Actions	Strength	Challenge	Priority	Notes
Office of the Commonwealth's Attorney				
1 The Office of the Commonwealth's Attorney routinely prosecutes criminal sexual assault perpetrated				
against adults, including non-stranger sexual assault and intimate partner sexual assault.				
The Office of the Commonwealth's Attorney, utilizing their broad discretion, ensures that they do not				
prosecute "victims" of sexual violence with false reporting without evidence that the allegation was				
fabricated and made with deliberate deceit on the part of the reporter.				
The Office of the Commonwealth's Attorney prohibits the use of polygraphs with victims of sexual				
violence.				
The Office of the Commonwealth's Attorney makes information on protective orders available in cases of				
stalking, sexual assault, and other acts of violence readily available for victims who are pursuing criminal				
charges (Virginia Code § 19.2-152.8, 152.9 & 152.10).				
The Office of the Commonwealth's Attorney prosecutes violations of protective orders issued in cases of				
stalking, sexual assault and other act of violence.				
The Office of the Commonwealth's Attorney regularly provides training to law enforcement on issues				
relevant to effective evidence collection in adult sexual assault cases, including but not limited to forensic				
exams.				
All local prosecutors receive training on:				
1. Criminal sexual assault statutes				
2. Dynamics of non-stranger and intimate partner sexual assault				
3. Impact of sexual assault				
4. Trial strategies for non-stranger sexual assault				
The Office of the Commonwealth's Attorney coordinates the establishment of a multi-disciplinary				
response to sexual assault by holding a meeting, at least annually, to discuss the implementation of a				
Sexual Assault Response Team and establish guidelines for their community's response (Virginia Code §				
15.2-1627.4.)				
The Office of the Commonwealth's Attorney regularly prosecutes violations of state firearms laws and				
routinely inquires about, and where appropriate, encourage investigations of perpetrators' access to				
firearms.				

	Actions	Strength	Challenge	Priority	Notos
		S	ບ	Ы	Notes
	Sexual Assaut Response Teams (SART)				
-	There is an active Sexual Assault Response Team (SART) that meets at least quarterly.				
11	The SART has written guidelines for responding to sexual assault that clarifiy each disciplines' roles and				
	responsibilities in the coordinated response to sexual assault.				
12	The SART has a defined purpose related to reviewing and enhancing local policy and procedure for the				
	immediate criminal justice, healthcare, and advocacy response to adult sexual assault.				
13	SART participants know and support the purpose of the team and have identified common goals and				
	objectives.				
14	The SART has an identified process for orienting new members and updating all team members on				
	changes in state law and/or policy regarding criminal sexual assault.				
15	The SART has a structure that includes shared responsibility for convening meetings, agendas				
	development and meeting facilitation.				
16	The SART structure includes defining responsibility for recording group decisions, directions and				
	recommendations for changes in local policy and procedure.				
17	The SART annually identifies newly identified populations in need of services.				
18	The SART annually identifies barriers that unserved and/or underserved populations have encountered				
	and identifies needed adaptations to their local response to enhance the system's capacity to respond				
	effectively.				
19	SART participants know which team members are mandatory reporters and respect their reporting				
	responsibilities.				
20	The SART is made up of the following representatives at a minimum:				
	1. Commonwealth Attorney's Office				
	2. Heath Care Providers (ER Physician and/or Nurse; Forensic Nurse, if available)				
	3. Local Sexual Violence Agency, if you have stand alone Sexual Violence Agency in your community				
	-invite the Domestic Violence Agency				
	4. Local law enforcement				
	5. Military Representatives if you have a military establishment in your community				
	6. Victim/Witness Office, optional				

		Ļ	ge		
	A stiene	Strength	Challenge	Priority	Nata
	Actions	St	Ċ	Р	Notes
	Domestic/Sexual Violence Agency				
21	There is an accredited Domestic/Sexual Violence Agency serving your jurisdiction. (To view Accreditation Criteria go to www.vsdvalliance.org).				
22	Members of the SART are informed about the range of services offered by the local Domestic/Sexual Violence Agency.				
23	The contact information for the Domestic/Sexual Violence Agency is well publicized throughout the community.				
24	The Domestic/Sexual Violence Agency provides medical and legal accompaniment services for victims of sexual assault.				
25	The Domestic/Sexual Violence Agency Advocates assist victims in accessing health care and/or forensic medical exams regardless of their participation with law enforcement.				
26	The Domestic/Sexual Violence Agency Advocates inform victims of their options regarding notification of law enforcement, access to forensic exams, and payment procedures for forensic exams.				
27	The Domestic/Sexual Violence Agency Confidentiality Policy complies with §63.2-104.1 (Confidentiality of records of persons receiving domestic and sexual violence services)				
28	Members of the SART are aware of the Domestic Violence Agency Confidentiality Policy and respect the confidentiality of persons served by the agency.				
29	If they are separate programs, the Domestic Violence Agency and the Sexual Assault Crisis Center routinely provide cross training for their staff on the responding to sexual violence, in particular non-stranger sexual assault and intimate partner violence, and have a strong collaborative relationship.				
30	The Domestic/Sexual Violence Agency provides ongoing community education programs about non- stranger and intimate partner sexual violence, including information on the immediate health care, criminal justice, and crisis response to sexual assault.				
31	The Domestic/Sexual Violence Agency has received training on the Virginia's Healthcare Response to Sexual Assault: Guidelines for the Acute Care of the Adult and Post-Pubertal Sexual Assault Patient.				

