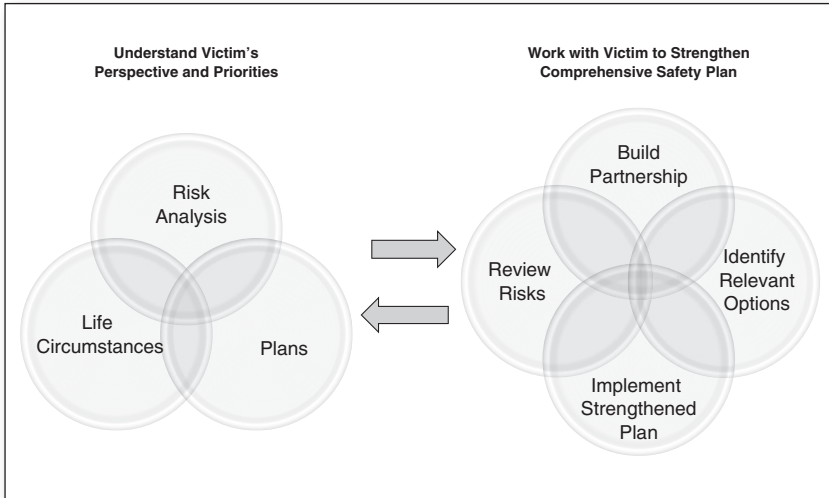


INDIVIDUAL VICTIM¹-DEFINED ADVOCACY IMPLEMENTATION



The practice of victim-defined advocacy starts with learning about each victim's perspective and priorities, including her risk analysis, life circumstances, and plans. The next interrelated component is to use that knowledge to explore options that will enhance safety, which is understood broadly. This is a dynamic, interactive process—much more than the simple matching of services to presumed need. Risks are reviewed, relevant strategies posed and analyzed, and an implementation plan determined. Woman-defined advocacy is not just “doing what victims want.” Advocates offer their knowledge and resources and then help with putting the plan into action. There is a back-and-forth that brings out the most helpful options and the means to use them. The exchange between advocate and victim establishes a connection, a partnership for safety. Figure 4.1 illustrates these components and how they connect and interrelate.

¹We struggle to find adequate terms to describe the lives and realities of those experiencing violence, along with conveying their resilience. The words *victim* and *woman* are used interchangeably to convey both the harm and the gender-basis of battering intimate partner violence (IPV). Since children and some men experience family violence, we also use the term *victim* because it is age and gender neutral. All victims, including children, lesbian, gay, bisexual, and transgender (LGBT) persons and male victims of a female partner deserve safety-enhancing advocacy that they define. When working with an individual, it is best to use language that will resonate and not alienate; the use of the term *victim* or any other label may not be appropriate.

Figure 4.1 Victim-Defined Individual Advocacy Overview

Source: ©Greater Hartford Legal Aid, Inc. (GHLA) (2012).

This chapter begins with a discussion of gathering information from victims, including their risk analyses, the impact of life circumstances, and understanding their decision making and plans. The nature and extent of partnerships between advocates and victims and the function they play in safety planning are then explored. Next, the vital step of risk review is discussed, including life-threatening danger and risks to children. The practice of identifying relevant resources is explained, along with a method of analyzing those resources to determine if they will, in fact, enhance safety for a particular victim. The chapter ends with a focus on safety plan implementation, acknowledging that plans must be used to be effective.

UNDERSTAND A VICTIM'S PERSPECTIVE AND PRIORITIES

Advocates may have expertise on domestic violence issues or a particular service system, but they cannot be experts on each individual woman's life. The victim alone holds her perspective until she chooses to share it. The process of understanding each victim's perspective begins by gathering

information from her. It is not as simple as asking a list of questions or going down a checklist or intake form. There is much to learn and almost always a limited amount of time. To get accurate information efficiently, advocates need to start with the victim's concerns and listen effectively. Advocates must demonstrate a genuine respect for the life, culture, and decision making of each victim. This practice will also further the partnership that facilitates the strengthening of plans.

The amount of time it takes to get sufficient information to offer relevant options will vary depending on multiple factors. Primary among them are the victim's level of trust and her belief that disclosing information will lead to the help she needs. Additionally, the reason for the interaction; the level of threatened violence; the needs of children; and communication barriers caused by language, mental health issues, or cognitive levels may affect the length of time needed. Advocates may also be required to document certain information, which may or may not have a bearing on the victim's needs, and this may also take time. One way to make efficient use of the time available is to ask open-ended questions and listen carefully to the answers. Many times the answer to one question will offer information about several areas of a victim's perspective. For example, asking about a woman's family may lead to information about her culture, children, support system, personal resources, and ways in which her partner has isolated her or threatened them. Obtaining the information that advocates need is not about asking a lot of questions; rather, it is about posing the "right" questions for each victim.

Know How to Gather Information

Start With Her Concerns, Her Questions, What She Wants to Tell You. An advocate who begins with the woman's concerns or questions—her story—sets a victim-defined tone for the rest of the conversation. Asking, "How can I help you?" or "What are you worried about?" tells women that they are important, what they think matters, and that they will determine the direction of the advocacy. For some battered women, it may be the only time in their lives that they came first, that anyone ever asked for their opinion. A "her first, then you" approach builds trust, shows respect, and provides a streamlined framework for the rest of the interaction.

Although victims may have some common experiences, each victim is an individual with different issues and priorities. How each woman experiences

the violence, how she responds, what she fears, and what she thinks about her relationship and her options are unique to her. Similarly, life circumstances and plans will be diverse. The press of time and volume of work can make it difficult to hear each woman's perspective. As advocates gain experience they will likely begin to see certain "patterns" and develop their own categories of victims. The ability to "size up" a situation and know what *type* of victim you're trying to assist can be helpful if you are accurate, but it can also lead to mistakes and harmful assumptions. Letting women speak first and hearing each victim's unique story can help advocates to avoid inaccurate assumptions as well as judgments that can originate from class, race, or other cultural biases or ignorance.

Listening to women first can help advocates learn the context for the interaction and what else is on victims' minds. An advocate may be talking with a victim as she is being attacked, shortly after, or weeks or months later. In addition, each woman is juggling other life concerns while she interacts with an advocate. She may be on her way to work, worrying about who will pick up her children from the school bus, getting ready for her sister's wedding, dealing with a health issue, or studying for final exams. Hearing these concerns needn't take long. It can be simply an acknowledgment of other pressing issues and an open ear for the life circumstances this discussion will elicit.

With the volume of issues to cover and information to share, there is no time to waste. Women often begin a conversation with their greatest concern or the issue for which they seek an advocate's help. Hearing the woman's concerns and questions means an advocate won't need to spend time talking about irrelevant issues or services, thereby saving time. Sometimes when advocates have limited time they are tempted to do all the talking. For example, an advocate may say, "I only have 15 minutes, so I make sure I describe all the services so she'll know about them." Although this provides information about services, it does not explore if the services are, or ever will be, relevant, helpful, or even harmful to the woman. It also means there is no time to learn enough about her to share information that an advocate would know was appropriate and helpful. Doing all the talking also stifles connection and hinders trust building. This can make it less likely the woman will contact the advocate again—even if the advocate is the gateway to services the victim needs.

Listen Effectively. To truly hear and comprehend what another person is saying, with all of the nuance, is difficult. Even with the best intentions and

training, comprehension can be limited by the nature of the content and challenges of time, by the ambiguity of the speaker and distractions of the listener, and the range of cultural differences. As advocates know, listening involves much more than just hearing the words a woman is speaking. It means putting yourself in her shoes, understanding her life and how she views and experiences the violence in it. At times, it will also require advocates to understand and accept unfamiliar views, beliefs, and cultures. The following practices will help advocates ensure that the way they listen leads to an understanding of victims' perspectives and priorities.

Invite Conversation. Simply starting with open-ended questions can encourage victims to speak freely. Inviting openings might include the following: How are you? What made you contact us? What do you want to see happen? What are you worried about? Tell me about your children.

Communicate Simply. Because so much of advocacy is getting and giving information, it is crucial to say things in ways that women will understand. The use of jargon can get in the way of learning about the victim's needs, sharing information about options, and building trust. Advocates have their own jargon, such as *shelter*, *crisis intervention*, *safety plans*, *hotline*, *batterer*, and *trauma*. Advocates often work within or with systems that have additional jargon, such as the legal system's use of the terms *probable cause*, *protective order*, *plaintiff*, and *mandatory reporter*. Jargon may save time when speaking to others who know and use it, and it may add to an advocate's credibility and effectiveness when she/he works within particular systems. If advocates use jargon when talking with victims, however, they may not be understood and then need to waste time checking for comprehension or providing explanations. Jargon can also set up a counterproductive power dynamic—the advocate with the information and the power and the woman without. When talking with victims, avoid the use of jargon and replace it with easy to understand statements that convey the same information.

Overcome Language Barriers. Whenever possible, advocates should speak in a woman's primary language. If that's not possible, advocates need to recognize when a language barrier is having a negative effect on their interaction with a woman or the communication with her. The inability to speak directly with a victim might keep an advocate from learning significant details or nuances regarding a woman's fears or strategies. In these circumstances, an

appropriate interpreter is necessary. Communicating with a victim through an interpreter requires certain skills and good practices, such as speaking in brief phrases and looking at the victim, not the interpreter.

Clarify. There are many reasons why advocates might not understand what a victim is saying the first—or even second—time she says it. These include cultural barriers, the rush of time, confusion about what was asked, a victim’s need to keep some things private, or even mental health issues. It is essential for advocates to check out what they think victims are telling them. When this is done respectfully and in a supportive manner, confirming questions can build rapport and reinforce the advocate’s commitment to understanding each victim’s perspective and decisions. If something the woman says does not make sense to the advocate or the advocate doesn’t quite understand what the victim is saying, it is essential to try to clear things up. Is the confusion a miscommunication or a misunderstanding? Do you need more information from the victim to follow what she’s saying? Is there a disability or mental health issue that is hindering communication?

Validate. Another simple—yet often neglected—technique for building a woman’s self-confidence and trust in the advocate is to validate what the woman is saying. This action demonstrates respect and is the opposite of what an abusive partner does to undermine her. Validation might include using some of the following phrases:

- You’re doing well.
- You’re handling so much.
- You’ve made a plan. That’s good.
- You really care about your kids.
- I admire your strength to deal with all you’re dealing with.
- I understand why you’d want to _____.
- What you’re trying to do is really hard, and you’ve done a lot already [and then list for her the strategies she’s used].
- Your family member/friend seems to really care about you.

Create a Safe Place to Talk. On a practical level, trying to create a safe place to talk can be difficult. If the conversation is over the phone, then telecommunications privacy issues such as “caller identification” should be addressed. Communication over the Internet raises additional safety and

privacy concerns, such as an abusive partner's ability to track her computer or cell phone use. If the conversation is in person, then it may help to pay attention to the physical surroundings. Advocates might ask themselves the following questions:

- Is the place physically safe? Can anyone walk in at any time? If a woman and her partner are in court, the doctor's office, or some other location, could the woman's partner threaten or hurt her? Is there a police officer or security staff present who understands the potential danger and can respond?
- What does it feel like to be here? Is it loud, with many distractions? What is hanging on the wall? How would diverse victims view it? For example, many women with violent partners do not consider themselves to be battered or abused, so posters about domestic violence and battering may be ineffective or make women feel the advocate will not be able to help them.
- Is it private? Can others hear what you are saying or see if a woman is afraid, angry, crying, or upset? Privacy may encourage women to talk about the range of personal matters necessary for effective safety planning. Often privacy—meaning a third party cannot overhear a conversation or see written information—is a prerequisite for enforcement of confidential or privileged communications legal protections. The law assumes that if other people can hear or see the information, then the woman did not intend for it to be kept confidential; therefore, the court and/or the woman's partner has a right to find out what it is.
- How is written information handled? Can a woman see other people's files or papers lying around the office or desk? How might she perceive this?
- How are communications over the telephone and/or Internet stored? Who has access? How long are they kept? How might Internet use weaken a safety strategy or pose a risk?

