

STRENGTHENING OUR PRACTICE

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

by Kris Bein, Valerie Davis, and Leah Green
Resource Sharing Project
Rural Training & Technical Assistance
www.resourcesharingproject.org





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The Ten Essential Strengths of Sexual Violence Victim Advocates in Dual and Multi-Service Advocacy Agencies (Second Edition)

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The Rural Training and Technical Assistance Project, a program of the Resource Sharing Project, is available to OVW Rural Grantees that are dual/multi-service advocacy agencies or sexual assault coalitions.

The rural team provides webinars, publications, tools, national conferences, training, and technical assistance for dual and multi-service agencies seeking to enhance services to all sexual violence survivors.

For more information and resources, visit [www. resource-sharingproject.org/rural-dual-and-multi-service](http://www.resource-sharingproject.org/rural-dual-and-multi-service).

The Resource Sharing Project is part of a national movement of sexual violence-related services and resources. Work to end sexual violence and support survivors happens at the local, state, and national level in the U.S. The Resource Sharing Project was created to help state sexual assault coalitions across the country access the resources they need in order to develop and thrive as they work to support survivors and end sexual violence. It is led by the Iowa Coalition Against Sexual Assault with project partners, the North Carolina Coalition Against Sexual Assault and the Washington Coalition of Sexual Assault Programs.

For more information, visit www.resource-sharingproject.org.

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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 healing process after violence, and agents of transformation in our communities. Rural advocates do all this while navigating the complicated, layered relationships of rural communities.

Many qualities, attributes, and skills make an advocate, some of which will be explored in these pages. An advocate knows how to be in more than one place at a time, carries tissues, gum, and a comforting word, knows when to make a joke and when to be silent, and always

acts with respect, empathy, and dignity. As one rural advocate from Michigan put it, "We are here to listen, validate, support and honor survivors as we explore healing paths together." But advocates sometimes doubt themselves and get lost in the 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 services beyond that. Some of us are dual advocates, responsible for serving both domestic violence and sexual violence survivors. How do we find balance? How do we provide the best sexual assault services possible? How do we help sexual assault survivors heal from trauma and violence?



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 offers activities, exercises, and questions to help you practice skills and explore new areas of your advocacy practice. Together with *Opening Our Doors: Building Strong Sexual Assault Services in Dual/Multi-Service Advocacy Agencies*, we hope this guide helps in three ways:

1. To help set a plan for personal learning and growth.
2. As a reminder of what you know and the skills you have 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.

not form a hierarchy. Instead, think of all the strengths as equal and informing one another. It is possible to start by focusing on a few strengths at a time, but you will soon realize that all the strengths intersect and overlap with one another. When you grow one area of strength, you will find that other strengths grow.

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 skills and confidence and find your path in advocacy.

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

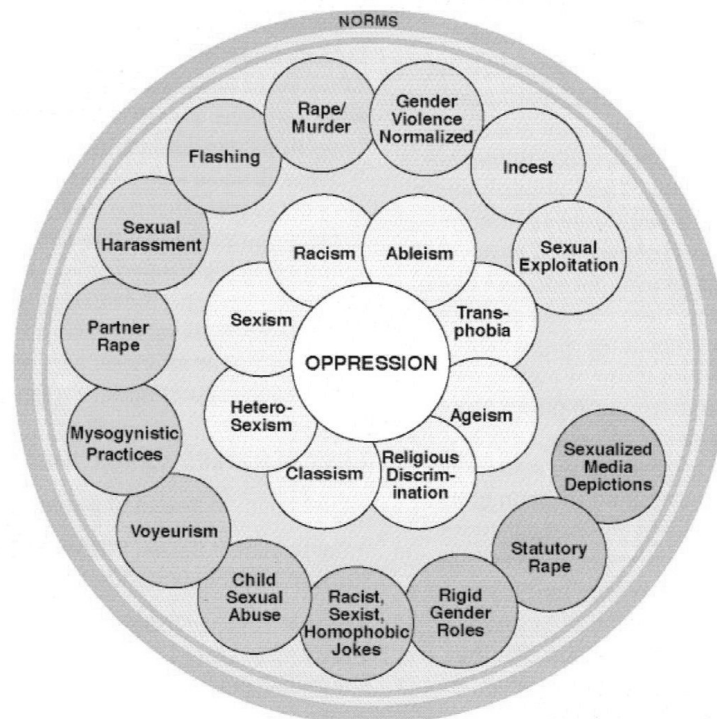
- ◇ Advocates understand sexual violence, including the intersections and differences with domestic violence and other types of violence. (p. 9)
- ◇ Advocates know the effects of trauma on survivors. (p. 13)
- ◇ Advocates employ culturally relevant responses and work towards ending all forms of oppression. (p. 16)
- ◇ Advocates acknowledge and own their personal beliefs about sexual violence and healthy sexuality. (p. 19)
- ◇ Advocates show respect and caring. (p. 22)
- ◇ Advocates encourage survivors' self-determination and autonomy. Advocates collaborate with survivors. (p. 26)
- ◇ Advocates assess the situation and respond appropriately. (p. 29)
- ◇ Advocates create safe avenues for conversation. (p. 31)
- ◇ Advocates engage in self-reflection and evaluation of services. (p. 34)
- ◇ Advocates care for one another and ourselves. (p. 36)

