

Foundations *of* Advocacy

TRAINING MANUAL

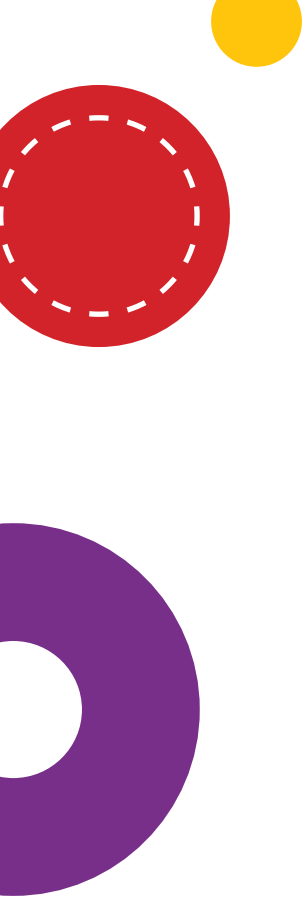


Sexual Assault
DEMONSTRATION INITIATIVE
Enhancing Sexual Assault Services

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A publication of the Sexual Assault Demonstration Initiative

Co-created with the wisdom, insight, and experience from past and present project staff from the Resource Sharing Project, National Sexual Violence Resource Center, National Organization of Asians and Pacific Islanders Ending Sexual Violence, and the Minnesota Indian Women's Sexual Assault Coalition: Elizabeth Barnhill, Kris Bein, Valerie Davis, Cat Fribley, Maria Jirau-Torres, Nina Jusuf, Sally Laskey, Guadalupe Lopez, Nicole Matthews, Eric Stiles, Taylor Teichman, Stephanie Townsend, Karla Vierthaler, Kelly Wilt, and Mira Yusef, with thanks to the Project Sites and OVW staff working on the project.

Editing assistance provided by Karen Litterer

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


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FORWARD

Training for new advocates is an important undertaking in community advocacy programs. Since the beginning of the movement to end sexual violence, advocates have ensured time, space, and resources to create structured support to survivors. Advocates have made sure that survivors have space and time to tell their truths, to be heard with compassion, and to be supported as they regain control over their lives.

This manual offers tools to equip new advocates with core knowledge and skills for supporting survivors of sexual violence. We recognize that there is a wide breadth of information and learning that is critical to strong advocacy programs. Consider this just a start to your agency's training program. Seasoned advocates know that there is never an end to learning more about sexual violence, its impact on survivors, what it means to be a survivor-led agency, and engaging community partners. Our hope is that every program builds on the lessons in this manual by offering and requiring regular and ongoing training for all advocates in their program, consistent with state/territory/tribe and agency standards.



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Informed by the collective wisdom and experiences of our [consortium](#) and consultants from the field, this manual is just one option for mainstream organizations seeking to provide a robust training for new sexual assault advocates. Culturally specific programs and tribal programs will be best served by implementing training curricula developed specifically for and by their respective communities. The Minnesota Indian Women's Sexual Assault Coalition (MIWSAC) and National Organization of Asians and Pacific Islanders Ending Sexual Violence (NAPIESV) are two partners who have helped to inform this project, and who also have developed community-specific training manuals for tribal and Asian and Pacific Islander communities, respectively. We recommend that culturally specific and tribal programs use training materials tailored to fit the needs of each community.

The audience for this specific training curriculum is new staff and volunteers who will work for the advocacy program. The information new advocates will learn from this curriculum is equally as important as the themes they will learn around their role, the perspective, and the philosophical orientation of what it means to be an advocate.

Training community professionals and systems partners is an important aspect of our work to support and assist survivors, but the information and curriculum needed for these audiences needs to be presented in separate ways, as the roles of our community and systems partners vary from that of advocates. We do not recommend using this curriculum for training for community and systems partners.

The lessons of this curriculum are organized around a core set of beliefs about survivors, survivors' needs, and advocacy:

- Survivors are whole, healthy, capable human beings. Effective advocacy is led by the survivor's self-defined needs.
- Survivors come to us with their own unique cultural, historical, societal, and community realities that shape their path in healing after sexual violence. Survivors deserve advocacy that is grounded in the cultural, historical, societal, and community realities of their life.
- Survivors have done nothing to warrant or deserve the harm they experienced. Survivors are never to blame for sexual violence.
- Survivors share with us what they choose, want, or can about their experiences. Advocates help to create a safe, unconditional, and nonjudgmental space to help make this possible.
- Advocates believe the survivor in what they tell us. It is not our job to decide the validity in their story of what happened to them.
- What each survivor is experiencing is a normal response to the harm and threat of sexual violence. Survivors do not need to be fixed by advocates. They can benefit from an advocate's help and support as they access their own strength and resilience.
- Survivors do not need advocates to provide solutions. They *do* need to have advocates meet them where they are, listen to them, and validate their experience.
- Every survivor's experience is different. Survivors are the experts in their lives and will know which paths are the best for them; advocates have important connections to resources to help survivors on those paths.



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Sometimes advocates might feel that listening and validating is simply not doing enough for someone in crisis... Actively listening, affirming the survivor's strength, and creating the environment in which the survivor can lead is exactly what survivor-centered and trauma-informed advocacy is.

- Survivors may be overwhelmed by the impact of trauma, a rush of coping mechanisms, and myriad reactions to sexual assault; advocates can normalize these experiences for survivors and remove the pressure to “get over it” or “move on.”
- Advocates continually grow and strengthen their advocacy skills by listening to and honoring each survivor they serve.
- Above all, advocates honor survivors' resilience, and provide their time, energy, and support to hear survivors' truths.

The role of an advocate is to be a safe person where all thoughts can be expressed and the survivor can be encouraged to find their right solutions. Sometimes advocates might feel that listening and validating is simply not doing enough for someone in crisis. However, we know there are few other places that this essential, nonjudgmental, supportive option exists in communities. Actively listening, affirming the survivor's strength, and creating the environment in which the survivor can lead is exactly what survivor-centered and trauma-informed advocacy is.




ABOUT THIS MANUAL

This foundational training is organized into a series of modules. Each module is divided into a series of lessons that include: an opening/introduction to the lesson, discussion and activities, and concluding with a wrap-up and evaluation for each lesson. These modules are largely designed to prompt discussion and to draw out experiences, knowledge, and skills that will prepare trainees to be thoughtful and competent new advocates. Through the guided discussions, you are giving learners the opportunity to try out new thoughts and ideas, seeing the extent to which they can relate their life experiences and apply what they learn during the training.

Given what we know about adult learners, there may be preconceived opinions and biases that trainees hold. In addition, trainees and new advocates may want to try to solve or fix a survivor's dilemma; they may attempt to guide survivors to decisions the advocate thinks are best, or to subtly place pressure on survivors to do XYZ based on our own biases. Trainers have the opportunity to coach trainees to instead embrace the true heart of advocacy: actively listening and supporting choices. As a trainer, you will help trainees to think differently. Be prepared to respectfully and kindly challenge trainees and, when needed, correct misinformation they have learned. A few ways to start are:

- “That is one way of looking at it. What are some other ways we might consider this?”
- “Can anyone else think of another kind of response to this...?”
- “You might want to consider...”





Be mindful of the goals for each section, but make space for the different ways trainees learn, share, and engage with new information.

The format of the manual is consistent, with each module composed of learning objectives, materials list, preparation plans, directions, “Notes to the Trainer,” points to integrate into discussion, and other resources to utilize.

Be open to the ways that trainees will offer important perspectives and knowledge to the training. Trainees may offer a new way to think about a topic or a life experience that perhaps you haven’t considered. Be mindful of the goals for each section, but make space for the different ways trainees learn, share, and engage with new information. This manner of teaching may feel less predictable to you than, for example, giving the participants all of the learning points in a lecture. If this is a new way for you to train, give yourself time to feel comfortable with this model, observe how the trainees are learning, and trust that the dialogue you support and guide will be a more useful and retrievable training for the advocates.

The modules include suggestions for introducing the topic. Often those introductions include a scenario or story to ground the trainee in a survivor’s experience. Be sure to acknowledge that whatever scenario sets the stage, it is only one story and does not represent the full array of survivor experiences. In each module, the italicized section under the prompt lists various thoughts to listen for so you’ll know what responses are consistent with the outcomes you want. You can encourage additional thinking about the prompts if you do not hear acknowledgment of critical points from the group. Try reframing a question in a life experience that may be familiar to trainees and see what comes out of that. “We have probably all had an experience where _____ happened and we had to _____. What did you have to consider while responding to that?” You can also transform some of the italicized points into lecture notes and present them yourself, if that is more comfortable or to aid in conversation when participants do not discover all the points in the discussion.

MANUAL FORMAT

The format of the manual is consistent, with each module composed of:

- Learning objectives that identify the intended outcome for each participant at the end of the lesson.
- Materials which are needed to complete the module. Most modules can be completed without a computer.


- Suggested preparation plans to ensure the trainer is ready to launch each learning module.
- Directions for facilitating the discussions and activities.
- “Notes to the Trainer” is a place to alert the trainer to particular issues to watch for, challenges with this topic and encouragement for returning always to the core philosophical goals of the training.
- Specific points to integrate into discussion with trainees
- Other resources and trainer materials such as internet links to supportive materials, materials for activities including role-play scenarios, handouts, etc.

OPENING & CLOSING

There is a recommended opening and closing, “Bringing It Together” and “Bringing It To a Close” that you can use at the beginning and end of each daily training session. How you open and close learning sessions each day is also critical to the tone in the room. Opening activities give an opportunity for trainees to build rapport and trust with each other through a consistent check in or sharing practice. These are also opportunities to see what is still percolating from previous lessons and what questions and concerns need additional attention. It gives you a chance to see if trainees are ready to move to the next lesson. You do not want to move forward if there are still significant unsettled questions, as trainees will likely be distracted by those.

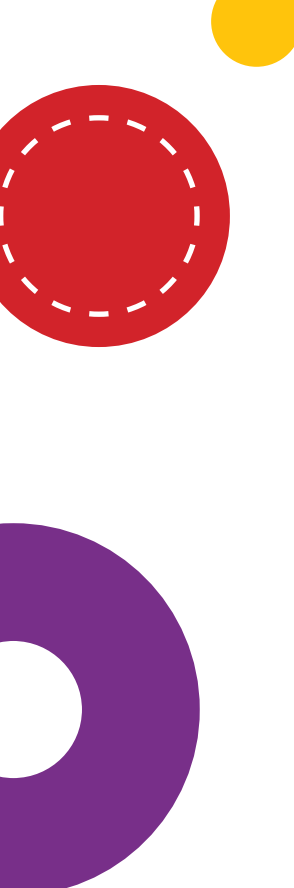
“Bringing It To a Close” is also a chance to debrief and make sure trainees are in a good place to move on. Consider doing some stretches, deep breathing, or affirmations if this has been a particularly difficult topic for the group. Remind trainees to take care of themselves, access their support systems, and engage the practices that nurture and renew them.

Evaluation is critical to the process of your training program. If you are not clear if your training is effective in preparing new advocates, you have done only part of the work. There is a sample evaluation tool in “Bringing It To a Close” that trainers



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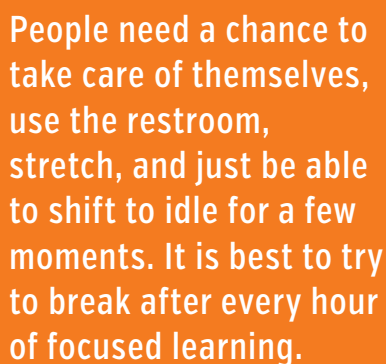


can use throughout the training schedule to determine if the group is gaining the knowledge and skills needed and is ready to move on to the next topic. It is recommended that you conduct an evaluation each day so that you have regular feedback and can make necessary adjustments prior to each new session. Use this tool or another evaluation tool of your choice. It is also recommended that a final evaluation be conducted at the end of the complete training program to receive overall feedback about trainees' experiences with the training. The goal of evaluation is to continuously improve your training program.

DISCUSSION & ACTIVITIES

Guided discussions and activities are included to offer opportunities for trainees to practice their new knowledge and skills. Activities include small group processing, small group role-plays, large group scenario discussions, and large group interactive activities. As you observe groups and lead debrief sessions, use this opportunity to reinforce the core set of beliefs regarding survivors that are highlighted above.

- Several activities are included for you to choose from as ways to start a class, to infuse fun and group bonding, and to relieve the heaviness and anxiety of the topic. Use these frequently and/or devise simple ways to break the tension with stretching, movement, music, and laughter.
- Breaks are also activities that are important to learning. People need a chance to take care of themselves, use the restroom, stretch, and just be able to shift to idle for a few moments. It is best to try to break after every hour of focused learning. Breaks should be sufficiently long, ideally 15–20 minutes.



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ORGANIZATIONAL SUPPORT FOR ADVOCACY TRAINING

Robust organizational support of high-quality foundational sexual assault training, ongoing development of advocacy skills, and careful attention to how the culture of the program supports its advocates will ensure that trained advocates stay committed to this work and the program.

Programs that provide both sexual assault and domestic violence services may wish to combine some portions of their sexual assault and domestic violence training, but it is important to provide separate time in training to each, rather than combining topics and shortening the overall training. There is significant value in reiterating overlapping skills and information in the context of the different types of survivors that your agency works with and there is significant value in providing distinct information on sexual violence and domestic violence.

Strong organizational policies and procedures support strong training, and strong training supports strong advocacy services. Infuse the training with trauma-informed practices that provide participants information and options, and that supports them in taking care of themselves. Some specific policies and practices to consider include:

- The program will have in place a clear and reliable process for inviting applications from potential trainees, interviewing, and following up on references before bringing trainees together.

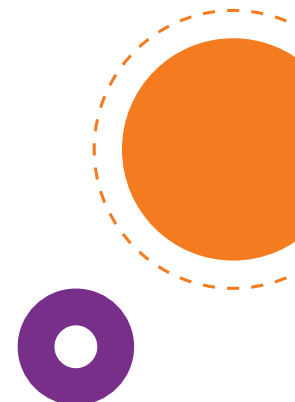


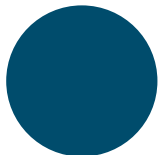
Potential trainees should understand that participating in the training is not a guarantee that all trainees will become advocates. The training offers both trainees and the program time and opportunity to determine if there is a good fit for the trainee to provide advocacy services.

- The program will have in place policies and practices that address:
 - advocacy ethics,
 - how to support trainees who are survivors of sexual assault,
 - methods of assessing trainees who are survivors' readiness to step into the advocacy role (considering more factors than simply length of time since assault or cessation of services at the program),
 - criminal history background checks and how they are used,
 - standards regarding placement of new advocates,
 - requirements for completing all training sessions and how to make up missed sessions,
 - requirements for ongoing professional development of paid and unpaid advocates,
 - supervision standards for paid and volunteer advocates, including a graduated supervision plan for new advocates allowing for time to ensure that a new advocate is adequately prepared to provide services.
- The program will address current standards for advocacy training in order to meet any legal or certification requirements.
- Potential trainees should understand that participating in the training is not a guarantee that all trainees will become advocates. The training offers both trainees and the program time and opportunity to determine if there is a good fit for the trainee to provide advocacy services.
- The program will support the trainers throughout the process and provide appropriate supervision and guidance.
- The program will make sufficient time and resources available to the trainers to enable them to prepare for, conduct, and debrief training sessions. Other job duties will be shifted accordingly to allow the trainers to focus on the training.



- The program will provide ongoing training opportunities for the trainers to ensure that their skills and knowledge remain current.
- The program will offer and hold regular debrief sessions for the trainers to address the process of the training and any concerns about individual trainees or other issues as may arise [e.g. guest speakers, training space concerns, etc.]
- The program will support the trainer regarding any decisions that could be challenging for the training group or any one member. Such situations may necessitate program support of the trainers' response and decision-making to the issue. Similarly, should a trainee indicate an unwillingness to serve a community of survivors or disbelief that they could be victims, the program must support the trainers' in managing such situation.
- The program leadership will also step in and respond to trainees if at any time the behavior or competence of the trainer should come into question or be identified as problematic by the trainees.





The Trainer Team

Training for new sexual assault advocates — whether new paid staff or community volunteers — is a critical cornerstone for advocacy programs in communities across the country. A training team that is knowledgeable, skilled in training and group dynamics, prepared to lead the training, and well supported by the advocacy agency, in addition to a well-organized and up-to-date training curriculum, is central to a successful advocacy training program. The payoffs for a successful training program are many:

- Community volunteers learn skills and knowledge that they bring into other venues.
- The advocacy program is respected for the high standards it sets for its work.
- Survivors have access to high-quality support and services that are survivor-centered, informed by the latest practices that understand anti-oppression and intersectionality, the impact of trauma on a survivor, and support a survivor’s self-agency, resilience, and healing.

Advocacy trainers who lead foundational training for their program play a large role in sustaining the important work of the program in the community. The foundational sexual assault advocacy training is often a trainee’s first exposure to trauma-informed practice. Trainers are encouraged to embed and model principles of trauma-informed practice by creating safety, maximizing opportunities for choice and control, fostering connections, and promoting self-reflection (Lieberman, 2011).

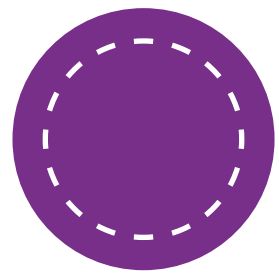
Trainers need to have successfully completed a foundational training themselves. They must be well grounded in the ethics and practice of providing advocacy for survivors of sexual violence and have experience in the various advocacy roles that trainees may serve in. Be mindful that a great advocate is not guaranteed to be a great trainer. Trainers should be people who are comfortable leading a group, understand that they have a complex role (educator, facilitator, intervener, re-framer, cheerleader, evaluator, etc.), and are prepared to be either facilitative or directive when warranted.

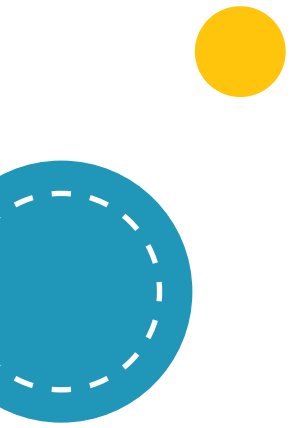
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TRAINER TEAM LOGISTICS

Programs must consider how they will maintain continuity across sections of the training. Many programs use a team approach to training, where several or even all staff facilitate different training sessions. If this is true for you, think carefully about strategies to ensure continuity. You may want to have one staff member attend all training sessions, or have staff check in after training to debrief the session. Establish a backup training plan should a trainer have to miss sessions. Many programs have limited staff time available and training is a predictably large drain on staff hours. In spite of that, it is advisable to have at least two people serving as trainers for the advocacy training for these reasons:

- It is difficult for one person to both provide the training content and observe the group closely to ensure that the trainees are grasping the key learning points.
- For a typical training session, the demand on one person to manage all aspects of the training is significant. It is better for the trainers and the group to have two people sharing the responsibility. While one trainer is presenting and/or leading an activity the other can be observing trainees, chiming in at the request of the lead trainer of that section, and acting as timekeeper, among other things.
- Trainers can bring very different tones and perspectives to training sessions and can listen for themes that arise in large group discussions. The additional perspective is helpful in group discussions, debriefing, planning, and problem solving. Seek a training team that is diverse in identity, experience, and background.
- Due to the intensity of the training, it is advisable to have a second trainer who can step out of the room at any time with a trainee who is experiencing emotional distress. One trainer can attend to the trainee without disturbing the flow of the lessons.





It is important that trainers be mindful of the privilege they hold in this teaching role and use this authority with great awareness and intention. Trainers who hold additional privilege because of race or other forms of identity also have a responsibility to be aware of situations where their privilege can influence or interrupt dialogue, in particular when co-trainers or trainees who are from marginalized communities may experience harm by taking the same action. Training teams should discuss dynamics related to privilege, power, and preferences for navigating situations prior to beginning the advocacy training and should regularly check in to see how all members of the training team are doing and if approaches need to be shifted.

TRAINER SELF CARE

Maintaining a healthy emotional balance is central to being a grounded and effective trainer.

Observing new trainees struggle with what it means to finally understand the scope and harm of sexual violence can be unsettling to trainers. It can also take you back to the time when you first came to the same realizations. Training is hard work, on top of all the other hard work you do. You owe it to yourself, your co-trainer, and your group of trainees to be mindful of your own need for care during the training. If you are having trouble finding your emotional balance you should speak to your supervisor or co-trainers. Below are some simple practices to consider to help you stay healthy and grounded during this stressful time.

- Take good care of your physical needs (rest, food, movement, connection) in the ways that sustain you.
- Use your support systems to help you. Let them know you are undertaking a demanding role for the next several weeks and may need some additional support.
- Consider strategies that have been healthy, restful, and restoring for you in the past and use those.



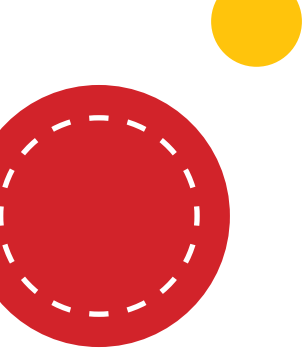
- Participate in physical activity at any level you desire. Physical activity releases endorphins, hormones that affect receptors in the brain, often reducing the sensation of pain or stress.
- Use grounding practices to center yourself in the present and to relax and nurture you.

Learn about your Trainees

It is important to be aware of who is in your training group. In addition to the first few modules which have an emphasis on learning more about trainees' motivations for joining the training, you will have completed pre-training interviews, have had the opportunity to review application information, and perhaps even followed up on references provided by the trainee. Early on in the training, you will have a good idea of what drives each individual with this topic, whether it be social activism, working from lived experience as a survivor or someone close to a survivor, a desire to help people who are challenged by life experiences, or a need to fulfill a college or job requirement.

Whatever the motivation, it is important that the trainer continue to be closely observant of trainees throughout the training to ensure they are managing their own emotional health as they: learn about the scope, prevalence, and harm of sexual violence; grasp the knowledge they need to be good beginning advocates; understand what it means to be trauma-informed and survivor-centered; and learn what it looks like to be an advocate who respects the survivor's capacity to lead the decision making and healing path. Most trainees bring experience or knowledge of some sort to this training commitment.

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Make sure that you are aware of and accommodate any accessibility needs that a trainee has. It can be beneficial to provide an opportunity for trainees to share needs related to accessibility during pre-training planning. A standard questionnaire or conversation with new trainees can elicit important information such as a trainee's preferred language and any physical and environmental accommodations needed so that trainees can fully participate.

Encouraging survivors' participation in advocacy training is an important part of your program's work. Because of the intensity of the training topics, it is likely that survivors in the group may feel prompted to talk about their experiences, even if they haven't before. The training content may also prompt some trainees to realize they have experienced sexual violence, but didn't have the words for it until now.

Encouraging survivors' participation in advocacy training is an important part of your program's work. Because of the intensity of the training topics, it is likely that survivors in the group may feel prompted to talk about their experiences, even if they haven't before. The training content may also prompt some trainees to realize they have experienced sexual violence, but didn't have the words for it until now. Trainers are encouraged to discuss this with all applicants during the interview process, on the first day of training, and as appropriate throughout the duration of the training to create a safe and trauma-informed space for learning. Self-disclosure can be healing and empowering and should not be discouraged; it should also not be required. Great care should be taken to support the entire group throughout the process. Invite participants to talk with trainers if they want to discuss disclosure with you before sharing with the group.

Participants in your training are likely all learners with varied educational experiences. It is important to keep in mind that the goals, motivating factors, and learning styles of trainees vary. However, some common characteristics shape their interaction with the learning process. As you choose methods and facilitate training, consider common traits of learners and how these will influence the structure and delivery of the training.

Learners:¹

- Learn best in a culturally appropriate and respectful climate. Learners like to determine their own learning experience. They enjoy small group interactions and learn from others' experiences as well as from their own. Their participation is valued. Diversity of life experience is honored.
- May be goal-oriented. They often look for relevance, information they can readily use, applications of theory to reality.
- Have previous learning experiences. They may bring preconceived ideas, even attitudes to this training based on those experiences. As a facilitator/trainer, realize that some reactions may not be a response to you or your ability.
- Have established habits. They may draw their knowledge and opinions from years of experience and be reluctant to change. They may feel threatened by new concepts and new ways of doing things. Recognize this and be prepared to help them embrace change.
- Have opinions about what's being taught. Let learners know that their opinions and ideas are significant and matter. Keep learners engaged in the learning process by asking for and valuing their insight.
- Tend to relate what they are learning to what they already know. Learners may like to sort new information into familiar categories. It helps to relate new information to familiar situations or procedures, giving them familiar ground while you are asking them to stretch into unfamiliar or uncomfortable territory.
- Need to be actively involved in the learning process. Learners want to do more than sit and receive information passively. Lectures should be short and present only the most relevant information. Have participants use the information by involving them actively in the learning process and giving them opportunity to apply what they learn.





Training Setting & Schedule

The tone you set in the training space itself is vital in establishing a comfortable, respectful learning environment. Many options are both affordable and powerful in helping to create this environment.

- Consider a setting that can be rearranged and renewed easily. Can chairs be in a circle, several small circles, pushed back to the walls, etc.? Changing the room arrangement can prompt new connections.
- Play background music as people enter the room, take breaks, or work in small groups.
- Make food available (within grant or funding guidelines). Many training groups manage this by having group members offer to contribute food for one of the training sessions. Some agencies are able to get donations from local grocery stores or co-ops to support the training program. The refreshments do not have to be fancy or abundant. Popcorn, nuts, fruit, and drinks can be sufficient.
- Consider ways you can make the training room your own during the training time. For example, consider posting the agency mission, photos, powerful quotes from survivors, activists, and advocates, or art work.

It is recommended that you follow the modules in the order laid out in this manual. Every agency will determine a training schedule that best meets their needs and the needs of trainees. Some find that several evenings of 4-hour sessions works well, while others may prefer to do a series of full days on weekends. Make sure that each schedule contains sufficient time for breaks and debriefing both at the beginning and end of the session. It is beneficial to schedule the training so that it can be completed in 4–6 weeks without interruption. Be aware of your state accreditation requirements and develop your program's training schedule to meet these guidelines.

Pre-Training Tasks

Prior to the training, participants should receive information on training requirements so that they are able to make an informed decision about their participation. It is best practice to require all employees — ranging from leadership to advocates to fiscal staff — to complete the full advocacy training. It is also highly recommended that all volunteers, regardless of role, also complete the training.

Follow your organization and state guidelines on training requirements to become a staff person or volunteer. It should be made clear that participation in the training does not guarantee acceptance into an advocacy position, but is rather an extended interview and orientation in which the program and potential advocate can determine if they are a good match. An information packet for prospective advocates might contain the following:

- Agency and program description
- Explanation of the kind of training your agency is offering and its focus or purpose
- A list of prerequisites for enrollment in the training course, including age requirements, relevant agency policies re. criminal background checks, etc.
- Training course overview and schedule
- Training expectations and requirements for participants, including how many sessions can be missed and made up later
- Requirements for advocates, including a basic job description, extent of commitment (e.g. shifts per week or month, attendance during in-service trainings or mandatory meetings)
- Information about services available and how to access to support

It is best practice to require all employees — ranging from leadership to advocates to fiscal staff — to complete the full advocacy training. It is also highly recommended that all volunteers, regardless of role, also complete the training.

During the Training

The training time together is a good opportunity for you to observe the trainees in a number of activities and to assess if each is a good candidate for your advocacy program. If you and the trainee decide direct services are not the best fit for them, consider if another type of work or volunteerism at your agency or a peer agency in the community might be better suited.

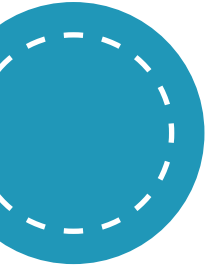
Some trainees may maintain a high level of anxiety about becoming an advocate for survivors of sexual violence. It is important for the trainers to maintain a strong positive and encouraging tone that by its nature can reassure the participants that you have faith in their ability to be advocates. Acknowledge that some anxiety is normal and healthy and a sign that the participants value the role they are stepping into, but that direct service might not be the best fit for all trainees. If, over the course of training, you and a trainee decide that direct service is not for them, consider if it is appropriate and possible for them to find another way to contribute to the agency. It is possible that in cases where it is truly not a good fit, trainers may need to advise trainees that they do not meet the requirements to fulfill the available role(s) at the agency. Such conversations should be thoughtful, supportive, and let trainees know the circumstances in which they be reconsidered for available roles.

If you hear from some trainees an indication that they may struggle with some aspects of the advocacy work, [e.g. wanting survivors to report all sexual assault so the “bad folks” will be caught; or blanket statements that all people who commit sexual violence “are monsters” and should “fry”] make a mental note to observe if these perspectives start to change throughout the training as participants learn more about the nuances of sexual violence. These are common attitudes and expressions heard in the public arena, but we know that they are too simplistic and are typically not consistent with what an individual survivor wants or needs. Watch for evidence that this potential advocate is learning to understand the complexity and nuances of the issue and reevaluating their earlier positions. Make space for these big questions and challenging topics for trainees in the Bringing It Together and Bringing it to a Close sections of each training day.

After the Foundational Training is Complete

- Hold a graduation ceremony at the last session and honor the hard work of the trainees.
- Conduct follow-up interviews with those who completed the training
 - The purpose of the interview is to assess the trainee's experience with the training and to determine their readiness to engage in advocacy. This is a time in which a trainee's interest, availability, and any remaining concerns from either the individual or the trainers should be discussed. These conversations will likely differ slightly between those held with volunteers and those held with newly hired staff members.
 - For some trainees, this meeting will be an opportunity to indicate that a trainee is not ready to step into an advocacy role. It is possible that the individual will already have determined that. If the trainee is a newly hired employee and it is determined that an advocacy role is not a good fit, consider if other more suitable positions at the organization are available. Alternatively, explore if additional opportunities for learning and shadowing may help the trainee be more prepared and capable of serving in an advocacy role. If the trainee is a volunteer, use this opportunity to offer other volunteer roles for involvement or invite the individual to stay connected and/or consider options for the future, if either is appropriate. Whatever the decision, thank them for their interest in your program and for completing the training.
 - If the trainee has successfully completed the training program and is prepared for a role as a staff member or volunteer, follow your own agency's steps for onboarding the trainee into your advocacy program.





- Conduct an organizational debriefing of the training for the purpose of:
 - Evaluating the training from the agency perspective,
 - Reviewing participant evaluations,
 - Identifying ways to place newly trained advocates,
 - Strategizing about future trainings, and
 - Assessing how the training demands and schedule affected other staff and whether organizational shifts are necessary to accommodate training.
- Plan and implement a program of professional development for all advocates:
 - Schedule and require attendance at ongoing advocate meetings with debrief and training opportunities,
 - Offer and require participation in other training opportunities including webinars or other remote learning possibilities,
 - Celebrate the contribution of your paid and volunteer advocates by holding an annual appreciation event.

ACTIVITY: BRINGING IT TOGETHER

An opening practice is critical to grounding the group in a learning environment that allows space for trainees to connect and set the foundation for the new learning that will take place. Trainers and trainees can co-create an opening practice reflective of the cohort that supports curiosity and inquisitiveness among trainees, making continual space for learning and growth.



OBJECTIVES

At the conclusion of this activity the trainer will be able to:

- Assess the energy and status of the group prior to each session
- Support rapport building in the training group
- Identify where additional learning or practicing is necessary
- Assess the group's readiness to move on



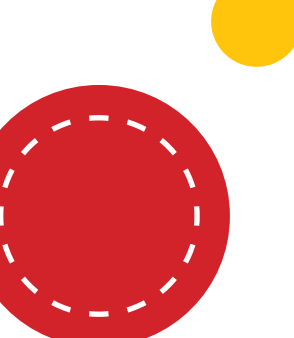
MATERIALS

- Flipchart
- Markers
- Paper
- Pens/pencils




CONSIDERATIONS FOR THE TRAINER

Learning continues after the session. When using *Bringing it Together* throughout the weeks of training, trainers might hear trainees talk about thoughts they had after the last session. Follow-up activities that result in new insights from group members are not a sign that a trainer is doing a bad job. You might think to yourself, “I should have caught that when we were talking about...” or “I missed a really important point in that lesson.” Instead, it is a sign that trainees



are connecting to the new information, are actively working on figuring it all out, and are learning. Trainers, similarly, might have “aha” moments between training sessions and should feel welcome to share those with the group.

BRINGING IT TOGETHER CHECK IN



Using an activity agreed upon by the group, take the first fifteen minutes of your session to reconnect as a cohort. This can be an opportunity for members of the group to learn about each other and build a sense of trust and community within the group. It can also be a chance to pair a more personal check in with a prompt to name a topic still on one’s mind from a past session. Find a ritual or check in practice that works for the group. Examples include:

A personal check in:

- Ask participants to share a few words, thoughts, or feelings about how they’re doing today.
- Offer a specific prompt which may range from light to more serious. Members of the group can take turns determining the prompt.

A training-specific check in:

- Pose an open-ended question to the group: What additional questions or reactions arose about the previous training session[s]? What are you most excited to learn more about?
- Ask participants to share a few words, thoughts, or feelings in response to the last training session module.
- Make notecards available for participants as trainees enter the room. Ask them to write down any additional comments to be read and posed to the larger group by the trainers.

After sharing and exploring any lingering questions or thoughts as a group, transition to the first session of training for the day and invite trainees to use the question wall for questions that come up throughout the day.

ACTIVITY: BRINGING IT TO A CLOSE

Evaluation is critical to the process of your training program. If you are not certain that your training is effective in preparing new advocates, you have done only part of the work. There are multiple evaluation opportunities and tools trainers can use throughout the training schedule to determine if the group is gaining the knowledge and skills needed and is ready to move on to the next topic.



