

## Advocacy in Vermont and New Hampshire

WISE is a member program of the Vermont Network and New Hampshire Coalition Against Domestic and Sexual Violence. Programs in each state support victims and survivors of domestic and sexual violence. Each organization is unique, but all are required to provide free and confidential support including:

- Confidential advocacy
- Emergency shelter
- Medical advocacy
- 24/7 Hotlines
- Help with the legal system

**Confidential Advocacy:** Communication between survivors and advocates working on behalf of advocacy organizations is privileged by state law and federal funding. **Advocates may not share any identifying information about a survivor without the survivor's express written instructions.** The only exception to this is mandated reporting of child abuse or neglect.

**State statutes:** [New Hampshire](#) and [Vermont](#)

Confidentiality between a survivor and an advocate is the most essential thing that we can offer to every survivor and must always be protected.

- Do not share information about or identities of survivors:
  - To anyone that is not an advocate with WISE.
  - Even when no longer serving as an advocate at WISE.
  - Without explicit written instructions often called a “waiver/release”.
- Written instructions must
  - Be able to verify that it is the survivor directly asking you to share information (ie. Not someone posing as the survivor to compromise information).
  - Include what *specifically* WISE may share, with whom, for what purpose, in what timeframe.
  - Be sent to staff immediately for follow up and continuity.
- Advocates *only* have privileged status when working as assigned on behalf of WISE.
- If you think you may be mandated to report child abuse, call your back up immediately. If you think there may be an exceptional situation, call your back up immediately.
- Volunteer advocates should *never* contact anyone other than the survivor. Do not call others on behalf of a survivor. If you have questions, check with your backup.
  - Volunteer advocates cannot call 911 or law enforcement. Strategize how the survivor can contact 911 directly.
  - Volunteer advocate cannot relay information to hospital staff, police, or other systems. Ask the nurse/dr/po to come in the room or create a 3 way call so the survivor can speak for themselves.
  - If advocacy confirmation is required to access resources (211, hotel, transportation), initiate a 3-way call or in person conversation with the survivor.
- Some other options might be to:
  - Understand from the survivor what they are struggling to communicate and why. See if there are ways you can support them to access the information that they need directly.
  - Use a hypothetical example. For example if a survivor wants you to ask a question, you can call and ask hypothetically without giving any identifying information.

### **Breaches of confidentiality**

- Put survivors at risk in ways we cannot anticipate
- Violate state law
- Violate program standards for WISE membership in the NH and VT coalitions

## Social Change Advocacy

### **Create an experience of collaborative learning /dialogue instead of lecturing/counseling/advising**

Both people are learning from each other. You have info about GBV, they have info about their life, and you come together to create change. In order to do this we have to engage in dialogue rather than counseling or advising. It is not our job to make assumptions or tell people what they should do. It is not our job to be a therapist or counselor. It is our job to be an advocate. It is our job to ask questions to understand their reality.

### **Create an experience of connection/partnership instead of isolation/individualizing**

You can encourage and explore relationships with social networks, family, and community. If nothing else, you should be connecting with them human to human. Violence thrives in isolation. When victims are isolated, they think they are alone in their experiences. You can tell them about groups and opportunities for connection at WISE. Do not confuse empowerment with “pick yourself up by your bootstraps.” What if you don’t have boots? What if your boots don’t fit? The notion of empowerment and independence gets used to blame victims, and doesn’t consider the social systems in place functioning to keep victims down. None of us are successful on our own. We all need family, friends, colleagues, and/or professionals, who provide us with the connection, structure and support we need to live our lives.

### **Create an experience that is personalized instead of generalized**

Place the survivor’s reality and needs at the center of your advocacy, and not those of institutions. Most systems were not designed to meet the needs of survivors, so it is your job to help make the puzzle pieces fit. Remember that survivors are not data points that come with textbook prescriptions of what to do next. You have to listen to them to learn about their experiences and how you can be helpful.

### **Create an experience that is transformational instead of transactional**

We want to create an experience that is liberating and transformational; an experience in which the person who is most impacted is the one driving the process. A transactional relationship is giving people things or resources, without connection, collaboration or conversation.

### **Create an experience for the whole person instead of “a victim of violence”**

Recognize the intersection and complexity of their life, rather than defining them through a single aspect or event. When we know who they are and what is important to them, we can do a better job brainstorming with them how to get their needs met. What feels risky for them? Have they interacted with police before? Have they experienced violence before? It’s important to keep in mind all of the things that make this person who they are. Violence is one thing that happened to them, not the defining thing.

### **Create an experience in which we are looking at the context instead of an isolated event**

Gender-based violence is a societal problem and not a result of “bad individuals”. We live in a society that supports GBV, which creates significant barriers for victims. This culture also tells victims that the violence is their fault, that they should feel shame, that no one will believe them, and that they deserve what has been done to them. You can counteract those messages. Acknowledge the injustice of GBV victimization. You can point out the ways our cultural norms encourage and support violence.

### **Dialogue questions:**

Describe to me...

Tell me more about...

Help me understand...

I’m thinking that...

Why do you think...

What would happen if...

Would it be helpful if...

What if we did...

This is what might happen when...

## Safety Planning

Safety planning involves analyzing risks and thinking about how to increase safety and autonomy. Abusive partners are skilled at both creating risks to prevent their partner from leaving the relationship, as well as exploiting pre-existing risks and needs (like housing, childcare, or addiction). Survivors are often incredible at navigating around hurdles to get what they need, and advocacy can enhance this strength by contributing our training and access to organizational relationships and material resources.

Safety planning is an informal process and can be part of any interaction with a survivor. In order to be as helpful as possible, start by learning about what the survivor already knows about their safety. Understand and analyze the situation *first*, so that you don't waste time going over what the survivor already knows will not be useful or appropriate.

- What are the person's concerns?
- What strategies, people, and/or places can the person identify as helpful?

Think broadly about safety beyond just mitigating the risk of physical harm. Individuals are most safe when they have what they need to make autonomous decisions for their own life and circumstances. Individuals are less safe when they are limited to choosing the best of bad options. Advocacy can be a helpful collaboration to expand the possibilities available for the survivor to access what they truly need.