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. 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. Many definitions, such as legal definitions, limit the experiences that are defined as sexual violence. However, when we speak to our community about sexual violence, we need to

use the definition that encompasses the most experiences. The National Sexual Violence Resource Center writes, “Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent.” Additionally, NSVRC explains, “Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs. Anyone can experience sexual violence including children, teens, adults, and elders. Those who sexually abuse can be acquaintances, family members, trusted individuals, or strangers” (2010).

Inevitably, defining sexual violence for our community leads us to conversations about consent. NSVRC defines consent as,



CONTINUUM OF SEXUAL VIOLENCE

NSVRC & RSP, 2015. Adapted with permission from Lydia Guy.

“...permission for something to happen or agreement to do something. When sex is consensual, it means everyone involved has agreed to what they are doing and has given their permission.” Generally for the experience to be consensual both or all people need to share an equal balance of power.

Each sexual assault is unique, with specific emotional, physical, and social consequences for survivors. In addition, there are varying medical and legal options and community resources available for survivors, depending on the type of violence they endured. Strong advocates are able to recognize that sexual assault occurs outside the context of intimate partner violence, and work with adult survivors of childhood sexual abuse, incest survivors, and those who have experienced sexual harassment. 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? One rural advocate told RSP staff, “Our domestic violence services are set up to focus on achieving goals like housing, food, pursuing a divorce, and applying for a protection order. Our sexual assault advocacy provides some of the same services but also seeks to provide emotional support to work through the trauma.”

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 U.S. 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 sexually 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. Aisha has also expressed a discomfort when her fiancé kisses her that was not present before the rape.

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:

- The perpetrator has access to some intimate knowledge of Aisha’s life, like her address. You will want to think about this while safety planning.
- 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?
- Aisha has expressed concern about the impact the rape has had on her relationship with her fiancé. Are you comfortable speaking to Aisha about her sexual and

romantic healing? If not, how will you obtain resources and support so that you do feel comfortable?

- Aisha will likely have some financial concerns now. How can you help Aisha get back on her feet? Are there community resources to help? How can you help Aisha prepare to re-enter the job market? Does your program offer financial assistance or housing assistance to survivors? Are sexual violence survivors eligible for your financial or housing assistance?
- Aisha is likely eligible for a civil lawsuit. Do you have connections with trauma informed attorneys in your community who can help Aisha?
- As you consider services for Aisha, what assumptions did you recognize you made about Aisha based on her ethnicity? What do you know about Egyptian culture or second-generation immigrants? What more would you like to learn?

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 (NISVS) found 23.6% of men in the U.S. 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, strong advocates are capable of being the voice for sexual assault survivors 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 sexual violence 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 man in his forties approaches you and says he was sexually assaulted as a child. What do you say to him? How will you explain the sexual assault specific services your agency offers that can support his healing? How will you welcome this man into your services and make him feel safe?
2. A supervisor from the local community mental health center calls. A client receiving marriage counseling just disclosed to her counselor that she was raped by her ex-boyfriend when she was younger. The caseworker would like to talk about the services available to her, but keeps focusing her questions on domestic violence resources. How will you direct the conversation to your center’s sexual assault services? How will you help her understand the importance of healing from the sexual abuse?
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 conversations, now and in the future, about sexual violence?

