the maladaptive

behavior starting to surface.

A lot of drinking, a lot of

doing drugs, because they're not

working, so they're always home.

That goes from both sides,

people using violence and the

person trying to cope with the

person that's using violence.

So that's what I'm seeing.

>> Shellie Taggart: Sue,

anything to add here?

>> Susan Hubert: Yeah, I

think -- my framework is what

we're seeing in child welfare

very specifically, not so much

in the DV programs, but part of

what we're experiencing as a

domestic violence unit is in the

past, when we would get

consultation requests from

social workers in the agency, it

would normally -- 80% of the

time was probably an ongoing,

where there's an open case, it's

an ongoing issue, and we get

called in.

If we're called in during

investigations, which happens

more -- it does happen a lot, we

often are called in the middle

of the end.

So now here's what we're

experiencing that's been really

different during COVID.

We have been being called in to

investigation stage cases

literally on the first day.

Sometimes -- we like this,

before they've done any kind of

reach-out to the family.

And in fact, we've actually

gotten a lot more calls from

screeners as well.

So people who are taking the

phone calls before there's a

screening decision, they're

looking at what else they can do

together -- to gather

information or what decision

points to make about this

particular situation.

We're getting calls from them.

So we are by far getting a lot

more activity on the very, very

front end of the cases coming

into the agency, which has led

to honestly just a firefall of

understanding and new learning

both for us and for those people

who are asking for help.

We have learned so much from

them, and them from us in

collaborating around this stuff.

So it's -- in any difficult time

you sort of try to look for the

silver linings, and I feel like

we're learning some things, and

the people in those positions

are -- they are so very aware of

the constraints and the

restrictions on families and on

them to gather information now,

because there's so many

restrictions on families and so

few are contacts in the

community, they're realizing

they have to think about these

things differently.

And they're asking for help.

>> Shellie Taggart: So you

brought up a point I want to dig

into a little bit more.

That is this issue about --

because this is the number one

question that we're hearing from

everyone, right?

How do we make safe contact?

So one of the things we know is

that one of the things that this

pandemic is revealing is that

our usual strategies for making

safe contact aren't always

necessarily working for us in

this current environment.

And, you know, that sort of

safe, private contact is

essential, both for, you know,

first of all just trying to

understand what's happening in

the home, and what's happening

for survivors, and then also to

get some safety planning done

and do some of those things.

So I wonder if you could talk,

Sue, first, since you brought it

up, a little bit about some of

the strategies or ways that

people are making some of that

safe contact, and then we'll

open it up to the other

panelists as well.

>> Susan Hubert: Sure.

I think -- for anybody who has

already heard me say this on a

couple of phone calls, I

apologize for repeating, but I

honestly don't think that what

we know about making safe

contact, or even strategies in

general are -- need to be

different.

I think we all know the

fundamentals of sort of

navigating circumstances.

We just have to navigate new

circumstances.

Right?

And way more intense ones and

limiting.

So I'm encouraging people to not

feel like they're having to make

something up from scratch.

So that's one thing, I think

it's important, we've got some

of the basics in here.

But one of the biggest

strategies I think that we're

using is having people have the

knowledge about the importance

of making safe contact and

thinking several steps ahead

before they try it.

So, for instance, everybody

has -- everybody who has done

any of this work has thought

about or even done setting up

safe words, code words, we have

talked to staff about writing

yes-or-no questions on cards to

be able to hold up in front of a

camera.

Is there anyone listening to you

right now, or, are you safe to

talk to me openly right now?

Something very simple, yes or

no, if -- and then the next step

that we have to talk to people

about right away is what do you

do with the answer?

If you get a no, I can't talk

right now answer, you need to

have a pathway already devised

about where you go in the

conversation.

What you ask, what you talk

about, that kind of thing.

And I think -- Shellie stop me

if I'm getting ahead to a

different question that you

wants to answer on this, but one

of the ways I'm talking to

people about this is, really

using COVID-19 and all of the

restrictions around us as the

foil to have conversations with

families.

That's about safety.

We can have those now without

raising suspicions.

We can talk to them about what

their contact is with the

community, with either or both

parents.

We can talk to them about who's

going out in the community, what

are they doing and do they have

what they need to do that

safely.

Being able to think about and

ask them about what their

routines are like, these are all

things that are normalized now

in this setting, where we're

talking about what people need

as they're isolated in their

home.

We've never been able to talk

about that openly with survivors

of domestic violence.

Especially not with their

offender in the room.

And we can kind of do that in a

different way now.

>> Shellie Taggart: Yeah, I

think it's really interesting

that it sort of gives you a

different entry point in a way

that can normalize some of the

stresses that families are

feeling.

Somebody was talking earlier, I

think it was you, Nelly, about

some of the economic strain on

families and things like that.

That's something that everybody

is sort of dealing with.

So I love this idea of using

this as a new entry point.

I wanted to ask Cydney, first

let me just say, is everybody --

this idea of using code words,

Cydney, is that something folks

are doing in West Virginia as

well?

>> Cydney Smith: Yes.

>> Shellie Taggart: Can you talk

about that?

I think one thing Sue, some of

us, always, including Sue, not

everybody knows what that

strategy is.

When it's something that we do

just as a normal course of

business, we don't always think

to explain it.

>> Cydney Smith: Right.

So it's always been the use of

code words and things like that,

but now you have to sometimes

get more creative.

Certain code words, if you say a

word, we talked or heard before,

like pizza, right, versus spicey

pizza.

And spicey pizza might mean

there's something more lightened

going on.

So pizza would mean one thing

and spicey pizza would mean

something else.

Really that use of alerting

somebody that you're in danger,

that you could be in danger

without ever revealing what that

danger is.

In order for everybody to make a

heightened response.

Not only a heightened response

for the victim, but what is this

now response going to look like

if the perpetrator is there, if

you come across that

perpetrator, what do you need to

do?