It is not always possible to provide the best surroundings to talk with women. Limited budgets mean cramped and less-than-ideal surroundings. Yet many changes can be made with little expense, such as ensuring that files and information are kept securely. Even if limited resources preclude improvements, at a minimum advocates should be aware of the effect of the surroundings on conversations with victims.

Explain Confidentiality Policies and Legal Protections. Woman-defined advocacy typically requires gathering at least some personal and private information about each victim. Victims are more likely to share such information if they trust advocates. Helping victims to understand confidentiality rules and legal protections and what control they have over their personal information can help build that trust. Victims often need advocates to disclose information about them to others. Therefore, “confidentiality” should be explained as the victim having control about the decision to release information, not simply that information about victims is never shared. Accurate descriptions of limitations will also support a victim’s decision making about the use of her confidential information. Thoughtful consideration of how and when this is done is part of effective listening. For example, strongly worded warnings about exceptions to confidentiality protections at the very beginning of a conversation, including those related to mandated reporting of abuse, can convey to victims, “It’s better if you don’t tell me anything.” Without victim information, advocacy cannot be victim-defined; therefore, help will be limited.

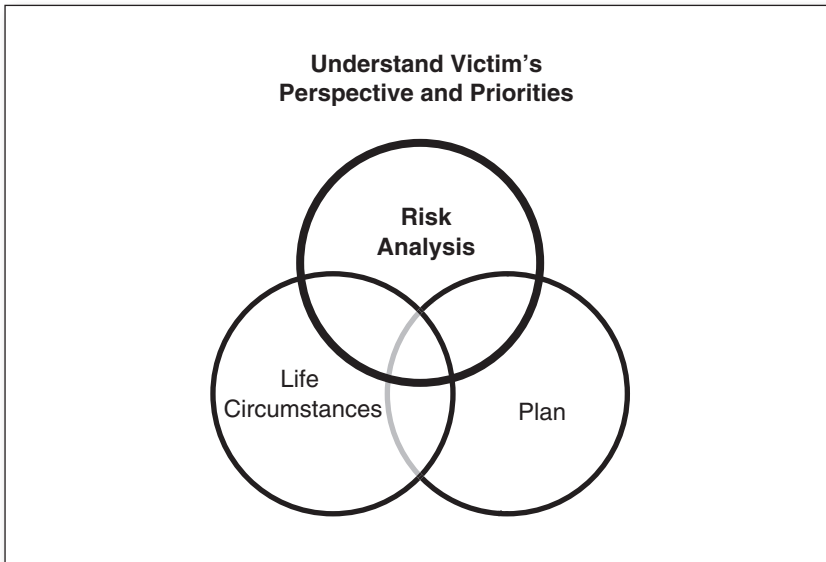
Accept That a Woman’s Perspective Will Change

A woman’s risk analysis, life circumstances, and plans do not stand still when an advocate enters her life. Her partner will continue to act and react. A woman’s hopes and fears for her relationship, her children, and her life ebb and flow as she tries new strategies to improve things. Some safety strategies may raise additional risks, such as legal remedies that lead to the loss of a job. If the effects are negative enough, an option might be abandoned entirely. As the woman’s strategies change, her risk analysis and safety plans will be refined to include what she has learned.

Changing risk analyses and plans will have a significant effect on advocacy. If a woman’s risk analysis shifts from seeing physical violence as the greatest risk and leaving as the best strategy to seeing child protective services’ (CPS) involvement and losing her children as the greatest risk and staying as the best strategy, then advocacy with this woman will also need to shift. Advocates should anticipate that there will be changes. On a practical level, this means advocates need to remain open to new and different information, risk analyses, and plans each time they talk with a woman.

Understand Each Victim's Risk Analysis

Figure 4.2 Victim-Defined Advocacy Process—Risk Analysis



Source: ©Greater Hartford Legal Aid, Inc. (GHLA) (2012).

Batterer-Generated Risks. In your conversations, explore the range of risks discussed in Chapter 2 with a focus on the ones each woman is particularly concerned about. Do not limit the discussion to physical violence. Once again, consider starting with open-ended inquiries that give you more general information about her partner, such as, “Tell me about him” or “What’s he like to live with?” Moving the conversation to risks specifically can be done by asking questions such as, “What does he do that makes you uncomfortable?” “What decisions do you make in the relationship?” or “What things does he do that scare you?”

There are limitless tactics an abusive person will use to threaten, hurt, and control his partner. Therefore, checklists or even long intake forms that ask question after question about the violence may not be the most efficient or effective means of identifying batterer-generated risks. For some victims, particularly those experiencing trauma effects, extensive inquiries about violence can be harmful. There is a tension between understanding as

much as *necessary* about a victim's risks and not asking about things you don't really need to know. This can be a difficult balance because there are times when detail is required. An attorney, for example, will likely need to include a detailed description of recent violence in an application for an order of protection. However, there are situations when gathering less detail will hinder neither your understanding nor your advocacy, such as when initial inquiries determine there are low levels of violence and a plan to remain with a partner only until a victim has the financial means to leave. As with many aspects of advocacy, deciding how much information is necessary requires judgment. Before delving into detail, take a few seconds to ask yourself, Do I need to know this? Two factors to consider when answering that question are: (1) whether implementation of the plan will require details about batterer-generated risks and (2) whether the detail is necessary to explore life-threatening danger or serious risks to children.

Life-Generated Risks and How Her Partner Might Use Them. Understanding a victim's risk analysis includes identifying significant life-generated risks. Focus on key issues, such as poverty, financial instability/vulnerability, physical and mental health issues, and the potential for ineffective responses to victims' requests for help. The purpose is not to address every issue but rather to understand how life-generated risks affect the priorities in a woman's risk analysis. For example, a victim in urgent need of a medical procedure who is reliant on her partner to care for her afterward will likely prioritize the procedure—even though she faces risks related to this temporary dependence.

Be aware of the reality of bias and discrimination. These barriers come in many forms and are based on all kinds of categories, groups, and prejudices. A law enforcement officer might respond less quickly to certain neighborhoods, an advocate might spend less time with a victim who doesn't speak English, or a community agency might deny services to a gay victim. Victims may or may not be aware of how they might be treated by a system. Advocates will need to learn from a range of sources about the realities that different groups of victims face. These might include leaders and organizations working on behalf of racially or ethnically specific populations, immigrants, LGBT persons, persons with limited English proficiency, sex workers, or persons living in poverty. Be open to the

truth about bias and discrimination without presuming a barrier. Accurate information is most helpful to victims.

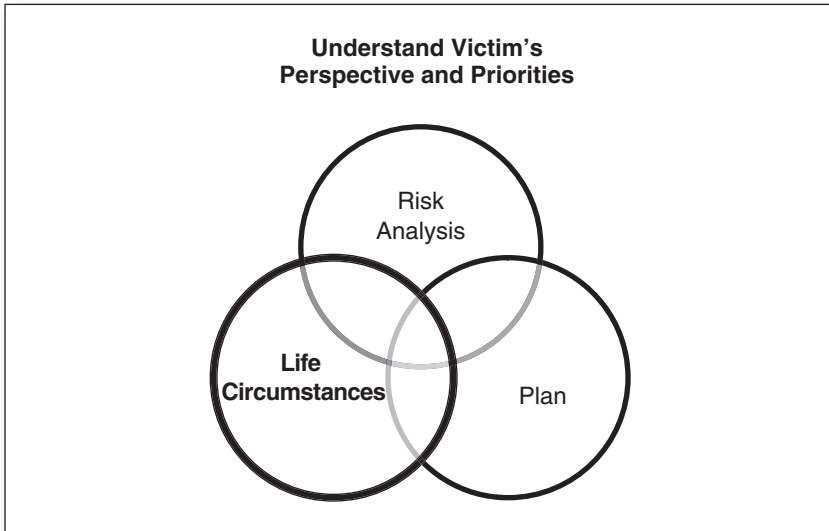
Whether or not bias or discrimination keeps a woman from getting help, women's perceptions of discrimination can have similar outcomes. If a victim thinks she or her partner will be treated unfairly by a system, she may not seek assistance from it. Victims who think they might get less help or more hassle because of their race, ethnicity, gender, limited English proficiency, immigration status, disability, sexual orientation, or class are common. Keep in mind that such perceptions might be based on experience, and be accurate.

Identify how a victim's partner may manipulate life-generated risks to further his control. If a victim's current home isolates her, an abusive partner might try to keep her from moving to a place where she would have access to services or the support of family and friends. An abusive partner might also use life-generated risks to discourage his partner from reaching out for help. For example, if a victim is dealing with mental health issues, her partner might tell her over and over again that no one will believe her if she tells them about the violence. He might say, "I'll just tell them you're crazy and making it all up." See Figure 2.2 in Chapter 2 for examples of the effects of life-generated risks and the possible use of them by a partner who batters.

Effect of Staying or Leaving on Batterer-Generated and Life-Generated Risks. The decision to remain or leave will affect the extent and kinds of risks faced by victims currently in a relationship. A victim may have few financial concerns if she stays but confront poverty if she leaves. Some victims will experience increased violence when they make an effort to separate from a partner, while others face little or none. For the risks each woman has focused on, get her opinion of whether staying or leaving will make things better, worse, or really have no effect. Be open to the possibility that she might not know or have an opinion. Consider asking questions, such as, "If your plan is to leave, do you think that would make things better or worse for you?" "What might get better?" "What might get worse?" "Are there concerns you're not sure about?" For many victims, leaving does not make things better and may even make life more difficult or dangerous. See Figure 3.2 in Chapter 3.

Understand Each Victim's Life Circumstances

Figure 4.3 Victim-Defined Advocacy Process—Life Circumstances



Source: ©Greater Hartford Legal Aid, Inc. (GHLA) (2012).

The goal of this area of inquiry is to discover the general contours of her life, “get to know her a bit,” without invading her privacy or pushing her to talk about things she’d rather not. This should not be an intensive or invasive inquiry. The primary purposes of this aspect of the process are to determine the context for each victim’s risk analysis and plans; identify resources; and find out what matters most to her. The discussion will likely be about her family, her children, aspects of her culture, and what’s on her mind right now.

Eligibility screening, intake forms, and sometimes referrals typically provide basic information about income/assets, children, and some indication of race/ethnicity or other cultural influences. In addition, consider asking, “Who lives with you now?” “Who is there for you?” “Is there someone you talk to about all this?” or “What keeps you going?” Advocates will have opinions about the quality or consequences of the sources

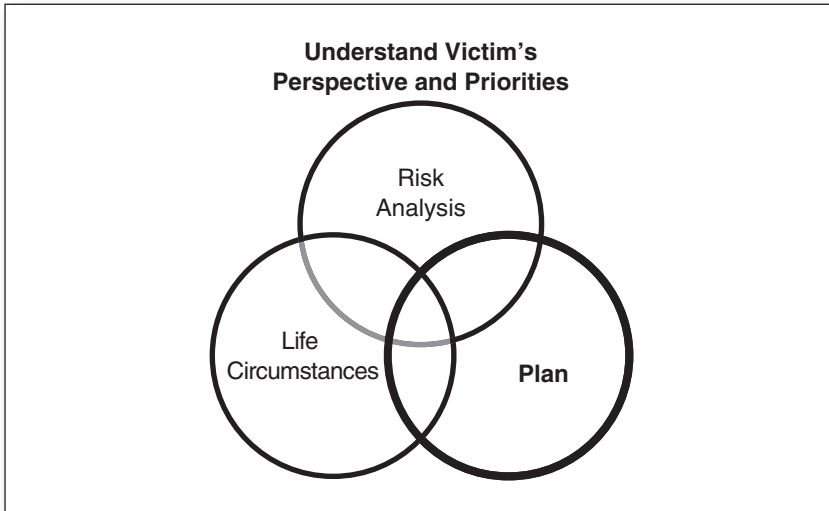
of support a victim identifies and may at times have grave concerns. Although there are times when raising those concerns is a necessary part of analyzing risks and options, there may also be times when it would be counterproductive or even harmful. For example, a victim's only source of support is her binge drinking ex-boyfriend. This may raise concerns certainly, but they may not outweigh the importance of what he offers. As the warranted alarms about the ex-boyfriend go off in an advocate's head, the benefits of the support he offers must also be explored.

