

Advocacy Skills

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Synopsis

This informational packet brings together some common threads we have been discussing and referencing throughout the entire training. We will cover what it means to be an advocate in theory and in tangible practice. In addition, there is information here on boundaries, safety planning, crisis intervention techniques and suicide calls. All of these are pieces of advocacy as well.

It is important to always remember to follow the survivor's lead and offer options and choices in a non-judgmental manner. Listening, supporting, believing and validating are some of the most important things you can do to be a great advocate!

Advocacy is

- Respecting each woman's values and belief system.
- Providing a woman a safe space within which she can be in crisis.
- Asking if she needs help.
- Eliciting information in a sensitive, supportive, and affirming manner.
- Listening.
- Finding out what she is willing to do and what she wants to do.
- Respecting her limits.
- Reiterating whenever appropriate that the woman is not responsible for the abusers behavior.
- Encouraging her, without guilt or manipulation, to help herself and her children.
- Recognizing her inner strength and pointing it out to her.
- Helping her to draw on that strength.
- Affirming her reality and experiences.
- Recognizing and dealing with her shame.
- Being honest.
- Empathizing with her.
- Understanding that some women might have trouble caring for themselves.
- Recognizing that each woman reacts differently to crisis.
- Respecting each woman's culture.
- Crediting her for being in the best position to evaluate the risks of separation from the abuser.
- Finding resources to meet her needs.
- Holding systems and individuals accountable to providing an appropriate response.
- Respecting her limits, including what she wants from you and/or your agency.
- Remembering that she may view you as just another part of "the system" and distrust you and not believe you.

Advocacy is not

- Imposing your value or belief system on the woman who requests help.
- Telling a woman what she should be feeling.
- Pressing a woman to deal with issues she is not ready to confront.
- Encouraging her to think of herself only as a victim.
- Rescuing a woman and encouraging her to feel dependent on you.
- Thinking you will be the influence that changes her life—believing you are a super hero.
- Getting frustrated because things are not moving as fast as you would like.
- Thinking that her reactions are inappropriate.
- Calling agencies for woman when she has not asked for help.
- Telling her how much worse you had it.
- Doing for her what she is capable of doing for herself.
- Telling her what she must work on.
- Thinking you can protect a woman.

Range Women's Advocates, 301 1st St. S., Virginia MN 55792, (218) 749-5054

(adapted from articles by Carole Sousa: "From Shelter and Beyond"; published by the Mass. Coalition for Battered Women Service Group; 1990) and Safety First, Minn. Coalition for Battered Women, 1992

ADVOCACY PHILOSOPHY

Advocacy is not counseling, therapy, advice giving or mentoring. Advocacy is being there to support the survivor emotionally, provide information and resources, and help her voice to be heard in the system when it is silenced. By believing, validating, supporting, and offering women information and options we give survivors the tools they need to empower themselves.

CWS and VOA have a definite advocacy philosophy that is based on several things that are reflected in our interactions with survivors:

- Years of experience in the movement to end violence
- Feminism
- Empowerment and strength based advocacy
- Counteracting the power and control experienced by survivors in abusive relationships
- Being non-judgmental
- Recognizing the survivor is the expert on her situation and needs
- Making our services accessible and appropriate to survivors no matter their background or identity

What we have found working with survivors is that change doesn't happen overnight; getting safe is a long process and that survivors need to make their own choices rather than be told what to do if they are going to have the support they need to sustain change. Telling survivors what to do, judging or questioning her decisions can replicate a structure of power and control from which she is trying to escape. That is why advocates do not give advice or tell women what to do, rather we explore options with her and support her in her decisions, even if we don't agree with it. It is very important that survivors feel they can continue to access our services and support throughout the long process of getting safe and healing, another reason we support her in her decisions. If a survivor feels like she has been judged by us or has let us down, she is less likely to come back when she needs support.

As advocates we honor her efforts to survive, and remain patient and non-judgmental; understanding how the trauma has effected her and never blaming her for the abuse, the choices she made to survive or how the violence has effected her. But always working with her to develop safe and appropriate coping mechanisms for her and her children.

We work from a strength-based perspective, always acknowledging her strengths and starting with strengths as a building block, so as not to set her up for failure. Don't promise what you can't get. Work from her frame of reference; meet her where she is at. We may see more options for her, but she may not be ready, do not push, for example it may be hard for her to focus on emotional healing when she is not sure where her next meal is coming from. And if she is not ready to leave her abuser do not push her.

As advocates we never do anything with out the survivors express consent. She has the power to decide what happens with her case, who knows what, and to what extent we are involved (with in our professional limits).

As advocates, the safety of the survivor is our top priority. That is why safety planning is so important in our work. Confidentiality is crucial to maintaining the safety of her and her kids, as advocates we will not break her confidentiality unless it is a matter of life or death or reportable abuse. She has kept herself and her kids as safe as she can thus far and knows her abuser best. So, once again we honor her as the expert. We will also be honest with her if we are concerned for her safety and the safety of the children.

As advocates for women, we are also advocates for her children if she has them. We must always factor the children, their needs and their safety into the equation as well as her needs for parenting support.