The role of an advocate is to provide space for thinking, to empathize, to explore, and to support the safety planning process. It is a collaboration, not a transaction. Advocates should work to understand:

- Who are the safe people in their life?
- What personal and public resources have been supportive?
- How do they think their abuser will react to a particular option?
- What have they tried in the past? How did it work? Would they try it again? If not, why not? Might they get a different response with the support of an advocate?

Survivors are not in control of many factors impacting their safety. There are often not easy solutions to the many barriers, needs, and vulnerabilities that survivors are working hard to overcome. This is not fair, or just, and it can be a profoundly frustrating system through which survivors are forced to participate in order to meet basic needs. Sometimes it can be helpful to acknowledge this.

### **Safety plans may address:**

- The immediate aftermath of an assault or rape
- The long term impacts of violence
- Safety with substance use, self-harm, disassociation, and other survival strategies
- Ongoing stalking
- Shared parenting, child safety
- Reporting to police, APS, DCYF/DCF
- Filing for a protection order, if an order is granted, denied, or expires
- Navigating agencies and social services
- Living with an abuser
- Planning to leave an abuser
- Leaving an abuser
- Ongoing relationship or contact with an abuser
- When a perpetrator is being prosecuted or is incarcerated
- When there is high risk of lethality
- Calling the police, reporting crimes, navigating an investigation or prosecution
- Sharing information with family, friends, communities or officials.
- Getting into a new relationship
- Navigating flashbacks, triggers, and trauma responses
- Exerting independence
- Getting treatment or support for substance abuse, health care, or personal development

### **Suggestions for increasing safety during the relationship**

- Who are people in your life that you can tell about the abuse?
  - Friends, family members, co-workers, doctors, social workers, neighbors, police officers, advocates
  - You might be able to establish a safe word with these people that will tell them you need them to take action without alerting the abuser that help is on the way.
- How do you want those people to be supportive to you?
  - Listen to you, keep important documents safe, hold onto money, call the police, watch your children
- How can you keep record/evidence of the abuse?
  - Take pictures of injuries or property damages, call the police, keep a log of events
- How can you have personal money separate from the abuser?
  - Get your own bank account or credit card, secretly save money
- How can you keep your prescriptions safe from your abuser?
  - If you are concerned about your abuser damaging or withholding your birth control you can talk with your medical provider about the best method for you; have a small amount saved if you have to flee
- Where can you hide money, an extra car key and copies of important documents from the abuser?
  - Somewhere in your house, a friend or family member's house, at work, in your car
- Consider having an email that you don't access from home. You may be able to store electronic copies of important documentation that you can access from anywhere. Using a non-personal computer will reduce the likelihood that he could be tracking your history or keystrokes and access passwords.
- You may want a separate phone/number where people can leave messages or call without the abuser having access. Google voice can be a way to do this through a computer (so you won't have to hide a phone).
- Is there clothing or accessories that could be dangerous that you might want to avoid
  - IE: scarfs or long necklaces that could be used for strangulation
- Identify safe areas of the house that you can go to that are easy to exit and have no weapons
- Come up with several believable reasons for you to leave the house
- Where are safe places that you can go to if you needed to leave your home for short or long period of time?
  - A friend or family member's house, work, a park, public business, shopping center, bookstore, etc. The police station, shelter, hotel or motel
- Consider seeking medical treatment for injuries caused by the abuse and have injuries documented by a medical professional

### **With Children**

- Establish a "safe word" with your kids, that signals to them that they should leave or call for help
- Talk with your children about how they can stay safe and where they can go when they feel afraid
- Help your kids think of adults that they can call or go to when they have questions or are scared
- Encourage your kids to identify emotions and build skills to get their needs met in safe ways
- Talk with your children's school or care providers and determine a safety plan
- Tell your children that violence and abuse are never OK and that it isn't their fault OR yours

### **Suggestions for increasing safety when planning to leave**

- Leaving is often a critically dangerous time for a victim of domestic violence. It is ok to take threats seriously and plan for your safety.
- Try to bring, money, identification, birth certificates (yours and children's) clothing, lease, house deed, insurance papers, house and car keys, medications, jewelry/sellable objects, address book/important contacts, school records, immunization records, last year's tax return, comfort items
- If you have pets and do not want to leave them with the abuser, consider making arrangements with a friend or animal shelter
- Anticipate how your abuser will react to you leaving.
  - If you have children, will he call the police and accuse you of kidnapping?
  - Women who are victims of domestic violence have a much higher rate of being arrested as a result of the abuser calling police – might he accuse you of a crime?
  - Do you have shared bank accounts or credit cards that he may empty/max out?
- You can call WISE or another domestic violence agency and work with an advocate to plan a safe escape

### **Suggestions for increasing safety when the relationship is over**

- Change locks, install a security system, smoke detectors and outside lighting system
- Get a new phone number or a separate cell phone that your abuser won't find out about
- Change privacy settings on social networking sites so that your abuser cannot find you (even with privacy settings if you have "friends" in common some of your information may still be available to the abuser)
- Inform those who you work with to screen your calls and make sure that your abuser cannot get through to you
- Avoid certain areas that your abuser may look for you; banks, stores, restaurants, gyms, etc.
- If you obtained an Order of Protection, make copies and keep a copy with you at all times. You may want to keep separate copies at work, in your car, in your bag, at home, with a friend, etc. If your abuser violates the order you can call the police immediately and keep track of every instance.
- Record any irregular occurrences, stalking behaviors, or signs of the abuser. Be aware that abusers can easily access technological devices to stalk their victims
- Change/vary your routines so that your abuser cannot track or follow you
- Plan in advance what you will do if you see your abuser in public or if he tries to contact you
- Identify people that you can reach out to when you need support

### **With Children**

- Tell your children's school/care givers the specific people who are and are not allowed to pick them up
- If children have visitation with the abuser, talk to them about what they should do if they feel scared when with their dad; allow your kids to talk about their relationship with their parent without feeling that you'll be upset

- If children do not have visitation with the abuser, talk to them about what they should do if they see their dad or if their dad tries to contact them
- Remind children that even though the behavior that their (abusive) parent is using is never ok, it IS ok for the child to still love them or want a relationship with them. Help them connect with adults that they can talk to when they're confused.

