



Helping Sexual Assault Survivors with Multiple Victimizations and Needs:

A GUIDE FOR AGENCIES SERVING SEXUAL ASSAULT SURVIVORS

By Jill Davies

July 2007

This *Guide* offers information about advocacy approaches with sexual assault survivors who have experienced multiple victimizations. Susan Schechter, whose work laid the foundation for this *Guide*, wrote in 2004 about the needs of this population and the necessity for more comprehensive community responses to address those needs:

When survivors of childhood abuse and other victimizations seek assistance from victim service providers and community institutions, they often have a complex array of needs. Some need mental health and substance abuse treatment; others require help with complicated legal matters. Still others want employment or vocational assistance or advocacy for disability benefits. Responding comprehensively to this range of needs challenges service providers to think in new ways about staff training and supervision, community collaborations, and cross-systems service designs. Without this more complex and innovative thinking, victims may not receive the help that they need¹ . . .

While agencies serving sexual assault survivors, most notably rape crisis centers (RCCs), interact every day with survivors who have experienced multiple victimizations, it can be a struggle for these agencies to provide the resource intensive services that many of these survivors require or want. Often, survivors with multiple victimizations need more and subtly different advocacy than sexual assault survivors who have single victimizations.

The *Guide* strives to identify issues and considerations unique to survivors who have experienced multiple victimizations and have multiple needs, as well as enunciate what “more and different advocacy” might look like for these survivors. It also offers advocacy agencies practical strategies for assessing and enhancing their responses to this specific population.

¹ *Determining Legal Interventions, Policies, and Services to Assist Adult Survivors of Childhood Maltreatment*, unpublished draft final report by Susan Schechter, 2004. Used with permission.

Dedication

This *Guide* is dedicated to the life and work of Susan Schechter (1946-2004).

Susan Schechter was a founder and visionary leader in the movement to end violence against women. An elegant and persistent thinker, Susan brought new ideas, issues, and strategies to the field. She was the author or coauthor of several pioneering books and monographs, including the widely cited *Women and Male Violence*. Her ability to connect concepts and bridge disciplines encouraged more collaborative and comprehensive solutions to violence. Perhaps Susan's most significant and enduring contribution was her pathbreaking effort to help the children of battered women. This work began in 1986, when Susan developed AWAKE (Advocacy for Women and Kids in Emergencies), at Children's Hospital, Boston. AWAKE was the first program in a pediatric hospital for battered women with abused children. In the 1970s, Susan directed the Women's Services Department of the Chicago Loop Center YWCA, including its sexual assault counseling and education program operated collaboratively with Chicago Women Against Rape. She also served as a consultant to several national domestic violence and child welfare initiatives and as a member of the National Advisory Council on Violence Against Women. Her analysis, writing, advocacy, and speeches played a major role in shaping current policy and practice regarding violence against women and children. On a less public but no less significant stage, the positive way in which Susan touched the lives of those around her was among her greatest gifts. Susan was a remarkable person, thoughtful and goodhearted; many individuals from diverse fields were fortunate to call her a mentor and friend.²

This *Guide* was Susan's project, a concept that she developed as she conducted a national needs assessment of legal interventions, policies, and services to assist adult survivors of childhood maltreatment. Susan sought and received funding to develop the *Guide*, designed a process to inform the content, and selected consultants. Those of us who had the honor of taking up this effort closely followed Susan's plan, strove to be true to her vision, and relied heavily on the many lessons Susan taught us. As with so much of Susan's work, the issues that challenge sexual assault survivors experiencing multiple victimizations and need, cross disciplines and challenge the violence against women's movement to do more.

Susan's legacy continues.

² Portions of this paragraph are from a memoriam written by Jill Davies and Jeff Edleson that appeared in *Violence Against Women*, September 1, 2004, Vol. 10, No. 9, pp. 955-957. Copyright 2004 by Sage Publications.

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Jill had the privilege of being Susan Schechter's friend and working with her on a number of projects, including the one that informed and led to this *Guide*.

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Janet is a cofounder and volunteer of the Boston Area Rape Crisis Center, which was the second rape crisis center to be established in the U.S. She has taught, lectured locally, nationally and internationally, and written about crisis intervention with survivors of sexual assault and other types of abuse, ongoing therapeutic recovery, and how to work collaboratively and build sustaining relationships in grassroots settings. She has also written about secondary trauma and the impact of trauma on care providers and communities. She has conducted self-care workshops in Belfast, Croatia, Canada, Turkey, Israel, the War Crimes Tribunal in the Hague, and numerous U.S. locations.

Janet has served on the Massachusetts Statewide Sexual Abuse task force and on the board of the Women's Alcoholism Program. She is also a member of the Community Crisis Response Team of the Victims of Violence Program which provides support to communities that have been impacted by either acute or chronic violence. She is part of a multicultural supervision group through Visions, Inc., which provides learning and supervisory support combining the personal, psychological, and social impact of racism as well as other forms of oppression. She has facilitated workshops focusing on the impact of spirituality on trauma recovery and the impact of trauma on spirituality.

Preface

Introduction to the *Guide*

1. Origin of the *Guide*.

The need for a guide on responding to survivors of sexual violence who have experienced more than one type of violent victimization and have multiple needs (survivors MV/N) was among the issues identified by the late Susan Schechter, as she conducted a multi-year needs assessment for the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The assessment explored what legal interventions, policies, and services would assist adult survivors of child abuse and neglect. During the assessment, rape crisis organizations indicated it would be useful to have more guidance regarding how to respond to survivors with multiple victimizations, trauma, mental health needs, substance abuse problems, and economic instability.

2. *Guide* Audience and Purpose.

This *Guide* was developed specifically for administrators, staff, and volunteers from rape crisis centers (RCCs) and victim advocates working within criminal justice system agencies. It provides resources—information, analysis, examples, and approaches—to aid them in exploring how to effectively respond to sexual assault survivors with multiple victimizations and multiple needs. It is important to point out that the *Guide* is not intended to describe best practices. Survivors MV/N have diverse backgrounds, experiences, and perspectives. Because of their differences, they would not be well served by an overly prescriptive advocacy approach. Nor is the *Guide* intended to create standards of practice for agencies serving survivors MV/N. Such standards would be impractical, given the significant variations among agencies serving sexual assault survivors, in terms of mission, organizational structure, local demographics, available resources, populations served, and services offered.

Many RCCs and other agencies serving survivors have already changed their practices, trainings, and advocacy to better respond to survivors MV/N, or are in the process of working on these issues. This *Guide* is meant to complement those efforts and provide a foundation to support and inform those processes.

3. Use and Organization of the *Guide*.

This document was written so each chapter could be read independently. This format allows advocates to either review the *Guide* in its entirety or chapter by chapter, starting, for example, with topics that are priorities for the survivors MV/N in their community. RELATED OR RELEVANT INFORMATION IN ANOTHER CHAPTER IS CROSS-REFERENCED USING SMALL CAPITALS.

Chapter 1 provides an introduction to advocacy issues and approach for survivors MV/N. Chapter 2 explores approaches to supporting and supervising advocates working with these survivors. Chapters 3 through 7 include information and considerations regarding particular aspects of service provision or issues facing survivors MV/N. Each of these chapters includes a discussion of context and challenges, key issues, skills and knowledge considerations, and supervision and support considerations. Chapter 8 discusses agency-wide issues, including administration and planning, and community education and systemic advocacy. The Appendix lists relevant resources and materials.

4. Terms used in the *Guide*.

Survivor with multiple victimizations and needs: In this *Guide*, the term “survivor with multiple victimizations” is used to describe a survivor of sexual violence who has experienced more than one type of violent victimization. A person who was sexually abused as a child and assaulted as an adult is one example. Another example is a person who has experienced multiple forms of violence, including sexual violence, from family members, a partner, and/or a stranger. **The *Guide* focuses on those survivors with multiple victimizations who also have multiple needs. The abbreviation “survivor MV/N” is used in the text to refer to this population.** The phrase is not intended to create another label for survivors, but rather to emphasize and honor the particular experiences, strengths, and perspectives of this group of survivors.

The *Guide* uses both he and she to refer to survivors MV/N to reflect that both men and women may be victimized, although women are assaulted at higher rates.³

Advocates: refers to staff and volunteers from rape crisis centers and victim advocates working within criminal justice system agencies.

Agency: refers to RCCs and parts of the criminal justice system that respond to sexual assault survivors and provide system-based advocacy.

Culture: In this *Guide*, the term culture is defined broadly to refer to the patterns of behavior of a wide variety of groups, for example, racial-ethnic or religious groups. These patterns create the context of each person’s life and influence individual behavior and perceptions. Many factors⁴ influence individual expressions of culture, including: gender, age, race, ethnicity, religion or faith, class, education, ability/disability, health, immigration/citizenship status, sexual orientation, language, family structure, and geographic location.

Cultural competence: In this *Guide*, cultural competence means that advocates have the skill, knowledge, and self-awareness to respectfully and effectively connect survivors MV/N from different cultures and experiences to resources and options that are relevant to their needs.

Staff: In this *Guide*, staff refers to both paid and volunteer staff.

Substance abuse: In this *Guide*, substance abuse refers to alcohol and/or drug use that is a problem or issue for a survivor MV/N, with the understanding that substance use can be a coping strategy for these individuals. There is no consensus in the field regarding terms to describe the range of alcohol and drug use or consequences of that use. Substance abuse was chosen because it is commonly used and recognized by those outside the field, including sexual assault victim advocates.

³ The National Violence Against Women Survey (NVAWS), conducted in 1995 and 1996, revealed that 17.7 million women and 2.8 million men in the United States were forcibly raped in the year preceding the survey. Tjaden, P. and Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings From the National Violence Against Women Survey*, National Institute of Justice, (January).

⁴ Cross, T. “Developing a knowledge base to support cultural competence.” *Report: Culture and Family-Centered Practice 14* (3/4, 1995/96): 2-7.

Chapter 1

Survivor MV/N Advocacy Issues and Approach

1. Survivor MV/N Advocacy Issues.

While sexual assault survivors experiencing multiple victimizations may have some of the same issues as survivors with single victimizations, many face more complicated problems. Advocates know the resilience, strength, and success of survivors MV/N. They also know the struggles. It is particularly important for advocates to understand that many survivors MV/N experienced violence as children and struggle with the long-term effects of that victimization. Research has documented that child abuse and neglect, including sexual abuse, can mean increased risks for difficulties in adulthood, including further victimization, health and mental health problems, substance abuse, and social instability, including difficulty with jobs, education, and housing. The most frequently reported effects of child sexual abuse include problems with depression, attempted suicide, self-destructive acts, anxiety, somatic symptoms, sexual maladjustment, interpersonal problems, educational difficulties, loss of self-esteem, prostitution, and criminal behavior. Studies also show a connection between childhood victimization and alcohol and drug use and abuse. Yet, some adults abused as children experience few if any of these effects. “Adult survivors . . . present a complex picture of needs, not a one-size-fits-all perspective.”⁵

While research presents one picture, the following stories illustrate how survivors MV/N might look to advocates:

Lydia calls looking for a support group. She tells you she wants to meet other people like her, “you know, that had stuff done to them as kids.” She tells you that her counselor at the Hispanic Community Center told her it would help.

Nicki calls the hotline almost every weekend. She calls because she’s afraid to be home alone or just needs to talk. Sometimes it’s clear she’s been drinking. A few times she’s talked about her uncle and her brother raping her when she was a child. You’re surprised to hear her voice on a Tuesday night. She’s sobbing. She screams into the phone, “My girlfriend left me. They’re going to get me. I can’t take it anymore. No one can help me. I want this to be over. I’m going to end it.”

*The first thing Jen tells you is, “I’m not going to press charges. If you want to help me, get those d*** cops away from me and get me out of this hospital. No way is any f**king doctor going to get near me.”*

You, an advocate in the police department, start to explain to Frida how the police might help and how the court can offer protection. Frida begins to cry; she seems to just slide from her chair onto the floor where she curls into the fetal position. You support her, connect her to a Spanish speaking therapist, and stay in contact for months. Eventually, she tells you that the police in her home country raped her and her mother and then dragged off her older brother. She believes that they killed him.

⁵ As a part of the needs assessment that informed this project, Dr. Cathy Spatz Widom wrote a briefing paper summarizing the research about the long-term impact of child maltreatment, including sexual abuse, on adults. The information in this paragraph is taken from that paper. Widom, C. S. (2003). *Survivors of Childhood Maltreatment; What the Research Tells Us About the Impact on Adults*. Briefing paper written for the project – Determining Legal Interventions, Policies, and Services to Assist Adult Survivors of Childhood Maltreatment: A National Needs Assessment and Planning Grant. OVC, DOJ. Susan Schechter, Project Director.

Cora calls looking for a referral for her husband. She tells you that, “he just lost it last night when I told him our grandson Daniel was staying overnight at a friend’s house. We’re raising Daniel for our daughter. I think he’s so upset because he was abused when he was a kid. He thinks something is going to happen to Daniel. He needs some help and I don’t know what to do.”

Angie was quiet the first two weeks of support group, but the third week she got angry when one of the group members asked her a question. As Angie stood up to leave, she yelled, “it’s none of your business how I feel.” Three months later, Angie shows up at your office. You notice that her clothes are in poor condition, her hair unwashed, and that she looks like she hasn’t slept. She tells you that she’s homeless.

Every day, every night, survivors of sexual violence reach out to victim advocates for help. They typically want advocates to listen to them, provide support and information, and aid them in identifying options and resources that will help them deal with their problems. It is also important to survivors that the resources and services offered be responsive to their culture and experiences.

Every day, every night, victim advocates talk with survivors of sexual violence who have experienced more than one type of violent victimization and whose needs are complex. Many sexual assault service providers reported that more than half of their clients were incest survivors, and clients with childhood abuse and multiple victimizations faced difficult issues which made providing adequate assistance to them more challenging.⁶ Because they seem to need more or different services than sexual assault survivors having a single victimization, these conversations raise difficult questions for advocates:

- How will I need to respond differently to these survivors?
- Does my agency offer what these survivors are asking for and what they need? What is the role of my agency in serving these survivors? Where else can these survivors turn for assistance? What can I do when there is no help available?
- What is my role regarding assisting and advocating for these individuals? What is beyond my capacity? How will I cope with the experience of working with these survivors and the exposure to this type of victimization?

This *Guide* recognizes that each survivor MV/N has her or his own experiences of violence, particular cultures, and set of life circumstances, resources, and challenges. Yet, many share common issues. Being aware of shared issues, as well as possible differences, will help agencies decide what services to offer and how to deliver those services. **The *Guide* will focus on three key issues:**

1. **Policies, rules, and practices can make it more difficult for some survivors MV/N to get the help they need from systems in their community, including those providing advocacy.** Also, systems that ignore cultural differences may offer services that are inaccessible, ineffective, or even harmful to survivors.