Good advocates are clear communicators; taking into account different communication styles and culture. We clearly outline what our role is, what we can and can't do. We communicate our limits and boundaries as well as any expectations we have of her (like shelter rules). We always communicate respectfully and thoughtfully. If there is a problem we focus on the behavior not the person and are honest with her about any consequences.

*"When women have choices and options, not just ultimatums,
and when there are people who help you just because, no strings attached,
it opens doors that lead to a whole new world..."*

--Former CWS Shelter Resident

Basics of Being Supportive

CREATE A SAFE ENVIRONMENT: Put up anti-domestic violence posters and flyers, make strong statements against domestic violence and victim blaming.

BELIEVE HER: One of the strongest barriers for women seeking safety is the denial that abuse is occurring at all.

LISTEN ACTIVELY: Let her tell her story at her own pace. Pay your full attention, paraphrase what you heard to be sure.

DON'T TALK ABOUT YOURSELF: Keep self-disclosure at a minimum.

DON'T BLAME HER: She is not responsible for another's actions, don't victim blame.

VALIDATE HER FEELINGS: Her feelings are natural reactions to a traumatic situation.

BE NON-JUDGMENTAL: Of her and the abuser. This does not mean being neutral. Be sure to point out the dangerous and abusive behavior on the part of the batterer.

DON'T MINIMIZE THE VIOLENCE: It's okay to let her know you fear for her safety.

DON'T BREAK HER CONFIDENTIALITY: For her safety, she needs to control who knows what and when.

DON'T FORCE HER TO DO ANYTHING: Beyond what you may have to do according to the law or your job requirements.

VALIDATE HER ATTEMPTS TO CREATE SAFETY: Help her recognize the verbal, psychological and physical strategies she uses to stay alive.

HELP HER MAKE SAFETY PLANS: Help her locate the resources she needs to secure her physical and emotional safety.

BE HER ADVOCATE IN THE SYSTEM: Help her untangle bureaucracy. Let her know all the resources you and others can provide. Stand up for her but don't take her power away.

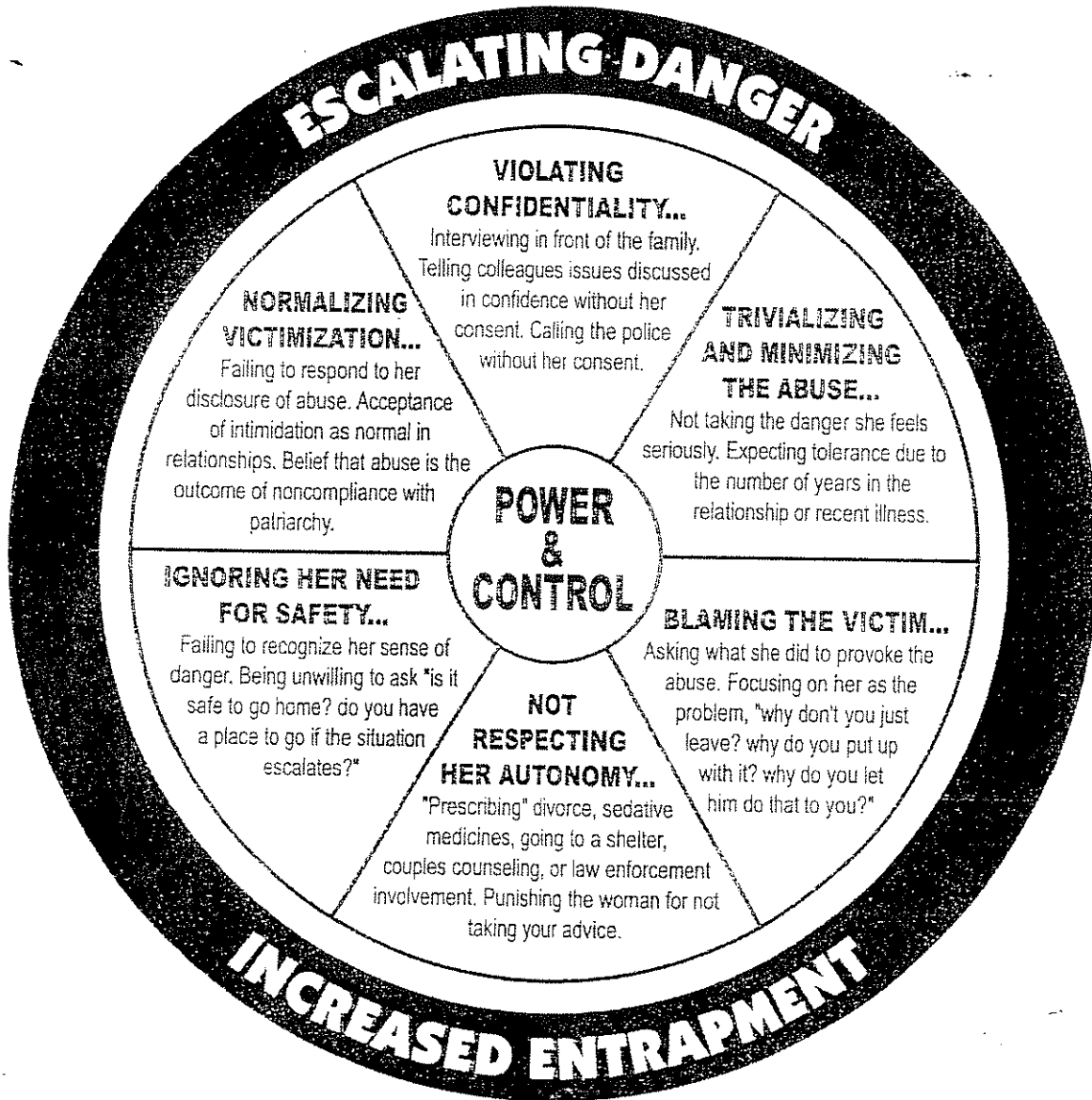
PROVIDE RESOURCES OUTSIDE OF YOURSELF: A survivor may call a crisis line even if she does not want to talk with you.