Everybody is on a different

level right now, so I really

like how Sue said this is a new

way to look at this, and it's a

new entry point that we may

never have seen before or been

able to use before.

So that's something that we can

all work on and put our own jazz

on.

I always say there's no need to

reinvent the wheel, you just put

a little more flavor on it

sometimes.

What's your flavor, and what

fits in your community.

>> Tien Ung: I want to jump in

really quick, Shellie.

I think it's also so fascinating

and really helpful because

you're both pointing out the

ways in which not only are we

assessing and finding ways to

safely contact, but we're doing

it in the context of helping.

And offering help.

And so all the strategies that

you were talking about, Sue, in

terms of do you have enough

food, how are you getting to the

grocery store, when are you --

who is going to the grocery

store?

Who is looking after the kids

while the other person is --

it's all information that you

know, you can draw on to engage

and to collaborate and to even

help.

And say, is there anything we

can do to help with that.

And in so doing, kind of lower

the temperature at home when

temperatures are bound to rise,

they rise for all of us right

now, right?

So it's a really important

piece.

There was a question that came

in about whether or not you're

hearing anything about how

neighbors might be able to help

in terms of engaging safely.

So I don't know if anybody has

any thoughts or strategies

around be that, that you are

dealing with.

>> Cydney Smith: A couple of our

domestic violence programs here

in West Virginia have started

doing kind of their own social

media response, and their own

webinars around what is a

community response.

And in this regard they're

looking at community as

geographically, and what are you

seeing, and so if you have a

neighbor, it's okay to check on

your neighbor right now, because

we have this new entry point.

It's okay to have extra eyes and

extra ears in places where you

may not have had them before.

And if you need to be part of

the prevention, so child

protection, DV programs, other

types of programs sometimes are

the intervention, but that

community response is the

prevention.

So how can you look at this from

a preventive place, and not a

place that might feel a little

too much if we didn't have these

parameters that we have now.

>> Shellie Taggart: Thank you,

Cydney.

I want to go in a slightly

different direction.

Nelly, I was thinking about some

of our conversations that we had

for planning, and I'm

wondering -- so you go out into

people's homes, right, so with

child welfare investigators, and

you know, and sometimes both

parents are there.

Both adults are there.

And so that is the reality of

what investigators deal with all

the time.

Sometimes despite all those best

planning efforts that Sue was

describing, which are

critically, critically

important.

I wonder if you could talk to us

a little bit about what are the

kinds of things that you see,

what are the kinds of things

you're paying attention to as

you and an investigator are

partnering to try to figure out,

like, how can we engage, so

we're starting to talk a little

bit this engagement process.

How do we engage, and how do we

assess what's actually going on,

and how worried we need to be

about that.

To could you talk to us about

that experience?

>> Nelly Bonilla: Yes.

First I want to say how much I

appreciate and admire all the

investigators that have to go

out there, because they never

know what they're putting

themselves into.

The risks they're taking into a

house when they're mandated to

go after a 24-hour period, where

everything is still heightened.

Yeah, my hats go out to them

because it's a hard job.

So, yeah, I've had experiences

actually where I've gone out

when they have to do their

24-hour mandate, and there's

some times the survivor doesn't

know the person that did the

violence was there.

And we have to think quick,

because we don't know what's

happening.

So I had a situation where we

went there, and then the

survivor was there with their

children, but she didn't know

that her husband was there.

He came out of the room and

had -- we had to think quick.

We asked him if he could take

the kids and go to the room, and

he did.

And we talked to her for a

little bit.

This was a very violent

situation.

He had her by the hair, and he

was hitting her the day before.

He was drinking, and the

children were there present, the

two boys.

And then I kind of saw that the

investigator was nervous,

because he was there.

So I -- my expertise is with

working with abusers, people

that use violence.

So I asked her if I could talk

to him.

So she's like, by yourself?

And I'm like, yeah.

So he came in, and the first

thing I did is I got to his

level and I basically said, you

know, I know that -- I saw how

you treat your children and I

saw how you love them.

And as soon as I said that,

because he came in kind of with

an attitude, his demeanor

changed, and he said, yes, I do.

I love my children a lot.

So I went in through that

Avenue.

We started talking, and he

basically did a lot of things,

he took away her license plate

from her car so she couldn't

drive, which she actually did

drive because she needed her job

and she had to go to work, and

she took her kids with no

license plate.

He trashed her phone so she

didn't have a phone to talk to

anybody.

And in -- and he told her he

couldn't take her kids.

So she couldn't leave with the

kids.

So in our conversation I said,

you know, so do you think it was

a good idea for you to take the

license plate out of her car?

And he was like, no, I know that

was awful.

I shouldn't have done that.

We started talking about the

children, and how much he loves

his kids, and so I asked him,

who do you think your children

should go with right now?

And he basically said, I think

they should be with the mom.

So again, I'm summarizing

everything that went on in that

conversation, but he was

comfortable enough to put the

license plate back on her car, I

went and talked to the mom, the

children, they were like, they

wanted to leave.

So he did.

He said, they should leave.

I need help.

I need to work on myself.

That situation could have turned

a little bit sour if we went in

pointing fingers at him.

So I think this is where

collaboration between the DV

agency and the investigators

work well.

This is one example where it

went well.

>> Shellie Taggart: I wonder if

you could just talk a little bit

more about this.

Because I think one of the

things that we know that

investigators deal with all the

time, right, is having to make

these calls in the moment about,

how am I going to talk to this

person, am I going to talk to

them, am I going to try to push

them a little bit, am I -- is it

going to be a safe thing for me

to ask, for example, what do you

think about your kids going with

their mom.

So there are -- people are

making those decisions sort of

split-second in a person's home.

So can you say a little bit more

about any of the things that you

pay attention to that you

observe, that you listen for as

people are sort of -- as you're

helping investigators to sort of

conduct that kind of work?