⁶ Lyon, E., Davies, J., & Schechter, S. (2003). *Adult Survivors of Child Maltreatment: Needs and Gaps in Current Services, Legal Remedies and Interventions*. Briefing paper written for the project – Determining Legal Interventions, Policies, and Services to Assist Adult Survivors of Childhood Maltreatment: A National Needs Assessment and Planning Grant. OVC, DOJ. Susan Schechter, Project Director. Also note that some RCCs participating in the site visits that informed this *Guide* estimated that 75% or more of their clients had experienced childhood sexual abuse.

2. **Multiple victimizations can lead to complex and long-term mental health issues, such as substance abuse, depression, and other effects of trauma.** SEE CHAPTER 5: MENTAL HEALTH, TRAUMA, SUBSTANCE ABUSE ISSUES AND ADVOCACY, FOR FURTHER DISCUSSION OF THIS ISSUE.
3. **Multiple victimizations can lead to financial disadvantage and many survivors have very few financial resources.** SEE CHAPTER 7: POVERTY, BASIC HUMAN NEEDS ISSUES AND ADVOCACY.

2. Basic Approach to Advocacy with Survivors MV/N.

Much of what makes advocacy effective with sexual assault survivors in general is beneficial to survivors MV/N. There are, however, often subtle differences in advocacy with survivors MV/N. For example, providing supportive and empowering advocacy might take *more time* than it does with other survivors. It may require advocates to be *more observant* of survivor reactions and *more knowledgeable* about interpreting those observations. It might also mean that advocates take *extra steps* to ensure that referrals are relevant and accessible and facilitate coordination of services across community agencies. *More active interventions* may be necessary to help these survivors cope with crisis reactions they may have to multiple traumas, such as cutting themselves, suicidal thinking and attempts, or other self-injurious behavior. These differences collectively speak to the reality that **some survivors MV/N will require more time and resource intensive advocacy than other sexual assault survivors.** To use their time and resources wisely, agencies must consider how to tailor their advocacy approach to be responsive to the issues and needs of survivors MV/N.

Three Key Elements

Three elements define a basic advocacy approach with survivors MV/N. First, advocacy is based on the needs, perspectives, and culture of survivors MV/N. It is survivor-defined. Second, it is collaborative and community based. And third, advocacy that will benefit survivors MV/N is offered to all survivors. While similar concepts may already drive advocacy and planning for many agencies, this chapter explores how these concepts specifically apply to advocacy with survivors MV/N.

Element 1. Advocacy is based on the needs, perspectives, and culture of survivors MV/N. It is survivor-defined.

Advocacy with individual survivors MV/N. Far too often, people in the lives of survivors MV/N were abusive or let them down, service providers responded ineffectively to them, and systems ignored or added to their pain. Each survivor MV/N contacting a RCC or other agency serving survivors has a unique perspective of these realities and lives with the effects of such bad experiences. Their culture will also impact their perspective of their experiences, from how they are affected by the violence to the way in which they seek and use services. For example, one survivor MV/N may be distressed by any discussion of violence and may only be able to bring himself to call the hotline when he is drunk. For advocacy to be based on the perspectives and needs of survivors MV/N, it must be flexible, skilled, and responsive to survivors from diverse cultures experiencing different effects of violence.

To overcome the distrust that survivors MV/N may have in people and systems in general, it is essential that advocates nurture a respectful working relationship with them. In particular, advocates must have a basic awareness of the range of issues that survivors MV/N may face, be skilled in listening and asking questions to understand their perspective and needs, and then know how to decide what information and options to offer to meet those needs. Although the relationship is collaborative, clearly defined roles and boundaries are essential. Being respectful also entails explaining what decisions survivors MV/N will have the opportunity to make and those that are not within their power. For example, a survivor might choose to report a crime to the police, but lose control of the process once law enforcement is involved. Advocates must also inform survivors if resources they need or want are not available. It is within the context of a respectful relationship that advocates can provide opportunities for survivors MV/N to gain power, get the help they need, and have more control of their lives.

Advocates' role, position, skill and/or knowledge place them in a position of influence and power in relationship to survivors MV/N they serve. An advocate's culture, including socio-economic class may add an additional power dynamic. Advocates need a constant awareness that with this role comes privilege, an understanding of how to use the relationship to empower and assist survivors MV/N, and skill to identify and correct any misperceptions about the relationship. Advocates must also have the humility and ability necessary to avoid the unintentional misuse of their power. Ongoing supervision, self-reflection, and support is necessary to help advocates maintain a healthy balance of power in these relationships.

System and agency-wide advocacy for survivors MV/N. Systemic advocacy and agency-wide decisions about services and priorities also need to incorporate the needs, perspectives, and cultures of survivors MV/N. This task can be accomplished by including survivors MV/N, and analysis of their issues and concerns, in whatever systemic process the agency uses. For example, survivors MV/N might have a leadership role on an agency's strategic planning committee. The committee could consider key survivor MV/N issues such as mental health concerns, barriers to accessing help from systems, and financial disadvantages. It is important to include the perspectives of diverse survivors MV/N to assess current practices and identify what advocacy the agency will offer and the way in which it will be offered. For example, a RCC might work with its Communities of Color Task Force to hold focus groups regarding survivor MV/N issues.

CROSS REFERENCE: CHAPTER 8: AGENCY-WIDE CONSIDERATIONS.

Element 2. Advocacy for survivors MV/N is collaborative and community based.

Survivors MV/N issues often are complex and cut across systems and disciplines. A core set of services essential to address the range of their needs include crisis intervention, support, mental health responses, alcohol and drug services, health care responses, economic supports and advocacy, and legal advocacy. It is critical these services be provided in a culturally responsive way. Given their limited resources, agencies cannot be expected to provide all the services survivors MV/N may need. Nor can any other single community organization bear this burden. Instead, collaboration across agencies is imperative in addressing the myriad issues of this population.

Obviously, it is not helpful to survivors MV/N for an agency to promise what cannot be delivered or for that agency to be satisfied with limited and inadequate responses. Therefore, a commitment to survivors MV/N dictates that advocates take a lead in building community capacity to serve them. One approach would be for the RCC to assess local resources and survivor MV/N needs and strengths, and then work with private and public sectors to establish a feasible, incremental plan to improve responses. Any effort should integrate the needs and perspectives of these survivors.

An agency's advocacy and services may be extensive in one area and more limited in another, depending on its mission and resources and the other assets in the community. Some possible roles RCCs and other agencies can play in community response to survivors MV/N include:

- Seeking input of survivors MV/N to inform decisions about agency roles and priorities.
- Providing services. Advocates must know what services its agency offers and when to refer to outside agencies.
- Advocating for the needs of individual survivors across community systems. For example, help a survivor MV/N get the health care she needs to deal with the effects of violence.
- Serving as a trusted link to other services. For example, provide meaningful referrals to competent mental health counseling, legal representation, or government benefits advocacy.
- Collaborating across agencies to meet needs. For example, a mental health provider works with survivors MV/N to assess their needs and decide if they would benefit more from a psycho-educational group offered by the RCC and/or a therapeutic group offered by the mental health program.
- Building alliances with community organizations that provide services to survivors MV/N, especially those that provide culturally specific services.
- Advocating for systemic change, within the agency and in other community organizations.
- Raising community awareness of and support for survivors MV/N and violence prevention.
- Educating and empowering survivors MV/N. For example, offer survivors resources to help them help themselves and connect to other sources of support and assistance.

Element 3. Advocacy that will benefit survivors MV/N is offered to all survivors.

Given that over half ⁷of RCC clients are likely to be survivors MV/N, and the reality that survivors may not disclose multiple victimizations or multiple needs, a universal approach is practical. A universal approach means that all survivors are offered services and advocacy in a way that is effective for survivors MV/N. If an advocacy approach improves understanding of the issues survivors MV/N face, removes barriers to services, improves cultural skills, and responds to mental health and financial needs, then it will benefit all survivors. Also, the support, training, and supervision necessary for effective advocacy with survivors MV/N will benefit all survivors and staff.

Of course, there also may be a need to develop services that only apply for survivors MV/N. For example, an agency may see a need for a support group for survivors of childhood sexual abuse who have experienced subsequent sexual violence.

⁷ Lyon, E., Davies, J., & Schechter, S. (2003). *Adult Survivors of Child Maltreatment: Needs and Gaps in Current Services, Legal Remedies and Interventions*. Briefing paper written for the project – Determining Legal Interventions, Policies, and Services to Assist Adult Survivors of Childhood Maltreatment: A National Needs Assessment and Planning Grant. OVC, DOJ. Susan Schechter, Project Director. Also note that some RCCs participating in the site visits that informed this *Guide* estimated that 75% or more of their clients had experienced childhood sexual abuse.

Chapter 2

Basic Approach to Assisting Advocates Who Work with Survivors MV/N

As survivors are affected by the violence they experience, so too are advocates affected by working with survivors MV/N. Any approach to enhancing advocacy with survivors MV/N must affirmatively integrate skilled staff support and supervision. It should also incorporate procedures that maintain staff effectiveness, protect survivors MV/N from harmful interactions, and reduce negative personal effects on advocates.

Two Key Elements

Two elements are particularly important in the basic approach to assisting advocates who work with survivors MV/N. The first is establishing clear policies, practices, and agency priorities for serving survivors MV/N. The second is providing the training, supervision, and institutional support necessary to implement policies on serving survivors MV/N.

Element 1. Establish clear policies, practices, and agency priorities for serving survivors MV/N.

It is beneficial for staff and survivors MV/N when an agency states what is expected of staff, what the agency can or cannot do for a survivor MV/N, how emergencies and other difficult situations will be handled, and how staff can get the supervision, support, information, training, and other help they need. Several areas for agencies to consider when establishing or reaffirming such guidelines are presented below.

Build basic competency skills for all advocates working directly with survivors MV/N. Staff competence means better advocacy and less stress for staff and supervisors. If an agency adopts a universal advocacy approach⁸ for survivors MV/N, all staff members and volunteers who have contact with survivors would need to meet the basic competency level. Advocates working directly with survivors MV/N might be required, through their job descriptions, to have the following basic skills:

- Understand how multiple victimizations can affect a survivor. View those effects as a reaction to violence rather than something wrong with the person.
- Advocate in ways that support and strengthen the safety and autonomy of survivors MV/N. For example, a support group facilitator makes it clear to a survivor MV/N that it is her decision to talk about a particular topic raised in a group, and explains possible risks and benefits of doing so. It is not empowering for an advocate to encourage a survivor to do something on her own if the advocate knows the effort will fail or be a bad experience for that survivor.⁹

⁸ See Chapter 1, Element 3 for a discussion of a universal advocacy approach.

⁹ For example, an advocate should not tell a survivor to call a government benefits office if she knows the survivor will be denied service if she calls on her own. Empowering advocacy might include making the call with the survivor and advocate listening together by speakerphone or an advocate accompanying the survivor to the office.

- Strive to understand survivor behavior and how culture and the effects of violence influence behavior. The advocate checks her interpretations with the survivor MV/N rather than imposing her own interpretations. An advocate might explore a differing perspective with a survivor MV/N if the advocate believes her view is accurate. For example, a survivor may believe that her drinking a 6-pack of beer every day is just social; the advocate interprets that behavior as probable substance abuse.¹⁰
- Actively engage in expanding her own openness, self-awareness, knowledge, and skills in order to work with survivors MV/N from diverse cultures. For example, an advocate sees that her anxiety about talking to a survivor MV/N who was forced by poverty into sex work led her to offer fewer services to that survivor. The advocate seeks supervision and re-contacts the survivor to fully explore the options she neglected to offer.
- Contribute to the organization's cultural capacity building. For example, an advocate leads an agency committee planning to approach the local Vietnamese community to see if its leaders would explore a collaborative partnership.
- Provide basic information to survivors MV/N, in particular how violence can affect individuals, ways to cope with symptoms, tips for accessing help from systems, where to get help in an emergency, and where to get more information.
- Provide basic crisis assessment and response in the following circumstances: cutting/self-harm; suicidal or homicidal thoughts, feelings, or intentions; and other serious circumstances.
- Recognize and respond appropriately when a survivor is reliving past violence, seriously distressed, under the influence of drugs/alcohol, or not able to take in any information or participate in the advocacy.
- Provide information, support, and advocacy to survivors MV/N on the three core issues that frame this *Guide*: mental health concerns, trauma and substance abuse; barriers to accessing help from systems; and financial disadvantages.
- Provide information and support regarding parenting, and advocates when a survivor is involved with the child protection system.
- Actively participate in supervision and seek assistance as needed; does not provide advocacy to survivors MV/N that is beyond her skill or knowledge level.

¹⁰ Additional examples: 1) After thinking about what it would be like to have to talk about sexual abuse through an interpreter, an advocate learns a few key phrases in different languages, attends training on how to use interpreters, and practices those skills with other staff members. 2) An advocate tells a survivor MV/N that she cannot help her with a problem she has at work because "we don't do that here." The advocate feels uneasy about her decision not to help and talks about it with her supervisor. During the discussion, the advocate sees that it was her bias and assumptions about people with mental health issues, not an agency limitation on advocacy, which kept her from assisting the survivor.

Establish clear policies and priorities regarding key issues for survivors MV/N.

Advocates' work with survivors MV/N is more likely to be effective when policies are easy to understand, feasible and flexible, and implemented through training and supervision. Clear agency policies or practices, particularly in the following advocacy areas, will benefit survivors MV/N and staff:

- Response to survivors MV/N whose needs go beyond agency service priorities;
- Crisis intervention situations, such as cutting/self-harm; suicidal or homicidal thoughts, feelings, or intentions; and substance overdose;
- Cultural competence;
- Mental health, trauma, and substance abuse;
- Child protection and mandated reporting;
- Staff supervision and support; and
- Financial issues.¹¹

Also, consider adopting policies that help to ensure advocacy practices do no harm to survivors MV/N. One way to protect survivors is to ensure that advocates are clear with each survivor MV/N about the limitations of agency support and counseling activities. In many communities, services such as affordable, quality mental health counseling, are limited. Advocates are frequently faced with the question: "Is the help that we can offer to survivors MV/N better than none?" In order to answer this question, an agency must be able to identify the "gap" between what would be beneficial to a survivor MV/N and what it is offering. For example, a survivor MV/N is using substances and cutting herself to relieve the stress of vivid memories of past abuse. A resource that may help this survivor is regular and long-term one-on-one sessions with a mental health provider skilled in both substance abuse and trauma. The RCC can only offer a 10-week general support group and take the survivor's calls on the hotline. The advocate must make it clear to the survivor that support group and hotline counseling are not a substitute for specialized mental health services, and continue to work with her to try to get the assistance she wants and needs.