## Empowerment Model

*The individual is not the cause of his or her problem. With information and support, the individual can make the best decisions for generating a solution.*

**Empowerment is a multi- dimensional, social process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. This process creates the power to use these choices in his or her own life, community and society, with individuals acting on issues that they define as important.**

WISE works from the perspective that domestic and sexual violence is embedded within a social and historical context of oppression, and must be addressed comprehensively through education, advocacy, and empowerment. The services offered by WISE are designed to support empowerment by providing information, tools, resources, and opportunities, based on the goals and objectives defined by each survivor. WISE recognizes that the systems victims are involved in are often confusing and perpetuate social imbalances of power. The organizational mission and services of WISE are rooted in the principles of the empowerment model.

### **History:**

The empowerment model arose from the feminist movements of the 1970s, which understands sexual and domestic violence within a social, cultural and historical framework of inequality between the sexes. Violence perpetrated by men against women in intimate relationships is a result of this systemic power imbalance that serves to keep women subordinate. Empowerment is based on the belief that everything possible should be done to restore power to victims through validation, community and celebration of their strengths. Other interventions may consider the victim disordered, as if they were maladaptive or contributing to the violence being perpetrated on them. The empowerment model instead works to identify and challenge the external conditions of their lives, to promote resilience in the face of adversity, and to make the victim the primary player in discussions and decisions about their future. This is based in a social justice mission to work with individuals around their unique situations, and simultaneously dismantle the circumstances which allow for violence to happen.

Because domestic and sexual violence often remove one's ability to exercise control over their lives, the first goals of crisis intervention in the empowerment model is to validate what has happened to them and make obvious the innate power, and survival strategies they have developed to stay alive. The empowerment model recognizes that violence is never the fault of the victim, and WISE works with people to exercise the individual's power by providing them with a safe, supportive space to brainstorm, experiment, and gather information without judgment. The empowerment model aligns with the desires and expectations from Feder's meta-analysis<sup>1</sup>. It has also been consistently validated by evaluations conducted with survivors using WISE services. Because the empowerment model directly responds to the root cause of violence being perpetrated as a social system in addition to the immediate needs and long term goals of survivors, it is the most effective model for our work.

The process of empowerment enables one to gain power, authority and influence over themselves, within institutions or society. Empowerment is:

- Having decision-making power
- Having access to information and resources to make decisions aligned with personal goals and outcomes
- Having a range of options from which someone can make choices (not just yes/no, either/or)
- The ability to exercise assertiveness in collective decision making
- Trusting one's ability to affect change for themselves and in the world

- The ability to build skills for improving one's personal or group power
- Being active in a growth process and self-evolution that is never ending and self- initiated
- Increasing one's positive sense of self- and overcoming stigma
- Increasing one's ability to identify what they are comfortable with and those that violate some sense of themselves or their boundaries

<sup>1</sup> Women Exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. Feder GS, Hutson M, Ramsay J, Taket AR.



## Screening for Gender-based Violence

### Screening

WISE supports survivors of gender-based violence. Sometimes people call with needs that are outside the scope of our capacity. These often fall into two categories: 1.) needs that are a result of experiences not directly related to gender-based violence (roommate conflict, parents being exploited by adult children); or 2.) the abuser in a relationship trying to access support for themselves and/or prevent their partner from being able to access support. If you suspect that WISE may not be the appropriate resource in a given situation, this screening tool should help you to make that assessment.

### General Questions

Starting with broad questions about the relationship can elicit information about the day-to-day experience of the individual. Asking general, open ended questions will allow the caller to lead the conversation, and allow you to gather more information about the dynamics of the relationship.

Sample questions could be:

- Is your partner hurting you or making you feel unsafe?
- Tell me more about what's going on?
- Has this kind of thing happened before?
- What has it been like in the past when this has happened?
- How do you make decisions within your relationship?

In asking the above questions, we are looking for **patterns** and **context** surrounding whatever situation made the person reach out to WISE.

### Understand the Context

Sometimes people might start the conversation requesting resources without context ("I need housing"). It may be unclear what the larger situation is that the person is trying to navigate (are they fleeing violence? Are they struggling to have their basic needs met?). You can ask more questions to understand how advocacy can be most useful. Often, any need (housing) will exist within a broader context of what's happening in the person's life (safety concerns, lack of transportation, need to be close to work/school/court/family). Advocates need to understand the full context of the need before moving into brainstorming potential solutions and resources, and making referrals to additional services.

With more information about the context of the situation, you may have situations where you suspect you're speaking with an abusive partner, rather than the victim. Some indications that an individual is the abusive partner may include:

- They are not afraid of their partner.
- They have the ability to make decisions about their life. They are not prevented from reaching out to others or from coming and going as they please.
- They may express extreme jealousy, and focus intently on convincing you of the faults of their partner (they're a bad parent, they're equally violent, their partner is "crazy" or on drugs, or lying, etc.)
- They minimize their own use of violence.

If the person is not experiencing gender-based violence, and/or is determined the abusive partner, WISE is not the appropriate resource. You may listen, or provide referrals to other more relevant resources, and end the conversation.

A relationship is abusive when one person has power and control over the other, so WISE works with the person who has less power. Advocacy is the process of working together with a survivor to give them more access to power to make their own decisions.

### Identify Power and Control Dynamic

When in doubt, ask questions and look for examples of behavior from the Power and Control Wheel to

determine if you're speaking with a person who has less power and control in their relationship.

**The pattern**

"Is this happening often?" or "Is this typical?"

**The motivation** for the behaviors: Was the person afraid for their safety? Were they trying to intimidate or control their partner?

"How did you feel?" "What happened just before that?"

**If the other person has power** (over them)

"How are decisions made?" "How did they react when you tried to do that?"

