

NIWRC Advocacy Curriculum: Violence Against Native Women: Advocacy -Skills, Shelter, Systems and Community

SESSION 5: Basic Advocacy Skills

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

Objectives



Participants will be able to:

- Discuss relationships/connections as foundational to role of advocate
- List steps to prepare and focus for advocacy provision
- Describe ways to build respectful, empowering relationships
- Explain expectations and issues that can be barriers or boundaries
- Describe ways to transform our response to violence



Preparation is key!

It centers us and focuses our intent and purpose.

Steps of Preparation:

1. Center yourself. Breathe, let go of distractions.
2. Understand the root causes and dynamics of violence against women and their children. Remember it's about power and control, and colonization.
3. Be clear about the role of advocates, our purpose and trauma-informed approaches.
4. Consider our cultural teachings and what we know as Native women. Bring that wisdom to all relationships!
5. Be yourself! Be a relative!
6. Free yourself of unrealistic expectations. Meet each person with an open mind & heart. Meet her where she is. Give time to connect as relatives.



Our ability to reclaim our roles and responsibilities as relatives is both the means and goal of ending violence.

Advocates ideally role model these sacred connections.

Advocacy is the context for relationships with survivors.

- Acknowledges pattern of violence & other power & control tactics
- Recognizes root causes from society & culture
- Balances power differential by using legal & societal sanctions
- Prioritizes safety & accountability
- Social change initiatives
- Utilizes culturally-based approaches with connections between forms of oppression; advocates, community responses etc.

Remember the Purpose of Advocacy



Role Of The Advocate

Adapted from "Advocacy" by Anne Marshall and Ellen Pence

- Advocate for the woman/ [survivor] who is battered/ raped, in a manner that honors, respects and validates her/his culture, individuality, experiences, decisions and strengths.
- Advocate for women's/ survivor's personal sovereignty.
- Model courage and resistance in the face of oppression, intimidation and fear.
- Listen and allow for silence.
- Provide leadership, ensuring women's safety and confidentiality is a priority in all initiatives.
- Promote the spiritual and cultural traditions of the sacredness of women and children.
- Advocate for the expressed interests and safety of the woman,/survivor, her/his children, including safe space and resources necessary to regain control of their lives.
- Focus attention on the operational meaning of safety and integrity of women and renewal of traditional life ways as guiding principles at all levels.

ROLE OF THE ADVOCATE continued



- Provide expertise based on the experience of women/survivors who are battered/ raped, and their children, on issues related to violence within other systems.
- Ensure 24-hour access to support, accurate information, crisis intervention and other advocacy services.
- Educate about effective responses to domestic and sexual violence, prioritizing victim confidentiality, safety and offender accountability.
- Be honest and truthful and explain all options.
- Remain accountable to the woman/survivor, who has been battered/raped, including maintaining confidentiality.



**Advocates are the biased supporters of
women who have been
battered/raped.**

**We support, assist, provide accurate
information & resources based upon
*what is requested.***

No mind-reading needed!

ROOT CAUSE OF NON-VIOLENCE:

Natural Belief System



Respect

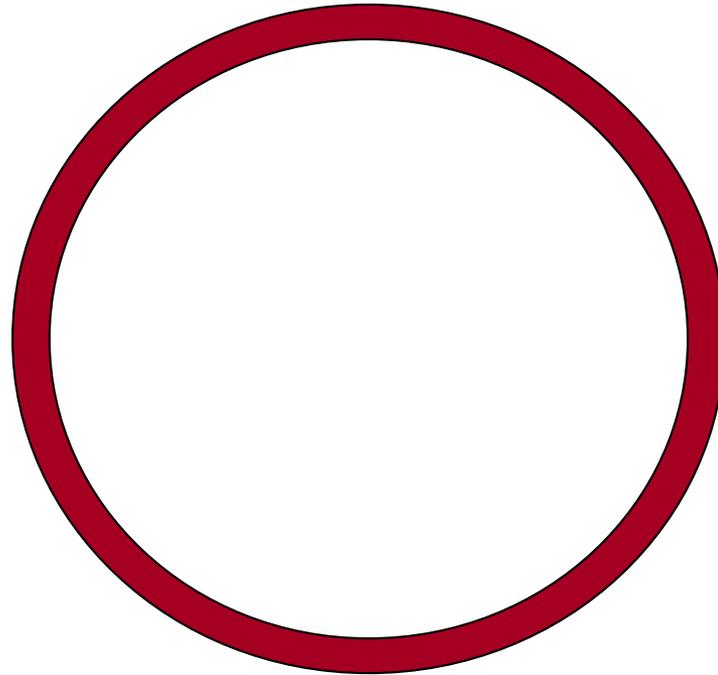
Equity

Equality

Connection

Relationships

Character



Advocates strive to reclaim the values & ways of the natural, non-violent belief system in all aspects of their work/lives.

It's a life-long process. This indigenous perspective is the touchstone or foundation for non-violence and healing.

How We Respond and the Environments We Create Make a Difference!



People feel safer talking about their experiences, are more likely to access our services, and are more likely to find advocacy helpful when we respond in:

- Culturally based
- Trauma-informed
- Survivor-defined and woman/person-centered ways.

Making Respectful Relationships



- *Begin with Yourself*
- Take time to reflect on who we are as individual women and our own internalized oppression
- Personal and political
- Social change requires we bring our consciousness about ourselves as women & Relatives to our work
- Learn to trust your instincts and spirit

Making Respectful Relationships continued



- **As Women, as Relatives**
- **Women often do their best work around a kitchen table, having coffee and visiting with each other- no case management or analysis.**
- **Help each other become aware of and undo our internalized oppression without shame.**

Making Relationships continued



- **Communities Within Communities**
- **Validate and promote native women's culture and sisterhood**
- **Deal with internalized oppression**
- **Acknowledge sexual/gender orientation**
- **Acknowledge differently-abled**
- **Acknowledge the reality & culture of poverty**

Boundaries



Respecting boundaries between ourselves and others is about understanding.

- We are all spiritual beings on a physical, learning journey. That journey is unique to each person. No one can walk our road for us or know what our road is.
- Our job is not to “fix” others
- Honoring the strengths of others
- Recognizing healing and change can take a long time
- Support others when and how they request
- Balance and self-care

Boundaries continued



Remember that a lot of our communities are small, so we're either related to each other, think we know about each other or just know each other.

- Be mindful of a survivor's perceptions about you if you are related to her/him or the batterer.
- You might think you can provide respectful advocacy, but what's important is what she/he thinks.

2. Active Listening Skills and Crisis Line Response



Objectives

Participants will be able to:

- Demonstrate 5 key listening techniques
- Demonstrate key responding techniques
- Define phone etiquette and demonstrate techniques
- Describe 3 stages of a crisis call
- List key information to attempt to give and obtain on a crisis call



You have your own, unique way of communicating. Identify the skills you have and those you'd like to learn.

- **Doing this work can help you to be an excellent communicator. The skills you learn and the traits you develop will help your entire life.**
- **Survivors coming to you for help have terrible stories to tell. They are painful to hear.**
- **As an advocate, you help best by listening without judgement and assisting (using your skills) so the woman/survivor finds her own strength.**

What is Active Listening?



Active listening is making a conscious effort to hear not only the words that another person is saying but, more importantly, try to understand the complete message being sent.

Relax and focus!

There are five key active listening techniques.



They all help you ensure that you hear the other person, and that the other person knows you are hearing what they say.

From *Mind Tools* website

1. Pay Attention

- Give the speaker your undivided attention and acknowledge the message. Recognize that non-verbal communication also "speaks" loudly.
- Look at the speaker directly [but be aware of cultural differences]
- Put aside distracting thoughts.
- Don't mentally prepare a rebuttal!
- Avoid being distracted by environmental factors. For example, side conversations.
- "Listen" to the speaker's body language.



2. Show That You're Listening

- Use your own body language and gestures to convey your attention.
- Nod occasionally.
- Smile and use other facial expressions.
- Note your posture and make sure it is open and inviting.
- Encourage the speaker to continue with small verbal comments like yes, and uh huh.

