

# MODULE

# 13

## **AN ADVOCATE'S WORK IN COLLABORATION WITH OTHER SYSTEMS AND PARTNERS**

This section focuses on advocacy and coordinated support for survivors. It discusses the support that survivors may need: a) in the context of various systems and settings and b) with the help of other service providers. It offers outlines for programs to use to tailor additional training sections specific to meet the needs of survivors in their community, reflective of the available resources and partner relationships.

**LESSON 1: An advocate's role in working with survivors who seek criminal justice response**

**LESSON 2: An advocate's role in working with survivors seeking health care support**

**LESSON 3: Additional systems and partners to provide training on**



### POINTS TO CONSIDER

Each community and program's relationship with systems and service providers is likely to look different and ultimately should be shaped by the needs of each community. For this reason, the following sections related to training on collaboration with other systems are different than other sections throughout this training manual.

This module invites you to think about the major systems and supports in your community that survivors may interact with. In many communities, these systems have historically included law enforcement, prosecutors and other legal professionals, and hospitals or other medical professionals. Other important systems and partners may include:

- child welfare services
- mental health services
- educational institutions
- youth serving organizations
- prison systems
- juvenile detention centers
- residential treatment facilities
- drug and alcohol treatment programs
- culturally specific organizations
- LGBTQ centers
- homeless shelters
- immigration advocacy and systems
- housing systems
- victims' compensation
- food banks
- family planning and termination clinics
- employment systems
- veterans' affairs
- sex worker serving organizations
- spiritual and religious centers and systems
- elder serving organizations
- HIV/AIDS community organizations
- probation and parole systems
- organizations working with people with disabilities
- residential care facilities
- broad medical and health systems (those traditionally Western and holistic)
- organizations that focus on restorative and transformative justice
- civil legal systems

You cannot capture the breadth and depth of all systems and partnerships in the foundational advocacy training. Foundational advocacy training is just the beginning. It is essential that advocates are supported with ongoing opportunities for education and development and are provided with various tools and perspectives to help inform their work. It is necessary that trainers help new advocates understand the many different systems and supports that a survivor may engage with, including those that are outside of mainstream systems. As you consider the critical information participants need to learn about supporting all survivors in your community, think expansively. Advocates will need continued education on the various systems to continually improve their practice. Many programs will find it helpful to offer continued education specific to each staff member's job duties. For example, an advocate working in the criminal justice system will need more information on prosecution and courts, while an advocate who serves adult survivors of child sexual abuse will need more information on long-term medical advocacy, transformative justice, and civil legal systems.

This module is broken into a few lessons, starting with important preparation for trainers to consider prior to facilitating this section of the training. Following this introductory section are outlines to help trainers customize these systems-focused sessions to reflect each program and community's unique landscape and needs. For the purpose of foundational training, we have included outlines for two systems, each containing guiding questions that should help your program customize these training sections to reflect what collaborative partnerships to serve survivors look like in your community.

Training teams should consider working collaboratively with representatives from various systems or community partners to deliver these trainings. Consider the outlines and questions as tools to help guide the content of these trainings, but please don't feel limited by them.

Formal systems like criminal justice and health care, for example, can be integral parts of response needed for some survivors and not for others. As trainers, it's important that collaborative relationships are framed in a context that prioritizes survivors' choice and self-identified needs. For example, some survivors may want to report their experience/s of sexual violence to law enforcement, while others may not. Some survivors may be uninterested in support related to medical care, but interested in how they can receive support in the context of their religious or spiritual affiliation. There is no 'right' way to seek support. These are decisions for each survivor to make. The essential work of an advocate is to help a survivor with the support and information needed to make the best decision for themselves.

In the context of working with systems, an advocate's work is layered. They must be knowledgeable about the inner workings of systems and able to describe likely processes and players so that a survivor can make decisions about what would be helpful (or not) in their healing process. Advocates also serve as emotional support and sounding boards where survivors can process, be heard, and express emotions about their experiences.

Consider a co-training model that includes partners with expertise from various systems as well as trainers from your own program who have experience working with these systems on behalf of survivors. Do not limit your partnerships to just those with formal systems. Consider partners and organizations in your community, especially those that are culturally specific, as collaborators to help strengthen the care advocates provide.

If this training is primarily for program volunteers (as opposed to new staff), consider their role and how much detail they will need to know about systems given their volunteer role. Volunteers often need less nuanced information about systems than advocates and other staff do and care should be taken to focus on what is most applicable given a group's role in the organization.

