

NIWRC Advocacy Curriculum:
*Violence Against Native Women:
Root Causes, Dynamics & Trauma-informed
Advocacy*

SESSION 4:
Overview of Advocates Role

*Slides have been edited for virtual presentation by the
Tribal Law and Policy Institute*



Overview Of Advocates Role

1. Medical Model vs. Grassroots/Social Change Model
2. Role of Advocates



1. Medical Model vs. Grassroots/Social Change Model

Objectives

Participants will be able to:

- Describe the difference between advocates, mental health/ social service providers
- Describe how cultural belief systems are connected to working relationships



Advocacy is different from other fields.

Advocacy and Social Work are different.

Advocacy is not “case management.”

Advocacy requires knowledge of multiple issues.

Advocacy to create social change must consider cultural belief systems to be effective.



Advocacy requires self-reflection, and a constant challenging of our internalized oppression and colonized beliefs.

There's a difference between being bi-cultural and cultural confusion resulting from oppression and internalized oppression.



Medical Model vs. Grassroots Model



Direct Service/Counseling

- questioning seen as negative/resistant
- no socializing / personal contact
- professional sets rules and limits of relationship
- limited self-disclosure/ “emoting”
- illness/problem / “sick role”

Social Change/Advocacy

- expertise by experience
- supports your decisions & your wishes
- relate as relative/peer
- relationship mutually determined; open relationship
- balance all aspects of self

Medical Model vs. Grassroots Model



- diagnosis/prognosis/
tangible measures
symptoms
- focus on individual -
isolated
- limited relationship/
referral
- money, insurance/ limited
time/in office
- questions credibility
- personal sovereignty;
power/ control issues of
systems & society
- focus on individual in
context of oppression &
relationships
- seeks connections/ inclusive
- limited paperwork/ eligibility
- questioning encouraged

Medical Model vs. Grassroots Model



- formally educated; specializes
 - objectification
 - eligibility/paperwork
 - compartmentalized, single issues
 - works with individual behavior
- life experience and cultural/spiritual knowledge valued
 - see people as whole human beings
 - paperwork secondary to compassion and needs
 - provide range of resources: childcare, transportation, public education, etc.
 - work with systems, homes, community etc.

Medical Model vs. Grassroots Model



Direct Service/Counseling:

- social and organizational structure is hierarchy
- head/depersonalized
- accountable to hierarchy
- bureaucracy
- disempowering individual oppression
- distrust/suspicion - burden of proof on individual

Social Change/Advocacy:

- part of a movement –language reflects movement
- heart/personal
- accountable to women
- mission/philosophy/movement
- liberation of all/ empowerment
- trust and believe individual
- respect and support
- genuineness



2. THE ROLE of ADVOCATES

Objectives

Participants will be able to:

- Describe the principles and responsibilities of advocates
- Explain the interconnection between the role of advocates and culturally-based understanding of role of relatives



Advocates are the biased supporters of women and other survivors who have been battered and/or raped.

Our understanding of our relationships as advocates with women, and their children, and other survivors is based on our cultural beliefs as Relatives.

NOTE: The word “women” is used because up to 98% of victims of battering and rape are women. Advocates are also responsible for responding to male victims, and those of the LGBTQ2S communities, and other disenfranchised groups, in effective and respectful ways.



It's About Relationships

Ending violence against women, and all other forms of violence, lies in our ability to reclaim our roles and responsibilities as Relatives.

Advocates ideally role model this sacred connection.



Internalized Oppression Impacts Our “Work”

- What’s the difference between being a Relative and a Professional?
- Focus on negative/”sick role”
- Difference between prioritizing and being “objective”
- “Pull yourself up by your bootstraps” vs. healing together



Accountability: How to Remain Sensitive...but provide advocacy

Someone who is accountable is completely responsible for what they do and must be able to give a satisfactory reason for it.

- Priorities are safety and offender accountability.
- Women seek out shelter and advocacy because their power & control have been taken, and they are in danger. Advocates help equalize the power & control tactics posed by batterers, organizations, agencies and society.
- Women who are battered & raped are Relatives who are experts on what they want, need, how, who and when. They guide advocates.
- Advocates are accountable to the women they work with.