	Actions	Strength	Challenge	Priority	Notes
32	The Domestic/Sexual Violence Agency regularly works with community systems (i.e. law-enforcement, health care, C.A.'s) to address victim safety issues and to promote victim safety when local policies and procedures conflict with best practice.				
	Law Enforcement Policy and Procedure				
33	The law enforcement agency has a written policy on responding to to domestic and family violence pursuant to Virginia Code §9.1-1300 and sexual violence pursuant to Virginia Code §9.1-1301. The sexual violence policy includes, but is not limited to, providing guidance as to the department's policy on (i) training; (ii) compliance with § 19.2-9.1 and 19.2-165.1; (iii) transportation of alleged sexual assault.				
34	The law enforcement agency's policy prohibits the use of polygraphs with victims of sexual assault.				
35	The law enforcement agency has written guidelines for contacting the Division of Consolidated Laboratory Services to request the release of PERK evidence that was submitted to the Consolidated Lab for temporary storage.				
36	The law enforcement agency has an internal procedure for accepting PERKs without a victim's name and/or report to law enforcement and temporarily storing the PERK in a manner that both preserves chain of custody and respects the victim's right to privacy.				
37	Law enforcement officers are trained at least annually on the policy. The trainer has the most current information on new laws and best practices.				
38	The law enforcement policies include guidance on case clearance methods and their appropriate use.				
39	The annual law enforcement training includes information on the dynamics of non-stranger sexual assault.				
40	Law enforcement agency policy includes a procedure for providing information on community and legal resources to persons with Limited English Proficiency (LEP).				

	Actions	Strength	Challenge	Priority	Notes
41	This policy is updated by law enforcement and presented to the SART annually for review.				
	Healthcare Provider/Forensic Nursing Program				
	There is Forensic Nursing Program/Sexual Assault Nurse Examiner program that serves your jurisdiction and is accessible with less than an hour commute.				
43	 The staff at the local Emergency Room receive annual training on: 1. Virginia's Healthcare Response to Sexual Assault: Guidelines for the Acute Care of the Adult and Post-Pubertal Adolescent Sexual Assault Patient. 				
	2. Dynamics of sexual assault, patient-centered care, and privacy and safety needs of sexual assault patients.				
	3. PERK Instructions and procedures, including documentation of injuries and chain of custody				
	4. Facility policies on mandatory reporting and options available to sexual assault patients regarding notification of law enforcement and forensic examinations.				
44	The local Hospital has written policies for the care of the sexual assault patient that are consistent with Virginia's guidelines.				
45	The local Hospital and/or Forensic Program have established procedures for submitting PERKs to the Division of Consolidated Laboratory Services or other appropriate agency when the sexual assault patient is not yet prepared to report the assault or release identifying information to law enforcement.				
46	The local Hospital and/or Forensic Program have the necessary equipmen to perform PERK examinations.				
47	The local Hospital and/or Forensic Program have established procedures for notifying the local Sexual Assault Crisis Center to activate a on-site crisis services ot the sexual assault patient.				
48	The local Hospital and/or Forensic Program have established procedures for identifying immediate safety risks to patients, for talking to and treating the sexual assault patient when the perpetrator my be present.				

ADVOCACY LEADERSHIP WITHIN A COORDINATED COMMUNITY RESPONSE

A CCR tries to improve safety and autonomy for victims and reduce offender's opportunity and inclination to harm victims. Community-based victim advocates can lead that process. Assess the advocacy leadership you take in your community. Is your agency mostly at level one capacity? Mostly level two? A few agencies operate at a level three capacity. What still could be achieved? What helps and hinders further development? Questions or comments to gbarnes@bwjp.org 612 824 8768 x107 www.bwjp.org

Most advocacy agencies have "level one capacity"

The advocacy agency:

- Provides 24hr support, information, and direct crisis intervention to victims and children.
- Takes part in some interagency meetings.
- Has a director who supports having a CCR, but no staff is assigned.
- Builds relationships with other agencies to problem-solve difficult or dangerous cases.
- □ Makes referrals to other agencies, but there aren't any clear protocols.
- □ Offers public awareness training on domestic violence and stalking, services offered, and the value of working together.
- □ Knows some of the needs of underserved cultural groups.
- Provides education and support to victims, and takes account of their experiences of abuse, isolation and alienation.

However:

- The advocacy agency doesn't work on improving the **system's** response to victims.
- Advocates don't contact victims as a part of 911-call response, or protection order hearings.
- Advocates may accompany victims to court or other system events, but don't question or challenge the system on behalf of victims.
- Advocates may find some other CCR agencies un-cooperative or hostile.
- □ When advocates question other CCR agencies there is ill-feeling, and/or problem-solving is blocked.
- The advocacy program doesn't focus much on stalking; abuse in later life; sexual violence; child abuse.
- Advocates see other agency practitioners in two groups those that 'get' domestic violence and those that don't.

