



Connecting with Community to
Prevent Sexual & Intimate Partner
Violence During Crisis: Lessons
Learned from Minnesota
Tuesday November 16, 2021
11 AM-12:30 PM PT/2-3:30 PM ET

CS: "You can download the PowerPoint slides for today's session here:
<http://www.preventconnect.org/wp-content/uploads/2021/10/Community-Connectedness-Nov-2021-1.pdf>"

CS: Prevent Connect (A ValorUS PROJECT)
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CS: "Text Chat Question:" What does community connectedness look like in your own community?

V: Support groups open to the public

AF: Good communications networks between similar service agencies

JL: Sidewalks, Walking paths or parks.

CF: The amount of resources

CB: Knowing the people in your community by face at a minimum.

LH: Strong communication connections

MR: Supportive community with other organizations

JB: connected resources

DF: Multidisciplinary collaborations.

S: Know the composition of our cities and counties, and knowing the community leaders and elders that are working from the communities for the communities.

LH: Sharing resources, connecting others to resources

FM: Mutual aid groups

SC: getting resources out in the community connected

EVH: community agencies working as partners. light rail.

JH: Clear communication between agencies and organizations, mutual understanding of the issues the community is facing

SP: Working in collaboration with various organizations within our community. Ensures comprehensive client care.

FM: Culturally specific resources.

LL: lots of gatherings of people and people know other people things are happening locally.

CE: mutual aid groups doing food distribution / free pantries, gathering for arts and cultural events, abolition reading groups, resident-led efforts.

ST: Neighbors who know each other and give and receive help.

CS: Men As Peacemakers:

<https://www.menaspeacemakers.org/>

SH: Access to support services, community gatherings.

NZ: a community where people care about each other to ask about each other's lives or provide support- ex: I've heard that if you don't wonder or ask where someone was when they were missing (your neighbor hasn't been around for a week) then you aren't in community because that person only exists for you when you see them and not beyond that.

MG: Community reaching out to each other. Often persons living with mental health conditions may struggle to be in community. A community is connected when it is defined and has clear guiding philosophies. For instance, a birthing center that create a village online and in-person intended as a resource for connecting birthing persons in multiple ways.

JW: (question for those in the chat) do you think that busier schedules has lessened community engagement? If so, how could we create community despite busy schedules?

JW: as a result of covid

RHS: A community where persons are less judgmental of those in crisis situations, and work to find solutions and what they can do to implement those and improve the overall the cohesiveness of the community.

CB: We have to be more intentional about community engagement. Carve out time for it.

YA: Community Collaboration

AR: Busy schedules has definitely caused a disconnect with community and with even close relationships.

GF: Our organization collects items for helping agencies in the city on a quarter basis; i.e., Women & Children shelter, Homeless shelters, Food Banks, etc. We also set up a booth on a quarterly basis at the installation to get the word out about Sexual Assault and Sexual Harassment resources. to the military and the local communities. Annually, we participate in Sexual Assault Prevention Month activities for the entire month.

CS: <https://www.health.state.mn.us/injury>

CS: Transforming Generations:
<https://www.transforminggenerations.org/>

CS: "Text Chat Question:" How has the COVID-19 pandemic forced your organization to take the rug away, like in the previous example?

DB: Limited staffing during open hours, which are 24/7. No meeting in person with DV/SA clients was incredibly hard. No in-person court appearances...

CS: Community Narrative + Prevention Toolkit:
<https://www.menaspeacemakers.org/mdhreport>

RHS: Made us look at how we work together as an organization and with organizations outside of ours. We are now looking at diversity and inclusion issues to make sure that we are creating the environment that we claim to be and to be willing to be uncomfortable during that transition.

DT: We had limited access to our participants, we weren't able to be in the court room with them and it stopped in person services.

AJK: The quote about the rug was: "I'll say this, 2020 lifted up the rug of all the ugliness we've swept under the rug. And it just said, 'You know what, no more rug. Have all your crap and then not only just have it, we're going to place more crap on top of it.' And it really forced organizations and funders to think about how do we do community work."

SB: We learned how inaccessible in-person court was to many of our clients (victims of domestic violence).

YA: Telehealth

DT: Agree @ashleigh

RS: I think it showed, especially between the prevention and intervention teams, how connected we are and how necessary basic needs (food, housing, mental health) are to participate in deeper healing or longer term solutions. It made us shift and realize where our gaps really were when we thought things were going "pretty well."

EM: We've been doing a lot of Anti-racist organizing and have been addressing epistemic ethnocentrism, and the ways research/evidence-based strategies (esp when mandated) can cause harm, erase local knowledge, skills, culture, and force assimilation. If survivors are the experts in their lives, so are communities of survivors, so we are making sure not to enter community with our capes on, and that we see these experts as equals in our planning, implementation, and evaluation of Prevention work.

NZ: I think sometimes I avoid the work or challenge it- I had to chat with someone who oversees police navigators and I talked to her about how my role isn't to "improve" that system but to decentralize power from it.