**If they are being isolated**

"What is your support system like?" or "Do you have friends and/or family around?"

**If they indicate that their partner is very jealous**

"How does your partner react if you do things with other people?"

**If they indicate they don't have any financial control**

"What happens when you try to spend money?" "Do you have any accounts that are just yours?"

**If children are used as a weapon**

"How are decisions made about the children?" "How do the kids behave when he's around?"

**If they are taking responsibility/blaming themselves, or acknowledge fighting back**

"What are fights about?" "What happened right before you hit them?"

**If they are fearful**

"Are you scared for your safety?" "Do you think they will hurt you?"

In thinking about whether or not the person is appropriate, it can be helpful to think of the **Context, Intent and Effect** to frame what you're hearing.

**Context:** Do they generally have freedom to make decisions about their lives and their children?

**Intent:** Is the behavior establishing/maintaining control or trying to regain control/self-defense?

**Effect:** Are they afraid? Isolated? Are they changing behaviors to accommodate partner?

## Grounding

When we “ground”, we are refocusing our attention (bodies and minds) on the present. When we realize/feel that we are here, now, we are not remembering the past scary event or worrying about the future and can feel calmer. This has the added benefits of being able to access thinking and language better.

Because “triggers” or “trailheads” (experiences or sensory input that cause a trauma response) are our bodies trying to protect us, we do not want to override this protective part, but instead ask permission to help the person manage and possibly understand it.

Some suggestions for words to use:

- “See if that (scared, anxious...) part of you can step back a little, give you a little space”
- “If it is OK with you, see if you can feel the chair (floor...) underneath you” ...”Just focus on that a bit” ...If this is helping, offer encouragement/support for the process: “great”
- “If it is OK with you, see if you can notice your breath”
- “If it is OK with you, see if you can notice stuff around you. What do you see?” “Can you find 5 colors (shapes, objects, whatever)?”

### **Quick list of some things to do to be in the present:**

- Notice the chair/bed underneath you, supporting you
- “Ground” yourself! Take your shoes off and feel the ground.
- Look around. See you are here, now.
- Move around. Feel your body. Stretch out your arms, hands, fingers.
- Peel an orange or a lemon. Notice the smell. Take a bite. Focus on the taste.
- Pet a (friendly) cat, dog or other animal, live or stuffed. Notice how it feels.
- Spray yourself with a favorite perfume. Notice how it smells.
- Eat a favorite food. Pay attention to the taste.
- Repeat out loud or in your head “I am here, now. This is a memory.”
- Call a friend.
- Take a shower.
- Take a bath.
- Go for a walk. Feel the sunshine (or rain, or snow!)
- Count things that are pleasing to you.
- Dig in the dirt.
- Turn the lights on.
- Play your favorite music.
- Hug a tree.
- Smell a flower.
- Touch things around you

### **Breathing**

Breath is the only way we can shift the autonomic nervous system. You can’t tell your heart to beat more slowly, but you can shift how you are breathing which can calm the whole system. When this system is reacting to a trigger of something from the past, it can be helpful to change what the breath is doing and the rest of the system can follow. Always get permission before jumping in and do not tell people what to do. Offer it as a suggestion.

Some ideas of language for this:

“Would you be up for trying to breathe a little differently? Maybe breathe slowly and deeply. You might try breathing into the belly, the ribs and the top of the chest. If it feels OK for you, you might explore

exhaling fully so your bellybutton moves towards your spine.”

Accentuate the exhale. People say “take a breath”, but the exhale may be more important!

Practice yourself.

#### What you can DO

- Be in the present as much as possible yourself (i.e., practice all of these things yourself).
- Do not “add logs to the fire”. Sit in your seat without leaning in too much and not adding energy to the other person’s system.
- Explain trauma basics (not diagnosing) highlighting:
  - This is how our brains and bodies respond -- it is normal.
  - The freeze response: it is adaptive, helpful when there are predators around. It is protective.
  - Attachment/defense circuitry: perpetrators groom victims to seem trustworthy. It seems impossible that someone who could be nice can also be violent/cruel/controlling. This orientation to connection/danger is hardwired in us. The more we attach/trust, the harder it is to be in defense mode (and vice versa).
  - How triggers/trailheads work: it is our bodies/minds trying to tell us that we are in danger. While they might feel extreme, they are trying to keep you safe.
- Listen, connect, be a safe person.
- Help the person help themselves be in the present: with their permission facilitate grounding, orienting in space or exploring other things that they know work for them.
- Give choices.
- Increase sense of safety with safety planning and other advocacy.

## The Eight Methods or Why Training is Not the Answer (When Trying to Change Systems' Responses to GBV)

First, a little about types of advocacy: In our Social Change Advocacy, we are giving voice to, and promoting the interests of, those with less power to change what those with more power do, with the vision of ultimately ending gender-based violence. In our Individual Advocacy, we are listening to and standing with a particular survivor and changing how that person is treated by a court, school, boss, landlord or other system or person. In our Systems Advocacy, we are changing how the systems themselves function so they are responsive to the needs and lived experiences of survivors and are consistent with moving toward ending oppression and violence.

From the beginning, women working in the movement to end gender-based violence understood that the violence was a tool for maintaining and reinforcing power. When they gathered enough power themselves to start to take on institutions and systems, they worked to make important advances. They created new laws to make the violence illegal and invented restraining orders so survivors had civil processes to pursue protection that could be enforced through the criminal system. They started to train workers within other systems because, they figured, if workers in other disciplines understood the dynamics of domestic and sexual violence, they would act in ways that were supportive of survivors. It seemed clear that if the workers “got it”, they would essentially behave like advocates and the systems would naturally change to be more survivor-centered and social-justice oriented.

But things did not evolve in the ways the advocates were hoping they would. So they trained more. And more. Advocates were trying to train all workers that survivors came in contact with (basically everyone), but the systemic changes weren't happening. It was clear that workers understanding the issues and dynamics of gender-based violence did not shift their workplace practices in ways that were making it better for survivors. How annoying!