## LESSON 1: AN ADVOCATE'S ROLE IN WORKING WITH SURVIVORS WHO SEEK CRIMINAL JUSTICE INVOLVEMENT

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### Questions to consider *prior* to the training:

- What is your program's relationship like with law enforcement, prosecution, and court systems?
- What is local law enforcement's knowledge of trauma-informed practices?
- Where is the best location for this training?
- How can trainers emphasize the role of other skills and approaches learned earlier in the training to center trauma-informed, survivor-driven care in their systems work?

### LECTURE AND DISCUSSION

*Use the following questions and points to create your own lecture and discussion prompts:*

- What is and is not the role of law enforcement, prosecution, and court systems?
- An advocate's role in working with a survivor who is interacting with law enforcement, prosecution, and court systems
- Common reasons survivors interact with law enforcement, prosecution, and court systems
  - Efforts to gain safety, like protection orders
  - To hold those who have committed sexual violence accountable via the criminal system
  - To report and document the violence experienced
  - Fear that the person who committed sexual violence may harm again
- Common reasons why survivors choose not to interact with law enforcement, prosecution, and court systems
  - Fear they will not be believed
  - Fear of consequences (family, relationships, societal, employment, financial, housing, etc.) for reporting

- Mistrust of law enforcement due to prior experiences with and/or the reputation of law enforcement
- Culturally incongruent to seek help from police
- Uncertainty about wanting to report
- Trouble remembering details of what happened
- Involvement in something illegal [like use of drugs or underage drinking, for example] when sexual violence occurred
- Fear of the person who sexually assaulted them getting in trouble [for example, fear of family fracture]
- What survivors can expect [this particular section may be best led by a co-trainer from law enforcement or prosecution]:
  - Procedural: Interview, investigation, evidence gathering procedures
  - Timeline
  - Communication
  - Privacy
- Relevant laws [legal definitions of crimes, statutes of limitations, etc.]
- Legal protections for survivors
- Coordinated response teams [SART, CCRT, etc.], if applicable, and more broadly, how law enforcement interacts with other survivor-serving agencies

***Make sure to specifically address:***

- What are the state laws about sexual assault?
  - How does your state define penetration? Touching? Other sex acts?
    - What body parts are and are not included? Objects?
  - How is consent defined?
  - What laws/types of sexual violence apply to different ages? Disabilities? Partners or spouses?
  - What's the age of consent?
  - What's your state statute of limitations for criminal and civil cases? Is it different depending on victim's age?
- Do survivors have a certain amount of time in which they have to report to police?

- Does your state have a victims' bill of rights? Is it enforceable?
  - What does it say about advocates? Do crime victims have a right to confidential communications with their advocate? Can advocates be present at all legal proceeding, as long as the survivor requests their presence?
- How does crime victims' compensation work in your state? Do survivors have to participate fully with the criminal justice system, simply report, or maybe do nothing criminal justice-related at all to be eligible for compensation? What all will compensation pay for?
- Do all advocates know each step of the felony court process? Do you know the survivor's options and advocate's role in each step?
  - Can survivors make a victim impact statement at sentencing? What are the limitations on and process of making one? Something key here is — are crime victims put under oath for their impact statements and do they read them from the witness box?
- Is there a protective order for survivors of sexual violence who do *not* have a familial or romantic relationship with the perpetrator?
  - Are there other civil remedies available to survivors? Can they sue the perpetrator?
- What remedies are available and what is the advocate's role within the educational settings, like colleges?
  - What's the process for campus judiciary hearings and reporting on campus?
- Are there any laws about children conceived in rape? For example, are the parental rights of the person who committed sexual violence automatically terminated?
- Does your state have automated victim notification for when an offender is released from prison/jail/community corrections? How does it work? How do you all feel about it?
- Are there victim advocates in the state prison system [or just corrections system in general]? Do you have a relationship with them?
- What options rooted in restorative and transformative justice available for survivors?
- What role do advocates play in civil legal proceedings?

## DISCUSSION AND ACTIVITY

In pairs or a small group, participants should consider scenarios in the handout. Based on the knowledge learned from this training section, trainees should complete the discussion questions.