CROSS-REFERENCE: CHAPTER 8: AGENCY-WIDE CONSIDERATIONS.

¹¹ **Sample financial advocacy policy/priority statement:**

1. Financial stability is essential for survivor safety, empowerment, and well-being. Stability means that a survivor is able to meet her and her family's basic human needs for housing, health care, food, child care, and other necessities.
2. Agency advocates will provide information that describes options and eligibility requirements and pamphlets in the following areas: a) Public housing and housing subsidies (including Section 8); b) Temporary Assistance to Needy Families (TANF); c) Food Stamps and other nutrition programs; d) Child Support Enforcement; e) Medicaid/Medicare; f) Social Security Disability (SSD)/ Supplemental Security Income (SSI); and g) Job training/education/employment services.
3. Agency advocates know the eligibility requirements and intake process for the listed financial programs and will refer survivors who may be eligible.
4. If requested by a survivor, and RCC resources allow, staff will provide advocacy in addition to information and referral. With survivor permission, advocacy may include collaboration with legal services, housing, or other anti-poverty advocates.

Element 2. Provide the training, supervision, and institutional support necessary to implement policies on serving survivors MV/N.

Review current agency training to see what topics relevant to serving survivors MV/N are covered. It may be that many of the skills necessary to meet an agency’s policies and priorities around survivors MV/N are already part of agency training. Therefore, it may make sense to start with a review of current skills training to see what survivor MV/N-specific skills are included. Training areas that would likely develop “survivor MV/N skills” include: basic competencies as defined by the agency, understanding survivor behavior through a trauma lens and in a cultural context; recognizing when a survivor is reliving violence, how to respond when a survivor is dissociating and not able to accurately give or receive information, basic grounding techniques, basic crisis response, basic knowledge of risk and protective factors for alcohol and drug problems, and when to ask a supervisor for help.

Use a variety of approaches to provide the skills training necessary for advocates to implement agency’s policies. Keep in mind that skills training regarding survivors MV/N can take many forms, including: formal presentations; role plays; conferences; workshops; observation or “shadowing” of experienced staff; individual/group/peer supervision; or staff meeting discussions.

CROSS-REFERENCE: CHAPTERS 3-7 INCLUDE A DISCUSSION OF SKILLS AND KNOWLEDGE CONSIDERATIONS SPECIFIC TO CERTAIN AGENCY FUNCTIONS OR SURVIVOR MV/N ISSUES. SEE ALSO CHAPTER 8: AGENCY-WIDE CONSIDERATIONS.

Integrate formal and informal supervision into the organizational culture. Supervision is essential to effective advocacy with survivors MV/N and an important commitment to staff and volunteers. A common view of supervision is regular meetings between a supervisor and employee, with a focus on performance evaluation. Supervision can and should go beyond that limited view. In particular, advocates can benefit from: information sharing, feedback, an opportunity to talk through or explore ideas, training, support for difficult situations and challenging issues, objective analysis, clarification of agency policies or practices, building of cultural knowledge and skills, question and answer sessions, brainstorming about a system’s response, or just having a safe place to vent or talk. Formal and informal supervision that is fully integrated into the organization’s day-to-day work is more likely to:

- Ensure that survivors MV/N have the benefit of different perspectives, experience, knowledge, and skills;
- Strengthen advocate’s ability to work with these diverse survivors;
- Strengthen advocate skills and knowledge and identify areas to work on;
- Foster collaboration among diverse staff and volunteers to the survivor’s benefit;
- Expand the quality and range of services offered to survivors MV/N;
- Provide the opportunity to process and constructively cope with a difficult job and the effects of vicarious trauma or secondary traumatic stress (STS), and;
- Reduce advocate turnover.

An integrated supervision approach might begin with the development of an agency-wide plan for supervision that includes all staff, management, and volunteers. Strategies that may be particularly helpful for advocates working with survivors MV/N include:

- Opportunities are readily available for advocates to debrief around difficult events.
- Layers of role-specific supervision are provided. For example, in order to get feedback and guidance a hotline volunteer reviews all calls with a staff person who in turn reviews those calls that included serious mental health issues with a supervisor.
- Staff are trained to provide and receive peer support.
- Cultural competence issues are regularly integrated into supervision. For example, supervisors can encourage discussions that foster self-awareness regarding privilege. Integrating cultural competence into supervision also means that supervisors are provided with the guidance they need to supervise a diverse staff.
- Self-care plans and strategies are regularly explored with advocates.
- Outside paid or volunteer consultants are used to provide supervision when staff or management do not have a particular area of expertise. For example, a trusted therapist might donate several hours per month to provide clinical supervision.
- In-service training and attendance at conferences is encouraged to keep advocates current in areas of new thinking.
- Clear policies for corrective supervision are implemented, and when necessary, termination of employment if staff or volunteers don't meet basic competencies.

CROSS-REFERENCE: CHAPTERS 3-7 INCLUDE A DISCUSSION OF SUPPORT AND SUPERVISION CONSIDERATIONS SPECIFIC TO CERTAIN AGENCY FUNCTIONS OR SURVIVOR MV/N ISSUES. SEE ALSO CHAPTER 8: AGENCY-WIDE CONSIDERATIONS.

Build institutional support to enhance staff's ability to serve survivors MV/N.

Institutionalizing support for advocates to effectively serve survivors MV/N involves changing agency rules and priorities and creating an environment in which everyone can do their best work. Building this institutional support is not just the role of agency leadership, but rather every staff person, manager, volunteer, and board member.

Examples of institutional support for advocates to serve survivors MV/N follow:

- *Agency planning and priority setting includes an assessment of advocate needs.* An assessment might explore how the agency currently strives to ensure survivors MV/N experience an effective response. For example, the current approach might be to hire staff and recruit volunteers who are "tough enough" to handle the stress of the work. Another way to look at it would be to assess whether the job is structured in such a way, and the person in the job is supported and supervised enough, so that any qualified person can thrive in the position. It will also be useful to consider how the agency assigns jobs to particular staff and volunteers, including those who are also survivors.

- *Job assignments are flexible and include a variety and range of work.* Working with survivors MV/N can sometimes be difficult and stressful; advocates may need to take periodic breaks from direct survivor contact. For example, involvement on a Sexual Assault Response Team (SART) or in prevention work can provide a meaningful and restorative hiatus because such advocacy is proactive and benefits many survivors.
- *Staff support is reflected in the agency's budget and personnel policies.*¹² Decisions about personnel policies and the budget drive much of how an agency functions. Agencies can consider how they can adjust these policies and budget priorities to provide enhanced support for advocates working with survivors MV/N. With limited resources and stretched budgets, some changes may seem currently out of reach. An incremental, longer-range plan that over time gains a commitment from staff, management, and board may be more feasible. A planned, yet longer term approach, will also allow the agency to make changes when opportunities arise, such as new funding, staff turnover, or a change in board leadership and resources.

¹² The following are some of the ways to reflect staff support in a budget or personnel policy: generous and flexible vacation/sick/holiday leave time and compensatory time; regular supervision; adequate staffing for services provided; job sharing; job coaches; comprehensive employee assistance programs; frequent and routine self-care assessment and planning; funding earmarked for staff, management, and volunteers to attend training or conferences; living wage and health benefits that include mental health services; career advancement opportunity; limited time on call; training and supervision on cultural competence skills and knowledge; and effective orientation for staff and volunteers.

Chapter 3

Hotline Considerations

CROSS-REFERENCE: CHAPTER 1: SURVIVOR MV/N ADVOCACY ISSUES AND APPROACH; AND CHAPTER 2: BASIC APPROACH TO ASSISTING STAFF WHO WORK WITH SURVIVORS MV/N.

1. Context and Challenges.

In many communities, the hotline is the principal method survivors MV/N use to contact their local sexual assault victim advocacy organization.¹³ These hotlines offer significant options as well as limitations for these survivors. The anonymity and accessibility they offer make it easier for some survivors MV/N to reach out for assistance. The hotline is a connection that they can count on; it may be the only 24-hour resource in a community. Yet, some survivors MV/N find it difficult to establish the trust necessary for them to talk over the phone about their experiences and needs. Others may not have access to a phone.

Hotline advocates field a wide range of calls, some fairly routine and easy to handle and others that are difficult and complicated. RCCs identify calls from survivors MV/N as a significant percentage of “difficult calls” they receive via the hotline. Examples of “difficult calls” include: many calls from the same survivor; a call from a very angry survivor; a call from a survivor who has difficulty identifying why he or she is calling or staying connected to the conversation; a call from a survivor talking about or taking self-harmful action; a call from a survivor under the influence; a call involving child or elder abuse; and a call from a survivor with serious needs that the RCC cannot address.¹⁴ Whether hotline advocates know a caller’s past experience with violence or not, these “difficult calls” can be stressful. Providing useful information or even support can be challenging. For example, phone conversations can make it difficult for advocates to identify needs or pick up cultural cues. These calls drain limited staff resources and take more supervision time. Yet, these callers bring compelling issues and a profound need. Each call offers the opportunity for advocates to make a real difference in the lives of survivors MV/N.

2. Key Issues and Considerations Regarding Survivors MV/N.

What might a survivor MV/N expect of a hotline advocate? There are as many perspectives as there are survivors, but the following examples, presented in survivor voices, provide a sense of their expectations:

If I am angry—

Understand why I’m angry. Help me to get to a place where I can tell you what I need and listen to what you have to offer.

¹³ Lyon, E., Davies, J. & Schechter, S. (2003). *Adult Survivors of Child Maltreatment: Needs and Gaps in Current Services, Legal Remedies and Interventions*. Briefing paper written for the project – Determining Legal Interventions, Policies, and Services to Assist Adult Survivors of Childhood Maltreatment: A National Needs Assessment and Planning Grant. OVC, DOJ. Susan Schechter, Project Director.

¹⁴ These types of difficult calls are not always made by survivors MV/N.

- If I am dissociating/“not present”— Notice that I’ve “left” and help me come back to the present so I can participate in the conversation. Understand that I may have difficulty remembering. Be patient if I don’t have all the details.*
- If I talk about self-harm— Recognize that what I’m doing might seem like my best chance for relief. Help me to find alternatives.*
- If I talk about suicide— Recognize the seriousness of my words and action. Validate my feelings, not my intent. Understand why I’m at this desperate point and work with me to assess risk. Help me to take control.*
- If I call you over and over again— Understand why I keep calling. Recognize when I’m not getting what I need, when I feel no relief, and find a way to connect me to someone who can help.*
- If I’m under the influence— Understand why I might call when I’m using. Don’t cut me off. Try to get through and find a way to help me call again. Understand that my using might be the only way I know to get through my pain. Realize that I may be a different person when sober and that I may not remember the conversation.*
- If I sound guarded and unwilling to give any information— Understand that trust is difficult for me and there are a lot of reasons for me to be wary. I might be undocumented or have never had anyone come through for me. Disclosure is risky and in the past has led to pain and trouble. Try to make my call worth the risk I feel I’m taking.*
- If I might be at risk to hurt someone else— Take the time to get all the facts and to see my strengths as well as my struggles. Work with me to assess and reduce risk. Don’t make my life any harder. Involve me if you think you have to act to protect someone.*

How can RCCs strengthen or build hotline responses to better meet these expectations of survivors MV/N calling their hotlines? The following are some strategies to consider.

Develop a protocol to guide advocates on calls involving suicide, self-harm, serious mental health issues, intoxication, or risk of harm to others. Such a protocol might provide guidance on identifying these calls; guidance on assessing risk that includes cultural considerations; a list of options, strategies, and resources to provide the survivor, depending on the assessment of need;¹⁵ guidance on debriefing with a peer or supervisor after difficult calls; and a supervision procedure. The protocol would also need to prepare staff to handle calls from survivors MV/N who may also have committed violent acts. Responding to survivors MV/N who have perpetrated violence can raise difficult issues for advocates, requiring skilled supervision, a deep understanding of the effects of victimization, and openness to seeing all aspects of survivors' complex lives. Collaboration with trusted providers working with offenders may assist agencies exploring this topic.

Develop alternative options for callers who need multiple contacts. If a hotline is geared primarily to respond to crises, more options may be needed to serve some survivors MV/N and preserve agency emergency resources. Some strategies include:

- additional staff to cover the hotline;
- a “warm line” with scheduled calls that are handled by a staff member or volunteer. The hotline staff person would make a plan with a multiple caller to schedule a call to the warm line instead of the hotline.
- referrals to other in-house or community services;
- development of resources and collaboration to supplement hotline counseling, such as mental health resources; legal and economic advocacy; pamphlets on a range of issues, and expedited intake at other community agencies; and development of a plan to connect the caller to safe family, friends, members of her religious institution, other resources in her life, or other community groups. For example, a woman who feels isolated because she just came out as a lesbian may benefit from connecting to the lesbian/gay community.

Develop a protocol to guide advocate's use of cultural assessments. In addition to discussing why and when cultural issues should be explored on the hotline, the protocol could include a framework for conducting cultural assessments and reducing cultural barriers. Advocates can then connect the assessment to their responses. For example, an advocate can assess if a survivor has medical insurance or money before sending her to a fee-for-service agency. An advocate can check if a survivor reads in English before sending him a pamphlet in English. An advocate can assess gender identification before referring a survivor to a single gender service. An advocate can ask a survivor if she is old enough to qualify for elder services. Or an advocate can check with a survivor to see if he is comfortable receiving services from an ethnically specific resource, if one is available. The protocol should also guide advocates to recognize and address their own biases, so that cultural assessments are accurate. For example, it could discuss how to handle calls from male survivors MV/N in a way that does not assume that they are perpetrators and does not limit the advocacy offered due to their gender.

¹⁵ The list might include: talking the caller through the crisis; encouraging the caller to connect with safe family, friends, a therapist; asking for the caller's location in case intervention is needed; emergency mental health resources; referrals to a suicide hotline; getting a caller's permission to call and check on her later; police intervention; or mandating reporting of the abuse of a child, elder, or disabled person.

Require hotline advocates to have basic competencies for working with survivors MV/N. This may be an efficient approach given the number of survivors MV/N who may call the hotline, the crises that may be presented, and the reality that the agency has no control over who calls or the issues those callers will raise.

CROSS-REFERENCE: CHAPTER 2 FOR A LIST OF POSSIBLE COMPETENCIES.

Consider how technology might increase options for survivors MV/N and staff. For example, there may be instances when the hotline staff feels that a more experienced advocate is needed to respond to a particular call. One option might be, with the caller's permission, conferencing or patching a call through to a backup staff person or supervisor. Or, if a survivor MV/N finds the internet a positive resource, offer suggestions of websites that might be helpful (while providing information about internet risks and safety). A TTY/TDD allows hearing-impaired survivors to use the phone to contact the agency. See the Resources Appendix for links to more information.

