Strengthening Our Practice: 
The Ten Essential Strengths of Sexual Violence Victim Advocates in Dual/Multi-Service Advocacy Agencies
Deepening Our Roots
Growing Meaningful & Sustainable Sexual Assault Services in Rural Communities

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Introduction

Advocates are powerful people. We do many things and fill many roles for survivors. We are the comforting presence in times of crisis, fierce guardians for people’s rights, guides through the aftermath of violence, and agents of transformation in our communities. Rural advocates do all this while navigating the complicated, layered relationships of rural communities.

This guide is meant to help you find your way through this difficult and amazing work. It describes ten attributes or skills that are essential to dual advocates working with sexual violence survivors. It also offers you activities, exercises, and questions to help you practice skills and explore new areas of your advocacy practice. We hope this guide helps you in three ways:

1. To help set a plan for personal learning and growth.

2. As a reminder of what you know and how good you are in those moments of doubt and confusion we all have.

3. Teams can use it to map out trainings, policies, and strategies for expanding sexual assault services.

Many qualities, attributes, and skills make an advocate, many of which will be explored in these pages. An advocate knows how to be in more than one place at a time, carries tissue, gum, and a comforting word, knows when to make a joke and when to be silent, and always acts with respect, empathy, and dignity. But advocates sometimes doubt themselves and sometimes get lost in the murky,
1. Advocates understand sexual violence, including the intersections and differences with domestic violence and other types of violence.

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8. Advocates employ culturally relevant responses.


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Ten Essential Strengths of Sexual Violence Victim Advocates in Dual/Multi-Service Advocacy Agencies

Rural advocates know better than anyone how to take a tool and make it work for survivors. We want you to take this tool and make it work for you. As you go through this guide, be honest with yourself. No advocate is ever done with learning and growing, and we hope this guide will help you build confidence and find your path in advocacy.

ever-shifting work of responding to sexual violence. This is especially true for those of us who work in dual/multi-service agencies, where we provide domestic violence and sexual violence services, and maybe more services beyond that. Some of us are dual advocates, responsible for serving both domestic violence and sexual violence survivors. How do we find our balance? How do we provide the best sexual assault services we can?
Advocates understand sexual violence, including the intersections and differences with domestic violence and other types of violence.

The definitions of sexual violence we hold drive how we talk to survivors and community partners, and inform what options we see for survivors. Strong advocates know that using comprehensive definitions of sexual violence open our services to all survivors of sexual violence, as you see in the graphic on page 14 (Guy, L., 2006). Our definitions also open or close the range of options we have to offer. However, defining sexual violence is tricky: there are legal definitions that vary by state, tribe, and federal statutes, there are culturally held definitions, and then there is the range of sexually violent behaviors that we know and see. The World Health Organization defines sexual violence as:

“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”

Additionally, WHO emphasizes that a person who commits sexual violence uses coercion, which can include:

“physical force…psychological intimidation, blackmail or other threats—for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent—for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation” (Jewkes, Sen, and Garcia-Moreno, 2002, p. 149).

Each sexual assault is unique, with specific emotional, physical, and social consequences for survivors. In addition, there are varying medical and legal options for survivors, depending on the type of violence they endured. Can you articulate how services may differ for victims who experience sexual violence in the context of intimate partner violence in comparison to those that do not?
Let’s take a look at Aisha’s experience.

Aisha is a 25 year-old college-educated woman living in a small community. Her family is of Egyptian background and very close-knit. Aisha was born and raised in the US. She arrives at your office in jeans and a t-shirt, and begins to cry as soon as you say hello. Aisha is engaged to a good man and has a supportive family. She was assaulted by her boss. She tried to keep working after the rape, but her boss harassed and threatened her. He left pornography on her desk, and when she threw it away he fired her. Aisha has suffered from panic attacks and anxiety since the rape. Her doctor prescribed Xanax and Paxil for her, though he did not say for how long and did not refer her to counseling. Aisha is still anxious. She is terrified of her boss and shakes when his name is mentioned.