Cultural factors might arise from a victim's age, ethnicity, family structure, geographic location, gender, gender identity, immigration status, race, primary language, religious or theological tradition, or sexual orientation. Culture strongly influences behavior, including decisions about family, children, and relationships. For a victim, it is a part of who she is and may determine what her safety plan will be. For example, cultural influences might lead a victim to consult with elders in her family before making a decision about her relationship or to seek the opinion of a priest. Particular care must be given to ensure that an advocate's opinion is not based on inaccurate or uninformed cultural assumptions. It would be wrong to assume, for example, that all churches will push victims to stay married to abusive spouses, and therefore a victim will not find meaningful or positive support from the church she attends.

It is important for advocates to become familiar with cultural practices and values that are different from their own. This will help an advocate identify cultural aspects of a victim's decisions and plans. However, a victim's membership in or connection to a particular cultural group does not determine her perspective or priorities. Members of a particular group may be generally distrustful of law enforcement. This does not necessarily mean a victim from that group will not call the police. Persons from a certain religious tradition might not see divorce as an option, while a victim following that faith may or may not. Culture offers clues but not answers. Advocates must still learn from each victim how her culture influences her perspective and affects her decisions. The work of learning what victims need must still be done one by one; the discovery of each victim's narrative is an essential core of advocacy. Always to be respected, those victim-specific cultural aspects can then inform advocacy.

Understand Each Victim's Plans

Figure 4.4 Victim-Defined Advocacy Process—Plans



Source: ©Greater Hartford Legal Aid, Inc. (GHLA) (2012).

Advocates will see a wide variety of safety plans. Some women's plans do not focus on reducing physical violence, and others do not include leaving immediately. There are plans built entirely from a victim's personal support systems that never use specialized family violence social, legal, or community services. For other women, such resources may be limited or nonexistent and advocacy and other social services will figure prominently.

Exploring the history of women's safety strategies will add significantly to an advocate's understanding of a victim's perspective. This discussion will explore what she's tried and what happened to her and her children. The reason a woman sought help from a particular source also offers insight into her past and likely future plans. For example, a victim may have called the police because she wanted the following:

- The police to stop her partner from hitting her
- The police to take her partner out of the home, either temporarily or permanently
- Her partner to know she is serious about her demands that he change
- To comply with what she was told to do by a child protection worker

- Someone to know and document the violence she's suffered
- Her partner to get help for his violent behavior
- Her partner to be punished for what he's done—perhaps have him put in jail

What happens when a victim seeks help will affect her plans going forward—what she'll be willing to try or consider next. If a response increased a woman's danger or created other risks, then it will likely be rejected as part of future plans (unless advocates can offer a way to use it that will result in a more positive outcome). Advocates will need to have this information as they work with victims to strengthen their plans. Consider the impact of the response on Linda's plan in the following example.

Linda

Linda's partner was beating her. She called the police with the goal of surviving the violent attack. The police responded in time—before she was seriously hurt—and they arrested her partner and took him into custody. Although Linda's call to the police was "successful," what happened next will also affect her future plans. The court system kept her partner in jail overnight and then released him under an order that he have no contact with her. That next morning he was angrily banging on her door. She called the police and stepped outside to try to get him to calm down and to keep him from disturbing the neighbors. These officers arrested both Linda and her partner for disturbing the peace. Linda has learned that she can call the police if she is under attack but that she, too, may get arrested. This will affect how she incorporates calling the police into her future plans.

A sense of past strategies will help guide advocates through resource and option identification. These can be discovered by asking the following questions: "What have you tried?" "How did it work?" "What was your partner's reaction?" "Would you try it again? If not, why not?" The answers to these questions will also tell advocates a lot about a victim's current ideas and plans.

Current plans offer some insight into a victim's first or most important concerns and also help advocates understand what options a victim thinks she has. One example is the victim who is unaware of services, believes no one will help her, and sees the use of self-defense as the only way to protect herself and her children. Once understood by an advocate, this plan offers tremendous insight into the risks this victim faces, her priorities, and

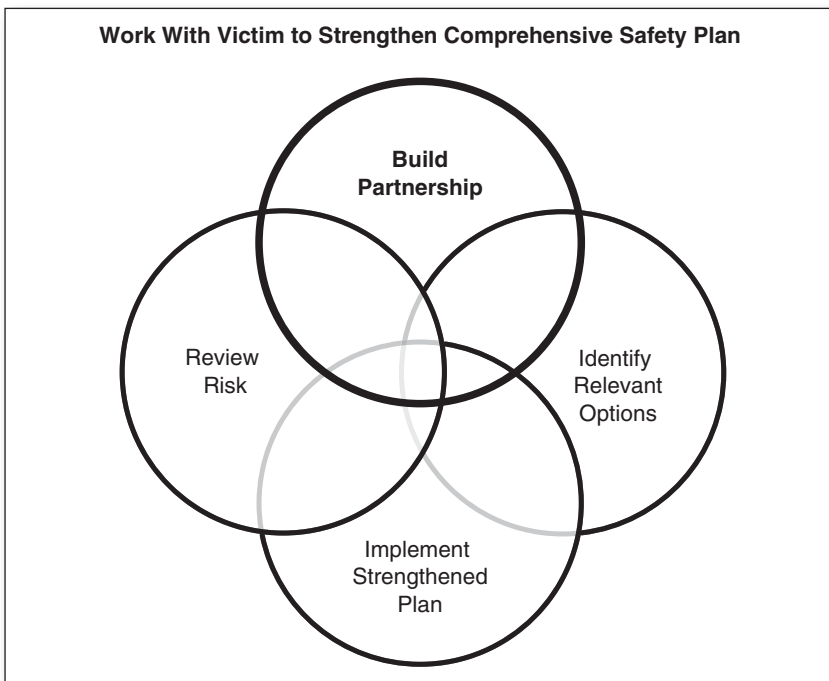
suggests a direction and focus for advocacy, such as exploring the legal and other consequences of self-defense, along with alternatives.

It might be challenging to grasp the scope of victims' current plans. Some victims might not really have a plan. If asked, they might say, "I have no idea what to do. What do you think I should do?" Others may have very short-term plans—just trying to get through the night, the week, or the next month's challenges. Whatever the plan or lack of plan, asking about what they want to do next will offer a view into each victim's decisions, priorities, and the scope of their thinking. This is a necessary basis for strengthening the plan.

WORK WITH VICTIMS TO STRENGTHEN COMPREHENSIVE SAFETY PLANS

Build a Partnership With Each Victim

Figure 4.5 Victim-Defined Advocacy Process—Build Partnership



Source: ©Greater Hartford Legal Aid, Inc. (GHCLA) (2012).

The working relationship between advocate and victim is called a partnership to reflect the shared responsibility and roles in strengthening safety plans. The victim's role is to disclose the information she's comfortable sharing with the advocate, consider the information and resources the advocate offers, and make the decisions about what will be in the safety plan and how it will be implemented. In these partnerships, the advocate shares her perspective on risks and suggests strategies based on the understanding she's developed of each victim's priorities. Advocates may also play a role in supporting the implementation of revised plans. It is the sharing of perspectives and information that leads to stronger safety plans. The exchange of information also sustains the partnership. Advocates need victim-specific knowledge to determine what to offer and how to help. These customized responses then give victims the opportunity to shift or refine next steps. The deeper and more accurate the information sharing the more likely the advocate will be able to offer relevant resources that enhance safety. Although the advocacy is defined by each victim, the advocate is an active member of the partnership.

Strengthening a safety plan is a very personal endeavor. For many, it involves some assessment of the nature and quality of an intimate relationship. The discussion for even small adjustments to a current plan will necessarily touch on each victim's experience with violence, including sexual violence, her family, children, parenting, and culture. There are no more profoundly sensitive and private topics. One implication is that this process will not be easily or comfortably done between strangers. Time and other constraints may limit the partnership, but a meaningful effort must be made to establish some connection, some shared commitment, upon which a victim might place her trust.

Victims have little or no reason to trust *anyone*. To have been abused and controlled by a husband, boyfriend, wife, or girlfriend (whether straight or gay), violated by a parent, or hurt by a family member is to have experienced betrayal in a way that changes life and relationships going forward. The respectful and gentle connection with an advocate can be a small part of the healing process, a step forward on the path to well-being. For a victim in a battering intimate partner relationship, this process asserts her value and her knowledge. It begins to undo the disrespect that may have undermined her confidence and independence.

Approach to Building Partnerships. Victims, like any group of individuals including advocates, will bring lots of different emotions, behaviors, and

“baggage” to the partnership. Advocates will talk with victims who are fearful, anxious, calm, relieved, sad, confused, angry, or even happy to be at this point in their decision-making. Some will be cognitively gifted and others less so. Establishing the connection necessary to work together is all about the advocate’s attitude and mind-set. It requires an open yet discerning mind, an empathic not overly sympathetic tone, and a *refresh* button for each and every victim. Each advocate will find the best way to remind herself of “how to be” with each woman, an intention reflected in words such as: poised, balanced, patient, calm, flexible, focused, and attentive.

Every word, every action an advocate takes can build a victim’s confidence and make clear that she will make the decisions about her plan. These steps to foster and support the victim’s decision-making role in the partnership require humility. Advocates know the valuable difference they make in victims’ lives. Yet the substantial power advocates have to explain, access resources, and make things happen occurs when it is done in partnership with those whom advocates serve. Victim-defined advocates are not saviors rescuing the helpless. They are allies in victims’ life and safety planning.

Culture is an important factor in building partnerships. The individualized “learn first” approach of women-defined advocacy provides a meaningful framework for culturally appropriate interactions. However, advocates’ cultural awareness and responsiveness require a commitment to openness and attentiveness beyond active listening. Culture can foster connection or raise barriers. An advocate speaking in the victim’s language and asking about her plans for the holiday she will celebrate tomorrow will likely open lines of communication. Conversely, an advocate referring to a victim’s gay partner by the incorrect gender might shut down the discussion. Advocates also need to be aware of how they are perceived. Victims are likely wondering, “Do you understand my situation?” “Will you help someone like me?” or “Will you make assumptions or be biased, like everyone else I’ve asked for help?” Imagine that you are a Muslim immigrant with uncertain legal status who was just beaten badly by your U.S. citizen husband. What would you need to hear to trust that the advocate would respect your faith and culture and help you be safer?

Even with best efforts and intentions, sometimes an interaction will just not go well. If the advocate is aware that this is happening, she/he can usually fix it. Often, stopping to check in, asking the victim if she has concerns, or summarizing the conversation and the victim’s priorities and then asking the victim if you’ve “got it right” can establish a more positive interaction. Those

responding to family violence must also make sure the privilege they bring to the partnership does not get in the way of the work. Privilege might come from an advocate's personal status or from the responder's position, such as the advocate who will determine if a victim will be granted access to shelter or the police officer who will decide whether an abusive partner and/or the victim will be arrested.