Some advocacy agencies may also have "level two capacity"

A few advocacy agencies may also have "level three capacity"

The advocacy agency:

- Routinely contacts "system identified" victims, offering information and legal advocacy during criminal and civil intervention.
- Has relationships with people in partner agencies they can problemsolve cases with.
- □ Takes time to learn about and observe the work of other agencies.
- □ Negotiates procedures with several agencies (e.g., law enforcement, prosecution, criminal and civil court staff, judiciary, probation, batterer programs, child protective services, sexual assault programs).
- Sets up and plans small CCR problem-solving meetings on top of their regular casework.
- Works on an interagency monitoring and tracking system to collect and interpret case statistics and trends.
- □ Makes suggestions and resources for a CCR plan.
- Works to improve services to underserved communities.
- Critiques its own work and that of other agencies, focuses on how systems work rather than judging practitioners.
- Frees staff from casework to do CCR problem solving and finding interagency grant funding.
- □ Partners with other community agencies on related problems like mental illness and chemical dependency

However:

- Casework and services always take priority over system-change work.
- □ More time is spent coordinating meetings and encouraging attendance than fixing system problems.
- Building trust with underserved communities is often a slow process that slides into the next grant period.

- procedures.
- Builds advocate's capacity to become co-presenters and trainers that help other communities.
- Produces new policies, procedures, written resources, and training activities, and shares them with other communities.
- Re-evaluates itself as community needs change.
- Trusts government agency staff who demonstrate their commitment to victims to lead new projects.
- laws.

The advocacy agency:

- Works with underserved community members and changes CCR practices to meet their needs.
- □ Strategizes with batterer programs and other community agencies to improve victim safety and autonomy.
- Develops new resources for emerging problems e.g. prolonged post-separation, divorce and civil court cases.
- **D** Partners with other agencies to offer discipline-specific training on new policies and procedures.
- Leads interagency working groups that develop new policy and
- Brings local victim experiences along with promising practices from other communities to the CCR.

Gathers community ideas to make recommendations for changing



Building Effective Domestic Violence Advocacy within a Coordinated Community Response

The Work of a CCR

 Identify what's working and not working in the collective response of the agencies to safety for victims

Build changes into the infrastructure of case processing

 Evaluate and monitor the systemic changes that have been put in place

VIOLENCE

POWER

AND

CONTROL

PHYSIC: SING COERCION AND THREATS

Making and/or carrying out threats to do something to hurt her • threatening to leave her, to commit suicide, to report her to welfare • making her drop charges • making her do illegal things.

USING ECONOMIC ABUSE

Preventing her from getting or keeping a job • making her ask for money • giving her an allowance • taking her money • not letting her know about or have access to family income.

USING MALE PRIVILEGE

Treating her like a servant • making all the big decisions • acting like the "master of the castle" • being the one to define men's and women's roles.

PHYSICAL

USING Children

Making her feel guilty about the children • using the children to relay messages • using visitation to harass her • threatening to take the children away.

USING INTIMIDATION

Making her afraid by using looks, actions, gestures • smashing things • destroying her property • abusing pets • displaying weapons.

USING Emotional Abuse

Putting her down • making her feel bad about herself • calling her names • making her think she's crazy • playing mind games • humiliating her • making her feel guilty.

SEXUAL

USING ISOLATION

SEXUAL

Controlling what she does, who she sees and talks to, what she reads, where she goes • limiting her outside involvement • using jealousy to justify actions.

MINIMIZING, DENYING AND BLAMING

Making light of the abuse and not taking her concerns about it seriously • saying the abuse didn't happen • shifting responsibility for abusive behavior • saying she caused it.

VIOLENCE



Your Interagency Hierarchy?

Judges **Court Administrators** Prosecution Defense Law Enforcement Probation **Batterer Programs** Advocacy



Advocacy Agency

Board of Directors Executive Director Accountant Fundraiser/Grant Writer Trainer **Program Manager** Advocate **Child Advocate** Office Help Cleaner/Gardener

Three Types of Advocacy

Individual Advocacy

System Advocacy

Community Advocacy

Individual Advocacy

Help analyze the implications of any action that she may take, or that is taken on her behalf

Individual Advocacy May Include:

- Providing information about emergency housing & shelter
- Helping her to get the resources she and her family needs
- Explaining the civil & criminal justice system
- Accompanying her to hearings and proceedings
- Listening to her experiences of abuse, cultural alienation, or dealing with the system
- Raising her self esteem
- Helping her come out of isolation, make friends and access programs
- Helping her to understand all the risks she is facing and developing a safety plan

Tasks of Individual Advocacy

Build relationship
Gain trust
Provide genuine access
Equalize power
End isolation/counter abuse/violence

Core Skills

See the <u>person</u> (not a case or victim)

Be <u>yourself</u> (not in a role)

Be open, reserve judgment

Remove barriers to connecting

How can we organize our work so that survivors of violence have opportunities to connect and build relationships with each other?

System Advocacy

Help analyze the implications of any action that interveners may take, or that is taken on behalf of victims, their families, and offenders

System Advocacy May Include:

- Working to change federal and state laws on domestic violence
- Working with practitioners to change policies and practices of intervening agencies to increase victim safety and offender accountability
- Identifying and closing gaps in the system
- Confronting power when it is preventing justice and is a barrier to safety or autonomy of battered women and their children
- Working with practitioners to develop a tracking and monitoring system
- Developing or enhancing a CCR in which agencies have a shared mission and strategies
- Participating in interagency meetings within the CCR to resolve problems
- Advocating for resources for the diverse needs of battered women and their children

Making connections...