From *Mind Tools* website

Note: Be aware that a survivor may be hyper-aware as a result of a lifetime of trauma or the most recent incident.

3. Provide Feedback



- Our personal filters, assumptions, judgments, and beliefs can distort what we hear. As a listener, your role is to understand what is being said. This may require you to reflect what is being said and ask questions.
- Reflect what has been said by paraphrasing. "What I'm hearing is," or "Sounds like you are saying ___, I am understanding you right?" are great ways to reflect back.
- Ask questions to clarify certain points. "What do you mean when you say." "Is this what you mean?"
- Summarize the speaker's comments periodically.



4. Defer Judgment

- Interrupting is considered rude. It frustrates the speaker and limits full understanding of the message.
- Allow the speaker to finish each point before asking questions.
- Instead of judging describe what you see/hear or express *your* concerns

5. Respond Appropriately

- Active listening is a model for respect and understanding. You are gaining information and perspective. You add nothing by attacking the speaker or otherwise putting him or her down.
- Be candid, open, and honest in your response.
- Treat the other person in a way that you would want to be treated if you were in their situation. Put yourself in their shoes (or moccasins!)

Be mindful.



- Be aware that many women/ men have experienced a lifetime of violence. That may be a factor in how they're responding in the moment.
- In many indigenous cultures no eye contact is considered a sign of respect. Don't make assumptions. Observe how they use eye contact and follow their lead.
- Physical contact like touching, handshakes, hugs have cultural implications, or can cause a trauma response. Ask permission, especially for hugs. It's a way to show respect and honor the individual's right to control their body.
- Paperwork! If it can wait, do it later – not while listening.

Other Considerations



- Whether it's about a cultural style of communicating or impact of trauma, a survivor may not provide a linear account of what happened. The way they tell their story may be more circular. This makes active listening that much more important.
 - Linear story-telling is chronological; step by step as it happened
 - Circular story-telling may digress between people, relationships, places, history
- Listen carefully to statements of need that are not direct requests. Since cultural styles of communicating tend to be indirect. Instead of saying "Can my kids have something to eat?" She may say "My kids haven't eaten all day."

Response Skills



Open-Ended Questions

These are questions that can't be answered by a yes or a no. Examples: Can you tell me more about...? or Can you help me understand better about...?

Paraphrasing

This means giving feedback to the woman based on what you heard her say. This skill helps the advocate to check her own perceptions to make sure she and the woman/survivor are at the same place. Examples: "You sound really upset"... or "It sounds to me like"... or "The biggest concern for you is... am I right?"



- Sometimes exhaustion, anxiety, pain or fear are the major experience the woman/survivor is having - that becomes the priority.
- Remember what it means to be trauma-informed.
- Take your time.
- Help the victim name what's going on.
- Ask what she needs right now.
- Water?
- Break?
- Walk and talk?
- Breathing, grounding etc.?
- Cultural supports?

Crisis Line Response

First Things First! Phone Etiquette



Create a Good First Impression

- Before answering the phone take a deep breath, focus.
- Smile—it shows right through the phone lines!
- Answer with a friendly greeting. (Example: ‘Good Evening, Women’s House, Jane speaking, How may I help you?’)
- Be mindful, it’s difficult to reach out and ask for help.
- Ask the caller for their name, when it’s appropriate.
- Speak clearly and slowly.
- When putting a caller on hold, always ask permission:

“Can you hold briefly while I see if Georgia is available?”

Phone Etiquette continued



Phrases that tell me you care:

- Hello! I'm sorry to keep you waiting.
- Good morning! Thank you for waiting.
- It was nice talking to you.
- Thank you. Is there anything else I can do for you?
- I'm very sorry. Thank you for calling.
- You're welcome. I'd be happy to do that for you.
- May I help you? That's what we are here for.

Phone Etiquette continued



Inappropriate Response

“She is out, she didn’t tell me where she went.”

“I don’t know where she is.”