>> Nelly Bonilla: Yes.

So as soon as we walked in and

we saw he was walking out of the

bedroom, I looked at his

demeanor, I started just

observing his affect, when we

asked him if he could take his

children I saw how he responded.

He's like, yes, he got his

children, he went to the room.

So you start analyzing

everything at that moment.

If anything starts to feel

wrong, you definitely want to --

safety is first for everybody.

For the investigators, so you

want to get out of there as soon

as possible.

If at any point you feel that

you're in danger, the children

are in danger you want to get

out.

But when he did that, he

actually did what we asked him,

he went to the room with the

kids.

And when I said can I talk to

him, he did come in with an

attitude, because he came in

kind of like, what are you going

to tell me?

And as soon as I started talking

to him how great of a father he

was, he -- his demeanor changed.

He sat down, so if he wouldn't

have sat down that's another --

I was sitting down, he sat down

with me.

And then while we were talking

about how he is a good father

and he loves his kids, and then

I started talking to him about

how he treats his wife.

You'd think that those children,

how does it affect your children

when they see you treat your

wife that way?

And he's -- he put his head

down, he was -- you could tell

he was ashamed of what he was

doing, without me shaming him.

I never once shamed him.

It was him telling me.

I asked him what happened, he

didn't tell me even one-fourth

of what he did, which I knew,

but I didn't question it, I let

him tell me what he did.

And as he was talking that's

when we were -- again, I kept

watching his demeanor, at any

time he would have stood up I

would have stood up too.

And things -- so you're

constantly -- when you're

talking to somebody that's

actually using the violence, you

always want to constantly

measure their level of, if you

see them start twitching, if you

see their hands start moving,

you have to monitor all that,

because then you know that you

hit something in them and

they're going to, you know, get

mad.

>> Shellie Taggart: That's a

really interesting, paying

attention to tone, paying

attention to body language,

paying attention to the nuances

of how people communicate their

emotional state I think is

important.

Sue, did you have something you

wanted to throw into the mix?

>> Susan Hubert: Yeah, just to

add on to it what Nelly is

saying, in normal times, I don't

know what that means anymore,

but in normal times when we

would train people, especially

investigators, we would be

encouraging them to think about

the two different conversation

pathways.

To be watching for this stuff

but being ready to in case the

offender is there.

What are you going to say, what

are you going to talk about, how

are you going to manage that?

I think not to belabor the

point, but I think that with

COVID-19, we've got some

possible conversations to be

able to immediately launch into

to start doing some of that

gauging of their demeanor.

And we also know that when we

talk to those individuals who

use violence in not a shaming

way, in not an accusatory way,

but in a way that is engaging,

like we would with anybody else,

it matters how they respond.

Like, that matters.

So we can have some element of

impact by being able to show our

concern for them, and their

health and safety and well-being

in this crisis, by being able to

ask them how they are within

that context.

So it's a built-in mechanism for

us to be able to use in those

circumstances.

And to go in there like Nelly

did, and be able to identify

something that is a strength or

a positive about that individual

changes the landscape.

>> Tien Ung: I think those are

all really, really good points.

And I want to jump in and also

keep this conversation going to

think about what does -- how

does collaboration look

different under these contacts?

Who are the people that you're

turning to in your work, what

types of new relationships or

roles are you all kind of

designing to or seizing

opportunities around?

You're each working in such

different places, Cydney, you're

in rural areas, Nelly you're

serving Latino/Latino

communities, and Sue, you're all

over the commonwealth in

neighborhoods and communities

with varying demographics.

And it's not uncommon, we know

that the impacts and the

implications of COVID are really

devastating families who are

already devastated before.

Really suffering and struggling

with economics, with oppression,

with isolation, with sort of

judgment and evaluation and

discrimination.

But through this all we've been

hearing also, as you're talking

about, new ways to engage and

new roles we can take on.

We've heard, for example, about

police delivering groceries to

families.

People have been mentioning and

seeing from the question and

answer box that the folks who

are listening right now have

talked about partnering with

food banks in order to reach out

and access and connect with

families who are burdened by

violence.

What type of -- let's start with

you, Nelly, when you think about

engaging with clients the and

engaging new relationships, what

are the new allies or

relationships that you're

thinking about as you're trying

to navigate this very complex

suspect thing?

>> Nelly Bonilla: I'm doing

relationships as I speak since

I'm very new, so I don't have

old relationships to go off of.

But one thing that Sue was

saying is that I want the

investigators to reach me as

soon as they know it's a

domestic violence incident,

because that's when everything

is heightened and that's when we

could get them to try to do --

work on different things to try

to resolve the issues.

Because it's more difficult when

they come in at the end when

they're trying to close the case

and they say, well, I already

spoke to the family and this is

what happened, what do you

recommend?

Well, are they going to really

want to do that?

So that's one thing I'm trying

to work on, trying to get them

to consult with me to get me as

part of their team as soon as

possible.

I'm also trying to work with

intact, so when the investigator

is doing the handoff, I want to

see if I could be part of that

too so we can all collaborate

together.

And see what we can do in

helping, again, the survivors

and the person that's using

violence, because I think that's

important.

>> Tien Ung: Do you have any

thoughts about working with

people who use violence in terms

of mandating them into sort of

services, and whether or not

mandating them is necessary?

There seems to be -- we've heard

from some of our other

colleagues who work with people

who use violence who have said,

during this time 80 to even 90%

of men who are in groups are

coming voluntarily without a

mandate.

Do you have any thoughts about

that did you want to share with

us?

>> Nelly Bonilla: Mandating them

to do work really -- doesn't

really work that well.

I know the court system mandate

them as part of -- it's either

jail time or you're going to do

partner abuse classes.

It's better when they realize

that they want to do it, because

that's when that -- that's when

they're going to do a change.