In order to provide a full range of services and options to Aisha, we need to listen for and identify all the kinds of violence she experienced. From what we’ve learned from Aisha so far, we know that her boss raped and sexually harassed her.

The sexual harassment includes the pornography left on her desk and the sexual assault itself. From what we’ve learned so far, there is no indication that she is a survivor of domestic violence or child sexual abuse.

The relationship the survivor and perpetrator had before the sexual violence affects many things for the survivor. The fact that the person who raped Aisha was her employer means:

- Aisha is likely eligible for a civil lawsuit. Do you have connections with attorneys in your community who can help Aisha?
- The perpetrator has access to some intimate knowledge of Aisha’s life, like her address. We will want to think about this in our safety planning.
- Aisha will likely have some financial concerns now. How can we help Aisha get back on her feet? Are there community resources to help? How can we help Aisha prepare to reenter the job market? Does our program offer financial assistance or housing assistance to survivors? Are sexual violence survivors eligible for our financial or housing assistance?
- Aisha’s fiancé and family are a source of support and healing, rather than a threat. What will you do to include them in your advocacy work? What would be different if Aisha didn’t have their support? What would be different for Aisha if the rapist was a family member?

Strong advocates know how to talk about sexual violence with individual survivors. Strong advocates can also discuss the prevalence of sexual victimization and can provide current information on the general frequency and facts surrounding sexual violence. They know, for example, that the National Intimate Partner and Sexual Violence Survey found 23.6% of men in the US have experienced some form of sexual violence (Black et al, 2011. Check out the full report on NISVS for lots of helpful statistics on sexual violence and intimate partner violence). More than simple definitions and statistics, dual advocates are
capable of being the voice for sexual assault victims at the table when community agencies or stakeholders gather. Sometimes it's difficult to know where to start, especially when you're not expecting a question. Practicing introductory conversations or basic conversations about services can help you feel more confident talking to community members, systems professionals, and survivors about sexual violence.

**Strengthen Your Practice**

Practice giving a five-minute explanation of services, or ‘elevator speech.’ While each conversation will be different, we should feel comfortable with some basic talking points about services and survivor needs. At your next staff meeting or training, role-play the following scenarios:

1. You are at a community event, working an information table. A woman in her forties approaches you and says she was sexually assaulted as a child. What do you say to her? How will you encourage her to seek services with you?

2. A supervisor from the local community mental health center calls. A client just disclosed to his caseworker that he was raped three weeks ago. He and the caseworker would like to talk to an advocate. How will you start the meeting with them? What will you say to him?

3. During the course of your conversation, a shelter guest vaguely mentions something about her grandpa touching her when she was little. But then she stops and begins to apologize for taking up your time with this because, “Oh, you don’t want to hear this! I can’t believe I said anything. I’m sure this isn’t what you came to work to talk about.” What do you say to help her feel comfortable discussing it? How do you show her that you are open to the conversation?

Resist the urge to say everything you know about sexual violence or all the information about services. Instead, focus on the main points. What three things about sexual violence or your services do you want this person to remember? Practice as often as is helpful.
Advocates know the effects of trauma on survivors.

Sexual violence doesn’t just affect one part of a survivor’s life. It deeply affects all areas of our lives: health, spirituality, mind, emotions, sexuality, and relationships. Strong advocates serve the whole survivor. We may focus our efforts on medical and legal needs, but we must attend to other concerns of the survivor. We are prepared to discuss some basic elements of victim reactions and general sexual assault victim needs with survivors and others. Thinking about how the violence affects different areas of the survivor’s life can help us offer a variety of supportive services to the whole survivor.
There are many common reactions to sexual violence. There is no wrong or right way to feel or react. As the body and mind process the devastation of sexual violence, many different emotions, behaviors, and physical symptoms appear and disappear and may re-appear. The aftermath of sexual violence manifest differently in each survivor because each person is unique and each sexual assault happens in unique circumstances. It is very normal for the effects of trauma not to appear until years after the violence occurred. For example, a survivor of child sexual abuse may repress all feelings related to the abuse until she has a child of her own later in life. Anniversaries, deaths, and changes in life often trigger a traumatic response and compel a survivor to seek services, sometimes many years later. The word cloud on the next page shows some of the common issues that survivors face.