INFORM YOURSELF: Take advantage of resources which will make sure you have accurate information.

TAKE CARE OF YOURSELF: Getting support for yourself will ensure that you will be able to support her when she needs it.

DON'T GIVE UP: Abusers don't give up. Make sure your support remains a resource.

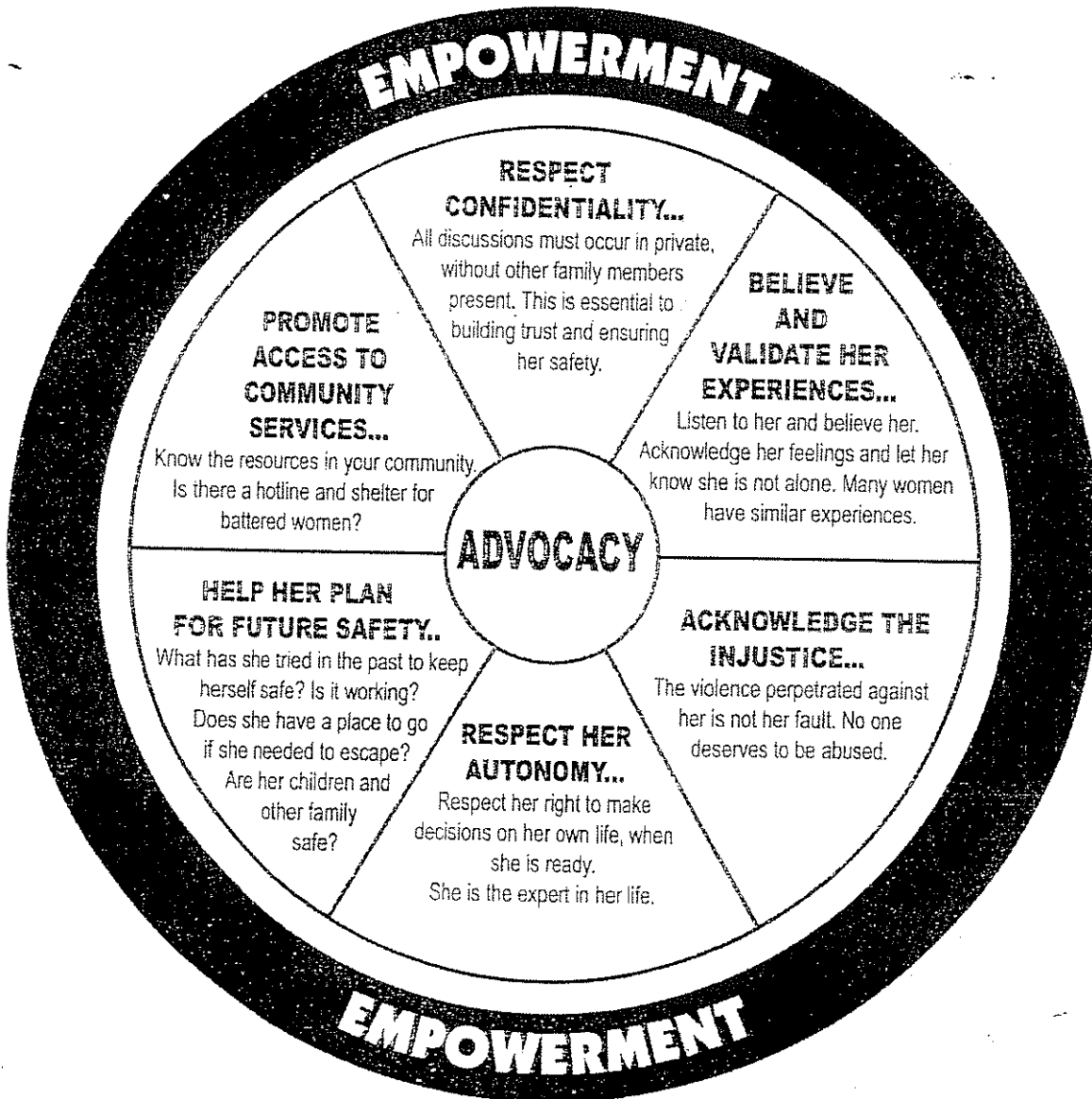
ARE WE PART OF THE PROBLEM?