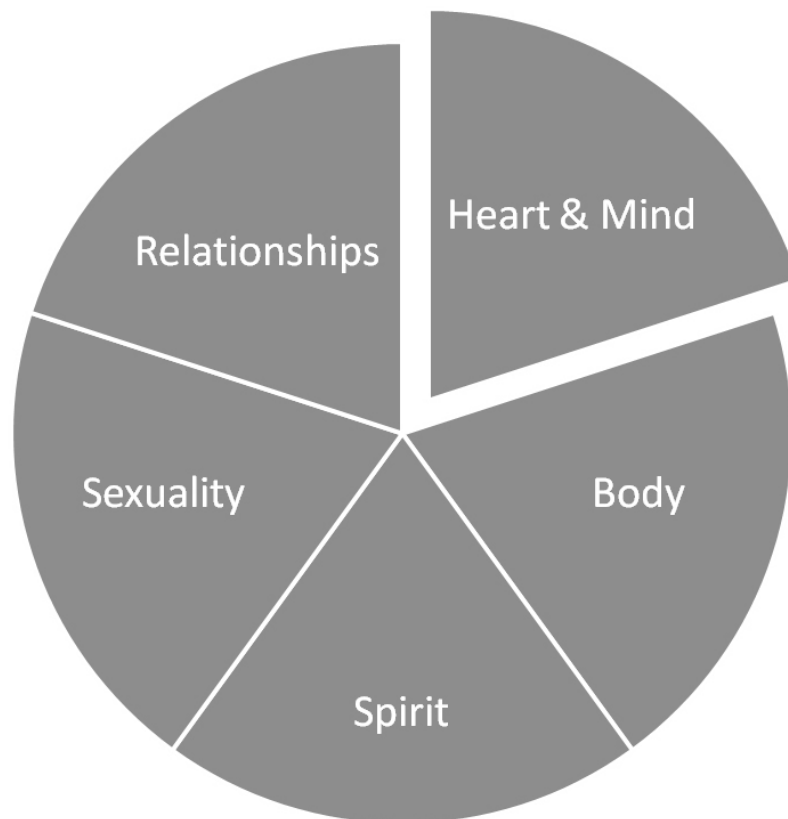
Resist the urge to say everything you know about sexual violence or all the information about services. Instead, focus on the main points. What three things about sexual violence or your services do you want this person to remember? Practice as often as is helpful.

Advocates know the effects of trauma on survivors.

Survivors are whole people. The trauma of 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. These are areas of hurt and areas where we can focus our healing. 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 basic elements of common survivor reactions and their general needs with survivors, their support systems, and the community. 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. An advocate from a rural program in Tennessee told

RSP staff about a survivor who was struggling with her sexual abuse, but not benefiting from traditional talk therapy. This advocate found a creative solution of utilizing music as a way to help the survivor connect with the emotions she was feeling. Together, they listened to songs that sparked the survivor to feel angry, sad, joyous, and comforted. In the end, the survivor was able to recognize the impact the sexual trauma had in many areas of her life.

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 responses appear and disappear and may reappear. The



aftermath of sexual violence manifest differently in each survivor because each person is unique and each sexual assault happens in unique circumstances. Environmental conditions such as socio-economic status, oppression, and family dynamics can all influence the healing process for survivors. 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 he has a child of his 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. Here are some common responses to trauma:

- Sleep disturbances
- Change in appetite
- Pain, fatigue, tension
- Health issues
- Hypervigilance
- Trouble concentrating
- Self-blame, shame
- Globalized fear, intense fears
- Relationship problems
- Loss of trust, sense of control
- Self-esteem problems
- Dissociation
- Feeling detached or numb
- Anger or desire for revenge
- Flashbacks
- Loss of identity
- Feeling stigmatized or marked
- Self-injury
- Drug/alcohol use
- Loss of important beliefs
- Depression/despair/hopelessness
- Suicidal thoughts/attempts

Each survivor'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 adult survivors of childhood sexual abuse benefit from seeking support with other survivors so we provide multiple opportunities for survivors to speak with one another. We're ready to provide medical advocacy to a person with disabilities. And we're ready to offer context to a survivor's significant other on common reactions that may help explain 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.



Strengthen Your Practice

1. Choose a few of the common reactions to trauma listed on page 14. Practice explaining these trauma reactions to the following people:
 - A survivor calls your agency's crisis and support line at 2:00 am and has been struggling with her reaction all night.
 - The father of a survivor attends a sexual assault support group for friends and family members. He has been trying to understand his son's reaction to an assault that took place when he was younger.
 - A substance abuse counselor in your area stops you after a community meeting. He wants to talk to you about a client who is really struggling after her reaction to being sexually assaulted by her sister's boyfriend.
2. How will you help them understand the trauma? What services at your agency will help with these responses?