One of these disappointed training-exhausted advocates was Ellen Pence, co-creator of the Power and Control wheel. She could see that there needed to be another, more effective way of moving systems' responses other than training workers. In the 1990's Ellen became interested in applying Dorothy Smith's Institutional Ethnography work on how systems and culture shape people's lives to the problem. This framework revealed that the workers within institutions are organized to do what they are doing in very specific ways and that ideological training would not change those fundamental structures. It thus made sense that changing how workers are organized to do their jobs was the key to changing the institutions themselves as well as the work they are producing. The Eight Methods outline the ways workers are organized by the institutions they work within.

As you can see from the graphic below, there are eight identified ways that workers are organized. This is a list of the methods with some information about them. As an example of how this works, in parentheses are some ways these are applicable to the criminal legal system:

1. Rules and Regulations: Laws administrative rules, court rulings, policies, and directives, etc., that direct and guide management of the institution and tell workers what they must do. (Statutes, prosecutors must show up at arraignments)
2. Administrative practices: All ways that standardize how workers do what rules and regulations require them to do – e.g., forms, reports, screening tools, routing instructions. (Prosecutors send information about trials to parties involved, they provide a document to a defendant outlining a possible plea offer.)

3. Resources: Funding, materials, processes, and personnel needed to accomplish the work of the institution. (States fund positions in the prosecutors' offices, funding may or may not meet the needs of the demands of the office.)
4. Concepts and theories: Theories, assumptions, language, categories, etc., that organize workers to talk and act in certain ways. (Laws are based on previous court rulings, the Constitution, the idea that the criminal legal system is there to make people safer, etc.)
5. Linkages: All the ways that institutions connect workers to other workers and processes, to the people who seek or are drawn into its services, and to other institutions, such as federal regulating agencies or state legislatures. (Prosecutors may encourage victims to reach out to advocates or reach out themselves to get insights on gender-based violence, law enforcement sends cases to prosecutors.)
6. Mission, purpose & function: Overarching purpose of a system, a specific process within that mission. (Prosecutors enforce the laws, try to make the community safer.)
7. Accountability: Who the institution is accountable to: person to person, practitioner to practitioner, agency to agency, agency to person, and institutions to due process. (Prosecutors are accountable to the community/state, may not feel as accountable to victims.)
8. Education & training: Formal and informal ways that workers learn their jobs and are exposed to different concepts and theories and professional thinking and practice. (Prosecutors learn about the dynamics of gender-based violence from advocates, in trainings and/or meetings) (2005, Pence & Sadusky)

An important thing to remember when we think about the ways workers are organized is that it applies to all of us, whether we work as a prosecutor, a police officer, a child-protection services worker, a server at a restaurant or as an advocate at WISE. As you read this, take a moment to go back to the eight methods and think how they apply to a job that you have done or a role you have. This will give you a sense of how they apply to every position we might hold.

In our social change advocacy systems change work, we look for ways to use the seven methods other than training. As an example, when we implement the Lethality Assessment Protocol (LAP) with law enforcement:

- We are building in an *Administrative Practice* (filling out the form, maintaining a record of the LAP call).
- Changing a *Rule* (officers must screen survivors and call the advocacy organization under certain circumstances).
- Shifting the *Mission, Purpose and Function* of the call for law enforcement (not just to make an arrest, but to connect the survivor to resources and enhance safety).
- Enhancing *Concepts and Theories* (the police officers see their role as reducing domestic violence fatalities not just making arrests and they incorporate language like "I'm worried about your safety. Women in situations like yours have been killed." to help inform survivors about lethality).
- Creating *Accountability* of the officer to the victim as well as a means to track whether they are doing their job (did they do a screen? Is there a form in the file? Did they call the advocacy organization?).

While training on LAP is a necessary part of the protocol, it is not the focus or the goal. The goal is not to change their beliefs or understanding but to shift concrete behaviors that coordinate how they do their jobs as outlined in the other seven methods.

This is only one example of how the Eight Methods can be applied. It can be confusing and overwhelming at first, but once you get the hang of it, it is a great tool!



From the Praxis Safety and Accountability Audit Toolkit. (Pence and Sadusky, Praxis, 2005)

As a volunteer advocate you are doing Individual Social Change Advocacy and you are engaging with systems. When you respond to a police department or hospital, your job is to help the victim navigate the system and get their needs met (while possibly contextualizing the violence). This can be frustrating because you might come in contact with workers who “don’t get it”, but fear not, your advocacy is still going to be extremely useful to the survivor. Just having someone there with them makes a difference and there are likely to be lots of things you can do to help. Remember, your individual advocacy role is to help and support the survivor you are with so taking on the whole system at that moment will most likely not get you closer to that goal! And workers are doing their jobs in a certain way because that is how they are organized, i.e., how the Eight Methods regulates what they do and how they do it.

You can help inform WISE’s larger systems advocacy by reporting your experiences back to the organization. Did you have a particularly positive or negative experience during a go-out? Do you have questions about how that system works for survivors? Being curious about how and why systems are working in certain ways is great. Maybe you will recognize some of the Eight Methods in what seems to not be working!

## WISE Language

This is a WISE guide to share some thinking about common words and phrases that come up in anti-domestic and sexual violence and stalking work and the implications of the language we choose. We believe that words have impact and that we're responsible for speaking in ways that keep us ever connected to the mission of ending gender based violence and oppression.

All of these words are really complicated and can be useful or not depending on any number of circumstances.

Avoiding language that creates an "us" and "them":

At WISE we have made a conscious decision to try to erase the created distinctions between roles. This is not consistent with treatment models which are familiar to many of our community partners, but we do not see ourselves as providing treatment and are trying to distance ourselves from being considered "social service" in favor of thinking about WISE as a force for social justice.