3. Specific Skills and Knowledge Considerations.

Effective phone communication with survivors MV/N. Because many communication clues and cues are lost over the phone, hotline advocates need to be particularly skilled at listening to survivors MV/N and asking them questions. Effective phone communication requires a measured, well-timed yet proactive approach. Advocates need to know what to ask and when to ask it. For example, a simple check-in such as, "Are you still with me?" might help a caller who is dissociating.

Knowledge of agency hotline policies and the skills and knowledge to implement them. Policy areas that hotline advocates will need to have knowledge of and training on might include: suicide/self-harm protocol; accessing emergency mental health resources; risk to others protocol; mandated reporting requirements; cultural assessments; identifying callers who are intoxicated/under the influence; and accessing community resources.

4. Supervision and Support Considerations.

Consider establishing an agency plan for supervision and support of hotline staff, including specific guidance for "difficult calls." This plan might include requiring advocates to seek supervision if they have handled certain types of difficult calls, as well as having a tiered supervision approach. For example, a volunteer advocate might contact a staff person, and, if needed, that staff person might contact a supervisor or outside mental health consultant. If an inexperienced advocate answers the hotline, consider ways to provide her with immediate access to supervision and consultation with more experienced staff. As mentioned above, in some circumstances it might be necessary for a more experienced advocate to handle the call. Another consideration is matching the amount and availability of supervision to the numbers of calls. If there are typically multiple calls on each shift, consider building supervision into the end of each shift.

Advocates may need breaks from hotline work in order to remain effective. Consider instituting periodic breaks or check-ins rather than requiring advocates to request them.

5. Key Questions to Assess Current Hotline Response.

- What do local survivors MV/N think about the hotline?
- What are the community needs, resources, and priorities regarding hotlines?
- Does the agency have policies that provide guidance for calls involving suicide, self-harm, serious mental health issues, intoxication, or the risk of harm to others?
- Do staff and volunteers have the skill and experience to handle difficult calls?
- What support and supervision do advocates need to handle difficult calls?

Note regarding online hotlines: There is still fairly limited experience with this approach, and exploration of these emerging issues is beyond the scope of this *Guide*.

Chapter 4

Support Group Considerations

CROSS-REFERENCE: CHAPTER 1: SURVIVOR MV/N ADVOCACY ISSUES AND APPROACH; CHAPTER 2: BASIC APPROACH TO ASSISTING STAFF WHO WORK WITH SURVIVORS MV/N; AND CHAPTER 5: MENTAL HEALTH, TRAUMA, SUBSTANCE ABUSE: ISSUES AND ADVOCACY.

1. Context and Challenges.

Support groups are an important resource for survivors MV/N, particularly for those with few other options or who choose not to receive services from traditional mental health agencies. Some survivors MV/N experience serious mental health and substance use issues, poverty and homelessness, and extreme isolation. These same survivors come from diverse cultures and life experiences. There can be significant challenges posed to group facilitators when these complex issues and diverse lives do not “mix” well with the support group format. For example, facilitators may struggle when there is a mismatch between what survivors MV/N need and what is offered through the group. They may struggle to decide whether to ask a survivor to leave the group if her experiences and needs begin to overrun the group. Trying to prevent these situations, some agencies screen out survivors with serious issues. This approach can leave some survivors MV/N unserved.

Agency resources, service area, and staff skills limit the number and types of groups offered. For example, a RCC might only offer a group for young adult survivors if there is a demand and it has two committed and skilled volunteers to facilitate the group. Similarly, a RCC might screen out survivors with serious mental health issues if staff think that the approach of the support group would not work for those survivors or the other members of the group. In rural areas, it may be difficult to recruit group members. RCCs may have smaller groups, offer one-on-one counseling as an alternative, or only have the staff to support one group for all survivors. The resources of survivors MV/N may also be limited, and without the RCC they may have little or no other support option. Given the limitations, the principal challenge is to figure out how to configure support groups that are feasible for the agency to provide and beneficial to all survivors, including those with multiple victimizations and needs.

2. Key Issues and Considerations Regarding Survivors MV/N.

Survivors MV/N often can benefit from sharing with others who have had similar experiences. Groups can be particularly useful for isolated survivors MV/N and for those who struggle with human interactions and relationships due to the violence and betrayals they have experienced. Some support group strategies to consider related to serving survivors MV/N are discussed below.

Assess whether current groups provide survivors MV/N with a meaningful option for support. This assessment might include asking survivors MV/N for their input, as well as reviewing groups’ goals, approach, facilitation style, member eligibility, screening process, and topics selected for discussion. Some survivors MV/N may benefit greatly from current services and some may need something more or different from what is offered. For example, some may need more than a 10-12 week session or a drop-in

group. Some will need a facilitator with knowledge about substance use and treatment, and still others might need guidance from facilitators about what is “OK” to share in group.

Sample Questions to Assess Support Groups

Who is eligible for the support group? Who is excluded? Are a significant number of survivors MV/N among the excluded groups?

Is the screening process flexible? Does the eligibility screening process allow staff to identify survivors who might be a good fit for the group? For example, does the process simply exclude every survivor with a significant mental health history or does it go beyond that criterion to determine if a survivor might effectively participate? Does the staff have the expertise necessary to screen?

Does the group include both one-time recent sexual assault survivors and those with multiple victimizations? It may be difficult for some survivors experiencing a lifetime of violence and some survivors of a single assault to find common ground. Are the experiences and needs of potential group members too different for a group to be effective?

Do the facilitators have the skill, experience, and supervision to match group needs?

What topics can group members raise in group? Are there topics that are off limits or at odds with the group’s purpose?

How long does the group last? Can a survivor attend more than one consecutive group?

Make changes as needed so support groups meet the needs of survivors MV/N. If the assessment identifies certain gaps or weaknesses in support group services for survivors MV/N, the next step is to figure out how to change the support group process. The following discussion lists some of the key areas to consider:

Criteria and screening process. It is important for agencies to ensure that eligibility criteria and screening procedures for support groups do not exclude survivors MV/N unnecessarily. For example, rather than categorically excluding survivors MV/N, staff would use a screening process that identifies those survivors MV/N who match group goals, structure, and facilitation. This approach would require an assessment of “where a survivor is at” and flexibility in the eligibility criteria. Assessing “where a survivor is at” takes more skill, knowledge, and experience than simply going through an eligibility checklist or list of screening questions. For example, it might require a skilled therapist to assess whether a survivor MV/N with significant mental health issues would be a good fit for a “generic” survivors’ group. The screening process could be used as a way for the agency and survivor to develop mutual understanding of the needs of potential group members and the limitations of support groups.

If that level of assessment is not feasible, consider offering a sequence of tiered groups. For example, the Tier 1 might be an orientation group that meets 2-3 times to provide information about participating in a group and completes brief introductory exercises that require little personal disclosure. The orientation group provides an opportunity for a survivor MV/N to test out the experience and a chance for the facilitators to get a

sense of each individual's ability to participate. Tier 1 could also be a drop-in group that allows for initial connection but also a time limit to help facilitators when a survivor is difficult to support. Tier 2 might be a general group that meets 10-12 times and offers basic discussion and support. Tier 3 might be a group that meets 10+ times to explore particular topics, such as childhood abuse, legal issues, substance use, issues relevant to immigrant survivors, or parenting issues.

It is important for advocates to communicate with a survivor MV/N in a sensitive and constructive way about why he or she may be considered ineligible for a specific group. It is also essential that they provide survivors MV/N who are screened out with other options, including referrals for counseling and other support groups where available.

Length of group. Some survivors MV/N would benefit from a longer term support group. If the number of sessions is limited, consider extending the amount of sessions or offering a more open-ended schedule. If those options are not feasible, consider allowing a survivor MV/N to attend consecutive groups.

Facilitation. Facilitation is a central issue when considering the support group needs of any survivor, and in particular, survivors MV/N. Consider the discussion on effective facilitation skills presented later in this chapter to help determine what changes, if any, may be needed in facilitation approaches used by the agency.

Additional support groups. Some survivors MV/N may not be eligible for, or able to benefit from, a general support group. If resources allow, agencies can consider adding groups that speak to the experiences, cultures,¹⁶ and needs of the survivors MV/N they are currently serving. For example, agencies might offer a childhood abuse/incest group, parenting group, or substance use/recovery group.

Include or enhance support group discussion of prevention. Survivors MV/N may need a comprehensive approach to prevention—not only to plan to reduce their risk of future victimization to the extent possible, but also to reduce the severity of long term effects of a sexual assault. Women who are sexually abused as children face an increased risk of adult sexual assault.¹⁷ A summary of the literature on reducing the risk of revictimization for survivors of child sexual abuse suggests steps such as: “(a) sensitize women to situational risk factors (e.g., excessive alcohol consumption); (b) educate women about

¹⁶ Culturally specific groups may need to be smaller than for other groups, depending on the community's size, that culture's acceptance of support groups, and outreach effectiveness. Consult with members of the particular culture when defining the make up and label for the group. For example, a support group for “Asians” is likely to be too broad a category in most communities. Offer groups in ways that allow for privacy to be maintained, especially in rural communities, reservation and village settings, and in culturally specific communities that are small. For example, a RCC could offer services to survivors outside its service area or might offer a book club that reads books with sexual abuse themes. Facilitators must be able to pick up on cultural cues, know the meaning of group-specific phrases or words (or know enough to ask), understand how to highlight values and strengths of that community, and have a sense of what it may be like to be a survivor in that community. If the facilitator is a member of the community, consider the privacy concerns of potential group members.

¹⁷ Koenig, L., Doll, L., O'Leary, A., and Pequegnat, W., editors. (2004). *From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention*. Washington, DC: American Psychological Association.

the connection between previous abuse and revictimization; and) (c) increase women's self-esteem, self-respect, and repertoire of assertive, social, communication, and limit-setting skills in sexual and nonsexual situations"¹⁸ Since multiple victimizations can trigger reactions and coping that could jeopardize a survivor's health, mental health and well being, support can help to prevent difficult longer term consequences. For example, support group discussions may help survivors seek assistance, such as medical care or legal system protections.

A support group can offer a forum to discuss prevention issues and help survivors to feel more in control of their lives and bodies. However, prevention messages and strategies discussed during support groups should be carefully crafted with survivor input to ensure that they are relevant, effective, culturally appropriate, and conveyed in a way that is not victim blaming. It is also important to carefully consider what prevention discussions are appropriate in a support group and which would be better explored individually or in another format.

Prevention strategies do not guarantee safety. If a survivor is re-victimized, additional support along with the message that perpetrators are responsible for sexual violence can help a survivor who might feel shame and self-blame.

Collaboration with other community resources to make support groups more useful to survivors MV/N. In particular, many survivors MV/N need assistance with the three core issues that frame this *Guide*: mental health concerns, barriers to accessing help from systems, and financial disadvantages. Providing resources, information on services, and referrals as part of, or in conjunction with, support groups can help to address those needs. For example, a government benefits advocate could be available after a group meeting to answer questions about cash assistance programs and Medicaid mental health coverage. A group session could include a presentation by a substance abuse treatment provider about the intersection of trauma and substance use. Another group meeting could start off with a brief presentation by a mental health provider and a group member about how to choose a therapist. These types of complementary services could be done in coordination with community professionals, depending on the needs and interests of group members. In addition to providing the actual service, such collaborations will expand the capacity of all involved agencies to serve survivors MV/N. Another approach might be for the advocacy agency to participate in groups or activities offered by other organizations, religious groups, or community groups. For example, an advocate may provide information on resources offered by the RCC during a therapy group session at the local mental health agency.

Community collaboration also might enhance facilitation knowledge and expertise. For example, a local mental health or substance abuse treatment provider might co-facilitate groups for survivors MV/N or provide supervision to the facilitators.

¹⁸ Lynn, S., Pintar, J., Rite, R., Ecklund, K., and Stafford, J. Chapter 7—Toward a Social-Narrative Model of Revictimization. in Koenig, pp. 174-175.

3. Specific Skills and Knowledge Considerations.

Effective facilitation skills. Although support group facilitation is a complex topic beyond the scope of this *Guide*, the following are some of the core skills, knowledge, and experience useful for facilitators working with group members who are survivors MV/N:

- Knowing when and why a survivor “telling her story” might not be a positive experience for her or the group, and how to gently guide her disclosures;
- Knowing how to handle a survivor’s decision to disclose or not disclose other victimizations to group members;
- Understanding the long-term impacts of multiple victimization;
- Understanding and responding to survivors coping with mental health issues;
- Understanding and responding to survivors using or abusing substances;
- Understanding and responding to self-harm;
- Recognizing how culture might affect how a survivor experiences violence and communicates in a group; and respecting and bridging cultural differences of group members;
- Having the facilitation skills necessary to manage difficult or surprise situations in the group (e.g., one person suddenly leaves the room); and
- Recognizing when a survivor needs follow-up or other services beyond group.

Two additional issues are important for agencies to consider. First, the facilitator’s skill level should match both the focus of the group and the needs of the group members. For example, a group might have a peer support focus but include members with significant mental health issues. A volunteer with skills and experience to facilitate peer support would also need the skills and knowledge to handle the mental health issues that may arise. It can be difficult to determine the level of facilitator skill required as there can be “surprises” even with narrowly focused group goals and carefully screened members.

Second, if the group is organized around a specialized topic, the facilitator(s) will need knowledge and skill in those areas. For example, the facilitator(s) of a parenting group for survivors who were themselves abused as children would need to know parenting issues that tend to arise at particular developmental stages for children, the effect on parents, and other sources of parenting support. They also need to understand the local child protection system.

Screening skills. Working with a survivor MV/N to determine if a group would be a “good fit” takes skills and knowledge about groups and survivors MV/N, along with substantial experience with groups and individual survivors. The primary goal of screening for support groups is to ensure that a particular group’s goals and approach is a good match for all group participants. This screening might include getting a sense of a particular survivor’s personality, communication style, experiences, and needs. It also requires the skill to sensitively and constructively inform survivors if they are not eligible for a particular group and provide them with alternative options.

4. Supervision and Support Considerations.

Groups that include survivors MV/N are very likely to raise complex and difficult issues for facilitators and group members. Group members will benefit if facilitators of groups that include survivors MV/N have regular supervision from a group-experienced clinical supervisor.¹⁹ This supervisor should be a mental health provider who can apply supervision issues and concepts to the RCC context. It may be a challenge to find the right person and the resources for clinical supervision of support group facilitators. Consider exploring some of the following strategies: hiring a staff person with clinical supervision skills; using phone consultation if there are no competent local supervisors; and exploring collaboration with local community mental health providers, local colleges or universities that train mental health providers, and/or local professional organizations of mental health providers. Another strategy is to begin to prioritize this expense when budgeting and fundraising.