### Summarize the lesson with the following points:

- Active listening, normalizing feelings, and providing emotional support are critical to building trust and rapport and are often some of the most important support advocates provide to survivors.
- Options explored should honor the survivor's self-identified concerns and be non-assuming beyond these concerns. While it is okay to anticipate other questions or needs a survivor might have, they should always be explored in a way that acknowledges the survivor as the best expert on their own experience.
- Discussion of options for survivors should be non-directive and demonstrate an advocate's support for survivor-led decision making.
- It is possible that something that feels concerning to an advocate may not feel concerning to the survivor they're working with, or vice versa.
- Remember to address any immediate safety concerns that you or the survivor identify (concerns of imminent danger, possible suicidality, harm to self or others).
- When exploring options, be as concrete and specific as possible, with awareness of the possibility of information overload. Remember, survivors may have different needs in terms of detailed information that makes them feel comfortable and safe. Consider starting with general information and providing additional details at the survivor's interest. Don't hesitate to check in about these needs.

## LESSON 2: AN ADVOCATE'S ROLE IN WORKING WITH SURVIVORS SEEKING HEALTHCARE SUPPORT

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### Questions to consider *prior* to the training:

- What is your program's relationship like with local medical and health systems?
- What knowledge do medical and health systems have of trauma-informed practices?
- Who would be best training team for this training?
- Where is the best location for this training?
- How can trainers emphasize the role of other skills and approaches learned earlier in the training to center trauma-informed, survivor-driven care in their systems work?

### LECTURE AND DISCUSSION

*Use the following questions and points to create your own lecture and discussion prompts. For ease and comprehension, the information is divided into two lectures and discussions.*

#### HEALTHCARE LECTURE & DISCUSSION A

- Sexual violence is trauma. As learned in earlier modules, trauma is a concrete physical, cognitive, emotional, and spiritual response by survivors and our communities. Increasingly, we know that childhood sexual abuse may result in long-term health difficulties for survivors [Centers for Disease Control and Prevention, 2016].
- There are often short- and long-term health needs of survivors of sexual violence and barriers that exist in receiving the necessary care. Advocates support survivors in various capacities based on their self-identified health care needs.

#### **Examples include:**

- Referrals to practitioners who have trauma-informed and healing-centered practices
- Accompaniment to appointments

- Emotional support dealing with stress or anxiety related to health care struggle and appointments
- Support making plans related to one's health care needs
- Assistance navigating health care systems
- Connection with information about what to expect
- Information about and/or accompaniment to forensic exam
- Coordinated care (SART, SANE, CCRT, etc.)

### **Overview of what is and is not the role of health care providers**

- Scope of role
- Items outside of health care provider role

### **An advocate's role in working with a survivor who is interacting with health care systems, both Western mainstream and culturally specific.**

- Listen to survivors identify what they need and respond accordingly
- Anticipate systems or processes that may be difficult to navigate and offer support
- Draw on survivor's internal strengths and external resources
- Help develop trigger plans, coping techniques
- Make sure any plans developed are in context of the survivor's life
- Know when/how to make referrals
- Apply other advocacy principles and skills as relevant

### **Discussion of wide-ranging medical, health, and wellness providers in community and program's relationship to them.**

#### **Examples include:**

Hospitals; family doctors; OB/GYN; urgent care facilities; community clinics; dentists; dieticians and nutritionists; doulas, midwives, and birthing centers; family planning and termination clinics; mental health professionals; drug and alcohol treatment facilities; eating disorder specialists; physical therapists and trainers; Ayurvedic practitioners; acupuncturists; massage therapists; chiropractors; and culturally relevant and culturally specific healing practitioners

### Common reasons survivors interact with health care resources

- Routine medical exams
- Emergency and forensic exams
- Assistance with health struggles common with experience of trauma: gastrointestinal issues, autoimmune disorders, frequent headaches and migraines, gynecological issues, eating disorders, body image, mental health needs, body tension, insomnia, stress, fatigue, anxiety, unexplained symptoms
- Prevention and health management
- Pregnancy and childbirth
- Termination

### Common reasons why survivors choose not to interact with health care resources

#### ***Health care can be difficult for survivors for many reasons:***

- Unwanted system intervention
- Dependence on authority figure/power imbalance
- Being touched (sometimes without permission)
- Being alone with healthcare providers
- Being in horizontal position
- Being unclothed
- Having objects inserted into body
- Being unable to move or swallow
- Being unconscious, drugged, or numb
- Not being able to see what is going on
- Being out of control of body, changes in body
- Anticipating pain
- Thinking about sex, sexuality, sex organs, etc.
- Interacting with strangers
- Uncertainty regarding unknown
- Feeling a lack of rapport or trust
- Mainstream model incongruent with cultural practices
- Cost (financial, time, other resources required)

- Fear of lack of power in decision-making
- Former abuse in the context of health care
- Feelings of body or health shame
- Providers have insufficient knowledge/resources to meet needs

***Discuss culturally relevant health care and barriers survivors from marginalized communities may experience when seeking health care.*** Consider customizing this section to reflect the cultures in your community.