- Literally the majority of women in our community, and around the world, are directly victimized by gendered violence, and ALL of us are affected in many ways. We are always trying to tackle this on multiple levels: supporting individuals; working to mobilize communities and working strategically with systems to get them to respond better and partner in ending the violence, always recognizing that The Problem is not individual perpetrators but the culture that creates and supports violence and that ultimately our goal is to change that.
- When we are in our advocate roles, we are always aware that there is nothing that makes us more/less likely to be in either the support or survivor position other than timing and luck. We may have access to certain information and resources through WISE when in the advocate role, we try to share them as effectively as possible with the other person/people so she can get wherever it is that she wants to go. This involves partnering and brainstorming with our different areas of expertise. Whenever we get into the thinking that I am somehow more equipped than the other person to handle something, it detracts from their power and the very real expertise that they have in their lives that we do not have. Possibly even more important is how women/survivors are silenced and not believed when they try to tell what their lived experience is. When we make a distinction between the supporter and the supported, we reinforce the silencing, suggesting that if you are in one role, you can't/shouldn't be in another, as though women in certain positions have done something magical to protect themselves and that we are somehow better than the women who are more directly impacted at a particular time in their lives.
- When someone is willing to be both supported and helping support, it is a real victory. Especially because there has been so much victim blaming and shame around these issues -- if women don't feel as though it is their fault anymore, the world would be a very different place and the actual perpetrators would be shamed while the victim/survivors could be supported and celebrated.
- Advocacy is different from friendship. While we are building a relationship that includes consciously working to reduce a power imbalance, we are not sharing our personal experiences with women who are coming to be supported. It is not a mutually supportive relationship in which we share roles, but one in which it is our role to facilitate a process focused on their (not our) experience.



### **Victim/survivor/woman/client**

While most victims of generalized violence are men, most survivors of domestic and sexual violence and stalking are women. These types of violence specifically target women so that the individual acts or threats of rape and battering conspire to constrain women's ability to participate with power in the world. We recognize that these types of violence (also known as men's violence against women) are part of the oppression of women in societies where men make up the power structure and women are kept subjugated through violence and systemic inequality. This gendered framework is critical to our understanding of violence and prevention.

In addition, EVERYONE is affected by the limitations and violence that result from DV/SV/stalking, and WISE works with men, women, and children in our programs, so using the term "women" doesn't fully describe the diversity of people who interact with WISE.

"Victim/Survivor" is another term used to describe people who come to WISE often specifically through the Crisis and Advocacy Program. This is certainly accurate as people who experience domestic/sexual violence and stalking are the victims of violence/crimes and have survived. These words are often used by individuals to describe phases in people's experiences in the aftermath of violence. To some individuals these words feel like labels that they are personally uncomfortable with or do not resonate for them, but they are used throughout the movement and are used widely at WISE.

"Client" is a word used in businesses, legal or social service/mental health circles. Some people at WISE appreciate the reminder that we work for and are accountable to survivors, not the other way around, and "client" may be a word that the general public can use to understand some of what we do. Others in the social justice world feel like the word is too clinical and does not allow us to think fully about the human being but instead reduces them to a "case". It is a word that suggests an imbalance of power, with the "client" being somehow the beneficiary of the providers' expertise instead of working hand in hand with equal power.

"People first" language is an option as well (e.g., "a person who has experienced violence"), though may be lengthy or cumbersome and may be more applicable in some situations than others.

### **Case/Situation/Incident**

These are words typically used to describe an event that's come up in someone's life; e.g., "I'd like to talk to you about this case I'm struggling with." "Case" is a word that again is most often used in legal, medical and mental health fields, and can feel uncomfortable for people using a social justice framework. It can seem clinical and reductive of the human being to just seeing them as their struggle. It may also facilitate a mindset that the people we're working with can be "solved" and may imply advocate ownership as in "my caseload".

"Situation" may be better, because it can imply that there is a particular issue that someone would like to be able to brainstorm about. It may also allow us to be thinking about the external causes that are influencing the predicament that we're discussing and not forget all those influences in focusing too closely on just the person that's in front of us. This may be the same for "incident" although that's a bit less common/easy to use. "Circumstances" may also be a useful alternative.

### **Perpetrator/offender/abuser/batterer/rapist**

In general, these words are largely interchangeable and/or specific to the crime (batterer v rapist). These terms come predominantly from criminal legal fields (i.e., someone who committed specific crimes) and some people may insist that they can only be used when one is convicted of the crime. The words may also “other” people who batter or use violence in a way that may make it more difficult for communities to see people who perpetrate as complex humans who may have more complicated relationships with survivors. Using people first language “people who offend” or “men who use violence” may help to break down a good/bad dichotomy which can lead to “he’s a good person so he couldn’t have done that bad thing.” When speaking directly with a survivor it’s best to use their own descriptor for the person(s) who hurt them while possibly pointing out the behaviors that they were using which were hurtful. This can reduce accidents of filtering other people’s stories through our own biases.

### **Partner/spouse/significant other/husband/boyfriend**

This is another good opportunity to use reflective language when working directly with a person, or use gender non-specific general language. The intent is to be inclusive of all intimate/romantic relationships, married and other, as well as not specific to heterosexual partnerships.

### **Babysitting/Childcare**

Childcare is a profession that needs to meet certain criteria in order to operate legally. WISE does not meet those requirements.

### **Sexual assault exam/evidence collection/rape kit**

Popular culture and many workers in many disciplines refer to Sexual Assault Forensic Evidence Collection Kits as “rape kits”. This feels glib and reductive and does not actually describe what is happening; often when asked if someone knows what a “rape kit” is, people respond that it’s a test to see if someone is raped or not, and this is obviously not the case. It can also sound like it is a kit that helps someone know how to rape.

The term “evidence collection” refers specifically to the forensic part of a post-assault exam.

The goal of a “sexual assault exam” is to address the healthcare needs, goals and choices of the victim/survivor and to collect evidence that may exist on the person and their clothing after an assault. While survivors often do not sustain any physical injuries from a sexual assault, there are many other short and long term health implications including STI and pregnancy prevention that can be addressed.

### **Confidentiality/privacy/privilege**

“Private” connotes that the information shared will only be shared as needed. This is a term mostly used on college campuses to identify administration that would be required to report disclosures of sexual violence but would be expected not to share information beyond a need to know basis.