OBJECTIVES

At the conclusion of this module the trainer will be able to:

- Assess how trainees feel about the training session and gather feedback
- Identify where additional learning or practicing is necessary
- Assess the group's readiness to move on



MATERIALS

- Flipchart
- Markers
- Session evaluation forms
- Paper
- Pens/pencils



EVALUATION

At the end of each day, allot fifteen minutes to check in with trainees about the material covered and conduct an evaluation. Many of the sessions have a debrief activity built in to the end of the session. In these cases, it is possible that you will skip step one [below] unless there is a sense that an additional group check in is needed. Step two is to conduct a written evaluation. This should be a standard practice at the end of each day.

Step 1: Invite trainees into a discussion and take notes (on the flipchart or a notepad). It is important to normalize for the group that having questions is expected and is an indication that the participant is eager to learn.

- What questions do you still have about what we just covered?
- Is what was presented clear to you?
- What do you think was the most useful information you heard in that discussion/presentation?
- What do you think was the most difficult or challenging information you heard in that discussion/presentation?
- What is one word you can use to describe how that lesson/session felt to you?
- Do you feel ready to move on to the next lesson?

Step 2: Distribute a written evaluation form at the end of each session that asks for feedback on the facilitators, presentation, activities, usefulness, etc. A sample follows.

Upon completion of foundational advocacy training: At the end of the final session, participants should be asked to respond to a more complete evaluation of the overall training experience.

TRAINING SESSION EVALUATION

TOPIC TITLE:

DATE:

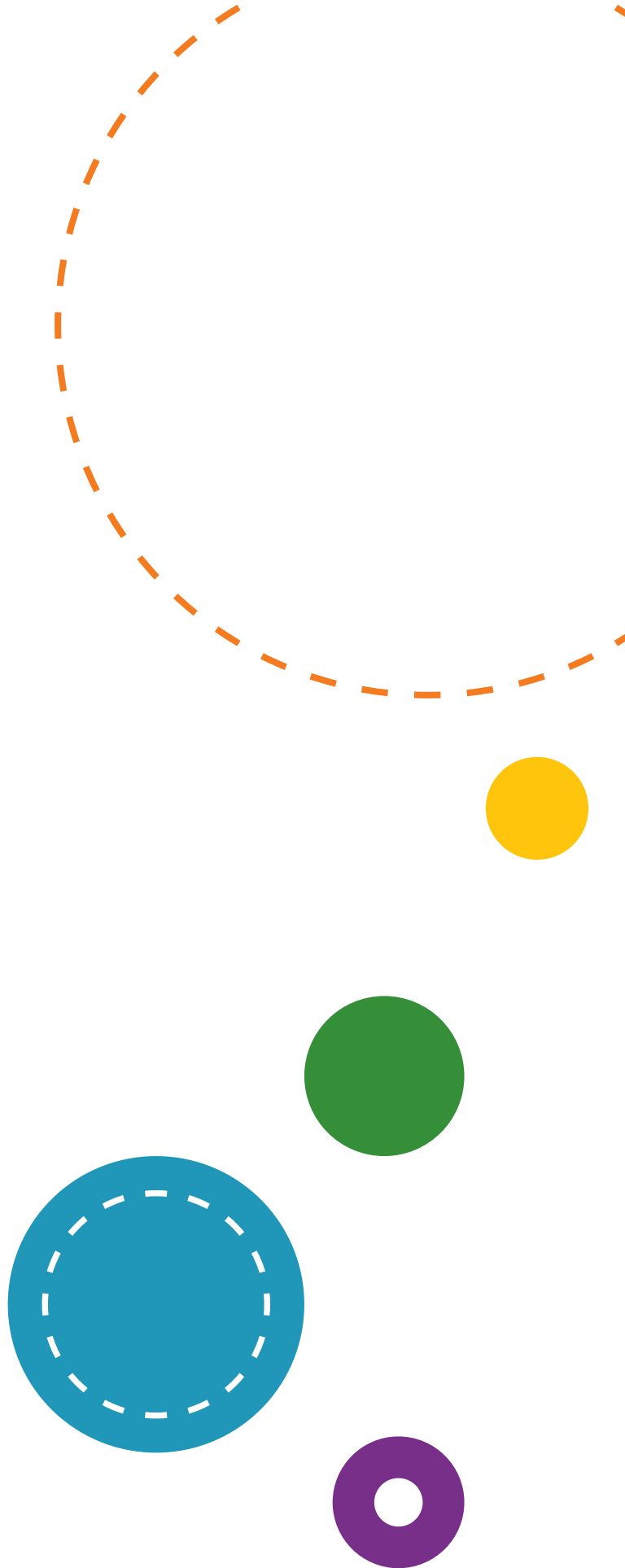
CONTENT EVALUATION						
	N/A	POOR		AVERAGE		EXCELLENT
Material presented was informative and relevant to topic.	n/a	1	2	3	4	5
Handouts offered additional useful information.	n/a	1	2	3	4	5
There were opportunities to participate and ask questions.	n/a	1	2	3	4	5
Material presented included a multicultural perspective, including issues of disability, race/ethnicity, sexual orientation, gender identity, age, etc.	n/a	1	2	3	4	5
Lesson activities demonstrated important concepts and skills for advocates working with survivors of sexual violence.	n/a	1	2	3	4	5
CONTENT EVALUATION						
	N/A	POOR		AVERAGE		EXCELLENT
The facilitator(s) effectively communicated concepts.	n/a	1	2	3	4	5
The facilitator(s) were prepared and organized.	n/a	1	2	3	4	5
The facilitator(s) encouraged participation.	n/a	1	2	3	4	5
OVERALL EVALUATION						
	N/A	POOR		AVERAGE		EXCELLENT
How would you rate this session overall?	n/a	1	2	3	4	5

TRAINING SESSION EVALUATION

COMMENTS:

What was the most important thing you learned or liked about this session?

How might this session be improved for future trainings?





MODULE

1

WELCOME

This section is comprised of five lessons that ground trainees in your organization and advocacy work.

LESSON 1: Introductions

LESSON 2: Question Wall

LESSON 3: Why Advocacy Training?

LESSON 4: Overview of agency, agenda, and expectations

LESSON 5: What brings you to this work?



OBJECTIVES

Trainees will be able to:

- Describe the training agenda and expectations
- Meet the trainers, key agency staff, and other trainees
- Describe the agency mission, vision, and services and policies that support the work
- Articulate what grounds them in this work
- Begin to identify how their interests pair with the goals of the training and the advocacy program



MATERIALS

- Training agenda (if you choose to create one)
- Agency brochures
- Flipchart paper or dry erase board
- Markers
- Notecards
- Pens/pencils



TIPS FOR PREPARATION

- Ask in advance that someone in your organization's leadership (Executive Director, a Board Member, etc.) come in to join the welcome for this cohort of trainees. Check in to see if they need any help in preparing welcoming words for the cohort.
- Plan your own introduction so that you can model the activity to trainees.
- State/territory laws related to confidentiality and privileged communication for advocates vary among the states, territories, and tribes. These laws inform advocacy practices. Gather information prior to the training about your state/territory/tribe's laws related to privileged communication for advocates.



POINTS TO CONSIDER

- **Set an open and welcoming tone**

Many trainees will come to this first session with a variety of expectations as well as concerns or fears: about the topic of sexual violence, about how they will be received, and about advocacy. You can start demonstrating that this is a safe and welcoming space by maintaining a welcoming, friendly, open, and direct demeanor.

- **Be upfront about the potential impact of the training**

This first session will give you, as the trainer, the opportunity to reinforce any messages that were shared in the application/interview process. For example, the training is a good way for the trainee to find out if this advocacy role feels like a good fit. It is expected that some will find the role of an advocate not what they anticipated it to be or perhaps too difficult. For some, the training can be upsetting or triggering, for a variety of reasons. You should remain alert to the potential of this occurring and include discussion of this during the application and interview processes.

- **Stay grounded in trainees' passions for the work**

As the training sessions continue and when you are able, try to remember to refer back to an individual trainee's motivation or passion for this work to reinforce how their contributions bring value to the overall.

- **Supporting trainees who disclose or want support**

During training, trainees may feel moved to disclose their own history of being a survivor or a significant other of someone who has experienced sexual violence. Acknowledge that there are survivors in the room who may or may not choose to disclose their experience. Encourage trainees to take care of themselves the best way they can throughout the training, such as stepping out at any time if they are triggered or uncomfortable and engaging with supports. Set up multiple options for trainees to debrief and talk with staff as needed. Continue to be aware of this possibility and make sure you have staffing, policy, and supervision supports available to all trainees.

LESSON 1: INTRODUCTIONS

This is a brief introduction activity, with an upcoming module that focuses more on trainees' interest in advocacy. For the activity in this section, ask trainees to prepare responses to questions a–d, plus two additional questions of their choice from those listed. Write the questions on a flipchart, dry erase board, or prepare PowerPoint slides.

Use these four prompts (a–d):

- a. *What is your name?*
- b. *What are your gender pronouns? (i.e., how do you refer to your own gender? he, she, they, etc.)*
- c. *What do you want to learn about sexual violence?*
- d. *What do you want to learn about advocacy?*

And select two prompts from the list below:

- e. *What do you like to do for fun or relaxation?*
- f. *Where were you born and where did you grow up?*
- g. *Share something about the origin of your name/nickname.*
- h. *What languages do you speak?*
- i. *What is the furthest you have ever been from where you live?*
- j. *What is your favorite food?*
- k. *What is one hope you have for the future?*



ACTIVITY INSTRUCTIONS

- Briefly introduce yourself by answering to the questions selected to model the activity. Ask your co-trainer/s to do the same.
- As trainees introduce themselves to the group, write any themes on the flipchart or dry erase board.
- Make notes to yourself on any significant points or questions to return to.
- Thank participants for choosing to learn more about sexual violence and advocacy. For some, this may be the first time they have thought deeply and critically about the issue of sexual violence.
- Explain that in any group, one can find great diversity in interests, values, professions, and life experiences as the introductions might indicate. Whether you know someone well or are meeting that person for the first time, there is always something interesting and new to learn about that person. There is a wealth of information and experience represented in the entire group and it can be an invaluable resource throughout and after the training. While differences are interesting and important to acknowledge, similarities are also important. For example, there should be a shared commitment to assisting survivors of sexual violence.

LESSON 2: QUESTION WALL

Introduce the concept and practice of a “Question Wall.” Have a piece of flipchart paper posted on a side wall with markers available. The Question Wall is a process of collecting questions or concerns that are prompted by the topics discussed.

It is important to eventually refer back to this sheet and make sure that questions are answered — either immediately, or after the trainers have found answers or resources. These questions can help identify future needs for trainings. Remember if one person has the courage to ask then most likely, there are others in the room that have the same questions.

Let trainees know:

If there is something they want to know more about, they can add a question or comment to this sheet. Of course, this does not take the place of asking questions during discussions. The question posted may be about a previous training topic, something that may be a tangent to what is being discussed in the moment, something a trainee is curious about, or something they anticipate may come up in future discussions but they want to make sure isn't missed.

LESSON 3: WHY ADVOCACY TRAINING?

Advocates are powerful people. Being present, listening, and validating are some of the most helpful skills advocates have that survivors are not likely to get elsewhere.

When discussing the importance of advocacy training, integrate these points into your dialogue:

- Advocates are an important resource for survivors. Advocates provide a safe place for a survivor along their process of healing. Advocates believe the survivor and follow the direction given to us by the survivor. Advocates know that survivors are whole, healthy, capable human beings responding to trauma.
- Advocacy training helps advocates build the ability to support survivors through their knowledge of resources and development of active listening skills.
- Legal standing is often connected with the successful completion of the training. This enables survivors' communication with advocates to be privileged, meaning that what is communicated between survivors and advocates cannot be required to be disclosed by law except in rare circumstances. In some states, advocates can claim privileged communication status with survivors only when they have been trained and are employed with or volunteer at agency. Privileged status likely does not apply outside their advocate role. For example, trained advocates could not provide advocacy to a friend outside of the agency context and maintain privileged status. With awareness of your state's laws, explain this significance to trainees.

Trainees may find it helpful if you acknowledge:

- Some trainees may be curious or even anxious at the thought of working with survivors of sexual violence — that is exactly why this training is provided. The training will begin to prepare participants with the skills and knowledge they need to start this work. Remind participants that they are not alone in this work; there is the entire advocacy program with multiple perspectives and talents behind them. Supporting survivors and working toward ultimately ending sexual violence takes collective community action.
- The foundational advocacy training is just the beginning of the learning process about sexual violence and advocacy. This is a time for challenging oneself, engaging in curiosity about this complex issue, and making a commitment to continually learn. Trainees will continue to learn from other trainers, from fellow advocates, and from watching public commentary about sexual violence. Most importantly, trainees will learn from the survivors they have the opportunity to work with.

LESSON 4: OVERVIEW OF AGENCY, AGENDA, AND REQUIREMENTS

This is an opportunity to review the logistical aspects of the training for trainees. This is also a chance for trainees to check in about logistical questions they may have.

Trainers may consider covering:

- Dates, times, and locations of training
- Expectations regarding make-up sessions or what to do if a trainee can't make a training
- Information about training modalities used [for example, lecture, discussion, small group activities, field trips, speakers, and online activities, as applicable]
- An overview of when/how there will be opportunities to debrief and what a trainee should do if they need additional time to debrief
- Agency commitment to organizational support for staff/trainee wellness and related information on available support
- How feedback will be gathered
- A brief agency overview including information about programs, the mission, and vision. Consider sharing brochures/handouts that cover:
 - Programs and services available
 - Agency mission and vision statements
 - Agency values
 - Other items that represent your agency
- Housekeeping items such as:
 - How to reach the trainers between sessions
 - Accessible restroom locations
 - Service animal relief area [if applicable]
 - Where to find water or refreshments

LESSON 5: WHAT BRINGS YOU TO THIS WORK?

This activity and discussion will invite trainees to share about what brings them to this work. Hand out notecards and direct trainees to write down a response to the prompt, “What inspired you to want to be an advocate?” Invite trainees to share with the group.

There are many thoughtful ways to listen to and honor trainees’ responses. It is important to show appreciation for whatever the motivating factors are that bring a trainee to this work. There is no ‘right’ motivation for doing this work.

Examples include:

- Some people become advocates out of a passion for the cause.
- Some become advocates as a means of fulfilling the need for employment or education.
- Some people become advocates out of lived experience and a desire to smooth the path for someone else.
- Some people want to find a way to give back to individuals and community.



MODULE

2

CARING FOR OURSELVES & EACH OTHER

This section is comprised of three lessons that focus on:

1. establishing group commitments that support a culture of care in the training environment, and
2. discussion of the integral nature of organizational support for staff wellbeing and strong individual self-care practices.

LESSON 1: Group Commitments

LESSON 2: Organizational Support for Self-Care

LESSON 3: Cultivating Resilience in Ourselves

- A Self Care Revolution
- Common Terms
- Ways We Can Care for Ourselves



OBJECTIVES

Trainees will be able to:

- Describe the group commitments that will maintain a safe and brave learning space that promotes learning and sharing
- Use group commitments to manage and learn from possible conflict or disagreement that may occur during the training



MATERIALS

- Training agenda (if you choose to create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Organizational statements/policies that demonstrate agency commitment to staff care
- Computer with screen and projector, internet, and audio
- Copies of article “Activist Burnout is Real” (link in lesson 3)
- Copies of “Filling Your Coping Bank” handout (at the end of this module)



POINTS TO CONSIDER

• **A safe and brave space is critical to learning**

Maintaining a safe environment for participants in training on sexual violence and advocacy is paramount to their learning experience and is a perfect example of what good advocacy looks like. Your group will agree upon commitments that will support a safe and brave learning environment. In a brave space, challenging issues may be discussed and we may experience strong feelings or reactions, but the group maintains care and respect for one another. By making these commitments, you and the group are honoring the participants’ self-defined needs, respecting their agency, and garnering their trust: all elements of advocacy.

- **Make space for trainees to show up authentically**

Within any group, there are always people who are more or less comfortable speaking up, especially with topics as complex as sexual violence and advocacy. There are many cultural dynamics that also contribute to a person's sense of comfort in speaking up. It is important that the group commitments honor the various ways that individuals are able to participate in the training.

- **Refer back to commitments throughout training**

Consider and practice ways to reinforce the group commitments throughout training [and beyond]. Have the commitments posted through the entirety of the training.

- **Intervene when necessary**

Prepare to intervene, when needed, in a non-shaming way, such as:

- “I hear your perspective on that. Let's see if there might be another way to look at it.”
- “I appreciate your contributions. Let me share our program's perspective on that issue.”
- “I hear that you have some concerns/questions/thoughts that you want to bring — let's set up some time for the two of us to talk in private.”

- **Welcome questions of clarification and vocalizing thoughts**

Participants may need help in asking for help as the training progresses. Suggest that they consider stating: “I need to vent/or express my emotions about this” or “I need help understanding what was being said or how that connects with sexual violence” or “I am not sure what I need. I just know that something is going on while we are covering this.” Trainers may want to write these phrases on flipchart paper to keep posted throughout the training sessions to encourage trainees to share what comes up for them throughout the training sessions.

LESSON 1: GROUP COMMITMENTS

Write the four basic group commitments (below) on a flipchart or dry erase board.

LARGE GROUP DISCUSSION

Creating a safe and brave learning environment is critical to learning and sexual violence and advocacy. Participants come to this topic with a range of feelings and expectations. It is important that group commitments are set to ensure an open and respectful training environment.

Share the four fundamental group commitments:

- Show up and engage fully
- Communicate respectfully, honestly, and from your own experience
- Respect the integrity and privacy of the group
- Take care of yourself

Discuss each of the four commitments and invite trainees to share what each commitment means to them. Trainees may share things like:

- **Show up and engage fully**
 - Come on time
 - Attend all sessions
 - Arrive ready to learn
 - Prepare to give ample time to this training
 - Listen actively
 - Participate in discussion
 - Prepare for the classes as required
 - Turn off electronics; only access during breaks if needed

- **Communicate respectfully, honestly, and from your own experience**
 - Use I statements
 - Speak from the heart
 - Speak one at a time; let others finish their thoughts before you begin speaking
 - Check in with yourself to make sure you are not monopolizing discussion or refusing to participate in discussions
 - Be open to appropriate challenges
 - Consider that your perspective may be limited to your cultural, ethnic, family, or community experience and it may not contain the entire truth
 - If you have a question, voice it; others may have the same question
 - Bring any concerns directly to the group or the trainer rather than engaging in unhelpful conversations outside of the group
 - Take care to voice concerns in a constructive manner and not in blaming language
 - Demonstrate that you understand the perspective of others even when you may disagree
 - Share as much or as little as you would like to about yourself and lived experiences
 - Don't make assumptions
 - Don't expect people from marginalized groups to represent whole communities of people

- **Respect the integrity and privacy of the group**
 - Remember that you are all studying a challenging and emotional topic; give others the space and support you would expect to receive
 - Assume “best intentions” from the trainer and other group members but feel free to ask for clarification
 - Keep group conversations that reveal personal information to yourself, don't share those with family or friends
 - Consider the pact the group has made to be in training together before you make statements about any member or the group as a whole to outsiders

- **Take care of yourself**

- Be clear with yourself and the trainer if the topic is causing you pain and stress
- Identify and use ways you can ease the burden of this information on yourself
- See to your physical and emotional needs as training sessions occur; if you need to exit the room or take a break, please do.
- Identify and inform your personal support system about the training you are doing and help them be ready to support you when and if you need support
- Ask for clarification if a point is unclear to you — you deserve to have questions or concerns answered or discussed

Discuss:

- *What additional commitments would trainees add?*
- *How does the group feel about these commitments?*
- *Is there anything else that would be helpful to create a safe and brave space for learning?*

LESSON 2: ORGANIZATIONAL SUPPORT FOR CARE AND RESILIENCE



OBJECTIVES

Trainees will be able to:

- Describe organizational supports for staff wellbeing
- Explain why organizational support for staff wellbeing is essential
- Explain key terms and concepts related to the impact of this work and self-care
- Identify resilience-building practices in trainee's own life



TIPS FOR PREPARATION

- Invite a staff member knowledgeable about the organization's commitment and practices to support staff wellbeing to be a guest facilitator for this session. Coordinate talking points and share logistics of the session.



POINTS TO CONSIDER

- **Acknowledge organizational support is an essential piece to staff self-care**

Organizations have a critical role to play to maintaining healthy, engaged, and supported staff. Through thoughtful policies and procedures and a visible commitment to staff wellbeing, organizations can send a strong message about how they value staff. Organizations can also reinforce that experiencing vicarious trauma or compassion fatigue isn't a personal failure, but rather something that can happen in helping professions that is the joint responsibility of organizations and individuals.

- **Demonstrate awareness of the cumulative impact of direct and vicarious trauma**

Many advocates have direct experiences with sexual violence. Many may also experience other forms of oppression related to identities they hold. Organizational policies and procedures should be attentive to the cumulative impact of various forms of trauma and reflect supportive resources and accommodations for staff.

- **Remember that discussion of self-care without attention to an organization's role is only half the conversation**

It's essential that advocates have awareness of their own personal practices support wellbeing and resilience. However, an agency has the responsibility to prioritize resources that demonstrate a commitment to staff wellness and reduce all organizational barriers for staff to practice self-care. Starting conversations about staff wellbeing and self-care with the organization's commitment to supporting staff demonstrates an organization that embodies core aspects of trauma-informed care and deeply values its staff.



ACTIVITY INSTRUCTIONS

- **Invited Speaker: Our Organization's Commitment to Staff Wellness**

During this session, the invited speaker from the organization has an opportunity to discuss the impact of this work on staff, including both the positive and negative. Often the more difficult parts of the impact of this work are the focal point of conversations around self-care and advocacy work, however, it is also advantageous to discuss positive attributes of advocacy, as there are many. Examples include: belonging to a tight-knit community, building meaningful relationships with colleagues, feeling like one is making a difference, and healing power of activism.

The speaker should convey agency resources, policies, and structures that proactively support staff wellbeing as well as those that are responsive to staff in need. Written copies of relevant policies should also be provided to trainees. Encourage the speaker to cover the following, reflective of agency policies and relevance for this particular group of trainees.

- Organizational commitment to trauma-informed care, including the care for staff and volunteers
- Organizational statement/values that reflect commitment
- Supportive supervision practices for staff and volunteers*
- Debriefing opportunities for staff and volunteers*
- Resources available for staff and volunteers*
- Cross-training available for staff and volunteers*
- Leave time, flexible scheduling, or other time-related benefits*
- Grievance procedures for staff and volunteers*

- Formal and informal opportunities to be in community with staff and volunteers (potlucks, staff dinners, celebrations, and other practices and rituals that build support and camaraderie)*
- Other perks or benefits of being a staff or volunteer (gym memberships, store discounts, free meals, etc.)*
- Support available for staff and volunteers who are survivors*
- Professional development and other continued learning opportunities for staff and volunteers*

**Offer and customize as relevant. Often policies may be different based on staff or volunteer status. It is important this section is tailored to the trainee cohort and that trainees who are or go on to be employed by the agency be made aware that there will also be additional agency orientation and related information provided.*

The speaker should answer any questions that trainees have and invite trainees to share any examples of other ways that organizations have worked to support staff wellbeing that trainees are aware of.

LESSON 3: CULTIVATING RESILIENCE IN OURSELVES



TIPS FOR PREPARATION

- A short TED Talk is recommended for viewing during part one of this session. Set up technology in advance and test out the clip to make sure it runs smoothly. This film is about 12 minutes long and requires video and audio.

Drowning in Empathy: The Cost of Vicarious Trauma

by Amy Cunningham

<https://www.youtube.com/watch?v=Zsaorjlo1Yc>



- A short article is recommended reading during part three of this session. Print it out and have it available for trainees.

Activist Burnout is Real – And You Probably Need to Read These 4 Ways to Manage It

by Aliyah Khan

<https://everydayfeminism.com/2015/05/dealing-with-activist-burnout/>

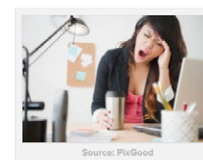
Activist Burnout Is Real – And You Probably Need to Read These 4 Ways to Manage It

May 27, 2015 by **Aliyah Khan**

I had a conversation the other day with a friend who told me that all she wanted was a small house by the beach, a job she loved, and a sense of peace.

But that sense of peacefulness, despite how ideal it sounds, sometimes feels out of reach for activists.

I, for one, am in a constant state of chaos.



Source: PixGood

I'm disheartened at the response of sexual assault on campus. I'm angry that people are being



POINTS TO CONSIDER

- **Normalize vicarious trauma and burnout and encourage trainees to continually check in with themselves.**

Providing advocacy for survivors of sexual violence can be a rewarding and powerful experience. It can also be frustrating, sad, exhausting, and draining. One of an advocate's most important tasks is to check in with themselves for signs of vicarious trauma or burnout and to not ignore them. Survivors of sexual violence deserve the best support we can give and that is not possible when we as advocates are stretched to the limit and unable to maintain our best attitudes and wisdom. When doing physical exercise or working out we are often warned by trainers that as we get fatigued, our good form suffers and we risk hurting ourselves. So, we make adjustments for our health and safety. That is a good metaphor for protecting our physical and emotional safety while doing this work. Knowing that we are stretched too thinly is one step. Knowing what to do to prevent that or to respond if that happens is the next important point.

- **Invite seasoned advocates to participate in the conversation.**

This session is a great opportunity for seasoned advocates to share their experiences with burnout, vicarious trauma, and how they have figured out how to best take care of themselves. Hearing from those who have been engaged in advocacy work over time can provide trainees greater connection with the organization, insight into the experiences of seasoned advocates, and can provide seasoned advocates with an opportunity to mentor and share wisdom.

“Our capacity for resilience can be cultivated. Like any other way of being, we can embody resilience more deeply, by making it a conscious embodied practice, rather than waiting for it to happen to us.” — Staci Haines [Haines, 2015, para. 4]

SELF CARE AND VICARIOUS TRAUMA

This session is a natural transition from the previous session about the organization's commitment to supporting staff wellness. During this session, the facilitator will explore the topic of self care and vicarious trauma with trainees and discuss its importance in the context of advocacy work.

Begin by showing this short TED Talk. Reassure trainees that there may be unfamiliar terms heard and that these will be defined after watching the clip.

- **Amy Cunningham – Drowning in Empathy: The Cost of Vicarious Trauma**
<https://www.youtube.com/watch?v=Zsaorjlo1Yc>

GROUP DISCUSSION: POST-CLIP REFLECTION

- *What are you taking from the TED Talk?*
- *What were themes?*
- *What resonated?*
- *What didn't?*

Themes of Clip

- Advocates, along with other caregivers and emergency responders are empathetic individuals who are at risk of experiencing vicarious trauma and compassion fatigue.
- Vicarious trauma and compassion fatigue can be identified and interrupted. Growth and healing are possible.
- It is important for us to care for ourselves so that we can continue to care for other people.

COMMON TERMS

It can be helpful to discuss common terms used in the context of self-care and advocacy work so that trainees have shared language to talk about these experiences. Consider writing these definitions on a flipchart, dry erase board, or prepare them on a handout for trainees.

Self-care

Self-care is a sustained and intentional practice in one's life to preserve wellness and maintain wholeness.

Vicarious Trauma

"Vicarious trauma is a process of change that unfolds over time. It is not just your responses to one person, one story, or one situation. It is the cumulative effect of contact with ... people who are struggling" (Pearlman & McKay, 2008, p. 7). Vicarious trauma can manifest in difficulties related to one's holistic wellbeing [it affects our hearts, bodies, and minds].

Empathy

Empathy is the ability to identify with another person, to understand and feel another person's pain and joy. Empathy doesn't mean feeling exactly what someone else is feeling. Everyone is unique. Everyone has their own personal history, personality, and life circumstances. You cannot ever feel exactly what someone else is feeling. But to a certain extent [and more effectively in some cases than others], when you care, you can relate to other people's experiences, reactions, and feelings (Pearlman & McKay, 2008).

Burnout

The experience of long-term exhaustion and diminished interest in one's work

Resilience

Resilience in the context of advocacy work is the capacity to sustain strength, hope, and purpose over the long-term, while extending love and care to those we serve. It allows us to honor and attend to our own concerns and needs, while simultaneously connecting to, and being present with, the concerns of others (Seaborne, n.d.). This is sometimes also known as compassion resilience or vicarious resilience.

Compassion Fatigue

“Compassion Fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.” [Dr. Charles Figley, Professor, Paul Henry Kurzweg Distinguished Chair, Director, Tulane Traumatology Institute, Tulane University, New Orleans, LA]

GROUP DISCUSSION: EXPLORE HOW THESE TERMS RESONATE WITH TRAINEES

- Are trainees familiar with these terms?
- Is anyone comfortable sharing about experience with vicarious trauma or burnout?
- Is anyone interested in sharing about their experience with compassion resilience?

WAYS WE CAN CARE FOR OURSELVES

ARTICLE & REFLECTION

This third and final part of this section focuses on inviting trainees to think about their own self-care practices to build resilience and effectively notice and respond to vicarious trauma and burnout.

Provide trainees with a copy of “Activism Burnout is Real...” article to read individually.

- **Activist Burnout is Real – And You Probably Need to Read These 4 Ways to Manage It by Aliyah Khan**
<https://everydayfeminism.com/2015/05/dealing-with-activist-burnout/>

GROUP DISCUSSION: DEBRIEF THE ARTICLE

Consider using the following questions:

- *How well do you know your own signs of burnout or vicarious trauma?*
- *What has helped bring awareness of signs in the past?*
- *What strategies can you put in place to practice early awareness?*

FILL YOUR COPING BANK

As mentioned in the article, awareness of practices that help us to cope and build resilience is key to managing the impact of this work. Using the “Coping Bank” handout, invite trainees to think of some of their own resilience-building strategies. Everyone’s strategies are likely to be different; it helps if trainees get specific about what works them individually.

INDIVIDUAL & PARTNER REFLECTION

Provide trainees ten minutes to reflect on their own methods for building resilience, using the handout or other resources of your choosing. After individual reflection is complete, invite trainees to spend a few minutes talking with a partner about their resilience-building strategies. Trainees may consider reflecting with a partner on the following questions:

- *What are any rituals or practices you have to build resilience?*
- *Is there anything new you're interested in integrating into your practices?*
- *What helps you feel supported to practice self-care?*

GROUP DISCUSSION: SHARING ABOUT RESILIENCE-BUILDING STRATEGIES

Invite trainees to share any bits of reflection or wisdom that arose from individual reflection or partner discussions.

References

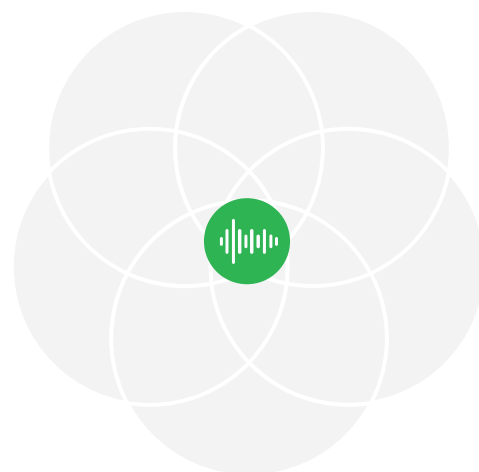
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Coping Bank

STRATEGIES FOR BUILDING
RESILIENCE



What are rituals or practices that support your self-care and resilience? Try to be specific.

**Resilience can be
built by taking care
of our whole selves**

Connection
Nourishment
Pleasure
Movement
Relaxation
Community
Reflection
Learning
Rest



MODULE

3

TRAUMA-INFORMED & HEALING-CENTERED CARE

This section offers a brief overview of trauma-informed care, focusing on the way it shapes a program's philosophy, culture, and services. This module will introduce the primary concepts of trauma-informed care with the goal of familiarizing participants with the tenets by which to approach advocacy work. Additional information specific to advocacy practices will be explored later in the training.

LESSON 1: Shifting our Paradigm

- Understanding Trauma
- The Impact of Trauma

LESSON 2: Trauma-informed care in our agency, our services, and ourselves

- Defining trauma-informed care
- Language matters



OBJECTIVES

Participants will be able to:

- Describe what is meant by “trauma.”
- Define trauma-informed and healing-centered care.
- Discuss the five guiding principles of trauma-informed care.
- Describe trauma-informed and healing-centered care’s impact on survivors of sexual violence.



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Tape
- Copies of your organizational statements and policies related to trauma-informed care
- Copies of “Understanding Trauma: Factors that Influence Trauma” handout (at end of this module)
- Copies of *Building Cultures of Care: A Guide for Sexual Assault Services Programs* (available online at https://www.nsvrc.org/sites/default/files/2017-10/publications_nsvrc_building-cultures-of-care.pdf)
- Copies of SADI Trauma-Informed Care handout (at end of this module)
- Trauma-Informed Care Activity Cards (at end of this module)
- Computer with screen, projector, internet, and audio



TIPS FOR PREPARATION

- A short TED Talk is recommended for viewing during part one of this session. Set up technology in advance and test out the clip to make sure it runs smoothly. This film is about 15 minutes long and requires video and audio.

How Childhood Trauma Affects Health Across the Lifetime

by Nadine Burke Harris

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/discussion?language=en#t-671093



- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.
- Review articles, materials, and lessons to be comfortable with the material before the training session.



POINTS TO CONSIDER

- **Don't be afraid to discuss your program's paradigm shift to trauma-informed and healing-centered care.**

For some advocacy programs, an approach that is trauma-informed and healing-centered may be new in concept or practice. For others, it may be an approach that has been central to the agency for some time. Trainers should not hesitate to talk about the evolution of a program's philosophy and growth in their work with survivors. Discussing this shift in paradigm and the program's commitment to growing to better support survivors demonstrates a culture of learning and one that is not afraid of change or growth to benefit survivors.

