



Sexual Assault
DEMONSTRATION INITIATIVE
Enhancing Sexual Assault Services

THROW AWAY THE MENU: BROADENING ADVOCACY





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A publication of the Sexual Assault Demonstration Initiative
By Kelly Wilt, Resource Sharing Project

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Please note that this publication uses they/them/theirs in the singular to recognize there are more than two genders and affirm survivors who are transgender or who identify outside the gender binary.

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INTRODUCTION

“In order for me to specialize in working specifically with survivors of sexual violence, I realized that I needed to make sure that I understood how survivors walked in the world.”

— Tiombe Preston [2008]

Sexual violence affects thousands of people across the lifespan each year. Survivors of sexual violence experience lasting impacts that affect their physical, emotional, psychological, and spiritual health. For a variety of reasons, survivors do not always seek crisis-focused support immediately after victimization[s], and may not seek support for months or years after experiencing sexual violence.

They are not likely to see a shelter or a domestic violence program, or a dual/multi-service program that emphasizes domestic violence services, as a place to access support. In part, this is because dual/multi-service programs as a whole do not have an established history of providing the kind of comprehensive and relevant support that stand-alone rape crisis programs have (Bergen, 1996; Patterson & Laskey, 2009; Townsend, 2017).

This reality poses the question of what comprehensive and relevant support for survivors of sexual violence looks like, and further, how dual/multi-service programs committed to serving survivors can provide this care. ‘Advocacy’ is a broad term used to describe the support available to meet the wide-ranging needs of survivors of all forms of interpersonal violence. At its core, advocacy for survivors of sexual violence is rooted in supporting survivors’ self-determination so that they may continue their healing journey.



Dual/multi-service programs and rape crisis centers have a long history of organizing to provide crisis intervention, assistance, and information to survivors of sexual violence and domestic violence (Freedman, 2002). Originating from the grassroots work of women of color, early anti-sexual violence efforts can be traced back to the mid-1800's when African American women and Native people testified before Congress about sexual violence committed against their communities by white men (Deer, 2015; McGuire, 2010). African American women, like other communities of color, continued to organize throughout the latter part of the 19th century, forming black women's clubs in response to the unending post-war sexual violence (McGuire, 2010). These efforts, among others, laid the groundwork for future organized activism against various forms of violence, including sexual violence and other forms of oppression. The 1970's marked the formal creation of rape crisis centers and dual domestic violence and sexual violence centers, often without the meaningful inclusion of voices of color, as a safe space for survivors to seek support and help. Organized efforts to provide safety and resources to survivors of violence have continued to evolve over the last half-century, with growth afoot as we continue to expand our knowledge and understanding of the needs and struggles of all survivors.

Historically, many dual/multi-service programs have characterized advocacy by describing the support made available in distinct settings or contexts, often described to include hospital accompaniment, legal advocacy, and crisis support. This resource recommends that dual/multi-service programs reconsider the concept of advocacy to be more responsive to the diverse and wide-ranging needs of survivors of sexual violence, and that we re-envision advocacy to expand beyond the care and support provided on helplines and in courtrooms or hospitals to also include the critical long-term emotional support survivors need in a range of contexts as they heal.