Advocates employ culturally relevant responses and work towards ending all forms of oppression.

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, etc., as well as places of privilege. 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 experiences of sexual violence and 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 pain of oppression that survivors experience as well as cultural gifts that can support their healing.

Culturally relevant services take into account the backgrounds, including the history of oppression and cultural strengths, of community members when designing and implementing services. For example, an advocate from Alaska focuses on providing culturally relevant services to survivors in her community. The advocate facilitates a support group where survivors sew traditional Yup'ik garments called kuspuks, traditionally prepare food donations of hunted animals, and gather berries and other local foods. The advocate explained, "To prepare one fish can take about a half an hour, there is a lot of work involved. It will keep us busy and when they are busy they are able to forget about what they went through. It is healing. Tiring, but healing."

Do you have the appropriate training, skills, and experience to provide culturally relevant services? We can strengthen our advocacy by learning about our culture and the culture of others in our community and to examine oppression as it relates to our work. We can also strengthen our practice by making sure our facilities and services are physically, linguistically, and culturally accessible to everyone. We do this work by having ongoing dialogue about sexual violence and oppression, developing culturally relevant policies, practices, and education programs, helping survivors find vital services that are also culturally relevant, and modeling allyship in our communities.

Being an ally means you support the social equality of a marginalized group you are not a part of. Good allies seek out education, practice cultural humility, and use their privilege to help. First, receive education on privilege and learn about discrimination experienced by groups you are not a part of. Examples include finding out what laws in your state impact housing and employment discrimination for LGBTQ people, learning about the barriers that exist for people with disabilities who need to access public transportation, or researching the wage gap between African Americans and their white counterparts. Next, remember that no matter how much education you or your agency receives, it is important to recognize the limitations of this education. Learning cultural humility means being willing to listen and trust those who experience discrimination and oppression. Lastly, use your privilege to educate others in your community. This will create

safe and competent resources for survivors in your community and will strengthen existing partnerships. Practicing allyship is an ongoing process that will last as long as your agency does.

Every community is diverse, including rural communities. Rural communities contain many ethnicities, races, religions, physical and mental abilities, sexual orientations, gender identities, nationalities, ages, and immigration statuses. Even if we know the marginalized community in our service area is very small we need to be spending time reaching out. To reach survivors from all parts of the community, we must provide culturally relevant services. To do this, we have to leave our offices and conduct outreach where community members are gathering. We need to know what culturally specific outreach is and how to do it within or with the communities represented in our area.

Do you know what culturally relevant services look like in your community?

- What is the cultural diversity and demographics of your community, including communities of color, the LGBTQ community, and immigrant/refugee communities, among others?
- We know oppression complicates survivors' experiences of healing. What are the cultural resources and strengths that support a survivor's healing 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, assisting a culturally specific organization in creating or strengthening their own sexual assault advocacy services is what can help survivors the most. We can learn from these organizations' expertise while sharing our support and resources. Partnering with culturally specific organization also ensures that we are able to provide services to all the survivors in our community, because we know that the volume of sexual victimizations means we can't possibly do this work alone. An advocate from a rural program in the south was struggling to make services more inclusive of LGBTQ survivors. She invited a TA provider to come and assess the program's shelter and offices to suggest specific ways they could change spaces and services to be more inclusive.

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

Steps towards more culturally relevant services:

- Learn about culture and oppression
- Make sure our facilities and services are accessible to everyone
- Have ongoing dialogue about the connection between sexual violence and oppression
- 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 consistently showing up and genuinely engaging with the community. 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.)
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Advocates acknowledge and own their personal beliefs about sexual violence and healthy sexuality.

Advocates are not immune to the societal beliefs about sexual violence. *Rape culture*—the ways society normalizes sexual violence and blames victims—is all around us. Most of the time, we don't even notice it because it is so subtle. Where do we see rape culture? We see rape culture 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

Rape culture is steeped in rigid gender roles that tell us that boys and men must be aggressive, violent, and hypersexual, and girls and women must be passive, docile, and chaste. These prescriptive views on gender roles negatively impact how we view sexual violence and

consensual sex. 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 about sexual violence and healthy sexuality. 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. If we are unable to speak about consensual sex, we are unable to assist survivors in healing their sexuality and exploring healthy sexual experiences.