I guess as part of -- it's like

saying, here's the option.

Giving them an option, doing the

class versus her getting an

order protection against you.

Do you want the family to work,

do you want to do that?

That's also giving a choice also

to the survivor.

Planning with the survivor,

saying what do you want?

That's one thing when I go to

the houses I always separate

them, and then I'll talk to the

survivor, and ask her, what do

you want?

And I will also talk to the

person that uses violence and

say, what do you want?

What do you want to happen?

Because if they don't want to do

that, we can mandate all we

want, it's not going to work.

They're actually going to -- it

could backfire on us.

They could learn how to be

better abusers.

>> Tien Ung: Thank you for that.

Cydney, what you?

How are you thinking -- what

about you?

How are you thinking about

collaborating in new ways in the

communities that you're serving?

What new allies or relationships

are you seeing that's possible?

>> Cydney Smith: So we have

always tried to reach out to

anybody that would intersect

with child welfare, not just

child welfare workers, but those

who may provide economic

services.

So if someone is reaching out

and needing support with TANF

services or SNAP benefits, we

reach out in those ways as well.

So we're trying to remind

everyone to continue to

strengthen those relationships,

now more than ever people are

reaching out in that regard.

They need those services more

than anything.

They need like you guys have

mentioned, the food banks.

The rural reality here in West

Virginia is sometimes access to

food is limited, and now with

COVID on top of this, access is

even more limited.

So what does that look like?

And we have an amazing school

system that has stepped in to

say, hey, in all 55 of our

counties we're still going to

provide meals and services to

children through all this.

And I know that's happening a

lot of places nationwide.

But strengthening that

partnership with our school,

strengthening with economic

services, anywhere anyone would

intersect, landlords who may

start seeing things now in a new

lens where they hadn't seen

before.

So like Susan had said, whatever

that entry point is, going in

and really working those

relationships.

Hats off, like Nelly, hats off

to child welfare.

I sat in that position for

almost seven years myself before

coming to this, and it's a

burden in itself, and with this

new strain, it's worse.

So hats off to them, and across

the nation.

It's thankful for what you do.

>> Tien Ung: I really appreciate

that.

I was a former DCF worker too,

so thank you for recognizing

that.

It is very, very hard work.

Sue, I'm going to turn to you.

I'm curious, what types of, you

know, DCF work is a massive,

even internally, there's lots of

coordination that needs to

happen.

I'm wondering if you're seeing

kind of new practices and new

ways of teaming inside the

organization that has come out

of this that want to amplify and

share with others.

>> Susan Hubert: I think overall

I'm learning a lot from the

leadership of our agency because

almost immediately they began to

overcommunicate with us, which

was incredibly helpful, because

everything got ground to a halt

as far as being able to visually

be with each other.

So I think the way I can best

answer this question is to talk

about sort of what I would be

doing normally and how I've sort

of switched up that relationship

and collaboration work.

I am -- I've been in

Massachusetts for a really long

time and in the DV world for

basically that long.

So I've got long-term

relationships in DV programs

still, and long-term

relationships now within DCF

that I really feel blessed to

have because it opens doors for

me.

And people that I used to work

with as social workers or

supervisors, Tien, are now in

other places as well, right?

And Shellie.

So the way that I do my job

normally around this issue of

relationship and collaboration

is, I am -- I make myself known

to people.

So I literally probably at least

once a day will get up out of my

office and walk the building,

like walk through and say hi,

and it's because of that and

some other things that I have

relationships with an awful lot

of people in that building.

And I can and do pop into our

general counsel's office, or to

our commissioner's office, or to

our deputy commissioner's

office.

Just to say hi.

And I actually intentionally

really do that.

So that every time they see me

isn't because there's a problem

or something I want.

So that's just, you know, it's

basic relationship building and

sort of managing things.

We can't do that now.

We cannot just pop into

somebody's office.

Every conversation we have is

planned and intentional now

because you have to call them,

or you have to set up a

videoconference.

So that's one thing that I

realize, because it is such a

conscious part and now just

habitual act that I do, to do

those kinds of things in the

office.

So one of the things that I've

done, and I do this both with

DCF internal staff that I know,

but I've also been doing it with

people that I know out in the

domestic violence community

world.

At the end of about every other

day I try to do, at the end of

the day I send out three or four

emails to random people, just to

say hi.

Just to say, hey, how are you

doing, I hope you're doing okay.

I hope you and yours are well,

and -- like, not asking anything

of them.

And when I started doing it, I

wondered if I would be an

annoyance to people.

And it's not.

They almost immediately respond

with, ramblings of their own.

To not -- we are all -- whether

you're DV-related in the world

or whether you're internal to

DCF or child welfare, we are all

work horses.

We are head down, get the job

done kind of people.

And now more than ever we've got

to look up.

We have got to look up, because

if we get lost in our work in

this isolation, we won't be able

to have those relationships that

we need.

That's my angle on it.

>> Tien Ung: I think that's

brilliant, I love that idea of

checking in, making sure people

are okay, maintaining those

connections, because then you

were talking about earlier, how

you're doing more consultations

than ever, and I think Shellie

mentioned to me you were talking

to her about a case that you

were consulting on.

Which then involved a lot of

sort of internal and external

teaming.

And I can imagine that what you

do right there just gets that

whole community ready to sort of

act together like a volleyball

team, keeping this ball up in

the air, in a split second.

Do you want to share a little

bit about that particular case

or outcome?

>> Susan Hubert: Yeah.

Do I remember it?

Oh, yeah.

Actually I got an email about it

right before this call.

So in a really briefly in a

nutshell, this consultation came

to me just a couple days ago on

a case where -- and I'm glad

this happened, the manager in

the office got both my self and

my staff person who covers that

office involved, because it

ended up taking both of us.

And then some.