- **Our words matter.**

Key to a trauma-informed approach to advocacy is shifting away from the dominant narrative of "What's wrong with you?" to instead center the question of "What happened to you?" Language is powerful and can reflect deep intention and understanding. Questions that are deficit-based or that suggest blame are harmful to survivors and do not reflect a trauma-informed approach. When we ask better questions that reflect an understanding of the impact of trauma and honor that survivors are doing the best they can given what they are experiencing, we embody the principles of trauma-informed care. Critical to this shift in paradigm is that advocates practice awareness that their work is always to meet survivors where they are at and be open to whatever survivors do (or do not) want to share. Advocating from a place of seeing survivors as whole people who are dealing with trauma does not require asking for an account of traumatic experiences, but does make space for a survivor to share whatever feels helpful. A trauma-informed approach centers the survivor and their self-identified needs to inform support and resources.

- **Trauma-informed care is the foundation for advocacy work.**

Trauma-informed care will be an underlying framework throughout the training manual. This section helps build a critical foundation for understanding advocacy work. By first understanding the impact of trauma, we can understand what it means for how support and resources are made available to survivors. The tenets of this section should be referred back to, as relevant, to make connections with information learned in future modules.

LESSON 1: SHIFTING THE PARADIGM

UNDERSTANDING TRAUMA

During this session, trainer/s will provide foundational information on trauma-informed care for participants to build a strong base for their advocacy work.

Trainer/s should introduce the topic of trauma-informed care as the philosophy and approach that guides the work of the agency. Some participants may be more or less familiar with the concept. It can be introduced by first explaining what is meant when we discuss the word trauma. An explanation of trauma-informed care will follow in the next lesson.

GROUP BRAINSTORM

Invite participants to respond to share aloud with the group what they think of when they hear the word “trauma.”

- **Common examples might include:**

- Pain
- Something bad has happened
- Physical injury/wound
- Car crash
- Post Traumatic Stress Disorder
- Suffering
- Hurt
- Sexual violence
- A desperate need for help
- Abandonment
- Discrimination
- Crying
- Hospital
- A near death experience
- An emergency
- War
- Past struggles
- Abuse
- Loss of a loved one

Encourage the group to reflect on the range of items they included on the list. What do they notice?

LECTURE

There are many definitions of “trauma.” Some rely on clinically grounded criteria, others are more holistically based, and many exist in between.

For the purposes of our work in advocacy, we consider two primary and overlapping definitions of trauma:

- Trauma is an experience or experiences that cause overwhelming stress [Substance Abuse and Mental Health Services Administration [SAMHSA], 2014].
- Trauma is what happens inside of you as a result of traumatic events. It is a loss of connection to oneself and the present moment [Kiloby, 2017].

Traumatic events, such as sexual violence, abuse, neglect, and other forms of violence or harm can be causal factors of trauma. Trauma *is the way we experience* an event or events, physically, emotionally, spiritually, and relationally.

Critical to understanding trauma is knowing that there isn’t one singular way that people will experience something. A similar experience can happen to different people, and based on a series of factors related to their lived context, they may experience the event differently. This is normal — there is no “right” or “wrong” way to experience trauma.

SMALL GROUP ACTIVITY: INSTRUCTIONS

In pairs, using the worksheet provided “Understanding Trauma: Factors that Influence Trauma,” participants can consider the different factors that might affect the way a person experiences trauma. After pairs have had a chance to consider their responses, trainers can debrief the activity as a larger group using the facilitator’s handout.

Themes of discussion:

- There are many factors related to how a person experiences trauma, some in place prior to a person’s experience with sexual violence, others specific to the event itself, as well as those related to their experience after sexual violence.
- Our identities and lived experiences intersect, making it essential that supportive resources for survivors of sexual violence reflect a thorough understanding of the factors that influence trauma and what may or may not be helpful in one’s healing process.
- Future modules will provide additional opportunity to learn about how advocates incorporate this understanding of trauma into advocacy practice. At this time it’s most important that we have awareness that survivors of sexual violence have many different experiences and reactions in response to sexual violence, and that these are influenced by the factors we’ve discussed.

THE IMPACT OF TRAUMA

Discussion of the impact of trauma will be woven throughout the duration of the training, but we must start by rooting ourselves in the magnitude of its impact and what that means for the way we do advocacy work.

Begin by showing “**How Childhood Trauma Affects Health Across the Lifetime**”

- **How Childhood Trauma Affects Health Across the Lifetime**
by Nadine Burke Harris

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/discussion?language=en#t-671093

GROUP DISCUSSION

Ask the participants to discuss:

- *What were the themes of the video?*
- *How does this shape the way you influence the impact of trauma?*
- *The speaker’s main focus is traumatic stress rooted in adverse childhood experiences. In the context of our work, we know that people of all ages experience adverse experiences, including sexual violence. How do you think Nadine Burke Harris’ message influences advocacy work with survivors of all ages?*
- *What are you taking from the TED Talk?*

Themes of Clip:

Share the following points to wrap up the discussion.

- Research shows that early experiences of trauma, especially in high quantity, have a strong connection to challenges later in life, specifically negative physical and mental outcomes
- Helping professions have the ability to provide much needed support and resources to help lessen negative consequences of trauma
- A holistic approach to understanding wellness is one that recognizes that mental and physical health overlap; these aren't issues that can be compartmentalized
- Many of us are impacted by trauma, across community, socioeconomic status, geographic location, etc., including those in helping professions
- Those in helping professions have a responsibility to build systems and services that acknowledge trauma and help to lessen its impact

LESSON 2: TRAUMA-INFORMED CARE IN OUR AGENCY, OUR SERVICES, AND OURSELVES



TIPS FOR PREPARATION

- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.
- Review articles, materials, and lessons to be comfortable with the material before the training session.

DEFINING TRAUMA-INFORMED CARE

LECTURE

Trauma influences how people approach and respond to services, making it essential that organizations serving survivors of sexual assault recognize expressions of trauma and acknowledge the role trauma plays in people's lives. This enables organizations to better understand and address the needs of individuals who have experienced sexual violence [Proffitt, 2010]. The goal of this approach, known as "trauma-informed care," is to support the healing and growth of survivors while avoiding retraumatization. Trauma-informed care is a philosophy and a skill set. Its underlying philosophy is grounded in grassroots and survivor-centered models that came from the early rape crisis center and domestic violence movements. Its evolution has made it an approach recognized in many mental health, medical, and advocacy models and settings. It provides a framework for understanding the impact of trauma on survivors, communities, and those that serve them. It also is a reference point for building strong organizations and sexual assault services that are responsive to those needs [Resource Sharing Project [RSP] & National Sexual Violence Resource Center [NSVRC], 2017].

This approach is multidimensional and can be seen throughout the various spheres of an organization, including: organizational culture, services provided, and the individual staff, volunteer, and intern commitment to self-care and growth.

Using the “Trauma-Informed Care” handout (adapted from: Building Cultures of Care (RSP & NSVRC, 2017), explain the six main components of trauma-informed care. These are:

- **Safety**

Throughout the organization, the staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

- **Cultural relevance**

The organization actively values and works to connect survivors with culturally relevant support, including, for mainstream programs, referrals to culturally specific organizations and services. The organization also incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of the survivors served, and recognizes and addresses historical trauma. Similarly, the organization’s internal policies, protocols, and processes for staff reflect cultural awareness and a commitment to equity.

- **Trustworthiness**

Decisions are transparent and people and relationships are prioritized. Building and maintaining trust with survivors, staff, and others involved in the organization is core to the organization’s work.

- **Choice**

Organizations understand power differentials and the ways in which survivors have historically had voice and choice taken away from them. Survivors are supported in the decisions they make and what they identify as needed to help them heal. Staff are also supported to make decisions in how they do their work.

- **Collaboration**

Importance is placed on leveling power differences to meaningfully share power and decision-making, both in advocacy work with survivors and across all levels of an organization.

- **Empowerment**

Advocacy staff and other potential service providers are viewed as potential helpers along a survivor’s healing journey, but not in control of healing. Survivors are encouraged to practice awareness of their strengths and set their own goals for what feels empowering as they heal.

GROUP ACTIVITY

Place the six category cards (Safety, Cultural Relevance, Choice, Collaboration, Trust, and Empowerment) on the wall or board, with space underneath each category that will eventually be filled in by participants' example cards. Using the example cards provided, equally divide cards among participants. Ask participants to read through the examples on their cards and consider the category that the card fits under. After participants have had time to review their cards, instruct participants to place the cards under the category they believe is the best fit.

Debrief the activity.

- *What do you notice about the examples?*
- *Was there anything you were surprised to see? Or need more explanation about?*
- *What themes do you notice?*
- *Do you notice overlap with any of the examples and categories?*

Themes

- Trauma-informed care is present throughout an organization.
- It's both philosophy and practice. These are concrete ways that organizations, services, and staff, volunteers, and interns embody trauma-informed care.
- A trauma-informed practice values survivors as their specific needs; there is no "one way" or "right way"
- Trauma-informed care prioritizes care for staff, volunteers, and interns as well as care for survivors

LANGUAGE MATTERS

LECTURE

Language is powerful in shaping how we see a topic. The philosophy behind our work should always be easy to understand in our language, meaning: our words matter. How we talk about things should reflect the trauma-informed, survivor-centered approach to advocacy.

We strive to use person-first language. This means we focus on the person rather than a characteristic about them or an event that has happened to them.

Examples of person-first language include:

- “Survivor of sexual violence” instead of “Sexual violence survivor”
- “He was hospitalized for mental care” instead of “He got 302’d”
- “A person who is struggling with an eating disorder” instead of “a bulimic” or “an anorexic”
- “A person who uses a wheelchair” instead of “Disabled”

We also strive to use language that is empowering and survivor-centered when relaying information about survivors and their decisions.

Examples of empowering and survivor-centered language include:

- “She chose not to do that” instead of “She was non-cooperative”
- “They are trying to decide what’s best for them” instead of “They are unwilling to make a decision”
- “She is angry and upset that this process is taking so long” instead of “She is hostile and making this difficult”
- “He is not interested in sharing more at this time” instead of “He refuses to be forthcoming”

GROUP DISCUSSION

- *What differences do you notice in the language used?*
- *Why does it matter?*
- *How does person-first language relate to trauma-informed and healing-centered care?*
- *Are there other examples you can think of? If your own life or in this work?*

References

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BUILDING A CULTURE OF CARE: CATEGORY CARDS

SAFETY

CULTURAL RELEVANCE

BUILDING A CULTURE OF CARE: CATEGORY CARDS

TRUSTWORTHINESS

TRUSTWORTHINESS

CHOICE

CHOICE

BUILDING A CULTURE OF CARE: CATEGORY CARDS

COLLABORATION

EMPOWERMENT

BUILDING A CULTURE OF CARE: EXAMPLE CARDS

Advocates are consistent in how they respond and follow through with survivors.	Advocates listen to survivor’s self-identified needs and respond accordingly.	Advocates meet survivors where they are at.
Staff is provided flexibility to do their work	Organizational leadership and staff practice direct and ethical communication.	Organizational or programmatic challenges are discussed and managed, not swept under the rug.
Advocates share with survivors the values of the organization and their rights as someone seeking support.	The advocacy program involves staff in developing organizational values.	Survivors and staff are informed of grievance procedures, should they have an issue and like to seek remedy.
Advocates support survivors in sharing about the circumstances in which they are most comfortable meeting.	Advocates listen to survivors to understand what makes them feel safe or unsafe.	Advocates offer empathy and work to create space for survivors to feel heard and respected.
Advocacy program demonstrates care and respect for staff by involving staff in policy and protocol development as it pertains to their work.	Advocacy program regularly discusses vicarious trauma and burnout with staff and has practices in place to support staff wellbeing.	Advocates work in partnership with survivors to meet their needs.

Example Cards: pg. 1 of 3

BUILDING A CULTURE OF CARE: EXAMPLE CARDS

Advocates ask open-ended questions to learn what survivors find helpful.	Advocates work with other partner agencies, as relevant, to coordinate support for survivors.	Advocates are knowledgeable about other services and supports for survivors and refer and connect to provide the best care possible to survivors.
Advocacy programs work with the community to create services reflective of each community's needs.	Advocacy programs elicit feedback from staff to inform how the organization does its work.	Advocacy programs are active in the community, supporting intersecting causes and missions.
Services are tailored to meet each person's unique needs.	Staff is reflective of the community it serves.	Services are available in multiple languages.
Advocates support culturally rooted healing practices.	Advocates practice awareness of and challenge their own biases.	Advocates do not push their beliefs on survivors.
Advocacy programs have close partnerships with culturally specific programs and partners.	Staff are supported in bringing their whole selves to work [all identities, experience, and wisdom].	Advocacy programs provide regular learning opportunities to expand staff knowledge and capacity to provide relevant support to a wide diversity of survivors.

Example Cards: pg. 2 of 3

BUILDING A CULTURE OF CARE: EXAMPLE CARDS

Survivors are seen as the experts of their own experiences and are supported in making their own decisions about what's best for them.	Survivors have various options to choose from; advocacy programs are comprehensive in service offerings in an effort to be responsive to a wide variety of needs.	Staff have flexibility with various aspects of their work and are able to make decisions as it pertains to their work.
Survivors are never pushed to pursue one option or another; they are provided with information about options and encouraged regardless of what they decide.	Staff are supported in choosing practices that support their wellbeing, with knowledge that self-care looks different for everyone.	Advocates work to help survivors regain a sense of their own power.
Healing is seen as a process that takes time; advocates recognize that power was taken from a survivor and it may take time for survivors to regain a sense of power and strength.	Survivors are supported in being a voice for change.	Advocacy programs support staff in making decisions about how they do their work.
Advocacy programs recognize staff may also be survivors and work to ensure they feel empowered in showing up as their full selves at work.	Advocacy programs provide staff opportunities for continued learning and growth.	

Example Cards: pg. 3 of 3

BUILDING A CULTURE OF CARE: TRAINERS' ACTIVITY KEY

Many of the examples listed could fall under more than one category. There is often overlap between the trauma-informed care components of trust, safety, collaboration, cultural relevance, choice, and empowerment.

Trust

- Advocates are consistent in how they respond and follow through with survivors.
- Advocates listen to survivor's self-identified needs and respond accordingly.
- Advocates meet survivors where they are at.
- Staff is provided flexibility to do their work
- Organizational leadership and staff practice direct and ethical communication.
- Organizational or programmatic challenges are discussed and managed, not swept under the rug.
- Advocates share with survivors the values of the organization and their rights as someone seeking support.
- The advocacy program involves staff in developing organizational values.
- Survivors and staff are informed of grievance procedures, should they have an issue and like to seek remedy.

Safety

- Advocates support survivors in sharing about the circumstances in which they are most comfortable meeting.
- Advocates listen to survivors to understand what makes them feel safe or unsafe.
- Advocates offer empathy and work to create space for survivors to feel heard and respected.
- Advocacy program demonstrates care and respect for staff by involving staff in policy and protocol development as it pertains to their work.
- Advocacy program regularly discusses vicarious trauma and burnout with staff and has practices in place to support staff wellbeing.

BUILDING A CULTURE OF CARE: TRAINERS' ACTIVITY KEY

Collaboration

- Advocates work in partnership with survivors to meet their needs.
- Advocates ask open-ended questions to learn what survivors find helpful.
- Advocates work with other partner agencies, as relevant, to coordinate support for survivors.
- Advocates are knowledgeable about other services and supports for survivors and refer and connect to provide the best care possible to survivors.
- Advocacy programs work with the community to create services reflective of each community's needs.
- Advocacy programs elicit feedback from staff to inform how the organization does its work.
- Advocacy programs are active in the community, supporting intersecting causes and missions.

Cultural Relevance

- Services are tailored to meet each person's unique needs.
- Staff is reflective of the community it serves.
- Services are available in multiple languages.
- Advocates support culturally rooted healing practices.
- Advocates practice awareness of and challenge their own biases.
- Advocates do not push their beliefs on survivors.
- Advocacy programs have close partnerships with culturally specific programs and partners.
- Staff are supported in bringing their whole selves to work (all identities, experience, and wisdom).
- Advocacy programs provide regular learning opportunities to expand staff knowledge and capacity to provide relevant support to a wide diversity of survivors.

BUILDING A CULTURE OF CARE: TRAINERS' ACTIVITY KEY

Choice

- Survivors are seen as the experts of their own experiences and are supported in making their own decisions about what's best for them.
- Survivors have various options to choose from; advocacy programs are comprehensive in service offerings in an effort to be responsive to a wide variety of needs.
- Staff have flexibility with various aspects of their work and are able to make decisions as it pertains to their work.
- Survivors are never pushed to pursue one option or another; they are provided with information about options and encouraged regardless of what they decide.
- Staff are supported in choosing practices that support their wellbeing, with knowledge that self-care looks different for everyone.

Empowerment

- Advocates work to help survivors regain a sense of their own power.
- Healing is seen as a process that takes time; advocates recognize that power was taken from a survivor and it may take time for survivors to regain a sense of power and strength.
- Survivors are supported in being a voice for change.
- Advocacy programs support staff in making decisions about how they do their work.
- Advocacy programs recognize staff may also be survivors and work to ensure they feel empowered in showing up as their full selves at work.
- Advocacy programs provide staff opportunities for continued learning and growth.

TRAUMA-INFORMED CARE



The key lessons from the Sexual Assault Demonstration Initiative are rooted in an understanding of trauma-informed care. Trauma-informed care is a philosophy and a skill set. Its underlying philosophy is grounded in grassroots and survivor-centered models that came from the early rape crisis center and domestic violence movements. Programs using trauma-informed care are strengths-based, look at the effects from all forms of trauma, and are multi-dimensional in their approaches. Trauma-informed care provides a framework for understanding the impact of trauma on survivors, communities, and those who serve them and builds strong organizations and sexual assault services that are responsive to those needs.



Strengths-Based

Recognizes each person is the expert on their own experiences, with resilience as the core focus
Views each person's ways of coping and surviving with curiosity and awe rather than with judgement or as symptoms or problems that need solved



Survivor-Centered

Understands survivors within their family, social, and community contexts and life experiences
Respects each survivor as a whole person and recognizes the entire context of their lives
Includes addressing all forms of trauma past and present including racism, genocide, state violence, homophobia, and religious discrimination



Multi-Dimensional

Includes six core elements: safety, trustworthiness, choice, collaboration, empowerment, and cultural relevance
These core elements are applied throughout the three spheres of an organization: organizational culture, services, and staff

Organizational culture

- Actively addressing all forms of oppression
- Mission statement
- Policies
- Values, beliefs, attitudes about sexual violence & healing
- Safety and comfort of offices & meeting spaces

Services

- Rooted in anti-oppression and empowerment-based frameworks
- Services made available across the lifespan and throughout the healing journey
- Accessible accommodations
- Culturally rooted response
- Available in a wide range of settings

Staff

- Support for staff development
- Caring for staff as whole human beings
- Empowering staff to make decisions & be creative
- Access to regular supervision & debriefing
- Proactively addressing vicarious trauma and building individual and organizational resilience

A trauma-informed framework enables programs providing services to survivors of sexual violence to support each survivor's journey and build healthy and sustainable organizations.

UNDERSTANDING TRAUMA: FACTORS THAT INFLUENCE TRAUMA: WORKSHEET

Each individual's reaction to sexual violence is influenced by the circumstances surrounding the event(s) and the individual's lived experiences. The individual, the event, and the environmental factors shape a survivor's reaction to trauma and the healing process.

Individual factors are specific to each person and are in place prior to a person's experience with sexual violence. What are some individual factors?

Event factors describe the circumstances of the sexual violence. What are some event factors?

Environmental factors describe the context in which the sexual violence occurred. What are some environmental factors?

UNDERSTANDING TRAUMA: FACTORS THAT INFLUENCE TRAUMA: TRAINER'S ACTIVITY KEY

Each individual's reaction to sexual violence is influenced by the circumstances surrounding the event[s] and the individual's lived experiences. The individual, the event, and the environmental factors shape a survivor's reaction to trauma and the healing process.

Individual factors are specific to each person and are in place prior to a person's experience with sexual violence. What are some individual factors?

- Age
- Personality
- Previously developed coping skills
- Previous experience with trauma
- Relationship to the perpetrator
- Resilience
- Developmental stage

Event factors describe the circumstances of the sexual violence. What are some event factors?

- Frequency
- Duration of the event[s]
- Degree of violence or bodily violation
- Extent of terror or humiliation
- Existence of witnesses or bystanders

Environmental factors describe the context in which the sexual violence occurred. What are some environmental factors?

- Location such as home, work, school, social gathering
- Pre-existing support system



MODULE

4

HISTORY OF MOVEMENTS TO END SEXUAL VIOLENCE

This section provides foundational information about the history of movements to end sexual violence and support survivors. It also begins to explore how the movements have evolved. This section provides an opportunity to reflect on the critical intersections of anti-sexual violence work and other social justice work.

LESSON 1: Exploring what we know about organizing efforts to end sexual violence and support survivors

LESSON 2: Movements' significance, struggles, and victories, then and now



OBJECTIVES

Participants will be able to:

- Describe pivotal events throughout history that have shaped efforts against sexual violence
- Identify the intersections of sexual violence and other forms of oppression
- Describe their vision for the future of the movement



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of ‘History of the Movement’ handout (at the end of this module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Review articles, materials, and lessons to be comfortable with the material before the training session.
- The “History of the Movement” handout offers a national perspective. Consider supplementing this handout with any state and community-specific history that participants should be aware of.
- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.



POINTS TO CONSIDER

- **Trainers should reflect on their own knowledge of the history of efforts against sexual violence prior to the training.**

It’s likely that we all have different knowledge about the history of organizing against sexual violence.

LESSON 1: EXPLORING WHAT WE KNOW ABOUT MOVEMENTS TO END SEXUAL VIOLENCE

INDIVIDUAL REFLECTION AND GROUP DISCUSSION: WHO HAS SHAPED MOVEMENTS?

During this introduction activity, trainer/s will invite participants to take a few minutes to jot down some notes in response to the question:

- *Who are the founders, supporters, and advocates who have shaped and/or continue to shape movements against sexual violence through their own contributions, vision, and leadership?*

If helpful, trainer/s may follow up with:

- *Consider: If you were to organize a conference, who would you invite to provide an inspirational keynote? (Money is not an issue and people can be alive or dead)*

After participants have had a few minutes to reflect on the questions, trainer/s can invite participants to share their responses as a large group, including why they named the person or people they chose. Trainer/s can describe any themes that are apparent and the array of perspectives that participants bring to the conversation.

LECTURE

It's possible that many of us have limited knowledge about the history of anti-sexual violence movements. Much of the history that is widely known and taught starts in the 1970s and excludes the long history of organizing against sexual violence and intersecting forms of oppression.

**LARGE GROUP ACTIVITY:
LEARNING ABOUT THE HISTORY OF ANTI-SEXUAL VIOLENCE EFFORTS**

Provide the “History of the Movement” handout to participants. Ask that participants take turns reading aloud through the timeline until all points on the timeline have been read.

After the timeline is complete, ask participants to share any responses or reactions they have after learning about the history of organizing against sexual violence. Did they learn anything new? Did anything take them by surprise? Allow time for the group to process.

LESSON 2: MOVEMENTS' SIGNIFICANCE, STRUGGLES, AND VICTORIES, THEN AND NOW

SMALL GROUP OR PARTNER ACTIVITY: REFLECTIVE CONVERSATIONS ABOUT THE MOVEMENTS TO END SEXUAL VIOLENCE

In small groups or pairs, participants should discuss the following questions:

- *What values, beliefs, traits, and qualities do efforts to end sexual violence hold most dear? What “words of wisdom” or quotes relay a sense of the movements’ values?*
- *What recurring events or activities bring people working to end sexual violence together? What incidents or events are especially significant to this work?*
- *What conflicts or issues have polarized efforts to end sexual violence over the years?*

After groups have had at least fifteen minutes to discuss, bring the large group back together and ask groups to share what they discussed with each question. Reflect back themes, differing perspectives, and any important takeaways for the group.

INDIVIDUAL REFLECTION: YOUR VISION FOR THE FUTURE OF THE MOVEMENT

As this module comes to a close, invite participants take a few moments to jot down their vision for the future of organized efforts to support survivors and end sexual violence. Responses can be specific to characteristics or actions participants would like to see from the movement, or a more overarching vision. Invite participants to share their visions with the group.

History of Movements to End Sexual Violence in the United States

People have been organizing underground and grassroots supports for survivors of sexual violence throughout history, starting with communities of color and other marginalized communities. The history of sexual violence and movements to end it date far back in history, but often with little written history on record. Movements to support survivors have included efforts that are highly organized and fragmented, community-based and government or institution sponsored, resistance-oriented, and everything in between. While the history provided in this resource is just skimming the surface, it offers a snapshot of the efforts over the last several centuries to support survivors and end sexual violence.

Indigenous communities experienced sexual violence by European colonizers beginning in the 16th century when they came to what is now known as the United States. “Rape was uncommon in traditional matrilineal Native societies, but that changed with the arrival of Europeans who misconstrued nudity and sexual autonomy for promiscuity and immorality” (Gerolami, 2016). Rape and other forms of sexual violence were used as tools of oppression and conquest against Indigenous communities, with this legacy of violence against Native communities continuing today.

In European societies rape was not viewed as a crime because women were considered property and without rights. Rape was initially considered a crime only in terms of property violation of another man — a husband or a father. Very often in these cases, the women who had been raped would also be punished for adultery, regardless of their lack of consent in the assault.

Some important moments in the US movements against sexual violence:

1848 — The Women’s Rights Convention of 1848 was the first major national organizing event around women’s rights in the United States. Elizabeth Cady Stanton, Susan B. Anthony, Lucy Stone and Lucretia Mott, organizers and participants of the event, are considered among the mothers of the early feminist movement. Delegates attending the convention voted and passed the Declaration of Sentiments calling on women to organize and petition for their rights. Women of color in attendance at the Women’s Rights Convention were not permitted to vote in the passage of the declaration. That discriminatory decision contributed to a disconnect between white women and women of color within the women’s rights movement that continues to have an impact today.

1851 — Sojourner Truth delivered her famous “Ain’t I a Woman” speech at the Women’s Convention in Akron, Ohio, powerfully demanding that the experiences of black women be heard and included in the larger discussion about women’s rights.

1866 — The Memphis riots of 1866 in Tennessee were ignited by racial tensions following the Civil War. Mobs of white civilians and white policemen attacked Black neighborhoods, assaulting and killing Black men, women, and children. During a Congressional investigation of the riots, a group of Black women survivors testified before Congress about gang rapes perpetrated by white mobs during the riots. These women were perhaps the first to break the silence of rape.

1885 — The issue of rape, race, women, and slavery was addressed by a significant Supreme Court case, *Missouri v. Celia*. Celia was an enslaved Black woman who was convicted of murdering her owner, Robert Newsom. Celia’s case was appealed to the Supreme Court of Missouri, with the argument that she had killed Newsom to protect herself from being raped by him. The Supreme Court refused the appeal, declaring Celia to be the property of her owner with no right to defend herself against sexual assault.

1890s — Black women such as Ida B. Wells-Barnett took leadership roles in anti-lynching campaigns to combat existing rape laws that did not protect black women, but did justify the lynching of a black man when they were accused of raping white women. At that time, rape was a capital offense only when Black man raped a white woman — the rape of a Black woman was not even considered a crime.

1896 — The hundreds of Black women’s clubs that had formed across the country were organized into the National Association of Colored Women (NACW), in response to the anti-lynching campaign of Ida B. Wells and the need for a more powerful national group. Through the NACW, thousands of clubwomen across the country devoted their efforts to a range of political, social, and economic reforms, including housing, education, health care, childcare, job training, wage equity, voter registration, and the anti-lynching campaign.

1944 — Recy Taylor, a Black woman living in Alabama, was kidnapped and raped by six white men. Although the men admitted to the rape, the investigation was undermined by local law enforcement and two grand juries declined to indict the men, meaning no charges were ever brought. After an outcry by the local Black community, Rosa Parks formed the Committee for Equal Justice for Ms. Recy Taylor and conducted nation-wide awareness campaigns, rallies, boycotts, and advocacy to demand support and justice for Recy Taylor and other Black women who had experienced sexual violence. The case mobilized activists nationally more extensively than ever before and was an early spark leading toward the Civil Rights Movement.

1955 — Emmett Till, a Black teenage boy, was brutally murdered for allegedly grabbing, menacing, and being sexually crude towards Carolyn Bryant, a white woman. Emmett Till’s mother, Mamie Till Bradley, insisted on an open casket funeral to bring attention to the brutality of the murder and to the violence and racism experienced by African Americans more broadly. Tens of thousands attended his funeral or viewed his casket, and his murder was another pivotal spark of Civil Rights Movement. The men who murdered Emmett Till were acquitted, but later confessed to the murder with no consequences. Years later, Carolyn Bryant admitted that she had fabricated her testimony that Emmett Till had made any verbal or physical advances toward her.

1967 — A group of women involved in the group “New York Radical Women,” including Shulamith Firestone, Anne Koedt, Kathie Sarachild, and Carol Hanisch, began the first Consciousness-Raising group in New York City. These groups gave women a place to speak about issues in their own lives, including sexual violence, child abuse, and intimate partner violence, and they quickly spread throughout the United States. In the early 1970s, 100,000 women were involved in Consciousness-Raising groups nationally.

1970s — A growing campus rape movement brought attention to the concept of “date rape,” demanding that rape other than assault by a stranger be recognized and addressed. This movement led to the establishment of many awareness events such as Take Back The Night, Denim Day, Clothesline Project, and the Vagina Monologues.

1972 — The first rape crisis centers were established- Bay Area Women Against Rape and Washington DC Rape Crisis Center. These rape crisis centers provided services to survivors and were seen as “networking hubs” for the national anti-rape movement.

1974 — Joan (pronounced Jo-Ann) Little, a Black prisoner in the Beaufort County Jail in North Carolina, was attacked and raped by a white guard at the jail, Clarence Alligood. Joan Little broke away from him, killed him in self-defense, and then broke free from the jail. She turned herself in a week later and was charged with murder. There was a national outcry for justice for Joan Little, involving prominent civil rights and women’s rights activists, such as Angela Davis. A jury acquitted Joan Little of killing Clarence Alligood. She was the first woman in United States history to be acquitted using the defense that she used deadly force to resist sexual assault.

Mid 1970s — The National Organization for Women began advocating for policy changes to create stronger protections for survivors of sexual assault, including marital rape laws, rape shield laws, redefining consent, and striking down requirements that a witness be present to be able to prosecute sexual assault.

Mid 1970s — The Combahee River Collective was formed as a Boston-based organization of Black feminists, many of whom were lesbians. Active between 1974 and 1980, the Collective was critical of mainstream white feminism, pointing out the discrimination and bigotry that many White feminists directed toward women of color, poor women, LGBTQ women, and others during the second wave period of feminism. The Combahee River Statement was released in 1977, an approach to community organizing that centered the most marginalized group (in this particular case, Black women) in liberation work because their freedom guarantees everyone’s freedom, and would mean the dismantling of all oppressive systems. This framework continues to be used today in movements such as Black Lives Matter.

1978 — The National Coalition Against Sexual Assault was established to advocate at the national level for public policies and increased resources to improve the lives of sexual assault victims.

1982 — The Preventive Health and Health Services Block Grant was the first federal allocation of money for rape crisis services and prevention distributed to sexual assault centers.

1985 — The Federal Victims of Crime Act was passed, establishing a central source of federal financial support for direct services to victims of crime, including sexual assault.

1980s — The 1980s saw an increase in the public conversation about sexual violence. In 1981 “The Bridge Called My Back” featuring Cherrie Moraga was released. In 1988 the film “The Accused” starring Jodie Foster was released.

1990s — Beginning in the 1990s, more public conversations about men and boys who experience sexual violence started. Despite increasing conversations about sexual violence in the 1980s, up until this point, most discussion of victimization was limited to acknowledgment that women and girls could experience sexual violence. In 1997 Michael Scarce released the book “Male on Male Rape: The Hidden Toll of Stigma and Shame.”

1994 — The first federal Violence Against Women Act [VAWA] was passed, creating new penalties for sexual violence and establishing the Rape Prevention and Education Program and S.T.O.P. grant funds. This legislation has provided significant visibility, funding, and stability to sexual violence services and prevention work for the past twenty years. Sadly, the legislation was supported by the mainstream sexual and domestic violence movements, in spite of the concerns voiced by women of color about the consequences of the ways that the legislation aligned the work of anti-sexual and domestic violence advocacy so closely with the criminal legal system. The unintended consequences they pointed out- such as barriers to services for marginalized communities, weakened activism within the field, and contributing to mass incarceration — as well as the consequences of downplaying their voices, continue to have impact today.

2000 — The Trafficking Victim Protections Act was passed, establishing human trafficking as a federal crime. The TVPA also established the T Visa and the U Visa, both of which are pathways for victims of human trafficking and/or sexual violence to become temporary U.S. residents.

2000 — INCITE! Women of Color Against Violence formed after the Color of Violence Conference at the University of California Santa Cruz.

2001 — Arte Sana was established in response to the racial and ethnic disparities and lack of language justice in the victim services field. Arte Sana continues to hold the anti-sexual violence movement accountable and advocates for more racial equity and language justice in service provision as well as the national anti-sexual violence work. Arte Sana is the Spanish phrase for “art heals.”

2003 — After significant advocacy by organizations like Just Detention International, Human Rights Watch, Amnesty International, the NAACP, and faith-based organizations, the Prison Rape Elimination Act was passed. PREA is the first federal legislation in the United States that addresses sexual violence against people who are incarcerated.

2004 — FORGE, a national organization that supports and educates and advocates for the rights of transgender individuals, expanded its mission to work on behalf of transgender individuals who experienced sexual violence.

2006 — Amnesty International released its report Maze of Injustice, highlighting the horrific levels of sexual assault perpetrated against Native Women in the US, and the jurisdictional “maze” that simultaneously keeps those women from accessing justice, emboldens perpetrators and maintains an environment of fear and despair in many Native communities.