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 support healthy discussions about sex. If survivors see that the advocate is uncomfortable, it only makes it harder for the survivor to talk about what happened. A rural advocate from New Mexico told RSP staff about the high prevalence of incest in her community. At first, she was uncomfortable talking about a taboo subject with community members, but she knew she needed to find a way. She started hosting knitting circles, creating art, and making tamales with community members and they started disclosing past experiences of incest and sexual violence. The advocate found that she was more comfortable speaking about sexual violence when she was doing something that made her feel safe and comfortable. Strong advocates can discuss sex comfortably with all survivors, including male survivors and adult survivors victimized as children. 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 victims of sexual violence are two different things. There are reasons for discomfort that we can work through to improve our services. If we are afraid of saying the wrong thing or anxious because we've never worked with a particular

population before, that's okay as long as we're trying. It's never okay to deny services to any survivor or to refuse to work with certain populations. Discrimination is antithetical to our movement, unethical, and prohibited by VAWA.

When we want to provide good service, but just don't know how, identifying what makes us uncomfortable or nervous is the first step. Once we identify what makes us nervous, we must seek out training and resources on that topic so we get comfortable. Try talking to your supervisor and role-playing with other staff members until you are more comfortable. Even if you have a colleague that is comfortable working with survivors from a particular population, you still need to do some internal work so that you can support all survivors. Every employee in the organization should be able to serve every population of survivors, even though some employees might do more (such as an advocate who specializes in elder services, for example).

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

Strengthen Your Practice

Survivors	My feelings:
Female child less than 13 years of age assaulted by her uncle	
Adult female assaulted by a neighbor and his friends	
Lesbian woman recently assaulted by her ex-girlfriend	
Teenage male between the age of 13 and 18 assaulted by a friend	
Female over age 65 assaulted by her adult son	
Adult male assaulted by coworker	
Transgender woman assaulted by her partner	
A man with a developmental disability assaulted by a caretaker	
A woman using drugs/alcohol, self-injury or other such coping mechanisms to deal with sexual assault	
Adult survivor of child sexual abuse starting a new consensual sexual relationship	

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 us!); and hope for the future. We often think of advocacy as the concrete things we can do for survivors, but it is these intangible aspects of our work that are the most important.

Advocacy is distinct from therapy and other specialized interventions, and plays an important role in healing. No matter when the sexual victimizations occurred, advocacy has a role in survivors' lives. Advocacy isn't just walking someone through the courthouse or taking a survivor to a forensic exam. Advocacy is about helping survivors find their path to healing while protecting their dignity and privacy, which often does not involve the courthouse and the hospital. 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. A rural advocate told RSP staff about working with parents of children who had been victimized. This advocate's agency created a specific one-time support group, carefully set up to protect confidentiality, for parents whose children had all been victimized by the same perpetrator. The families were invited to meet and introduce themselves by real or fake names and then share their struggles in supporting their children. The agency provided emotional support to the parents, education about sexual violence, and provided a safe space for the families to explore their emotions.

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 or concrete resources. 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 gives you time to gather your thoughts and remember the rest of these steps.
- Explain services and confidentiality, so he 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 him for being so open and brave with you. It takes a lot of strength to speak out like he just did, and we can support him by showing respect for his 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). A program in Tennessee found, "The shift to trauma-informed care (TIC) has been an important but challenging transition. Advocates all come into this work with their own ideas, knowledge and bias. At our agency, implementing TIC has been a shift in

the way many advocates do this work. Change is hard for everyone, but our agency pushed through and focused not just on individual training but creating an agency culture that embraced TIC. This approach has naturally made TIC at the forefront of the advocacy services we provide.” Healing from trauma is the primary goal of trauma-informed care, and that goal can only be achieved by supporting the whole person. Trauma-informed advocates provide options to survivors and respect what they choose because advocates know that survivor’s decisions were not respected in the past. Trauma-informed managers know that personal experiences with sexual violence can affect how staff responds to vicarious trauma. They know survivors are no more or less affected by vicarious trauma than anyone else, but may have different resources and skills for coping than do staff who are not survivors. See

the RSP publication on *Services for Adult Survivors of Child Sexual Abuse* and RSP and NSVRC’s *Building Cultures of Care: A Guide for Sexual Assault Services Programs* 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, cultural relevance, collaboration, and empowerment, as illustrated in this table (p. 24-25):