Connecting with Allies:

- Allies who work within institutions targeted for change can suggest more effective strategies
- Allies can help shape the analysis of a problem needing to be addressed (e.g. other organizations working on similar change projects, experts in the field, and related experts)
- Allies may be working on local, state, and national levels to create change on this and/or similar issues

Community Advocacy May Include:

- Identifying marginalized community members and finding ways to build their experiences into a more effective, inclusive system response
- Gathering community input to make recommendations for changing laws and practices
- Encouraging activities for girls that teach self defense and positive active roles for girls and women
- Teaching boys in organized sports to resist beliefs that lead them to a sense of entitlement that fosters sexual and dating violence
- Collaborating with other community organizers on safety and justice matters
- Working with faith institutions to sponsor programs that challenge attitudes and beliefs about men and women that lead to domestic violence
- Organizing public awareness campaigns about egalitarian relationships and peaceful conflict resolution

The Golden Rules of Systems Advocacy

1. Centralize Victim Safety, Wellbeing and Autonomy 2. Develop a Strong Knowledge Base **3.Use a Systemic and Social Change** Analysis 4.Use a Model of Constructive Engagement

1. Centralize Victim Safety, Wellbeing and Autonomy

Workers analyzing problems will drift towards a focus on increasing the system's efficiency

Advocates centralize women and children's experiences; within their organization and in their system change work

2. Develop a Strong Knowledge Base

- Don't assume anecdotes, advice from individuals, personal experience, statistics etc show the whole picture
- Research the issues and know:
 - The circumstances victims face
 - Institutional responses and their outcomes
 - How workers are organized to act on cases
 - Institutional assumptions, theories, and concepts

3. Use a Systemic and Social Change Analysis

Expose systemic problems, not individuals

- Examine weaknesses in case processing
- Know and recognize how institutions standardize their responses

4. Use a Model of Constructive Engagement

Be respectful; problem-solving rarely works in an atmosphere of criticism

- Assume that practitioners can/will help
- Build relationships and trust

 Understand consequences for survivors of using a judgmental approach
 Remain solution-oriented



Eight methods institutions use to coordinate and standardize workers' actions

Safety and Accountability Audit Toolkit ~ Praxis International

The focus of change is not the individual worker.

It is about changing what organizes and coordinates workers to think and act.

Mission, Purpose and Function

- Mission the overall goals of the organization
- Purpose specific processes within the mission
- Function of a practitioner in a specific context

How well does the Mission, Purpose, and Function centralize victim safety?

Rules and Regulations

Laws, court rulings, and legislative mandates

Other governmental requirements

Policies and directives

What are the underlying assumptions?

Administrative Practices

 Methods that an institution uses to standardize how practitioners carry out its policies, laws, regulations and mandates

Use of texts, forms, and report writing formats

How does the text (form) contribute to or compromise victim safety?



How a community allocates funding

- Resources for victims—shelters, transitional housing, advocacy, legal representation, child care, etc.
- Funding for the courts and law enforcement
- Resources for related human services

What is the impact for victims, children, offenders and practitioners?



Ways institutions link practitioners to other workers in the intervention process

Ways institutions are linked to the people whose cases they process

How information is collected and shared

How problems get resolved

Who might benefit from a more comprehensive interagency information exchange? What problems might it pose for victim safety?

Accountability: Five Ways

- 1. Hold offenders accountable for the harm they have done to victims
- 2. Hold practitioners accountable to the safety and wellbeing of victims
- 3. Hold practitioners accountable to the due process of offenders
- 4. Hold practitioners accountable to other interveners in the system
- 5. Hold agencies accountable to other agencies

Tracking and Monitoring
Tracking

Does a problem trend exist? (e.g., Does a downward plea impact recidivism?)

Monitoring

Are established policies or procedures improving over time (e.g., Are police asking risk questions?) **Tracking and Monitoring Methods**

Reading reports

Court observation

Creating and reviewing spreadsheets

Specialized domestic violence database

Tracking and Monitoring provides data to system advocates

Trends
Identify system gaps
Adherence to new policies and procedures
Service to partner agencies
Improves advocacy for battered women and children

How Focus Groups inform a Coordinated Community Response

1. Community focus groups

2. Practitioner focus groups

Why use Focus Groups in a CCR?

- Ground the changes in your CCR in people's lives
- Identify where problems are located
 - Gaps in the system
- Shape and refine your CCR workgroup focus
- Check your findings and assumptions
- Explore how different people experience practices as helpful or not

Organizing Focus Groups

Lead time

Planning considerations
 Recruitment, compensation, food
 Location and logistics
 Reflection of CCR member agencies connections within the community
 Opportunity to build connections

Conducting Focus Groups

- A conversation WITH, not "TALKING TO"
 - Participants are co-investigators, not interrogated!
- Who should facilitate?
- Asking questions
 - "How…"
 - Approaches: surveys, scenarios, roundtable
- Note-taking
- Be prepared for anything!

Analyzing the Information

How does this help us ... ?