Discussion of survivors' experiences and relevant health care should acknowledge the varying needs survivors, in particular survivors of color, LGBTQ survivors, survivors with disabilities, and survivors from other marginalized communities. Available information on the specific needs of communities varies, as marginalized communities tend to be less researched. This section should also include discussion of culturally relevant support for health care needs, acknowledgment of barriers that survivors from marginalized communities may experience, and how an advocate can help lessen or support survivors through these barriers. This training should explore culturally rooted health resources, in particular those specific to the community and geography where the program is located. Programs should consider partnering with culturally specific organizations in the community for this section of the training.

Avoidance of routine healthcare [prevention and intervention] or increased use of medical care are both common for survivors. Anxiety related to health care is also common. For survivors of marginalized communities, there may be added challenges in accessing care. For example, among transgender survivors:

- 28% postponed medical care due to discrimination
- 19% were refused care due to their transgender or gender nonconforming status, with even higher numbers among people of color
- 28% of respondents were subjected to harassment in medical settings
- 2% were victims of violence in doctor's offices  
[Grant et al., 2010]

African Americans are routinely under-treated for their pain compared with whites and made less appropriate recommendations about how they should be treated [Staton et al., 2007]. White people are more likely than Black people to be prescribed strong pain medications for equivalent ailments [Hoffman et al., 2016].

Women are more likely to receive anti-anxiety medications than men when they come to a hospital with pain and are more often referred to psychologists or psychiatrists, whereas men are given tests to rule out organic conditions [Billock, 2018; Poole et al., 207].

Invite participants to discuss what other barriers may be present for different marginalized groups.

### HEALTHCARE LECTURE & DISCUSSION B

#### Information related to routine health care:

- In what ways does your program support survivors seeking help related to routine health care needs?
  - Emotional support
  - Help establishing coping strategies
  - Referral to providers
  - Accompaniment to appointments
- How do advocates check in with survivors about their health care needs?
- Does your program have referral lists to trauma-informed and culturally relevant providers?
  - Does your program have a process for vetting before providing a referral?
- What low cost or free health care clinics are available?
- What kind of additional training can advocates expect related to the general health care needs of survivors?

**Information related to emergency and forensics exams (This particular topic may be best led by a health care provider/SANE co-trainer):**

- What survivors can expect during emergency and forensic exam?
- What are the evidence collection and chain of custody procedures?
- Is there a time limit, in state law or regulation, about completing the evidence collection kit?
- Are hospitals required to offer certain procedures? Are they allowed to deny medical care/refer survivors elsewhere?
- What specifically must they offer?
- What are the methods and timeframes for drug testing [in cases of drug facilitated sexual assault]?
- What about STI prophylaxis, emergency contraception etc.?
  - Are hospitals mandated to call the police when a survivor of sexual violence comes in?
- Are hospitals and medical staff barred from making a determination about whether an assault occurred?
- Are survivors entitled to a private exam room and waiting room?
- Are hospitals required to call an advocate?
- Are hospitals required to call law enforcement?
- Who pays for the exam and follow-up care?
  - Is this contingent on having the evidence collection kit completed?
- What are your program's policies regarding: response time to the hospital, providing clothing and other basic needs, and transportation?

**Information related to minors' rights:**

- At what age can minors consent to/refuse medical care? Are there exceptions for sexual assault exams and/or emergency medical treatment?
  - If they can consent/refuse, are parents/guardians still notified?
- Can minors make their own decisions about completing and releasing the evidence collection kit? If so, at what age?

- Can minors get STI testing and treatment, birth control, and abortions without parental consent? What about parental notification?
  - At what age?
- At what age, if at all, can minors receive counseling and advocacy without parental consent? What about parental notification?
- Do minors have full confidentiality, or may parents/guardians access records?
  - Is confidentiality and parental access different depending on age?

You may also wish to discuss coordinated response teams (SART, SANE, CCRT, etc.), if applicable, and more broadly, how medical systems and health care providers interact with other survivor-serving agencies.