CHALLENGES DUAL/MULTI-SERVICE PROGRAMS FACE IN SERVING SURVIVORS OF SEXUAL VIOLENCE

Sexual violence services within the context of dual/multi-service programs have suffered from competing priorities as programs often work with limited staffing, resources, and understanding of the needs of survivors of sexual violence. Programs with a shelter component often find that the immediacy of needs associated with serving domestic violence survivors in shelter can supersede the seemingly less immediate needs of survivors of sexual violence. The core advocacy services traditionally provided by dual/multi-service programs may fall short of being responsive to the diverse needs of survivors, leaving many survivors under-served, if served at all [Bergen, 1996; Patterson & Laskey, 2009]. In many dual/multi-service programs, advocates serve clients who need shelter, medical care, legal response, or other, often tangible, services. While survivors of sexual violence may also have these needs, many want a safe space to talk through their experiences and responses related to the assault. When seeking services from a dual/multi-service program whose advocacy services are limited to these tangible resources [such as food, shelter, employment, etc.], survivors are likely to find their needs unmet. Many programs also find it difficult to adequately meet the needs of survivors of sexual violence, as staff may lack the experience and comfort to talk about sexual violence with survivors and to make space for the less tangible and more emotional, physical, and spiritual focused work of healing. Dual/multi-service programs must increase their comfort in working with survivors of sexual violence who may have needs that are less tangible than those they are accustomed to working with, and respectively, programs must prioritize and structure services and staffing to be responsive to a comprehensive understanding of advocacy [Townsend, 2017].



SURVIVORS' EXPERIENCES MUST SHAPE SERVICES

Understanding the unique and wide-ranging needs of survivors of sexual violence is key to embracing an approach to advocacy that is reflective of these needs. Sexual violence is a major trauma that disrupts survivors' lives in a myriad of ways and may last years. Shock, fear, self-blame, guilt, embarrassment, feelings of loss of control, concern for the person who committed the sexual violence against them, nightmares, anger, and disbelief are common experiences of survivors. Survivors are also at heightened risk for a variety of physical health problems, anxiety, depression, difficulty trusting others, post-traumatic stress disorder (PTSD), eating disorders, and substance use (Campbell, Dworkin, & Cabral, 2009; Langton & Truman, 2014; National Sexual Violence Resource Center [NSVRC], 2010). Each survivor brings their own strengths and resources (both internal and external) to their healing process. These may include physical resources, support from family or friends, creative coping strategies, and hobbies or routines that support their well-being. Survivors' strengths and struggles affect their needs and healing journey.

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Many survivors do not disclose immediately after being sexually assaulted, and if they do, it tends to be to a friend, family member, or other trusted figure. Survivors often feel a lack of options for support and may be unaware of services in their community (e.g., dual/multi-service centers or rape crisis centers). Survivors may also experience distrust, fear of not being believed by service providers, and concern that services will be ineffective (Ahrens, 2006).

OVERCOMING BARRIERS

There are barriers to survivors seeking services, including barriers unintentionally built by advocacy programs. Advocacy programs better serve survivors when they acknowledge, understand, and lessen these barriers. Through a multi-year project aimed to ascertain best practices in service delivery to survivors of sexual violence,

the Sexual Assault Demonstration Initiative (SADI) found that services for survivors became more comprehensive at participating programs when advocacy staff increased their understanding of the impact and needs of survivors of sexual violence. For example, when one dual/multi-service program conducted a survivor needs assessment, the program learned that advocacy specific to systems (e.g., legal and medical advocacy) was low on the list of items survivors wanted support for. Rather, survivors were more interested in help communicating their emotional and physical needs and talking about their experience(s) with their family and friends. This dual/multi-service program learned from the feedback that building a strong supportive program means offering on-going emotional support and empowerment through a variety of services, and extending advocacy and counseling support to family and friends are examples of important ways to meet survivor needs.

Other dual/multi-service programs within the SADI learned that branding and marketing changes, such as choosing an inclusive program name that clearly indicates the availability of sexual assault services and including specific reference to sexual assault services on the program's website and in marketing materials were other concrete methods of making sexual violence services more visible to the community (Townsend, 2017).


These changes required organizational and leadership commitment to the development of strong sexual violence services within a dual/multi-service context. Organizations as well as individuals both have a great impact on survivors. Advocates as individuals have a critical role in lessening the barriers survivors face in obtaining support. Advocates may be one of few people in a survivor's life who provide helpful information, access to resources, and overall compassion for their struggles. This support and information-sharing, whether on a helpline call or through regularly scheduled advocacy appointments, is fundamental to the work of advocacy.