- Ground interagency reforms in people's lives
- Discover how different people experience practices as helpful or not
- Identify where problems are located
- Shape and refine the questions we need to ask
- Point to interviews, observations, text
- Check our findings and assumption

CCR Problem-Solving

Identify and document problem 2 Expand understanding of problem, who needs to be involved, analyze, observe, interview, conduct focus groups

Identify sources of problem

S Implement, problem-solve, refine, integrate into practice, check for unintended consequences, evaluate

Approach/involve decision-makers in proposal for change

Promote, get everyone on board to implement, provide training

Draft initial proposal for change, check with experts Working group meetings develop solutions

Steps of a Praxis Institutional Analysis

- **1.** Mapping the system
- 2. Collecting experiences from focus groups
- 3. Interviewing and observing workers
- 4. Analyzing forms and paperwork generated from intervention
- 5. Identifying promising practices
- 6. Preparing recommendations for change



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Battered Women's Justice Project (800) 903 0111 www.bwjp.org

Praxis International www.praxisinternational.org

Institute on Domestic Violence in the African American Community <u>www.dvinstitute.org</u>

Minnesota Center Against Violence and Abuse <u>www.mincava.umn.edu</u>

Aequitas - The Prosecutors' Resource on Violence Against Women <u>www.aequitasresource.org</u> Domestic Abuse Intervention Project www.theduluthmodel.org

National Council of Juvenile and Family Court Judges www.ncjfcj.org

Sacred Circle www.sacred-circle.com

Office on Violence Against Women www.usdoj.gov/ovw



The Fundamentals

- A survivor should be notified of what is happening with his/her information and who has access to the information. This includes any legal duty to share information or any other limits on confidentiality.
 - It is her/his information it is her/his choice: It is her/his choice of what information is shared and with whom the information is shared.
 - This includes what information may be included about the survivor in a database.
- A written release is required any time personal information is shared outside of a confidential relationship.
- Before obtaining a release, determine whether there is another way to meet the survivor's needs without revealing her confidential information
- The who (who are you/who are the partners) and what (what is your role and obligation for confidentiality to the victim) will guide you in whether or not you need a release.

Innovative Partnerships

- The fact that you have created a partnership does not eliminate nor lessen the confidentiality or privilege obligations of each partner agency.
 - Protect the confidentiality of victim information.
 - Recognize that even apparently innocuous information can be very revealing.
 - The most protective standard should be the guide.
- Although these guidelines for confidentiality waivers and releases are primarily for nonprofit advocates, as a partner in an innovative partnership, it is important to know that the information you have received was properly obtained.

Federal & State Laws

- VAWA 2005 § 3: Grantees and subgrantees cannot disclose personally identifying information about persons served without the informed, written, reasonably timelimited consent of the person.
- State: Most states have victim/advocate confidentiality for sexual assault and domestic violence survivors and advocates. Check with an attorney in your jurisdiction to see what confidentiality laws apply.
- Reminders: If statute or court mandate demands release of information, the person releasing the information must notify the victim of the disclosure and take steps to continue to protect the privacy and safety of the victim. For reporting, evaluation, or data collection requirements purposes, only nonpersonally identifying aggregate data (e.g., 5 women, 1 man, 10 children) may be released.

Consent must be informed, written, and reasonably time-limited

- Informed: Survivors must know what they are agreeing to when signing a release and the consequences of signing the release. They should be aware of how their information will be used and how and when it will be shared. Consider language and other communication barriers.
- Written: Releases must be written. If a release is given orally in the very rare emergency situation, the survivor's identity must be verified and she must sign the written release as soon as possible.
- Reasonably time-limited: "Reasonably time-limited" is determined by the circumstances, based on the survivor's needs. The shorter the better. Releases can always be signed later for additional time or other purposes. Weigh the importance between minor inconvenience (an advocate having to ask the survivor to sign releases more than once) and the survivor's right to her or his information, confidentiality, and privacy.
- Reminder: A waiver or release cannot be a condition of service. Nor can consent be presumed because the survivor chooses to use your services.

Who can authorize a release?

- An adult survivor who wants to release information.
- An emancipated minor.
- Typically, a teen who can consent to release of information under state law without the need of parental or guardian permission.
- The non-abusive parent/guardian of an unemancipated minor **and** the unemancipated minor.
- The non-abusive, court-appointed guardian of a person who has been adjudicated to have a cognitive disability.

Best Practices

- Use a uniform detailed release form with survivors.
- Encourage your partners to use similar detailed forms.
- Try to NEVER use an oral release.
- Use written releases even if you have an MOU or confidentiality agreement with a partner agency.
- Have a release for each community partner that gets information. A release that checks off a list of community partners and is not specific as to what information is going to be shared or the consequences of sharing, is not fully informed consent.
- Keep in mind that disparate information, when taken together, can be identifying.
- Don't rely on releases provided by another agency.
- Nonpersonally identifying aggregate data should be sufficient for data reporting purposes.
- Contact your program manager if a funding authority requests identifying information.

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Still a Movement After All These Years?: Current Tensions in the Domestic Violence Movement

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Still a Movement After All These Years?