So the very general overview of

it was a mother and three kids

under 8 had been separated from

the person who had been abusing

her.

For a few months.

But he was really escalating.

He -- his birthday had happened,

something else had happened and

I think it had become apparent

that she was going to -- she was

planning to leave the area with

the kids.

So he began to escalate.

And literally when they called

me, he was circling the block.

They were trying to get ahold of

the police to go over there

because she was at risk, and she

was calling for help.

And she wanted to get out.

She had some place to go, and

either four or five days, but

she needed to leave now.

Because he was just so

escalated, there were mental

health concerns, and he was

misusing substances.

So his danger level was pretty

high.

And we hadn't been able to

connect with him.

So the pathway of working this

situation involved myself and my

staff person, the ongoing social

worker in child welfare, and

their supervisor, the

investigation worker who had

just gotten added a new case on

this situation, the area program

manager, the area clinical

manager, and the area director.

So those are the three highest

management people.

All of us were on the phone

together.

And as we got the information,

what we did was, we -- and this

is what myself and my staff

person helped to do, we

organized what we needed to do

first, second, third, whatever.

And then we all split up those

tasks and sent people off doing

things.

The local police department,

which was a smaller local

department, wasn't being as

helpful as they could be.

So the area director was going

to call the chief, and encourage

a little bit more participation

there.

The family, the mother and her

kids only -- didn't speak

English.

And so the ongoing worker was

going to provide a communication

and translation as needed to

whoever needed to talk to her.

I and my staff person were going

to be working with local DV

programs to figure out if we

could find a safe place for her

to go to.

And as we split and then there

were even more things.

But as we split up all that

work, one of the things that

became evident to me was so --

we had a DV program to put her

up in a hotel with the kids for

four days until she was able to

leave.

Not usually, there's never an

easy way to find shelter space,

but that kind of a limited thing

isn't usually that difficult.

Sometimes child welfare will

buck up for that.

But in these days, it's a lot

more difficult.

And some shelters aren't --

aren't taking in new people

because of resources, some have

outbreaks in the shelters.

There's all kinds of stuff going

on.

But what we could do is package

to them because we had safety

planned with this mother,

because this worker had

developed a relationship and

understood what was happening,

we were able to say to them,

here's what is needed and it's

this small thing we need,

because then the rest of this

plan will be in place.

And it took all of those people

to do that.

The other thing that raised up

for me that I think is a really

important lesson, is there was

at one point when I was on the

phone with this large group and

somebody in the group said, we

were trying to talk about

transportation for the mom from

where she was to the place she's

going to go.

And somebody said, well, the DV

shelter should do that, that's

part of what they should do.

And I stopped the conversation

and I'm like, so not just now,

but especially now in times that

we're in, what we need to be

really aware of is that there

should -- there isn't any

"they."

There is no "they" in this work.

It's all "us."

So they might be able to support

the idea of doing

transportation, but we aren't

assuming it's their

responsibility.

It's not they should.

We had this whole conversation,

and I've had this conversation

with other people.

Where, if we all did our work --

[indiscernible] if we're all

figuring it out together,

that -- [indiscernible] your

fault, your job, we're all in

this together figuring it out.

So it took -- it took eight or

nine people to figure this out.

But it worked.

And we got our place and -- got

her a place and she is where she

needs to be.

>> Tien Ung: I love it.

That's such a great example.

And it really reflects what we

talk about a lot at Futures,

which is sort of Olympic

volleyball leadership, or

Olympic swim team leadership.

So there's sort of a leadership

and the collaboration that

either happens like a volleyball

team, so there's six of you and

how are you going to work in

coordinate together to keep that

ball in the air and get it over

the net.

And engage in the game.

Or are you going to run

leadership like an Olympic swim

team where everybody has their

lane, and they come together,

only intentionally when they

feel like they need to.

But other than that, you each

swim in your own lane and you do

your own thing with the

understanding sometimes not so

great, in this situation that

somehow you're all in your lane

and doing your thing it's going

to come together in the end.

So thank you for that.

Cydney, I want to throw this

question over to you and then

I'm going to open it up for Q

and A from our participants.

We sort of have half an hour

left and I want to make sure to

get their voices in there.

We have about close to 700

people on the line listening,

thank you everybody.

But a lot of people are really

interested in terms of how do

you get organizations and other

people and authorizers to

actually work and collaborate in

this way?

And I feel like that's a good

question for you, Cydney, as the

coordinator, the person who is

actually setting up these

systems and trying to get them

to come together and to

cooperate and to work and to

shift mind sets to allow this

type of volleyball leadership to

kind of happen.

Can you speak to that a little

bit?

>> Cydney Smith: Sure.

Thank you.

So you don't know what you don't

know, right?

And in one arena or in one silo

you know a whole lot about

whatever your arena is.

And same thing in the other

arena or the other silo.

And sometimes decisions have to

be made where those cross.

And you can't make a decision

off of assumptions.

You can't make a decision open

of what you think might happen.

A lot of times, just think about

personal decisions that you make

sometimes.

We all ask that what if

question?

What if this happens or what if

this happens?

If you stay in that one lane or

you stay in that silo, then

you're going to answer that what

if question without having the

right answer.

And so you, again, you don't

know what you don't know, and

you need to know that

information.

In child welfare you may know

one aspect of it, and never get

that DV side.

Or the domestic violence side

may never understand that child

welfare side.

And if you can make those

decisions together, then you can

give a better answer and a more

heightened response to

everything.

That's kind of how we always

approach the table when we're

trying to bring on new partners

in whatever we're doing here.

You don't know what you don't

know.

So do you want to know more?

And often you do, right?

You always want to know more and

you want to know the best way

you can help.

We say too, you can't -- it

takes a village, so if you have

kids, you -- we always hear that

saying it takes a village.

It takes a village to all of

this.