Element	Examples
<p>Safety</p> <ul style="list-style-type: none"> • Safe relationships are consistent, predictable, nonviolent, non-shaming, non-blaming, and respectful 	<ul style="list-style-type: none"> • Provide consistent support on a 24-hour helpline • Offer private spaces for survivors for meeting with advocates • The organization provides clear written explanations of confidentiality to all survivors • 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
<p>Trust</p> <ul style="list-style-type: none"> • Workers recognize the long-term and pervasive impact of violence • Relationships have clear boundaries and defined roles • Staff share information with survivors 	<ul style="list-style-type: none"> • Provide an explanation to all survivors of our defined advocacy role • Maintain and protect each survivor’s confidentiality

continued on p. 25 >>

<p>Cultural Relevance</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Respect the chosen name and gender pronouns a survivor offers Make appropriate referrals to culturally specific organizations within your community that can assist a survivor’s healing
<p>Collaboration</p> <ul style="list-style-type: none"> The agency and workers use a partnership approach to services Collaboration with survivors gives workers new sources of knowledge and strength 	<ul style="list-style-type: none"> Provide multiple opportunities for survivors to be with each other and seek support Recognize the strength of survivors and use this strength to build your vicarious resilience Give survivors opportunities to be with other survivors and offer mutual support
<p>Empowerment</p> <ul style="list-style-type: none"> Advocates seek to build on strength because identifying and using strengths builds more strength Celebrate the whole person Validate resilience 	<ul style="list-style-type: none"> Give empowering opportunities to survivors such as an advisor to the agency Validate the choices survivors make, even when you do not agree with them Highlight survivor strengths as you see them
<p>Choice & Control</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Provide an opportunity for survivors to evaluate the services they receive Offer a choice in where to sit or which room to meet in Respect and fully support the health care and justice decisions survivors make

Advocates encourage survivors’ self-determination and autonomy.

Advocates collaborate with survivors.

Sexual violence—whatever the specific acts of violence—is about silence and powerlessness. Advocacy is a partnership with survivors that restores 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.

Our ability to help survivors navigate their own personal journey of healing is dependent upon the knowledge we gather and the skills we practice. We should understand how multiple systems (criminal legal, advocacy, social services, and health care) operate in regards to sexual violence and possess knowledge to increase options for sexual violence survivors. We help the survivor organize the trauma and the options available. This often means slowing things down, and letting the survivor know they can take however long they need to think, cry, or take care of themselves. The systems we work with often want things to move quickly, but there is always time for survivors to take care of themselves. Discuss with the survivor about what is urgent and what can wait. What is most important to them right now? What decisions, if any, must be made today? We can

provide information to help survivors prioritize. An advocate from Iowa said, “I worked with a survivor that became pregnant as a result of her sexual assault. She was struggling to decide if she felt capable of keeping the child, if she should pursue adoption, or if she could get an abortion. We talked through what the benefits of each option would be as well as what scared her about each option. She was still struggling and so the next day we set up appointments with a local clinic that could provide the abortion for free, an adoption service, and a pro-parenting pregnancy center so she could get answers to all of her questions. In the end she made the decision that felt right to her.”

We can provide options for survivors, and then respect the decisions they make. It is important to always communicate all the options, and to give the options equal footing. For example, “We can meet in my office. Would you like the door open or shut? Please sit anywhere you feel comfortable.” In every interaction, no matter how trivial it might seem, giving all the choices is important to restoring the survivor’s sense of control and agency.

As advocates, we have a responsibility to assist all survivors, but never at the expense of the survivor in front of us. We should never encourage or persuade a survivor to move forward with the criminal legal system in the hopes of preventing further victimization by that perpetrator. The only person responsible for assuring there are no other sexual assaults is the perpetrator.

Empowerment often comes when we are able to talk about outcomes that are completely controlled by the survivor. Criminal convictions can be healing, but that cannot be the measure of success we rely on because it is not up to the survivor. A survivor testifying in court is displaying courage and might find healing in that experience, but we can't control whether the perpetrator will be pronounced guilty. The power comes from the survivor's bravery in speaking, not the court's decision. A survivor telling their father what happened to them and asking him to believe and support them is an amazing and brave thing to do. We can't control whether or not the father reacts in a supportive way. A survivor who has not disclosed to friends, family, or the community and manages to make it through a triggering family gathering possesses so much strength. We can't control the family's response to the survivor's demeanor during the gathering, but we can praise the survivor for their bravery. Our job is to provide support about the things in these situations that

may have been hurtful or hard, and to remind the survivor of the amazing thing that they did. Celebrate the strength it took to have that conversation because no one can take that away.

We also 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.



Strengthen Your Practice

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 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. Examples might include Sarah getting support from her friends or staying in bed where she feels comfortable and safe.