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SACRED CIRCLE - National Resource Center to Stop Violence Against Native Women

OR PART OF THE SOLUTION?



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Maintaining Professional Boundaries in a Domestic Violence Intervention Program

What are boundaries?

Boundaries are the framework within which the advocate / participant relationship occurs. Boundaries make the relationship professional, and safe for the participant, and set the parameters within which advocacy services are delivered. Professional boundaries typically include length of support session, limits regarding personal disclosure, limits regarding the use of touch, and the general tone of the professional relationships.

Why do we have boundaries?

In any professional relationship there is an inherent power imbalance. The advocate's power arises from having access to extensive information about the participant's life history – information that would not normally be revealed in a casual relationship. Power also arises from our access to resources that can impact on the participant's life such as shelter, funds, support, information, etc.

Who is responsible for maintaining appropriate boundaries?

The advocate is responsible for maintaining boundaries. Participants may find it difficult to negotiate boundaries or to recognize or defend themselves against boundary violations because of the inherent power imbalance. As well, participants may be unaware of the need for professional boundaries and therefore, may at times even initiate behavior or make requests that could constitute boundary violations.

What are some tools I can use to maintain appropriate boundaries?

There are a number of areas in which one has to maintain boundaries, that is, draw a line. Below are some typical areas that can present difficulties:

- **Self-disclosure:** While it may be tempting to share your own story with a program participant, a number of dangers exist in doing so. For example, the focus could shift from the needs of the participant to the needs of the advocate, or it could feel like the relationship is moving towards one of friendship. The primary questions you should ask yourself is: "Does my self-disclosure serve the participant's goals in some way?"
- **Giving or receiving significant gifts:** Giving or receiving gifts besides artwork from children or food that mothers have prepared for everyone's consumption is not appropriate. A participant who receives a gift from an advocate could feel pressured to reciprocate to avoid receiving inferior support. Conversely, an advocate who accept a gift from a participant risks altering the professional relationship and could feel pressured to reciprocate by offering "special" support or options. Additionally, it's typical for a participant's resources to be stretched

just to survive; we shouldn't have them feel they must extend them to us, or to expect us to use our own personal resources to help them.

- **Exchange of money:** It is NEVER appropriate to loan money to or accept a loan from a participant. Likewise, selling anything to or buying anything from a participant is always inappropriate, whether it is a pack of cigarettes, a tank of gas, or a used car.
- **Becoming friends:** Generally, friendships should be entirely avoided between participants and advocates. The power imbalance between participants and advocates is the primary reason for this, and can last well beyond the time the participant is receiving services.
- **Running into someone in public:** If you see a participant in public, keep in mind that she may be in someone's company who doesn't know that she's accessed domestic violence services. If she acknowledges you, follow her lead. She may introduce you to whoever she is with, or she may avoid you all together. Similarly, if you are with someone, remember that you cannot disclose the fact that she is someone who received services. You could say "she's someone I met volunteering" or some other ambiguous statement.
- **Physical contact:** There are a variety of ways of using touch to communicate nurturing, understanding and support such as a pat on the back or shoulder, a hug or a handshake. Such touch, however, can also be interpreted as sexual or inappropriate. So it's very important to use careful and sound judgment when using touch. Be cautious and respectful when any physical contact is involved, recognize the diversity of cultural norms with respect to touching, and be cognizant that such behavior may be misinterpreted. With respect to children, touch is largely an age-appropriate issue. You could ask yourself, "Would I do this in the presence of other staff people or this child's mother?" If you need to touch a young child to move her out of harm's way, or for some other logical reason, let her know first. You can simply say "I'm going to pick you up now."

In general, you can trust your instincts about what's appropriate and what's not appropriate in a domestic violence intervention setting. If you are ever in doubt, ask someone! You'll also have the opportunity to observe other staff people modeling appropriate boundaries.

Developed by Volunteers of America Family Center, 2003

Adapted from materials found at:

<http://www.cpo.on.ca/Bulletin/Selected%20Articles/Professional%20Boundaries.htm>

Safety Planning

Safety planning is an essential part of our contact with all survivors we work with, regardless of the point of contact. Advocates should work to ensure that survivors are assisted with safety planning in all of the following contexts:

- Short term or long term contact
- When working with a survivor on a crisis call
- When a survivor calls for shelter and we are unable to admit her
- When a survivor has been accepted for admission to the shelter or is departing shelter
- During intake into any of our services
- Periodically throughout our work with them, if their circumstances change and present new potential dangers not attended to in initial plan
- When a survivor returns to their abuser
- When a survivor is coming to an Outreach Office or a support group for the first time

Safety planning can take many forms. It may be a short conversation/brainstorm on the phone, or it may be an extensive written plan. Outlined below are basic aspects of safety planning.

Safety planning is critical at three different stages. Plans will differ at each stage.