ROLE OF THE ADVOCATE

Taken in part from "Advocacy" by Anne Marshall and Ellen Pence



- To advocate for those who are battered/ raped, in a manner that honors, respects and validates her/his culture, individuality, experiences, decisions and strengths.
- To model courage and resistance in the face of oppression, intimidation and fear.
- To listen and allow for silence.
- To provide leadership and ensure that safety and confidentiality are priorities in any coordinated community response initiative that promotes and enhances the spiritual and cultural traditions of the sacredness of women and children.

ROLE OF THE ADVOCATE continued



- To advocate for the expressed interests and safety of the woman/survivor, their children, including provision of safe space and any other resources necessary to regain control of her/his life.
- To focus attention on the operational meaning of safety and integrity of women and other survivors and renewal of traditional life ways as guiding principles at all levels of the justice, law enforcement, social and medical systems dealing with domestic violence cases.
- To provide *expertise based on the experience of those who are battered/ raped*, and their children, on issues related to domestic violence within the justice, law enforcement, social and medical systems.

ROLE OF THE ADVOCATE continued



- To ensure that all women/victims/survivors who have been battered/raped have 24-hour access to support, accurate information, crisis intervention, and other advocacy services.
- To educate personnel within the relevant systems regarding the most effective responses to domestic and sexual violence on behalf of victims and at-risk family members, batterers and prioritizing victim confidentiality, safety and offender accountability.
- To be honest and truthful and explain all the available options.
- *To remain accountable to the woman, who has been battered/raped, & other survivors, including maintaining confidentiality.*

Though often pressured to do so, Advocates Do Not:



- Act without the expressed informed consent or participation of the woman/survivor who has been battered or withhold or create barriers to safety & resources because we judged her "unworthy" in some way.
- Attempt to mind-read what she/he needs or wants, or assume we know better than she/he does.
- Minimize or blame survivor for the violence, collude/make excuses for the batterer's behavior, or treat the violence as a private or mental health issue.

Though often pressured to do so Advocates *Do Not,* *continued*



- Treat all women /survivors the same, as incapable of making decisions, "sick" or incompetent.
- Label or act as if those who are battered are "cases," "those women," clients or patients.
- Get survivors to cooperate with other agencies or "follow rules" not honoring their safety or sovereignty.
- Allow task forces, meetings or initiatives to focus on the behavior of survivor, instead of accountability of offenders and of systems.
- Speak for or on behalf of battered victims, unless they are not safe enough to do so themselves, or without their express, informed permission.
- Ignore or create barriers that prevent or limit access to safety or resources.



Tribal sovereignty & Women's sovereignty are tied together.

Shared Issues

- Safety
- Poverty
- Housing
- Geography
- Lack of resources
- Politics
- Jurisdiction
- Other?

PRIORTIES



Advocates prioritize safety and accountability.

Safety at home, within agencies, institutions and communities. It includes protecting women's/ survivors' integrity, and rights to decision-making and privacy.

Accountability includes the offender, those that colluded with him/her, and the agencies and institutions responsible for stopping violence and providing safety.



Advocacy is about Relationships & Standing Up Together.

Use your understanding of what it means as a Native Woman to be a good Relative.

Advocacy is more than working with individuals.

It is safer & more effective to work in groups with leaders from the group impacted & who have expertise based on experience and character.

This puts the concept of social justice in action.

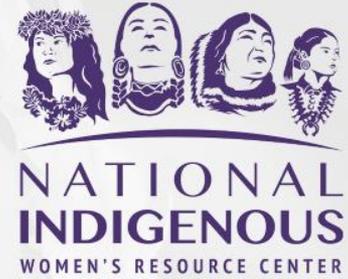


We are spiritual beings on a physical journey – each spirit and path unique.

We are deeply interconnected.

Questions





Thank you!

For more information go to
www.niwrc.org

To review related TLPI resources, visit
<https://www.Home.Tlpi.org/violence-against-native-women-publicatio>

niwrc.org

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