2007 — Activist and community organizer, Tarana Burke, started the “me too” movement as a grassroots way to connect with and show support from one survivor to another among communities of color. In 2017 the hashtag “#MeToo” became popularized by actresses and celebrities using social media to build community and give voice to survivors of sexual violence. After #MeToo gained national-wide recognition in 2017, celebrities were critiqued for co-opting Tarana Burke’s work without credit. Tarana continues to speak across the nation about sexual violence.

2009 — President Obama is the first U.S. President to declare April as Sexual Assault Awareness Month.

2011 — The SlutWalk movement began in Toronto, Canada, after a Toronto Police officer made the comment during a talk about campus rape that “women should avoid dressing like sluts” as a precaution against sexual assault. Three thousand people gathered to protest the victim-blaming and slut-shaming comment and culture. While SlutWalk rallies and marches have since spread internationally, SlutWalk has also been criticized for not being inclusive of Black women and other women of color. In an open letter to SlutWalk organizers, Black Women’s Blueprint stated, “Women in the United States are racially and ethnically diverse. Every tactic to gain civil and human rights must not only consult and consider women of color, but it must equally center all our experiences and our communities in the construction, launching, delivery, and sustainment of that movement.” [Black Women’s Blueprint, 2016]

2012 — *The Invisible War*, a documentary film exploring the alarming rates and stories of sexual violence in the military, was released. The film won multiple awards and gained the attention of a number of lawmakers and military leadership, prompting a number of legislative and policy changes to address the issue. *The Invisible War* has been credited with encouraging more survivors of military sexual assault to come forward and with forcing the military to deal more openly with the issue.

2013 — Organized and connected by survivor activists like Annie E. Clark and Andrea Pino, university students across the country filed a wave of federal Title IX and Clery Act complaints against their universities, after their reports of campus sexual assault were ignored and mishandled. Some of their stories were told in the documentary film *The Hunting Ground*, released in 2015. Their stories and advocacy inspired legislative changes, the founding of organizations such as Ending Rape on Campus and Know Your IX, and national initiatives such as It’s On Us.

2014 — Daniel Holtzclaw, an Oklahoma City police officer, was arrested and later charged with sexual assaulting 13 women, all while on duty and in many cases by explicitly threatening arrest if they did not comply. All 13 women were black, and many of them had previous warrants or arrests, had substance abuse issues or were found with drugs, or were sex workers. When the trial received almost no attention from the media or mainstream anti-sexual assault advocates, local activists and national organizations like Black Lives Matter, the African American Policy Forum, and Black Women’s Blueprint organized local support and a national response, much of which focused on the lack of media and national attention of sexual violence against Black women and girls. Daniel Holtzclaw was found guilty and sentenced to 263 years in prison.

2016 — The first Tribunal of the Black Women’s Truth and Reconciliation Commission, organized by Black Women’s Blueprint, was held in New York City, the first event of its kind in the nation to focus on rape and sexual assault against Black women in the United States. The Truth Commission declared sexual violence as a human rights atrocity against women and girls of African descent past and present, which has never been acknowledged or sufficiently addressed.

2016 — A thirteen year old boy working at a Dollar General store on tribal lands of the Mississippi Band of Choctaw Indians was sexually assaulted by a manager. The survivor and his family, members of the tribe, sued the manager and Dollar General in tribal court. Stating that tribal courts did not have jurisdiction over people who were not Native, Dollar General sued the tribe in district court. The case made it to the Supreme Court, over the question of whether tribal courts could hold non-Native people responsible for particular crimes, such as this sexual assault, occurring on tribal lands. The Supreme Court was equally divided, which meant that the ruling that allowed tribe to have jurisdiction would stand.

2016 — Three leading anti-sexual violence agencies — the National Alliance to End Sexual Violence, the National Sexual Assault Resource Center, and Prevent Connect — announce the creation of RALIANCE — a collaborative initiative dedicated to ending sexual violence in one generation. The initiative was made possible by a \$10 million commitment from the National Football League, the first-ever major corporate funding of sexual violence prevention initiatives.

Where We Are Today

The hard work and courage of countless women led to the establishment of rape crisis centers and advocacy as we know it today. You may draw on this history as you encounter the difficult work of advocacy. As you support survivors, educate your community, and dream of new approaches to ending sexual violence, you can know that you are part of a movement and your voice is an important one.

We have come a long way and we continue to struggle with a legacy of challenges. In society at large, survivors are still blamed for the violence they suffer.

Within the field, the establishment of rape crisis centers by rape survivors brought large numbers of middle-class white women into political activism. Although women of color were pivotal in this history, their efforts and struggles were largely invisible because of racism within and outside the movement.

References

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Acknowledgments

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MODULE

5

GROUNDING IN AN ANTI-OPPRESSION FRAMEWORK

This section offers critical grounding in understanding how sexual violence intersects with forms of oppression. It offers an introduction to basic concepts and terminology related to oppression, describes the intersectionality of oppressions, and the implications for survivors of sexual violence. This session is intended as an introduction to oppression and it is recommended that programs establish follow up and ongoing opportunities for advocates to continue to learn about oppression, how it impacts their work, and how they can be active agents of change in their work.

Sexual violence and anti-oppression

LESSON 1: Introduction

LESSON 2: Creating a shared understanding

LESSON 3: Starting with ourselves

LESSON 4: Anti-oppression work and supporting survivors



OBJECTIVES

Participants will be able to:

- Identify the connections between oppression and sexual violence.
- Describe the intersectionality of oppressions and the implications for survivors of sexual violence.
- Demonstrate an understanding of the definitions of both oppression and privilege.



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Anti-oppression Terminology Trainer's Reference (at the end of this module)
- Anti-oppression terms posters (at the end of this module)
- Anti-oppression definitions posters (at the end of this module)
- Copies of Power and Oppression Chart handout (at the end of this module)
- Copies of All Oppression is Connected handout (at the end of this module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- This section requires thoughtfulness and advance planning. Anti-oppression and trauma-informed frameworks are woven throughout the entirety of this advocacy training guide. However, this section is intended to serve as the foundation for understanding the overlap and intersections between anti-sexual violence advocacy and anti-oppression work. It will cover the intrinsic nature of centering anti-sexual violence work in an understanding of oppression and how it impacts survivors. This section is just a starting place. Advocacy programs should establish plans for ongoing dialogue and education about oppression, how it impacts survivors' experiences, and how an anti-oppression framework informs and shapes an advocate's work.
- Review and become familiar with all materials in this section and make copies of handouts for participants.



POINTS TO CONSIDER

As with each of the sections of this training guide, it is essential that trainer/s reflect on their advocacy program, community, and training cohort and adapt, revise, and supplement to meet the unique needs of each training group. We are all at different places in our relationship to and understanding of oppression. It is critical that this section of the training meets people where they are at *and* offers an opportunity to stretch and expand their comfort zone. Guiding questions that can aid in customization include:

- **Who is in our community?**

Think about: Consider the diversity of people and experiences in your community. Think about the culture and subcultures. Where are there similarities and where are there differences in experiences and needs? Who is represented and who is underrepresented? Who is being served well? Who is underserved? Who is unserved?

- **Who is in our training cohort?**

Think about: Consider the diversity of people and experiences in your training cohort. Where are there similarities and where are there differences (age, race, ethnicity, education, ability, culture, etc.)? Who from your community is represented and underrepresented within the training cohort? Do training participants have prior experience with anti-oppression work?

- **Who is best to provide this training?**

Think about: Who are the best trainers to facilitate learning and discussion about oppression? Have trainers done (and do they continue to do) their own work related to anti-oppression? Have they facilitated conversations about oppression before? How will the advocacy program include diverse voices while not tokenizing staff members of color or other marginalized identities? How will co-trainers plan for the training in a way that avoids and minimizes harm to staff of color or other marginalized identities? What support will the advocacy program provide to staff facilitating this training?

- **How will we create a space for brave conversations?**

Think about: How will this section be developed and offered in a way that meets training participants where they're at, without sidestepping critical conversations about oppression or talking above where participants might be at? What measures will be taken, in particular, in predominantly white or white privilege-holding cohorts, to decenter whiteness and not fall into habits of white fragility? How will trainers navigate difficult conversations? How will trainers challenge harmful statements or problematic actions? How will trainers create a safe and brave learning environment that does not do harm to participants of color and other marginalized identities?

- **What does foundational training for this training cohort look like?**

Think about: We often start in different places when we come to understanding and working to challenge racism and other forms of oppression. This means that a 'one-size-fits-all' approach to foundational training on oppression does a disservice by suggesting that we all come to the conversation from the same place. Consider what you know about your training cohort. Be sure to tailor this section based on the cohort's needs. Tailoring the section will make it relevant to your training cohort and the unique needs of the community that the advocacy program serves.

- **What additional opportunities for dialogue and education will be made available for new advocates?**

Think about: It's essential that training participants understand that anti-oppression and anti-sexual violence work are intrinsically tied. It's also critical that they know that to truly do work rooted in anti-oppression and trauma-informed frameworks, it requires continued work both personally and organizationally. What type of additional opportunities for dialogue and education can new advocates expect? What is the expectation of them? How will they be supported?

Trainers should take care to:

- Practice awareness of and challenge your own biases and how they show up in your actions, beliefs, and teaching.
- Coordinate roles and responsibilities among co-trainers.
- Not speak for people or groups of people.
- Not make assumptions about what one's identities and experiences mean for them.
- Take ownership of your own mistakes and actively do better.
- Name harm if/when it occurs and prioritize taking the time needed to process what has happened.
- Avoid tokenization. No person should be asked to speak on behalf of a group of people.

LESSON 1: INTRODUCTION

Introduce this section by establishing the bridge between sexual violence and oppression, and more specifically, advocacy and anti-oppression work.

Incorporate the following talking points into the discussion:

We root ourselves in anti-oppression work because:

- We are not, just as survivors are not, single-issue people. We are all impacted by the ways our identities, cultures, and experiences interact with other forces in the world. To provide good care to survivors, we must use a lens that enables us to see survivors as their whole selves, including how their experiences and options are impacted by systems of oppression.
- Working from anti-oppression and trauma-informed frameworks also enables us to better understand how our own identities intersect with our work as advocates and change-makers.
- Rooting in anti-oppression work enables us to understand systemic and societal barriers that both uphold sexual violence and make it difficult for survivors to seek support.

What we mean by oppression and anti-oppression –

- “The root of the word ‘oppression’ is the element ‘press.’ *The press of the crowd; pressed into military service; to press a pair of pants; printing press; press the button.* Presses are used to mold things or flatten them or reduce them in bulk, sometimes to reduce them by squeezing out the gases and liquids in them. Something pressed is something caught between or among forces and barriers which are so related to each other that jointly they restrain, restrict, or prevent the thing’s motion or mobility. Mold. Immobilize. Reduce.” [Frye, 2001, pp. 139–140]
- Racism as a form of oppression is “a system of dominance, power, and privilege based on racial group designations... where members of the dominant group create or accept their social privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving nondominant group members relatively excluded from power, esteem, status, and/or equal access to societal resources.” [Harrell, 2000, p. 43]
- “Anti-oppression refers to all the ways an individual, community, institution or system actively prevents, challenges and ends oppression against other people. It

means taking a stand against and addressing the ways that oppressed peoples are prevented access to crucial resources let alone choices. It means addressing violence, abuse of power, and the ways people are manipulated, limited, controlled, silenced, incarcerated and erased. It is widely understood that oppression in all its forms can cause mental, emotional, physical and spiritual trauma to people, communities and ecologies. Trauma can cause deep, devastating and sometimes irreparable damage, particularly when it is rooted in harms passed through many generations” [Tremblay et al., 2014].

The connection between sexual violence and anti-oppression –

- All of our individual and social identities are overlapping and intersecting. Race, ethnicity, class, ability, sexual orientation, and gender identity all have an impact on the risk of experiencing sexual violence. For survivors, this also influences access to the options available for healing and support after violence. “Anti-oppression work is at the core of the kinds of lasting social change that will ultimately prevent sexual violence” [Perrotto, 2016, para. 2].

REAFFIRM COMMUNITY AGREEMENTS

Before delving deeper into the content of this section, revisit the community agreements established earlier in the training. Check in with the group to see if they would like to add any additional agreements.

Examples might include:

- One mic.
- Use “I” statements.
- Ask when you don’t understand something.
- Do not ask people from marginalized communities to educate you on all things related to that community.
- If you’re from a group who holds more privilege than others, be actively present, but do more listening than talking.
- Own your mistakes.
- Acknowledge impact over intent.
- Recognize we all have something to learn.

LESSON 2: CREATING A COMMON LANGUAGE

To start to consider how each of us interact with systems of oppression and how oppression impacts the lives of survivors, it is important to establish a foundation of shared concepts and terms that describe experiences related to oppression. This section will provide an opportunity for participants to gain increased understanding of the words we use to talk about oppression and anti-oppression work.



ACTIVITY INSTRUCTIONS

Using the terminology and definitions handouts, place a row of the terms on the wall or board and pass out the definitions evenly among participants.

Depending on the size of the group, some participants may have more than one definition. Ask participants to read their definition/s and match the definition/s with the correct term/s. Once complete, come back together as a group and ask each person to read their respective definition and term. Pause after each term to make time for clarification and discussion as needed. The Trainer's handout offers additional context and information for each definition.

After taking a closer look at the definitions of the concepts that are important to understanding oppression, invite participants to take a closer look at specific systems of power and oppression in US culture. Using the "Power and Oppression Chart" handout provided, ask participants to reflect on the current systems in society that elevate some at the expense of others.

Consider using the discussion questions:

- *What do you notice in the chart?*
- *What do you think happens when forms of oppression overlap?*

Recap this section by summarizing what oppression is — oppression is different from prejudice or discrimination in that it affects whole groups of people, not just individuals. It is a system upheld by institutions (such as: media, the government, education, health care, religion, financial systems), laws and policies, economic systems, and societal beliefs and norms (Fierce, 2010). Provide participants with the “All Oppression is Connected” handout, a visual representation of the interconnectedness of oppression.

Oppression, in itself, is a form of trauma that is often complex and longstanding. Forms of oppression often intersect, creating compounding effects to those who are impacted. Experiencing oppression impacts how people exist in the world, how they are treated by others, and the access they have to resources that can help them to heal and thrive.

LESSON 3: STARTING WITH OURSELVES: JOURNALING

Transition into the next section by reminding participants that anti-oppression work needs to start with each of us. Consider reading the following quote aloud and/or writing it in a prominent place for participants to see.

“Social justice requires the power of many people working together, however each person is their own agent of change. One person’s actions can have an immense ripple effect on others around them. For better or worse. In fact anti-oppression work begins with the ways we uproot our own prejudices, and learn to see others and ourselves as whole and dynamic. In order to be most effective in anti-oppression work, it is crucial to understand how you’ve experienced & been affected by oppression, as well as the ways you have power and privilege at other peoples expense” [Tremblay, 2014, p. 6].

This activity invites participants to take some time to write or draw in response to the following prompt. Write the prompts on the board and provide paper for participants. Let them know they will have an opportunity to share, but it will not be required.

- *My experience of how I’m connected with systems of oppression looks like...*
- *My experience with power and privilege looks like...*

Give participants at least fifteen minutes to write or draw. Come back together as a large group and offer an opportunity for participants to share what they created. It may be useful to revisit community agreements or ask the group if there are any group commitments they would like to establish prior to individual sharing. For example, some groups may prefer that participants are able to share what they created without comment or feedback from others in the group. Other groups may want to leave it up to individuals to share what (if any) comment they want from other group members. Trainers should be cognizant of group dynamics and work to create balance where learning from others is understood as part of the learning process, with attention given to ensure people from marginalized communities do not have their experiences exploited or challenged.

This section requires strong facilitation skills and an ability to manage conversations that may become difficult. Trainers should be attentive to group dynamics and the ways that power and privilege play out in the group environment. It is not uncommon for people who hold privilege, and in particular, white privilege, to demonstrate disbelief,

frustration, or even hostility amidst conversations about racism and other forms of oppression, especially if they are new to thinking about oppression. This is commonly referred to as “white fragility” and it can be detrimental to group work and particularly harmful to people of color. Trainers should plan in advance ways that they will intercede if problematic things are said or done in the group. Examples should be responsive to the particular issue that arises and may include things like:

- Recognizing when something harmful has been said or done by naming it and prioritizing space for repair.
- Connecting problematic statements or behavior to a lapse in adherence to group commitments.
- Encouraging white people to process guilty or complicated feelings with other white people outside of the training.

After the group has finished sharing, thank participants for sharing and showing up in a brave space with one another. Remind participants that we have different and sometimes overlapping experiences with oppression and our ability to work with survivors is strengthened by our continued commitment to do our own personal work related to oppression, power, and privilege. Be sure to allow adequate break time, opportunity for movement, and space for the group to practice good self-care and re-center for the remainder of this section.

LESSON 4: ANTI-OPPRESSION WORK AND SUPPORTING SURVIVORS

Supporting survivors means understanding that they hold multiple identities and experiences that often shape their needs and healing. This section invites participants to reflect on the ways oppression may impact survivors, drawing a bridge between anti-oppression and advocacy.

As a large group, ask participants what challenges survivors may experience related to oppression they experience. Write responses on a flipchart or board.

Possible responses include:

- Face racism, classism, transphobia, etc. when seeking help
- Are blamed or disbelieved based on their identity
- Are treated as less worthy of safety or support because of identity
- Encounter stereotyping
- Do not identify with the services, language, etc. being offered
- Have one's experience minimized or silenced
- Cannot find services or support that are culturally relevant
- Have trouble believing that another person will understand their experience, especially if the people one has to seek support from hold different identities than oneself
- Distrust in systems (social services, police, medical, etc.) because of the ways these systems have treated one's community
- Fear for safety and sovereignty
- Lack of financial resources to seek help
- Lack of access to supportive resources
- Insufficient access to services that meet specific needs
- Multiple experiences of trauma that exacerbate current experience
- Interact with service providers who lack cultural competence
- Feeling loss of hope; as though services and systems were never designed to meet one's needs

Add responses to participants' to ensure that the variety of ways survivors are impacted by oppression are covered in the list created. You may want to remind participants that racism, ableism, heterosexism, transphobia, classism, and other forms of oppression affect people's experiences of violence as well as their access to resources for healing.

Ask participants to reflect on the list.

- *What do you notice?*
- *Are there any themes you identify?*

SUMMARIZE

As you begin to wrap up this section, summarize key points from this section and make space for questions from participants. Offer suggestions for additional reading and resources, and remind participants of ongoing opportunities for learning that are essential to advocacy built on anti-oppression and trauma-informed frameworks.

Include the following points:

- Oppression has a direct impact on survivors, both in how they experience trauma, as well as what resources are available to them as they heal.
- Additional sections will continue to integrate anti-oppression and trauma-informed frameworks in advocacy work. Three key things for advocates to keep in mind:
 - Anti-oppression work first starts with ourselves. We all have biases we need to work through. It's easier to notice things "out there" that are problematic, but we first must start with ourselves.
 - An advocate's work is to provide safe and supportive services for all survivors, in a manner that allows for one to show up as their whole selves, with all of their identities and experiences.
 - Advocates must practice awareness that because oppression exists in our society, options and experiences are not the same for each person. Advocacy should center the person's self-identified needs and trust the survivor as the best expert on their own experiences.

Additional resources:

- [Artful Anti-Oppression](#) by Nat Tremblay [online toolkit]
- *I'm Still Here: Black Dignity in a World Made for Whiteness* by Austin Channing Brown [book]
- [LGBTQ Youth of Color Organizing Summit Workshop Curriculum](#) by FIERCE [online curriculum]
- [Me and White Supremacy Workbook](#) by Layla F. Saad [online workbook]
- *White Fragility* by Robin DiAngelo [book]

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ANTI-OPPRESSION TERMS: POSTER

EQUITY

OPPRESSION

INTERNALIZED OPPRESSION

DISCRIMINATION

ANTI-OPPRESSION TERMS: POSTER

PREJUDICE

MARGINALIZATION

NORMATIVITY

ANTI-OPPRESSION WORK

ANTI-OPPRESSION TERMS: POSTER

RACE

RACISM

WHITE PRIVILEGE

ANTI-OPPRESSION TERMS: DEFINITIONS

This refers to systems and strategies for understanding and influencing the idea and practice of “fairness.” For example, the distribution of resources in political, professional and social situations. These resources can include basic needs like food, housing, clothing, and money, but also education, employment, and safety from violence among other things.

This is the use of power to marginalize, silence or otherwise subordinate one social group, often in order to further privilege the oppressing and/or dominant person or group. It is Prejudice + Power.

This is a belief that there is something wrong with being part of a marginalized group. Shame, self-hatred, and low self-esteem results when members of an oppressed group take on society’s attitudes toward them and adopt myths and stereotypes about themselves.

This is any action that denies social participation or human rights to an individual or categories of people based on prejudice.

This is an attitude, perspectives and assumptions based on limited information, often stereotypes. Usually, but not always, negative.

This is the effect of people being considered outside of, different or other than the ruling class and dominant ideas of what is normal. It often results in people being “othered” in society, creating social and systemic exclusion resulting in limited access to resources and opportunities.

ANTI-OPPRESSION TERMS: DEFINITIONS

This refers to the values, standards and models in society that are considered normal, what we ought to think, how we are supposed to behave.

A classification system used to categorize humans into large distinct groups through anatomical, cultural, ethnic, genetic, geographical, historical, linguistic, religious and/or social characteristics and affiliations. The term is often used today to describe a person's skin color, ethnic features, and traits. For example, the color of one's skin, the color of their eyes, shape of their facial features, and hair texture. It is a social construct, meaning, something developed within legal, economic and socio-political contexts.

This is a set of beliefs, which assert the superiority of one racial group over another, at the individual and institutional levels. It goes beyond ideology; it involves discriminatory practices that protect and maintain the position of certain groups and sustain the inferior position of others.

Inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice.

This includes but is not limited to individual and group strategies for:

- Seeking & holding the complex histories that have gotten us here,
- Interrogating and dismantling systems and social practices that are oppressive,
- Excavating & leveraging the power & privileges we have in the world,
- Healing from personal, community and ancestral oppressions,
- Creating & fighting for community based resources and spaces that are accessible, inclusive, and affirming for all people, especially those underserved and exploited in our society.
- Celebrating the resilience of folks surviving and thriving creatively in spite of oppression.

ANTI-OPPRESSION TERMINOLOGY¹: TRAINERS' REFERENCE

Equity

This refers to systems and strategies for understanding and influencing the idea and practice of “fairness.” For example, the distribution of resources in political, professional and social situations. These resources can include basic needs like food, housing, clothing, and money, but also education, employment, and safety from violence among other things. In order to have equity in diverse communities we must be able to identify the forms of oppression and discrimination that causes inequity and challenge these. [p. 4]

Oppression

This is the use of power to marginalize, silence or otherwise subordinate one social group, often in order to further privilege the oppressing and/or dominant person or group. It is Prejudice + Power. [p. 4]

Internalized oppression

This is a belief that there is something wrong with being part of a marginalized group. Shame, self-hatred, and low self-esteem results when members of an oppressed group take on society’s attitudes toward them and adopt myths and stereotypes about themselves. Internalized oppression can manifest through a sense of inferiority, lowered expectations and limited imagination of possibilities, among other things. Consider how this plays out in the different forms of oppression explored in this toolkit.

Discrimination

This is any action that denies social participation or human rights to an individual or categories of people based on prejudice. [p. 4]

Prejudice

This is an attitude, perspectives and assumptions based on limited information, often stereotypes. Usually, but not always, negative. Prejudiced beliefs, language and practices are damaging on personal and social levels because they deny the individuality and complexity of the person. It forces people into basic (often derogatory) caricatures, one-dimensional identities, and hurtful labels. No one is free of prejudice because we have unfortunately all been raised with prejudiced ideologies all around us. Even if our families taught us about equity many dominant narratives in society teach us prejudice in so many ways. Examples of prejudiced perspectives: Women are weak; Asians are good at math, Youth can’t make wise decisions, etc. [p. 4]

Trainers' Reference: pg. 1 of 3

ANTI-OPPRESSION TERMINOLOGY: TRAINERS' REFERENCE

Marginalization

This is the effect of people being considered outside of, different or other than the ruling class and dominant ideas of what is normal. Often marginalization is directly connected to a person or groups real or perceived class, education, social networks, race, ability, age, gender and sexuality among other things. People who are marginalized or “othered” in a society will often experience social and systemic exclusion resulting in limited access to resources and opportunities. [p. 4]

Normativity

This refers to the values, standards and models in society that are considered normal, what we ought to think, how we are supposed to behave. For example in the West it is considered normal to shake hand when you greet someone. People that deviate or stray from these norms or prescribed ways of being are often punished in a variety of ways by society ranging from being ostracized or excluded, looked down upon and even legal consequences like imprisonment. [p. 5]

Anti-oppression work

This includes but is not limited to individual and group strategies for:

- Seeking & holding the complex histories that have gotten us here,
- Interrogating and dismantling systems and social practices that are oppressive,
- Excavating & leveraging the power & privileges we have in the world,
- Healing from personal, community and ancestral oppressions,
- Creating & fighting for community based resources and spaces that are accessible, inclusive, and affirming for all people, especially those underserved and exploited in our society.
- Celebrating the resilience of folks surviving and thriving creatively in spite of oppression. [p. 5]

ANTI-OPPRESSION TERMINOLOGY: TRAINERS' REFERENCE

Race

This is a classification system used to categorize humans into large distinct groups through anatomical, cultural, ethnic, genetic, geographical, historical, linguistic, religious and/or social characteristics and affiliations. The term Race is often used today to describe a person's skin color, ethnic features, and traits. For example, the color of one's skin, the color of their eyes, shape of their facial features, and hair texture. Common racial classifications include "Black," "Native," "Asian," "Arab," "White," etc. However, there is much debate over Race as a biological classification given that there are so many nuances and blurry lines between ethnic groups, differing ethnic traits that get flattened, or "mixed-races" that get invisibilized. As such, Race is said to be a social construct. Something developed within legal, economic and socio-political contexts. [p. 5]

Racism

This is a set of beliefs, which assert the superiority of one racial group over another, at the individual and institutional levels. It goes beyond ideology; it involves discriminatory practices that protect and maintain the position of certain groups and sustain the inferior position of others. [p. 17]

White privilege

Inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice.

1 From *Artful Anti-Oppression: A Toolkit for Critical & Creative Change Makers: Isms* [Vol.2, pp.4, 5, 15, 17] by N. Tremblay, A. Malla, J. Tremblay, & L. L. Piepzna, 2014, ArtReach.
<https://www.artreach.org/artful-anti-oppression-2-isms> Copyright 2014 by ArtReach.
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POWER AND OPPRESSION CHART

GROUPS WITH SOCIETAL POWER	SYSTEM OF OPPRESSION	GROUP WITHOUT SOCIETAL POWER
Men	Patriarchy, binary, genderism, sexism	Women, transgender people, gender non-conforming people, and intersex people
White people	Racism	People of color
Upper/middle class and rich people	Classism and capitalism	Economically poor and working class people
Adults	Ageism and adultism	Youth and elderly people
Heterosexuals	Heterosexism, homophobia, biphobia, and transphobia	Queer, lesbian, gay, bisexual, transgender, Two-spirit, and questioning people
U.S. born & U.S. citizens	Xenophobia	Immigrants and people born outside of the U.S.
Able-bodied and able-minded people	Ableism	People with disabilities or who are differently abled
People who fit dominant beauty standards	Sizeism, fatphobia, lookism	People who don't fit dominant beauty standards
Christians	Religious oppression, Christian hegemony, Anti-Semitism, Islamaphobia, etc.	People who aren't Christian [Muslims, Jews, Atheists, etc.]
"First World" countries and global north	Colonialism and imperialism	"Third world" countries, global south, indigenous groups, people living under occupation

[FIERCE, 2010, p. 9]



MODULE

6

RAPE CULTURE

This section describes the societal norms that allow sexual violence to exist and how these show up in our culture. It offers insight into the ways rape culture impacts survivors and society and provides an opportunity for participants to consider ways they can challenge rape culture.

LESSON 1: Defining Rape Culture

LESSON 2: How Rape Culture Impacts Survivors and Our Communities

LESSON 3: Reflecting on Manifestations of Rape Culture

LESSON 4: Challenging Rape Culture



OBJECTIVES

Participants will be able to:

- Identify the social supports for sexual violence
- Discuss the ways rape culture shows up in everyday life
- Explain ways of challenging rape culture



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of “Examples of Rape Culture” handout (at the end of this module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- A few short videos are provided as optional components to supplement this lesson. If you would like to show one or all of these videos, preview in advance and be ready to facilitate discussion on these clips. Set up technology in advance of the session and test out the clip to make sure it runs smoothly. All clips require video and audio. If you choose to show these videos, warn trainees of the potentially upsetting content.

What is: Rape Culture

by Kat Blaque

<https://www.youtube.com/watch?v=SupUmg566js>



Consent at 10,000 Feet

by Guante

<https://www.youtube.com/watch?v=VzR5Wjnk2hk>



Action

by Guante

<https://www.youtube.com/watch?v=ifTITAtNiUU>



For the Rapists Who Call Themselves Feminist

by Blythe Baird

https://www.youtube.com/watch?v=LJRKJ_z9iAk



- Print or otherwise obtain the handouts listed in the Materials section of this module and make copies for participants.
- Review materials and lessons to be comfortable with the material before the training session.
- Lesson 3 requires trainers to write prompts on flipchart paper that will be placed around the room. It may be helpful to prepare these sheets in advance. Look to Lesson 3 for these prompts.

CONSIDERATIONS FOR TRAINERS

Rape culture can be a distressing topic for many.

Exploring rape culture is critical to understanding the context in which sexual violence occurs. It may also be difficult for participants to examine for a variety of reasons. This section will be an opportunity for participants to reflect on their own understanding of why sexual violence exists and our culture's role in perpetuating sexual violence. Specific discussion of behaviors, attitudes, and experiences may be triggering for participants because they are similar to one's own experience or because this new information may shake a person's worldview. It is critical that care is taken in discussing rape culture, that attention is given to individual needs and group dynamics, and that adequate time is allotted to process what comes up for participants during this section.

We need to use an intersectional lens when we talk about rape culture.

Rape culture is a demonstration of the ways sexual violence is normalized in our culture and it's essential that we understand how it is intrinsically entwined with other forms of oppression. Rape culture tends to uphold all of the '-isms' and while it affects all of us, it often disproportionately targets and impacts people from marginalized communities. When we talk about rape culture, we need to use a critical lens that also considers the unique ways rape culture impacts people across race, ethnicity, class, gender identity, sexual orientation, religion, ability, immigrant status, HIV status, incarcerated or institutionalized status, and much more.

Understanding rape culture makes us better able to support survivors.

Many survivors are reluctant to talk about having been assaulted. They may fear their confidentiality won't be respected or that they will be blamed for what has happened. This knowledge can help advocates empathize with the challenges survivors face when trying to make decisions about what they need.

LESSON 1: DEFINING RAPE CULTURE

Understanding rape culture means recognizing that there are deeply held, socially reinforced ideas in our culture that not only are unsupportive to survivors, but that also excuse and even promote sexual violence. This section explores rape culture and its manifestations in our culture.

GROUP BRAINSTORM

Invite participants to take a few minutes to write down connotations they have with the term “rape culture.” You may wish to set a timer for three minutes. After participants have had time to reflect on their own, ask participants to share out highlights from what they wrote down. Trainers may consider jotting themes on a flipchart or board.

Be sure to process anything challenging that may come up in this share out. For example, it’s possible that a participant might have an adverse reaction to the term, have no previous exposure to the term, or outright deny that rape culture exists.

LARGE GROUP DISCUSSION

After participants have had a chance to share their general associations with the term, provide participants with the “Examples of Rape Culture” handout included in this module. As a group, read through the sections and examples, pausing after each section to allow time for participants to reflect and pose questions. Once the group has read through the entire handout, invite the group to offer reactions and questions.

Questions that may help guide the discussion include:

- *What do you think of these examples?*
- *Does anything on this list surprise you?*
- *Does anything on this list feel controversial?*
- *What would you add to this list?*

LESSON 2: HOW RAPE CULTURE IMPACTS SURVIVORS AND OUR COMMUNITIES

As we work to understand rape culture, it's important to think about the ways that rape culture impacts the survivors we work with and our communities. This section provides an opportunity for participants to learn about the many ways that rape culture impacts survivors and advocacy work.

AROUND THE ROOM ACTIVITY

Prepare flipchart paper with the following question prompts, one prompt written on each sheet of paper, allowing plenty of room for participants to write responses below the prompt.

Place prepared flip chart papers around the room, either set on tables or posted on walls, whichever is easiest to access in your space and for your participants.

Instruct participants to get in pairs, and in these pairs, move to each of the five prompts, writing down thoughts in response to each question. Participants should discuss the question as a pair and then write bullet points, sentences, or general ideas on the flipchart paper. Groups should respond to all five prompts. They will have an opportunity to elaborate on their points when the group comes back together.

Questions

- *How does rape culture shape how society teaches young kids about gender roles, bodily autonomy, and sex?*
- *How does rape culture shape how society views people across genders related to power, equity, bodily autonomy, and sex?*
- *How does rape culture shape how society responds when people disclose they have experienced sexual violence?*
- *How does rape culture shape how society views a person using power and privilege to commit sexual violence against someone else?*
- *How does rape culture shape how survivors navigate choices related to violence they have experienced?*

LARGE GROUP DISCUSSION

Bring the prompt sheets to the front of the room and ask for volunteers to read aloud each sheet to the group. Encourage pairs who wrote down examples to expand upon what they wrote down if they would like.