BUILDING A STRONGER UNDERSTANDING OF ADVOCACY

Advocacy is a service that is transferable across setting and situation. It involves fostering a safe, culturally appropriate, and linguistically specific environment where survivors can tell their story and be heard without judgment. Advocates assist survivors in finding answers to their questions, understanding their options, and building strong support systems [Minnesota Coalition Against Sexual Assault [MNCASA], 2007]. Advocacy is the skills used when answering a helpline call and talking through creative strategies for coping with triggers, it is the work that is done in the middle of the night when a call comes in to accompany a survivor to the hospital for a forensic exam, the weekly scheduled visits on campus with a survivor trying to heal while the person who committed sexual violence remains on campus, and the appointment we squeeze in between a staff meeting and the afternoon support group session to meet with a survivor and their family at the local LGBTQ center to discuss options and resources.

Advocacy requires flexibility, strong listening skills, patience, and a willingness to meet a survivor where they are. Advocates sets aside their own beliefs and goals regarding another's experience and work to actively support the decision-making and healing of each survivor. This section will outline guiding principles to advocacy and effective traits of advocates.



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FIVE GUIDING PRINCIPLES OF ADVOCACY

EMPOWERMENT-BASED

Advocacy is rooted in the understanding that survivors are the best experts on their own experiences and needs. Some of the most critical work an advocate can do is to remind a survivor of this. Sexual violence challenges a person's sense of trust in themselves and the world. It can cause feelings of shame, self-blame, low self-worth, and disempowerment. Decision-making after sexual trauma can be difficult and even meeting one's own basic needs can be overwhelming for survivors. Empowerment-based advocacy supports survivor-led decision-making. Empowerment-based advocacy validates, affirms, and listens to how survivors identify their needs. It uses rapport-building and reflective listening to create a supportive environment where survivors can explore options and goals.

Advocacy can support empowerment through:

- Supporting a survivor's choice in selecting a meeting location
- Exploring a survivor's understanding of their own strengths
- Offering validation when a survivor talks about a decision they made or a feeling they have
- Reminding a survivor they are strong and capable
- Encouraging a survivor to use their own voice
- Honoring and supporting a survivor's decision(s) even if they are different from those you would make
- Providing education about the different ways that survivors heal and reminding them that there is no 'right' way to move forward after sexual trauma



ADVOCACY IN ACTION

Last month, an advocate finished a six-week educational series at the local residential center for homeless youth. A call came in to the advocacy program today from a staff member at the residential center who expressed concern that a teen said something in passing over lunchtime that made the staff member think he may have experienced sexual abuse. An advocate asked if she could speak with the teen via phone and the teen agreed. During the call, the advocate asked the teen if he was interested in meeting and he agreed, but seemed concerned that his peers at the center might find out. The advocate assured the teen that she would not share any information with other residents at the shelter. She asked the teen to select a location where he would be most comfortable meeting. She reassured him that he could share as much or as little as he was comfortable and that she would review limits to her confidentiality when they met so he could make an informed decision about what he wished to share.

RELEVANT

Relevant services mean that survivors see an advocacy program as a useful resource, no matter what challenges they face. Relevant advocacy services are only achieved when programs commit to regularly assessing the work that they do and the needs of the community. Dual/multi-service programs should regularly reflect on the questions: “Are our advocacy services meeting the needs of survivors in our community?” and “How would survivors in our community know that our program has resources and support available to meet their needs?”

Just as survivors who have experienced different forms of interpersonal violence may have different and overlapping needs, survivors of sexual violence are also not a homogeneous group. Dual/multi-service programs provide strong advocacy in part by offering services that are relevant to the different populations in the community. For example, a program whose advocacy for survivors of sexual violence is primarily limited to hospital accompaniment and legal advocacy are not relevant to a middle-aged survivor who experienced sexual abuse as a child and is now looking for help processing feelings and memories. Similarly, a teen who is experiencing sexual harassment by a classmate and is unsure of what to do may be apprehensive to call

the helpline, but more apt to use a text service or online chat, as this mode of communication is more relevant to their generation's methods of communicating. A Spanish-speaking survivor may be interested in regular supportive counseling appointments, but cancels his second appointment upon learning that there are no Spanish-speaking advocates, as he fears it will be difficult for him to articulate his experience with someone who does not speak his first language.