“She is in the bathroom.”

“She took the day off.”

Appropriate Response

“She is not in the office at the moment. Would you like to leave a message on her voicemail? Can I help you?”

“She has stepped out of the office. Would you like to leave a message?”

“She is out of the office for the day. Can someone else help you or would you like to leave a message?”

Phone Etiquette continued



- Remember that you may be the first and only contact a person may have with the program.
- First impressions may determine if she'll call back or come in!
- First impressions can impact the reputation of the whole program.

Three Stages of a Call



BEGINNING—

- Safety and medical emergencies are always first and foremost.
- Ask direct questions – *let her know why you are asking.*
- Always say who you are and be calm and polite!
- ★ Establish a relationship:
 - Listen Carefully
 - Be Respectful
 - Believe Her (or Him)

Three Stages continued



MIDDLE -

- Let her tell her story—don't interrupt
- Use open ended questions, be supportive
- Help her say what she needs to
- Help her name her experiences
- Help her find her power
- Do not give false hope, make decisions, or rescue
- Do let her know your limits and options
- Give accurate information as appropriate

Three Stages continued



CLOSING

- **Get clear/paraphrase:** What did you hear her/him say?
- **Prepare her to work with other individuals**
- **Validate.** Do tell her you are afraid for her/him (if you are). Tell her/him that abuser's violence is not her/his fault. Tell her she/him does not deserve to be abused.
- **What's next?** (Call again, Come in, Shelter, etc.)
- **Ask if there is anything else happening that you might be able to help her/him with.**

Checklist for Crisis Callers Needing Immediate Shelter



Through out every stage of a call assess for level of danger.

Questions to ask if a person calls for immediate shelter:

- Her/his (the victim) location.
- Is she/he or others, including her children if any, in danger?
- Is she/he injured/ need immediate medical assistance?
- If they have children and their location(s).
- The offender's location and if alcohol, drugs or weapons were involved.
- Does she/he have transportation? If not, can you meet in a safe place?

Checklist for Crisis Callers Needing Immediate Shelter continued



- Does she want you to call the police for transportation?
- If advocate contacts police department for assistance, be sure of correct name and address.
- Inform her of confidentiality policy
- Name
- When does she think she might be
- Children, how many?

Checklist for Crisis Callers for Future Shelter



If a woman calls and wants to come into shelter sometime in future, obtain the following information.

- Is she in a safe place? Are the children in a safe place?
- Is she able to call police?
- If possible, do a “mini-safety plan.”
- Inform her about confidentiality policy.
- Safe way to contact her? (if she wants)

Checklist for Crisis Calls for Virtual Support



If a woman calls and does not choose to come into shelter, consider:

- She may need to talk—supportive listening
- She may be checking if she can trust the program
- Confirming if she is or is not in immediate danger
- Offer to meet in person to talk
- Offer safe space or shelter
- Suggest a support group
- Inform the person they may call anytime
- Provide legal advocacy (for protection order) and/or other community resources
- Share information about the availability of other staff and/or advocates
- Disclose the confidentiality policy

Crisis Calls



- Most calls are complicated with many details.
- Sometimes the conversation gets into areas that are not related to the reason the person called in the first place.
- Be patient. They may be checking to see if they can trust you, having a hard time focusing, etc.
- Maybe she/he just needs to visit.
- Signal it's time to end the conversation by starting to summarize what she/he has said:

Examples: *"Let's figure out where to start so you can be safer"...* or *"Is there anything else you can think of that will help us make a plan for what you need now?"...* or *"Let's review the plan and see if it feels ok to you".*

Check List for Crisis Calls



In Closing:

If for any reason you sense that she/he may be uncomfortable revealing any information,
do not persist.

We want her to feel and be safe with our services.

Reassure her of confidentiality and always maintain confidentiality (*unless it's immediate life/death situation*).

3. Safety Planning

Objectives:



Participants will be able to:

- Define safety planning in the context of battering tactics and trauma
- Explain safety planning as an individual, ongoing process
- List steps in safety/sobriety/wellness plan
- Describe challenges and approaches to safety planning when substance abuse is involved

Key Points for Safety Planning: The Survivor is Your Guide!