### Recap of the role of advocates

- Normalize feelings of fear and stress associated with health care
- Meet each survivor with the understanding that cultural expressions of and responses to trauma vary
- Build strong relationships with providers and resources, including culturally specific services in the community
- Have information about health concerns available and prominently placed at agency and on website
- Bring health care up in conversation with survivors
- Discuss confidentiality with survivors and ask their preference about what you do and do not communicate with health care provider partners in any communication you have with them; document as appropriate
- Prepare survivor for possible health care provider responses
- Provide or arrange accompaniment if requested
- Make connections and referrals between different services
- Provide information on services and survivor needs to healthcare providers
- Seek continued training on anti-oppression work and cultural competence

## DISCUSSION AND ACTIVITY

In pairs or a small group, participants should consider scenarios in the handout. Based on the knowledge learned from this training section, trainees should complete the discussion questions.

### Summarize the lesson with the following points:

Active listening, normalizing feelings, and providing emotional support are critical to building trust and rapport and are often some of the most important support advocates provide to survivors.

Options explored should honor the survivor's self-identified concerns and be non-assuming beyond these concerns. While it is okay to anticipate other questions or needs a survivor might have, they should always be explored in a way that acknowledges the survivor as the best expert on their own experience.

Discussion of options for survivors should be non-directive and demonstrate an advocate's support for survivor-led decision making.

It is possible that something that feels concerning to an advocate may not feel concerning to the survivor they're working with, or vice versa.

Remember to address any immediate safety concerns that you or the survivor identify [concerns of imminent danger, possible suicidality, harm to self or others].

When exploring options, be as concrete and specific as possible, with awareness of the possibility of information overload. Remember, survivors may have different needs in terms of detailed information that makes them feel comfortable and safe. Consider starting with general information and providing additional details at the survivor's interest. Don't hesitate to check in about these needs.

## LESSON 3: ADDITIONAL SYSTEMS AND PARTNERS

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As mentioned previously, each community and program's relationship with systems and service providers is likely to look different and ultimately should be shaped by the needs of each community.

This module invited you to think about the major systems and supports in your community that survivors may interact with, and provided an outline for training on two major systems. Consider what other systems and community partners support survivors in your community and what training participants may need on an advocate's role in working with these partners.

### Examples include:

- child welfare services
- mental health services
- educational institutions
- youth serving organizations
- prison systems
- juvenile detention centers
- residential treatment facilities
- drug and alcohol treatment programs
- culturally specific organizations
- LGBTQ centers
- homeless shelters
- immigration advocacy and systems
- housing systems
- victims' compensation
- food banks
- family planning and termination clinics
- employment systems
- veterans' affairs
- sex worker serving organizations
- spiritual and religious centers and systems
- elder serving organizations
- HIV/AIDS community organizations
- probation and parole systems
- organizations working with people with disabilities
- residential care facilities
- broad medical and health systems [those traditional and holistic]
- organizations that focus on restorative and transformative justice
- civil legal systems

Remember, it is unlikely you will capture the breadth and depth of all systems and partnerships in the foundational advocacy training, but it is necessary that trainers help new advocates understand the many different systems and supports that a survivor may engage with, including those that are outside of mainstream systems. As you consider the critical information participants need to learn about supporting all survivors in your community, think expansively. Foundational advocacy training is just the beginning. It is essential that advocates are supported with ongoing opportunities for education and development and are provided with various tools and perspectives to help inform their work.

In presenting on any of these systems or partners, consider co-training with an expert from that system or partner organization. Tailor your presentation to the specifics of each system or partner organization.

### **Some questions to get you started:**

- What does this system or partner organization do?
- What are the ways they can support survivors?
- What options do survivors have in this system or with the services provided by the partner?
- What does collaboration with advocates and this system/partner look like?

### ***You may also wish to present a lesson on mental healthcare, using the following points and discussion prompts:***

- What trauma-informed mental health care resources are in your community?
  - Does your program have a process for vetting before making a referral?
- What low cost or free mental health resources are available?
- What culturally relevant and culturally specific supports for mental and emotional health are available?
- Are there integrated health resources in your community?
- If there are wait lists, is there a procedure in place to support survivors with interim care?
- How do advocates continue to support survivors before, during, and after connection with mental health resources?
- How does your program de-stigmatize mental health needs?
- How might advocates address mental health support during advocacy with survivors?
- What type of training can advocates expect related to emotional and mental health needs?

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## ACTIVITY: SCENARIOS

### LESSON 1: SCENARIO 1

A 19 year old woman is referred to your organization by a family friend who volunteers with your program. She was raped several weeks ago by her partner's brother and feels overwhelmed and unsure of what to do. The family friend advised her that someone at your program could provide support and help her understand her options. In talking with the survivor, you learn that she would like to know more about pressing charges, but is afraid of what that could mean for her relationship with her partner and his family.