Current Tensions in the Domestic Violence Movement

Amy Lehrner Nicole E. Allen University of Illinois at Urbana-Champaign Violence Against Women Volume 15 Number 6 June 2009 656-677 © 2009 SAGE Publications 10.1177/1077801209332185 http://vaw.sagepub.com hosted at http://online.sagepub.com

The domestic violence movement began as a social change movement with dual goals of social change and service provision. Despite concerns about a devolution of the movement into apolitical service provision, few studies have investigated the current status of the movement as a social change movement. Through interviews with advocates, the current study explores the degree to which domestic violence work can still be characterized as a social change movement, illuminates some central tensions within the movement, and lays a foundation for debate among those responding to domestic violence. This research also highlights movement leaders' visions for a reenergized movement.

Keywords: battered women's movement; domestic violence movement; social change movement

[We] need a revolution . . . in this movement. I think that we are not giving ourselves the opportunity to change the way we did things years ago, because we gotta do it different—we are looking at different times. . . . And when, 20 years from now, when somebody writes the history, they'll say, "Oh, those people just let it happen," you know, "'cuz they were not more revolutionary and step out there and did something about it."

Domestic violence advocate

The domestic violence movement emerged in the United States during the early 1970s in the context of the civil rights, antiwar, Black liberation, and feminist movements. Suddenly the previously invisible phenomenon of "woman battering" was identified as a social problem (e.g., Del Martin's [1976] groundbreaking

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Battered Wives), and women around the country mobilized to address what was reconceptualized from a private and infrequent problem into a social and pervasive one (e.g., Davis, 1987; Tierney, 1982). Feminist activists generated an analysis of violence against women as a political and social, as well as personal, phenomenon (Bograd, 1988; Schechter, 1982). This sociopolitical analysis of domestic violence motivated dual goals for the nascent social change movement: the pursuit of fundamental social change and the creation of shelter and services to provide immediate safety for victims (Riger, 1984; Schechter, 1982). By the mid-1970s, hundreds of local programs had opened across the country while state and national coalitions rapidly formed (Dobash & Dobash, 1992; Schechter, 1982).

In the roughly 30 years since, the domestic violence movement has seen massive shifts in policy, funding, and scope of services (e.g., the passing of the Violence Against Women Act in 1994; also see Fagan, 1990; Shepard, 2005). Considered one of the successes of the women's movement, domestic violence services are funded in every state, and state and federal laws have criminalized domestic violence and made a range of remedies available to victims. However, activists and researchers have long voiced concerns about co-opting forces leading to a shift away from founding goals of widespread social change toward a more constrained, less political emphasis on social service provision (e.g., Davis, 1987; Dobash & Dobash, 1992; Schechter, 1982; Tierney, 1982; Walker, 1990). These forces, ironically, are often the very indicators of movement success: government funding, the growth of service provision, widespread collaboration, inclusion in policy arenas. Although a literature on domestic violence has emerged since the origin of the movement, research generally focuses either on victims and/or perpetrators or on evaluations of programs and policies related to domestic violence. Few recent studies have investigated the movement as a social change movement (for exceptions, see Dobash & Dobash, 1992; Hammons, 2004; Walker, 1990).

An analysis of the current status of the battered women's movement is warranted for a number of reasons. First, the ongoing vibrancy (indeed, existence) of the domestic violence movement has important consequences for the nature and goals of domestic violence work. By definition, a social change movement aims to effect widespread social change through institutional reform and/or fundamental cultural changes. If the movement is in fact foundering, one likely outcome is a reduction in social change efforts targeting the theorized social and cultural foundations of domestic violence. In addition, movement-based victim services are informed by a sociopolitical analysis of violence against women that led to services emphasizing choice, empowerment, peer support, and advocacy. In the absence of a movement analysis, victim services risk devolving into hierarchical and pathologizing interventions (Sullivan, 2006). Second, although some literature points to the tendency of social change movements toward conservatism (Staggenborg, 1991; Tierney, 1982) and of alternative settings toward the status quo (Cherniss & Deegan, 2000; Wharton, 1987), a close analysis of the ways those shifts occur can shed light on the nuances of these processes. Third, in the absence of systematic self-assessment, the movement risks evolving in reactive and undirected ways. An analysis of the degree to which a social change orientation continues to exist within domestic violence agencies can help identify unintended consequences of movement actions and illuminate threats to movement vitality. Finally, this research gives voice to movement veterans and leaders, many approaching retirement, by engaging in discussion about the possibilities for new and innovative directions for a reenergized domestic violence movement.

Current Study

The current study engages in a systematic examination of the status of the movement as it enters its fourth decade. Much recent social movement research has taken the existence of a movement as a given and investigated dynamics or processes of movement functioning. In this case, the status of the movement itself is at issue. There are a number of potential approaches to assessing the existence and strength of a social change movement (e.g., Campbell, Baker, and Mazurek [1998] attempt to measure the social change activities of rape crisis organizations). The current study focuses on assessing the movement through in-depth interviews with advocates working for domestic violence policy and direct service organizations. As those presumably most identified with the movement (and expected to represent its position in the community and collaborations), domestic violence advocates were approached as knowledgeable and self-reflective informants. Specifically, this analysis focuses on three critical issues: (a) advocates' reflections on the state of the domestic violence movement, (b) challenges and dilemmas facing the movement, and (c) advocates' visions for the future. By exploring these issues, the current study attempts to evaluate the degree to which domestic violence work can still be characterized as a social change movement, illuminate some central tensions within the movement, and lay a foundation for debate among those responding to domestic violence.