Impact of the Context of Advocacy. Advocacy occurs within settings that determine the role and function of advocates. The amount of time and other resources available will also change from one venue to another, and such factors will affect the extent and depth of the partnership. All those responding to victims work within requirements, rules, and resources that limit their role. Some are self-imposed and therefore more readily changed, while others are required by funders, the law, or system procedures that are less easily shifted. Local domestic violence programs likely offer the most expansive and flexible opportunity to build partnerships, since their missions typically focus broadly on safety for adult and child victims. Although funding requirements and limited resources might narrow even this work, these advocates are fairly free to offer assistance that fits victims' priorities. When advocacy occurs within other systems there may be significant constraints and competing goals, such as an advocate working for a prosecutor who will likely be concerned with a victim's safety but also with securing a conviction of her abusive partner.

Important assistance can be offered even within narrow roles. A nurse in a health care setting might have the time and training to have a brief conversation with a patient who discloses fear of her partner. During the discussion, the nurse might offer reassurance regarding the patient's privacy, referrals to domestic violence programs, and arrange to have the patient's prescription filled while she waits so her partner does not know about her condition, the disclosure of which would cause additional violence. Similarly, a person with specialized training, skills, and experience in a particular area might provide limited but essential safety options. A family law attorney who has experience and skill in working with victims might provide an accurate analysis of family law strategies such as divorce, custody, child support, and visitation and then provide representation to achieve those legal remedies. At times, responders' responsibilities might require them to take actions that the victim expressly does not want. A police officer might arrest a victim's husband. A hotline advocate might be required by mandated reporting laws to call child protection.

Although the response might be limited, victim-defined advocacy is not precluded by constraints in either role or function. Nor is it abandoned when competing responsibilities require an advocate or responder to take action counter to a woman's decisions and plans. The following discussion regarding advocacy constraints offers guidance on navigating these issues.

Common Advocacy Constraints. The power that advocates have in the relationship with victims comes with related responsibilities. Key among them is to be clear about the process and the advocate's role, along with its limitations and sometimes-conflicting interests. Explain what you can do, the amount of time available, and which decisions will be the victim's and which will be made by others. It is also always the advocate's responsibility to keep appropriate and professional boundaries, discussed further next. Whenever a victim can make or influence the decision regarding what will happen to her/his family, it is the advocate's role in the partnership to ensure that happens. Ultimately, the goal is to increase safety through options that are victim-defined and advocate informed. Consider how this might be done under the following circumstances:

Time Is Limited. Start by disclosing the time limitation, and focus on the victim's priority. If possible, offer the victim another opportunity to talk. This could be with the same advocate at a later date, another person within the program, or a referral to a different program. For example, a hotline call might need to be limited due to the demand on limited staff time. The caller could then be invited to call back later in the day when the hotline is usually less busy, be given the number of a "warm line" that allows for more time, or be referred to a local program that will schedule appointments for in-person advocacy.

Role Is Limited. Explain what you can do and the limitations. Refer the victim to someone who can explore all the victim's circumstances and link her to a broad range of options. For example, a victim's safety plan is to call the police the next time her husband hits her and to have him arrested and removed from the home. The responding police officer determines that he does not have the legal authority to make the arrest. The police officer explains his decision to the victim and offers other resources, such as a local domestic violence project or legal aid program, that can help the woman pursue other strategies for getting her partner out of the home.

Role Requires Action Counter to a Victim's Decisions or Plans. Explain what you're doing and why. When possible, offer information about how the victim might be able to access what she wants and needs. A housing authority worker might explain the following:

I can't move you to another subsidized apartment because you're currently behind in the rent and you didn't bring with you the proof of current domestic violence we require. There is an apartment open and I'll hold it for a week. If you get the money and documentation we need the apartment is yours. Here's a list of housing advocates that might help you.

If there are aspects of the action about which the woman does have some choice, the responder should explore these with her. A child protection worker might explain that he must remove a woman's child from her care because she has decided to remain with her partner. The worker might then explore with the mother where the child might be placed, including perhaps the mother's family. The worker might also offer the mother access to an advocate or attorney so she can confidentially discuss all her options and the consequences for the decisions she's already made.

Give the victim information about alternatives and her rights. A court officer may recommend that the judge enter a protective order that removes a woman's partner from the home, even though the woman does not want this. The court officer should tell the woman that she has the right to speak to the prosecutor or judge directly, to ask an advocate for help, or to hire an attorney.

It is also important to explore if there are any actions that would reduce potential harm. A victim may tell the prosecutor, "If my husband thinks I'm cooperating with you to get him out of the house, he'll kill me." The prosecutor may then offer to subpoena the woman and make it clear in court that he is forcing her to testify. The prosecutor should be honest with the woman when this strategy might not work, such as a judge who always asks the woman while she's standing in court with the defendant present, whether or not she wants him out of the house, or when her partner's attorney might have the opportunity to ask such questions.

Role Is Extremely Limited. Sometimes the responder's role is to offer a non-family violence-specific response to the general population which will include victims of family violence. Examples include a government benefits eligibility worker or a staff person from a state child support enforcement office. Persons

in these positions can support victim-defined strategies as illustrated in the following discussion of a basic response to domestic violence.

A *basic* response to domestic violence means that staff do the following:

1. Communicate with the victim in a positive and supportive manner
2. Know how to explain all resources and options available from the system in which they work, including domestic violence-specific programs or provisions and how to help the victims access them
3. Know how to provide meaningful referrals to other sources of information and assistance
4. Avoid increasing risks to the victim or her children

Simply stated, this conveys: Don't be mean, deliver the system's available help, tell victims about who can offer more, and do no harm. Even with this minimum level of assistance, victims are treated with respect, allowed to disclose what they want and to decide what system resources to access, and learn what other help is available. In addition, staff know not to do things that would make things more dangerous, such as disclosing the content of a victim's plan to her partner (Davies, 2010). In these ways, even a limited interaction might further a victim's safety plan.

Challenges to Building Partnerships

Service-Defined Advocacy. A challenge to partnerships that support woman-defined advocacy arises when advocacy focuses exclusively on getting women to use particular resources, options, or services. Some common family violence services and resources include shelter, support group, police, divorce, protective orders, custody/visitation court actions, counseling for the children, parenting education, counseling for trauma or mental health issues, substance abuse treatment, parenting education, batterer intervention, and housing relocation advocacy. When providing these services is the only goal, whether or not they fit into a woman's risk analysis or safety plans, the advocate is using service-defined advocacy. Service-defined advocacy tries to fit the woman into the service, while woman-defined advocacy fits a relevant service into the woman's plans. Although services are part of the essential work of all domestic violence advocates, providing services must be distinguished from advocacy that is defined by services.

Cathy (Victim) and Lana (Court-Based Advocate)

Cathy's husband was arrested last night for beating her up. Lana calls Cathy and spends the entire conversation explaining to Cathy what a protective order is and what Cathy should do to enforce it. Cathy tells Lana she doesn't want one and asks for information about helping her husband get out of jail. Lana tells Cathy she should worry about herself, not her husband, and continues to talk about why Cathy should ask for a protective order.

Analysis: Lana's exclusive focus on the use of a protective order is service-defined advocacy. Lana has not asked Cathy why she does not want a protective order; whether a protective order would enhance her safety; why she wants her husband out of jail; or about her risk analysis, priorities, or plans. Lana is trying to convince Cathy to use a protective order (fit her to the service) rather than exploring if the protective order fits Cathy's safety strategies.

Talking about a protective order or other services may be a part of woman-defined advocacy unless the information is provided no matter what the woman is saying. Service-defined advocacy may come from good intentions—to help women use the services available and a personal belief that they will be helpful. Yet if advocacy focuses on the risks addressed by the service and not necessarily the risks perceived by the woman to be her priority, unintended and negative consequences can follow. An advocate may begin to label or blame a woman for failing to use the service or focus her energies and resources on women who are “ready” to accept what the advocate has to offer. Loseke (1992) found that this kind of process was used implicitly by staff in the shelter she studied. She wrote the following:

The practice of client selection was . . . oriented to maintaining an acceptable number of clients and to selecting appropriate clients. An “appropriate client” was a woman who workers felt *could be and should be* served given current “space availability.” . . . [The criteria were] if she was judged to *need emergency housing* . . . [if she wanted] *the full range of . . . services* . . . [if she] wanted services for a *particular reason* . . . [especially if she wanted] to be helped out of the situation . . . [or] really wanted to make changes . . . *because she was a battered woman* . . . [and was] deemed capable of living communally. (pp. 74–78)

Trying to fit women's lives and realities into available options can have negative consequences. Advocates may waste time talking to women about options that are irrelevant to their circumstances and lead some women to believe the advocate does not understand their situation, thereby destroying the chance to establish a collaborative, trusting relationship. Since most current domestic violence services, although beginning to broaden their application, are designed to help a woman get out of her relationship or survive once she has left, advocacy defined by those services will not likely strengthen the safety plans of the many women who remain in their relationship or in contact with an abusive ex-partner. See also Chapter 5. When advocates do not include women's analyses and plans, they will not be able to assess whether a particular service can help or perhaps even make things worse. Ultimately, service-defined advocacy can lead to ineffective safety planning and may even increase a victim's risks.

Wanda (Victim) and Rita (Advocate)

Wanda called the hotline because her alcoholic husband started drinking again after 14 months of being dry. Now that he's drinking, she's afraid he might get violent. Rita, the hotline counselor, asks Wanda if her husband will go to counseling or AA. Wanda says no. Rita then suggests that Wanda get a restraining order to kick her husband out of the house.

Analysis: Without talking to Wanda about her analysis or plans, Rita does not find out that Wanda (1) does not want to end her marriage; (2) relies on her husband's income; and (3) filed for a restraining order one other time and her husband went on a drinking binge for 4 weeks, often driving by the house at all hours of the day and night. He told her if she "ever tried that again that's the one thing that would get her killed." Pushing Wanda to apply for a restraining order does not match Wanda's plan, and if Wanda follows this service-defined advice, it might make Wanda less safe.

Most advocates have limited resources, and few can offer truly comprehensive responses to all who request help. By choice or by default, priorities are set, and the work is limited. Sometimes this is done through service-defined advocacy, such as a domestic violence program that offers only shelter or protective order advocacy. This practice can lead to several results, including: (1) victims who call will be urged to use the services offered; (2) victims who do not want or need those services will not be helped; and (3) eventually, some victims may stop calling.

Service specialization needn't lead to service-defined advocacy. A concentration on a particular function often makes sense given professional knowledge and efficiency. Some examples include the shelter worker who provides shelter and support, the lawyer who represents victims in civil cases, the court-based advocate who offers information in criminal court on the day of arraignment, and the doctor who provides medical care for injuries. These services can still be built from women's perspectives, and particularly when offered in a coordinated way can provide the range of advocacy women need.

The Gap Between Victims and Advocates. Service-defined advocacy and other barriers can create a gap between victims and advocates, as illustrated in Figure 4.6. When advocacy is limited to getting women to use a particular service, then women's strategies and power may be undervalued or even dismissed completely. The realities of the woman's life might be ignored. Resources that the woman is already relying on or planning to use—such as her family, a religious institution, friends, or employer—will likely be left out of a service-defined safety approach, resulting in an incomplete safety plan. In

Figure 4.6 Challenges to Victim-Defined Advocacy—"The Gap"

Advocate's Resources	Barriers that Keep Advocates on Their Side of the Gap*	Woman's Resources
<p>Examples:</p> <ul style="list-style-type: none"> • Hotline • Counseling • Child advocacy • Parenting support • Legal remedies and advocacy • Shelter • Housing advocacy and resources • Referrals 	<ul style="list-style-type: none"> • Service-defined advocacy • Advocate-defined advocacy • Physical violence as only focus • Leaving as primary safety strategy offered • Role limitations • Skill limitations • Communication—language • Lack of cultural responsiveness • Advocate's culture, life experience is primary • Perceptions and attitude • Fear 	<p>Examples:</p> <ul style="list-style-type: none"> • Knowledge, skills, and experience • Family & children • Resilience • Home • Job • Money, assets • Friends, neighbors, and social network • Religion • Partner (maybe)
<p>*There are also barriers to women crossing the gap, the focus here is on the advocate's role.</p>		

Source: Greater Hartford Legal Aid, Inc. (2012).

addition, many of the barriers that have always kept women and advocates separated, such as race, class, culture, and life experience, continue to do so in a service-defined advocacy approach. To the extent that services are often created by the dominant culture, service-defined advocacy may even exacerbate these differences.