5. Key Questions to Assess Current Support Group(s).

- What do local survivors MV/N think about the support group/s offered?
- What are the community needs, resources, and priorities regarding support groups?
- How does the current eligibility criteria and screening process affect survivors MV/N? Are there alternatives for those who are screened out?
- How does the length and focus of current support group(s) affect survivors MV/N?
- Do the facilitator's skills and knowledge match the focus of the group and the needs of group members?
- What support and supervision do facilitators need to be effective? How might clinical supervision be provided?

¹⁹ There are differing theories and approaches to "clinical supervision." In general, it is provided by an experienced mental health provider and includes a formal support system for staff, learning and skill building, and discussions focused on the well-being of the consumer/survivor.

Chapter 5

Mental Health, Trauma, and Substance Abuse: Issues and Advocacy

CROSS-REFERENCE: CHAPTER 1: SURVIVOR MV/N ADVOCACY ISSUES AND APPROACH; CHAPTER 2: BASIC APPROACH TO ASSISTING STAFF WHO WORK WITH SURVIVORS MV/N; CHAPTER 3: HOTLINE CONSIDERATIONS; AND CHAPTER 4: SUPPORT GROUP CONSIDERATIONS.

1. Context and Challenges.

The label “trauma” is often used to describe a very broad and complex range of mental health, substance abuse, and behavioral effects. Consider the following two descriptions, the first from *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse*, and the second from Judy Herman’s book *Trauma and Recovery*.

We emphasize that it is an individual’s *subjective experience* that determines whether an event is or is not traumatic. Thus, an event or situation creates psychological trauma when it overwhelms the individual’s perceived ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual feels emotionally, cognitively, and physically overwhelmed. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss. *Risking Connection*²⁰

The ordinary human response to danger is a complex, integrated system of reactions, encompassing both body and mind. Threat initially arouses the sympathetic nervous system, causing the person in danger to feel an adrenalin rush and go into a state of alert. Threat also concentrates a person’s attention to the immediate situation. In addition, threat may alter ordinary perceptions: people in danger are often able to disregard hunger, fatigue, or pain. Finally threat evokes intense feelings of fear and anger. These changes in arousal, attention, perception, and emotion are normal adaptive reactions. They mobilize the threatened person for strenuous action, either in battle or in flight.

Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over. Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory. Moreover, traumatic events may sever these normally integrated functions from one another. The traumatized person may experience intense emotion but without clear memory of the event, or may remember everything in detail but without emotion. She may find herself in a constant state of vigilance and irritability without knowing why. Traumatic symptoms have a tendency to become disconnected from their source and to take on a life of their own. *Trauma and Recovery*²¹

Most survivors of multiple violent victimizations experience some level of trauma, some are more significantly affected than others. Some common effects include depression, substance abuse, anxiety, dissociation, and self-harm. Given the complexity of behavior and mental health issues they may face, it would be logical for survivors MV/N to turn

²⁰ Saakvitne, K. W., Gamble, S., Pearlman, L. A., & Tabor Lev, B. (2000). *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse*. Baltimore, MD: The Sidran Foundation and Press, p. 5.

²¹ Herman, J. *Trauma and Recovery*. New York: Basic Books, 1992, p. 34.

to local mental health providers for assistance. But, unfortunately, mental health systems can be particularly difficult for survivors MV/N to access. Many cannot afford to pay for the care they need, even if they have health insurance. Under some insurance plans, mental health coverage is excluded or capped. For some survivors MV/N, the out-of-pocket expenses for deductibles, co-payments, and uncovered costs can put mental health treatment out of reach. Providers who accept Medicaid/Medicare or who have sliding scales or subsidized services may have long waiting lists. In some areas, and in particular in rural areas, it can be difficult to find affordable providers with the training, skills, experience, and supervision necessary to provide quality treatment. If a survivor MV/N previously had a bad experience with a mental health provider²² it can be especially difficult to find one that is the right “match.” Additionally, some survivors MV/N specifically avoid traditional agencies because they do not provide culturally competent care. In some communities, survivors’ limited access to quality mental health care raises the demands they place on RCCs and other agencies serving survivors.

So perhaps the core challenge for RCCs and other agencies is to determine what role they will play in responding to the behavioral and mental health needs of survivors MV/N. It might be helpful to start with the two broad categories described in the book, *Using Trauma Theory to Design Services Systems*—“trauma-informed” and “trauma-specific” services.

(Trauma-informed) - . . .mean(s) two very specific yet different things. First, to be trauma informed means to know the history of past and current abuse in the life of the consumer with whom one is working. Such information allows for more holistic and integrated treatment planning. But second, . . .to be trauma informed means to understand the role that violence and victimization plays in the lives of most consumers of mental health and substance abuse services and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation in treatment. . . . Trauma-informed services are not designed to treat symptoms or syndromes related to sexual or physical abuse. Rather, regardless of their primary mission—to deliver mental health or addictions services or provide housing supports and employment counseling, for example—their commitment is to provide services in a manner that is welcoming and appropriate to the special needs of trauma survivors.

A *trauma-specific service* is designed to treat the actual sequelae of sexual or physical abuse. Grounding techniques help trauma survivors manage dissociative symptoms, desensitization therapies help to render painful images more tolerable, and certain behavioral therapies teach skills for the modulation of powerful emotions. For a consumer to participate in trauma-specific services, he or she must be aware of a trauma history and recognize current symptoms as sequelae of trauma. An alert provider may facilitate that awareness and be instrumental in making appropriate referrals.²³

Whether an agency sees its role as treating a survivor’s trauma or being informed by a survivor’s trauma, there are important staffing, training, collaboration, and supervision issues to consider.

²² Jennings, A., Ralph, R. Trauma Advisory Groups Report. (1997). *In Their Own Words: Trauma Survivors and Professionals They Trust Tell What Hurts, What Helps and What is Needed in Trauma Services*. Department of Mental Health, Mental Retardation, and Substance Abuse Services. Augusta, ME.

²³ Harris, M., Fallot, R. (Spring 2001). *Using Trauma Theory to Design Service Systems*. Jossey-Bass, Number 89, Spring 2001, pp. 4-5.

2. Key Issues and Considerations.

Assess current mental health, trauma, and substance abuse responses and services. An assessment might begin informally with an inventory of agency services and resources and then expand to consider community needs and resources. It might look at the following areas:

- Demand by survivors MV/N for mental health, trauma, substance abuse services;
- Crisis response including suicide and self-harm;
- Services available;
- Level of cultural competence regarding mental health/substance abuse issues;
- Collaborations with mental health/substance abuse providers; and
- Level of referrals available.

A community level assessment would include similar categories and include an assessment of how mental health and substance abuse providers integrate sexual violence and violence against women issues into their practices.

Consider what level of mental health, trauma, and substance abuse services the agency can currently provide survivors MV/N and how it can expand that capacity.

Although survivor MV/N needs, community resources, and agency mission are essential components of this equation, ultimately, an agency will have to consider funding, personnel resources, and staff skill level to determine current capacity. With limited resources, the question is then one of priorities: What services can be offered to survivors MV/N now and what services will require planning and capacity building? Too frequently, survivors MV/N hear that their needs are too complicated or beyond the capacity of an organization or system. Survivors MV/N with mental health and substance abuse issues need advocates and their agencies to build effective responses and services. The following are possible roles and services to consider when setting priorities for services and capacity building:

- **Crisis Intervention**: Since a RCC may have little choice but to respond to the emergency mental health needs of survivors MV/N, consider how the agency might embrace that role. For example, a RCC might prioritize hotline response by hiring a supervisor with crisis intervention training and skills, focus on training hotline advocates, add clinical supervision, and strengthen collaboration with law enforcement and community hospital emergency department staff to respond respectfully and effectively when there is a serious suicide risk.
- **Identification of mental health and/or substance abuse needs**: A central aspect of advocacy is to work with a survivor to help her identify what she needs and how she might meet those needs. This task can be difficult when those needs include treatment or intervention for mental health, trauma, and/or substance abuse issues. And unlike other advocacy issues, exploration of these effects of violence is more likely to be painful and perhaps even harmful for some survivors. Trying to avoid these topics all together is unlikely to be successful and misses an important opportunity to guide survivors MV/N to services and interventions that will help. Consider focusing resources on this area to ensure advocates have the skills, experience, tools, and supervision necessary to work with survivors MV/N

to accurately identify mental health needs and to craft interventions, support, or referral systems that respond to each survivor's recovery needs.

- **Individual and group therapy/intervention/counseling:** Consider exploring what level of funding and staffing is required to begin to offer or expand counseling and/or substance abuse treatment services. Also, consider what level of services the agency may be able to provide survivors MV/N who have no other options. For example, a survivor MV/N might need skilled therapy but cannot afford it or locate a competent provider in the community. A RCC might then offer to make a plan with the survivor for her to call at a set time 3 days a week for 20 minutes each time or to place no limit on the number of support group sessions she attends. In either case, the RCC would inform the survivor that this arrangement is not ideal, and would continue to work with her to find the therapy she needs and can afford. Staff would also reinforce the message that the “next best thing” is not the “same thing” as therapy and that she deserves to have what she needs.
- **Referrals:** If the agency's role is to be very limited, consider serving as a “trusted link to therapeutic services” and providing advocacy and support to survivors MV/N as they choose a therapist. For example, an advocate could provide a list of skilled and affordable therapists, help a survivor MV/N develop a list of questions to ask the therapist, role play to practice asking questions that are difficult for the survivor MV/N, and perhaps even accompany her to an initial interview session with the therapist.

Develop a network of skilled and informed providers who will take agency referrals.

Consider using a variety of strategies to build such a network. A RCC or other agency might rely on informal networking and word of mouth, or might take a more proactive approach and actively recruit potential providers through ads, dear colleague letters, or email lists. It is important for agencies to enunciate what characteristics would qualify a provider to be part of the network. (See the list of key areas to consider below.) Also, they need to develop a process for determining if a provider has the desired qualifications. The process could be as simple as knowing several survivors MV/N who have had a good experience with the provider to formal interviews and reference checks. Another strategy is to pursue a more formal collaboration with providers, one in which funding is jointly pursued and shared, and cross-training and supervision is integrated into the concept.

Some Qualifications to Look for in a Skilled Mental Health Provider

- Understands that certain survivor behaviors are a response to violence;
- Uses a positive, strengths-focused approach;
- Is knowledgeable regarding the mental health and substance abuse effects of violence and in particular, sexual violence;
- Has the skills and knowledge to provide treatment/intervention/counseling regarding the mental health and substance abuse effects of violence, and in particular, sexual violence;
- Is skilled and knowledgeable regarding trauma and trauma treatment;
- Is knowledgeable about the effects of violence on parenting;
- Is able to provide culturally competent services and seeks supervision regarding cultural issues;
- Understands the impact of vicarious trauma/secondary traumatic stress (STS) and takes steps to address it, including regular clinical supervision;
- Is responsive to emergency mental health issues of clients and their outside office hours needs;
- Is willing to explore options for fee payments, including sliding scale, and to do administrative work necessary to get benefits or insurance coverage if available to a client;
- Has an awareness of and demonstrated ability to respond to safety issues of survivors MV/N, including risks of perpetrator violence;
- Is able to support survivors going through the criminal justice system process; and
- Is willing to come to the agency to provide services, if feasible.

3. Specific Skills and Knowledge Considerations.

Basic understanding of the possible mental health, trauma, and substance abuse effects of multiple victimization. Advocates working with survivors MV/N should have a basic understanding of the following:

- How violence can affect an individual's mental health.
- The causes and effects of trauma.
- How violence can affect a person's substance use and abuse.
- How mental health, trauma, and substance abuse can affect parenting.
- Different mental health provider disciplines (e.g., psychiatry, psychology, marriage and family therapy, and clinical social work).
- Treatment approaches to trauma (e.g., cognitive-behavioral therapy, eye movement desensitization and reprocessing (EMDR), pharmacotherapy, and group treatment).
- Cultural implications of mental health issues and cultural treatment options for diverse survivors. For example, a Native women's healing group might combine therapy and basketry with a therapist and a cultural expert as co-leaders.²⁴

²⁴ Tribal Law and Policy Institute. Victim Services: Promising Practices in Indian Country. (November 2004). U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Basic skills to identify mental health, trauma, and substance abuse needs, and to craft interventions, support, or referrals that respond to each survivor's recovery needs.

These advocacy skills might include:

- The ability to provide essential information to survivors MV/N, such as the impact of violence on individuals; coping with symptoms; tips for accessing help from systems; getting emergency help; and obtaining further information.
- The ability to provide essential crisis assessment and response in the following circumstances: cutting/self-harm; suicidal thoughts, feelings, or intentions; homicidal thoughts, feelings, or intentions; and other “serious” circumstances.
- The ability to recognize and respond appropriately when a survivor is reliving past violence, seriously distressed, under the influence of drugs/alcohol, or not able to take in any information or participate in the advocacy.
- The ability to recognize the level of one's own skill and expertise, and to stay within it.

Basic knowledge about community mental health, trauma, substance abuse interventions and treatment, including providers, emergency responses, and self-help resources.

This knowledge might include: who providers are and what services are available, eligibility criteria, costs, referral process, location, languages spoken, particular cultural services or approaches, and the intake process. Advocates should also have some knowledge regarding options for payment, including government benefits and community resources. They should also be knowledgeable about how to directly link survivors to community providers and services.

4. Supervision and Support Considerations.

Consider adding or enhancing clinical supervision for advocates working with survivors MV/N. Staff in some roles might require more supervision, such as those who respond to mental health emergencies, provide one-on-one counseling, and facilitate support groups.

Numerous terms are used to describe the mental health, trauma, and substance abuse related services, including: basic counseling, active listening, peer support, intervention, treatment, and therapy. An advocate might say she just offers support, even though her interactions with a survivor would more accurately be described as therapeutic counseling. Supervisors can assist advocates in understanding what specific services the agency does and does not offer and guide them in providing only those services they are qualified to provide.

In addition to the desired qualifications listed above for a mental health/substance abuse provider, there are additional questions for an agency to consider when selecting a clinical supervisor. For example, can the provider convey information to advocates and help them to apply that knowledge? Can the provider provide clinical supervision and training in the victim advocacy context? Does the provider understand agency mission, staffing, services, approach, philosophy, and resources? Can the provider offer information on building staff and organizational capacity on clinical cultural issues? Is the provider knowledgeable about vicarious trauma/secondary traumatic stress and able to help the agency form policies and practices to respond? Is the provider affordable?