*What are your priorities when meeting with the survivor?*

*What will you consider in your support and response?*

*What might be the connection with law enforcement in this scenario? Are there additional partners you imagine also collaborating with, per the survivor's interest?*

*What do you see as an advocate's role in interacting with any above-mentioned systems and partners?*

*What information do you need to obtain to respond to the survivor's needs?*

*How will you follow up with the survivor to see how they are doing and what else they might need?*

## ACTIVITY: SCENARIOS

### LESSON 1: SCENARIO 2

A 47 year old trans man connects with your program through a table it has at an outreach event. He shares that his mother sexually abused him through his childhood and teenage years. He left home at seventeen and has had limited contact with his family since, but indicated that he knows his mother often cares for his siblings' children and worries that she could be abusing them too. He asks if you have any suggestions for what he can do.

*What are your priorities when meeting with the survivor?*

*What will you consider in your support and response?*

*What might be the connection with law enforcement in this scenario? Are there additional partners you imagine also collaborating with, per the survivor's interest?*

*What do you see as an advocate's role in interacting with any above-mentioned systems and partners?*

*What information do you need to obtain to respond to the survivor's needs?*

*How will you follow up with the survivor to see how they are doing and what else they might need?*

## ACTIVITY: SCENARIOS

### LESSON 2: SCENARIO 1

Marla is a 52 year old survivor of child sexual abuse. She works as a custodian at a personal care home and attended a presentation your program recently provided to staff about sexual violence. She emails your center a few weeks after the presentation and shares how much she appreciated your presentation. She explains that she would like to go to the dentist because she has a great deal of pain around a tooth that is decaying, but hasn't been to the dentist in years because she has a lot of anxiety related to any type of medical visit.

An advocate responds to Marla's email and asks her if she would like to set up a time to talk via phone or meet in person. Marla agrees, with some reluctance, to meet in person. In person she shares that she was sexually abused for many years as a child by an authority figure in her life. Since the abuse, she has fear of being alone with men she doesn't know well, and has significant anxiety about medical appointments, to the point of avoiding them unless she has no other choice. Marla also shared that as a "fat person," she is often shamed when she seeks any type of medical treatment and finds that many of the chairs and spaces are not designed to fit her body, making the experience additionally painful both physically and emotionally. She asks if there's anything you can do to help. She hasn't been to a dentist in over a decade and isn't really sure where to start.

## ACTIVITY: SCENARIOS

### LESSON 2: SCENARIO 1 (CONTINUED)

*Identify the health concerns expressed by the survivor in the scenario.*

*What are your priorities when meeting with the survivor?*

*What will you consider in your support and response?*

*Identify a few health resources for the survivor in your community. Are there additional partners you imagine also collaborating with, per the survivor's interest?*

*What do you see as an advocate's role in interacting with systems and partners?*

*What information do you need to obtain to respond to the survivor's needs?*

*How will you follow up with the survivor to see how they are doing and what else they might need?*

## ACTIVITY: SCENARIOS

### LESSON 2: SCENARIO 2

Joaquín is a 20 year old who learns of your program through a brochure he found at the multicultural center at his college campus. He has called the helpline a few times over the semester and primarily has referenced “bad memories” that keep him up at night and preoccupy his thoughts, leaving him feeling “out of it” during the day. In his most recent call he describes feeling angry that “I can’t even have sex with my girlfriend anymore. The memories are so bad. Everything is so messed up. I don’t even know if I’m going to make it through this semester.” Joaquín shared he has been drinking to try to numb his feelings and feeling like it’s the only way he can “take the edge off.” He acknowledged he knew the campus Wellness Center was another nearby resource, but was afraid that his peers might see him going there for help. Fighting back tears on the call, Joaquín agreed to meet an advocate the following day, as long as the meeting didn’t take place on campus where his peers might see him.

## ACTIVITY: SCENARIOS

### LESSON 2: SCENARIO 2 (CONTINUED)

*Identify the health concerns expressed by the survivor in the scenario.*

*What are your priorities when meeting with the survivor?*

*What will you consider in your support and response?*

*Identify a few health resources for the survivor in your community. Are there additional partners you imagine also collaborating with, per the survivor's interest?*

*What do you see as an advocate's role in interacting with systems and partners?*

*What information do you need to obtain to respond to the survivor's needs?*

*How will you follow up with the survivor to see how they are doing and what else they might need?*