Review Risks

Figure 4.7 Victim-Defined Advocacy Process—Review Risks



Source: ©Greater Hartford Legal Aid, Inc. (GHLA) (2012).

Reducing risks is central to safety planning. Determining which risks each victim faces, the level of those risks, and her priority for addressing them are all part of a risk review. Although this aspect is discussed under the component of working with the victim because of the advocate's role in offering her

perspective and view of risks, it should be noted that the review is completely interrelated with the step of understanding the victim's risk analysis and will often be done concurrently. This section discusses the approach to risk review, analysis of lethal or life-threatening violence and risks to children, and ends with an exploration of challenges to completing a meaningful review.

Risk review ensures that both the advocate and the victim have the most accurate information possible about the risks the woman and her children face. It begins with understanding the woman's analysis regarding the batterer and life-generated risks that she's identified. Next, the advocate factors in her own analysis. This process requires a delicate balance of adding to and enhancing the information a woman has without completely replacing her judgment with that of the advocate. If a woman tells an advocate that her only concern is being evicted from her home because her boyfriend forced her to give him her paycheck and spent the rent money on cocaine, then the advocate would start a review of the woman's risk analysis by validating her concern about eviction and then explore what "force" was used to get the paycheck. The advocate would also talk with the victim about the potential risks related to her boyfriend's cocaine use. The review respectfully combines the woman's information, experience, and priorities with the advocate's knowledge.

Approach to Risk Review. During a risk review, an advocate is learning about each victim's risk analysis, trying to identify kinds or levels of risks outside of that analysis and then sharing that perspective with each victim. As discussed earlier in this chapter, understanding a victim's risk analysis involves identifying batterer-generated risks, life-generated risks, and how an abusive partner might manipulate them, the effect of staying or leaving on those risks, and her main concerns. Keep in mind that women analyze their risks on an ongoing basis; therefore, their views will change over time. One day a woman may believe that her greatest risk is losing her home; the next day she may believe her greatest risk is that her partner will rape her and she'll become pregnant. Along with shifting perceptions of risk, the level and kind of risk will also change. Abusive partners may escalate the violence, resources may become available, and a victim's action may affect the dangers she faces. For some women, the decision to leave will increase the severity and number of risks they face. For others, leaving will lessen the risks.

A review begins with the assumption that the victim's analysis is accurate and that the advocate will offer information that may enhance the

woman's overall analysis and planning. If a woman's safety strategy raises additional risks (e.g., she drinks heavily to numb the pain and anxiety), then the advocate's review would include the potential pitfalls. As reviews may require advocates to share information that is not aligned with a victim's perceptions, it is crucial that the woman trusts the advocate enough to hear what she/he is saying.

Reviews also add essential depth to the advocate's understanding of risks victims face—in part by exploring the meaning a woman assigns to the dangers she and her children face. Different women may assign dissimilar meanings to the same risk. A slap to the face and statement from an abusive partner that “you're a loser” might be experienced as a terrifying threat of more violence to one victim and a less frightening but emotionally devastating event to another. A third victim might find this behavior disturbing and painful but shrug it off as the act of an immature—and perhaps soon to be “ex”—boyfriend. How a victim views her risks and the advocate's response to that perception will affect what a victim will tell an advocate, whether the victim believes the advocate can help, and whether she will use information the advocate provides.

As with all aspects of advocacy, reviews must be done with humility, honesty, and respect in order to foster the exchanges most likely to result in a shared and accurate analysis. Pride and satisfaction should come with all that advocates do, yet this must be balanced with humility engendered by acknowledging the limitations of advocacy. Advocates cannot predict what every batterer will do or guarantee that all women and their children will be safe. They can't know everything—even about family violence. And we all have some life experience, influences, and personal challenges that can lead to biases and gaps in comprehending a victim's circumstances. In addition, many responses to family violence are improved by advocacy but are ultimately beyond an advocate's control, such as when a judge listens to the advocate's description of a victim's request but still decides not to grant it. An honest review requires advocates to convey these limitations and to disclose when they are simply suggesting possibilities and they are certain about what risks are present. Respect means being slow to differ with the woman's analysis and—when there is a difference—to convey that information with sensitivity.

Among the range of risks are lethal or life-threatening violence and risks to children. A review should seek to identify when a victim may be facing this level of risk. Reviews may require more time and attention if the potential for these risks are identified. Similarly, when these dangers are likely, “enhanced advocacy” is necessary. Enhanced advocacy is described later in this chapter.

A summary of approaching a review of risks to children is provided, with a more detailed discussion offered in Chapter 6. A discussion of the review of lethal or life-threatening violence is next.

Review of Life-Threatening Risks. Predicting human behavior is difficult, including who will kill or try to kill a partner. The review of life-threatening violence, as with all risks, should begin with the woman's view. Although relatively few family violence victims are killed, any deaths are significant, and the potential for life-threatening violence should be explored with every victim. It is also essential to keep in mind that many victims are seriously injured and suffer horribly. Victims continually assess and respond to the physical violence and other controlling tactics of their partners, including life-threatening violence. Life-threatening violence may be directed solely at the woman, at the woman and her children, or perhaps only at the children. Advocates should err on the side of caution, while remembering that most victims do not experience this level of extreme danger. In practice, this can be a difficult balance and it may be impossible to determine if the advocate's analysis of life-threatening violence is any better than the woman's. However, if the advocate identifies any factor that may indicate risk of lethality then additional inquiry and assessment are necessary. Once the potential for life-threatening violence is identified for either the victim or the children, enhanced advocacy, as discussed later in this chapter, must begin.

Despite its relative infrequency, more than 1,600 women were killed by their husband, ex-husband, or boyfriend in the United States in 2007 (Catalano, Smith, Snyder, & Rand, 2009), and that number has remained fairly stable over the past 15 years. The proportion of homicides of women committed by an intimate partner, however, has grown in recent years, reaching 45% in 2008 (Cooper & Smith, 2011). African American women are consistently more likely than Caucasian women to be killed by intimates. Women are most likely to be killed with a gun; ready access to a gun is a consistent risk factor (Campbell, Glass, Sharps, Laughon, & Bloom, 2007).

Predicting Intimate Partner Homicide. One of the reasons it is so difficult to predict which people are most likely to kill their partners is because, relatively speaking, they do it so rarely. It is much easier to predict something that happens frequently. Over the past several years, however, much more has been learned about factors associated with repeat violence and homicide. Information has been gleaned from multiple sources, including tests of risk and danger

assessment instruments, studies of the accuracy of victims' own risk appraisals, and fatality reviews. Nonetheless, it is important to remember that most of what has been learned applies to people and situations in general and is still less accurate when used with a particular person and relationship.

Much of the research on risk and homicide prediction has focused on assessment instruments (see Campbell, 1995a). Many have been developed—and for different purposes—although most have been intended for use by law enforcement, the legal system, and advocates (Websdale, 2000). Several instruments have been found to predict re-assault at levels well above chance. Some, such as the Ontario Domestic Assault Risk Assessment, have been based on characteristics and information collected from offenders, while others, such as Campbell's Danger Assessment (Campbell, 1995b), have focused on information gathered from victims (see Bowen, 2011; Campbell et al., 2007, for recent overviews). The most common measures look at prior victimization, the abusive partner's drug and alcohol problems, obsessive-possessive behavior and excessive jealousy, threats to kill, possession or access to weapons, violence outside the home, suicidal ideation and threats of suicide or past attempts, victim in the process of leaving or having separated, history of stalking, and familiarity or fascination with weapons. Although studies have found most of these to predict homicide with reasonable accuracy, prior domestic violence is the number one predictor when many factors are examined at once, and unemployment is the major demographic risk factor; however, not all instruments collect this information. Risk after prior domestic violence is increased by access to guns, estrangement, threats to kill, threats with a weapon, nonfatal strangulation, and a stepchild in the home (Campbell et al., 2003, 2007).

The importance of these factors has been reinforced by findings from domestic violence fatality reviews. Many states have implemented multidisciplinary review boards to investigate the circumstances involved in these homicides, including past action or inaction by agencies that had been involved. Although most review boards take a "no blame, no shame" approach to their reviews and focus accountability on the perpetrator, they often find inadequate responses by agencies (i.e., courts, law enforcement, others) as part of the history.

Researchers have also begun to investigate the accuracy of victims' perceptions of their risk. Clearly, this information is not available after a homicide has occurred, so it is based on predictions of new assaults. Most of the studies

have found that victims are more likely to be right than wrong in their predictions, whether they are predicting assault or no assault in the future. Victims' accuracy in predicting future violence has ranged from 74% (Cattaneo & Goodman, 2003) to 64% (Gondolf & Heckert, 2003; Heckert & Gondolf, 2004). One recent study (Cattaneo, Bell, Goodman, & Dutton, 2007) found that victims who had post-traumatic stress disorder (PTSD) symptoms were more than twice as likely to predict future assault accurately as to be wrong. A history of stalking was especially likely to be associated with an accurate prediction of new assault. They also found that victims did not have a tendency to either over- or underestimate their risks.

In part because of these findings about victims' common accuracy and their use of many of the same factors that are found on prediction instruments, researchers have begun to investigate more closely the additional factors victims use in assessing their danger. A recent study with 728 victims found that when they said they were at high risk despite low scores on the risk assessment instruments they reported dynamic factors such as a recent escalation in violence, violence during periods of separation, and frequent emotional and psychological abuse (Connor-Smith, Henning, Moore, & Holdford, 2011). Dichter and Gelles (2012) have stressed the importance of considering the *meaning* of violence to victims as part of understanding risk. They have found that threats and sexual violence hold particular meaning to victims.

Advocates have often urged close attention to victims' assessments. As Barbara Hart (1988) noted, "Battered women are usually the best evaluators of the potential for lethal violence because they generally have more information about the batterer than anyone other than the batterer himself" (p. 240). For these reasons—and because the evidence to date provides support—researchers have reached the conclusion that a combination of risk assessment tools and a victim's own appraisal is the most accurate indication of risk (Bowen, 2011; Connor-Smith et al., 2011; Heckert & Gondolf, 2004; Taylor & Jasinski, 2011).

Application of Life-Threatening Risk Review. It is essential to remember that even when there is a risk of extreme violence that the woman's perspective and understanding of her risk still need to be the starting place for advocacy. If she says, "He's going to kill me," then believe her. Even when a woman seems unconcerned about extreme violence but the advocate is very

afraid for her, the advocate still needs to start with the battered woman's perspective of her risk. Advocates should also use common sense and pay attention to "their gut." Sometimes advocates and others responding to violence just get that sense that he's the type of guy who might actually kill. The following list does not provide a way to distinguish lethal from nonlethal situations. It is simply meant to give advocates a sense of the range of factors that might indicate lethal situations and therefore indicate a need for further exploration and enhanced advocacy. Some of the following factors or circumstances were collected by Susan Schechter (1982), and others were identified by victims and advocates as useful when considering the risk of extreme violence.