5. Key Questions to Assess Current Mental Health, Trauma, and Substance Abuse Response.

- What do local survivors MV/N think about the services?
- What are the community needs and priorities regarding mental health, trauma, and substance abuse? What are the current mental health, trauma, substance abuse services offered by the RCC? By other providers in the community?
- What level of mental health, trauma, and substance abuse services is feasible? For example, consider the following areas: crisis intervention; identification of mental health/substance abuse needs and advocacy; individual/group counseling, therapy, treatment; and referrals.
- Are the services provided in a manner that is welcoming and appropriate to the special needs of trauma survivors (trauma-informed)?
- What training, support and supervision do staff need to be effective? How might clinical supervision be provided or enhanced?

Chapter 6

Criminal Justice System: Issues and Advocacy

CROSS-REFERENCE: CHAPTER 1: SURVIVOR MV/N ADVOCACY ISSUES AND APPROACH; CHAPTER 2: BASIC APPROACH TO ASSISTING STAFF WHO WORK WITH SURVIVORS MV/N; AND CHAPTER 5: MENTAL HEALTH, TRAUMA, SUBSTANCE ABUSE: ISSUES AND ADVOCACY. SEE ALSO CHAPTER 7 FOR SOME CIVIL LEGAL CONSIDERATIONS.

Lisa's uncle sexually abused her when she was 10 years old. When she told her teacher, the police came to the school, and then a social worker told her that she couldn't go home. Over the next few months she was taken to the doctor, the police station, and court. She was asked to talk about what happened over and over again. Eventually, she was told that her uncle wouldn't be arrested because there was no proof that he hurt her. To this day, Lisa wishes she hadn't told anyone about the abuse.

Last week, Lisa's ex-boyfriend broke down the door to her apartment and raped her. Lisa just "shut down," hardly eating, and not even calling her boss to explain why she wasn't going to work. She didn't report the assault to the police because she believed that they wouldn't take her seriously and nothing would happen. Lisa's best friend convinced her to call an advocate that works with the local police department to talk about reporting the assault and getting legal protection.

1. Context and Challenges.

This chapter focuses on survivors MV/N like "Lisa," those involved with the criminal justice system because of a recent sexual assault, as this is the most common scenario for advocates working in the criminal justice system. For survivors MV/N, involvement with the criminal justice system may mean contact with police, sexual assault medical forensic examiners, prosecutors, and advocates. A smaller number of survivors may also have contact with court staff, judges, and possibly an attorney for the defendant. The following discussion frames some of the challenges for advocates working with survivors MV/N involved in the criminal justice system.

Like other survivors of sexual assault, survivors MV/N may experience the process of being involved in the criminal justice system as overwhelming, dangerous, rigid, arbitrary, or unfair. As a result, some will choose not to report or participate. Some will react in anger. Some will suffer because the process forces them to remember and relive the violence and pain. Some will find it difficult to do what the legal system expects a victim to do. If survivors MV/N have such experiences, it is less likely that either survivor or system goals will be met. Therefore, advocates' support for survivors MV/N and efforts to encourage more informed responses by the criminal justice system are important.

In sexual assault cases, victims' perceived credibility may be the most important factor in the investigation. Unfortunately, the effects of multiple victimizations can be the same issues that undermine a survivor's credibility in the criminal justice system. For example, if a survivor has trouble with remembering, is quick to react in anger, or has difficulty following through on appointments, it will be hard for police and prosecutors to get the pieces in place for an arrest and conviction. Advocates might hear words such as "uncooperative" or "not credible" to describe survivors MV/N. Cultural barriers between survivors and those working in the criminal justice system raise additional challenges. For example, communication through an interpreter can make it harder for law

enforcement to accurately gather the facts from a survivor MV/N. Or, a Native survivor MV/N might report to tribal authorities and confusion or conflict about federal, tribal or state jurisdiction could hinder proper investigation of the case.

As liaisons between survivors MV/N and the criminal justice system, advocates must regularly decide how to best support and advocate for each individual while complying with system rules and procedures. With support and advocacy, some survivors MV/N will be able to go through the criminal justice system and have an outcome they will see as positive. As with other chapters of the *Guide*, this information focuses on issues of particular concern to survivors with multiple victimizations and assumes that advocates use a survivor-defined, sensitive, and respectful approach.

2. Key Issues and Considerations.

Assess current criminal justice system advocacy. An assessment of criminal justice system advocacy for survivors MV/N might include the following questions and issues:

- What advocacy and support is provided to survivors MV/N choosing a forensic medical examination? Does the advocacy take into account the possible effects of multiple victimizations? For example, some survivors MV/N have had little or no gynecological health care. The exam itself could be retraumatizing and interfere with evidence collection. Without skilled support, some survivors MV/N who are dissociating may have difficulty giving informed consent, answering questions, or providing accurate or complete descriptions of what happened.
- What level of advocacy resources is available? Will the survivor MV/N have the same advocate throughout the criminal justice system process? What resources are available for a survivor MV/N who needs support outside the legal process?
- Are advocates familiar with the criminal justice system process and what the experience might be like for survivors MV/N?
- Do the advocates have the skill, knowledge, and experience necessary to support a survivor MV/N going through each phase of the criminal justice system process?
- Do the advocates have the skill, knowledge, and experience necessary to help the survivor MV/N voice her concerns and needs to the system? Or, with the survivor's permission, voice those concerns to the system for her?
- Are advocates well-versed in the legal and practical aspects of protecting a survivor's private information?
- Can the advocate explain to the legal system professionals how to minimize negative effects on a survivor MV/N and what approach will most likely help them to achieve their goals?
- Are advocates considered part of the criminal justice system response? Are the needs and issues of survivors MV/N included in systemic advocacy?

Reporting the Assault – Key Survivor MV/N Considerations

When advocates provide survivors with information and analysis about reporting an assault to police, do they include issues of importance to many survivors MV/N? For example:

The effects of multiple victimizations on some survivors might make it less likely for police to pursue and prosecutors to successfully try their cases.

The strain of a forensic medical examination and participating as a victim/witness in a prosecution may exacerbate health issues for some survivors MV/N. Diminished health could have negative consequences such as the loss of a job, housing, or child protection system involvement. Skilled forensic examiners, a SART, and advocates may reduce this concern.

The defendant may have information about past victimizations, mental health, or substance abuse by the survivor that might be raised as part of the defense strategy. Use of this information in the criminal case would likely make the experience even more difficult for the survivor and could affect case prosecution.

If victim compensation is an important consideration, a survivor MV/N may need to “cooperate” with the police and prosecution.

If it is difficult for a survivor MV/N to provide an accurate or consistent description of the assault, in some jurisdictions she might face the possibility of arrest and prosecution for “false” reporting.

Consider what level of criminal justice system advocacy the agency can provide. As advocates work with a system in which they have little or no control, assessing the agency’s response to survivors MV/N is only part of the equation. It is also important to explore what advocacy is needed, what strategies are feasible, and what opportunities for advocacy the legal system will allow. For example, a RCC that actively participates as a member of a Sexual Assault Response Team (SART) will have different options for support and advocacy from a RCC that is not actively involved with the criminal justice system. Some of the key advocacy areas for survivors MV/N are discussed below.

Providing survivors MV/N with information about the process: Advocates should know the local rules and practices of the criminal justice system, including issues specifically relevant to survivors MV/N, in order to inform survivors as they make decisions about their involvement with this system. For example, an advocate working with survivors MV/N should know if the prosecutor will ask about past victimization. Advocate involvement in collaborative entities such as a SART may make it easier to stay informed about the current criminal justice system response.

Survivors MV/N need information about the process so they can understand the various steps, twists and turns of the criminal justice system, and consider how participating in the process might affect them. They also need to know what options or choices they have, what decisions they can make, and what decisions will be made by others.

Providing survivors MV/N with support and advocacy throughout the process:

As a child, Josh was physically and emotionally abused by his father. Before every beating, his father said, "I'm helping you learn how to follow rules. Life isn't fair; you need to accept that." As an adult, Josh was attacked and sexually assaulted by three men as they yelled anti-gay slurs.

When Josh and his advocate talked with the prosecutor about pursuing the attack as a hate crime, the prosecutor responded, "I can't do that. I know it's not fair, but the law is clear and your case doesn't fit under that category." Reminded of his father's words, Josh could no longer pay attention to anything the prosecutor said. As the prosecutor ended the meeting, he told Josh that his case was important and the next step was for Josh to meet with an investigator. The prosecutor explained that the investigator was ready to meet with Josh immediately and her office was just down the hallway. Josh told the advocate he was going to the men's room and then walked out of the building. Josh was drunk when he called the advocate that afternoon and complained the investigator had refused to meet with him.

Participating in the criminal justice system as a victim in a sexual assault case is a difficult and stressful experience for any survivor. For survivors MV/N, the experience may be even more difficult, causing dissociation, triggering painful memories, and setting off mental health crises.²⁵ The following are some strategies to consider when supporting and advocating for survivors MV/N in the criminal justice system:

- Assign the same advocate(s) to work with the survivor throughout the process.
- Offer advocacy and support for non-legal issues while the case is proceeding.
- Involve the survivor's support system if one exists; if not, help to build one.
- Provide access to legal representation. Legal advice may help a survivor understand her rights and risks as a victim in a criminal case and how it might affect other legal issues, such as child protection involvement. In particular, victims who might be accused and charged with "false" reporting or related crimes should have access to legal advice from a skilled and knowledgeable defense attorney. Advocates will need to be familiar with the law in their jurisdiction regarding who can give legal advice.
- Work with the survivor to develop strategies to cope with the stress and pain of the process. For example, try to identify ahead of time the things that might be difficult or trigger strong reactions, and work with the survivor MV/N to develop a plan to avoid them, if possible, or cope with the effects. The plan might be to go to the courthouse ahead of time to become familiar with the place; make sure there is a private and safe place to wait; or schedule a therapy session immediately after an interview or hearing.
- When preparing a survivor MV/N to participate in court, advocates must avoid doing anything to weaken the prosecution of the defendant. For example, in an effort to support a distraught survivor struggling to remember details of a case, an advocate provides information about the case that the survivor MV/N does not remember on her own. The advocate's well-intentioned action could give the defense an avenue to question the survivor's credibility and ultimately the

²⁵ For example, a prosecutor's preparation of a survivor MV/N to testify as witness might include showing him pictures of the injuries or physical evidence and acting out how defense counsel might question him. Even when done with all the best intentions, these reasonable preparations could cause a survivor to feel afraid and once again at the mercy of those with power over him, triggering a significant emotional response.

prosecution's case against the defendant. Although advocates should actively raise the survivor's concerns and issues, it is essential for advocates to know and follow the rules and direction of the prosecutor handling the case.

Protecting the survivor MV/N from the defendant. Some defendants are still a threat and have power over their victims. Safety strategies for survivors MV/N should consider both the threat of violence and power issues. Advocates should work with survivors MV/N to enhance current safety plans and explore all options including those available from the justice system such as protective orders or police protection. If survivors believe particular options would enhance their safety, then advocates should help survivors to pursue those options. As survivors MV/N in particular struggle to get the help they need from systems, advocates might also consider planning and role playing with them about how best to enforce and utilize protection strategies.

Connecting survivors MV/N to criminal justice system resources. Restitution and/or victim compensation could provide some survivors MV/N with important financial assistance. For example, victim compensation might cover the costs of a limited amount of counseling for issues caused by the current crime. Some survivors MV/N will need assistance with understanding eligibility criteria and completing the application process.

Consider adding or enhancing the level of mental health, trauma, and substance abuse expertise available to advocates, criminal justice system staff, and the SART.

Tarissa grew up in foster care. She never met her mother and her father was neglectful and sexually abusive. There were multiple foster care placements, including one move that came after she was sexually assaulted by another child placed in the home. Tarissa always gets very anxious in crowds and it is difficult for her if she has to wait in line or sit in a waiting room before an appointment. Sometimes her hands sweat, her heart races, and she feels that someone is about to hurt her.

Last week, her boyfriend sexually assaulted her in her dorm room. Her roommate found out and called the campus police. The police officer and an advocate met Tarissa in the dorm lobby and she agreed to go with them to the hospital for an examination. Tarissa sat in a private emergency room waiting area as she told the police and advocate what happened to her. She confused facts of the most recent assault with events that had happened to her as a child. When the officer gently asked questions to clarify what happened, Tarissa became angry and screamed at them. The officer stopped the interview and he and the advocate took Tarissa back to her dorm. The advocate got Tarissa's permission to call her and followed up the next day. Tarissa didn't remember giving the advocate permission to call. After a few minutes of conversation, the advocate realized Tarissa remembered little else from the day before.

Mental health, trauma, and substance abuse experts could provide guidance on how to best gather accurate information from survivors MV/N like Tarissa, and how best to support those survivors as they go through the criminal justice process. Consultation would be a benefit to both the criminal justice system and survivors MV/N. The following are some ways advocates, legal staff, or a SART might use this expertise:

- Provide advocates or others with technical assistance on interviewing and supporting survivors MV/N.
- Inform the development of an interview protocol that is designed to gather the most accurate, useful information and minimize the negative impact on victims.

- Observe interviews to identify when a victim is dissociating or not in a place to give accurate information. Provide the victim with support and intervention. Such an option can be used only if legally appropriate and approved by the victim and others involved.
- Serve as expert witnesses or develop a pool of competent experts.

Advocates might need to collaborate with legal system staff to identify mental health, trauma, or substance abuse experts with the skill, knowledge, and willingness to participate in the criminal justice system, and who will also be credible and trusted by legal system staff.

Consider how to enhance the criminal justice system's response to survivors MV/N.

Systemic advocacy requires local analysis, assessment, and strategies. Communication with, and protection of, survivors MV/N in the process are central issues to consider.

Communication with survivors MV/N. Effective communication is important to building a case and treating each survivor with sensitivity and respect. Therefore, it is important that those involved in the criminal justice system process, including the police, forensic medical examiner, investigator, victim advocate, and prosecutor, understand the effects of violence and victimization on how some survivors MV/N communicate.

It is also important to consider that survivors' past experiences with systems and authority will affect their interaction in the criminal justice system. For example, it may be difficult to establish rapport and to build trust with a person who has experienced abuse and betrayal by someone in authority. Giving survivors MV/N as much information and control over the process as possible may help. A prosecutor might request permission to ask certain questions and explain why she is asking them, how she will use the information, and who else might have access to it.

An awareness of cultural differences is also key to effective communication—in particular, how a survivor's culture might affect how she experienced the assault(s), what the assault means to her, what prosecuting the defendant means to her, how she will convey and receive information, how she will interact with the criminal justice system, and how she will perceive advocates. For example, if a recent immigrant comes from a country in which the police and legal system are corrupt and violent, it may be very difficult for a prosecutor to build trust and rapport with her. A core aspect of culture is language; skilled interpreters are essential for effective communication.