1. While still with the abuser
2. When trying to leave
3. After leaving

The survivor knows best. Advocates should recognize that the survivor is the expert on her own situation, knows her abuser better than anyone, and is already doing safety planning on a regular basis as part of her survival, though she may not label it as such. (*Simply accessing our services has required safety planning!*) Our safety planning efforts begin by asking what she has already done to stay safer, and validating her efforts. The survivor should take the lead in safety planning; our job is to facilitate the process, offer information, and when she has a safe place to keep it, to help record the plan

Brainstorming together with the survivor to amplify and assess her efforts to stay safe. Look at all that the survivor has done already and ask what parts of the plan are working. Get all of the survivor's ideas, and contribute your own when appropriate. Offer input in a way that does not direct the survivor or decides things for her. (*One effective way of to do this is by saying "Some things I have heard that worked for other women/children are...."*). Between the two of you, the more ideas you come up with the better; it means more choices, options and flexibility.

One size does not fit all. Each situation is different, and different things work for different people. Be flexible in how you safety plan with survivors in order to accommodate a range of differences. Recognize the impact that cultural background, experiences, or values may play. For example, if she wants to keep attending her community church despite the fact that her abuser may be there, what can she or others do to make that safer? If she identifies as a lesbian, bisexual, or transgender, how might some traditional ways of safety planning isolate her from her community, and how can you plan around that? There are many versions of "fill in the blank" safety planning forms that survivors can access; these can be a great start but may not accommodate for her unique situation.

Be as creative and as thorough as possible. Abusers are very creative in the tactics they use; the more creative the safety plan is, the harder it may be for an abuser to foil it. Think of specific scenarios that are likely to come up (like the abuser showing up at work or school, scheduled visitation, encountering the abuser on the street, etc.) and make sure the plan accommodates those. Some survivors face circumstances that make safety planning very challenging. For example, a woman living in an isolated rural area with no car faces a huge barrier, and it will take a unique plan to help her safely leave.

Have back-up plans. What if plan A doesn't work? It's good to have back-up plans, especially in situations that could be very dangerous, like a sure encounter with the abuser at a custody or contested restraining order hearing. Continual replanning may be necessary as her situation changes.

Encourage the survivor to involve others in her plan. Safe people who know the plan, are part of it, or are aware of the situation may increase the survivor's safety. Safe people may include neighbors, landlords, family, friends, school staff, and co-workers. It is up to the survivor to decide who is safe, but this is usually someone who will not disclose ANY information to the abuser and who is supportive of the survivor.

Make sure to incorporate children in safety planning. Children can be helped to make their own safety plans in addition to being considered in the mother's. Think of the kids at every step in the plan. For example, is the school aware that dad should not pick the children up from school, or should they transfer to a new school? Do children know how to call 911, and where to hide if violence starts? Do they know not to intervene in the violence? Do they know not to answer the phone at the shelter, and not to tell anyone where the shelter is?

Safety planning with DHS. DHS is very concerned about client safety and may base decisions about a survivor's benefits or custody on whether she is acting in a manner they regard as promoting safety. Caseworkers often want compliance with a safety plan to be part of the survivor's service agreement. Problems may arise around this if the caseworker and survivor disagree about what she needs

to do to be safe. Secondly, the case plans are in files that can be subpoenaed, making them accessible to the abuser's attorney. Advocates should be aware of what DHS is requiring of the survivor and work with DHS caseworkers to support the survivor's expertise about the best safety plan for her.

Restraining orders may not always be part of a good safety plan. It is critical to respect the survivor's assessment of whether a restraining order would be helpful or perhaps further endanger her. R.O.'s can be effective if the abuser is likely, out of fear or respect for the law, to honor it. However, often abusers respond to being served with a protective order with outrage and violence. Many of them know that it is only a piece of paper and can't really do anything to physically stop them. If a survivor opts for a restraining order or stalking protective order, she should report and document any and all violations. She should also keep copies of the order (and a photo of the abuser) in as many safe places as possible - at work, in the car, at home, friends and family's houses, and always on her person.

The reality is that nothing can really guarantee the survivor's safety. Safety planning is one of the most effective tools we can offer to help the survivor reduce the risk of injury or death to herself and her children. But no matter how intricate and well thought out a safety plan may be, it will never ensure safety. Only if the abuser makes the decision not to be abusive is she truly safe. Be honest about this with clients in order to avoid creating a false sense of safety.

Created by Clackamas Women's Services and Volunteers of America Family Center 3.03

Safety Planning Worksheet: Please use this sheet to brainstorm as many different possibilities for safety planning that you hear during training or that you learn as you begin volunteering.

SOME THINGS THAT HAVE WORKED FOR OTHER SURVIVORS

WHILE STILL WITH THE ABUSER:

LEAVING:

AFTER HAVING LEFT/STALKING:

Questions to Ask When Safety Planning

Safety planning is something we want to do with every person who calls our hotline or accesses any of our services. The questions below can be used as a guide to get you started.