Each individual’s reactions are normal reactions to an abnormal event. Sexual violence advocates know survivors are whole, competent beings that need support after such terrible events. When we fully understand the context and impact of trauma, we can become willing, able, and comfortable in serving any victim of sexual violence. We can articulate how services may differ when working with victims who experience sexual violence in the context of intimate partner violence in comparison to those that do not. We know, for example, that immigrant survivors need specialized legal advocacy. We’re ready to provide medical advocacy to a person with disabilities. And we’re ready to educate a survivor’s significant other on why a survivor reacted in a particular way. Strong advocates understand the potential impact of sexual victimization and can explain it to survivors, professionals, and community members.
Advocates acknowledge and own their personal beliefs about and experiences with sexual violence.

We advocates are not immune to the societal beliefs about sexual violence. Rape scripts—subconscious, societal beliefs about sexual violence—are all around us, and most of the time we don’t even notice them because they’re so subtle. Where do we see rape scripts? We see these beliefs in action when people:

- Blame the victim (“She asked for it!”)
- Trivialize sexual assault (“Boys will be boys!”)
- Make sexually explicit jokes
- Ignore the sexual harassment they witness

Our training as advocates counteracts these messages and gives us the power to help others learn new messages. However, we must continually monitor and challenge our own beliefs and assumptions. Respect and openness to survivors is grounded in our self-awareness. If our eyes are closed to some types of sexual violence, we are unable to see or help survivors who had that experience.

Sexual violence is violence done to our most intimate body parts. It’s hard for survivors to talk about what happened to them, partly because our culture doesn’t like to talk about sex. If survivors see that their advocate is uncomfortable, it only makes it harder for the survivor to talk about what happened. Strong advocates can discuss sex comfortably. They are knowledgeable about sexual terms in both scientific terminology and common slang.

Knowing what to do and feeling willing, able, and comfortable in serving any victim of sexual violence are two different things. There are lots of reasons we might feel uncomfortable. Some of us are nervous about working with teens, for example, because we know we’re not great at talking to teens about anything. Some folks are uncomfortable working with elders,
because elderly survivors remind them of their grandparents and that is emotionally difficult for them. Others might be scared of serving transgender survivors because they have never talked to a trans person and are afraid of saying the wrong thing. Identifying what makes us uncomfortable or nervous is the first step to alleviating those fears.

How do you feel about serving these different groups of survivors? What makes you nervous or scared? What helps you feel confident?

<table>
<thead>
<tr>
<th>Survivors</th>
<th>My Feelings or Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl: female child less than 13 years of age</td>
<td></td>
</tr>
<tr>
<td>Boy: male child less than 13 years of age</td>
<td></td>
</tr>
<tr>
<td>Teen girl: female between the ages of 13 and 18</td>
<td></td>
</tr>
<tr>
<td>Teen boy: male between the ages of 13 and 18</td>
<td></td>
</tr>
<tr>
<td>Adult woman</td>
<td></td>
</tr>
<tr>
<td>Adult man</td>
<td></td>
</tr>
<tr>
<td>Transgender person</td>
<td></td>
</tr>
<tr>
<td>Person with a disability (cognitive, physical, and/or developmental)</td>
<td></td>
</tr>
<tr>
<td>Adult or teen using drugs/alcohol, self-injury or other such coping mechanisms to deal with sexual assault</td>
<td></td>
</tr>
<tr>
<td>Adult survivor of child sexual abuse</td>
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</tbody>
</table>
Advocates show respect and caring.

As advocates, we're expected to know a lot of technical information: criminal procedures, filing for protective orders, emergency examination protocols; the list goes on and on. Sometimes, we get so caught up in being providers of technical information that we forget to simply be present with survivors. Providing information is but one part of advocacy. We also provide respect; validation of emotions, fears, and thoughts; a safe, confidential, professionally bounded relationship; connection to a safe person/people (including you!); and hope for the future.