- *Past use of violence*—The level of assault against her or others; credible threats of homicide or attempts; use or threats of weapons; obsessive monitoring or stalking; escalation of frequency or severity of aggressiveness; terrorizing and sadistic sexual abuse or humiliation; physical or sexual violence against the children; violence during her pregnancy (attempting to make her lose the baby); kills pets; increases control and isolation of victim; forces victim to take drugs.
- *Abusive partner behavior or characteristics*—Violates protective orders or other court orders; emotional disregard of others or lack of empathy, coldness, or cruelty; extremely jealous, entitled or possessive; serious depression; credible threats of suicide or attempts; extremely insecure, desperate, or dependent; drug or alcohol abuse linked to violence; sudden and extreme change in behavior; no longer cares about keeping the violence private (abuses her in front of others); military veteran with PTSD-related flashbacks linked to violence.
- *Other considerations and potential red flags*—A victim saying, "I think he could kill me" or "He's like Dr. Jekyll and Mr. Hyde" or "He just gets that look in his eyes. It's like something just clicks in his head" or "He's just not the same. He's changed. He doesn't care about anything anymore." Abusive partner is very upset that the victim is about to leave or has left the relationship; abusive partner has experienced or is about to experience some loss of control; statements from an advocate or other responder indicating he's not the average abusive partner, such as, "He gives me the creeps" or "He threatened the judge. He'd do anything." or "The guy is out of control. He went after the police officers."

It is important to remember that these factors are just potential red flags for increased risk and do not necessarily indicate which individual partners will kill. For example, most women in households with a gun are not killed, just as most women who have been abused do not experience lethal violence. So, if a victim tells an advocate that there is a gun in the house, it does not mean she will be killed or even that she is definitely facing life-threatening violence; it means she may be at increased risk.

Review of Risks for Children. Children face many of the same risks as their victimized parent, including physical violence and not getting their basic human needs met. Violence can also make their path to a healthy adulthood very difficult. In some way, all children experience the violence against their mother. They see, hear, and feel it. Those caring for them are also affecting them—both the parent who is battering and the one who is being abused. Although any risk is a concern, when the risks are serious, such as when a child is physically injured, then a thorough review and enhanced advocacy are needed. This review will begin with the victim–parent’s analysis of the risks to her children. Under some limited circumstances, it might also include information from the child, if age and otherwise appropriate, and from other sources as well. See Chapter 6 for a complete discussion regarding review of risks to children.

Challenges to Risk Review

When the Advocate’s Perspective Is Different or Incomplete. Perhaps this most commonly occurs when women do not see physical violence as their primary risk or leaving as their most viable option. Accepting this reality will be a shift for some advocates because much of the response to domestic violence assumes that women’s greatest concerns are their partners’ physical violence and that leaving will reduce that risk. This focus often comes from a genuine desire to protect victims but reflects too narrow a view of risks. The result can be a limited risk review and an almost exclusive reliance on safety strategies for leaving.

Sometimes the information advocates receive is inaccurate. What information a woman provides to an advocate will be influenced by the interaction with the advocate and the woman’s own ability to assess her risks and communicate her perspective. If a woman does not trust an advocate—or thinks the advocate will not be helpful or sympathetic—the woman may communicate a story that does not accurately reflect her risk analysis and

plans. Whatever the cause, an inaccurate understanding of a woman's perspective will significantly limit an advocate's ability to strengthen safety plans.

Advocate Sal's Incomplete Review

Cindy has been forced into prostitution by her partner and believes that Sal, her advocate, will not help her if she finds this out. So Cindy doesn't tell Sal about her risk analysis of the prostitution, including her fears of getting HIV, getting beaten up by a *John*, being arrested, and having her children taken away by CPS. She also doesn't tell Sal about what her partner did to force her. This produces a significant gap in Sal's review—one that will limit Sal's ability to enhance Cindy's plans. Sal simply won't suggest options to reduce risks she doesn't know about. As a result, Cindy has no better plan to stop her partner's force or to reduce her chance of HIV transmission, losing her children, or getting hurt by a John.

Sometimes the advocate's perspective differs because she believes that a woman's analysis or plans are not in the woman's best interest. This can make victim-defined advocacy difficult, particularly if there are serious risks to the children or the potential for life-threatening violence. Victim-defined advocacy calls for advocates to share their perspectives with women, particularly when there are high levels of danger. The hard part is doing this without replacing the women's decision making, or so undermining her judgment as to leave her in greater danger or to destroy the partnership with the advocate. If the advocate goes too far, it is not the woman who is defining the advocacy, but the advocate.

Dana Providing Advocate-Defined Advocacy

Carla's husband, Ron, is extremely controlling. As a police officer, he has the know-how to track Carla's every move. He doesn't allow her to drive and gives her only enough money to buy food. Ron slaps Carla once in a while but hasn't done anything more. Recently, Ron has been very down and agitated, hinting about suicide. Carla talked to her pastor, who suggested she call the local domestic violence project.

Dana, an advocate from the project, listens to Carla's story. Carla's risk analysis includes concerns that Ron will lose his job if he remains so down and

that he would never really do anything to physically hurt her or the children. Carla's plan is to talk with Ron's superior officer at work, who is a good friend of Ron's and has always been sympathetic to Carla. She believes Ron will get the help he needs through the police union. Dana dismisses Carla's risk analysis by not commenting on it at all and concludes that Ron is going to kill Carla. Dana tells Carla that if she doesn't go to the shelter, Ron will kill her. When Carla says she won't go to shelter, Dana asks if she has children. Carla says yes, and Dana tells her if she doesn't go to shelter or get a restraining order that she'll need to make a mandated child abuse report to CPS.

Analysis: Dana—not Carla—is defining the advocacy. If Dana used a more woman-defined approach, she would begin by validating Carla's analysis and plan. She would tell Carla she believes she is in danger and explain why. She would provide information about the shelter and other protection strategies without deciding what is best for Carla. Dana would offer to speak to Carla frequently to see if the circumstances are changing. The decision to make a mandated CPS report would not be based solely on Carla's unwillingness to follow Dana's plan.

Consider the following when conveying a different perspective. First, clarify your understanding of her analysis to make sure there is truly a difference and not just a miscommunication. Second, observe how the woman reacts to this additional or differing information. What does her body language tell you? Has her demeanor changed? Does she understand what you're trying to tell her? Ask her how she's doing or what she thinks. Is the review destroying any trust she may have developed? Third, consider the timing of the review. Does it all need to be done in this interaction? Will you have contact with the woman over a period of time and have the opportunity to complete the review in pieces? Are there parts of the review, such as life-threatening violence or risks to the children, that should get priority? Fourth, consider the circumstances of the interaction. Is the conversation in person or over the telephone? Is the woman speaking voluntarily, or is there some requirement or pressure on her to talk? Is the conversation private? Fifth, be cautious about using outside information in the review. This can have a deleterious effect on the partnership. Consider how a particular woman might react when you use that information. Will she think you believe the outsider more than her? Have you had the opportunity to check its accuracy and thoroughness? For example, advocates should not assume that everything in a police or other system created report is accurate.

When the Woman's Analysis Appears Extremely Inaccurate or Incomplete. These are not circumstances when a victim's analysis is simply missing some information or based on inaccurate assumptions but rather when the woman's perspective appears to be "way off," typically because of mental health or significant cognitive issues. For example, a woman's risk analysis is that a creature that lives in the tire of her car has taken over her family and influences anyone who tries to intervene. She tells the advocate she knows this because "the tire speaks to me and tells me things." The woman also tells the advocate she cannot trust her, because the tire told her he controls what the advocate does. This extreme example indicates mental health issues.

It can be difficult to identify whether mental health issues are making a woman's analysis inaccurate. For example, a victim with mental health issues may continue to tell one aspect of her story over and over again. Although repetitive, the story may correctly reflect the woman's perspective, and the advocate would be able to develop an accurate view of this woman's analysis and plans. These can be the most challenging reviews to conduct, and an advocate may not have the skill or knowledge necessary to determine the accuracy of a woman's perspective when she is affected by significant mental health issues. In these circumstances, advocates should do what they can to assist the woman and seek support and guidance from mental health professionals on what else may improve her safety.

Even when a woman's analysis appears outlandish or impossible, the advocate should not jump to the conclusion that the woman has a mental health issue. Instead, the initial step should be to find out why the analysis appears inaccurate. It may, in fact, be wrong or may appear that way because the woman has not conveyed what she really thinks—an important distinction. Of course, another reason for disparate analysis is that the advocate's perspective is inaccurate or incomplete. Victims have many good reasons to keep "the truth" from an advocate. If she believes disclosing her analysis will make things worse for her or her children, then hiding it may be part of her safety plan. She may keep secret her or her partner's illegal activity, such as drugs or prostitution. She might not tell the entire story because she is afraid of losing her children, assumes the advocate won't understand, or is afraid of being harshly judged for the things she's had to do to survive. If advocates sense they are not getting the whole story, they might focus on learning what the woman thinks will happen if she talks

candidly—what would be “made worse.” Then, if it is possible for the advocate to allay that fear, the woman may speak more freely.

Mental health issues vary widely and will have different effects on the woman’s analysis and interaction with the advocate. Advocates must not make assumptions about a particular woman’s abilities, but at the same time, they must be aware of a woman’s functional limitations to provide a review that will be useful to her safety plan. Advocacy must include appropriate responses when significant mental health issues are identified. Victims who have mental health issues face the same risks as other victims and additional risks as well, including the lack of helpful intervention and the widespread, unjustified stigma placed on those needing or seeking assistance for mental health problems. Depending on the advocate’s expertise, relevant assistance might mean direct intervention or a referral. When warranted, the advocate should offer the woman information about and referrals to mental health resources in the community—preferably resources the advocate knows understand the dynamics of domestic violence.

When the Advocate’s Reactions and Culture/Privilege Get in the Way. An advocate’s own life experience, culture, and training will guide how she/he interprets the information victims provide. These bring strengths and challenges to the review. Sharing a common experience or culture with a victim can provide an advocate with insight into the victim’s perspective. However, it might also lead an advocate to assume the victim is “going through what I went through” and then jump to conclusions based on the advocate’s personal experience.

Advocates Whose Personal Experiences Drives Advocacy

Tina (Advocate) and Una (Victim)

Tina is a recovering alcoholic and feels very strongly that women have to stop drinking before they can fix other things in their lives. Una wants Tina to help her get a protective order against her girlfriend. During their

(Continued)

(Continued)

conversation, Una mentions that she sometimes drinks to dull her fear. Tina tells Una that she is an alcoholic. Una says to Tina, "You're overreacting. I just have a few drinks." Tina becomes extremely angry at Una for "denying she has a problem." Tina never talks with Una about getting a protective order.

B. J. (Advocate) and Shelby (Victim)

B. J. has worked as a court-based advocate for 8 years. Last month, the partner of one of her clients shot and killed the client and their two children outside the courthouse. B. J. can't stop thinking about them. She's committed to making sure that it never happens again. Few victims now leave her office without a recommended full protective order, and she's started to dial the shelter directly and hand the phone over to some victims, listening in as they talk to the hotline advocate. Shelby came to court with her two children after her husband was arrested for shooting out the front porch light. There was already a protective order in place. B. J. dialed the shelter for Shelby and handed her the phone. Shelby hung up the receiver. B. J. raised her voice and started to lecture Shelby about her responsibility to protect her children. Shelby walked out, and B. J. yelled down the hallway, "It's not my problem if you want to get killed."