Protecting survivors MV/N from the negative effects of the process. In addition to protecting the survivor from the defendant/perpetrator, criminal justice system staff might also consider ways to minimize the harm and pain caused by participating in the process. For example, asking a survivor MV/N to recount the details of an assault is likely to trigger very strong emotions and painful memories and sometimes even a mental health crisis. There are strategies to reduce the impact such as: ensuring privacy, considering physical conditions, taking frequent breaks, and allowing the survivor to come back to certain questions. Prosecutors and others investigating the crime might also avoid questions about past victimization unless they determine it essential to prepare for the case. Yet, even with sensitivity and the best conditions, the process will be difficult and uncomfortable for survivors MV/N. For some survivors, the experience will be re-

traumatizing, evoking the powerlessness and helplessness of the assault. Advocates may be able to work with the criminal justice system to ensure that survivors MV/N have some support system in place to help them cope with the painful feelings and effects.

Livy remembered every detail of the assault. The shape of his face, the tattoo on his chest, the smell of beer on his breath, even the logo on the beer can was ingrained in her memory. She was determined that this time she wouldn't let the guy get away with it. This time would be different.

The police took an hour to arrive. As the officer drove Livy to the hospital, he asked whether she'd been drinking and why she was at the party. He told her he'd have to talk to "the accused" before he'd file a report. Two weeks later the prosecutor told her that he was sympathetic but there wasn't a case. He'd talked to "the accused" who said it was consensual. "I can't put a 'he said, she said' in front of a jury."

There may be no meaningful way to "protect" a survivor MV/N like Livy from such a devastating response. Perhaps the best approach is to prepare him or her for the possibility. Advocates with direct experience in the criminal justice system will be in a better position to inform and support survivors. Survivors MV/N may also need support or intervention for the effects of once again having those in authority fail them.

3. Specific Skills and Knowledge Considerations.

Provide advocacy and support to survivors MV/N within the context of criminal justice system rules and practices. Advocate skills and knowledge might include:

- The ability to understand how multiple victimization and culture might affect a survivors' experience in the criminal justice system.
- The ability to provide empowering support to diverse survivors MV/N within the context of the criminal justice system process.
- Knowledge of criminal justice system procedures and practices around key survivor MV/N issues, such as inquiries into past victimizations.

Of course, advocates will also need the basic skills and knowledge necessary when providing any survivor with advocacy in the criminal justice system. For example, they need the ability to explain the criminal justice system process to survivors; protect the survivor's private information; advocate for survivors with professionals involved with the system; help survivors to obtain legal protections and access victim compensation; and serve as expert witnesses, when appropriate.

4. Supervision and Support Considerations.

Consultation with an attorney familiar with local criminal laws, procedures, and practices will help advocates to guide survivors MV/N through the process. This technical assistance might be available to advocates who participate in a SART or regularly collaborate with prosecutors and police. Alternatively, the information might come from an attorney working directly with the agency.

The criminal justice system has its own rules, culture, and pace. It can be an intimidating and unwelcoming place for survivors MV/N and for advocates. For example, an advocate simply accompanying a survivor MV/N to a hearing might find herself subject to a subpoena from defense counsel. Sometimes survivors MV/N experience the system as frightening and unfair and turn to advocates to explain and justify its actions. Informed support and supervision for advocates provided by their agency is essential.

Advocates who are part of collaborations with the criminal justice system or a SART are more likely to also have the support of collaborative partners.

If the media are covering a particular case, then support and guidance about interacting with the media is also necessary. Guidance might include: Should all questions be directed to the executive director, prosecutor, sexual assault coalition, or someone else? When, if ever, might an advocate answer questions about the particular case or provide general information about sexual assault or multiple victimizations? What guidance might an advocate provide a survivor MV/N about media involvement? What support would the survivor need if he chooses to talk with the media? What are the legal responsibilities and protections regarding confidential survivor MV/N information?

5. Key Questions to Assess Criminal Justice System Response.

- What do local survivors MV/N think about the criminal justice system response, including advocacy?
- What are the community needs, resources, and priorities regarding the criminal justice system? Is there an understanding of the particular needs of survivors MV/N involved with this system? Are there services available to survivors MV/N who need them? Do survivors MV/N face any particular barriers to receiving victim compensation?
- What current collaborations exist? Which potential collaborations might make the response more effective for survivors MV/N?
- Do advocates and others in the system have access to mental health, trauma, and substance abuse expertise and consultation?
- What level of criminal justice system advocacy is feasible?
- What training, support, and supervision do advocates need to be effective?

A note on civil legal system issues: Survivors MV/N may also be involved in the civil legal system to address issues such as child custody, civil restraining orders, divorce, child support enforcement, landlord/tenant matters, child protection, or the pursuit of civil remedies from a perpetrator. Many of the communication, support, and advocacy issues discussed in this chapter would be relevant for survivors MV/N involved in the civil legal system. Along with support and advocacy, legal advice and representation from a skilled and survivor-sensitive attorney can help survivors MV/N to achieve their goals in the civil legal system and reduce the stressful effects of participating in that system.

Chapter 7

Poverty and Basic Human Needs: Issues and Advocacy

CROSS-REFERENCE: CHAPTER 1: SURVIVOR MV/N ADVOCACY ISSUES AND APPROACH.

1. Context and Challenges.

Some survivors MV/N are unable to regularly meet their basic human needs such as food, housing, and health care. For some, economic instability is another result of the effects of violence. They may struggle to get or keep decent jobs, drop out of school or training opportunities, end up with bad credit histories, and go through periods of homelessness.²⁶ Economic instability makes it harder to cope with the other effects of violence.

Government benefits programs and community services and resources can provide the basic support that survivors MV/N need. However, it can be difficult to qualify for public and private programs to assist the poor. Programs often have limited resources. Public and government benefits programs have strict eligibility criteria and complicated rules, and application processes that can be confusing and difficult for some survivors MV/N. Some programs also include requirements that will be difficult or impossible for some survivors MV/N to meet. Eligibility criteria can exclude whole categories of people. For example, certain immigrants may be excluded from receiving Temporary Assistance to Needy Families (TANF).

Many communities have anti-poverty advocates, case managers, and others to whom survivors MV/N may turn for help. RCCs and other victim advocacy programs are encouraged to explore how they can collaborate with these providers to offer a full range of resources survivors MV/N may need to address their basic human needs.

2. Key Issues and Considerations.

Consider what level of economic advocacy is feasible. It is likely that staff at RCCs and other agencies serving survivors are already providing some level of service on economic issues. The following are possible roles and services to consider:

- **Identification of economic need of survivors MV/N.** Economic related issues might include housing, employment, government benefits, health care, job training and education, transportation, child care, and food. Economic need might be identified through specific questions or simply by asking survivors to describe their priorities. Keep in mind that some survivors may feel ashamed or guilty about their financial circumstances and may not want to disclose such information.
- **Referrals:** A meaningful referral to another agency requires enough information and advocacy for the survivor MV/N to successfully connect with that agency. In some cases, a survivor might need more help than a phone number and a

²⁶ Lyon, E., Davies, J., & Schechter, S. (2003). *Adult Survivors of Child Maltreatment: Needs and Gaps in Current Services, Legal Remedies and Interventions*. Briefing paper written for the project – Determining Legal Interventions, Policies, and Services to Assist Adult Survivors of Childhood Maltreatment: A National Needs Assessment and Planning Grant. OVC, DOJ. Susan Schechter, Project Director.

description of the eligibility criteria and services it offers. For example, an advocate might need to call or accompany a survivor if the referral agency staff only speak English or are unlikely to be patient with a survivor MV/N who has difficulty describing her needs. Be aware that some survivors may come from cultures that discourage the acceptance of outside help or even the disclosure of financial difficulties.

- **Application process for benefits:** Consider how the agency might support survivors MV/N through the application process. In addition to help gathering documentation, filling out forms, or support to tolerate a long interview process, some survivors may also need advocacy when the process fails them. For example, a survivor MV/N experiencing serious depression may have trouble attending multiple interviews, participating in a psychological evaluation, or responding to numerous requests for documentation. That survivor may need advocacy to get a “second chance” to apply.
- **Information, support, and advocacy on economic issues:** There may not be economic advocates in the community that can work as effectively with survivors MV/N as a victim advocacy agency. The agency might then consider providing a broader range of economic advocacy, such as providing pamphlets on job training, supporting a survivor MV/N going on a job interview, encouraging her to reach out to an employee assistance program, explaining the child support enforcement process, or helping a survivor MV/N to prepare to look for housing.

Explore with survivors MV/N how to advocate for themselves with systems. For example, a survivor MV/N with an arrest record may need guidance about completing a job application. There may already be pamphlets and other information available. Advocates can fill in the gaps when the materials are not sufficient for survivors MV/N.

Collaborate with community resources to provide information, referrals, and advocacy regarding economic issues. There is a wide range of public and private agencies involved in economic and poverty issues. For example, many communities have religious institutions and other faith-based programs that provide services or resources to the poor. There may also be anti-poverty advocates and attorneys. For example, most legal services programs represent low-income tenants at risk of losing their housing and individuals seeking government benefits, such as TANF, Medicaid, or Food Stamps. Civil legal representation can help to guide survivors MV/N through the maze of rules and regulations. Survivors MV/N who have been denied benefits or who struggle when interacting with systems may find legal representation to be particularly important. Legal representation can also help with housing and employment issues.

Work with other agencies might be limited to expedited referrals, or could include more extensive collaboration involving cross-training or even joint advocacy, if permitted by the survivor. Consider partnering with economic related agencies, institutions, or services, such as: legal services, government benefits programs, faith-based economic programs, housing services and programs, job training, health care advocates, colleges, and employment services for people with disabilities.

3. Skills and Knowledge Considerations.

Advocates need to be able to identify economic issues and provide some information, referrals, guidance, or advocacy to respond to the needs identified by survivors MV/N. For example, a survivor MV/N might call the hotline and state that he is no longer taking the medicine his doctor prescribed to treat his depression. An advocate should explore if one of the reasons he might not be taking the medicine is because he cannot afford to pay for it. The next step would be to explore with the survivor what options he might have to help him cover the costs or get the prescription at no cost.

Basic knowledge advocates need to identify and respond to economic issues of survivors MV/N might include:

- An understanding of how sexual violence can lead to poverty and how poverty makes it harder to deal with the effects of violence and can place individuals at greater risk for further victimization.
- The community services, resources, and advocacy that are available, eligibility criteria, costs, referral process, location, languages spoken, cultural services or approaches, and the intake process.
- The government benefits programs that are available and a basic understanding of eligibility requirements and application process. Key programs include: Temporary Assistance to Needy Families (TANF); Social Security Disability Insurance (SSD); Supplemental Security Income (SSI); general assistance, if available; Food Stamps; Women, Infants, Children (WIC); Medicaid/Medicare; and subsidized housing and rental assistance programs.
- The self-help options, including websites, pamphlets, and other materials.

4. Supervision and Support Considerations.

As with other areas of service, the level of supervision should match the level of advocacy. If advocacy consists of basic identification, information and referral, then supervision might focus on issue spotting and providing relevant and current information. If advocates are helping survivors MV/N to apply for government benefits, then access to a supervisor or other person with knowledge of the rules, laws, and systems will be beneficial. In some cases, legal advice from an attorney is needed. Advocates may need supervision to identify those circumstances, such as when a survivor is denied benefits, or a case worker accuses a survivor of filing an inaccurate or fraudulent application. Working with survivors MV/N who are homeless, who cannot get the health care that they need, or have no income can be difficult and challenging. There will be survivors MV/N with no resources whose options all have negative consequences. For example, a survivor MV/N might be forced to choose whether she will be homeless or stay with a friend who is a violent intravenous drug user. Advocates who work with survivors MV/N in these situations will need support and strategies to handle the strain.

5. Key Questions to Assess Current Response to Poverty and Basic Human Needs.

- What do local survivors MV/N think about the agency's economic advocacy?
- What are the community needs, resources, and priorities regarding poverty and basic human needs? Is there an understanding of the particular needs of some survivors MV/N? Are there supports and services available to survivors MV/N who need them? Do survivors MV/N face any particular barriers to applying or qualifying for benefits or services?
- What current collaborations exist? Which potential collaborations might make the response more effective for survivors MV/N?
- Do advocates have access to government benefits expertise and consultation?
- What level of economic advocacy is feasible?
- What training, support and supervision do advocates need to be effective? How might legal supervision or consultation be provided or enhanced?

Chapter 8

Agency-Wide Considerations

1. Administration and Planning.

Efforts to assess and enhance services and advocacy with survivors MV/N could lead to changes in agency policies, procedures, priorities, resource allocation, collaborations, staffing, and supervision. It is essential that agency leaders are committed to the assessment and to making the changes necessary to meet the needs of survivors MV/N. In some programs, it may take time and dedication to build the capacity of board members and other leaders to understand survivor MV/N needs and to plan the changes. Explore how the statewide coalition might assist and enhance these efforts.

Planning does not always require numerous meetings, outside consultants, a retreat, and countless hours away from direct service. Consider taking on issues incrementally, focusing on particular areas of service or need. An ongoing strategic thinking and planning process that is integrated in the existing work can also save time and resources.

Assess the needs of survivors MV/N in the community and resources, services, and advocacy available to meet those needs. Consider involving survivors MV/N, community members and leaders, and other key stakeholders in this assessment. It might include the following questions:

- What, if any, information is available about survivors MV/N in the community?
- What services and advocacy do survivors MV/N need from the agency? From other programs?
- How many survivors MV/N might need services from the agency? From other programs?
- What culturally specific services are needed?
- What current collaborations reach survivors MV/N?

SEE ALSO CHAPTERS 3-7 FOR ADDITIONAL ASSESSMENT CONSIDERATIONS AND QUESTIONS.

Assess current agency services, staffing, resource allocation, and priorities regarding the needs of survivors MV/N. The assessment might include the following issues:

- How many survivors MV/N are currently using agency services? What do they think of those services?
- What are the current priorities and services provided? What culturally specific services are available?
- What advocacy and services are available to survivors MV/N who have mental health, trauma, substance abuse, and/or financial stability needs?
- What needs and services would survivors MV/N make a priority? What needs and services would staff, volunteers, and board make a priority?
- What services would survivors MV/N like the agency to provide? What services would staff, volunteers, and board like the agency to provide?
- Does the current allocation of staff and volunteers match the needs identified?
- Do current staff and volunteers have the skills, knowledge, and experience to provide the services survivors MV/N need?

- What level of support and supervision is available to staff and volunteers? Does it match the level of advocacy, counseling, facilitation, and support that they are providing to survivors MV/N? Does it enhance cultural competence?
- What level of funding is available for what types of services for survivors MV/N? What are the gaps?
- What current collaborations address the needs of survivors MV/N?