Method

Sample

In 2005, 21 women employed by 16 domestic violence advocacy or service agencies across a large Midwestern state were interviewed (in some cases 2 staff members from the same agency participated). Although others may consider themselves part of the domestic violence movement (e.g., volunteers, formerly battered women, donors), domestic violence agencies are considered the backbone of the movement, and as such their staff are uniquely positioned to reflect on tensions and dilemmas facing

the movement. Participants were recruited through an e-mail sent from the statewide coalition of domestic violence service providers to all member agencies and through purposive sampling of key leaders in the state. Using a process of theoretical sampling, participants were chosen with the goal of identifying the broadest range of perspectives on the movement and their work rather than for statistical generalizability (Eisenhardt, 2002). Participants were thus selected to reflect diversity of region, agency type (shelter based and walk-in, service or policy oriented), job type, and tenure. Interviews were conducted until theoretical saturation (Glaser & Strauss, 1967), at which point no new information related to the current study was being generated.

Study participants ranged in age from 22 to 64 years old, with a median age of 51. In all, 18 identified themselves as White (including some who are European immigrants), 1 as African American, 1 as Latina, and 1 as Native American. Their length of time working in domestic violence ranged from 2 months to 30 years, with a median of 13 years. The majority (13) worked for shelter-based agencies, 6 worked in nonresidential services, and 2 worked for policy or advocacy agencies. Positions included program coordinator, legal advocate, intake specialist, child advocate, counseling and advocacy, and executive director.

Procedures and Measures

All participants were interviewed in person using a semistructured protocol at a location of their choice. Interviews were audiotaped with permission and transcribed verbatim. Interviews ranged from 45 minutes to 3 hours and from 11 to 74 pages of transcript.

A semistructured interview protocol was developed to generate discussion about the current status of the domestic violence movement, challenges and tensions within the movement, and advocates' visions for the future of the movement. Questions were framed in terms of "domestic violence work" to avoid priming participants toward a movement orientation. Among other things, questions asked participants about the "larger goals of domestic violence work," whether they think "promoting social change is an important aspect of domestic violence work," if they feel "like a part of a larger domestic violence movement," what is "the best way to end domestic violence," and to what extent they "think of this work more as a professional field of domestic violence services or as part of a domestic violence movement."

The interviews were designed to be flexibly structured and open ended. As themes emerged, questions or clarifications were added to subsequent interviews in an iterative process (Eisenhardt, 2002). For example, given participants' status as advocates within domestic violence agencies, some degree of familiarity with the domestic violence movement was initially assumed. However, as it became clear that many participants did not understand questions about the movement and the importance of social change, additional questions were added asking first whether they had ever *heard* of the movement. On the other hand, many participants brought a rich history of movement experience, and the interview process invited them to reflect on movement changes and challenges. Furthermore, the interviewer (the first author) frequently shared emergent themes with participants to solicit their thoughts and analyses of these themes, which led to a refinement of research questions and contributed to analysis of the data.

Data Analysis

All interviews were conducted and analyzed by the first author. Both authors have conducted research on violence against women and have experience in domestic violence work. Transcripts were reviewed in their entirety with close attention to the overall knowledge and awareness of movement history and analysis conveyed throughout the interview. In particular, attention was paid to silences or miscommunication within the interview, as when participants stated they did not know or have an opinion on a question or when the answer indicated a different interpretation of the question than the one intended (Briggs, 1986). Extensive notes were generated for each transcript, identifying key themes and issues and raising questions to be pursued across transcripts.

To understand participants' responses and to contextualize their analysis of the movement, each interview was approached as a holistic text rather than coded thematically by abstracting text from the interviews (Briggs, 1986; Johnson, 1995). Statements or fragments of dialogue were thus analyzed within the larger interview context to preserve the meaning of the data. The final analysis involved multiple reviews of the data in their entirety and resultant characterizations of the different narratives present in participants' interviews. Given the cross-sectional nature of the data, the purposive sampling of advocates, and the iterative process used to alter the interview protocol and investigate emergent narratives, analysis focused on identifying and analyzing the issues raised by advocates rather than estimating the prevalence of advocates who reflect these perspectives.

Results

Study findings illuminate a range of challenges facing the domestic violence movement as well as approaches to addressing these challenges. First, discussions of the status of the movement with advocates revealed that some advocates were simply unaware of the history or existence of the domestic violence movement, conceptualizing their work and identities exclusively in terms of social service provision. Second, these interviews suggested that as the movement has evolved, its successes have paradoxically posed new challenges for its continuing vitality as a social change movement. For example, participants repeatedly indicated that the expansion of victim services and increased funding base has had profound consequences for the movement, (re)shaping philosophy, promoting professionalization, and potentially curtailing larger social change efforts. These interviews also pointed to the ongoing struggle to address issues of racism, which affect movement membership, service provision, and the movement's social change agenda. Finally, in the face of these challenges, advocates (particularly movement veterans) offered their visions for a reenergized, innovative domestic violence movement.

Advocates' Reflections on the State of the Movement: Still a Social Change Movement?

Participants reflected a range of perspectives on the history and current status of the domestic violence movement. For some the movement had lost its centrality, for others it was still a vital orientation, and for others there was no knowledge of domestic violence work as part of a movement at all. Related to this, participants varied in the degree to which they identified and endorsed a social change agenda as a goal of the domestic violence movement.