- Where are you now? Are you in a safe place?
- Where is your abuser? Where are your children?
- How have you stayed safe in the past? What worked? What didn't work?
- Where is the phone kept in your house? Can you keep a cordless phone near you at all times?
- Do you have a cell phone? (Deactivated call phones can still dial 9-1-1. Most DV programs have old cell phones that can be distributed for this purpose.)
- Have you ever called the police / 9-1-1 for help? How did that go?
- Does the abuser know where you live? Where you work? Where your children go to school?
- Do you have a restraining order? (If so, she should carry a copy on her at all times and might consider leaving copies with her place of employment, her children's school, with family members, etc.)
- Who are the safe people in your life that know what's going on? Does anyone at your job know about it? At your children's school? (If she can't identify anyone, remind her that the hotline and the program are there for her.)
- Are their neighbors who know that the abuser is not a safe person? Could you ask them to call the police if they see him around?
- Have you talked with your children about staying safe?
- Do your children know how to call 9-1-1?
- Is there a safe place for your children to go if the fighting starts?
- What's your method of transportation?
- Does the abuser sometimes ride the same bus line as you? Can you change your route?
- Some women consider changing their appearance to feel safer in public places.
- Have you left before? How did your abuser react?

Remember that safety planning is individualized for each survivor. Plans to stay as safe as possible can be made when she's still in the relationship, if she's planning to leave, and after she's left. There are many more questions to ask and avenues to explore. Be creative! And remember that she's the expert and will be able to speculate about what might work.

Supporting Survivors In Crisis

THE NUMBER ONE RULE(s):

- STAY CALM do not meet them where they are at
- BE SYMPATHETIC, remember how you act in crisis and remember they are doing the best that they can in a hard situation
- ALLOW AND ACCEPT their emotional space
- DO NOT PUT YOURSELF IN DANGER, if need be leave the area and get staff, call 911 if you need to. KNOW YOUR BOUNDARIES.
- WHEN IN DOUBT, ASK STAFF FOR HELP
- DON'T TAKE IT PERSONALLY, chances are it has nothing to do with you
- TAKE CARE OF YOURSELF!

BODY BASICS:

- TALK CALMLY, SLOWLY, CLEARLY AND QUIETLY (but loud enough to be heard if need be), do not imply impatience, sarcasm or disgust
- GIVE THE PERSON ADEQUATE BODY SPACE three feet is a good minimum
- Watch your BODY LANGUAGE keep it calm, non aggressive and open
- KEEP AN OPEN STANCE with your body at a slight angle from them and your hands out in the open
- MAINTAIN GENERAL EYE CONTACT but do not stare. If eye contact is not culturally appropriate do not use it
- USE SLOW BODY MOVEMENTS

INTERACTING:

- USE THEIR NAME (ask it if need be) and if you are comfortable with it give them your name
- LISTEN ACTIVELY, do not interrupt (unless you have to for safety etc)
- Remain NON-JUDGEMENTAL, making no radical decisions until you have the whole story
- VALIDATE THEIR FEELINGS and let them know you understand the gravity of the situation
- DON'T PUSH THEM TO TALK, OFFER IT
- LET THEM VENT, sometimes that is all they need
- ASK BASIC QUESTIONS that offer them options to choose from, make it about something besides the crisis, for example, "would you like tea, or water?" "would you like to sit here and talk to me or go somewhere else?"

CALMING THEM:

- TELL THEM YOU ARE THERE TO LISTEN
- ASK THEM TO BREATHE, BREATHE WITH THEM
- ASK (INSTRUCT IF NEED BE) THEM TO DO SOMETHING CALMING or grounding like breathing, counting, placing both feet on the floor, describing something to you like how their body feels or what something they see looks like
- INVITE THEM TO HAVE A CUP OF TEA OR SMOKE A CIGARETTE

PROBLEM SOLVING:

- STAY IN THE MOMENT AND FOCUS ON THEIR NEEDS
- ASK IF THIS HAS HAPPENED BEFORE, WHAT WORKED THEN, WHAT DIDN'T WORK?
- SEE IF THERE IS A FIRST STEP YOU CAN TAKE TOGETHER, so they know they are not alone
- BE A DIRECT LINK to other needed resources, OFFER to advocate for them if need be
- If there is not an immediate solution, TALK WITH THEM ABOUT WHAT THEY NEED TO DO TO GET THROUGH, HELP COME UP WITH A PLAN AND PRIORITIZE

Responding to Difficult Questions

Caller		Listener
Can you help me?		I'd like to try. Can you tell me more about your situation?
What should I do?		What do you feel is possible for you to do at this time?
I want you to help me decide, that's why I called...		I'd like to help you. Which of the things we've discussed do you feel would work best for you?
Everybody I call is in a hurry to get off the phone. I need somebody to listen to me. Will you take the time to talk with me?		I'd like to hear what's going on for you. Right now I have _____ amount of time. Let's try and identify your major needs and concerns and see if we can work on addressing those right now. You can always call back to talk about other issues on another day if we don't cover everything.
The last person I spoke with is an idiot, didn't help, etc.		I'm sorry you had such a bad experience. Let's talk about what happened and see if I can help you work on a solution to your problem.
Can you guarantee me this will/won't happen?		I'm sorry, I can't guarantee anything. However, I can work with you to see what we can do to help make it happen/not happen in the future.
Do I have to tell you who I am?		Only if you decide to do so.

SUICIDE CALLS ON THE HOT LINE

DON'T WORRY BECAUSE...

- You never have to go it alone, you can get a staff member's help whenever you need it by asking someone who is there to help or by paging back up staff.
- We do not get very many suicidal callers and most of those who call are not acutely suicidal and in immediate danger, they just need to talk.