So it's really setting down --

sitting down and saying, no one

is trying to take your job, no

one is trying to do your job,

we're just here as a support and

we're here as a resource.

And this is why we need that

resource.

And whatever your resource is,

then you package that and you

say, here, this is what I can

offer you.

And this is what I can offer

you, and I want you to offer me

something as well.

I can't bring anything to the

table, unless I'm willing to

take something away from the

table as well.

>> Tien Ung: One more.

>> Shellie Taggart: Go ahead.

>> Tien Ung: Building right off

of that, I was thinking of

something you were saying

earlier, Sue, around being in

this environment in

Massachusetts, where colocation,

you know, was something that was

started in the 1990s.

And really was the first, it was

the first sort of effort to kind

of colocate child welfare and DV

services.

And you've been in that unit

since 1994.

Can you throw out some of the

insight -- I'm just realizing

that that's a long time, what

were some of the frames in

addition to some of the frames

that Sydney -- Cydney just laid

out that you felt like have been

really important to kind of keep

that work going?

So as -- it's a good place to

start in terms of how we can

convince people to get there to

open their mind and see there's

missing voices and if you can

bring them together you're going

to come up with many more unique

solutions.

How do you keep that going?

And helping for people to

realize the value added?

>> Apparently you stay there for

25 years.

>> Susan Hubert: Sometimes it's

just endurance.

I think that -- this may sound

hokey but it's greatly valuing

the work that came before me,

because some of it is just as

good and valid as it was in 1990

when it got created.

And it's what we have built on.

It's been the foundation.

So not trying to make something

brand-new and completely

different, because the

fundamentals of families and

dynamics and relationships have

remained the same.

So -- but it's -- I think this

constant challenge for me to

hold those things while

expanding on what we know.

So this making our best efforts

to consolidate information and

listening to people all the

time, just constantly listening

to people.

I feel like there has been such

a jump in my thinking during

this time because I have been

talking to different people.

And the reason I'm talking to

them is that they wanted to talk

to me.

I have been wanting to try to

get in on the front end of cases

in this way for a long time, and

we just haven't had the volume

of interest that we have now.

So, you know, it's holding what

we know and figuring out how it

grows.

Is the best way I can describe

it.

>> Shellie Taggart: The other

thing I think about as I'm

listening to you talk, having

known you for a long time and

been in this work with you for a

long time in different

capacities, and Cydney I was

thinking, I'm going to direct

this question to you, Cydney,

because I also think about the

policy level work that supports

the practices that we're talking

about.

And I agree with you, that

there's some practices that are

sort of tried and true, and

sometimes they're going to work

for a lot of people and that's

good stuff, and we want to build

on that.

We're not trying to throw the

baby out with the bath water

because now we're in a pandemic.

At the same time, I think there

is, there's room for innovation

as you have all been talking

about throughout this entire

conversation, and new ways of

doing things, and new

partnerships, and all of that.

One of the things I just want to

create a little space for here,

Cydney, because I think this is

a really exciting piece of what

you all had.

And this existed before COVID.

But I'm just thinking about this

policy level work and how that

can really bolster and hold

practice.

And I wanted to just give you a

space to talk about the

copetitioning strategy that you

all have there in West Virginia,

because it's not typical.

I want to give you a chance to

share that with the world.

>> Cydney Smith: Thank you.

Here in West Virginia we're

trying to be movers and shakers.

So we have what we would refer

to as a child welfare service

protective -- chapter 49 is what

our code section is for child

protection.

And traditionally, so child

protection would file this

petition with the court system

and the court system would make

a decision, you know, does that

child need to be removed from

the home, and is that from both

parents or one parent?

And in West Virginia we have

seen, just like many of you

across the nation see, is when

domestic violence is present,

there's often times where that

survivor does so much to keep

that survivor safe and that

child safe.

And we recognize that.

And we brought this to child

protection back -- to child

welfare around 2006 to start

creating what we call a

copetition.

And that's where the survivor

would actually file the petition

with child welfare.

So it would be the child welfare

office and the survivor taking

this petition to court and

saying, this is what is

happening.

Child welfare sees this as this

is an issue within the family,

and then the survivor says, yes,

I see this is an issue and I'm

doing everything I can.

And we have certain questions

and ways that we look at this to

see if it is happening, but we

also -- so we have copetitioning

in the arena that you look at

what was that threat posed by

the batterer to the survivor.

What is this threat, is it an

economic threat, is it a

physical safety threat, is it a

sexual threat?

What is this threat?

And what steps did the victim

take based upon that threat?

And where are those steps

reasonable -- were those steps

reasonable?

You have to look at it in a

one-two-three and not overall,

you have to break it down.

We also understand that there's

many survivors who may be doing

this, but they're fearful of

filing that petition.

Because if you're filing that

petition, that means you're

agreeing with what the State is

saying.

So we also have another arena

where we can -- another petition

that we can do and it's called

the battered parent

adjudication.

So the judge actually makes that

decision.

And you with your attorney, you

don't file that copetition, but

you ask that you are adjudicated

as a battered parent, meaning

that you necessarily can't step

out of this role to make some of

these decisions, you're so

overpowered by that batterer,

that you're doing your best, but

that you are a battered parent.

And that in both of those

regards, so as a copetition and

as a battered parent, that child

stays in your care.

That child doesn't leave your

care.

Where before maybe that child

would go to a relative, or a

foster home, or what have you.

Now you keep care of your

children, and you would work

with the state.

And that allows you to be

involved in many arenas, and

still receive services.

That doesn't mean you don't need

services.

You may still need help as a

survivor.

Your children need help, the

batterer needs help.

How do you work all together to

get that help and maintain as

much safety as possible?

>> Shellie Taggart: I love that.

This idea of helping adult and

child survivors together and

sort of maintaining that bond is

a way that you can -- we can all

sort of promote healing and the

primacy of those relationships

is really critically important

for healing from a lot of the

traumatic effects of domestic

violence.