No matter what we talk about or what information we provide to survivors, we can always provide respect, connection, hope, and caring. With these skills, we can provide crisis intervention and ongoing support for all victims of sexual assault, including survivors who use drugs/alcohol, self-injury or other such coping mechanisms to deal with sexual assault. And we can help anyone who presents as a significant other (partner, family, friend, etc.) of sexual violence survivors.
At the heart of everything we do in advocacy we find respect and caring. We might not be sure how to help a particular survivor right now in terms of technical information. We might not know yet what services he needs from community partners or us. That’s okay. In this moment, he needs to know that we believe him and we care about him. There are a few simple things we can do:

- Take a deep breath. That’s enough time to gather your thoughts and remember the rest of these steps.
- Explain services and confidentiality, so she understands the boundaries of this safe relationship.
- Let him know that his feelings and confusion are normal. Explain that you understand why it’s hard to talk about or even understand what’s going on. Tell him that he can take his time, and there’s no pressure on him.
- Thank her for being so open and brave with you. It takes a lot of strength to speak out like she just did, and we can support her by showing respect for her strength.
- Ask him what would be helpful to him. Sexual violence takes away people’s power and voice. Even though he is safe right now, these memories call up feelings of powerlessness and silence. We care for him by helping him find his power. Finding his power starts very simply by making decisions about his relationship with you.

**These steps—breathing, setting boundaries, validating feelings, praising strengths, and empowerment—work in almost every conversation.**

Another way we show respect and caring is by using our understanding of trauma to make our agencies trauma-informed. “Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery” (Fallot & Harris, 2009). Trauma-informed service is an application of trauma knowledge to an entire system or agency. It can work in any system or agency, as opposed to trauma-specific services, which “directly address trauma and its impact and facilitate trauma recovery” for individual survivors (Fallot & Harris, 2009). The aim of a trauma-informed system, be it a rape crisis center, domestic violence program, hospital, homeless shelter, or substance abuse treatment center, is to infuse the elements of trauma-informed care throughout every contact, space, activity and relationship in the agency (Fallot & Harris, 2009; Elliot, et al., 2005). Healing from trauma is the primary goal, and that goal can only be achieved by supporting the whole person. Trauma-informed substance abuse programs, for example, know that a trauma survivor has a much better chance of maintaining sobriety if the trauma is addressed and healed. Trauma-informed rape victim advocates don’t hug survivors without invitation because they know, to a rape survivor, a hug can be threatening rather than comforting. Trauma-informed administrators know
that empowered and respected workers are able to empower survivors, whereas demoralized or dispirited staff cannot. See the RSP publication on Services for Adult Survivors of Child Sexual Abuse for more information on trauma-informed service.

Trauma-informed service comprises six basic elements applied to all activities and interactions with agency clients and with agency workers (Fallot & Harris, 2009; Elliot, et al., 2005). The six elements are safety, trust, choice, collaboration, empowerment, and cultural relevance, as illustrated in this table:

<table>
<thead>
<tr>
<th>Element</th>
<th>Benchmark Examples</th>
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| Safety          | • Safe relationships are consistent, predictable, nonviolent, non-shaming, non-blaming, and respectful  
                  • The staff feels safe at work, in all locations of work  
                  • The staff is attuned to signs of discomfort or distress from clients and knows how to respond  
                  • The agency maintains confidentiality a consistent manner |
| Trust           | • Workers recognize the long-term and pervasive impact of violence  
                  • Relationships have clear boundaries and defined roles  
                  • Staff share information with survivors |
| Choice & Control| • Choices, even the small ones, are valued because the personal experience of choice builds the ability to direct life and dream  
                  • Giving choices fosters safe relationships  
                  • Choices must be conscious, intentional, and verbalized  
                  • The agency involves survivors in program evaluation and design |
| Collaboration   | • The agency and workers use a partnership approach to services  
                  • Give survivors opportunities to be with other survivors and offer mutual support  
                  • Collaboration with survivors gives workers new sources of knowledge and strength |
| Empowerment     | • Workers seek to build on strength because identifying and using strengths builds more strength  
                  • Celebrate the whole person  
                  • Validate resilience  
                  • Create opportunities for survivors to do and give |
| Cultural Relevance | • Workers take into account social and political factors of a survivor’s life  
                    • Workers know that the meaning of violence, and the resources for healing, vary across cultures  
                    • Workers and agencies are open to learning and asking questions |
Advocates encourage survivors’ self-determination and autonomy. Advocates collaborate with survivors.