Common responses might include:

- **How does rape culture shape how society teaches young kids about gender roles, bodily autonomy, and sex?**
 - *It reinforces stereotypical gender roles*
 - *It makes girls believe they should be submissive*
 - *It makes boys believe they should be dominant*
 - *It others or makes invisible kids outside the gender binary*
 - *It teaches hypersexualization in some senses, but makes open communication about sexuality and bodies taboo*
 - *Abstinence education doesn't provide kids with useful information to navigate real life scenarios*
 - *It sends mixed messages about what's normal and healthy*
 - *It makes girls feel like they aren't in charge of their own body*
 - *It can make girls and non-binary kids fearful*

- **How does rape culture shape how society views people across genders and races? How does this relate to power, equity, bodily autonomy, and sex?**
 - *Some women of color are fetishized and hypersexualized*
 - *Some women of color associated with purity myths and are made invisible*
 - *Trans people are targeted*
 - *Women are expected to be more complacent*
 - *Men are taught to pursue and conquer*
 - *Men have power over women and trans and non-binary people*
 - *Racism devalues the bodily autonomy of people of color*
 - *Men are applauded for sexual conquests*
 - *Women are slut-shamed*
 - *Women may feel voiceless or that their voices and needs will not be heard*
 - *Women are taught to submit to men, and may do so out of fear or obligation*

- **How does rape culture shape how society responds when people disclose they have experienced sexual violence?**
 - *It makes society doubt survivors*
 - *It makes society not believe survivors*
 - *It makes society more likely to disbelieve survivors of color*
 - *It makes society think what happened “wasn’t that bad”*
 - *It normalizes sexual violence so people struggle to see what happened as wrong*
 - *It makes society characterize sexual violence as things like “a misunderstanding” or “regretted sex”*
 - *It makes juries and judges not convict people who commit sexual violence*
 - *It makes the police not take survivors seriously*
 - *It makes families and friends victim-blame when survivors disclose to them*
 - *It scrutinizes survivor behavior in an effort to discredit them*
 - *It allows people to try to suggest that survivors are at fault for what happened to them because of what they wore, because of a previous relationship they had with someone, or because they “led them on”*

- **How does rape culture shape how society views a person using power and privilege to commit violence against someone else?**
 - *In situations where there is a difference of power and privilege (class, celebrity status, authority role, etc.), survivors are often characterized as lying about sexual violence to try to achieve fame or money*
 - *In situations where there is a difference of power and privilege, survivors are often told they should feel “lucky” about what happened*
 - *Survivors who have less power and privilege are often made invisible in society, because they are seen as less than. They may be targeted specifically because they are perceived to be less believable or less likely to have access to help.*

- **How does rape culture shape how survivors navigate choices related to violence they have experienced?**
 - *It makes survivors less likely to disclose*
 - *It makes survivors feel like they won't be believed*
 - *It makes survivors second guess themselves*
 - *It makes survivors fearful of telling anyone what happened*
 - *It makes survivors skeptical of formal systems like police or court systems*
 - *It makes survivors afraid to tell their family and significant others*
 - *It makes survivors weigh out whether telling their story is worth it*
 - *It makes survivors suffer alone instead of getting help if they fear that they won't be believed*
 - *It makes survivors feel like they have to justify their every action out of fear of being blamed*

Process the group's responses to the prompts, identifying any themes and allowing time for questions. If groups struggled with different prompts, invite them to discuss why that might be with the group. Reaffirm for the group that these are examples of the very specific ways that rape culture impacts our society and has significant implications for survivors of sexual violence.

LESSON 3: REFLECTING ON MANIFESTATIONS OF RAPE CULTURE

It's important to recognize that even as advocates, we too are inundated with messages that often reinforce problematic beliefs and stereotypes that we must continually challenge and unlearn. This part of the module will provide participants a chance to reflect on their own experiences with different aspects of rape culture.

SMALL GROUP DISCUSSIONS

Ask participants to get into groups of three and assign each group a set of questions to discuss from the list below. You may choose to write the sets of questions on flipchart paper and give each paper to the respective group, or write the questions on the board, or create handouts. Ask that someone in each group serve as a note-taker. Groups should rotate through at least two sets of questions.

Questions

◦ SET 1

- What examples do you see, in culture, the media, and in your own community, that shame survivors of sexual violence?
- What other examples of rape culture do you see in your day-to-day life?

◦ SET 2

- Why do you think society has a difficult time seeing men and boys as victims of sexual violence?
- What do you think we can do to change it?

◦ SET 3

- What were you taught about sexual violence?
- Where do these beliefs come from? Do you think they are accurate?

◦ SET 4

- How do you think you perpetuate rape culture?
- What do you think you can do to change/end rape culture?

After groups have had time to transition through at least two question sets, bring small groups back together as a large group. Beginning with question set 1, ask for groups to report out on their questions and discussion. Invite the larger group to add to the discussion for each set of questions as time allows. Take time to discuss themes and to process anything difficult that comes up in conversation.

LESSON 4: CHALLENGING RAPE CULTURE

As we bring this module full circle, participants will reflect on their role in challenging rape culture, within their advocacy work and in their personal lives.

REFLECTION AND GROUP DISCUSSION

Ask participants to individually reflect on the following two questions. They can jot down some notes or reflect quietly at their seat. After individual reflection, participants will have an opportunity to share out with the full group if they would like.

- *How can your understanding of rape culture impact the ways you support survivors in advocacy?*
- *How can your understanding of rape culture present opportunities for you to challenge it in everyday life?*

Invite participants to share their responses to the questions with the group.

Remind participants of the important role advocates have in being an empowering and non-judgmental support in survivors' lives, and our ability to help provide counter messages to survivors that remind them that they are believed, that it was not their fault, and that this never should have happened to them.

EXAMPLES OF RAPE CULTURE

Rape Culture: Behaviors and Practices

Some of the most overt behaviors and practices that create a rape culture are acts of sexual assault, but there are others that also play significant roles in creating such a context. These include:

- Sexualized online harassment and bullying
- Harassment and intimidation of, and threats made toward, women and girls, even those that are framed by aggressor[s] as “playful” or a “joke”
- Denying that rape is a widespread problem
- Diminishing or trivializing the trauma and violence of rape and sexual assault
- Victim-blaming
- Accusing survivors of lying
- Sexual objectification of women and girls
- Violence, including sexual violence, targeted at members of trans and queer communities
- Men and boys talking/bragging about sexual assault
- Equating masculinity with sexual dominance
- Revenge porn, both independent of physical assault and post-assault
- Ignoring the sexually violent crimes of celebrities or people in power or authority
- Neglect of untested evidence collection kits
- Support for accused men and boys over concern for welfare of victims
- Systems having low/poor response rates for taking reports of sexual violence seriously, for example, unlikelihood to investigate cases of sexual violence and hold those who commit sexual violence accountable

Rape Culture: Beliefs, Assumptions, Myths, and World Views

- Cultural expectation that men have to coerce women into having sex, and that women and girls want to be coerced
- Belief that men and boys are entitled to the bodies of women and girls
- Socialization of girls that they have a duty to serve the demands of male sexuality
- Socialization of girls to expect sexual violence and aggression
- Belief that discussion of sexual activity and affirmative consent are not sexy
- Belief that rape and sexual violence are the inevitable expressions of masculinity
- Belief that rape is an everyday occurrence that cannot be changed
- Fear among victims and their families that they will be stigmatized and further traumatized by reporting the rape
- Belief that rape is just rough sex
- Belief that rape is the result of one party “regretting” sex
- Belief that women and girls provoke sexual assault with their behavior and dress
- Attitude that is the responsibility of women to defend themselves and prevent rape
- The hypersexualization or purity myths used to stereotype and misrepresent women of color
- Belief that only “bad men” rape and only “bad women” are raped
- Belief that there is no such thing as intimate partner rape
- The “slut-shaming” of women and girls who pursue and/or engage in consensual sex
- The attitude that only certain survivors are to be believed [often tied to age, race, class, and other forms of status]

Rape Culture: Language and Discourse

- Language that minimizes rape and by calling it sexual intercourse, non-consensual sex, inappropriate behavior, or sexual misconduct
- Using terms like “acquaintance rape” or “date rape” and “real rape” to make false distinctions about the crime of rape
- Referring to trafficked child rape victims as “child prostitutes”

Rape Culture: Representations of Rape in Cultural Products

- Rape jokes and memes that mock rape
- The use of rape as a plot point and for economic gain in film and television
- Video games with rape scenarios
- Songs and music videos that glamorize sexual coercion

From *Definition of Rape Culture with Examples: On the Behaviors, Ideas, Words, and Representations that Compose It*, by N. L. Cole, 2017. Retrieved from ThoughtCo.: <https://www.thoughtco.com/rape-culture-definition-and-examples-4109257>. Copyright 2017 by Dotdash. Adapted with permission.



MODULE

7

ETHICAL COMMITMENTS FOR ADVOCATES

In this section of the training, ethical commitments are discussed and their importance explained. Participants will gain a shared understanding of their ethical responsibilities to survivors and what this means for how they provide advocacy services.

LESSON 1: Why ethics matter

LESSON 2: Exploring the organization's ethical commitments



OBJECTIVES

Participants will be able to:

- Articulate the ethics that are considered central to survivor-centered and trauma informed services.
- Describe the value of an ethical code in ensuring the safety of survivors and the quality of advocacy services.



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- “Ethical Commitments for Advocates” handout (at the end of this module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Print or otherwise obtain items listed in the Materials section of this module and make copies for participants.
- Review lesson to be comfortable with the material before the training session.
- If your agency, state/territory/tribal coalition, or other governing body has a code of ethics, review it and be prepared to discuss it.



POINTS TO CONSIDER

- **Ethical commitments support survivors and advocates.**

The ethical code of survivor advocacy is critical to services being safe and empowering for survivors, and supportive of their healing processes. The nature of survivor-centered advocacy work is that advocates don't work with scripts or formulas. Rather, advocates take the survivor's lead and strive to support them in their self-identified needs. Because advocates are likely to encounter new situations where they need to make decisions reflective of whatever they are presented with, ethical guidelines are there to help advocates provide safe and empowering services.

- **Talk about actual experiences.**

Don't be afraid to integrate stories and scenarios in this section that help to illuminate some of the topics covered. We often best learn when we can apply theory to practice. Consider dilemmas that you, as the trainer, have encountered in your advocacy work and consider sharing some of these situations with participants, redacting any information that would identify the individuals you worked with. Sharing worst-case scenarios is not the most helpful thing, but showing a diversity of stories and scenarios can enrich participants' knowledge. Exploring actual ethical dilemmas or other ways in which ethics have helped guide your work can give participants a good sense of how they can use ethical commitments to guide their advocacy services.

- **Reassure advocates in training.**

Considering potential ethical dilemmas may feel stressful to participants as they think ahead to their work with survivors. Reassure training participants that support and supervision is available to help advocates navigate through tricky areas and that advocates do not need to fear having to make decisions in isolation.

LESSON 1: WHY ETHICS MATTER

GROUP BRAINSTORM

During this session, trainer/s will invite participants to consider why ethics matter and how they help guide our work.

Invite participants to share aloud why they think ethical guidelines are important to any field of professional work.

Common examples shared might include:

- Lays out the agreed upon standards for the work
- Addresses areas where problems have arisen or might arise
- Defines the parameters of the role
- Helps demonstrate values
- Puts legal and ethical boundaries around a role
- Protects those seeking services and service providers
- Creates transparency for survivors, community, and providers
- Helps with decision-making
- Is a tool that supports accountability

Encourage the group to reflect on the range of items they named. Fill in any major points the group may have missed.

SMALL GROUP DISCUSSION

Now that the benefits of ethical guidelines across professions has been explored, it's important to think more specifically about advocacy work and the dynamics present in interactions between advocates, survivors, and others seeking advocacy services. When we better understand the different dynamics at play, we understand the importance of ethical commitments.

Invite participants to get into three small groups to reflect on potential dynamics in advocacy relationships and practices (if you have a large training class, do six or nine groups, duplicating the sub-topics). Give each group a sub-topic to explore:

1. **Power dynamics**
2. **Decision-making**
3. **Role and boundaries**

Ask each group to identify possible dynamics or ethical dilemmas that might arise based on interactions between advocates and survivors or others seeking services. After small groups have had time to discuss, ask that everyone returns to a large group and small groups report out on what they discussed.

Common examples shared might include:

- **Power dynamics**
 - Survivors may think advocates are a person in authority who will tell them what to do.
 - If advocate and survivor are of different cultures, backgrounds, or experiences, this could make one party feel more powerful and possibly more or less relatable than the other.
 - Age and gender could impact perception of power between survivor and advocate relationship.
 - Seeking help from someone puts one person in the role of needing help, and the advocate in the role of helper.
 - Advocates may have more positional authority with other systems or service providers than a survivor.
 - Survivor may be in vulnerable position (trauma response, emotional overload, dealing with multiple forms of oppression, decision fatigue) and feel powerless.

- **Decision-making**

- Survivors may have difficulty making decisions and may look to advocates for the answers.
- Survivors may have less knowledge about systems and options than advocates and attempt to default to an advocate's knowledge and perspective.
- Advocates and survivors may have different opinions, beliefs, and lived experiences, which may lead them to believe different options seem more viable.

- **Role and boundaries**

- Advocates may deeply empathize with survivors and want to do whatever they can to help them.
- Advocates, especially with crisis and on-call responsibilities or who work outside of typical 9–5 hours, may have a vague sense of when their work starts and ends.
- Advocates may notice other service providers or systems having varying degrees of competence and helpfulness to survivors and seek to remedy this.
- Advocates may strive to be as accessible as possible to survivors, potentially placing them in an “always available” position.
- Survivors may become dependent on an advocacy organization or a specific advocate that they feel a connection with.
- Survivors may seek answers from an advocate that are outside of an advocate's scope of work.

DEBRIEF AND DISCUSSION

Debrief the dynamics and situations that groups discussed. Summarize and build upon the points of discussion raised during the large group brainstorming and small group discussion activities. If any difficulty understanding ethics arose during group discussions, this is a good time to provide clarification.

Remind participants:

- Most of these dynamics simply reflect that this work is often complex and working in a helping profession requires that we pay close attention to places where dilemmas may arise.
- The nature of survivor-centered advocacy work is that advocates don't work with scripts or exact formulas. Rather, advocates take the survivor's lead and strive to support them in their self-identified needs.
- Because advocates are likely to encounter new situations where advocates need to make decisions reflective of whatever they are presented with, ethical guidelines are there to help advocates.

LESSON 2: EXPLORING THE ORGANIZATION'S ETHICAL COMMITMENTS

LECTURE AND DISCUSSION

Using your agency's, state/territory/tribal coalition's, or other governing body's ethical guidelines, review the ethics that are used to guide your agency's work. Consider asking participants to take turns reading sections or bulleted points, depending on the size of your group. If you do not have ethical commitments that your agency currently upholds, use the "Ethical Commitments for Advocates" handout at the end of this module.

Invite participants to ask questions about any of the commitments that they may want more information on or have questions about. Summarize this section by reminding participants:

- Ethical guidelines support a standard of advocacy services that aspires to provide the best possible care to survivors and others seeking support, while protecting them as well as advocacy staff.
- Ethical guidelines are there to help when difficult situations arise and decisions feel unclear.
- Ethical guidelines demonstrate our values put into practice. They are one way we can embody our organizational values and beliefs about survivors and the care they deserve.

ETHICAL COMMITMENTS FOR ADVOCATES

Ethical commitments provide standards or practice for advocates working in the anti-sexual violence field.

Maintaining expertise in the field

- Demonstrate competence by completing initial training and engaging in ongoing professional development.
- Demonstrate an understanding of the root causes of sexual violence.
- Demonstrate an understanding of the nature of the trauma of sexual violence and the complexity of this effect on survivors and the healing process.
- Participate in ongoing supervision.
- Recognize both capabilities and limitations in one's own expertise.
- Understand and model the importance of personal wellness and practice self-care.

Professional integrity

- Maintain a trauma-informed and survivor-centered approach to providing services.
- Maintain and model ethical and appropriate boundaries.
- Support survivors' self-determination and self-agency as they share and disclose their experiences and examine their options.
- Listen generously and respect survivors' decision-making.
- Promote and practice mutual support in relationships with colleagues and staff.
- Respect the roles of the other disciplines you partner with in your community.

Responsibility to the highest standards of the field

- Ensure survivor privacy and confidentiality by understanding and maintaining compliance with state statutes defining privileged communication between sexual violence advocates and survivors.
- Maintain current knowledge of community resources and provide appropriate referrals.
- Maintain current knowledge of victims' rights.
- Maintain current knowledge of other disciplines' roles and responsibilities.
- Challenge harmful practices of other advocates and allied professionals.

- Clarify the role of the advocate to survivors and other professionals you work with.
- Demonstrate sensitivity to real and ascribed differences in power between advocates and those seeking services.
- Know and comply with all laws, standards, rules, and regulations that apply.

Genuine regard for all survivors

- Maintain a practice of nondiscrimination on the basis of race/ethnicity, language, nationality, sex/gender, age, sexual orientation, ability, social class, economic status, education, marital status, religious affiliation, immigration status, or HIV status.
- Actively examine one's history, belief systems, values, needs, and limitations and their effect on providing advocacy.
- Believe the survivors who seek advocacy from you.
- Maintain respectful and professional boundaries with those seeking your services during and after professional relationships.

Advocates as social change agents

- Maintain, practice, and articulate a commitment to social justice.
- Work actively towards legislative, policy, and social change.
- Practice awareness of privilege you hold and what this means for your advocacy work. Consider how your privilege can benefit others.
- Work to unlearn practices, particularly those rooted in power and privilege, that demonstrate harmful attitudes or beliefs toward others.
- Work to challenge and change harmful social norms.
- Work to challenge and change harmful system practices.
- Engage in creative and critical thinking to address systemic barriers to justice for survivors of sexual violence.



MODULE

8

THE SPECTRUM OF SEXUAL VIOLENCE

This module covers the spectrum of sexual violence: the wide range of behaviors that constitute sexual violence. It also provides an opportunity for programs to cover legal definitions specific to their own state or territory, as well as to explore where legal definitions may fall short of capturing all survivors' experiences. Participants will consider how understanding the spectrum of sexual violence informs their advocacy services.

LESSON 1: A closer look at what we mean by “sexual violence”

LESSON 2: Legal definitions

LESSON 3: Connecting it to advocacy



OBJECTIVES

Participants will be able to:

- Identify different forms of sexual violence
- Describe laws that define sexual violence in their state or territory
- Name different settings and situations where sexual violence takes place



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Print or otherwise obtain items listed in the Materials section of this module and make copies for participants.
- Review lesson to be comfortable with the material before the training session.
- Obtain information specific to state/territory legal definitions of sexual violence and related laws to share during Lesson 2 of this module.



POINTS TO CONSIDER

Sexual violence is a broad term used to encompass a range of behaviors. We use this terminology to be inclusive of the many forms of sexual violence that exist, beyond those most commonly thought of, like rape or child sexual abuse, for example. This module provides an overview of the wide-ranging behaviors that constitute sexual violence.

- **Advocates support survivors' self-definitions of their experiences.**

An advocate's work is to not to define a survivor's experience for them, but to honor how survivors describe their experiences. Survivors may or may not choose to label their experiences for a variety of reasons. The choice is theirs. Advocates meet survivors where they are at and focus less on labeling and more on listening and providing support to survivors based on what each individual survivor needs.

- **We don't rank survivors' experiences.**

Some models that identify forms of sexual violence rank forms of violation in terms of perceived severity. Those models fall short. Instead, we use a trauma-informed model to understand sexual violence. A trauma-informed approach means that we recognize that we all have different lived experiences shaped by a variety of factors. The degree of harm that someone experiences and lasting effects of sexual violence have less to do with the specific form of sexual violence and more about a person's experience.

- **Advocates should be knowledgeable about state laws.**

While legal definitions of sexual violence don't lead the work of an advocate, knowledge of state laws (definitions, statutes of limitations, etc.) is important for survivors who are interested in pursuing criminal or other legal options.

LESSON 1: A CLOSER LOOK AT WHAT WE MEAN BY “SEXUAL VIOLENCE”

BRAINSTORM & DISCUSSION

Introduce this section by sharing that in order to serve the wide range of survivors that are impacted by sexual violence, it's essential that we understand the range of behaviors that are encompassed by the term “sexual violence.” As a large group, ask participants to name different forms of sexual violence they can think of. Encourage participants to be specific about what they mean. Trainers should take notes on flipchart paper as the group names different forms of sexual violence. Consider adding examples from those listed below if there are forms that the group doesn't name.

Examples may include:

- *Child sexual abuse*
- *Incest*
- *Sexual abuse by a priest or other spiritual leader*
- *Sexual harassment by a boss or co-worker*
- *Being groped by a stranger on mass transit*
- *Someone exposing themselves to another person at a party without consent*
- *When someone sends unwanted photos of their genitals*
- *Forcing someone to have photos taken of their naked body*
- *Forced viewing of pornography*
- *Watching someone disrobe or have sex when they have not given permission*
- *Hidden cameras in bathrooms or dressing rooms*
- *Being forced by a partner or spouse to have sex*
- *Being too drunk or intoxicated to give consent*
- *Not being of mental capacity to give consent*
- *Rape used as a corrective measure*
- *Rape used as a weapon in war and colonization*
- *Sexual assault of people who are incarcerated or in police or immigration custody*

- *Being sexually assaulted after consenting to previous intimate or sexual activity but not wanting to go any further*
- *A parent or other family member inappropriately touching a child*
- *A coach sexually abusing a player during away games*
- *A graduate assistant telling a student they will only pass if they have sex with them*
- *Unwanted sexual comments or advances while running in the park*
- *A preschool teacher sexually abusing a child in their care*
- *Targeting trans individuals with sexual violence as an attempt to degrade them*
- *Threatening to evict unless a tenant has sex with them*
- *Sharing nude photographs of someone without consent*
- *A boss sexually assaulting a farmworker who is undocumented and does not speak English*
- *A babysitter forcing an adolescent in their care to do unwanted sexual acts*
- *Videoing sexual acts without consent*
- *A nurse at a personal care home sexually assaulting a resident who is bedridden*
- *Receiving unwanted sexually explicit messages*
- *Sexual exploitation by doctors or other health care providers*
- *Being talked to with unwanted sexually objectifying language*
- *A middle-schooler having someone on their bus grab their breasts without consent*
- *A mentor using their influence over a mentee to coerce them into sex*

Allow space for participants to ask questions about any of the examples listed. Incorporate points from the “Points to Consider” section into the conversation.

Summarize by telling participants “Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent. 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” (NSVRC, 2010).

PAIRS' DISCUSSION & SHARE BACK

This activity prompts participants to think more in-depth about sexual violence. In pairs or small groups, ask participants to reflect on what they notice in the list that the group has created.

Ask participants to respond to these questions:

- Where does sexual violence take place?
- Who commits sexual violence?
- Who are victims?
- What themes do you notice from the examples?
- What differences do you notice from the examples?

Once pairs or small groups have finished meeting, review the questions as a group, asking the smaller groups to report out on what they discussed.

Listen for:

- **Where does sexual violence take place?**
 - At home
 - In families
 - At school
 - At work
 - Online
 - Via technology
 - In trusted relationships
 - In medical settings
 - At parties
 - In public settings
 - On dates
 - In institutions
 - In prisons
 - Everywhere

- **Who commits sexual violence?**

- Acquaintances
- Friends
- Strangers
- Family members
- Partners/significant others
- People with power or authority
- Bosses
- Peers
- Caregivers

- **Who are victims?**

- Children
- Adolescents/Teens
- Adults
- Elders
- People who are incapacitated
- People who are not incapacitated
- People under the care of someone else
- People of all different races, cultures, genders, classes, ages, and abilities
- People who may be more vulnerable because of forms of oppression they experience and/or limited access to help
- Anyone

- **What themes do you notice from the examples?**
 - In many cases, sexual violence occurs in a situation where someone is in a position of power over the survivor
 - Sexual violence happens in all settings
 - There is not one singular 'type' of survivor
 - Sexual violence happens across the lifespan
 - A shared characteristic of these examples is that they all are absent of consent
- **What differences do you notice from the examples?**
 - Some forms of sexual violence involve physically touching someone else's body, others involve words, threats, or making someone do something without their consent
 - Situations and settings where sexual violence occurs vary greatly
 - People who commit sexual violence aren't just the "bad guy" or "monster" that gets presented in movies or media; their identities also vary and can range from people we know and trust to acquaintances to strangers

Wrap up this activity by reiterating the importance of understanding the wide-ranging behaviors that constitute sexual violence. There are overlapping themes and also important distinctions in many of the scenarios that were mentioned. When we are aware of the many different settings and situations where sexual violence takes place, we have greater capacity to meet survivors where they are at.

LESSON 2: LEGAL DEFINITIONS

LECTURE

For this section, trainers should review key laws that define sexual violence in the agency's state, territory, or tribe. This information will help participants be knowledgeable about criminal and legal options available to survivors.

Key points to cover:

- Legal definitions of sexual violence. It is likely that forms of sexual violence will be broken into different categories based on types of behaviors and age of victim.
- Statutes of limitations
- Note that additional information will be covered in a later section on working with criminal systems, so the specifics of reporting to police and pursuing criminal options will not be covered in this section.

REMINDER FOR THIS SECTION:

An advocate's role is not to be an investigator, judge, or jury. Advocates believe survivors and support them in defining their own experience. Sometimes legal definitions fall short of encapsulating all of the experiences of survivors; this does not invalidate a survivor's experience, but may limit their access to criminal or legal recourse. Advocates don't provide legal advice. They do help survivors understand their options and provide support, including throughout any involvement they choose to have in legal proceedings.

After covering the laws that govern your agency's region, invite participants to ask any questions they have. Trainers may find it helpful to have follow-up discussion about the ways that laws do and do not cover the totality of people's experiences.

Some discussion questions include:

- *What are some ways that laws pertaining to sexual violence help survivors?*
- *Where do our state's laws pertaining to sexual violence fall short?*
- *What might it mean if a survivor doesn't see their experience reflected in a law?*
- *How can an advocate honor a survivor's experience even if it falls outside legal definitions of sexual violence?*

LESSON 3: CONNECTING IT TO ADVOCACY

LARGE GROUP DISCUSSION

Now that the spectrum of sexual violence and legal definitions specific to your state/territory have been discussed, participants should consider how this understanding the spectrum of sexual violence can support strong advocacy skills. As a large group, ask participants to respond to: *How does awareness of the spectrum of sexual violence influence how you might provide advocacy support?*

Examples of responses include:

- Broader awareness to all of the places that sexual violence happens helps me understand that survivors don't have one singular experience.
- The different dynamics [where, who, when] are likely to impact a survivor's experience. This makes it important to provide support that is tailored to each individual's needs.
- It shows how important context is in understanding what might be helpful to a survivor. For example, some survivors may find a lot of support from their family, but family could also be a challenging dynamic for a survivor who was assaulted by someone in their family because their family may not feel like a safe and helpful resource.
- This awareness gives an opportunity to think broadly about challenges and resources that might be present in different scenarios that may influence what a survivor needs.
- It can help us understand that seemingly 'lesser' acts of sexual violence are not insignificant and can have a profound impact on a person.
- It can help us realize that there are many more people who experience sexual violence than we often hear about.

Trainers should also acknowledge that survivors might, for a variety of reasons, ask advocates to help them define their experience. Trainers should ask participants to reflect on why survivors might ask this so they can be thoughtful in their response.

Possibilities include:

- *They want help understanding what happened to them*
- *They know something felt wrong and are trying to process what happened*
- *They want to know if the services available are intended for them*
- *They would like to have validation or acknowledgment of what happened to them*
- *They are interested in pursuing criminal options and want to know how what happens to them fits within the law*

Trainers can reiterate points from the “Points to Consider” section into this conversation, reminding participants that advocates do not define survivors’ experiences for them, but are there to help process feelings and thoughts and provide information and support. Participants may find it helpful to consider how they might respond to a survivor who asks that question of them. Participants should be reminded advocates’ responses should be tailored to the survivor they are serving: their age, understanding, and emotional state, among other characteristics that might impact their reason for the question and their ability to understand information.

One example of a response is:

“What you are describing sounds like it could fall within a legal definition of sexual assault, however we usually define sexual violence much more broadly and believe that survivors get to name what happened to them in any way that feels right to them. We can certainly talk more about legal definitions if you would like, but I am guessing that you are asking because it feels like sexual harm/assault/violence to you and you are checking that out with me as you start to think about what that may mean for you...”

Trainers should invite questions from trainees about navigating such questions and remind trainees that advocates have regular opportunities for debriefing and support to reflect on how to handle situations that may be complicated or require extra attention.

References

National Sexual Violence Resource Center. [2010]. *What is sexual violence? Fact sheet.*
<https://www.nsvrc.org/publications/what-sexual-violence>



MODULE

9

THE IMPACT OF SEXUAL VIOLENCE

This section builds upon previous modules that provided a closer look at the spectrum of sexual violence. Now that participants have an understanding of the spectrum, this module will look at: the factors that influence a person's response to sexual trauma; the impact of sexual violence across the lifespan and throughout the healing process; challenges survivors may encounter in accessing support; and the internal and external resources of survivors.

LESSON 1: Understanding factors that influence trauma

LESSON 2: Identifying factors that influence trauma

LESSON 3: The impact of trauma

LESSON 4: Challenges that survivors experience

LESSON 5: Survivors' strengths and resources



OBJECTIVES

Participants will be able to:

- Identify the factors that influence how survivors are impacted by sexual trauma
- Describe the different impacts of sexual trauma
- List challenges survivors may experience in accessing support
- Name strengths and resources survivors may have



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Computer with screen, projector, internet, and audio (optional)
- Identifying Factors that Influence Trauma: Scenarios handout and Trainer's Guide (included in module)
- Spiral of Healing handout (included in module)
- Impact of Sexual Violence handout (included in module)
- Reflecting on Challenges Survivors May Experience handout and Trainer's Guide (included in module)



TIPS FOR PREPARATION

- Print or otherwise obtain items listed in the Materials section of this module and make copies for participants.
- Review lesson to be comfortable with the material before the training session.



POINTS TO CONSIDER

- **Sexual violence affects everyone differently.**

This section offers a wide view of the impact of sexual violence, highlighting the factors that shape the impact of sexual violence as well as the many ways survivors may be impacted. Trainers should work to ensure that participants have awareness that there is no singular type of survivor or survivor experience, and normalize that each survivor's needs are likely to be different.

- **Trauma is often felt over time, as is healing.**

Healing from trauma is often a long process and the impact of trauma may be felt across a person's lifespan. It is important that this section, and those that follow, are framed with this understanding, as it may help participants to have greater awareness of the wide range of survivors — from those who seek support immediately after experiencing sexual violence to those that seek support decades later. It can also help participants understand the changing needs of survivors throughout the healing process and across the lifespan.

- **Balance truth about the impact with truth about hope and possibility.**

This section may feel heavy for participants, as it explores many of the real, difficult, and potentially long-term challenges survivors face as they try to heal after sexual trauma. It's essential to provide this honest information to participants, and it's also essential to offer hope that survivors are able to heal. Advocates in training may find it useful to learn that one of the most powerful impacts on healing is how survivors are treated when they disclose what happened and seek support. This means advocates have the ability to positively shape survivors' experiences by offering non-judgmental support, compassion, and a safe space to process their feelings and thoughts.

- **Be cognizant of this section's impact on participants who are survivors.**

This section explores some of the difficult and often longstanding impacts of sexual violence across a survivor's healing process and lifespan. This may be new or otherwise impactful information for participants who are also survivors or participants who are loved ones of survivors. It is possible that they could have questions or reactions to this information. Just as in all sections of the training, be sure to have support available for participants who need additional time or one-on-one time to process information or get support.

LESSON 1: UNDERSTANDING FACTORS THAT INFLUENCE TRAUMA

LECTURE

Using the following talking points, provide an overview of the factors that influence a survivor's experience of sexual violence. Consider using flipchart paper or a dry erase board to outline key points, such as pre-, peri-, and post-trauma factors.

Talking points: What we mean when we say “trauma”

As we learned in the previous section, sexual violence can include many things. We use this as an umbrella term to describe any sexual act that is imposed on another person without their consent. We sometimes interchange this term with “sexual trauma,” especially when focusing on the traumatic impact of the experience of sexual violence.

“Sexual trauma” can be described as a one-time event or an ongoing experience and does not have to be physically violent. When we say “trauma,” the reference can be specific to the incident itself, as well as in reference to one's response to the act of sexual violence. Most important to note is that the traumatic effects of sexual violence are not limited to the event itself, but often felt for a long period after.

Survivors' experiences of sexual trauma are shaped by a variety factors related to their lived experience, the traumatic event/s, and the support they receive in the aftermath. Sometimes these are referred to as pre-, peri-, and post- trauma factors, or before, during, and after. A closer look at these factors helps us see that no two survivors' experiences are alike, because everyone has different factors that influence our experience of life, our resources, and challenges.

Some pre-trauma factors include:

- The identities we hold and how they influence our interactions with the world
- Past experiences of trauma (prior sexual victimization, experiencing other forms of oppression, family violence, historical trauma, intergenerational trauma)
- Pre-existing supports and resources
- Resilience and coping skills

Some peri- (or during) trauma factors include:

- The form of trauma
- The duration
- The severity
- The location

Post-trauma factors include:

- Response to disclosure
- Support by family and friends
- Access to healing and supportive resources
- Experience with systems

Allow time for any questions that participants have about these factors before moving into Lesson 2, which will be a time for participants to practice identifying the factors.

LESSON 2: IDENTIFYING FACTORS THAT INFLUENCE TRAUMA

SMALL GROUP SCENARIOS

Ask participants to get into small groups or pairs. Pass out the “Identifying Factors that Influence Trauma: Scenarios” handout. Assign a scenario to each group or pair. Ask them to read through and respond to the questions together. Participants will have a chance to come together to discuss as a large group once completing the activity in small groups.

Trainers should refer to the “Identifying Factors that Influence Trauma Scenarios Trainer’s Guide” handout for guiding the group discussion.