TYPES OF SUICIDE CALLS:

- we can basically divide suicide calls in to two major categories (see the PWCL binder for a full breakdown)
 1. The caller has already committed the act or is about to and has the means accessible in the place they are calling from as well as a fully developed plan.
 2. The caller needs support similar to many of the ways we would support any other caller would be effective. These types of calls may range from someone who has thought about suicide or wants to disappear (which many of us have) to someone who sees it as a possible escape to whatever crisis or depression they are experiencing to someone who has developed or is developing a plan.
- The main difference between these types of calls is whether or not the person has a plan and how accessible the means to follow through with the plan are to the person in crisis.
- Ask her questions to assess where she is at:
 1. Is she planning on killing herself? (It is okay to ask this question. You will not plant this idea in someone's head if they haven't already thought of it.)
 2. Does she have a specific plan?
 3. What is her plan?
 4. How available are the means to carry out the plan?
 5. Is she willing to put the means (knife, pills, etc) down in another room while she talks to you?

HOW TO SUPPORT A SUICIDAL CALLER:

- Be accepting, warm and non-judgmental
- Point out strengths that you hear, the fact that she called is a huge one, tell her that
- Find out what happened recently that makes the caller want to kill herself and problem solve or reexamine that issue. do not push into all of the upsetting things in her life as that is not likely to help her feel less suicidal
- When talking with her or problem solving do not dwell on the unfixable or unsolvable, find something fixable and start there
- Convey to her that you care about what happens to her
- Ask her how she has coped with similar situations in the past, what worked? What isn't working now?
- Point out that suicide may seem like a long term solution to what may be a shorter term problem (if applicable)
- Ask her what she needs to happen and help her brainstorm how she may go about getting that done.
- Help her identify support people, networks and resources. Make referrals. Our goal is to get her through a crisis period and hooked up with the appropriate resources as soon as

possible. What resources/ people has she accessed in the past? Can she do that now? Is there someone available to stay with her until she gets help?

- Make an agreement or a verbal contract with you stating that she will not commit suicide until she has been able to talk to a counselor or that she will call our hotline back if she feels suicidal again etc.
- Work with her to identify three things she can do to keep herself safe, have them be part of the verbal contract.
- Try and help ground her in the present if she is escalated: ask her to fix tea, or to describe where she is/what she sees, or to breathe with you.
- Please reference the "supporting survivors in crisis handout" you also received at this training for more ideas.

All of the above information can be used when working with someone in person

SELF INJURY

Also called self-harm or cutting, self-injury is much more common than some people think, especially among female survivors of abuse. All sorts of people self injury, even those that we would never expect. There are always powerful reasons why a woman or child may hurt themselves. It is often a way to survive great emotional pain, a way to numb or distract, release tension, it puts their pain outside, and even a way to feel real and alive. Self-injury may be cutting, head banging, biting self, refusing self proper care and living conditions, engaging in high-risk behavior and many other things as well.

Self-injury is different than attempted suicide. Someone who is self-harming is not necessarily suicidal, they are separate things. Often self harm is mistaken as someone being suicidal and dealt with as such, which is not effective or supportive, rather it may shut the person down from seeking support and invalidate what has been an effective coping mechanism for them.

Self injury is NOT

- * A failed suicide attempt (it may be life affirming)
- * Attention seeking (most people never tell anyone because of the shame)
- * A sign of mental illness
- * Something that makes someone a danger to others

Helpful responses to self injury:

- Show that you care about the person in pain behind the self injury
- Show concern for the injuries themselves, show compassion and respect
- Make it clear that self injury is okay and can be understood
- Convey respect for the person's efforts to survive, even if it involves them hurting themselves
- Don't see stopping self injury as the most important goal
- Let them know you understand that self injury is helping them cope in the moment, they are not "bad" or "sick" for doing it
- Don't try and take responsibility for stopping them from hurting themselves.

Developed by Clackamas Women's Services and Volunteers of America Family Center. Some information was adopted from an unknown source (possibly the Portland Women's Crisis Line). 3.03

Advocacy Language

Below are some phrases you may find useful:

- ★ “Do you want to tell me a little bit about what’s going on right now?”
- ★ “I can explain a little bit about our services.”
- ★ “What kinds of services are you looking for?”
- ★ “What we know about DV/SA is...”
- ★ “I hear what you are saying.”
- ★ “I’m sorry...”
- ★ “It sounds like...”
- ★ “I hear you saying...”
- ★ “That would be hard (frustrating, difficult, etc).”
- ★ “Have you done anything in the past that has worked well?”
- ★ “Thanks for calling.”
- ★ “It sounds like you are doing a lot of work.”
- ★ “You can always call us back.”