“Confidential” resources are those which are not expected to report disclosures and can be expected not to share information.

“Privileged” communication is protected as confidential by the state or federal government. This requires that information is kept confidential, and protects information from being subpoenaed in court. WISE has

privileged communication with survivors, such that information cannot be shared according to law, which includes our ability to quash subpoenas for records or testimony in court. WISE and other member programs of state coalitions are the only entities with privileged communication with survivors of domestic and sexual violence and stalking. There are other disciplines with legally binding privileged communication – like HIPPA for health care – and relationships between attorney/client, which are similar. WISE employees and volunteers must meet mandatory training requirements to be eligible for this status, and are only covered when working on behalf of the organization. Reporting suspicions of child abuse or neglect and elder abuse falls outside of this privilege.

### **Systems/institutions/agency/company/organization**

Systems are interacting or interdependent components whose relationships with each other make up a whole. We may talk about “systems being in place” to support the functioning of an organization which would mean that there are practices that are clear and connected to one another. “Systems advocacy” refers to working with institutions outside of WISE/the movement (law enforcement, child protective services, state agencies, legal, etc.) to understand how they function and influence how they can interact with survivors and/or domestic and sexual violence in order to create better outcomes for everyone. A system may be an institution (a college, the military, a faith organization, WISE) or institutions may make up a larger system (the government, patriarchy).

“Individual advocacy” is what we do when we are interacting with a specific system on behalf of a specific victim/survivor. We acknowledge that there may sometimes be tension between working towards positive outcomes for individuals and working towards better outcomes overall.

“Agency/Company/Organization” are different words used to describe independent entities. WISE prefers to refer to ourselves as an “organization” or “local program” as opposed to agency (more commonly used to refer to governmental entities), and we aren’t technically a company but an independent non-profit.

“Crisis Centers” are what programs doing work like WISE are referred to. We believe that the work we do in the world and with individuals goes far beyond crisis, and so prefer not to use this term.

### **Counseling/therapy/treatment/advocacy**

Counseling and therapy are often used interchangeably and generally refer to mental health services. These services are typically offered within the context of diagnosing a problem within a person and creating a plan to fix it. Most of the work that happens in these fields involves talking with a practitioner who is an “expert”, who will help the individual understand an experience in different ways, learn new ways to respond or feel better and be able to function more fully in one’s life. While the educational process for becoming a therapist and our culture as a whole supports the idea that there is something more to it, research repeatedly confirms that what is most “effective” about counseling is connecting and being heard. Thus, counseling and advocacy share important aspects of their approaches and, it may be that advocacy is more effective in its approach. Medications can be prescribed by psychiatrists and some other providers and have become a very common tool of mental health care in the United States. Mindfulness and other body-mind practices are increasingly incorporated into these services, especially if the person is being seen for anxiety and/or trauma.

There is a widely-held assumption in the United States that people need therapy after experiencing violence. For some it can be helpful, but an understanding of the context of the violence is crucial to a

provider's effectiveness. Unfortunately, we are in a world that does not promote this understanding, so well-meaning providers can be victim-blaming and generally reinforce messages from the culture of violence. In addition, the deeply-ingrained idea that people who have had certain experiences need to be fixed, detracts from where the real problems are: in the culture itself. Often therapy or mental health considers protective strategies maladaptive rather than responses to the threat of violence that exists for women in the world. This also assumes that once someone is "fixed" they will also be safe, which negates the reality that women are at risk of experiencing violence just because they are women, that they have not necessarily left the experience of violence (and need for protective strategies) behind.

Advocacy is based on the Empowerment Model. It does not give the advocate power over the survivor, but instead recognizes the survivor as being the only person with the skills to make decisions for their life. As advocates, we may be experts on the dynamics of and research about domestic and sexual violence, the people/systems that individuals may face, and we are able to share what we know with victims and survivors. We recognize that individuals themselves are the only ones that have all of the information regarding their life and experiences of abuse and that it would be ill-informed and potentially dangerous for us to make decisions for them. Advocates are not setting the path or guiding, but are offering assistance with navigation, resources, and support for someone while they determine their own way. We brainstorm with the survivor and may offer ideas and thoughts when we have them, but are not assuming that we know better, judging or stipulating. We recognize that individuals have the right to their own choices, and do not judge that people choosing to live differently than we do are wrong or not successful.

### **Boundaries**

Traditional gender roles encourage women to be polite and accommodating, often ignoring their own sense of safety or self in order not to be labeled "crazy" or "a bitch". People who have experienced domestic or sexual violence have often been violated in ways that make (re)claiming their personal and emotional space a priority for them. Allowing/encouraging survivors to listen to themselves and be clearer with others about what they need – to "set boundaries" – can be a way to support women as they experiment with their comfort levels, stating their needs and desires, and expecting/insisting that they be recognized and respected – possibly for the first time in their lives. Other organizations and disciplines that work with survivors sometimes talk about women needing to "have better boundaries" as a way to be more protective of themselves, and to see themselves as more separate from others (as opposed to being labeled "co-dependent"). While these concerns are well-intentioned, they can also be implicitly or explicitly suggesting that if women merely said "no" assaults never would have happened. Other problematic conceptualizations of "boundaries" suggest that women can't be trusted to be amongst other people who have experienced trauma without lessons on how to have "boundaries". This reduces women's ability to gather in community with one another and is paternalistic in the concern that they won't be able to handle themselves if they are exposed to narratives of violence. The concept of "boundaries" can also be used to create separation between staff and survivors, suggesting that staff are the ones with answers and survivors come to us for help and we must keep professional boundaries instead of recognizing innate humanity and shared experiences of oppression between people. (There are limitations within the relationship between advocates and survivors which makes it a distinct experience, but this should not be considered a boundary to prevent empathy or create separation.)