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 operate in regards to sexual violence. We connect survivors to community resources when the time is right. This is where our knowledge of all medical services, criminal and civil legal systems, and community service options for victims of sexual violence come into play. Each survivor travels their 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 long- and short-term health 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. Read through Devin's story, and think about how you want to help him right now.

Devin, an African-American man in his fifties, calls you on the hotline after a flashback. He is a long-term client of the center who occasionally calls the hotline. You know from experience with Devin that he suffered years of sexual abuse by his now deceased grandfather. He does not bring up any specifics about him or the abuse on this call, just the flashback and how scared he feels now. Devin has migraines and Crohn's disease, a chronic gastro-intestinal disorder. Tonight, he got scared after the flashback and he can't calm down. He tells you, "it won't stop, it won't stop. Please make him stop..." He doesn't feel safe and is scared to move out of the chair he's sitting in right

now. He hasn't left the chair for three hours now, although he needs to take his medication. He tried praying and tried to reach his church deacon, who is always able to calm him and make him feel safe, but he didn't answer the phone. Devin is quite agitated and upset, even after talking things through with you for a while.

In this current moment of crisis, we can:

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

Devin 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 Devin the most by listening and simply being present. We can help Devin with other issues, such as medication, family, or faith, after he has found his emotional equilibrium and connected with his 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 is important over the long run. We also listen for a variety of ways that we and the community can help.

Strengthen Your Practice

Sometimes, we fall into habits of working with just the obvious partners: criminal legal personnel and emergency medical care providers. Our advocacy becomes more creative and powerful when we expand our community connections. Take a few minutes 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.

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.

Strong advocates know how to talk about sexual violence with individual survivors. The skills necessary to speak with individual survivors can differ than the skills necessary to speak with the community. When we speak with our community, we provide our broad definitions of sexual violence and refer to national and local statistics about the prevalence of sexual violence. However, individual sexual violence survivors accessing our services may not refer to their experiences as rape, sexual assault, or sexual violence. In time, it may be helpful to a survivor to put their experience in the broader context of sexual violence definitions and statistics. But in the moment, we can listen, mirror the survivor’s language, provide emotional support, and work through the options available.

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, by an acquaintance, 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 they may have had of sexual violence within the context of the intimate partner relationship, or in another situation entirely. 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. 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 done anything to you sexually that made you uncomfortable?
- Has someone ever touched you without your permission in a way that felt uncomfortable?
- To help us figure out the full picture and help you get the best services, can you tell us if anything like this has happened before, even as a kid? You don’t have to tell us 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.)
- Our agency works with people that have been hurt in lots of different ways. We help people that have experienced _____, like you, people that have experienced other forms of violence as an adult, and people that were hurt/sexually abused/violated as kids. We know lots of people have been hurt

in more than one way. Please know that you can talk to me about anything at all that’s going on now or that happened in the past.

Creating safe avenues for conversation also means finding new ways to show your community your priorities. Take time to think about the interactions you have with survivors and community members in your agencies, community meetings, and at activist and awareness activities your agency participates in. Where we lend our voice subconsciously tells our community which services we prioritize. Host events, address the media, and engage with the community for Sexual Assault Awareness Month as much as for Domestic Violence Awareness Month.



Strengthen Your Practice

Creating safe avenues for conversation happens in so many ways. We can even create these avenues with our physical spaces. Look at the posters and books in your office. What do they tell survivors about you and about services? Try displaying resources specifically related to sexual violence in your waiting room, bathrooms, and spaces you meet with survivors.

Advocates engage in self-reflection and service evaluation.

By now, you know how important it is to have confidence in your judgment, skills, and ability in working with survivors of sexual violence and to obtain the necessary training to do so. 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 and voice. 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 with survivors and community members. Evaluation paves the way for successful organizational or personal change and helps us know what we are doing right so we can do more of it. Moreover, evaluation gives survivors and community members a voice in our empowerment-based agencies. We cannot know if services are meeting the needs of survivors unless we ask. Consistently soliciting survivors for feedback on our services is the only way we can ensure our services are survivor driven. 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. One rural program in Mississippi uses a healing survey in which they ask survivors to respond to questions about the advocacy services they received as well as how law enforcement, medical staff, and their own family and friends have responded. Advocates have been able to adjust services based on the results of the survey.