These are just a few examples of the importance of relevance — not only in the contexts in which advocacy is available, but also in the diversity of methods used and staff available to provide advocacy services.

Methods of ensuring relevance in advocacy include having:

- Advocacy services available for people of all ages
- Advocacy services available in different languages
- Advocacy services available for people of all abilities and disabilities
- Advocacy for survivors at all stages of healing
- Advocates with a strong understanding of the unique challenges across the lifespan and for survivors of various identities and experiences
- Advocacy services that are culturally rooted and culturally relevant
- Advocacy methods that are responsive to the different ways survivors may communicate based on generation and lived experiences



ADVOCACY IN ACTION

In supporting survivors in a predominantly Spanish-speaking region, a program works collaboratively with survivors to start a weekly cooking group that helps to build community and connection among participants. This approach was rooted in awareness that establishing peer support and connection was a culturally relevant approach to supporting survivors in healing.



MOBILE

In addition to the emotional and psychological barriers survivors may encounter in obtaining advocacy services, there are also logistical challenges related to limited resources, geographical location, and access to transportation that can make advocacy difficult for survivors to access. Advocacy reaches the most people when it is mobile and located in places easy for survivors to reach. Mobile advocacy quite literally refers to advocacy services that are accessible in various settings. Dual/multi-service agencies can support mobile advocacy through considering common places where survivors are likely to seek support and proactively having a presence in these settings, as well as by practicing flexibility based on the unique needs of each survivor in determining meeting locations. Mobile advocacy acknowledges that survivors may have difficulty accessing transportation or may feel more comfortable in one setting over another. Scheduled presence in different locations also serves as an awareness-raising and marketing tool, as survivors may be more likely to seek services if they are conveniently located and in close vicinity to a location they regularly frequent.



A mobile approach to advocacy:

- Takes stock of the common points of entry for survivors seeking support and considers any gaps that could be addressed
- Can be fixed (regularly scheduled time in specific settings such as schools, faith-based institutions, social service agencies, and at the office), on-call (at hospitals, law enforcement agencies and other crisis-based settings), and flexible (location negotiable based on survivor needs and program guidelines)
- Is enabled by organizational support that trusts and empowers advocacy staff to provide services outside of the program office and at mobile locations

ADVOCACY IN ACTION

Advocacy staff partner with a local soup kitchen bi-weekly. They get to know the volunteers and frequent patrons of the soup kitchen. They have information and resources available and talk with volunteers and patrons about the work of the program.

TRAUMA-INFORMED

A trauma-informed approach to advocacy is rooted in the understanding of the effects of trauma on the lives of survivors. Trauma-informed advocacy is grounded in a survivor's history, goals, and the entire context of their experience and emphasizes choice, empowerment, and culturally relevant support. It considers all components of advocacy through a lens of understanding how violence affects all aspects of survivors' lives. This understanding is then used to accommodate the diverse and holistic needs of survivors of sexual violence. Advocacy is provided in a way that avoids unintended retraumatization and facilitates survivor decision-making.

Integrating a trauma-informed approach to advocacy may involve:

- Capacity-building work, such as: incorporating an understanding of trauma at all program levels to ensure that trauma-informed care exists at the core of an organization's operation; expanding staff perspectives and understanding of how various coping strategies represent adaptations to traumatic experiences; ongoing staff training, consultation, and supervision; and regular evaluation and modification of organizational practices to incorporate trauma-informed care principles
- Implementing strengths-based approaches with survivors, rather than those that are deficit-oriented

- Ensuring the survivor feels safe in their current environment
- Acting with an awareness of potential triggers
- Checking in to see if they have adequate support and resources and helping to provide connections to new resources
- Respecting privacy and confidentiality
- Checking in with the survivor to clarify their needs
- Providing consistent and reliable communication and actions
- Supporting survivor-led decision-making