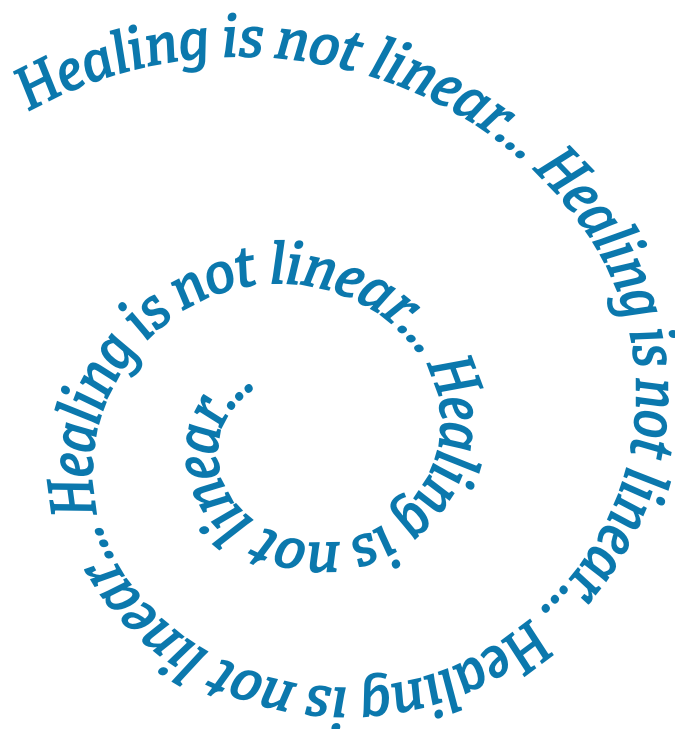
Once small groups have had a chance to discuss their scenario, bring everyone back together as a large group and ask that each group share about their discussion. Using the Trainer’s Guide, as well as responding to participant questions as they arise, help participants to identify the many factors that shape survivors’ experiences. Allow adequate time for processing.

LESSON 3: THE IMPACT OF TRAUMA

LECTURE AND DISCUSSION

Transition into this section by sharing with participants that with a strong foundation in understanding the factors that influence trauma, we can now take a closer look the impact of trauma.

Draw a large spiral on flipchart paper or the board. See the Spiral of Healing handout for reference. You may also consider providing this handout to participants. Explain to participants that one way to think about the impact of sexual trauma and the healing process is to envision a spiral. Healing is not linear, meaning; survivors rarely go from experiencing sexual violence to feeling completely “healed” or unaffected by its impact. Rather, survivors are likely to feel different impacts over time, with some impacts feeling lesser or greater at different times. The spiral represents the process, where survivors are likely to discover internal and external resources, feel challenged by the impact in different ways, and continue moving through the process.



Next, bring participants’ attention to the Impact of Sexual Violence handout and using the talking points below, review the material on the handout. Make time for questions and group discussion.

Talking points

Sexual violence impacts a person’s whole being and its effects can be longstanding. It may be easier to understand the impact of sexual violence by looking at the different aspects of a person that are impacted. In dominant US culture, we commonly reference overlapping physical, emotional, sexual, social, and spiritual aspects of a person’s being. However, it’s important to note that our concepts of our bodies and selves are intimately tied to our cultural beliefs. People may use different language and systems of meaning

to describe the impacts of sexual violence in their lives that may or may not correspond to how we ourselves conceptualize them.

The model represented in the handout, for our purposes, is more to help with learning than to suggest rigid categories of impact. Regardless of culture, each person is different and may or may not experience various forms of impact, for different durations, and at different stages in healing.

When we think about healing from sexual violence as a process, symbolized by the spiral, we can see that trauma can be felt at different times in different ways. The spiral represents the idea that an adult survivor of child sexual abuse, for example, may have experienced various impacts from sexual abuse at a younger age — perhaps fear, mistrust, physical injury, difficulty in school, among other impacts. As the child gets older, they are likely to experience manifestations of the trauma in additional ways, perhaps some similar to those felt in childhood, and also some that are different. This process is shaped by a survivor's supports, environment, and internal resources.

The handout provided is to get a big picture understanding of the impact of sexual violence. With the image of the spiral in mind consider these impacts and how they may show up for survivors along their healing journey and across their lifespan.

LARGE GROUP DISCUSSION

What do you notice about the impact of sexual violence?

Possible responses include:

- It is widespread and not solely an “emotional” or “physical” experience
- If survivors are experiencing a lot of these things, it could be overwhelming
- Survivors might not know that what they’re experiencing is related to sexual violence
- The way these things may impact survivors is likely to be subjective. For example, what fear looks like for one survivor may look really different for another
- To really help survivors, we need to be aware that they are impacted in lots of ways
- As an advocate, it may be helpful to have good partnerships and referrals to other agencies that can help survivors with things they are struggling with that are outside of the scope of advocacy

How do you imagine overlap between the spheres mentioned?

Possible responses include:

- Everything is interconnected; for example, stress or fear can cause a physiological response like making someone physically ill — and mistrust in general might lead to mistrust in social spheres or related to someone’s spirituality or faith
- If survivors’ whole selves are impacted, they need support that spans the scope of the impact

Invite participants to ask any remaining questions they have about the impact of sexual violence before transitioning into the next section.

LESSON 4: REFLECTING ON CHALLENGES SURVIVORS MAY EXPERIENCE

DISCUSSION

Using the handout “Reflecting on Challenges Survivors may Experience” and corresponding trainer’s guide, facilitate a large group discussion about common challenges survivors face when thinking about seeking support after sexual violence. Explain to participants that for many reasons, some personal, some familial, some societal, survivors often encounter internal and external challenges to accessing help. The handout lists seven common experiences and asks that participants reflect on questions related to each experience. Invite the group to together work through each question, capturing notes on the flipchart or board.

After completing the activity, invite participants to think of any other challenges they imagine survivors might face. Wrap up this discussion by asking if participants have any remaining questions.

LESSON 5: SURVIVORS' STRENGTHS AND RESOURCES

DISCUSSION

Share with participants that just as important as understanding the factors that influence trauma and the looking broadly at the holistic impact of trauma is to understand that survivors all have unique resources that can support their healing. Survivors have both internal and external resources and these are specific to each person. Survivors' resources are part of the pre-, peri-, and post-trauma factors. An advocate's work is to help bring awareness of survivors' resources so they can use them and continue to build new resources as they heal.

As a large group, ask participants to reflect on the different strengths and resources survivors may have. Participants may find it useful to look back to the scenarios used earlier in this module to identify strengths and resources described in the scenarios.

Start with survivors' external resources. Write participants' responses on a flipchart or board.

Possible responses include:

- Supportive family
- Supportive friends
- Being believed
- Financial means to access support that costs money [for example, therapy, wellness care, legal resources]
- Supportive spiritual or faith community
- Supportive significant other
- Being part of a community or culture that supports survivors
- Geographical access to supportive care
- Access to information that helps them understand it wasn't their fault
- Supportive interactions with systems/agencies [advocacy program, health care, etc.]

Next ask about survivors' internal resources. Write participants' responses on a flipchart or board.

Possible responses include:

- Strong sense of self-worth and self-esteem
- A felt sense of connection to others
- Coping skills
- Resilience or belief that they will get through this
- Spirituality or faith
- Practices or rituals that support wellbeing
- Having experienced something difficult before and knowledge that they were able to get through it
- Trust of self and others
- Knowledge about sexual violence and supports; awareness it wasn't their fault
- Having access to language and concepts to describe how they feel and what they need

Name any additional resources that participants may not mention during these activities. Let participants know that upcoming sections will build on this material and that this foundational understanding of impact and resources will be helpful as participants continue to learn about advocacy for survivors.

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS

AURELIA

- Aurelia is a 24-year-old Mexican American trans woman who was referred to your advocacy program by a local homeless shelter. Upon meeting with Aurelia, you learn that she was assaulted by someone at a place she was staying. She told her friend who owns the apartment, but he said he didn't want any drama and brushed her off. Aurelia left as soon as she could pack her things and has been homeless since. Aurelia does not seem interested in talking much about what happened and appears mostly worried about finding a new place to stay. She briefly mentions an unstable childhood and that she left home at sixteen. She shares that she's struggled with addiction for as long as she can remember and is worried she might get kicked out of the shelter soon. She also mentions that a friend has been taking care of her dog since she's been at the shelter, but she needs to get him back soon. She lights up when talking about her dog and mentions missing him a lot. Aurelia doesn't have any family in the area, and not many friends she feels like she can count on.
 - *What are some things in Aurelia's life that might affect how she feels and how she thinks about what happened?*

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS

REGGIE

- Reggie is a 12-year-old Black boy who was referred to your program by his school counselor after Reggie told his teacher that his football coach was touching him in ways that made him feel uncomfortable. Reggie and his parents meet with you together. Everyone seems overwhelmed by what has happened, but Reggie appears to feel supported by his parents. Reggie's parents are both social workers and confide in you that they are so disappointed in themselves that they didn't see signs sooner. Reggie explains the abuse has been happening for about six months. He expresses concern about getting the coach in trouble and wants to know if he can still play football with his friends. Reggie's parents describe having a good support system at their church and lots of close family in the area. They ask for referrals for a good family therapist and want to learn more about how they can best support Reggie moving forward.
 - *What are some things in Reggie's life that might affect how he feels and how he thinks about what happened?*

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS

- *What are the things that support Reggie? Consider those things that are strengths in his life.*

- *When reading a scenario, it's not uncommon to make some assumptions or fill in missing information to try to help guide how you might respond. While it's normal to do that, it's important that we reflect on our biases and assumptions in our advocacy. What assumptions might you have made based on this scenario?*

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS

MELINDA

- Melinda is a 47-year-old white woman who contacts your helpline after learning that her 17-year-old daughter is pregnant. She describes being scared for her daughter and angry that she “let this happen.” Her daughter’s former boyfriend is no longer in the picture and her daughter is worried having to raise the child on her own. After you talk with Melinda for a little while, Melinda shares that when she was around her daughter’s age she was raped and became pregnant. She ended up having an abortion. Aside from her own mother, she never told anyone else about it. To this day, Melinda and her mother do not speak of Melinda’s assault or the abortion. Melinda has been having severe anxiety since she found out about her daughter’s pregnancy and she has been missing work. She describes knowing she needs to talk to someone, but is afraid her wife will feel betrayed because she hasn’t told her sooner. Melinda does not want to add any pressure to her daughter, but is afraid she doesn’t know how to support her.
 - *What are some things in Melinda’s life that might affect how she feels and how she thinks about what happened?*

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS

- *What are the things that support Melinda? Consider those things that are strengths in her life.*

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IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS TRAINERS' GUIDE

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What are some things in Aurelia's life that might affect how she feels and how she thinks about what happened?

Some responses might include:

- Unstable childhood
- Unstable housing situation
- Addiction issues
- Chronic lack of family support
- Little to no current support network
- Possible increased vulnerability and exposure to violence and other forms of trauma because of gender and ethnic identities and homelessness
- Sexual violence that occurred where living

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS TRAINERS' GUIDE

What are the things that support Aurelia? Consider those things that are strengths in her life.

Some responses might include:

- Aurelia has managed to survive through years of adversity
- Aurelia feels a strong connection with her dog
- The homeless shelter may be a continued resource
- Aurelia has awareness of her addiction issues

When reading a scenario, it's not uncommon to make some assumptions or fill in missing information to try to help guide how you might respond. While it's normal to do that, it's important that we reflect on our biases and assumptions in our advocacy. What assumptions might you have made based on this scenario?

Some responses might include:

- Assumptions might be made about Aurelia's lived experience based on her ethnicity and gender.
- We don't know if Aurelia has had other experiences of sexual violence or other forms of violence, but know that statistically speaking, she is at heightened risk to experience violence.
- We don't know if Aurelia is currently in recovery or in active addiction and the impact that has on her.

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS TRAINERS' GUIDE

REGGIE

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What are some things in Reggie's life that might affect how he feels and how he thinks about what happened?

Some responses might include:

- Reggie's age
- Prolonged abuse by someone Reggie trusted
- The guilt Reggie feels related to reporting his coach

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS TRAINERS' GUIDE

What are the things that support Reggie? Consider those things that are strengths in his life.

Some responses might include:

- Reggie's family appears supportive
- Reggie was believed when he reported what happened to his school
- Reggie's family is interested in ways to help Reggie and work to heal as a family
- Reggie's family is willing to ask for help
- Reggie's family seems to have some knowledge of trauma
- Reggie and his family has support in their church community and extended family

When reading a scenario, it's not uncommon to make some assumptions or fill in missing information to try to help guide how you might respond. While it's normal to do that, it's important that we reflect on our biases and assumptions in our advocacy. What assumptions might you have made based on this scenario?

Some responses might include:

- We don't know about the ways that Reggie's race and gender influence his [or his family's] experience.
- We don't know how Reggie is processing what happened.
- We don't know if Reggie and his family are interested in pursuing legal options.
- We don't know who in the community knows about what happened and if Reggie and his family are facing any challenges because of reporting the coach.
- We don't know if Reggie could face questions about sexual orientation or experience responses rooted in homophobia.

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS TRAINERS' GUIDE

MELINDA

- Melinda is a 47-year-old white woman who contacts your helpline after learning that her 17-year-old daughter is pregnant. She describes being scared for her daughter and angry that she “let this happen.” Her daughter’s former boyfriend is no longer in the picture and her daughter is worried having to raise the child on her own. After you talk with Melinda for a little while, Melinda shares that when she was around her daughter’s age she was raped and became pregnant. She ended up having an abortion. Aside from her own mother, she never told anyone else about it. To this day, Melinda and her mother do not speak of Melinda’s assault or the abortion. Melinda has been having severe anxiety since she found out about her daughter’s pregnancy and she has been missing work. She describes knowing she needs to talk to someone, but is afraid her wife will feel betrayed because she hasn’t told her sooner. Melinda does not want to add any pressure to her daughter, but is afraid she doesn’t know how to support her.

What are some things in Melinda’s life that might affect how she feels and how she thinks about what happened?

Some responses might include:

- Melinda’s experience of rape in her late teens
- Becoming pregnant and having an abortion after being raped
- Melinda’s mother’s response to what happened
- Not having support or resources over the last 30 years
- Current triggering situation with daughter’s pregnancy
- Anxiety

IDENTIFYING FACTORS THAT INFLUENCE TRAUMA: SCENARIOS TRAINERS' GUIDE

What are the things that support Melinda? Consider those things that are strengths in her life.

Some responses might include:

- Melinda has developed coping skills that have gotten her where she is now.
- Melinda was aware of the helpline as a resource.
- Melinda's wife could be a potential support.

When reading a scenario, it's not uncommon to make some assumptions or fill in missing information to try to help guide how you might respond. While it's normal to do that, it's important that we reflect on our biases and assumptions in our advocacy. What assumptions might you have made based on this scenario?

Some responses might include:

- We don't know much about what Melinda's coping skills have been since she was assaulted.
- We don't know about Melinda's relationship with her partner and whether she anticipates she will be supportive if Melinda shares what happened and the current anxiety she is experiencing.
- We don't know what resources Melinda has access to.
- We don't know what the daughter's ex-boyfriend is like and how Melinda and her daughter feel about him.
- We don't know what Melinda believes about abortion, or whether her daughter is considering it.

Spiral of Healing



IMPACT OF SEXUAL VIOLENCE

Sexual violence impacts a person's whole being and its effects can be longstanding. It may be easier to understand the impact of sexual violence by looking at the different aspects of a person that are impacted. In dominant Western culture, we commonly reference overlapping physical, emotional, sexual, social, and spiritual aspects of a person's being. However, it's important to note that our concepts of our bodies and selves are intimately tied to our cultural beliefs. People may use different language and systems of meaning to describe the impacts of sexual violence in their lives that may or may not correspond to the impacts listed below.

These divisions, for our purposes, are more to help with learning than to suggest rigid categories of impact. Regardless of culture, each person is different and may or may not experience any combination of the items below, for different durations, and at different stages in healing. Use this information to get a big picture understanding of the impact of sexual violence.

- Pain or injury
- Muscle tension
- Chronic illness
- Stress-related diseases
- Gastrointestinal issues
- Headaches and migraines
- Muscle aches
- Pregnancy
- Difficulty during childbirth

PHYSICAL

- Lack of support from family, friends, and significant others
- Stress from over-involvement of family, friends, and significant others
- Isolation or ostracism from family, friends, and significant others
- Strained relationships; difficulty communicating with family, friends, and significant others
- Difficulty in the workplace or school

SOCIAL

IMPACT OF SEXUAL VIOLENCE

- Emotional fluctuations
- Fear
- Hypervigilance
- Overwhelm
- Self-doubt
- Self-blame
- Shame
- Humiliation
- Low self-esteem
- Feeling lack of safety in one's own body
- Difficulty trusting others
- Difficulty trusting self
- Nervousness
- Anxiety
- Shock
- Denial
- Confusion
- Dissociation
- Self-injury
- Distorted body image
- Eating disorders
- Dependence on drugs or alcohol
- Attempted or committed suicide

PSYCHOLOGICAL

- Disinterest in sex
- Fear of sex
- Heightened interest in sex
- Dissociation during sex
- Sexually transmitted infections
- Increased interest in risky sexual behaviors

SEXUAL

- Feelings of disconnection from self
- Feelings of disconnection from others
- Feelings of disconnection from faith or belief system
- Shifted worldview
- Questioning beliefs or faith
- Feeling angry at or betrayed by a deity or higher power
- Lack of support from spiritual community or faith leaders
- Isolation or ostracism from faith community
- Pressure to forgive or mediate with person who committed sexual violence

SPIRITUAL

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REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE

1. Survivors are often sexually assaulted by someone they know.

In 8 out of 10 cases of sexual violence, the survivor knows the person who has assaulted them [Duhart, 2001].

- *What relationships might a survivor have to the person who sexually assaulted them?*
- *What challenges might this create for a survivor?*

2. Survivors rarely formally report (for example, to police).

Only 230 out of every 1,000 sexual assaults are reported to police. That means about 3 out of 4 go unreported. Of the 230 reported to police, only 46 lead to arrest. Of the 46, 9 are referred to prosecutors. Of the 9, 5 cases will result in felony conviction. Of the 5 cases, 4.6 people who have committed sexual violence will be incarcerated [Federal Bureau of Investigation [FBI], 2018; Morgan & Kena, 2018; Reaves, 2013].

- *What are reasons a survivor might not report?*
- *How could this lead to challenges for a survivor?*

3. Survivors who do disclose often disclose to a trusted friend or family member.

- *What challenges might this create for a survivor?*

4. Survivors may not have precise language to describe what happened to them.

There are many different situations in which a survivor might not have language to talk about what happened. Some include: a child who is pre-verbal, a child who has not been taught language that could be used to explain what happened, a person who doesn't speak the dominant language needed to talk with supportive resources, someone who doesn't have verbal capacities.

- *What challenges might this create for a survivor?*

REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE

5. It is not uncommon for survivors to experience multiple victimizations over their lifetime.

- *What challenges might this create for a survivor?*

6. Survivors often fear not being believed or being blamed for what happened.

- *What challenges might this create for a survivor?*

7. Survivors who experience marginalization or oppression in other aspects of life may have added challenges in accessing resources.

Racism, classism, discrimination based on gender identity, ableism, and heterosexism, among other forms of oppression, affect how survivors can access resources. These experiences often result in survivors being denied validation of their experiences and access to support, or being connected with services that aren't responsive to their needs.

- *What challenges might this create for a survivor?*

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REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE TRAINER'S GUIDE

1. Survivors are often sexually assaulted by someone they know.

In 8 out of 10 cases of sexual violence, the survivor knows the person who has assaulted them [Duhart, 2001].

- ***What relationships might a survivor have to the person who sexually assaulted them?***

Possible responses include:

- Family member
 - Partner
 - Co-worker
 - Boss
 - Coach
 - Faith leader
 - Neighbor
 - Close friend
 - Classmate
 - An acquaintance
 - A mentor
- ***What challenges might this create for a survivor?***
- Possible responses include:**
- Confusion and grief processing what happened
 - Complex feelings about disclosing what happened because of the relationship to this person
 - Fear of consequences of telling anyone what happened because of how it might change the relationship or create consequences for the person
 - Fear of not being believed because of the status or authority of the person who committed sexual violence
 - A sense of lack of safety, especially if they are in frequent contact with the person who committed sexual violence

REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE TRAINER'S GUIDE

2. Survivors rarely formally report (for example, to police).

Only 230 out of every 1,000 sexual assaults are reported to police. That means about 3 out of 4 go unreported. Of the 230 reported to police, only 46 lead to arrest. Of the 46, 9 are referred to prosecutors. Of the 9, 5 cases will result in felony conviction. Of the 5 cases, 4.6 people who have committed sexual violence will be incarcerated. [FBI, 2018; Morgan & Kena, 2018; Reaves, 2013].

- *What are reasons a survivor might not report?*

Possible responses include:

- Fear of not being believed
- Fear of police and other system response
- Uncertainty about reporting processes
- Fear of getting the person who committed sexual violence in trouble
- Fear of family or community impact if the reporting the person who committed sexual violence
- Awareness of the unlikelihood of having one's case move forward through the criminal system
- Wanting to maintain control over what happens
- Police involvement conflicts with cultural values or practices
- Belief in different recourses as more appropriate

- *How could this lead to challenges for a survivor?*

Possible responses include:

- A survivor might be interested in pursuing possible recourses, but feel conflicted with losing control over the situation and what happens
- A survivor may think reporting could help them feel safer, but be scared or uncertain about reporting
- A survivor could want to report to police, but only if they know that the person will be held responsible for what happened, and there are no guarantees of this.

REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE TRAINER'S GUIDE

3. Survivors who *do* disclose often disclose to a trusted friend or family member.

- *What challenges might this create for a survivor?*

Possible responses include:

- This could be positive for a survivor if the friend or family member is supportive.
- A survivor could be let down by the response of a friend or family member if they are not believed or feel judged.
- Depending on the relationship the person they disclose to has with the person who committed sexual violence, the survivor could experience conflicting feelings from the person they disclose to, especially if the person doesn't want to believe the other person could have committed sexual violence.

4. Survivors may not have precise language to describe what happened to them.

There are many different situations in which a survivor might not have language to talk about what happened. Some include: a child who is pre-verbal, a child who has not been taught language that could be used to explain what happened, a person who doesn't speak the dominant language needed to talk with supportive resources, someone who doesn't have verbal capacities.

- *What challenges might this create for a survivor?*

Possible responses include:

- A survivor may feel silenced because they don't have the words to talk about what happened.
- A survivor may suffer or internalize the traumatic experience because they don't know how to talk about what happened.
- A survivor may know what happened was wrong but struggle to know how to communicate what happened.

REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE TRAINER'S GUIDE

5. It is not uncommon for survivors to experience multiple victimizations over their lifetime.

- *What challenges might this create for a survivor?*

Possible responses include:

- A survivor may internalize difficult feelings about why this keeps happening to them
- A survivor may blame themselves
- A survivor may begin to believe that bad things happening to them is just their reality
- A survivor may become numb or indifferent
- A survivor may experience complex trauma responses
- Others may blame a survivor or be less likely to believe survivors who experience multiple victimizations, especially those who lack understanding about sexual assault victimization

6. Survivors often fear not being believed or being blamed for what happened.

- *What challenges might this create for a survivor?*

Possible responses include:

- A survivor may decide not to tell anyone
- A survivor may wait a long time before telling anyone
- A survivor may struggle for a long time without anyone knowing what's wrong
- A survivor may begin to self-blame
- A survivor may be reluctant to provide a full account of what happened (to police or parents, for example) for fear they could get in trouble. For example, if a survivor was drinking alcohol or using drugs when they were assaulted, they may worry this could make someone blame them for what happened.

REFLECTING ON CHALLENGES SURVIVORS EXPERIENCE TRAINER'S GUIDE

7. Survivors who experience marginalization or oppression in other aspects of life may have added challenges in accessing resources.

Racism, classism, discrimination based on gender identity, ableism, and heterosexism, among other forms of oppression, affect how survivors can access resources. These experiences often result in survivors being denied validation of their experiences and access to support, or being connected with services that aren't responsive to their needs.

- *What challenges might this create for a survivor?*

Possible responses include:

- A survivor may not disclose or report because they are apprehensive of systems and resources that don't feel designed to meet their needs
- A survivor may not disclose because they don't think they'll be believed
- A survivor may not disclose because they fear criminalization
- A survivor may not disclose because they don't trust systems or resources
- A survivor may internalize traumatic experiences and have difficulty finding outlets for support
- A survivor may have anger and resentment toward systems and resources that discriminate against them or do not adequately represent and respond to their needs

References

Duhart, D. T. [2001]. *Violence in the workplace, 1993–99* [NCJ 190076]. U.S. Department of Justice, Bureau of Justice Statistics. <http://www.bjs.gov/content/pub/pdf/vw99.pdf>

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MODULE

10

ACTIVE LISTENING

When we understand active listening as one, if not the most, essential component of our work, we are better able to meet survivors where they're at and allow them to guide us to what they need. This section will explore the importance of active listening as well as characteristics and skills that support active listening in advocacy work. It will also address the importance of using organizational and self-care practices amidst emotionally taxing work.

LESSON 1: Lecture and brainstorming

LESSON 2: Active listening skill descriptions and partner activity

LESSON 3: Skill review worksheet

LESSON 4: Practicing self-care discussion



OBJECTIVES

Participants will be able to:

- Discuss the centrality of active listening to advocacy work.
- Name two characteristics to active listening.
- Describe two skills that support active listening.



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of Active Listening Skills Matching Worksheet (included in module)
- Copies of Active Listening Skills Handout (included in module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Print handouts listed in the Materials section of this module and make copies for participants.
- Review articles, materials, and lessons to be comfortable with the material before the training session.
- “Listen Up!,” a comprehensive and complementary eLearning course on active listening is available free for public use. This course, designed for advocates, informs the contents of this module. Trainers may consider asking participants to complete the eLearning course as part of the foundational training and discuss what was learned in a follow up session. Trainers should complete the course too. We recommend allotting one hour for the course.



POINTS TO CONSIDER

- **Active listening is central to the work of advocacy.**

It is how we make the core principles of advocacy come to life, and is perhaps the greatest skill we can offer in advocacy work.

- **Active listening prioritizes being with the survivor here and now.**

Active listening encourages us to put a pause on any desire to jump in and “fix” or offer advice. Simply listening is a valuable service on its own. When we prioritize active listening, we recognize that it is a powerful tool that enables survivors to experience connection and be heard. Through active listening, we can also learn about additional needs survivors have, without asking invasive questions.

- **We value emotional and connection-focused needs through active listening.**

For some of us who may be solution-oriented or outcome driven, active listening may be a skill that invites us to stretch beyond our traditional ways of doing things and value helping in ways that might be less tangible than ways we are accustomed. Think: it’s not always about “doing,” sometimes it is about being present, listening, and caring.

- **We build trust, rapport, and safety with active listening.**

Strong advocates value survivor-centered approaches, and this means practicing flexibility to provide attention and care that best suits each person we work with. We build trust and rapport with survivors through active listening. Core to an advocate’s work is listening, noticing verbal and non-verbal cues, and to responding in ways that reflect how the survivor defines their needs. There is no standard approach. Active listening requires being present and taking cues from the person you’re working with about what they need.

LESSON 1: ACTIVE LISTENING LECTURE AND BRAINSTORM

LARGE GROUP DISCUSSION

Begin this section by reviewing the role of an advocate. As a large group, ask participants to respond to two questions:

- *What is an advocate?*
- *What is an advocate not?*

Responses might include:

- **An advocate is:**
 - Supportive, a good listener, a sounding board, someone who can help outline options, a connector or liaison with other resources, creative, a co-strategist, non-judgmental, compassionate, someone who can research and share information, an activist, survivor-centered
- **An advocate is not:**
 - An advice giver, an investigator, judge or jury, rigid, the decision-maker, the expert, or a savior

As you summarize the responses of participants, emphasize the descriptors of an advocate that are rooted in an advocate's role of active listening. For example, all of the descriptor examples above rely on an advocate using active listening to be able to hear where a survivor is at and provide thoughtful support to meet a survivor's needs.

Start exploring what is meant by "active listening" by using the Points for Consideration section, above, to offer context for this topic. ***Then, ask participants as a large group to reflect on what pops into mind when they think of "active listening."***

Possible responses might include:

- Listening intently
- Paying attention to what someone is saying
- Not talking over the person who is talking
- Listening to understand

- Offering cues that one is paying attention
- Supporting someone through listening
- Listening to truly hear what someone is saying, not listening with focus on response
- Not thinking about what you might want to say next

Define active listening for participants.

Active Listening is a combination of skills that we use intentionally to create a safe space for someone to share. A safe space means providing an unconditional and nonjudgmental environment where survivors can express their thoughts and feelings, examine and evaluate their options, and determine their own right solutions. This space is created through actively listening, affirming the survivor's strength, and creating an environment in which the survivor leads their own healing journey.

LESSON 2: ACTIVE LISTENING SKILLS

WORKSHEET & PARTNER ACTIVITY

Using the “Active Listening Skills” handout included in the module, review the different active listening skills as a large group. You may opt to have participants take turns reading the descriptions. Be sure to leave time for questions.

After the group has finished reviewing the handout, invite participants to get in pairs to practice and reflect on their own active listening skills. Have participants take turns each sharing a story from something that happened this past week; it does not need to be a private or emotional story. One person will share for a few minutes and the other person will practice active listening. Then pairs should swap roles. After practice, pairs should discuss how they feel about their own skills.

Ask them to reflect on:

- How easy or difficult might it be to practice active listening?
- What active listening skills do I practice well?
- What active listening skills do I need to strengthen?

After pairs have had a chance to discuss, invite them to share with the larger group any critical reflections they noted. Reassure participants that active listening is a muscle that we continue to strengthen the more we practice it; some skills may come naturally while others we must practice.

LESSON 3: SKILL REVIEW WORKSHEET

Using the “Active Listening Skills Matching” worksheet included in the module, ask participants to complete the worksheet on their own, matching each skill of active listening with the best descriptor. This worksheet will summarize and test knowledge learned from Lesson 2. Review the worksheet as a group, using the key provided. The worksheet should take less than ten minutes to complete. Debrief the worksheet with participants. Remind participants that there is often overlap between active listening skills and that during any given conversation with a survivor, whether in person or via phone, we are likely to use many skills. In fact, skills are often strengthened when used together. Allow for any remaining questions related to active listening.

LESSON 4: PRACTICING SELF-CARE

DISCUSSION

Prior to completing this module, it is important to remind participants of the need to practice self-care and use organizational supports for wellbeing amidst this often emotionally difficult work. When we are helping those who have been victimized and hear traumatic experiences, we might become weary or emotionally changed from the weight of the work. Vicarious trauma, burnout, and stress may occur as a result. The very nature of anti-violence work is physically and emotionally taxing and being affected by this work is normal. How we manage our responses to trauma can either help or hinder our ability to continue to do this work. Using organizational supports [paid time off, debriefing, coaching, and supervision] and individual practices for self-care [time with family and friends, journaling, dancing, mindfulness practices] can help avoid burnout or compassion fatigue which can be evidenced by chronic fatigue, insomnia, physical symptoms such as chest pain or stomach issues, anxiety and much more. By learning how to recognize when the work is affecting us in a negative way (or signs that it is about to), we can learn how to manage stress, overwhelming feelings, and ground ourselves in healthy ways using methods that fit within our own cultural practices and lifestyles. This learning of how to take care of ourselves doing this work is called self-care.

As a large group, invite participants to reflect on practices they might use to support their own wellbeing amidst this emotionally taxing work. Ask participants to also reflect on what they can offer to each other to support collective wellbeing.

ACTIVE LISTENING SKILLS

Paraphrasing

Paraphrasing is when we attempt to reflect back what the survivor has said in a shortened form. It allows the survivor to know that we have heard them. It can also highlight what has been said.

Examples of paraphrasing are: “What I think I heard you say was...” or “It sounds like...”

Encouragers

This skill helps to acknowledge that a survivor has been heard and can validate thoughts and feelings as the survivor is sharing. Encouragers tend to be natural responses that we use in many conversations. They include nonverbal minimal responses, such as a head nod or positive facial expression. Encouragers also include using minimal verbal responses such as “mm hmm” or “please, go on.” These are used to encourage the survivor to keep talking and acknowledge that they have been heard. On phone calls, encouragers reassure the caller that we are still present and listening.

Validation

Validation can be used in any conversation to help someone feel more confident in what they are feeling or what they are saying. Validation does not mean agreeing with someone, rather acknowledging that they’ve been heard. While it isn’t an advocate’s job to say what’s “valid” or “invalid,” gentle reminders that whatever one is feeling is okay can be helpful.

An example of validation is, “I hear you; this is all very overwhelming.”

Open-ended questions

Open-ended questions support open sharing and dialogue. These questions do not require a “yes” or “no” answer, but rather, they invite the survivor to use their own words and share to the extent of their comfort.

Examples of open-ended question are, “What was it like after you spoke with your friend?” or “How would you like to follow up about connecting at a future time?”

Examples of close-ended questions are: “Did that make you upset?” or “Do you still talk with them?”

Probing Questions

Probing questions are a type of open-ended question that are used to encourage the survivor to share meaningful information or think deeper about something for the benefit of the survivor. For example, the advocate might ask, “What do you think would happen if...?”

It is also important to be aware that the way in which we ask a question may come across to a survivor as placing blame. Often “why” questions come across as assigning blame or judgment. For example, “Why don’t you want to talk to a therapist?” may sound judgmental. Instead we can ask “how” questions to get to underlying feelings and thoughts. For example, “How are you feeling about counseling?”

Reflecting

This is the skill of listening and offering back what the survivor has shared. Similar to paraphrasing, it allows us to highlight emotions that have been expressed and communicates to the survivor that they have been heard. Reflecting tends to go beyond paraphrasing by also including any insight or reflections an advocate may be able to offer to benefit the survivor. Reflecting can include offering reflections of a wide variety, such as pointing out a survivor’s strengths based on something they’ve shared or noting perceived incongruences between what a survivor says and how they appear.