Sexual violence is—whatever the specific acts of violence—about silence and powerlessness. Advocacy is a partnership with survivors that restore the survivor’s voice, choice, and power.

Advocates are a roadmap for survivors, rather than a GPS system. Each survivor knows what healing or justice means to them. We can’t tell them how to get there, because it’s not our journey. We can help survivors navigate the aftermath of sexual violence by bringing our expertise about systems, options, reactions, and choices. And we help by listening to the survivors’ expertise on their lives, their desires, their fears, and their hopes.
But what is our expertise made of? We understand how multiple systems (criminal justice, advocacy, social services, and health care) operate in regards to sexual violence and possess knowledge to increase medical, criminal legal, and civil legal options for sexual violence survivors. We seek training on general advocacy skills like active listening, empathy, building rapport, empowerment, and collaboration. We learn about our agency’s policies and procedures regarding services for sexual violence survivors. We also obtain knowledge on supporting survivors of different types of sexual violence, the emotional aftermath of rape, emergency medical and legal advocacy, long-term medical and legal advocacy, and the services available in our communities. With knowledge on these topics, advocates can assist a wide range of sexual violence survivors, and build a strong base for furthering their education. We can use this base to discuss sexual violence with community partners who provide services to sexual violence survivors, such as health care, law enforcement, and educators.

Let’s look at Sarah’s story, and think about how we can help her find her path.

Sarah is a 19-year-old African American college student. Sarah gets good grades and has a close circle of friends. You first met Sarah at the emergency room. Today, she comes to see you with her mother and sister, with whom she is very close. She is not a heavy drinker, but likes to “party” every couple of weeks. She went to a house party a few weeks ago and had several drinks. An acquaintance from class—a large lecture class—raped her upstairs in the house. Sarah was awake during the assault, but so intoxicated that she was unable to move or fight back. She says several times “I couldn’t make my body move. I just couldn’t make it work.”

Sarah has told some, but not all of her friends about what happened. She has been having difficulty going to class, and it is increasingly difficult for her to leave her dorm. Her grades are slipping, and she missed a family event because she was afraid to drive home alone. Last weekend, she and some friends went out to a bar (Sarah didn't drink that night) and saw the perpetrator. The perpetrator was at a distance, but made eye contact with Sarah and smiled. Sarah fell down and had to be carried out of the bar by a friend.

With a colleague, discuss (or role-play) Sarah’s story. Explore an issue on which you can help Sarah begin planning and exercising self-determination. Help Sarah identify at least three actions to choose from.
Advocates assess the situation and respond appropriately.

Strong advocates assess for multiple interventions and support options, meaning that we take a step back, take a breath, and understand the current situation. Then we can match our responses to that understanding. We need to understand how multiple systems (criminal justice, advocacy, and health care) operate in regards to sexual violence. We connect survivors to community resources when the time is right. And here’s where our knowledge of all medical, criminal justice, and civil legal options for victims of sexual violence comes into play. Each survivor travels her own road, so we need to know what these roads look like. Knowing the range of medical options, for example, helps us to respond appropriately to a range of survivors’ medical concerns. In partnership with a survivor, we assess what medical care is most appropriate and comfortable for her. Then, we can respond by offering the best choices available.
Strengthen Your Practice

Sometimes, we fall into habits of working with just the obvious partners: criminal justice personnel and emergency medical care providers. Our advocacy becomes more creative and powerful when we expand our community connections. Take a minute to think about your community connections:

- To whom are you connected?
- How do these connections strengthen your sexual assault services?
- Are there any community connections that need to be revitalized?
- Who can you talk to this month to forge new, creative bonds?