ADVOCACY IN ACTION

A survivor stayed after a community awareness event and asked the advocate staff if they had a moment to talk. She shared how grateful she was to be present for the event, but that it brought some things up for her. She explained that her uncle, the person who repeatedly assaulted her, recently passed away and that she felt relieved and maybe even happy, but that she felt terrible for feeling that way. For nearly a decade after the abuse ended, she struggled with an eating disorder and depression. She described “getting to a much better place” over the last several years, but was worried because she found herself restricting food and feeling sad and hopeless the last few weeks. She laughed between tears and said “You must think I’m crazy to still be a mess over this.” The advocate responded, “It sounds like you have done your very best to cope with what happened. I don’t think you’re crazy at all. It can be frustrating, but for many survivors, the impact of trauma can be felt in waves, less at some times and more at others. It sounds like you’re using what you know to try to cope. Would you be interested in setting a time to meet so we can talk more?”

COLLABORATION

Collaboration is an essential component of advocacy that allows for the sharing of power and decision-making with survivors to foster empowerment and growth. Empowerment is supported by strong collaborative relationships where the survivor is recognized as the best expert of their own experiences. A collaborative approach also allows for advocates to continually learn from the survivors they serve and improve their advocacy skills.



Characteristics of collaboration in advocacy with survivors can include:

- Regular check-ins with survivors that set a tone for honest communication and invite survivors to share about their experiences with services. Such opportunities provide space for a survivor to discuss what may be working well and what is not.
- Support for survivors in setting their own goals and priorities, with advocacy tailored to help survivors achieve self-determined goals.
- The use of active listening and reflective statements to emphasize each survivor’s expertise and ability to make decisions autonomously; advocacy supports survivor choice and avoids advice-giving.

Collaboration is also relevant in terms of an advocate’s work with other service providers. Collaboration is critical to maintaining a clear understanding of the reach and limits of advocacy work and more specifically, where an advocate’s role ends and another service providers may begin. A collaborative relationship between advocates and other services can help ensure that survivors have accurate information and access to resources. Strong collaborative relationships also aim to ensure that interactions across service providers are consistent and meet mutually agreed upon expectations. Collaboration with other victim service professionals and community programs can strengthen the services a survivor receives, as shared philosophies, practices, and information can help create an almost seamless approach to service delivery which lessens the potential for retraumatization of the individual.

Characteristics of collaboration with other service and community providers can include:

- Proactive collaboration with service providers that helps to establish procedures and protocols in advance of survivors’ involvement with systems, allowing all parties to be informed in advance of involvement
- Strong relationships with culturally specific programs that enables advocates to collaboratively work with and provide referrals to culturally specific programs to support the comprehensive needs of diverse survivors



- Providers sharing information and providing cross-training to teach about provider roles and benefits and limits to the services available; this information can enhance an advocate's understanding of the services available and processes a survivor are likely encounter in obtaining services.
- Regularly scheduled meetings such as collaborative gatherings of trusted community leaders and community partners or coordinated response teams such as Sexual Assault Response Teams (SARTs), with the goal of providing a regular channel of communication across victim service and community professionals to strengthen the care for survivors

ADVOCACY IN ACTION

During a weekly meeting with a survivor, the survivor indicated she's dreading her upcoming custody hearing regarding her children. Anything involving the court system is a trigger and prompts memories of the ongoing sexual violence she experienced in foster homes as a child. The advocate asked the survivor what would be helpful in dealing with this stress. The survivor asked the advocate if she could help her write something she could share at the custody hearing. The advocate agreed and offered to take notes as the survivor talked about the points she wanted to share at the hearing. The survivor indicated this would be helpful and asked the advocate if she can be present at the hearing. The advocate agreed to be there as a support.

These core components to advocacy practice help create a strong foundation for a re-envisioning of advocacy that is rooted in survivors' experiences and needs. Similarly important are the characteristics we bring as advocates that support an empowering relationship with the survivors we serve. When we take a closer look at the supportive relationship between an advocate and a survivor, we can learn more about the key traits of advocates that support a successful relationship between advocates and survivors.