Examples of reflecting are: “You sound really happy!” or “I hear you saying that you’re not angry, but your tone leads me think you might be.”

Clarifying and Checking In

This skill can be used when you are unsure what the survivor has said or what they mean. Checking in, with minimal interrupting, is likely to lead to less confusion later in the conversation. This skill can also be used to focus in on something the survivor said that you didn’t get a chance to address initially.

Advocates can and should admit that when confused or having difficulty understanding.

An example of clarifying and checking in is: “I just want to make sure I understand you correctly...” or “I think I heard...is that right or did I get it wrong?”

Summarizing

This skill is used at the end of a conversation to sum up thoughts, feelings, or a plan. This skill can be used in tandem with paraphrasing and clarifying, for example, if a survivor has been talking for a while and you want to ensure you are clear on what has been said.

An example of summarizing is – “It sounds like today has been overwhelming and trying to make a decision today feels stressful. Based on what you’ve shared, I wonder if it might be helpful to spend a few days to think about how you’d like to proceed.”

Reframing

This skill is used to offer a new perspective to a situation. It is never intended to invalidate a survivor’s perspective, but rather offers additional ways to think about something.

An example could sound like “I hear you saying that what happens feels like it was your fault. It sounds to me like this was outside of your control and nothing you could have done would have made this your fault.”

Silence

Allowing space for silence is important in advocacy. Survivors and advocates alike can benefit from quiet that allows time to pause, think, and reflect. After a few minutes of silence, we might say ‘take your time’ to let the survivor know we are still with them.

It can be helpful to consider reasons a survivor could become silent:

- They could be trying to gain composure after sharing a deep detail, memory, or feelings that make them feel vulnerable
- They could be having strong emotions related to something that has been discussed in the meeting
- They may disagree with something you’ve said and are trying to decide how to respond
- They could be digesting the time they have spent with you or the memories about what has happened
- They could be trying to find words
- They could be thinking about how to end the conversation
- They could be losing track of where they are at because they are having difficulty staying connected to the here and now
- Their energy level may have waned

- They could be waiting to see what you are going to do next because they are used to people not believing them or judging them
- Depending on culture, they may have notions about perceived authority of advocates or other helping professionals and may expect directive support, whereas their role is less active

Normalizing

This skill is used to let the person you're speaking with know that what they are feeling is common or "normal" and that they aren't "bad," "wrong," or alone in feeling this way.

An example of normalizing is: "I hear you when you say you feel embarrassed for feeling scared all of the time. I also want you to know that fear is a really common response that can stick around for a while after a traumatic experience. It isn't anything you need to feel embarrassed about, but I understand how overwhelming and confusing these feelings might be."

Closing

The skill and practice of closing may include summarizing and checking in. Jointly the advocate and survivor can recap important parts of the meeting and clarify next steps. It is important to provide survivors with information about what they can expect next, as well as resources in the event they need anything before you meet again.

An example of closing is: "We have about ten minutes left in our time together today. Would it be okay if we checked in about next steps, as well as any remaining questions you might have that we should connect about today?" Assuming the survivor says "Yes" an advocate can respond to any questions a survivor has, recap any highlights from the conversation, make space for the survivor to offer thoughts or reflection, confirm dates and times for any future meetings, and reiterate any resource or referral information.

Breathing

This skill is a way of becoming mindful of the moment we're in. Breathing helps us become more fully embodied and has the power to help regulate stress responses. Breathing practices can help survivors slow down and stay present in the moment. Similarly, advocates can model breathing techniques that also help regulate their own stress. It can be helpful to work with the survivor on breathing practices they can use on their own, or you can use together, to calm the nervous system and become grounded. If breathing exercises are not something you're familiar with as an advocate, it could be beneficial to do some basic reading on mindfulness techniques or simple breathing exercises.

ACTIVE LISTENING SKILLS: MATCHING WORKSHEET

Instructions: Match each skill of active listening from top box with the best descriptor in bottom box.

ACTIVE LISTENING SKILL

Breathing	Encouragers	Paraphrasing	Silence
Clarifying	Open-ended	Probing Questions	Summarizing
and Checking In	questions	Reflecting	Validation
Closing	Normalizing	Reframing	

DESCRIPTOR

- when we attempt to reflect back what the survivor has said in a shortened form, allows the survivor to know that we have heard the, also highlights what has been said
- helps to acknowledge that a survivor has been heard, tend to be natural responses that we use in many conversations, are used to encourage the survivor to keep talking and acknowledge that they have been heard
- can be used in any conversation to help someone feel more confident in what they are feeling or what they are saying, does not mean agreeing with someone rather acknowledging that they've been heard
- support open sharing and dialogue, invites the survivor to use their own words and share to the extent of their comfort
- are used to encourage the survivor to share meaningful information or think deeper about something for the benefit of the survivor
- listening and offering back what the survivor has shared, it allows us to highlight emotions that have been expressed and communicates to the survivor that they have been heard, can include pointing out a survivor's strengths based on something they've shared or noting perceived incongruences between what a survivor says and how they appear
- can be used when you are unsure what the survivor has said or what they mean, can lead to less confusion later in the conversation, can also be used to focus in on something the survivor said that you didn't get a chance to address initially
- is used at the end of a conversation to sum up thoughts, feelings, or a plan
- is used to offer a new perspective to a situation, it is never intended to invalidate a survivor's perspective, but rather offers additional ways to think about something
- survivors and advocates alike can benefit from quiet that allows time to pause, think, and reflect
- is used to let the person you're speaking with know that what they are feeling is common or "normal" and that they aren't "bad," "wrong," or alone in feeling this way
- jointly the advocate and survivor can recap important parts of the meeting and clarify next steps
- helps us become more fully embodied and has the power to help regulate stress responses, can help survivors slow down and stay present in the moment, advocates can model this skill also help regulate their own stress



MODULE

11

TRAUMA-INFORMED CARE IN ADVOCACY

Building upon the foundation of trauma-informed care that was discussed earlier in the training, this module offers a brief review of the concepts of trauma-informed care, deepened with concrete examples of what this means for an advocate's work.

Applying trauma-informed theory to practice

LESSON 1: Trauma-informed practices in advocacy

LESSON 2: Advocacy in action

LESSON 3: Trauma-informed care and ourselves



OBJECTIVES

Participants will be able to:

- Describe examples of what trauma-informed care looks like in advocacy services
- Explain the benefit of a trauma-informed approach to advocacy services
- Describe different settings in which advocacy takes place



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of [Throw Away the Menu: Broadening Advocacy Services](#)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Review and become familiar with all materials in this section
- Make copies of handouts for participants



POINTS TO CONSIDER

- **Explain trauma-informed approaches in practical terms.**

This section deepens participants' understanding of trauma-informed care by taking a closer look at what a trauma-informed approach looks like in advocacy practices. Be sure to review the material in prior sections on trauma-informed care and connect these elements to the practical ways advocates support survivors.

- **Trauma-informed care spans all settings and situations.**

Reiterate the importance of understanding trauma-informed care as the framework that spans all services and settings. Trauma-informed care is not simply used on the helpline when speaking with a caller, but is also the approach embodied when tabling at an event, facilitating an educational program, assisting a survivor in a medical setting, and working with a survivor who is struggling years after sexual violence has taken place.

LESSON 1: TRAUMA-INFORMED PRACTICES IN ADVOCACY

This section will provide a more in-depth look at trauma-informed care in practice. Remind participants that in an earlier section we covered the fundamentals of trauma-informed care and looked at some of the key elements. In this section, we will build upon the basics to take a closer look at what trauma-informed care looks like in advocacy.

To review, the key aspects of trauma-informed care are:

- Safety
- Trust
- Choice
- Cultural relevance
- Collaboration
- Empowerment

In this section, we will also consider the importance of the following aspects of advocacy:

- Survivor-led
- Relevant
- Trauma-informed
- Mobile

Advocates embody these elements through their attitudes and actions when working with survivors.

Provide participants a copy of “Throw Away the Menu: Broadening Advocacy Services” and ask them to read the short guide. Allow at least 30 minutes for participants to complete their reading. Encourage participants to jot down any notes or questions that they have throughout their reading.

After everyone has finished reading, ask the group to reflect on what stuck out for them. Let the group know that in the next section you will work through the scenarios in the guide together. Consider posing questions to the group such as:

- ***What new did you learn from the reading?***
- ***Did anything surprise you in the reading? If so, what?***
- ***Do you have questions about anything you read?***

Participants may have questions about how the article applies to your program's advocacy practices. Use this discussion as an opportunity to highlight the advocacy program's unique practices and approaches. Consider including information about the program's offerings and how they are built using a trauma-informed framework. For example, describe different collaborations, the settings where advocacy takes place, how the program strives to provide relevant services, and its focus on empowerment. Allow time for questions from participants before moving on to the next section.

LESSON 2: ADVOCACY IN ACTION

As a large group, read the scenarios and reflect on the advocacy practices in each. The scenarios are available in the “Throw Away the Menu” guide that was provided to participants. Have participants take turns reading a scenario, and then answer this question as a large group or in small groups:

- *In what ways does this action reflect values of trauma-informed care?*

ADVOCACY IN ACTION SCENARIO 1

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

Possible responses include:

- Advocate established relationships and an environment where a sense of trust was built between the local residential center staff and advocacy staff
- Advocate is working to establish trust with survivor
- Advocate is working to establish safety with survivor
- Advocate listened to the survivor’s concerns and addressed them
- Advocate emphasized the survivor’s choice by informing him of his options
- Advocate supports survivor’s autonomy in decision-making and right to privacy
- Advocate works to provide survivor with information so he can make an informed decision about what’s best for him

ADVOCACY IN ACTION SCENARIO 2

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

Possible responses include:

- Advocacy program offers culturally relevant services
- Advocacy program is collaborative
- Advocacy program values connection as a means of healing
- Advocacy program demonstrates understanding of value of community in healing

ADVOCACY IN ACTION SCENARIO 3

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

Possible responses include:

- Advocacy program builds meaningful relationships in the community
- Advocacy program builds trust in the community
- Advocacy program values collaboration
- Advocacy program makes advocacy services accessible
- Advocacy program increases opportunities to learn about needs in the community

ADVOCACY IN ACTION SCENARIO 4

A survivor stayed after a community awareness event and asked the advocate staff if they had a moment to talk. She shared how grateful she was to be present for the event, but that it brought some things up for her. She explained that her uncle, the person who repeatedly assaulted her, recently passed away and that she felt relieved and maybe even happy, but that she felt terrible for feeling that way. For nearly a decade after the abuse ended, she struggled with an eating disorder and depression. She described “getting to a much better place” over the last several years, but was worried because she found herself restricting food and feeling sad and hopeless the last few weeks. She laughed between tears and said “You must think I’m crazy to still be a mess over this.”

The advocate responded, “It sounds like you have done your very best to cope with what happened. I don’t think you’re crazy at all. It can be frustrating, but for many survivors, the impact of trauma can be felt in waves, less at some times and more at others. It sounds like you’re using what you know to try to cope. Would you be interested in setting a time to meet so we can talk more?”

Possible responses include:

- The advocate has created environment where the survivor felt safe to disclose
- The advocate conveys understanding of impact of trauma over time
- The advocate uses easy to understand language when talking with survivor
- The advocate normalizes survivor’s experience
- The advocate is non-judgmental
- The advocate asks if survivor would like to set a time to talk more

ADVOCACY IN ACTION: SCENARIO 5

During a weekly meeting with a survivor, the survivor indicated she’s dreading her upcoming custody hearing regarding her children. Anything involving the court system is a trigger and prompts memories of the ongoing sexual violence she experienced in foster homes as a child.

The advocate asked the survivor what would be helpful in dealing with this stress. The survivor asked the advocate if she could help her write something she could share at the custody hearing. The advocate agreed and offered to take notes as the survivor talked about the points she wanted to share at the hearing. The survivor indicated this would be helpful and asked the advocate if she can be present at the hearing. The advocate agreed to be there as a support.

Possible responses include:

- The advocate was supportive of the survivor’s self-identified needs.
- The advocate supported the survivor as the best expert on her own experiences.
- The advocate collaborated with the survivor to meet the survivor’s needs.
- The advocate has awareness that trauma often has an impact that spans over time and understands that the custody hearing could be a triggering situation for the survivor.

ADVOCACY IN ACTION: WORKSHEET

ADVOCACY IN ACTION SCENARIO 1

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

ADVOCACY IN ACTION SCENARIO 2

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

ADVOCACY IN ACTION SCENARIO 3

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

ADVOCACY IN ACTION SCENARIO 4

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

ADVOCACY IN ACTION: SCENARIO 5

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The advocate asked the survivor what would be helpful in dealing with this stress. The survivor asked the advocate if she could help her write something she could share at the custody hearing. The advocate agreed and offered to take notes as the survivor talked about the points she wanted to share at the hearing. The survivor indicated this would be helpful and asked the advocate if she can be present at the hearing. The advocate agreed to be there as a support.

LESSON 3: TRAUMA-INFORMED CARE AND OURSELVES

Trauma-informed care asks for a universal understanding that trauma has a deep impact and requires care that is both anticipatory of and responsive to individuals' unique needs. Trauma-informed care does not ask for a one-size-fits-all approach, but rather that we are able to meet people where they are at, with awareness of the profound impact trauma may have had on them. We, as advocates, do our best job of meeting people where they're at when we show up genuinely, with empathy and non-judgment. This activity invites you to reflect inward and consider how you, yourself, will embody a trauma-informed approach to your work. Provide participants with a copy of the "Trauma-Informed Care and Ourselves" reflection handout. Ask participants to individually reflect on the questions in the handout. Let participants know they will have an opportunity to share with the group.

After participants finish their reflections, invite participants to share with the group. Highlight themes that come up and draw the connection to trauma-informed care.

TRAUMA-INFORMED CARE AND OURSELVES

REFLECTION

What values do you bring to advocacy? How might these show up in your work with survivors?

What will you prioritize in your work with survivors?

What support will you seek for yourself?

What would you like to learn more about to strengthen your advocacy skills?



MODULE

12

ADVOCACY SUPPORT VIA THE HELPLINE

This section describes an advocate's role in responding to helpline calls. It will explore reasons survivors and significant others may use the helpline and will provide information on good practices for advocacy via the helpline.

Understanding helpline calls

LESSON 1: Grounding in the basics of helpline advocacy

LESSON 2: Your organization's helpline practices

Putting our advocacy skills to practice

LESSON 3: Practice: A closer look at good helpline practices



OBJECTIVES

Participants will be able to:

- Describe the types of helpline calls to which they will respond
- Discuss the flow of helpline calls
- Apply active listening techniques to answering helpline calls



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of Helpline Guide handout (included in module)
- Computer with screen, projector, internet, and audio (optional)



TIPS FOR PREPARATION

- Review your agency's own helpline processes and customize this section to reflect those practices and policies. Lesson 2 of this section focuses on agency-specific policies and practices.
- Review the active listening section of this training curriculum to help draw the connection between core advocacy practices and specific settings such as the helpline.
- Review articles, materials, and lessons to be comfortable with the material before the training session.
- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.



POINTS TO CONSIDER

- **We deliberately use “helpline.”**

In this field, we have traditionally used the terms “crisis line” or “hotline” to describe services provided 24 hours a day over the phone to those in need of emotional support and information. These names can be a barrier to survivors who feel their current situation isn’t bad enough to qualify as a “crisis” or those who believe our crisis lines are only for survivors of recent sexual assault. For these reasons, we have chosen to use “helpline” as a more inclusive and welcoming name for this service.

- **We use active listening to create safety and support.**

It’s important to reinforce for new advocates that when they are helping someone on the helpline, in particular someone who may be confused, angry and scared, it is not expected or even desired that they find answers or solutions. The advocate’s role is to create a safe space in which survivors and survivors’ significant others can give voice to their feelings, their fears and to help remind them of their strength and resilience.

LESSON 1: UNDERSTANDING HELPLINE CALLS

This module will rely heavily on the Helpline Guide handout to guide conversation and will include:

- Who uses the helpline?
- Reasons for using the helpline
- An advocate's role
- Active listening skills for the helpline
- Flow of helpline calls
- Working with significant others of survivors on the helpline
- Working with minors on the helpline
- Working with others who call the helpline
- Self-care on the helpline

The handout should be supplemented with your agency's policies and practices. An additional opportunity to discuss your agency's helpline logistics will be available in Lesson 2.

Using a combination of large and small group conversations, work through each section of the Helpline Guide, making time for a combination of teaching, discussion, and questions.

Recommended questions to deepen learning during this section:

- Who uses the helpline?
- Reasons for using the helpline
 - *What other reasons might someone call the helpline?*
 - *Why might partner agencies and other allied professionals use the helpline?*
- Active listening skills for the helpline
 - *How do you imagine using active listening skills on the helpline?*
 - *How might active listening skills look different when speaking on the helpline versus meeting with someone in person?*
- Flow of helpline calls
 - *What are ways we can ensure we follow the caller's lead on helpline calls?*
 - *How do we create flexibility for the flow of calls?*
 - *What more information do you need about the likely flow of calls?*
- Working with significant others of survivors on the helpline
 - *Are there any process, ethical, or logistical questions you have about working with significant others on the helpline?*
- Working with minors on the helpline
 - *Are there any process, ethical, or logistical questions you have about working with minors on the helpline?*
- Working with others who call the helpline
 - *What questions do you have about challenging calls? Making referrals?*
- Self-care on the helpline
 - *What types of organizational support would you find helpful in supporting your wellbeing and self-care?*

LESSON 2: YOUR ORGANIZATION'S HELPLINE PRACTICES

This is an opportunity to cover agency-specific policies and practices related to the helpline.

LECTURE

Review your agency's helpline practices and policies, providing copies of any procedural information.

LECTURE TOPICS YOU MAY CONSIDER COVERING INCLUDE:

- *Who provides helpline advocacy?*
- *Are there back up helpline staff?*
- *Does the agency have a helpline staffing schedule?*
- *During what hours does the helpline operate?*
- *Do calls get routed through a call center? During business hours? After hours?*
- *How can an advocate get help with a difficult call?*
- *What is the helpline number? Is it different than the main office number?*
- *Is there a designated helpline phone?*
- *What are on-call helpline procedures?*
- *Is there any documentation required of helpline calls? If so, what?*
- *What are policies for calls received by minors?*
- *Where is a list of common referrals kept that can be accessed during calls?*
- *What are policies or practices for debriefing after difficult calls?*

LESSON 3: PUTTING OUR ADVOCACY SKILLS TO PRACTICE

Introduce this section by framing the essential nature of practice in our work, for new advocates and seasoned advocates alike.

Practice is essential

Helpline advocacy is a key training component in this curriculum because it is one of the many settings in which advocates will use active listening. Active listening may be the most important skill that potential advocates need to learn in the training. When people are in distress, it is important that the advocate they come into contact with make a strong positive impact. Potential advocates who learn the basic techniques of active listening will be prepared to respond in a survivor-centered and trauma informed way, reassuring survivors of their own strength, resilience, and skills. The role-play scenarios are a good opportunity in a safe setting for trainees to try out new skills. While some may not want to participate, it is important that those who are reluctant but who plan to staff a helpline step out of their comfort zone and engage in these activities. This allows trainers the opportunity to observe potential advocates in action. Now is the time to encourage the most reluctant ones to trust themselves and the group and try the role-play activity.

Role-plays can bring up different things for different people.

Be aware of the stress that role plays can bring, and in particular the possibility for additional stress felt by training participants who are also survivors. It can be helpful to name awareness of the potential for this with the group. Invite participants who feel they may have difficulty acting in the role of a caller to act in different roles. Also be sure to offer additional processing time and support for anyone who finds this activity difficult.



ACTIVITY INSTRUCTIONS

Using the “Helpline Role Play Scenarios” handout included in this module, describe for the group that this section will focus on role plays that allow participants to try out new information and skills in the context of helpline advocacy.

Ask participants to get in groups of three, with one person acting in the role of an advocate, another as a caller, and the third as an observer who can offer feedback. Each group will have a scenario. Participants should read through the scenario and to the best of their ability, use this information to inform the role they play in the activity.

The participants acting as the advocate and caller should sit back to back, to mimic characteristics of an environment where a caller and advocate would not be face-to-face, and thus not able to rely on body language and other non-verbal cues. If it is difficult for participants to hear in this position, ask them to sit next to one another, but still avoiding eye contact. Observers should position themselves so that they can easily hear both participants in their group. Observers can jot down notes from highlights they’d like to remember when providing feedback.

Remind participants of the active listening skills learned in previous modules and reviewed in the last section and encourage them to use those skills during the role play activity. Invite participants to keep in mind: *How are my words and my tone demonstrating empathy, affirmation, and meeting the caller where they are at? How am I following the caller’s lead and responding accordingly?*

Allow groups to do at least two cycles of role plays, each time trying to have a different make-up of participants acting in different roles in each group. Trainers should walk around the room and take note of where participants feel comfortable, are struggling, or have questions.

Once complete, invite the groups back to a large group to debrief.

Discussion and debrief questions may include:

- *What was the role play like? As a caller? As an advocate? As an observer?*
- *Observers, where did members in your group shine?*
- *Observers, where did members in your group struggle?*
- *What assumptions might you have made about the scenario or the people in it?*
- *How might additional information about a caller's race, ethnicity, age, or other demographic characteristics have changed your actions in this scenario?*
- *How will you practice awareness of any biases you have and how these show up in your helpline advocacy?*
- *What active listening skills did you use in your role plays?*
- *How did you follow the caller's lead and offer support that was empowering?*
- *What was helpful about this activity?*
- *Is there a part of the helpline flow that remains confusing for you?*
- *For those who acted in the role of advocate, what additional information would be helpful to feel successful in your role?*

Invite participants to process their experience and take note of areas where participants request additional information or need more support and development.

HELPLINE GUIDE

WHO USES THE HELPLINE?

- Survivors of current or past assaults, including adult survivors of child sexual abuse
- Significant others, partners, friends, and family of survivors
- Third parties such as community resources, teachers, spiritual leaders, police, etc.
- Others seeking someone to talk with

REASONS FOR USING THE HELPLINE

Callers are not always clear about why they are calling. They typically know they need help or information, but they are usually not calling with an agenda for how you can help them from point A to Z. It's our job as advocates to provide a space where callers can express their needs, where we respond accordingly.

It is likely that callers might be unsure of what an advocacy program or helpline has to offer. They may be uncertain about what an advocate can do and what options are available for them. They may have heard about the helpline from a friend, family member, or allied professional.

It's essential that advocates practice patience, just as they would if a person was sitting in front of them.

While some callers may call with concerns about something that recently happened, the majority of callers are dealing with an event that occurred sometime in the past — a week to two months to decades ago.

It isn't uncommon to hear complete silence when answering a helpline call — a caller may not know how to start. It's essential that advocates practice patience, just as they would if a person was sitting in front of them.

Examples of types of calls might include:

“Something happened at a party two weeks ago. I tried to forget about it but I am in a panic all the time and I just can’t get the image out of my head. I thought I could just forget it but I can’t. “

“I was raped by my cousin 27 years ago when I was five. I don’t know why I’m thinking so much about it now, but I think it might be because my daughter’s fifth birthday is next week.”

“I think something happened to my partner but I don’t know how to help her. She seems embarrassed and doesn’t want to talk to me.”

“I ended up having sex with someone I met at a bar last night. I kept saying no and pushing them away, but I finally just gave up. They kept getting more insistent and I was afraid of what might happen. If I gave in, it’s my fault, right? Why does this keep happening to me?

“My husband pushed me off the bed onto the floor and had sex with me while our daughter was watching. I know he can have sex with me whenever he wants because we are married, but isn’t it a crime to do it in front of a child?”

“My friend gave me this number and that you might be able to help me. I want to talk about something that happened, but I don’t want anyone else to know. If I tell you what happened, know one else will find out, right?”

“Something happened to my son and I’m really angry and need to get some information. I just feel like I could punch something. A few months ago he told us that he is gay and now, this past weekend, this happens to him. How could this happen? How does he even know if he’s gay? And what does he think is going to happen when he hangs around in those crowds? What if this is in the news? I have no idea what to do.”



An advocate's role

Similar to other scenarios where an advocate provides support to someone seeking help, an advocate's role is to create a safe space for whatever the survivor or other person seeking help needs. Applying active listening skills is useful in identifying a person's self-identified needs and also helps build rapport and trust. Just as these skills are used in person, they can also be used on the helpline. As seen in the previous examples, callers may seek emotional support, information about options, answers to specific questions, crisis help, or access to other resources.

ACTIVE LISTENING SKILLS TO BE USED ON THE HELPLINE

- Validation
- Normalizing
- Open-ended questions
- Reflecting
- Breathing
- Encouragers
- Paraphrasing
- Reframing
- Silence
- Summarizing
- Closing

Refer back to active listening module to refresh these skills.

General tips:

- For most callers, it has taken a lot of courage to dial the helpline and prepare themselves to talk to a stranger about a difficult experience they or a loved one has had. You can set the stage to speak freely and frankly and develop trust between the advocate and the caller.
- Follow your agency's processes and guidelines for helpline calls.
- Recognize that the described flow of a call isn't a script and shouldn't be used as such. It is intended to help familiarize you with common ways a call may unfold. Responding to helpline calls requires flexibility, intuition, and a willingness to meet the caller wherever they are at.

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Flow of a Call

- Introduce yourself by name. First name only is enough. If your agency policy is to not share names, use a pseudonym. It's essential to make a human connection, so, for example: "Hello, Long Valley Rape Crisis Center" is not enough but should also include personalization.
- Use the caller's name if they offer it.
- Offer comfort.
- Speak in a calm voice.
- Believe the caller and let them know that you do.
- Affirm the caller.
- Adjust your tone and energy to meet the survivor where they are at.
- Be okay with silence.
- Let the caller share as much or as little as they want.
- Callers will often apologize for not knowing what to say, for taking their time, or for crying or being confused. Let the caller know it is okay to go slow, cry repeat self, etc.
- Use "door openers" to invite the caller to talk or say more:
 - "If you would like to talk, I'm here."
 - "I understand it might be hard to find all the words, but I'm interested in what you are able to say if you'd like to share more."
 - "How would you feel talking about it?"
 - "It sounds like maybe you have some thoughts or feelings about this."
 - "How do you feel about that?"
 - "I'm still here and can wait until you feel ready to say something."
 - "I know talking about what happened can be hard. Please take your time."



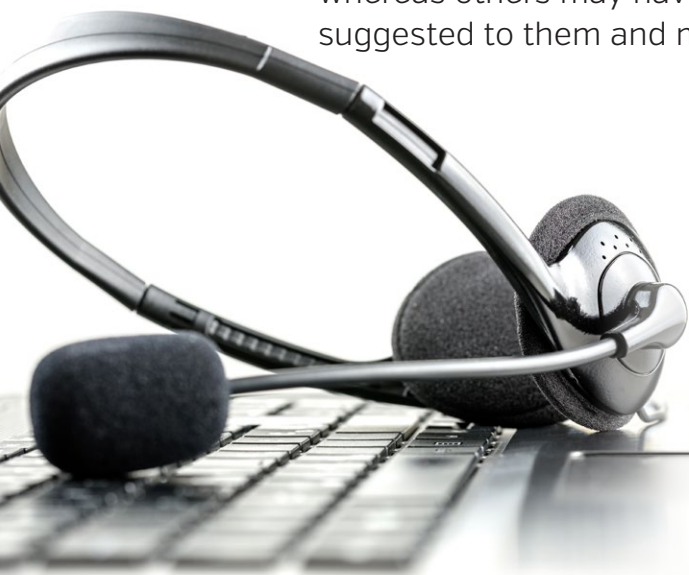
- Listen in order to gather a picture of why the person called. Remember, the idea is to listen and take the caller's lead, not overwhelm them with questions. Some ways you help create space for this conversation include:
 - Listen to and honor how the person is thinking and feeling.
 - Ascertain whether the person, especially if the caller is a survivor, is safe right now. If not, help them determine what needs to happen to have safety.
 - If the caller is having a hard time talking, you can use gentle prompts such as: "Did something happen that you would like to talk about?" or "Do you want to tell me about it?"
 - Do not jump to problem-solving. Rather, listen to help inform the rest of the conversation.
 - Pay attention to the caller's current type of emotional needs — listen for anxiety, panic, fear, confusion, or other strong emotions.
 - Offer support such as "I'm so glad you called the helpline" or "this is brave of you"
 - Listen for intersectional issues that may influence advocacy needs. For example, if the caller's first and preferred language is not English, if the survivor is undocumented, if they have a warrant for their arrest for an unrelated event, if they are LGBTQ and afraid of being outed, or need accommodations related to mobility.

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- When you have a sense of what the caller has identified as their needs, offer support reflective of those needs.
 - Some callers may just want someone to listen and may not wish for any other action. This is not only okay, but also normal. Active listening and emotional support are powerful gifts that advocates can provide callers.
 - If caller is in crisis, reduce the level of escalation of crisis by helping the caller stabilize emotionally and identify strengths and resources. Some ways to do this include helping the caller to feel grounded, identify and use coping skills, and practice deep and slow breathing techniques.
 - While it can at times be difficult to be present while someone is crying or angry, avoid an urge to get them to stop crying or expressing emotion. Crying and venting can be cathartic. Normalize strong emotions and try to reduce any shame a caller might feel about expressing them.
 - Normalize how the caller is feeling and dealing with what happened and address the healing process.
 - Identify/reinforce survival skills the caller has already used (calling the helpline, engaging a friend as support, etc.)
 - Encourage survivors to continue to trust their instincts about what they want and need. Reinforce that they will know best what they need.
 - Ask survivors what has worked for them in the past when they've faced a challenge or what they can see working for them now.
 - Mobilize support and discuss resources and options. Give generous time to the caller to speak before addressing options, unless the survivor asks more immediately.
 - Remember, some callers may have difficulty processing future options, whereas others may have been thinking about options that others have suggested to them and may have a well-defined need to take action now.

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For callers who want to take action now:

- Take the caller's lead on what seems most relevant to their needs. For example, if a caller makes it clear they are not interested in involving the police, do not try to change their mind or push this option upon them.
- For callers who are looking to take specific action, it is appropriate to begin to offer information about options and considerations related to each option.
- As relevant, discuss survivor rights available in your state and how they work for this caller and the choices ahead
- Help plan and raise understanding of what comes next and what continued options are available.

Bridging to the next steps:

- Provide insight about what to expect in the healing process emotionally, physically, behaviorally, and discuss coping strategies and sources of support. The healing process for survivors and others close to survivors will ebb, flow, and change. It is normal to pass through stages and heal again and again — gaining new insight and strengths along the way.
- Summarize and recap action or safety plans, review resources and referrals given, and remind the caller of continuous helpline support.
- Use active listening skills to respond to any additional questions or concerns the caller might have and identify and prioritize solutions or next steps as appropriate.
- Give referrals, offer advocacy, make connections — offer to accompany the caller as appropriate.
- Continue to reinforce the strength and courage of the caller.
- Check in with the caller about how they are feeling now — did this help? Is there anything else they might need before the call is ended?
- Thank the person for calling and invite them to call again.

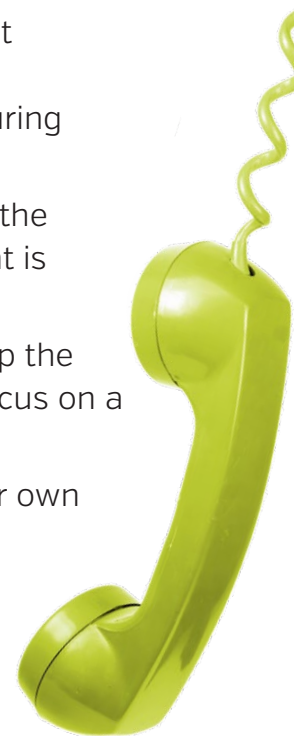
SIGNIFICANT OTHERS OF SURVIVORS USING THE HELPLINE

The points made above also apply for the most part to those who call because they are a close friend or family member of a survivor and they are concerned and want to help the survivor. When a significant other calls, remember that they are your focus in this moment. Attend to their emotional and informational needs, while also providing information on how they can help the survivor, if possible. While advocates do not direct or advise survivors, it is appropriate to do so in some instances with significant others, particularly if the significant other is interested in actions that are contrary to the survivor's wishes.

Considerations

- Be sure not to divulge to a friend or family member whether or not the survivor they are concerned about has contacted your program.
- Significant others have their own emotions and thoughts about what has happened and need emotional support for what they are feeling.
- It is possible that through seeking advocacy support survivors' significant others may become more equipped to provide support to survivors. However, it's important to keep the needs of significant others central during interactions with them.
- Significant others may want you to help them create a plan of action for the survivor or may indicate they are pushing a survivor to do something that is counterintuitive or unwanted by that survivor.
 - It can be helpful to normalize the person's interest in wanting to help the survivor. This interest and energy can potentially be redirected to focus on a significant other's own emotional and healing needs.
 - It is important to discuss why it is critical for survivors to create their own paths to healing.

It is important to discuss why it is critical for survivors to create their own paths to healing.



- It may be helpful to share with significant others that sexual violence tells survivors that they are not in control of the very core of their beings. It also demonstrates how ‘power over’ will be used. The central need for survivors is to reclaim their sense of self, of their strength and resilience. The best way to do that is to reassure survivors that they have control over what they choose to do or not do and that they have the ability to make those choices.
- It is important for significant others to be able to maintain a strong demeanor of caring for the survivor and believing the survivor’s strength and abilities.
- Even when the significant other means well, pushing a survivor in a direction they may not want to go or on a timeline that doesn’t work for them can actually make things worse for the survivor. The significant other risks losing their connection with the survivor and survivor’s circle of support shrinks.
- In some cases, significant others promise to take things into their own hands or threaten to harm the person who committed sexual violence. This shifts the focus of concern immediately away from the survivor and is not helpful. In these cases the survivor is then burdened with concern for what might happen should the significant other follow through with such a threat. This is a powerful silencing experience for survivors. They learn that it is not safe to share their feelings for fear it will result in the significant other taking action.