When we become more creative and powerful, we are better equipped to meet the unique needs of survivors with multiple victimizations and complicated needs.

Read through Dee’s story, and think about how you want to help her right now.

Dee, an African-American woman in her fifties, calls you on the hotline after a flashback. She is a long-term client of the center who occasionally calls the hotline. You know from experience with Dee that she suffered years of sexual abuse by her now deceased grandfather. She does not bring up any specifics about him or the abuse on this call, just the flashback and how scared she feels now. Dee has migraines and Crohn’s disease, a chronic gastro-intestinal disorder. Tonight, she got scared after the flashback and she can’t calm down. She tells you, “it won’t stop, it won’t stop. Please make him stop...” She doesn’t feel safe and is scared to move out of the chair she’s sitting in right now. She hasn’t left the chair for three hours now, although she needs to take her medication. She tried praying and tried to reach her church deacon, who is always able to calm her and make her feel safe, but he didn’t answer the phone. Dee is quite agitated and upset, even after talking things through with you for a while.

In this current moment of crisis, we can:

- Discuss or help create a basic trigger plan with Dee
- Offer grounding or calming techniques
- Praise her for strengths and for reaching out

Dee has a lot going on, and sometimes our inclination is to try to fix everything or start making plans. In this moment of crisis, however, we can help Dee the most by listening and simply being present. We can help Dee with other issues, such as medication, family, or faith, after she has found her emotional equilibrium and connected with her strength again.

Assessing the situation and selecting the right tool from our toolbox are two of the most important advocacy skills. These twin skills are sharpened by time and paying attention to your community. We use our assessment skills in many different ways. When we’re with a survivor in crisis, we pay attention to what the survivor needs now and what it important over the long run. We also listen for a variety of ways that we and the community can help.
Advocates create safe avenues for conversation.

“I was raped.” That might be one of the hardest sentences to say aloud. Creating a safe and non-judgmental space for survivors sets the grounds for a trusting, successful advocacy relationship. Whenever a survivor is ready to talk, we need to be ready to fully listen and fully support them in their healing. The way people, including advocates, react when a survivor discloses the violence has significant influence on how the survivor moves forward in their healing process.

As advocates in dual/multi-service agencies, we know that many survivors experience multiple forms of violence. Many domestic violence survivors, for instance, were raped by their abusive partners or in childhood. When a person presents as a victim of domestic violence, we must be able to accurately screen and effectively respond to any experience s/he may have had of sexual violence within the context of the intimate partner relationship. Some survivors of recent sexual assault were also raped as children. To help the survivor as a whole person, we must be open to their entire life experience. We must also be able to help them feel safe opening up.
Advocates also know that it’s really hard to talk about violence. Survivors often don’t know how to bring up past experiences of sexual violence with us. Strong advocates understand and utilize screening techniques to get to know the whole survivor. They can make appropriate referrals to therapy or support groups dedicated to sexual assault survivors as appropriate. We are able to assess and ask appropriate questions regarding the impact of sexual victimization throughout the survivor’s life. Screening sounds uncomfortable or even invasive to many of us. By screening, we simply mean, “get to know the whole survivor.” Screening isn’t about following forms and fitting the survivor into neat little checkboxes. Rather, screening is a set of questions held in your brain that you ask or bring up when it is appropriate. We can screen for sexual violence with these questions:

- Has someone ever doing anything to you sexually that made you uncomfortable?
- Has someone ever touched you without your permission in a way that felt uncomfortable?
- To help me figure out the full picture and get you the best services I can, can you tell me if anything like this has happened before, even as a kid? You don’t have to tell me any of the details if you don’t want to.

We can also think of screening as different ways to open the conversation or set a safe space for future disclosures. Here are some conversation openers to blend into your advocacy work:

- Sometimes, stuff that’s going on right now can bring up memories or feelings about stuff that happened long ago. If you find that happens for you, please know that you can talk to me about anything. (Replace “stuff” with a word that is more appropriate or comfortable for each survivor and advocate, paying particular attention to what words are comfortable for survivors.)