Review policies and procedures to determine how they affect survivors MV/N.

Survivors MV/N include a diverse set of individuals with widely varying needs. A review might explore whether agency rules are flexible enough to allow staff to serve all survivors MV/N. Specifically, rules would need to be flexible enough to respond to different experiences and effects of violence and sexual violence, and to diverse cultural experiences. For example, a rule that requires all support group participants to be clean and sober for at least 90 days would exclude some survivors MV/N. A rule that requires that support group participants should not be under the influence during group might exclude fewer survivors MV/N. The review could also look at which survivors MV/N are affected by which rules and how they are affected. Such a review should be particularly attentive to how rules and procedures affect survivors from different cultures. For example, a rule that requires the survivor to contact the agency directly might exclude a person with developmental disabilities from receiving services because she needs her guardian to call for her.

Key areas to review:

- Eligibility criteria for services, programs, and advocacy including income, geographic area, experience with violence and sexual violence, and behavioral criteria. Analyze impact on survivors MV/N from diverse cultures.
- Criteria for expanding or extending services. For example, in what instances will an advocate or volunteer have the support of the agency to provide services beyond the usual level?
- Criteria for limiting or ending services, including reasons for the limitations and the process to make the decision. For example, a staff person suggests that a survivor MV/N who calls every day be asked not to call anymore. What standard will be used to decide what to do? Who will be involved to help the staff person make that decision?
- Intake and application process, including the format, length, questions asked, and language used. For example, could a survivor MV/N successfully comply with the procedure if she dissociated when sexual violence issues were raised?

Review current staff supervision and support policies and procedures. CROSS REFERENCE CHAPTER 2: BASIC APPROACH TO ASSISTING STAFF WHO WORK WITH SURVIVORS MV/N.

Overall, a review of staff supervision and support will begin with a look at what staff is expected to do and then an assessment of the supervision needed to do what is expected.

A review could include:

- Analysis of staff and volunteer job descriptions and staff and volunteer roles;
- Assessment of current supervision for staff and volunteers, including supervisor skills, experience and time available.
- Assessment of support for professional development of all staff.
- Assessment of current supervision for supervisors; and
- Assessment of current supervision policies and procedures, including emergencies or particularly challenging events.

Assess internal training goals, content, and approach. To begin the assessment, consider listing the skills and knowledge that staff, volunteers, and supervisors need to do their jobs. Given the complicated needs of survivors MV/N, a basic assessment question is: What information and skills will the agency provide through training and what skills must volunteers and staff bring with them when they are hired or accepted as volunteers? The following are key content areas to consider when developing training or establishing staff/volunteer qualifications:

- Basic competency skills required of staff working directly with survivors MV/N;
- Mental health, trauma, and substance abuse;
- Cultural competence;
- Parenting, child protection system, and mandated reporting;
- Criminal justice system issues and advocacy;
- Poverty and basic human needs;
- Hotline and telephone counseling;
- Support group facilitation;
- Supervision; and
- Agency rules and procedures.

Consider using different approaches to training and learning. There are certain survivor MV/N-specific skills and knowledge that might be better conveyed through ongoing supervision and practice than formal training sessions. For example, developing the skills to help a survivor MV/N who calls the hotline to say she is going to cut herself. Also, state coalitions are likely to have training materials and other resources. Coordinate training efforts with the coalition and other agencies, and explore how costs and responsibilities of training and staff development might be shared. Also consider how to ensure that supervisors have the training and support necessary to provide supervision on a wide range of topics, issues, and skills.

2. Community Education and Systemic Advocacy.

As with any community education effort, community education regarding survivor MV/N issues should use a collaborative approach. Partnering with community members, survivors, and leaders will help guide the content and method of education. This approach will also help to ensure a culturally competent and survivor strengths-focused presentation. Community members, including survivors MV/N, can help to form the most effective messages, language, and type of event. Consider providing community education in different formats and in different languages. For example, a dinner followed by brief videos on a variety of topics may be more effective than a lecture on adult survivors of childhood sexual abuse.

Systemic Advocacy

Victim advocates work hard to help survivors MV/N navigate complex and sometimes unfriendly systems—many times with success. But some survivors MV/N do not receive the support, assistance, and interventions from systems they need to be safe, financially stable, and able to deal with the effects of violence. Systemic change is necessary. Sexual assault victim advocacy agencies are a unique and powerful voice for and with survivors on policy and systemic issues.

Consider integrating the needs and perspectives of survivors MV/N from diverse cultural experiences into policy analysis and advocacy. Each community will have some different issues; however, it is likely that the three themes that frame this *Guide* will be among the issues identified:

- Policies, rules, and practices can make it more difficult for some survivors MV/N to get the help they need from systems.
- Multiple victimizations can lead to complex and long-term mental health issues, such as substance abuse, depression, and other effects of trauma.
- Multiple victimizations can lead to financial disadvantage and many survivors have few financial resources.

Once local issues are identified, it is important to coordinate efforts with the statewide sexual assault coalition, as well as national efforts. Coalitions can provide important information, strategic analysis, and assistance to systemic advocacy efforts.

These issues could lead an agency into systemic advocacy in the criminal justice system, social service system, behavioral health care and health care, health insurance, substance abuse treatment, government benefits, employment services, and housing programs. With limited resources and extremely complex and fast-changing systems, collaboration will be essential. In some systems and on some issues it will not be necessary for advocacy agencies to take the lead, rather their role may be to join other efforts and ensure that survivors' perspectives and needs are included.

Consider regularly including information about and for survivors MV/N in community education events and materials, such as:

- How multiple victimizations can affect some survivors;
- Strategies to cope with the effects of sexual violence and violence;
- Mental health, trauma, and substance abuse effects and related therapies, interventions, and resources;
- Self-help and self-advocacy guidance;
- Prevention and safety strategies;
- Cultural resources; and
- RCC and other community services.

The following are some of the broad policy areas to consider:

- Adequate funding for advocacy agencies to provide services to survivors MV/N and sufficient supervision to staff and volunteers;
- Funding levels for other services and programs that work with survivors MV/N;
- Mental health, trauma, and substance abuse: availability, affordability of treatment/therapy/intervention;
- Health care access;
- Child protection responses to survivors MV/N who are parenting;
- Policies, rules, and practices that make systems inaccessible for survivors experiencing serious effects of violence or for survivors from cultures the system is not competent to serve;
- Response to vicarious trauma/secondary traumatic stress for those working directly with survivors; and
- Financial stability, poverty, employment, basic human needs of survivors MV/N, including the level of services, support, and resources available.

Conclusion

Survivors MV/N regularly reach out to RCCs and other agencies serving survivors for help to cope with the effects of violence. Their needs are complicated and compelling. It can be extremely difficult for survivors to thrive without skilled, comprehensive and supportive services. Agencies recognize that many survivors MV/N need more and different services than they are currently offering. With extremely limited resources, advocates have struggled to respond.

Survivors MV/N need community and cross-cultural collaborations to strengthen and deepen, mental health and substance abuse services to improve responses to trauma, advocates to receive specialized training and institutional support, and funding for services and basic human needs to increase. The voices of survivors MV/N are now heard. Their needs are evident. The next steps are for us all to take.

Appendix Resources

Mental Health, Trauma, Substance Abuse

Books & Articles:

- *Trauma and Recovery: The aftermath of violence—from domestic abuse to political terror*, by Judith Herman, Basic Books, 1992.
- *Using Trauma Theory to Design Service Systems*, edited by Maxine Harris & Roger Fallop, New Directions for Mental Health Services, Jossey-Bass, Number 89, Spring 2001.
- *Recollections of Sexual Abuse*, by Christine A. Courtois, W. W. Norton & Company, New York, 1999.
- *People in Crisis: Clinical and Public Health Perspectives*, by Lee Ann Hoff, Jossey-Bass, San Francisco, 2001.
- *The Complete Guide to Mental Health for Women*, by L. Slater, J. H. Daniel, A. E. Banks, Beacon Press, 2003.
- Gomez, C. & Yassen, J., “Revolutionizing the Clinical Frame: Individual and Social Advocacy Practice on Behalf of Trauma Survivors,” in Harvey, M. R. & Tummala-Narra, P., Eds., *Sources and Expressions of Resiliency in Trauma Survivors: Ecological Theory and Multicultural Practice*, Hawthorne Press, Available, Spring, 2007.

Websites:

Community Connections: <http://www.communityconnectionsdc.org/>

From the website: *Community Connections provides an array of consultation and training programs to human service agencies throughout the country. We specialize in the areas of Trauma-Specific Treatment Approaches, Implementation of Trauma-Informed Systems, and the Integration of Mental Health, Addictions, and Trauma Services.*

Center on Women, Violence and Trauma of the DHHS Substance Abuse and Mental Health Services Administration (SAMHSA): <http://www.mentalhealth.samhsa.gov/cmhs/>

From the website: SAMHSA’s Center on Women, Violence and Trauma highlights the role of violence and trauma in the lives of people with behavioral health disorders.... We provide state of the art information, tools and processes to support change.

Sidran Institute: Traumatic Stress Education and Advocacy: <http://www.sidran.org/>

From the website: The Sidran Institute, a leader in traumatic stress education and advocacy, is a nationally-focused nonprofit organization devoted to helping people who have experienced traumatic life events.

Domestic Violence and Mental Health Policy Initiative, National Training (DVMHPI) and Technical Assistance Center of Domestic Violence, Trauma and Mental Health (NTTAC): <http://www.dvmhpi.org/>

From the website: DVMHPI is an innovative Chicago-based project designed to address the unmet mental health needs of domestic violence survivors and their children. NTTAC, funded by DHHS, will provide the resources, tools and consensus building opportunities necessary to fill the critical gap in services for survivors with unmet mental health and advocacy needs, to develop more comprehensive and culturally-relevant responses to the range of trauma-related issues faced by domestic violence survivors and their children, and to develop strategies for addressing both the social and psychological conditions that perpetuate abuse and violence across generations.

Cultural Issues

Websites:

Arte Sana: Healing Hearts through Arts: http://www.arte-sana.com/arte_sana.htm

From the website: Arte Sana currently promotes healing and empowerment through the arts, professional training, and community education. Our direct experience has confirmed that Latinas/os are less likely to report sexual assault due to the obstacles in obtaining victim services such as language barriers, cultural factors, and a fear of deportation. Given this sad reality, we at Arte Sana believe that violence risk reduction program and service effectiveness depends on cultural and linguistic competency as well as ongoing collaborations *sin fronteras* (without borders).

FaithTrust Institute: Working together to end sexual and domestic violence: <http://www.faithtrustinstitute.org/>

From the website: FaithTrust Institute, formerly the Center for Prevention of Sexual and Domestic Violence, offers a wide range of services and resources, including training, consultation and educational materials, to provide communities and advocates with the tools and knowledge they need to address the religious and cultural issues related to abuse.

Minnesota Indian Women's Sexual Assault Coalition: <http://www.miwsac.org/>

From the website: Through unity we will strengthen our voices and build resources to create awareness and eliminate sexual violence against Indian women and children. We will vigorously apply our efforts toward influencing social change and reclaim our traditional values that honor the sovereignty of Indian women and children.

Mending the Sacred Hoop Technical Assistance Project: <http://www.msh-ta.org/>

From the website: MSH-TA is a Native American program that provides training and technical assistance to our American Indian and Alaskan Native relations in the effort to eliminate violence in the lives of women and their children. We work with villages, reservations, rancherias and pueblos across the United States to improve the justice system, law enforcement, and service provider response to the issues of domestic violence, sexual assault and stalking in Native communities.

National Organization of Sisters of Color Ending Sexual Assault: <http://www.sisterslead.org/>

From the website: (SCESA) is a Women of Color led non-profit committed to ensuring that systems-wide policies and social change initiatives related to sexual assault are informed by critical input and direction of Women of Color.

National Network to End Violence Against Immigrant Women: <http://www.immigrantwomennetwork.org/>

From the website: The National Network to End Violence Against Immigrant Women seeks to challenge and eliminate all forms of oppression and discrimination against immigrant women facing violence by empowering them to build better lives of their choice.

National Center for Cultural Competence, Georgetown University: <http://gucchd.georgetown.edu/nccc/>

From the website: The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

Sacred Circle: National Resource Center to End Violence Against Native Women: <http://www.sacred-circle.com/>

From the website: Sacred Circle National Resource Center to End Violence Against Native Women is a project of Cangleska, Inc. a private, non-profit, tribally chartered organization located within the boundaries of the Oglala Lakota Nation on the Pine Ridge Reservation in South Dakota... Sacred Circle provides technical assistance, policy development, training, materials and resource information regarding violence against Native women and to develop tribal strategies and responses to end the violence.

Materials:

- *Unspoken Crimes: Sexual Assault in Rural America* by Susan H. Lewis, Ph.D., National Sexual Violence Resource Center, 2003.
- *Sexual Assault in Indian Country: Confronting Sexual Violence*, National Sexual Violence Resource Center, 2000.
- *Victim Services: Promising Practices in Indian Country*. Tribal Law and Policy Institute. (November 2004). U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Government Benefit and Assistance Programs

TANF, Medicare, Medicaid -- United States Department of Health and Human Services: <http://dhhs.gov/>

Also see the state level agency website.

Housing -- United States Department of Housing and Urban Development: <http://www.hud.gov/>

Also see the state level agency website.

Social Security Programs -- United States Social Security Administration: <http://www.ssa.gov/>

Food Stamps -- United States Department of Agriculture Food and Nutrition Service: <http://www.fns.usda.gov/fsp/>

General Websites to Search

National Sexual Violence Resource Center: <http://www.nsvrc.org/>

Funding: <http://www.nsvrc.org/funding/>

National Center on Domestic and Sexual Violence: <http://www.ncdsv.org/>

National Sexual Assault Coalition Resource Sharing Project:

<http://www.resource-sharingproject.org/index.html>

National Alliance to End Sexual Violence: <http://www.naesv.org/>

Rape, Abuse & Incest National Network: <http://www.rainn.org/>

Office for Victims of Crime: <http://www.ovc.gov/>

Office for Victims of Crime-Training and Technical Assistance Center:

<http://www.ovcttac.org/index.cfm>

Sexual Assault Nurse Examiner, Sexual Assault Response Team:

<http://www.sane-sart.com/>

Office on Violence Against Women: <http://www.usdoj.gov/ovw/>

VAWnet-National Online Resource Center on Violence Against Women:

<http://www.vawnet.org/SexualViolence/>

Funding: See information under “Grants and Funding.”

National Center for Victims of Crime: <http://www.ncvc.org/>

National Organization for Victim Assistance: <http://www.trynova.org/>

National Crime Victim Law Institute: <http://www.lclark.edu/org/ncvli/>