MINORS USING THE HELPLINE

When you first suspect you might be speaking to a minor, inform the caller that you are a mandated reporter and what that means according to your state/territory laws or tribal code. Be cognizant to not seek to shut down the caller, but to provide them information about what your responsibilities are and the limits of privacy or confidentiality you can keep. Our work is to help people make empowered decisions about what to do with information they wish to share.

Provide the caller information about what your responsibilities are and the limits of privacy or confidentiality you can keep. Our work is to help people make empowered decisions about what to do with information they wish to share.



Considerations

- Help the caller understand guidelines for the call if they would like to continue:
 - If the caller is unsure about reporting or does not want to report something that has happened, make sure the caller knows to not share any identifying information such as name, address, phone number, etc. while on the call.
 - If the caller wants to formally report what has happened, you can discuss when, how, and in what ways the caller wants parents/caregivers involved, etc.
- If the caller wants to access other resources and options help the caller know what their rights are:
 - Be knowledgeable about the age at which they can get medical care, see a therapist or community mental health resource, seek services at a shelter, etc. without parental notification.
 - If they are unable to access these services without parental permission, let them know that an advocate can help them prepare to speak with their parents.
 - If the minor has reason to be in fear of physical harm from their parents due to this, explore other options available through your state/territory law such as a court waiver, restraining order, etc.
- Remember that minors face particular barriers in accessing other sources of help. Their access to unconditional reinforcement, understanding, and validation from an advocate on the helpline may be one of a few safe sources of support.
- Keep your focus on listening to what the caller says they need and affirm the coping strategies they have used.
- Help the caller consider where to find support among family and friends or other trusted resources.
- Know your agency's policies and procedures and follow them when working with minor survivors.





OTHER CALLS TO THE HELPLINE

Because of the availability of 24-hour staffing on helplines run by advocacy programs, there may be callers looking for the opportunity to talk about other issues. This happens quite infrequently on most helplines but on occasion, you might field a call that is challenging. Rely on your active listening skills to respond to these callers as well.

People Who Have Committed Sexual Violence

Individuals who have committed sexual violence may call a helpline for any number of reasons.

- If your program has worked with the person they harmed, they may be calling to harass or even threaten you, to challenge you, or to be heard. Be sure to never divulge the identity of anyone who uses your program's services. In these cases, remain firm but polite in saying that you are not able to help at this time. If the caller is directly threatening you or a survivor follow your agency's policies and consult with your supervisor.
- If a person calling is concerned about their own sexually inappropriate behavior and looking for help and resources, it's possible that they might have also experienced victimization and/or they have increased awareness or regret for their behavior. Reinforce to the caller that it is a good thing to reach out with these concerns. Provide them information about resources and options in the community. You may also consider sharing the StopItNow helpline [1-888-PREVENT].
- Follow your agency's policies about referrals for callers who have committed sexual violence. Use active listening skills just as you would with other callers. If you have a relationship with a sex offender treatment program in your area, consider asking that program if it is okay to refer such callers to them.

Significant Others of People Who Have Committed Sexual Violence

- There are few resources for friends and family members of someone who is engaging in sexually threatening or harmful behavior. It is not uncommon for an advocacy helpline to receive this call, especially if the caller is related to both the survivor and the person who harmed them. Usually the caller is struggling to find someone to talk to about how to intervene with someone who commits sexual violence. You can support the caller's concern and encourage the caller to not ignore warning signs.
- Follow your agency's policies regarding such calls. Use active listening skills just as you would with other callers. If you have a relationship with a sex offender treatment program in your area, consider asking that program if it is okay to refer such callers to them.

Callers Who Need Other Support

- Keep in mind that it may be important that a caller dialed a sexual assault helpline specifically. For example, a caller who talks about the use of drugs or alcohol “ruining everything” could well be a survivor who has used drugs and alcohol to cope or dull the pain. Someone who calls the line and breathes heavily could be a survivor with asthma who is struggling to find words.
- Remember that someone who dials the helpline has reached out to a specific sexual assault helpline so the issue they want to talk about may be connected to past abuse that they are not yet ready to talk about. They may be testing your helpline to see how safe it feels. You can keep the helpline a potential safe resource for them if you handle these calls with empathy and patience.
- You can remind the caller that you are a helpline for people impacted by sexual violence, but that you will help connect them to a more effective resource for them now. Invite them to call you again if they have a need to find support related to sexual violence. Ultimately, use your agency’s policies about referral to the resources the caller is asking about.

Prank Calls

- These calls do happen, but fairly infrequently. Your best first reaction on any call is to assume that it is a survivor who is struggling to start the conversation. It is important that we listen to the person on the phone in the moment without trying to figure out their motivation.
- After carefully ensuring that the caller is actually not someone seeking support related to sexual violence but is someone who is harassing or joking with you, it is best to reiterate the purpose of the helpline and end the call. Remain professional and polite even if you are certain the call is a prank.



SELF-CARE & ORGANIZATIONAL SUPPORTS FOR WELLBEING

Hearing stories of sexual violence, being aware of the distress it causes survivors, and the sitting with the emotions of those who have been hurt or have loved ones who have been hurt is stressful. Even the least complicated of helpline calls can be jarring to your sense of equilibrium and normalcy. This can be exacerbated when an advocate staffs a helpline overnight and is unable to immediately check in with peers for help, opinions, support, and feedback. It is critical that advocates reach out for help from supervisors and peers. It is natural for new advocates to need more intensive supervision, but even seasoned advocates benefit from ongoing support, coaching, and supervision.

Consider the organizational supports that will be most useful to your individual way of processing stressful situations. Some examples of things that might be helpful include:

- Peer support
- Supervisor coaching and feedback
- Opportunities to process
- Continued learning opportunities
- Time off
- Flexible scheduling
- Diversified job responsibilities
- Employee Assistance Program

Consider your own self-care practices that might feel helpful. Some might include:

- Rituals and practices
- Time with family and friends
- Movement, dancing, exercise
- Relaxing
- Establishing strong boundaries
- Making time for pleasure and fun
- Spending time in community
- Allowing time to disconnect



HELPLINE ROLE PLAY SCENARIOS

- Jesse is a 14-year-old boy who is currently being sexually harassed at school because he is gay. Jesse and his mom got in an argument today when he didn't want to go to school. During the argument, Jesse's mother also brought up Jesse's sexual abuse and said she doesn't believe he would accuse his uncle of such terrible things. Jesse's counselor told him to call the helpline if he felt anxious and overwhelmed so he would have someone to talk to. This afternoon he started feeling like he is having a panic attack so he called the helpline.

- Angela is a 43-year-old woman who was sexually abused by her brother, Mike. Angela never told anyone. Until recently, she felt good about her coping skills and thought she had put the abuse behind her. Recently, Angela's 13-year-old niece, Trinity, revealed that Mike has been sexually abusing her as well. Trinity is pregnant because of Mike's abuse. Angela calls the helpline and is distraught with guilt and shame.



- Victoria is a 22-year-old college student who is worried about going home for the upcoming holiday break. Victoria has managed to stay busy with school, work, and friends during breaks but her mom keeps begging her to come home and Victoria is running out of excuses. Victoria calls the helpline and shares with you that she is feeling really overwhelmed, anxious, and unsure of what to do. She is worried about going home because it will be impossible for her to avoid her stepdad, who used to come into her room at night and touch her.

- Ted calls the helpline because his son just told him about a secret game he plays with the coach. Ted feels angry and betrayed by the coach and says “I’m afraid I’ll kill him.” Ted doesn’t know what to do or how to help his son. He keeps thinking about the Jerry Sandusky case and wants to make sure that he does the right thing but knows that it may bring media attention and then everyone in town will know what happened to his family.

- Mia is a 16-year-old high school sophomore. Tonight she went to the school dance and to a party at a friend's house after. It is 3:00 am and Mia calls the helpline from her car, she is crying and saying she doesn't know what to do. Mia tells you that one of her friends woke her up from the couch in the basement. Her friend told her that a couple boys at the party are telling everyone that they had sex with her. Mia's friend also thinks that some of them have pictures. Mia says she "will just die" if what her friend told her is true and "oh my god, what if my parents find out."

- Dee, a woman in her fifties, calls you on the helpline after a flashback. She is a long-term client of the center, and occasionally calls the helpline. You know from experience with Dee that she suffered years of sexual abuse by her now deceased grandfather. She does not bring up any specifics about him or the abuse on this call, just the flashback and how scared she feels now. Dee has migraines and Crohn's disease, a chronic gastro-intestinal disorder. Tonight, she got scared after the flashback and she can't calm down. She tells you, "it won't stop, it won't stop. Please make him stop..." She doesn't feel safe and is scared to move out of the chair she's sitting in right now. She hasn't left the chair for 3 hours now, although she needs to take her medication. She tried praying and tried to reach her rabbi, who is always able to calm her and make her feel safe, but he didn't answer the phone. Dee is quite agitated and upset, even after talking things through with you for a while.



MODULE

13

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

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

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

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

LESSON 3: Additional systems and partners to provide training on



POINTS TO CONSIDER

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

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

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

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

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

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

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

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

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

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

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

Questions to consider *prior* to the training:

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

LECTURE AND DISCUSSION

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

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

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

Make sure to specifically address:

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

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

DISCUSSION AND ACTIVITY

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

Summarize the lesson with the following points:

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

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

Questions to consider *prior* to the training:

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

LECTURE AND DISCUSSION

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

HEALTHCARE LECTURE & DISCUSSION A

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

Examples include:

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

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

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

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

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

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

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

Examples include:

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

Common reasons survivors interact with health care resources

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

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

Health care can be difficult for survivors for many reasons:

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

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

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

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

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

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

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

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

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

HEALTHCARE LECTURE & DISCUSSION B

Information related to routine health care:

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

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

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

Information related to minors' rights:

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

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

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

Recap of the role of advocates

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

DISCUSSION AND ACTIVITY

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

Summarize the lesson with the following points:

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

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

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

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

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

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

LESSON 3: ADDITIONAL SYSTEMS AND PARTNERS

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

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

Examples include:

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

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

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

Some questions to get you started:

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

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

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

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ACTIVITY: SCENARIOS

LESSON 1: SCENARIO 1

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

What are your priorities when meeting with the survivor?

What will you consider in your support and response?

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

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

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

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

ACTIVITY: SCENARIOS

LESSON 1: SCENARIO 2

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

What are your priorities when meeting with the survivor?

What will you consider in your support and response?

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

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

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

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

ACTIVITY: SCENARIOS

LESSON 2: SCENARIO 1

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

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

ACTIVITY: SCENARIOS

LESSON 2: SCENARIO 1 (CONTINUED)

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

What are your priorities when meeting with the survivor?

What will you consider in your support and response?

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

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

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

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

ACTIVITY: SCENARIOS

LESSON 2: SCENARIO 2

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

ACTIVITY: SCENARIOS

LESSON 2: SCENARIO 2 (CONTINUED)

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

What are your priorities when meeting with the survivor?

What will you consider in your support and response?

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

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

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

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



MODULE

14

SUPPORTING FAMILY & FRIENDS OF SURVIVORS

This section explores the important part of an advocate's work that involves providing support to the significant others of survivors. It discusses the impact of sexual violence on friends, family members, and community and the various ways advocates can be a supportive presence in their lives. It also explores considerations advocates should be aware of to be mindful of their ethical commitments to uphold confidentiality for all parties they are working to support.

LESSON 1: Understanding Effects on Family and Friends



OBJECTIVES

Participants will be able to:

- Describe three reasons survivors' significant others seek advocacy support.
- Name two ethical considerations when working with survivors' significant others.
- Name two ways that supporting survivors' significant others can positively impact survivors



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of “Scenarios for Supporting Family and Friends” handout [included in module]
- Computer with screen, projector, internet, and audio [optional]



TIPS FOR PREPARATION

- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.
- Review articles, materials, and lessons to be comfortable with the material before the training session.



POINTS TO CONSIDER

- **It's important to normalize that sexual violence affects us all.**

Sexual violence deeply affects survivors' close circles and greater communities. Advocates serve survivors who are directly impacted by sexual violence, as well as friends, family, and community members who may also need support because of what has happened to the survivor.

- **Survivors' significant others may have wide-ranging needs.**

There are many reasons and ways that someone may seek advocacy support. For example, a family member, significant other, or friend may seek support with a survivor or they may seek support on their own. Survivors'

significant others may seek information on how to be supportive to a survivor, or they may seek support for their own emotional reactions about what has happened. It's also possible that survivors may know or not know their friends and family are seeking support. Friends and family members of survivors may be close or estranged, and can have complicated relationships that can sometimes make navigating working with all parties less than straightforward. Significant others might also be survivors themselves. Helping participants to understand the many dynamics that could be at play is essential to supporting strong advocacy.

- **Attention to ethics and privacy is critical.**

It is important to acknowledge that anyone seeking support should receive it. Special care should go into maintaining privacy and boundaries when working with friends and family of survivors to ensure that each person who is seeking support has their needs prioritized and that what they share remains confidential. If your program has particular guidance on how to approach this, be sure to review it and share it with participants during the training.

- **Working with family and friends requires not making assumptions.**

Different dynamics are present in every family and community and assumptions should not be made about a survivor's relationship with family and vice versa. Often, families and friends can be strong resources for survivors. In other cases, they may be unsupportive, or linked to painful memories. Awareness of these varying dynamics is key to good advocacy work. Acting without assumption is critical to providing ethical and person-centered support.

- **Sexual violence can occur within families and friend groups.**

Sexual violence commonly happens within families or by someone who is close to the family or friend group. For this reason, the responses and roles of family members, friends, and communities in supporting a survivor can vary and are often confusing and difficult for survivors to navigate.

LESSON 1: UNDERSTANDING EFFECTS ON FAMILY AND FRIENDS

LECTURE AND BRAINSTORM

Provide context for this topic using the information from the *Points to Consider* section above. Then, explore with participants the reasons a friend, family member, or significant other of a survivor may seek support.

Ask participants: What are some reasons a friend, family member, or significant other might seek support?

Common reasons friends, family, and significant others may seek help:

- *A friend, family member, or the survivor themselves may have recommended they seek support*
- *They may be looking for help processing their own emotions and establishing coping methods*
- *They may feel helpless and unsure of how to help the survivor*
- *They may feel scared and alone*
- *They may be feeling triggered related to past experiences with sexual violence*
- *They may be having a hard time understanding what the survivor is going through*
- *They may feel guilty or responsible for what happened*
- *They may want to understand what resources are available for themselves, other family/friends, and survivors*

Ask participants: What do advocacy programs offer them?

Common answers include:

- *Learn that their own reactions are normal and that sexual violence has an impact on survivors, families, friends, and communities*
- *Process their own emotional reactions*
- *Learn ways to talk with and listen to a survivor*
- *Understand the power of words and how to avoid victim-blaming attitudes and language*

- *Learn about their personal role and supporting survivors in making their own decisions about what they need*
- *Manage their expectations of survivors*
- *Deal with any triggers that have come up about their own history of experiences related to sexual violence*
- *Learn words that are supportive*
- *Process a shifting worldview*
- *Empathize with the survivor's experience*
- *Understand and normalize reactions to trauma*
- *Accept and practice boundaries that support the survivor*

GROUP DISCUSSION

Building upon the previous group brainstorm, explore the following questions with participants. You may invite participants to do this as a large group, break into pairs, or ask them to reflect on the questions individually and then come back together to discuss as a group.

Question 1: Why is it important to focus on the needs of a friend, family member, or other significant other in front of you?

Examples that might come up in discussion include:

- *When we understand that sexual violence affects everyone and that the work of advocates is to help everyone impacted, we recognize we must center whomever we're working with at any specific time and prioritize their needs.*
- *It does a disservice to everyone to focus on anyone other than the person right in front of us.*
- *Everyone is harmed by sexual violence. It can cause pain for everyone impacted and can cause fissures in families, relationships, and communities.*
- *A significant other may be in a state of crisis that affects all aspects of their life.*
- *A significant other may need their feelings and concerns normalized and met with empathy.*
- *A significant other may need help developing coping skills.*

Question 2: What are ways that family and friends who seek support may be able to better support survivors?

Examples that might come up in discussion include:

- *They can work through any feelings or reactions they are having in a non-judgmental space that can help avoid inadvertent victim-blaming or insensitive comments to the survivor.*
- *They can ask questions that may be burdensome if asked of survivors.*
- *They can learn about sexual violence.*
- *They can find more information out about possible resources.*
- *They can talk about any of their own experiences with sexual violence.*

Question 3: What ethical challenges that may come up with friends and family who are seeking advocacy support?

Examples that might come up in discussion include:

- *Maintaining privacy and confidentiality when working with interconnected parties*
- *Family/friend perspective different than survivors' perspective*
- *Familial or cultural expectations that don't match survivors' needs*
- *Disbelief or victim-blaming*
- *Pressure to influence survivors' decision-making*
- *Frustration with lack of support of family*
- *Being asked to be a mediator or a communicator between survivor and family*

SCENARIO DISCUSSION

In small groups or pairs, invite participants to read and discuss the “Supporting Friends and Family Scenarios” available as handouts in this module.

Come back together as a whole group and review each scenario and groups’ responses. Consider follow up discussion including:

- Where participant groups had similar and different responses to the questions
- How participant groups centered the needs of friends, family, and significant others
- How participant groups acknowledged and offered culturally relevant suggestions and resources
- How participant groups acknowledged places where they may have made assumptions or might need to find out more information to support the person seeking help
- Exploration of participants questions and thoughts about the scenarios and supporting survivors’ significant others

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

You are meeting with Mark today and your co-worker is meeting with his 14-year-old son Theo. Mark and Theo are both White, and Mark is a single father to Theo and one younger child in a small town in your service area. Mark was referred to your program because Theo was sexually abused by his teacher and she is under investigation by the police and school board. The investigation is well-known in their small town, but nobody knows yet who she abused. Mark shares with you that some of Theo's friends know or suspect it was Theo. They've been congratulating Theo on "getting lucky," but giving him a hard time for getting the hot teacher fired before they "got to do her." They call him gay and wimpy for telling his dad. Since their teasing began, Theo's been having nightmares again. Mark is upset and angry by the whole situation and just doesn't know how to help Theo. Mark confesses that while he loves and supports his son he also sometimes doesn't understand what the big deal is and sometimes even thinks that Theo's friends are right and Theo is just a sissy.

What are some of Mark's needs? How can you address those needs and feelings?

Are there any myths that Mark holds about sexual violence that you may need to dispel? What are some of the possible reactions or feelings that Theo may have currently and over time?

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

What are some things that you can share with Mark about how he can support Theo?

What assumptions might you have made about this scenario and the people involved? Consider what biases come up as you read through this scenario and consider how you will respond.

***Remember when working with friends, family members, and significant others to:
Focus on their needs first.
Help them understand.
Let them know how they can support the survivor.***

Supporting Scenarios: pg. 2 of 12

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

Over the past year, your program has done a lot of campus outreach work at the small Lutheran liberal arts college in your community. Today, a group of three young White women show up at your office because they saw you earlier this week at a health fair at their college and read some of your program's materials. Jessica, Ashley, and Emily, all tell you that they are concerned that their 4th roommate, Hannah, may have been raped at a party about a month ago. They think she may have been raped for a couple of reasons: Hannah got separated from the group at the party and didn't get home until early the next morning and was drunk and confused; Hannah has stopped going to nearly all of her classes and hasn't been to chapel or church since the party; they hear her crying a lot when she's not sleeping; and she is refusing to take any phone calls from her parents. All of this, they say, is unusual behavior for Hannah who is normally very happy and vibrant. Jessica, Ashley, and Emily share with you that they just want to help Hannah but don't know what to do. They ask if you can call Hannah and talk to her. They also tell you that they feel at fault for whatever happened because they knew it was wrong to go to the party and especially for not sticking together while there.

What are some of Jessica, Ashley, and Emily's needs? How can you address those needs and feelings?

Are there any myths that Jessica, Ashley, and Emily holds about sexual violence that you may need to dispel? What are some of the possible reactions/feelings that Hannah and her friends may have currently and over time?

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

What are some things that you can share with Jessica, Ashley, and Emily about how they can support Hannah?

What assumptions might you have made about this scenario and the people involved? Consider what biases come up as you read through this scenario and consider how you will respond.

***Remember when working with friends, family members, and significant others to:
Focus on their needs first.
Help them understand.
Let them know how they can support the survivor.***

Supporting Scenarios: pg. 4 of 12

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

Today, following the regional coordinated community response meeting for all crime victim service providers, Faye asks you if she can speak with you privately. Faye is the director of the program that serves homicide survivors and you have worked with her over the years on several cases and community events. Faye is a pillar in the victim services community and a strong leader in the Black community in your city. Faye asks you if you have heard about the big sexual abuse case involving the owners of local in-home daycare. You have. Faye tells you that her 4-year-old son, Jason, has attended that daycare since he was 6 weeks old and has been asked by the police to participate in a forensic interview and then possibly an exam. Faye shares with you that she is overwhelmed and astonished that this has happened. She just loves Betty, the daycare provider, and has always trusted her and her husband, Wayne. Faye can't imagine that they would sexually abuse children. She also knows, though, that while children tend to imagine things and make-up stories, they don't usually lie about this type of thing. Faye wants to know what she should say to Jason who is sad and misses Betty terribly. She also wants to know if there is anything she should look for in Jason's behavior to indicate if he has been sexually abused. Faye says it would just make her sick if anything happened to Jason while at daycare.

What are some of Faye's needs? How can you address those needs and feelings?

Are there any myths that Faye holds about sexual violence that you may need to dispel? What are some of the possible reactions and feelings that Faye and Jason may have currently and over time?

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

What are some things that you can share with Faye about how she can support Jason?

What assumptions might you have made about this scenario and the people involved? Consider what biases come up as you read through this scenario and consider how you will respond.

***Remember when working with friends, family members, and significant others to:
Focus on their needs first.
Help them understand.
Let them know how they can support the survivor.***

Supporting Scenarios: pg. 6 of 12

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

Rosa is a Latina woman in her 40s who has started seeing one of your co-workers due to a sexual assault that happened when Rosa was in college. Rosa has just recently disclosed the assault to her husband, because she has been having nightmares and crying spells ever since their daughter, Savannah, started college last fall. Rosa and your co-worker have asked you to meet with William, Rosa's husband, who came with Rosa today to her appointment in order to talk with someone because he has been having a "hard time" since Rosa disclosed to him. William tells you that he is at a loss for how to help Rosa who is constantly in a bad mood and snaps at him whenever he asks how he can help. William says that Rosa hasn't been sleeping and has been crying a lot ever since Savannah left for college. At first, William thought Rosa was just sad about Savannah leaving but last month she finally told him that she was raped in college. William doesn't know what to do with this information and doesn't know how he is supposed to feel. He tells you that he feels like finding the creep and killing him for what he did to his wife and family. He also tells you that he feels somewhat betrayed by Rosa because he thought they had an open and trusting relationship. He doesn't understand why she didn't tell him before now. He doesn't know how he is supposed to act around Rosa now and is afraid of touching her because he doesn't want to scare her. William also tells you that now he is also overwhelmed with worry about Savannah's safety and has been texting her several times a day to make sure she is okay.

What are some of William's needs? How can you address those needs and feelings?

Are there any myths that William holds about sexual violence that you may need to dispel? What are some of the possible reactions and feelings that Rosa and William may have currently and over time?

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

What are some things that you can share with William about how he can support Rosa?

What assumptions might you have made about this scenario and the people involved? Consider what biases come up as you read through this scenario and consider how you will respond.

***Remember when working with friends, family members, and significant others to:
Focus on their needs first.
Help them understand.
Let them know how they can support the survivor.***

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

You meet with Amita and her boyfriend, Sahil, at the police department. Amita and Sahil are both second generation Indian-Americans in their mid-20s. Amita went to a party last night. She had too much to drink, and got a ride home from Sahil's friend, Louie. You were at the ER with Amita for the exam; she called Sahil after the exam was done. Sahil meets the two of you at the police department. The three of you talk for a bit, and then Amita goes outside to call her sister before she talks to the detective. As soon as the door shuts behind her, Sahil tells you that he was supposed to go to the party with her, but picked up a shift at work instead. He wanted to work the shift so he could get extra money before Amita's birthday, and thought she would be okay at the party without him because Louie was going. He feels betrayed by his friend, and can't understand why Louie would do such a thing. Sahil asks you a lot of questions about keeping Amita safe, like if he should add locks to her windows and doors at home or get her pepper spray. He wants to know what else he should do to protect Amita.

What are some of Sahil's needs? How can you address those needs and feelings?

Are there any myths that Sahil holds about sexual violence that you may need to dispel? What are some of the possible reactions and feelings that Amita may have currently and over time?

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

What are some things that you can share with Sahil about how he can support Amita?

What assumptions might you have made about this scenario and the people involved? Consider what biases come up as you read through this scenario and consider how you will respond.

***Remember when working with friends, family members, and significant others to:
Focus on their needs first.
Help them understand.
Let them know how they can support the survivor.***

Supporting Scenarios: pg. 10 of 12

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

Mei is a first-year Japanese-American student at a college in your town. She was referred to your advocacy program by the counseling center on her college campus. She was sexually assaulted by another student earlier in the semester and is currently going through a campus adjudication process that she's uncertain about whether she wants to continue. She avoided telling her parents about what happened as long as she could, as she was afraid they would not understand and be upset with her. However, she has been missing a lot of classes and struggling with her health and was encouraged by friends and campus administrators to talk with her family. She reluctantly confided in her mother that something happened, but asked her to come to campus because she was afraid to talk about what happened over the phone. Mei's family flew in yesterday from across the country and today will be seeing Mei for the first time in months. Mei has asked that you help her talk to her family about what happened. She is feeling anxious and has explained that her family does not talk about these types of things and is afraid that her family, especially her father, may feel a lot of shame about what has happened. Upon Mei sharing what happened with her family, Mei's father begins weeping and is speechless. Mei's mother insists that the campus proceeding must end and explains that they will handle it as a family.

What are some of Mei's parents' needs? How can you address those needs and feelings?

Are there any myths that Mei's parent's holds about sexual violence that you may need to dispel? What are some of the possible reactions and feelings that Mei's parents may have currently and over time?

SCENARIOS FOR SUPPORTING FAMILY AND FRIENDS

What are some things that you can share with Mei's parents about how they can support Mei?

What assumptions might you have made about this scenario and the people involved? Consider what biases come up as you read through this scenario and consider how you will respond.

***Remember when working with friends, family members, and significant others to:
Focus on their needs first.
Help them understand.
Let them know how they can support the survivor.***

Supporting Scenarios: pg. 12 of 12



MODULE

15

AGENCY POLICIES AND PROTOCOLS

This section is an opportunity to provide agency-specific policy and protocol information that will guide how advocates do their work. This section includes an outline of information that trainers should gather in advance of the training and review with participants during this section.

LESSON 1: Our Agency's Policies and Protocols and How They Impact Our Work



OBJECTIVES

Participants will be able to:

- Describe agency policies and protocols
- Describe how agency policies and protocols inform their advocacy work



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of agency policies, protocols, and other paperwork for each participant



TIPS FOR PREPARATION

- Print or otherwise obtain items listed in the Materials section of this module and make copies for participants.
- Review lesson to be comfortable with the material before the training session.



POINTS TO CONSIDER

- **Customize this section based on your program's needs.**

This module contains recommendations for what policies to cover in training. Please note that this is not an exhaustive list and trainers should adjust this list based on agency needs.

- **Draw connections between the policies and the work.**

Policies and protocols are often developed to set organizational standards and help staff have parameters in which to do their work. Beyond simply reviewing these policies and protocols, help participants understand the intention behind these forms of guidance and how they might play out in their work. Policies and protocols become more meaningful when we can understand how they benefit our work.

LESSON 1: OUR AGENCY'S POLICIES AND PROTOCOLS AND HOW THEY IMPACT OUR WORK

OVERVIEW AND DISCUSSION

Introduce the topic by discussing the important role of the agency policies and procedures in providing excellent, ethical, and trauma-informed care to survivors. Review policies and protocols with the group, making sure to address any questions that arise. It can be helpful to infuse discussion of policies throughout the training, in addition to this section. For example, when you review helpline calls, include information on how advocates are contacted, include policy issues like informed consent in role plays, and ask outside presenters to talk about any community protocols. Trainers should make sure to provide copies of and explain the following agency policies and/or procedures:

- Confidentiality policies (including releases of information)
- Informed consent for services; orientation and intake procedures
- Non-discrimination & accessible services (this includes language and physical access among other needs)
- Mandatory reporting policies
- Grievance procedure both for survivors and others seeking services
- Grievance procedure for staff/volunteers/interns
- Documentation of work with survivors and others seeking services
- Advocacy protocols
 - Responding to helpline calls
 - Working with survivors and partner agencies, including how to make referrals
 - Working with survivors connected to other systems such as police or law enforcement
 - Working with survivors and institutions such as schools, colleges, detention centers, prisons, rehabs, etc.
 - Meeting with survivors or their significant others offsite
 - Transporting clients

- Helpline staffing protocols
- Evaluation of services
- Scheduling protocols
- Coaching and supervision
- Debriefing protocols
- Professional development policies

Other items trainers should consider discussing in this section include:

- Are there any limits on the types or groups of survivors and significant others your agency serves?
For example, what is the agency's stance on serving those who have committed sexual violence in the past?
- How does the agency serve staff, volunteers, board members, or community partners (or their family members) if they have been assaulted?
- What service records does your agency keep?
- What paperwork are volunteers expected to complete?
- What is your policy and practice on data collection?
- How are survivors and significant others referred to services within the agency?
- What is the policy around volunteers under the age of 18 years old?

Allow time for discussion and questions and continue to infuse policy and protocol information throughout the duration of the training.



MODULE

16

A VISION TOWARD LIBERATION

This section is a closing to the foundational advocacy training. It invites participants to reflect on what they've learned and their hopes for the future. Activities in this section will ask participants to consider what a world free of sexual violence and other forms of oppression could look like. Through creativity and sharing individual and shared visions, participants will discuss their hopes for the future.

LESSON 1: Reflection

LESSON 2: Visions for the future



OBJECTIVES

Participants will be able to:

- Describe key points they are taking away from advocacy training
- Describe additional support they would like in the future to support advocacy work
- Describe their vision of a world free from sexual violence and other forms of oppression
- Note where their vision overlaps and is distinct from other participants' visions of liberation



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Copies of “Reflection” handout (included in module)
- Collage materials (old magazines, scissors, glue sticks, blank sheets of paper)



TIPS FOR PREPARATION

- Print or otherwise obtain items listed in the Materials section of this module and make copies for participants.
- Collect collage materials. When selecting magazines, include those that are diverse (nature, travel, pop culture, and representative of many cultures).
- Review lesson to be comfortable with the material before the training session.
- Consider special touches (snacks, decorations, music, members from the organization offering thanks) to celebrate the completion of the training.

LESSON 1: REFLECTION

During this session, trainers will work to bring a close to the foundational advocacy training by providing participants an opportunity to reflect on what they've learned, what they hope to continue to learn, and their vision for the future.

PERSONAL CONTEMPLATION & DISCUSSION

Trainers should offer appreciation to participants for dedicating time, energy, and commitment to the foundational advocacy training series. Instruct participants that this session will be about reflecting on what they are taking away from the training, what else they need, and what they envision for the future. Provide participants with the “Reflection” handout. Ask that they take time to reflect on the questions. Once participants have had time to reflect individually, ask participants to share with the group.

After participants have had a chance to reflect on all three questions, offer insight on themes you notice and offer sincere affirmation, acknowledgment of growth, and appreciation to the group before shifting into the last part of this module.

LESSON 2: VISIONS FOR THE FUTURE

In this last activity together, each participant will have a chance to create a vision of what a world free of sexual violence and other forms of oppression might look like. One way to look at this is to think about what liberation looks and feels like.

COLLAGE ACTIVITY

Invite participants to think about the notion of “liberation.” We will use this vision as our guiding image in this activity. Provide participants with collage materials (magazines, scissors, glue sticks, and blank paper). Ask that participants use these materials to create a collage that represents their vision for the future, a vision free of sexual violence and other forms of oppression. Assure participants that there is no ‘right way’ to complete this activity. Rather, they should choose images that they are drawn to and that represent their vision for liberation. Participants can write a description to accompany their collage if they wish. Acknowledge that for those in the room who may be more drawn to words than pictures, an alternative approach to this activity could be writing a poem or short reflection on what they believe liberation looks like. Trainers should invite participants to be creative in whatever way best suits them. Participants can work together to create a vision if they wish. Invite the group to work on their pieces and let them know they will have an opportunity to share with the full group once complete.

After participants have had time to create their visions of liberation, ask that they take turns sharing what they have created with the group. The concept of liberation is likely to be envisioned differently by each participant; welcome these differences and also take note of where there are common visions. Offer gratitude to the group for sharing and reiterate your appreciation for the group’s collective commitment to participating in this training together.

REFLECTION

What are you taking away from the foundational advocacy training?

Think: new insight and information, something you found especially profound, connections you made — whatever has left an imprint on you

What else would be helpful for you as you continue to learn and grow in your advocacy role?

Think: topics you would like additional information or training on, connections you'd like to make, shadowing, and other forms of support or learning

How has this training impacted your worldview? How has it impacted how you see yourself as an advocate?

Think: what's shifted? what has stayed the same? how will this foundational training impact your support for survivors?







National Sexual Violence Resource Center • [877] 739-3895 • resources@nsvrc.org • www.nsvrc.org/projects/sadi
National Sexual Assault Coalition Resource Sharing Project • [515] 244-7424 • rsp@iowacasa.org • www.resourcesharingproject.org