Evaluation doesn't only tell us what we have done wrong, but also what we have done right. Our advocacy work is often non-linear so it can be difficult to see when we have made an impact in someone's life. As one advocate from rural Florida said, "I was working every week with survivors in the jail in my community for almost a year. I didn't see that my work had made any positive impact on the survivors in the jail. Then I stepped back and realized I saw some improvements and changes in the way they were acting or approaching people. I just hadn't taken the time to look." Being able to see the fruit of our labor can help us sustain the work we are doing.

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* and *Listening to Our Community: Assessment Toolkit* for more information.

Strengthen Your Practice

What could you gain from service evaluation?

How could service evaluation benefit the following groups?

The survivors you serve:

Your staff and volunteers:

Your board:

Your community:

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 affects our sense of safety, trust in ourselves and in others, self-esteem, ability to connect with others and sense of control (Richardson, 2001). This work is difficult; important and fulfilling, but difficult. It's no coincidence that the manifestations of vicarious trauma look very much like individual responses to sexual violence.

It is natural to experience vicarious trauma, especially when providing services in a rural community. Rural advocates are often on call for long stretches, have heavy workloads, and are isolated from coworkers, which can add to vicarious trauma. However, just because it is common doesn't mean that we are unable to alleviate it. Rural advocates are also in a unique position to experience vicarious resilience. We are able to see the strength and hope of sexual violence survivors. We get to witness our communities come together to do great things for survivors. We can take the resilience we have learned from survivors and use it to manage the vicarious trauma we experience.

Some signs that you might be experiencing vicarious trauma include:

- Physical responses, such as changes or disturbances in appetite and/or sleep patterns and chronic illness
- Starting, resuming, or increasing use of caffeine, nicotine, alcohol, or drugs as a means of coping with or numbing out from work
- Feeling anxiety or frustration with clients and coworkers
- Feeling helpless or paralyzed, or becoming very controlling and regimented
- Having no reaction to stories that used to affect you or that friends and family find disturbing
- Laughing at humor you once would have considered offensive
- Feeling less available or empathetic to the problems of friends or family members

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* and *Building Cultures of Care: A Guide for Sexual Assault Services Programs*.

There are many ways we can cope with vicarious trauma and keep ourselves 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, racism, and oppression
- Use vacation and non-work time for relaxation and rejuvenation
- Create boundaries between work and home

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. Resilience is not an innate gift, but a pattern of behaviors that we can learn (Hernandez, et al., 2007). We learn resilience from paying

attention to strategies that have worked and by retelling the stories we tell ourselves. Do we tell ourselves, “That was a hard call and I feel terrible because I didn’t have any answers” or “That was a hard call, but the survivor was so brave for calling and I’m glad I was able to listen and connect him with local resources”? In the first, we’re dwelling on our inadequacy and reinforcing a narrative of powerlessness. But in the second, we’re gaining strength from the survivor and from honoring the active listening we gave.

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 or others that worry you, please talk to a colleague, supervisor, or loved one about your vicarious trauma.



Strengthen Your Practice

What will you do to care for yourself this week?

What change will you make to your routine that will help you practice vicarious resilience?

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



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.

RESOURCES

The following resources are available through the [Resource Sharing Project](#) and the [National Sexual Violence Resource Center](#):

[Building Cultures of Care: A Guide for Sexual Assault Services Programs](#)

[Building Meaningful Partnerships: Supporting Native Survivors in Rural Communities](#)

[Cultivating Inclusive Practices: Working with Rural Immigrant and Refugee Communities](#)

[Eight Step Advocacy Plan for Deaf and Hard of Hearing Survivors of Sexual Assault](#)

[Opening Our Doors: Building Strong Sexual Assault Services in Dual/Multi-Service Advocacy Agencies](#)

[Organizational Prevention of Vicarious Trauma](#)

[Program Evaluation: Knowing is Half the Battle](#)

[RSP/NSVRC Organizational Assessment for Agencies Serving Victims of Sexual Violence](#)

[RSP/NSVRC Personal Assessment for Advocates working with Victims of Sexual Violence](#)

[Self-care and Trauma Work](#)

[Services for Adult Survivors of Child Sexual Abuse](#)

[Serving Sexual Violence Survivors with Disabilities](#)

[Supporting Lesbian, Gay, Bisexual, Transgender, and Queer Rural Sexual Violence Survivors](#)

[Your Personal Resiliency Plan](#)

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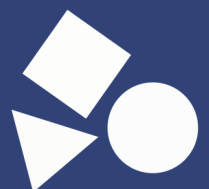
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