Creating safe avenues for conversation happens in so many ways. We create these avenues with written material and publicity in our agencies. Many of us give survivors intake packets with information and brochures when they start services with us. Try adding a brochure about sexual violence to the packet—it’s a cue to survivors that it’s okay to bring it up. Look at the posters and books in your office. What do they tell survivors about you and about services?
Advocates employ culturally relevant responses.

Nobody exists outside the context of their culture or life experiences. Every day, we each have different experiences and struggles with various forms of oppression: racism, sexism, classism, homophobia, able-ism, and the like. These experiences of oppression shape our worldview, and the world’s view of us. They also shape our access to resources and systems. Sexual violence happens in this context of real people’s lives. The intersection of individual instances of sexual violence and racism, sexism, homophobia, xenophobia, or other forms of oppression is a dangerous and isolating intersection. As advocates, we must understand and account for survivors’ experiences of oppression in our work. Being “colorblind” might seem like a good plan, but it actually turns a blind eye to the cultural gifts and pain of oppression that our neighbors experience.

Do you have the appropriate training and skills to provide culturally relevant services? We can strengthen our advocacy by learning about culture and oppression, developing culturally relevant policies, practices, and education programs, and helping survivors find vital services that are also culturally relevant.

Our world is diverse. Every community is diverse, even rural communities. To reach survivors from all parts of the community, we must provide culturally relevant services. And we have to go to the people. We need to know what culturally specific outreach is and how to do it within or with these communities.

- Do you know what culturally relevant services look like in your community?
- Do you have an awareness of the cultural diversity and demographics of your community, including communities of color, the LGBTQ community, and immigrant/refugee communities, among others?
- Do you have an understanding of prevalence, differences, risk factors and the effects of sexual violence in underserved populations in your community?
Many communities have culturally specific services: organizations that provide service to a specific population with staff members of that population. Many are private non-profit organizations, though some are part of tribal governments. These organizations (or tribal governments) may specifically provide services to violence survivors, or they may provide a range of community services. Mainstream advocacy organizations are not always the best service provider for every survivor. Sometimes, the best advocacy we can provide is supporting a culturally specific organization to provide their own advocacy. We can learn from their expertise while sharing our support.

Do you know the culturally specific services in your community? How does your agency work with or support them?

How you can create more culturally relevant services:

- Learn about culture & oppression
- Make sure our facilities & services are accessible to everyone
- Have ongoing dialogue about sexual violence & oppression
- Develop culturally relevant policies, practices, and education programs
- Help survivors find vital services that are also culturally relevant

Strengthen Your Practice

Culturally competent advocates know that being an ally to marginalized or oppressed communities means showing up and being supportive. It takes time for communities to build trust with service providers, especially those of us in mainstream organizations. We can begin serving our whole community by getting to know new people. With your colleagues, make a plan to get to know new faces.

This week...
- Make a list of culturally specific organizations
- Make a list of community leaders from marginalized communities (pastors, organization managers, etc.)

This month...
- Visit one culturally specific community event (fair, meeting, religious service, etc.)
- Talk to one community leader about their community, not about your services

This year...
- Make a schedule of culturally specific community events to visit
- Redesign one practice of your agency to better suit a marginalized community (outreach techniques, hotline protocol, etc.)
By now, you know how important it is to have confidence in your judgment, skills, and ability in working with victims of sexual violence and to obtain the necessary training to aid individuals who have experienced sexual violence. You know that you want to feel comfortable and confident in your abilities. One of the beautiful things about advocacy is our ability to help survivors look deep inside themselves to find their power, their voice, and their choice. As their cheerleading, empowering roadmap, we give survivors the tools they need to find their way to happiness and wholeness on their own terms. Shouldn’t we take the same deep, inward look to find our strength and power as advocates? We can only empower others when we connect to our own power and voice. We connect to our power, in part, by looking at our work and critically thinking about the techniques and approaches we use in advocacy.