EF: Love the garden as a center of connection.

AJK: I love this, Pheng! I think community connectedness as a prevention strategy is an amazing opportunity to not let our solutions depend on systems.

SKB: We are trying to END patriarchy.

EM: Love that point!

ST: I would love to learn more about the harms that can be caused by research/evidence-based strategies. Where could I do some reading/learning?

AJK: OH YES #resonates

EF: I think examining the problem with abuse of power stemming from patriarchy, white supremacy, and capitalism is necessary for long term cultural change/violence prevention.

EH: Zoom happens!

AJK: @Erika my life motto these days LOL

SB: Yes! We teach accountability in our prevention curriculum and spend a lot of time cultivating empathy for both people who cause harm and people who have been harmed, explaining to our kids that people will never own up to their behavior and change it if owning up to it will remove them from community.

RS: ^^ Love that Shoshana

LH: Love how you phrased that, Shoshana! The need to allow people to change their behavior and stay in the community.

EF: yes. the heart of restorative justice

EM: OMG THIS SLIDE!

JC: Strategy 2: I've read about the "professionalization" of violence intervention/prevention. Meaning, the grassroots, community-led movement work have turned into professional positions requiring college degrees, with a majority of white (wo)men in positions of power (literal and figurative) once again leaving marginalized persons out of the conversation and ability to impact change to create safe communities.

GF: It's not just African American people but all ethnicities.

JC: Strategy 2 (Continued)...another practice is asking community members to participate in focus groups, volunteer, intern, etc. without paying them for their expertise/knowledge. If preventionist work is aiming to dismantle inequity, then funding needs to change to appropriately pay community experts for their time/knowledge.

EM: Incorporating trauma-informed principles and practices and looking at metrics around psychological safety has led to faster data collection and evaluation, adaptability, and support that we've been able to leverage to continue and expand our prevention work over the pandemic.

NZ: ^^ agree! many orgs are also hesitant to hire staff members who may have been served by the org at some point.

EF: I agree, Robin.

NZ: and it removes the people who have direct experience and can create the best change.

LH: We discussed the need for funding to pay for community involvement and assistance in my MPH program, so I think the field is starting to recognize this need, hopefully.

AJK: @Jacqueline thanks for lifting this up — I thought the prevention track at NSAC this year got to some of these issues:

<http://www.nationalsexualassaultconference.org/nsac-2021/>

EM: In NY we have been asking funders to be culturally INCLUSIVE. Avoid premature convergence on an intervention without actively including the community because it'll save you time, \$, resources, AND leading with their interest will inspire them to work with you. Don't just extract data. Believe community. Be curious and know that you cannot be the expert in the lives of ppl you don't know and communities you are not a part of. Esp. marginalized communities. We hear this all the time in NYC.

EH: Erin, yes!

CS: "Text Chat Question:" What does it look like to meet community need and work toward health equity (during times of crisis/instability)?

CF: Providing zoom classes and groups.

CF: also allowing services to be provided over the phone.

AJK: We interviewed some preventionists in California about meeting community needs in the Summer of 2020: <http://www.preventconnect.org/2020/08/violence-prevention-and-mask-making-fitting-your-communitys-needs/>.

EM: Zoom therapy, Office hours, change our bystander intervention tips to include things like "checking-in" on family and friends, opening hotline hours, allowing folks to keep cameras off, taking pieces from clinical supervision models and having support spaces for staff.

AJK: This web conference also had some great examples of how the preventionists were meeting community needs and connecting those efforts to prevention approaches in new ways: <http://www.preventconnect.org/2020/03/lets-connect-sexual-and-intimate-partner-violence-prevention-during-a-pandemic/>

EM: Also collaborated with therapists to create a Trauma-Informed work/school environment training to help schools support students and staff impacted by the pandemic.

JL: Indeed Eric, in addition of the pandemic, may I also add anti violence in some of our communities?

CS: Community Narrative + Prevention Toolkit:
<https://www.menaspeacemakers.org/mdhreport>

PT: Thank you for allowing me to share our work and listening.

RU: Can I get a recording? I had to step out for a bit.

EM: This was awesome!

EM: Thank y'all :)

CS: Community Narrative + Prevention Toolkit:
<https://www.menaspeacemakers.org/mdhreport>

MC: Thank you!

CS: "Text Chat Question:" What can you do this week to support community connectedness as a sexual and intimate partner violence prevention strategy?

EVH: Thank you all so very much! Mind racing and expanding.

TV: The recording and text chat transcript will be made available on our website soon.

JL: One and three.

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BD: Thank you everyone!

TV: Thank you everyone! We appreciate you being here and interacting with our guests!

JD: Thank y'all so much for your time and energy to give us these resources!

SGS: Thank you!

CS: Thank you everyone!

SH: Thank you all!

YA: Thank you!

R: Thank you everyone! :)

MW: Thank you.

S: Thank you so much!

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