B. J. has experienced an extremely difficult and likely traumatic event as an advocate, and while it is easy to sympathize when an advocate's experience gets mixed in with the woman's in such a negative way, it can make interactions difficult and advocacy ineffective. Such strong emotions will interfere with the ability to even "hear" what the woman is saying. This mixing is a normal part of human interaction, but when it keeps advocates from understanding and sympathizing with victims, it must be identified and addressed. A clinician might refer to this phenomenon as countertransference. Addressing it starts by identifying when an advocate is having very strong feelings toward a woman, particularly anger. Then the advocate should check out the strong feelings with a colleague, supervisor, or trained clinical supervisor. Skilled supervision can help advocates keep their "own stuff" from getting in the way of helping victims.

Throughout this book, we have encouraged advocates to be honest, humble, and respectful when working with victims. This is especially

important when advocates explore and respond to personal biases. The challenge is to identify when race, ethnicity, sexual orientation, gender, age, or class biases or an advocate's own privileged status are keeping him or her from understanding a victim's perspective or supporting her decisions and plans.

Joan (Advocate) and Nina (Victim)

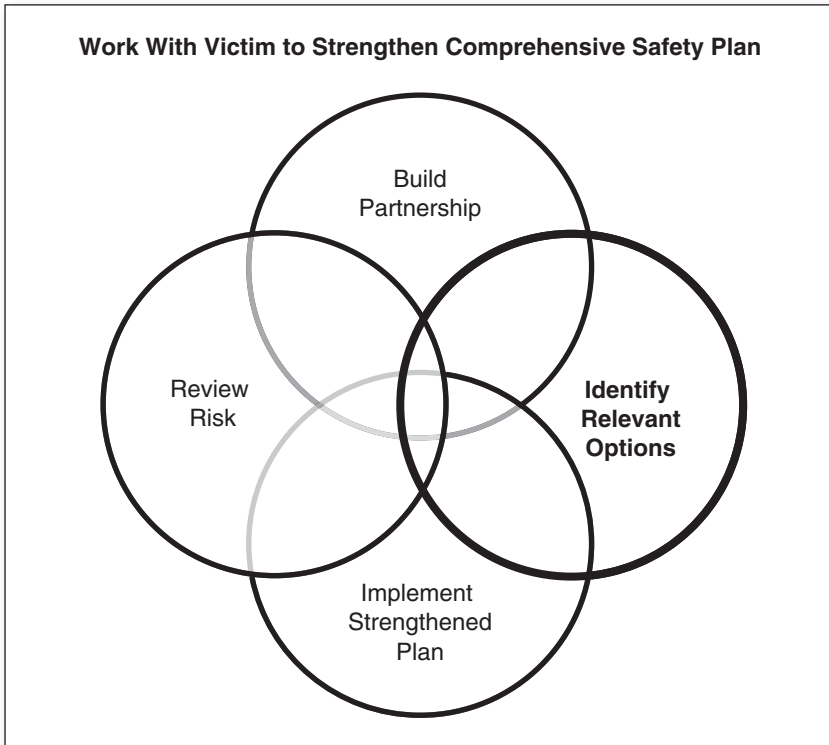
Nina has just told Joan she has found a place to stay with her three children and will be leaving the shelter this afternoon. Joan asks about the place, and Nina tells her it is a small one-bedroom house. Nina hopes eventually to have enough money to be able to have the electricity turned on. Joan tells Nina she thinks the house is an inappropriate and unsafe environment to raise three children because it has only one bedroom and no electricity. Nina tells Joan the house is better than the shelter and also better than the home she and her children lived in when they were in Puerto Rico.

Analysis: Joan's interpretation and evaluation of Nina's safety plan is skewed by a class and perhaps also a racial or ethnic bias. Joan's approach is not woman-defined, will not enhance Nina's safety plans, and may keep Nina from seeking her help again.

Advocates work with victims who have different life circumstances, races, cultures, abilities, dangers, and demands. Cultural bias and ignorance preclude effective advocacy. Understanding a woman's perspective requires a commitment by advocates to grasp and respond supportively to all the cultural and other factors that affect a woman's analysis and plans, including her gender, race, class, ethnicity, family structure, age, ability, sexual orientation, immigration status, primary language, and theological or religious tradition. One way to check for biases is to make a conscious effort to assess interactions with women. Ongoing support and supervision from colleagues or supervisors can also help keep personal biases from hindering advocacy. Perhaps the most important strategy is for advocates to remain open to reconsidering and changing their point of view. Self-awareness, particularly of an advocate's own privilege, and a commitment to respecting battered women's uniqueness and diversity are essential.

Identify Relevant Options, Resources, and Strategies

Figure 4.8 Victim-Defined Advocacy Process—Identify Relevant Options



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When advocates talk about relevant options they offer information, ideas, and an opportunity to think about whether these resources will increase safety. Once again, it is the customized application of information that makes the advocacy victim-defined, not simply offering a laundry list of services and referrals. Although victims do their own planning, advocates provide additional strategies, along with considerations for how to use them. These are the concrete steps, once integrated into victims' plans, that can make victims safer.

What's Relevant? Relevant options: (1) match the risks and needs that the victim prioritizes, (2) are available to her, (3) complement her safety plan, and (4) may make her safer. Options can come from many different sources. Primary categories

include the victim's personal resources, the advocate's agency, social services, government programs, the legal system, faith institutions and other community resources (see also Figure 4.6). As discussed in Chapter 3, a victim may have few or significant personal resources. She might live in poverty and be socially isolated, or she may have money and supportive friends and family. More resources typically lead to more ways to increase safety. If a victim has money and needs to relocate, she can afford to move. A victim with a social network can turn to that friend, family member, or clergy for assistance and support. Of course, many victims do not have all or even any of these opportunities. In these circumstances, advocates are still more vital to safety, providing direct services—a gateway to other options—and often playing an essential role in facilitating their use. An advocate agency might help a victim to obtain a protective order, connect her to a health care provider to treat her injuries, and then also work with her to make sure a victim compensation program pays for the cost of that treatment so an unpaid medical debt does not threaten her financial security. Keep in mind that an option, program, or legal remedy designed for family violence victims may not enhance the safety of a particular woman. At times, advocates will need to think creatively and beyond the usual means of assistance.

Kia (Advocate) and R. J. (Victim)

R. J.'s priority is her husband's violence. Because she is undocumented she does not want to involve the police or court system. As Kia talks to R. J. about leaving her husband, R. J. makes it clear that her faith leads her to stay with him. Kia asks R. J. who she turns to when she needs help. "My church," replies R. J. They talk about whether her minister might talk to her husband, about prayer, and about how the church's men's group might help. As they consider each option, Kia explores with R. J. what her husband's reaction might be. Kia also discusses what R. J. might do if those options don't work and tells her she can call anytime; "We're here for you whenever you need us."

Analyze Potential Options With the Victim. Analyzing options provides an opportunity to make sure the strategy is relevant. Does the option match the victim's priority risk? Is the option available? Does it complement her current plan? Will it enhance safety? As available options are discussed, along with how they might work, advocates will also learn whether or not a victim will decide to use them. If a particular service or intervention is not a good fit, then alternatives are suggested and explored.

Matching Options. Matching options to priority risks is straightforward when the risk review results in a clearly identified and shared view. The advocate can then offer strategies to reduce those risks. A primary pitfall to avoid is service-defined advocacy, discussed earlier in this chapter. More challenging circumstances arise when the advocate's and victim's concerns are different. During the risk review, advocates will learn about each victim's priority concerns. Advocates will also talk about the risks that they are most concerned about. Although a victim might immediately shift risk priorities, advocates should not assume that a victim will incorporate the advocate's risk perspective. The shift may come later or never. If the advocate's risk analysis is different from the victim's and the advocate does not realize that the review did little to bring them closer, then the advocate may identify options relevant to the advocate's analysis but not to the woman's. It is important to check, rather than assume, a victim's priorities.

There will also be times when an advocate is well aware that the concerns the advocate holds are not shared by the victim. In these situations, the advocate should begin by presenting options relevant to the victim's priorities. Then, the advocate can talk about options relevant to the advocate's risk analysis and should do this any time the risk is significant, including life-threatening violence or when there are serious risks to children. For example, a victim's priority risk is losing her children in a custody fight with their abusive father. During the risk review, the victim also disclosed that her children's father forces her to have unprotected sex, and the advocate talked about the potential risks of a sexually transmitted infection and unwanted pregnancy. The advocate would first explore options to help the victim maintain custody and then, in a culturally appropriate manner, would offer to share information about safer sex and family planning.

Availability. When suggesting services, eligibility is a preliminary concern. Social services, legal remedies, and government programs have conditions and requirements. Advocates must have practical knowledge about what resources exist and who can get them. A legal remedy might be available to a woman stalked by her boyfriend but not a lesbian whose girlfriend is similarly terrorizing her. A victim with an arrest or criminal record or particular immigration status will not be eligible for some services. Additionally, most services have income, geographic, and other priorities that result in screening out applicants. To receive services from one agency, a victim might have to be poor, live in the area where the service is located, and be battered but not have other issues

such as substance abuse or a criminal record. In another agency, only women with substance abuse, child protection involvement, or a physical disability would get help. If nonprofit and social service funding shrinks, agencies will likely increase conditions as they set priorities to serve the neediest or most “treatable” in the community or perhaps even focus on providing the work that is most likely to be funded. The pressure to prove the effectiveness of the services offered could also result in narrower eligibility criteria. Other barriers also make options unavailable, such as fees; limited language access; bans on serving certain groups of people; and Monday through Friday 9:00 to 5:00, or “normal business hours.”

Complementary. Options need to further or at least work alongside of a woman’s plans and decisions. Shelter or relocation will not be relevant to a woman who has decided to remain in her home. Similarly, efforts to “make things work” are not useful—and may even be harmful—to a victim who has decided that the only way to be safer is to end the relationship. It is necessary to talk through implementation of a suggested strategy to know if it is “in sync.” For example, a woman plans to leave her husband and serve him with divorce papers. She can support herself, but her concern is that her husband will react violently when he gets the papers. So the advocate suggests that the woman go to a shelter until her husband is “served” with the papers and she determines his reaction. The shelter is far from her job, however, and she cannot take any time off from work. Therefore, staying at the shelter does not complement her plan, and other alternatives would need to be explored, such as staying at a friend’s house. Also, explore whether local or culturally specific programs are the right fit for a particular victim. For some victims, such programs may be the only response that truly enhances their safety, yet for others—particularly in smaller, close-knit communities—they could raise significant issues of privacy or even safety. A victim’s plan might be compromised because a violent partner may be connected to the community and/or its services or a victim might not want to use those services because she does not want “everyone in my community to know my business.”

Safer. Here, the analysis turns to whether the option will work. Consider first whether the victim will use the option and, if so, the likely outcome. How the service, intervention, or response is described may determine whether or not a victim will consider it worth exploring. If an advocate uses shorthand or jargon, the woman might not understand enough about the possibility to even

consider it. A cultural mismatch might also negate a victim's choice, such as when a gay male victim is offered a batterer intervention program for his "wife" or a divorce is suggested to a victim whose ethnic and religious background makes staying with her husband a core value and leaving an extremely painful decision with many negative consequences. Part of the description should include how the options will proceed, such as the steps involved; the usual timetable; the roles of people involved; decisions that will be needed along the way; and what influence, if any, the woman can have. Exploring calling the police, for example, would include information about a victim's choice to call, the likely response time, and also the reality that the victim may have little say in what happens next.

The analysis next turns to whether the option(s) will enhance safety. This means trying to anticipate what will happen. A certain level of "street knowledge" is helpful. Advocates need to know what typically happens when a victim asks for help. Do the local police usually respond quickly? Are they likely to make an arrest if they find probable cause for criminally violent behavior? Does the local counseling program make a mandated report of child abuse whenever intimate partner violence (IPV) is identified, without any assessment of the impact on the children? Does the subsidized housing program that prioritizes housing assistance for victims require a police report to qualify? Advocates can't always predict the likely outcome. If an advocate isn't sure or doesn't know, then she should convey that to the victim. Saying I don't know can be more helpful than leaving victims with the assumption that what an advocate is talking about will necessarily improve her situation. The chance that pursuing a particular strategy might make things worse must be disclosed.