We can do some reflection alone, by taking a few minutes at the end of the day or week to think about what went well, what you perhaps wished went differently, and what you learned. We also learn by engaging in service evaluation. Service evaluation is significant, though sometimes scary. Evaluation paves the way for successful organizational or personal change. Moreover, evaluation gives survivors and community members a voice in our empowerment-based agencies. We cannot know if services are working for survivors unless we ask. We cannot know our whole strength as advocates unless we listen to what others see in us. We cannot be certain we are living our mission every day unless we evaluate our actions.

It can be scary to open ourselves up to criticism, but it is important for us to keep in mind that it is a helpful way for us to evaluate our work. It might feel awkward to ask others, especially survivors, to evaluate us. There are methods for evaluation that are compassionate and respectful. Formal and informal evaluation shows us our strengths, improves our practice, and empowers survivors and community partners by involving them in the agency. Read the RSP publication on Program Evaluation for more information.

What could you gain from service evaluation?
Advocates care for one another and ourselves.

Do you have a support system in place within your agency to assist you with any vicarious trauma you may experience? Vicarious trauma is how our bodies, minds, spirits, and relationships react to and are impacted by the profound despair and pain we are witness to everyday when we work with survivors. Vicarious trauma is a process that is cumulative and built over time by the memories obtained by listening to the traumatic experiences of survivors. It impacts our sense of safety, trust in ourselves and in other, self-esteem, ability to connect with others and sense of control (Richardson, J., 2001). This work is difficult; important and fulfilling, but difficult. It's no coincidence that the manifestations of vicarious trauma look very much like Rape Trauma or Post Traumatic Stress.

Our strength as advocates comes from being emotionally healthy and balanced. When we are healthy, we can bring our best self to the work every day. Individual advocates have a responsibility to manage their vicarious trauma in healthy ways. Organizations are responsible for creating policies, procedures, and a working environment that is safe and healthy for workers. For more information on individual response to vicarious trauma, see Self-care and Trauma Work or Trauma Stewardship by Laura Van Dernoot Lipsky (2009). For more information on organizational response to vicarious trauma, see Organizational Prevention of Vicarious Trauma.

There are many ways we can cope with vicarious trauma and keep our selves healthy and whole, including:

- Express emotions, concerns, and joys about work to coworkers and your supervisor
- Engage all five senses: exercise, bake cookies, take a walk outside, listen to music, cuddle with a pet
- Focus on hope: get involved with prevention or activism to end sexual violence
- Use vacation for relaxation and rejuvenation

We can also focus on the stories of strength and hope that we
hear every day. The survivors we serve have gotten through terrible things. Their strength and power can be an inspiration to us.

There are many healthy strategies for coping with vicarious trauma. However, excessive drinking or drug use, minimizing colleagues’ experiences, and distancing ourselves from survivors by making fun of them are signs of unhealthy coping. If you find yourself engaging in these behaviors, please talk to a colleague, supervisor, or loved one about your vicarious trauma.

What will you do to care for yourself this week?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How can you engage your colleagues in a self-care plan?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Strengthen Your Practice
Conclusion

Advocates are powerful people. We do many things and fill many roles for survivors. We are the comforting presence in times of crisis, fierce guardians for people’s rights, guides through the aftermath of violence, and agents of transformation in our communities.

With these ten skills, we can help survivors find their voices and reclaim their power. Just as survivors continue to grow in their strength, so too do we continue our learning and growing in advocacy.

References


**Resources**

Resource Sharing Project  
http://www.resourcesharingproject.org/

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

Services for Adult Survivors of Child Sexual Abuse  
http://www.resourcesharingproject.org/article-index/36-article-index/374-services-for-adult-survivors-of-child-sexual-abuse

Program Evaluation: Knowing is Half the Battle  
http://resourcesharingproject.org/article-index/36-article-index/375-program-evaluation

Organizational Prevention of Vicarious Trauma  
http://www.vawnet.org/Assoc_Files_VAWnet/PrevVicariousTrauma.pdf

Self-care and Trauma Work  