TRAITS OF THE EFFECTIVE ADVOCATE¹



SENSITIVITY TO CULTURAL FACTORS, SOCIAL CONDITIONS, AND PERSONAL IDENTITIES

Advocates need to comprehend how cultural factors, social conditions, and identities impact a survivor's experience of sexual violence. The survivor–advocate relationship will be considerably strengthened by an advocate who can demonstrate knowledge and respond sensitively to people from various cultural and social groups. This involves being aware of how one's background and culture can affect one's experience. It is imperative not to make assumptions based on generalizations and stereotypes. Make space for the survivor to share with you how their culture(s) and identities influence their life and the way they perceive their experience(s).

¹ From *Sexual Violence in Minnesota: A Resource Manual for Advocates* [pp. 163-164], by Minnesota Coalition Against Sexual Assault, 2007, St. Paul, MN: Author. Copyright 2007 by Minnesota Coalition Against Sexual Assault. Adapted with permission.



EMPATHY

A survivor–advocate relationship benefits from the advocate’s ability to accurately perceive what the survivor is experiencing and communicate that perception. This does not mean that an advocate has to have experienced sexual violence to feel empathy towards a survivor or that an advocate should be all-knowing. Rather, the advocate must be able to empathize with the trauma of a person’s experience. It can be difficult to identify completely with individuals whose life circumstances, socioeconomic status, race/ethnicity, and sexual orientation differ from one’s own; therefore it is imperative not to overemphasize similarities. Rather, the focus should be on displaying interest and concern for the survivor’s particular circumstance and demonstrating empathy.

RESPECT

Sexual violence is a traumatic experience, and for this reason, respect is an important and influential element in the helping relationship. Respect insists the advocate display genuine appreciation for the worth of the survivor, which embraces their experiences and their behaviors. This entails upholding the survivor’s rights to make their own decisions, their assessment and account of the situation, and their ability to overcome the struggles they are facing.



WARMTH

Our energy and body language can set the tone for our interactions with survivors. Warmth generates a sense of care, concern, and reassurance that can result in trust. It is possible to display warmth in many ways, especially non-verbally. Advocates should be mindful that their nonverbal cues such as body language, eye contact, and facial expressions communicate appropriate messages.

GENUINENESS

Advocates should be their authentic selves when working with survivors of sexual violence, being mindful to not assume behaviors or express opinions that are not authentic. Being “real” allows the advocate to relax and focus on the survivor, rather than on their own behavior or appearance. Genuineness implies to the survivor the advocate’s credibility and willingness to assist.

ARTICULATE AND TRANSPARENT

One common reaction to sexual violence is a feeling of disorientation, which can lead to a sense of powerlessness and confusion. Therefore, an advocate must be as specific and clear as possible in their interactions with a survivor. This does not mean, however, being directive [giving unsolicited advice or instruction], but rather providing detailed information in concise and understandable terms. This helps to maintain a present-focus with survivors — dealing with issues in the here and now.

CONCLUSION



Advocacy is most powerful when advocates have strong knowledge of the sociological, psychological, physical, and spiritual implications of sexual violence and hold with equal truth the hope and support for healing. When we approach advocacy as the critical work done across all settings, we have awareness of the multiple entry points a survivor may have with a program. This enables us to understand that advocacy services are strongest when they are less reliant on a survivor's involvement with a particular system or setting, and instead driven by each individual survivor's needs. Comprehensive advocacy meets survivors where they are. It is intentional and flexible. It avoids prescriptive directions or artificial parameters that fail to make space for the healing work that advocates are uniquely qualified to support survivors in. Advocates for survivors of sexual violence play an integral role in the healing process. Broadening how we see advocacy enables dual/multi-service programs to provide care that is relevant and reflective of the diverse needs of survivors, enabling more survivors to receive the support and resources they deserve.

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