Confidentiality:

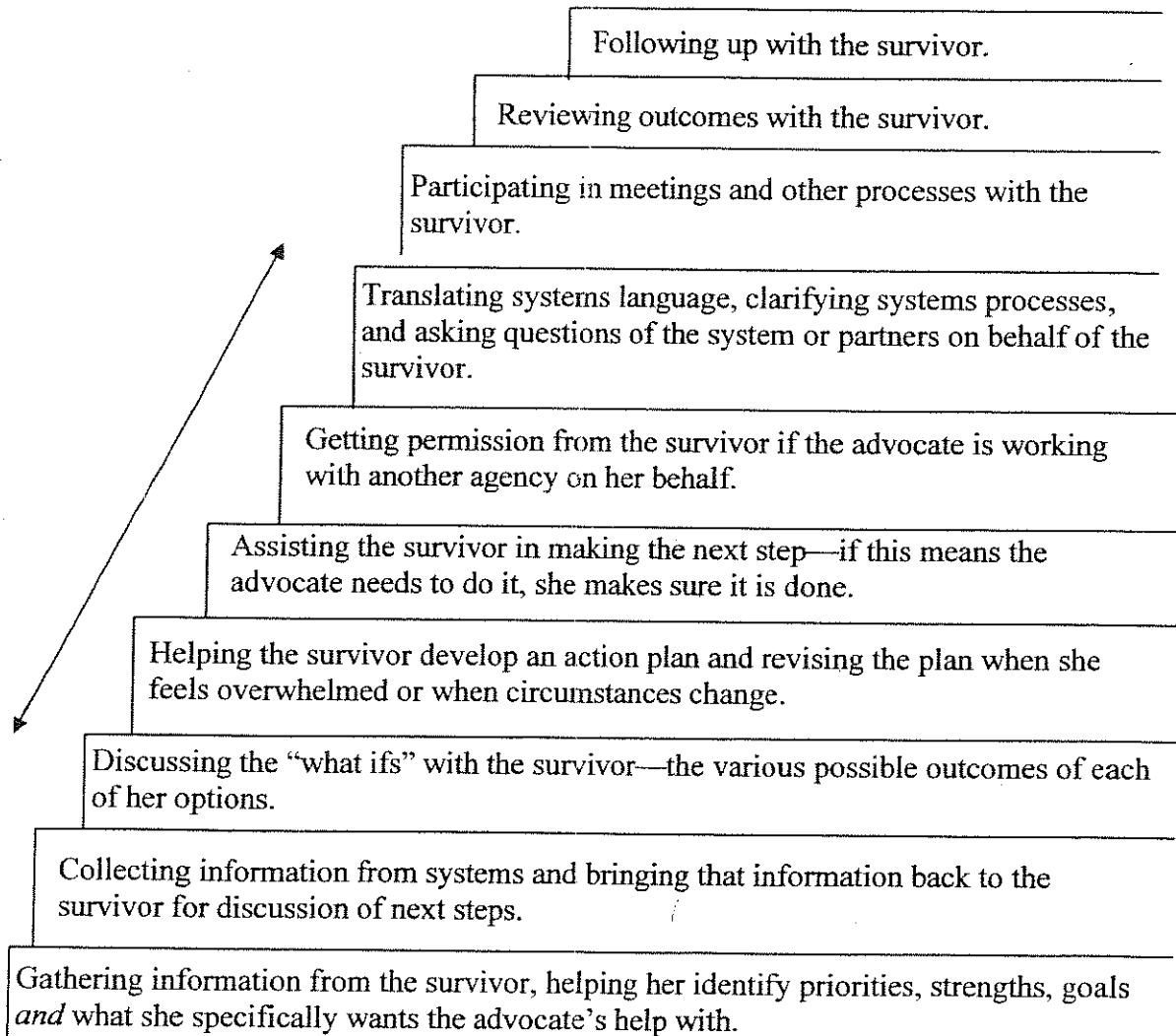
- ★ “Because of confidentiality **I can’t confirm or deny.**”
- ★ “**I can’t confirm or deny**, but I can take a message and post it on the board.”
- ★ “**I can’t confirm or deny**, but can I put you on hold for a moment?”

The Big Three

1. **Believe:** “I’m so sorry...”
2. **Validate:** “That makes sense that it’s confusing/frustrating/etc...”
3. **Interrupt victim blaming and minimizing:** “It’s not your fault;”
“What we know about DV/SA...”

ADVOCACY IN ACTION

Individual advocacy includes doing all of the following:



Clackamas Women's Services



Shelter Program Participant Rights **Los derechos de la participante del refugio** **Укрытия программы участника права**

You have the right to be respected

Tiene el derecho de ser respetada

Вы имеете право, которо нужно уважать

You have the right to clear and open communication

Tiene el derecho de tener una comunicaci3n claro y abierta

Вы имеете право к ясности и открытое сообщение

You have the right to be heard

Tiene el derecho de ser escuchada

Вы имеете право, быть услышаны

You have the right to self determination

Tiene el derecho de tomar sus propias opiniones

Вы имеете право на самоопределение

You have the right to be supported.

Tiene el derecho de tener soporte

Вы имеете право, быть поддержаны

You have the right to live without the threat of violence

Tiene el derecho de vivir sin amenazas de violencia

Вы имеете право жить без угроза применения насилия

You have the right to a physically safe environment

Tiene el derecho de tener un ambiente seguro

Вы имеете право к физически безопасный окружающей среде

You have the right to keep your presence at our program confidential

Tiene el derecho de que su presencia en el refugio se mantenga confidencial

Вы имеете право держать ваше присутствие в нашей программе конфиденциально