So one of the things I'm

thinking about is, that's a

really innovative way to sort of

create policy.

In a way that matches sort of

what you're learning in the

practice and elevating the

practice.

I do know that for a lot -- I

was thinking back to Tien's

earlier question to Sue about

the frames, what are the frames,

that's one much those frames,

safety for adults and kids

together.

And I want to turn back to Nelly

for just a minute, because we're

getting lots of questions from

people about this work around

engaging the person who is using

violence.

And one of the things that we

know is that in policy, right,

it has always been the case that

you engage both parents and

you -- that's pretty standard

language, I think in most child

welfare systems.

And in a case involving intimate

partner violence or child abuse,

it's a little bit trickier to do

that without compromising

safety.

And so I wonder if you could

expand a little bit on Nelly

this idea of how do you --

particularly given the current

level of stress on families, as

a result of staying at home, as

a result of the economic

pressures that you were

describing earlier, what are

sort of best strategies do you

think for really trying to get

this relationship started with

the person using violence so

that it's not just a compliance

with policy thing, but it really

is a relational body of work to

get someone to engage in a

change process.

>> Nelly Bonilla: So one of the

things that I do is, again, like

I said, I will always talk to

them separately.

And maybe at the end, yeah, we

bring them back together.

But be genuine with them.

They will know if you're not

genuine, if you're not sincere,

and bring out their humanistic

side.

So try to focus on one thing

that you see, a positive thing

you see.

And then go from there.

That's a way of deescalating a

situation.

It's going to be tense in the

beginning because nobody wants

DCFS in their house, nobody

wants -- they don't know who I

am, they don't want us there.

I've heard a lot of times when I

ask, what do you want, I want

you guys to go away.

That's one of their answers.

But when you just talk to them,

like a person, and ask, just

simple questions, one thing that

I normally do is I will say, how

long have you guys been

together?

Then it brings them back to,

wow, okay, I met her at this

time, and it brings them back to

what they liked about each

other.

And then they go from there.

And then sometimes when I bring

them back together and we start

talking about, what do they want

to do, I see them holding hands.

And it makes me happy because

it's -- something that I said to

them got to them thinking back

to why they were -- they fell in

love in the first place, let's

put it that way.

So it's about trying to reach

them in a way where they're

going to say, okay, this is what

we want.

I do want this relationship to

work, sometimes I ask, do you

want this relationship to work?

Do you not?

And they'll say, yes, or they'll

say no.

So you get a feel for what they

want to do.

And like I said, it's not about

just about asking the survivor,

it's asking also the person who

uses violence.

And again, separate, because we

don't want that power imbalance.

And then just be mindful of when

they are together, not to say

anything myself that's going to

compromise when I leave, because

I'm going to leave.

That's another thing that I

always --

>> Shellie Taggart: Yeah.

>> Nelly Bonilla: Am careful.

>> Shellie Taggart: I love this

balance you're talking about.

It's relationship, it's

authenticity, it's respect, it's

recognizing and responding to a

person's full personhood, right?

And 97 forgetting that you have

to pay attention to safety in

every interaction.

At the same time.

So that's -- that can be kind of

complicated, but I think it's

exactly the right is message,

right?

That we want to -- and we want

to encourage people to sort of

be able to hold the complexity

of that work.

So we have about 10 minutes

left.

And I just want to check in with

you.

If there -- each of you maybe

could respond with one or two

things here, just given our time

constraints.

If you could talk about the

things -- anything else that you

haven't already touched on, that

has evolved in the practice of

helping families who are

experiencing violence, who are

involved in the child welfare

system, in this pandemic

situation, right, anything that

you haven't had a chance to

touch on that you feel like you

really want to elevate as a

practice that we really want to

hold on to, after this -- after

all the stay-at-home orders end

and after things are opening up

again, and after some of the

usual things that child welfare

does and DV programs do are more

accessible.

The things we don't want to

forget about.

Things that are really valuable

practices.

So does anybody have something

in mind?

>> Susan Hubert: I can go.

>> Cydney Smith: Go ahead.

>> Susan Hubert: So a couple of

things.

One we've talked already about

so I won't go into detail.

Again, neither of these things

are new to us, but it has been

escalated in getting attention.

And I feel like it's get can

some traction in the agency and

people are realizing how

important it is.

So the first one is safe contact

with survivors.

Really being thoughtful about

not having child welfare just

show up when there's a DV case

that we think carefully about

how we talk to the survivor and

how we enter into a relationship

safely with that family.

So that's one thing.

Another thing, and this relates

a bit to what Nelly was just

talking about, is the idea that,

again, not new, but that we

acknowledge both in DV programs

and child welfare that domestic

violence isn't a static, equal

thing.

It is a thing that is on a

continuum.

And what I think in all of the

work that we've done to bring

this issue to light and to work

on it for the sake of children

and survivors, we have done a

good job at educating people

about the dangers that it holds.

And the unintended consequence

of that is that people hear

domestic violence and medium

escalate up to, it is the most

dangerous, most lethal thing.

And what I feel like people are

doing out of now, with COVID-19,

out of necessity because we

don't have the resources we used

to have, and we are being a lot

more cautious about sending

people out into the field, they

are having to do deeper, more

detailed assessments of risk on

the very front end.

And that is helping them

understand that these things are

on a continuum.

We don't want anyone to be

experiencing any kind of abuse,

but not all abuse that happens,

not all domestic violence that

happens needs a removal of a

child.

Needs an immediate response in

the middle of the night.

There are other things that we

can do, and part of that is us

doing social work with the

family, and that includes both

the survivor and the person

using violence.

So when we are seeing light

bulbs go off for people around

the ways that we do a real risk

assessment with the information

we have, and gathering other

kinds of information through our

dialogues with both the family

and with other providers.