- Know the dynamics & tactics of battering and collusion.
- Understand “safety” on physical, mental, emotional and other levels – not just “legal.” This includes institutional racism, sexism, heterosexism etc. *Example: If member of LGBTQ community and not “out,” accessing resources or services, isolation, fear of reprisals, etc. increase danger.*
- Know your program, community & other resources, policies & procedures. And be ready to learn as you go!
- Let the survivor be your guide.



Everything an advocate does is safety planning.

- Safety planning can be done in a formal or informal way.
- There are many different forms available to help with safety planning, if your program doesn't have a form, a form may not be helpful if trust and rapport/relationship are not established.
- Get immediate safety needs met first.
- This includes medical needs, food, sleep and time to process.



Safety planning happens over time, not in one sitting.

Survivors do not need to be in shelter to do safety planning.

Visit with survivors about if their basic needs are being met, including:

- **Physical health (includes health, sleep, medications etc.)**
- **Concerns about children**
- **Physical safety (includes threats from others such as the batterer's family, friends, gangs etc.)**
- **Housing/ shelter**
- **Transportation**
- **... basically, anything that threatens their ability to live or reclaim her/his life. Includes needs of children.**



Safety Planning is an interactive process between an advocate and the survivor.

- **Do not just hand her a form to complete by herself.**
- **Safety plans can change over-time as her circumstances change.**



Safety Planning When Substance Abuse And Mental Health Issues Are Involved

The following slides are from the *National Resource Center on Domestic Violence, Trauma and Mental Health*. They have many resources. Materials and training available!

Safety Planning

Mini-Safety/Sobriety/Wellness Plan



- Strategize: Steps to reduce risk/use/harm
- Develop: Options to keep safe/sober/well
- Identify: Trusted allies/safe sponsors/counselors/cultural and spiritual resources
- Plan: Means to escape abuser/drugs/unhealthy coping tools
- Discuss: Referral resources
- Avoid: Danger/persons, places, things/health risks
- Tools: HALT/One-day-at-a-time/Follow-up

Caution



- Be mindful, when survivors reach out for help, their level of danger drastically increases.
- This includes written materials, forms, referrals, going to appointments, and attending groups.
- The survivor is the expert on their batterer.
- The survivor is the guide.
- Help her take pre-cautions and maximize safety.



Partnerships for Safety, Sobriety, and Wellness

- Address the impact of substance abuse, trauma, and mental health on safety, and DV on recovery and wellness.
- Relapse will happen if survivors aren't safe.
- Batterers often use alcohol, other drugs, and her mental health issues as a control tactic.
- Develop integrated tools for screening and referral
- Provide integrated training on domestic violence, sexual assault, trauma, mental health, and substance use, abuse, and dependence

Avoid Revictimizing



- People do not choose to develop psychiatric disabilities or substance use disorders any more than they pick out batterers.
- Think before speaking. How would you like to be spoken to?
- Remember to offer respect, not rescue; options, not orders; safe treatment rather than re-victimization.
- Develop safety plans based upon the tactics the batterer is using.

Escaping the Violence

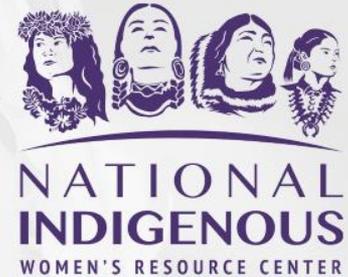


- Survivors of co-occurring problems can find safety and recovery options.
- People address multiple abuse issues when it's safe to do so.
- Offer supportive options for those seeking safety, sobriety, and wellness.
- It's a good idea for advocates to receive basic training on substance abuse and mental health first aid.

Remember compassion, generosity and respect are foundational to who we are as advocates and indigenous people. We are all related.

Questions





Thank you!

For more information, go to www.niwrc.org

For more victim safety resources from the Tribal Law
and Policy Institute, visit
<https://www.TribalResponse.org/victims-safety>

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