### **Codependence**

Other disciplines may talk about the relationship between victim/survivor and perpetrator as "codependent". "Codependence" is a term that comes from the substance abuse field. It is not recognized

as a diagnosis in mental health disciplines, i.e., in the Diagnostic Statistical Manual. When applied to victimization, it insinuates that the victim is somehow complicit in the violence which dangerously leads people to think that the victim just needs to try harder to not be “codependent”. It ignores the dangerous behavior of the perpetrator and problem-solving strategies that victims use within that framework. Some of what may be termed “codependence” may also be the result of wider cultures’ conditioning/socialization of girls and women. WISE does not use this term in reference to the dynamics in people’s relationships.

### **Help/support/healing/recovery**

“Help” sometimes slips out when we talk about what we’re doing with people. Often it’s for lack of a better descriptor, but can feel patronizing - as though all they needed was a little boost up from us. Often people explain that they want to enter advocacy work or volunteer at WISE because they want to “help people,” which is wonderful and well-intentioned. The Empowerment Model reframes advocacy’s role to instead be a safe space where people are able to explore options that they feel are useful to them. “Help an individual to navigate the complexities of their own experiences in the larger context of the world.”

“Healing” can be a conundrum in our work in particular. It is used often to acknowledge the very real impact of violence on people’s ongoing lives, however, it situates the problem/source of pain within the person and insinuates that the person must then get over it or “recover”. This creates violence as an event, rather than a systemic operation to maintain an imbalance of power in our society, and detracts from recognizing the cultural contexts which must change in order to end violence. It is derived from a western medical model which in and of itself deserves scrutiny.

“Healing” and “recovery” may be words that survivors use to talk about the aftermath of violence. People working with survivors may also use these terms, particularly for activities that they think might be therapeutic like art, music, writing, meditation, etc. If individuals choose these words for themselves, it is perfect to define their process. When others are using them it may come across as if there’s something wrong with the person or that there’s a wound which eventually will heal and no longer be an issue. Violence may be more like a major life experience which never goes away, but can be integrated into someone’s long life history in a way that it no longer is the major defining and/or inhibiting thing for them, and they can concentrate on other parts of their life.

### **Trauma Informed**

“Trauma and traumatic responses are NORMAL responses to ABNORMAL situations” except that violence against women is not an abnormal situation, it is happening all the time all around us. The Violence Against Women Movement were the first to identify the impacts of domestic and sexual violence as trauma which created very real physiological responses in victims. Trauma recognizes that the problem is outside of the victim – that something has happened which has triggered this evolutionary response – and also the lingering effects which shape the individual’s behaviors and perceptions of the world. “Trauma informed” has allowed us as a movement to communicate with other institutions about the realities of survivor’s which have historically been understood as “crazy” maladaptive, or fabrications.

Now that “trauma informed” has caught on, there are some challenges to the ways that it’s been interpreted and is being used outside (and sometimes inside) of the movement. Overwhelmingly, the way that trauma has been studied has been very individual/brain focused, rather than looking at the environmental causes of trauma responses. This has created a framework of trauma as a diagnostic tool of

sorts within a medical and mental health model which has reverted the conversation back away from an empowering/liberating orientation. This is then being sold back to organizations within the VAW movement as an undermined version of what we created in the first place.

### **Somatic Experiencing/Mind Body**

Because trauma is, by definition, a reaction to a frightening situation, our survival responses are engaged. Somatic Experiencing (SE) and other body-mind modalities engage the nervous system as a means to work with and regulate systems that have been impacted by trauma.

### **Self-esteem**

Girls and women are not valued as full and autonomous people in our society, and instead are taught that they are objects for consumption by larger cultural norms. While sometimes people say that perpetrators target vulnerable people, actually perpetrators target aspects of victims that they know/sense are open to particularly damaging attacks. E.g., batterers use the insecurities that their victims have shared with them as a tool to have power over them. In other words, all of us have vulnerabilities, and we share them in our relationships. In abusive relationships or sexual assaults, these are exploited by the abuser. This can happen to anyone. While women are sometimes framed as having been in/stayed in abusive relationships because they have “low self-esteem”, actually attacking and eroding someone’s sense of self-worth is a tactic of abuse.

When people are interested in finding ways to create a power balance for girls and women, sometimes self-esteem building is suggested (almost always when self-esteem is mentioned it’s in reference to girls and women). This suggests that the problem is merely that girls and women don’t realize their worth, not that the entire world does not value and encourage women’s contributions. While it is critical that people should be able to hold themselves in high esteem, and recognize their inherent human worth, self-esteem is not the cause or solution to women’s experiences of violence or oppression. Giving people opportunities to define, embrace, and rejoice in their own sense of self is good, and may not properly be defined by “self-esteem”. See also these two opinions: [\*The Nation: The Upside of Ugly\*](#) and [\*The Guardian: Dear Rebecca Adlington, they’re the ugly ones\*](#).

### **Empowerment/liberation/cultural competence**

“Empowerment” is meant to honor and acknowledge that every individual has autonomy and agency to act for themselves in the world. There is an understanding that people may not always have the resources and information that they need to make their best decisions, and that advocacy is the opportunity for us to work together to gather what one may need to get to where they want to be. This has also become a bit misused in the general culture in ways that make it seem like empowerment is something one can bestow upon another (we empower girls), for activities that make people feel good (that felt so empowering), or as a synonym for “self-esteem”.

“Liberation” is the act or process of freeing someone from another’s control; the act or fact of gaining equal rights or full social or economic opportunities for a particular group.

“Cultural competence” is necessary in order to relate to populations about the issues, intersections and framework that they experience in their lives. It should not be used to assume that all members of a (sub)culture have the same experiences, or to rely on assumptions about that culture instead of talking to and being curious with an individual. It is important to both reflect regularly on your position in the world

and perspective it gives you, and expose yourself to populations in very different social positions with very different perspectives.

Reflective language, i.e., using words that a speaker is using to describe themselves and their experiences, can be helpful to prevent misinterpretations, mirror language from the person we're speaking with, and ask questions rather than make assumptions.

As an organization, WISE emphasizes understanding words and concepts so that we can -- as accurately and thoughtfully as possible -- understand others, articulate what we mean and not lose sight of the context in which dialogue happens. We also recognize the fluid nature of this goal and are always open to conversation and evolving our practices.