So that's something, again, not

new in this combined world of

what we do, but people meaning

people doing this work are

experiencing it now, and it's

get can some legs under it that

I want to really hold on to.

>> Shellie Taggart: That's

great.

I think that sort of early, not

just risk assessment, but also

the assessment of family

strengths, and -- because that

is part of understanding risk,

it's part of how worried do I

need to be?

And I think that part of it sort

of starting that earlier in the

process as well, is really

critically important.

Cydney or Nelly, anything that

you want to lift up here?

Related to practices that we

want to be sure we don't forget

about?

That we want to hold on to?

>> Nelly Bonilla: I'm interested

in the competition from Cydney.

I want that in Illinois.

>> Shellie Taggart: One of the

things you'll have available to

you is that there's a two-pager

that the coalition put together

which will be -- we'll have a

link to it so people can sort of

see a little bit and read more

about that.

That's actually a really nice

opening for me to also talk

about, so you heard us say at

the beginning that Eloise

couldn't join us today,

unfortunately.

Eloise has also produced some

really lovely resources

including what families should

know about interacting with

child welfare during COVID, like

really specific things that will

also be -- we'll also be linking

to on the website where we're

posting the webinar.

So you can look for all those

resources.

We are very close to final on a

couple of tip sheets ourselves

that reflect a lot of these

suggestions and things that

people have made here.

So all of that will be available

to anybody who visits that page.

So thank you for that.

Anything else related to this,

Cydney, it looked like you had

something to throw into the mix.

>> Cydney Smith: Sure.

I think as we've all spoken

today, we make all of our work

sound so easy, right?

And I think it's a good reminder

that it takes a lot of work.

And it takes a lot of ground

work.

And it doesn't just happen

overnight.

And Sue was talking about how

long she's been at her program,

and Nelly was talking how new

she is to her program.

And I'm nowhere in between of

that.

And I -- our collaboration with

child welfare started in '99,

and even kind of before that.

But in this position of this

colocated advocates started in

'99.

Now it's 2020, and we've had

this in place since around 2015.

So it's been -- it's

ever-changing, and as we move

through COVID, we're going to

even learn more.

And that's okay.

It's okay to have potholes, it's

okay for -- to have hiccups,

because that's reality and

that's life.

And I think a big way to move

through that is to always

communicate openly to always

communicate ethically, there can

be tension at times, right, and

we don't ever want that.

So always be ethical, always

communicate openly, and always

set an environment that is

welcoming to anyone who walks in

the door.

No matter what your system is

and how you're trying to bring

those collaborations together.

So it's going to be a great

learning process for all of us.

We're all in this together in a

new territory.

>> Shellie Taggart: Thank you

for that.

I do think, one of the things

that hasn't really come up in

the conversation I think so much

that we just want to make sure

that we put into the world,

right, is that one of the things

that we think COVID has sort of

highlighted for all of us are

the vast disparities in the

increasing gaps for families.

Those of us who have

professional jobs that can work

at home are less impacted.

Of course we're susceptible to

the health issues and so forth

as well, but not the kinds of

economic pressures, not the

kinds of loss of income, not the

kinds of racial discrimination

for some of us, right, that some

families are experiencing.

And one of the things that I

think -- that I want to reflect

on is that a lot of the

practices that you all have

talked about as well as some of

the structural pieces are

critically important for

improving our responses to

families who are marginalized in

our system, so those families

who have less access to

resources, who have smaller

living spaces and therefore

don't have the privacy, who

don't have internet access,

who -- there are a lot of kinds

of inequities that I think this

pandemic is sort of elevating

for us.

But I think about things like,

you know, father engagement,

that's an important practice to

address.

When I think about early

involvement, like good sort of

risk and strength assessment and

safety assessment at the

beginning of a case, instead of

you know, six months into it.

That's a little bit of an

exaggeration, but you know what

I mean.

Those kinds of things have a

real potential to help us reduce

some of the disparities and the

disproportionate representation

of families of color and

low-income families sort of in

the child welfare system.

So I'm just looking at time.

We have about two minutes left.

Let me just say a couple of

other things.

First of all, Cydney, Nelly,

Sue, thank you.

Thank you, thank you.

You have just shared a wealth of

information with the field

nationally, and we're just --

couldn't have been more thrilled

to be working with you on this.

Tien, thank you for

cofacilitating.

Because Eloise couldn't be with

us today, we're going to try

to -- we're going to do an

Instagram live event with

Eloise, because she has an

additional wealth of knowledge

to share with you.

So we would absolutely encourage

all of you who are interested in

this and want to learn and hear

more to stay tuned.

You can follow Futures Without

Violence on Instagram and

Facebook to be notified of

upcoming events, including that

Instagram live with date to be

determined.

But one other thing I want to

mention as we're wrapping up,

actually two other things.

There's a third webinar in this

series that is happening on may

20th.

At this same time.

So 3:00-4:30 eastern.

You can do the math to figure

out your time zone, because

that's not my thing, I always

get it wrong.

The title of that dialogue is

Well-being As a Pathway to

Safety.

So I think that's going to be

another really interesting

conversation.

And I invite you to join us for

that.

Finally, I think Jess said this

at the beginning, and I just

want to reiterate what they

said, and that is that you're

going to have access to a

survey.

We would love it, love it, love

it if you would take the time to

complete a few questions for us.

We don't do this to check off a

box, we do this because we use

the information we analyze the

results, we find out more about

what people want to hear about

and we use that to inform our

work.

So thank you to everyone.

It's 4:30 on the nose.

Sue, Nelly, Cydney, thank you

very much.

And thank you to everyone who

took time out of their

stressful, busy, pandemic

responsive lives to be with us

for this hour and a half.

We hope you've gotten something

out of it.

Thanks very much.

>> Thank you, everyone.

>> Thanks, everybody.

Be safe.

>> Thank you.