Charlotte (Advocate) and Sofia (Victim)

Sofia decides to flee her boyfriend's violence and go to a shelter. She's mostly worried about financial issues. Charlotte talks to Sofia about the apartment she'll leave behind, what her boyfriend will do to her belongings, and whether Sofia might be liable for the balance of the lease and any damage he does. They also talk about Sofia's job and whether her child care subsidy would be terminated because she no longer lives in the geographic area that made her eligible for it.

Advocates won't have all the answers. Remember that victims hold knowledge that will inform analysis and predictions. For example, a victim tells an advocate that she broke up with her boyfriend, but he keeps calling her to tell her he'll know if she starts dating someone else. The advocate talks about the options of changing phone numbers, social network privacy settings, and the locks on her home and explores with the victim the likely effect of each. The victim thinks if she cuts off all contact that he might start to stalk her. Together, they determine that abandoning her current social network accounts and new door locks are good ideas but decide she won't change her phone number. The rejection of a particular strategy for whatever reason is always followed by exploring other alternatives.

Implement the Strengthened Comprehensive Plan

Figure 4.9 Victim-Defined Advocacy Process—Implement Strengthened Plan



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As options are discussed, victims make decisions about which strategies to reject and which to pursue. Once choices have been made, the advocacy shifts to how the strategy will be accomplished. Together, the advocate and victim develop the steps necessary to implement the victim's strengthened comprehensive plan. If a victim decides to try to get her partner to participate in a fatherhood program that includes employment services and interventions that may help him to be a nonviolent partner and parent, the advocate would talk with her about how to get him to engage with that program safely and discuss next steps if he doesn't, such as calling the advocate back.

The level of detail should meet the victim's needs and will depend, in part, on the advocate's assessment of the victim's ability to carry through her decisions. A victim who has used a strategy before may need less coaching on how to use it again. A victim with limited cognitive ability or one who will use a system that does not communicate in her primary language may need more information and the help of an advocate as well. If the advocate is part of the implementation, then it is very important to clarify what the advocate will or will not do and what is the victim's responsibility. For example, if one part of a plan will start with a protective order, the implementation responsibilities might be divided as follows: The advocate goes with the woman to court to file for a temporary order. The advocate takes the papers to a sheriff to have them served on the woman's partner. The woman gets certified official copies of the temporary order and gives a copy to her child care provider and the school. The advocate goes with the victim to the court hearing to request an extension of the order.

A victim might gain substantial confidence as she has success in implementing aspects of her plan. Conversely, it is not empowering to fail. Advocates should consider this as decisions are made about putting the plan into action. It would not build a victim's independence, for example, to have her call a system that does not speak her language or is unresponsive. If the advocate makes the request with or for the victim, it might make her safer. When the advocate can't or won't help in this way, an alternative strategy should be offered.

Victim-defined plans may include multiple strategies—ones with both short- and long-range time frames. There are advocacy circumstances when a very focused and immediate set of action steps is best, such as when the violence threat is urgent. There are also victims for whom too much detail or too long a time frame just won't work. At the point they are talking to an advocate, many victims are dealing with current and still overwhelming effects of being hit or hurt and are managing significant life stress and responsibilities as well. As a practical matter, strategies to be used in the near future will sometimes need to be the focus

of implementation discussions, although advocate involvement might also be immediate and/or long-term. For example, a prosecutor-based advocate might work with a victim on the first day her partner is brought to court and then only if the prosecutor decides to take the case to trial. Another woman might call the hotline from time to time for support and help with particularly pressing issues; an advocate or advocates might work with her over several years.

Safety plans are ever changing, as women respond to their partner's behavior, assess a current strategy, get new or different information, and adjust to the responses of the systems they reach out to for help. Some strategies may work for awhile and then be ineffective. Safety planning is an ongoing process; therefore, some ongoing interactions between advocates and victims should be anticipated. Ideally, the victim would be able to continue contact with the same agency and experience some continuity in the advocacy, although not necessarily with the same advocate. If resources or other constraints make that continuing relationship impossible, then the advocate should tell the victim who else she might turn to for help. A victim must know who to contact and what to do when her analysis or plans change or she needs additional information or assistance.

If the actions necessary to implement a safety plan are not taken, the plan will fail. Therefore, it is essential that advocates confirm feasible steps with each woman before they end the discussion. Repeat the plan, and confirm the tasks the advocate will perform. If putting aspects of the plan in writing will be helpful, then do so if it will not increase her danger and she will not be held to fulfilling it by some system with the power to enforce it. Remember that victims' plans change, and putting them in writing does not alter this fact. When warranted, advocates should also offer to share information about strategies that are not the focus of her current plan. For example, a woman's plan is to tell her partner that if he hits her again, she will leave immediately. The advocate might say, "You know him best, and I understand why you think that will work—and let's hope it does—but would you like to talk about some things you can do to protect yourself in case it doesn't?" If there are potential life-threatening risks or serious risks to the children, then implementing the plan may involve enhanced advocacy: more time and attention, more activity, more advocacy.

Enhanced Advocacy. There are times when advocates will want or need to provide enhanced advocacy, such as when the potential for life-threatening violence or serious risk to children are identified. Enhanced advocacy is not a different kind of advocacy; it simply responds to circumstances in which

advocates must “do more” to strengthen safety plans. Doing more can take many different forms and, as with all advocacy, will be unique to each victim. Enhanced advocacy might include any combination of the following:

- Spending more time talking with the victim. This might include taking more time during the risk review and paying particular attention to safety strategies regarding the physical violence she and/or her children face.
- Having more frequent contact with the victim. For example, part of her plan might include a means by which the advocate can periodically and safely contact her.
- Making the connection for services or interventions with the victim or for her. An advocate calling or talking to a responder can often streamline the application process or ensure a more thorough follow up. For example, rather than having the victim call the front desk of a legal aid organization, an advocate might call the domestic violence attorney directly on behalf of the victim to ask for representation.
- Expediting processes to get resources or responses for the woman. For example, an arrest warrant might typically take several weeks to process. An advocate might explain the high level of danger and ask a police officer or prosecutor “to walk it through,” thereby more quickly getting the legal authority necessary for the violent partner’s arrest.
- Talking to other advocates or contacts with specific expertise to offer more detailed information. For example, an advocate might call a contact in the probation office to find out what might happen to a victim’s partner if he was arrested for violating his probation. If it is safe to do so, this conversation might identify the victim. If not, the advocate might ask about a hypothetical situation that closely matches the victim’s without identifying her.
- Spending more time with a victim–parent developing strategies to reduce risks to the children. At least part of the time would be spent discussing how the children are doing, reviewing risks, and identifying what the parent is doing to address or respond to them. Exploring strategies to strengthen the parent’s plan to care for the children is also essential. See Chapter 6 for a more thorough discussion regarding enhanced advocacy to address serious risks to children.
- Providing transportation to the needed service or response.
- Advocating for the legal system to function at its best. When the level of danger is extreme, there are some victims who need the intervention

and protection that an effective legal system response can offer. Police can respond, and if they get there in time, have the skill, legal authority, and—if necessary—force required to stop an attack. If legal requirements are met and the defendant's civil rights are protected, the criminal legal system may then be able to keep the life-threatening partner from having the opportunity to kill, at least for some period of time. This may be what the victim needs to put other strategies into place.

In all life-threatening or severe violence situations, advocates should include physical violence in the review and offer protection strategies that include the victim and her children. Enhanced advocacy when there are serious risks to the children should include an assessment of whether the advocate should or must, as required by law, make a report or take other unilateral action to protect the children. These are among the most challenging and difficult contexts in which to offer advocacy. Advocates may be very afraid for the woman and her children. This fear is difficult personally but can also lead an advocate to replace a victim's decision making with her/his own or to slip into service-defined advocacy. When there is extreme danger, it can be hard not to try to "take over." An advocate might talk to a woman in a way that manipulates her into pursuing the option that the advocate believes offers the best alternative, such as going into hiding in a shelter or in a totally new location. This might appear to be the most protective option, but it will not eliminate or reduce risks for a good number of women. Given technology and family and community contacts it is hard for a victim to stay in hiding for any period of time from a partner who is actively trying to find her. An abusive partner might head straight to his partner's mother and threaten to kill her if she doesn't tell him where her daughter is, or he might go to court and tell a judge that his children have been snatched. He might get an order of custody and the assistance of law enforcement to find his children and their mother. Although hiding may work well for some victims, there are many reasons why a woman might not choose it. If the advocate presents this option first or as the only option, then the woman may not view the advocate as a helpful resource. Therefore, it is important that enhanced advocacy in life-threatening situations, like all other advocacy, start from the woman's perspective and explore her view of risks and build from her plan first; then the advocate can present additional concerns and ideas. In the context of enhanced advocacy, strengthened safety plans must still include the options chosen by the woman.

INDIVIDUAL VICTIM-DEFINED ADVOCACY IMPLEMENTATION: CHAPTER SUMMARY

Figure 4.10 Elements of Individual Victim-Defined Advocacy

- 1. Understand a victim's perspective and priorities.**
 - **Understand her risk analysis.**
 - Batterer-generated risks
 - Life-generated risks and how her partner might use them
 - Effect of staying or leaving on those risks
 - Her main concerns
 - **Understand her life circumstances.**
 - Parental responsibilities
 - Resources: financial and social
 - Cultural factors
 - Her most important considerations
 - **Understand her plans.**
 - Past plans and their effects
 - Current decisions and plans
 - Her first and most important risks/issues to address
- 2. Work with a victim to strengthen her comprehensive safety plan.**
 - **Build a partnership with each victim.**
 - **Respectfully review risks.**
 - Life-threatening violence
 - Risks to children
 - **Identify relevant options, resources, and strategies.**
 - Analyze with her
 - **Develop and implement strengthened comprehensive safety plan.**
 - Enhanced advocacy when needed

Key Points

- Victim-defined advocacy is a dynamic process that requires understanding victim's perspectives and priorities and then working from that knowledge to offer information, resources, and advocacy that strengthens comprehensive safety plans.

- A victim's risk analysis may include both batterer-generated and life-generated risks and consideration of the effect that leaving or staying in a relationship or in contact may have on those risks.
- Financial and social resources, parental responsibilities, and culture are among the key life circumstances that affect victims' decision making and plans.
- Victims' past and current plans offer important guidance about what strategies will enhance safety.
- The partnership between victims and advocates establishes a connection that facilitates safety planning and may by itself offer meaningful support and healing.
- The context for advocacy will affect the partnership and the extent of assistance possible.
- Service-defined advocacy makes the provision of particular services more important than determining if those services will enhance safety. It creates a barrier to advocacy that is victim-defined.
- Risk review ensures that both the victim and advocate have an accurate understanding about risks faced by a victim and her children. The potential for life-threatening violence and risks to children should be considered.
- Relevant options match the priorities each victim identifies and build on current plans. Potential options are analyzed to determine their availability and effectiveness.
- Strengthened comprehensive plans must be implemented to make victims safer. Enhanced advocacy is necessary when a victim faces life-threatening danger and/or there are potential serious risks to children.

Discussion Questions

- What are the different contexts for advocacy? How do those settings and roles for advocacy affect safety planning?
- What barriers might keep an advocate from understanding a victim's perspective and priorities? What approaches foster effective communication?
- How does service-defined advocacy affect victims and their safety?
- How does victim-defined advocacy differ from just "doing what victims want"?