Some participants sounded a mournful tone when reflecting on the movement. One advocate said, "I think [the movement] is a shell of what it used to be.... I think the movement has lost a lot of its energy and its passion because it has lost some of its vision." In general, these advocates were more experienced and were knowledgeable about movement history. Their comments evoke a deflated movement, lacking urgency and fervor that has become unmoored from initial visions of a changed society. One movement veteran observed that to the extent that a movement still exists, it lives on in individuals rather than in domestic violence institutions:

I do think there are some individuals in the work that do still continue to relate to it as a movement. And, but I think . . . there's not a real good place for them to come together anymore, which is really sad . . . it's bubbling up but only, but it's more lodged in the individual than lodged in the organization.

Others agreed that the movement has changed but were more sanguine about the changes. A long-time advocate believed that the movement lives on, but noted, "I think that the movement has changed a lot over the years and . . . 25 years ago . . . [it] had to be much more of an activist movement." She attributed the changes in the movement in large part to its many successes, pointing to strong laws, increased services, and improved law enforcement: "We've come an awful long way and so there isn't the same . . . actions and passions. I think people still have passion but . . . it's a different movement now." However, regardless of their feelings about the current state of the movement, advocates who endorsed a movement analysis all voiced a continuing need for fundamental social change. Those identifying with a movement analysis were mostly (but not exclusively) movement founders and veterans.

An unexpected finding was a set of participants who had not heard of the domestic violence movement, did not understand questions about social change goals, and framed the goals of domestic violence work exclusively in service-oriented terms. Initial interview questions designed to elicit reflections by advocates about the continued relevance of the movement and their identification with it were changed in response to repeated participant confusion to ask whether the participant had ever *heard* of the domestic violence movement. This question elicited negative responses from a number of advocates, who responded, for example, "No, mm mm," "No," "A little but not a lot . . . not so much—no, no." In the face of these replies, the study shifted in focus from engaging with advocates about their thoughts on the state of the movement to mapping the degree to which advocates were even aware of their location within work that emerged out of a grassroots social change movement.

A few participants had heard the phrase "domestic violence movement," but their responses indicated confusion about its referent. One young advocate who enthusiastically identified as a feminist had heard of the domestic violence movement but had difficulty describing it: "Something that is mobile, um, that is growing, um, everyday . . . something that that is growing, um, and getting larger." In fact, the advocate had understood the word *movement* literally and thought *domestic violence movement* refers to the dynamic and expanding nature of the work.

Related to this, a number of advocates did not understand questions about social change:

[Interviewer: So do you think that domestic violence services should be involved in social change efforts?] [pause] Could you explain that? [Do you think that there's a need to make changes in the society in general—as part of what domestic violence agencies are trying to accomplish? Do you think that that's an important part of the mission?] To make a change in society as far as what?

This advocate was clearly unfamiliar with the movement analysis of domestic violence as a social problem with roots in cultural and structural factors. She defined her work as "work with victims that have been battered by family members, spouse, child." Another advocate framed the goals of domestic violence work in terms of raising awareness among women about domestic violence "so they can prevent it." This is a depoliticized, degendered phenomenon that does not distinguish relationship violence from other types of violence or abuse within the family and is conceptualized entirely at the level of the individual. With no sociopolitical analysis of domestic violence, she had no need for a political agenda that includes fundamental cultural change.

With no foundation in the history of the movement or its analysis, participants framed the work and goals of domestic violence agencies in terms of service provision (for an account of a parallel phenomenon among rape crisis advocates, see Fried, 1994). A number of advocates framed goals exclusively in service terms,

whereas a few others also included raising awareness in the community. For example, when asked to describe the "larger goals of domestic violence work," one participant stated, "Keep everybody safe. That's our main priority, confidentiality of course . . . confidentiality and keeping 'em safe is our major one." Another advocate responded, "Getting people to accept that they are victims. That they didn't provoke it, that they didn't ask for it." In some cases these participants suggested that the ultimate goal is to change the victims to end domestic violence. A representative example described the "larger goals" of the work as follows:

To make women aware of what domestic violence is, to give them independence and power to take control of their own lives . . . not only women but just victims period. Make them aware of the definition . . . so they can prevent it, because a lot of times it is . . . a cycle. And I think that you know once you're aware, you can break it.

This conceptualization of the work is a far cry from the movement argument that "battered women's lack of empowerment is *not* due to low self-esteem or masochistic tendencies. It is due primarily to interpersonal and social conditions. Therefore a major component of empowerment includes modifying structural conditions to redistribute power and resources" (Sullivan, 2006, p. 28).

Related to this, participants were asked to "characterize the state of domestic violence work" in their home state. In response to questions about "pressing challenges" and successful accomplishments in their state, many participants spoke of the difficulties (or successes) in getting women to leave their abusers permanently or reducing the number of times they return. This focus on whether women leave their abusers (and on the psychological factors influencing this decision) is indicative of a lack of understanding about the movement's mission to maximize women's options and choices (rather than proscribing them) in addition to an exclusive focus on an individual-level solution (expected of the *victim* rather than the abuser). Advocates returned again and again to issues of individual service provision as the entire vision of the work.

Some advocates were familiar with the history and terminology of the movement but sought to distance themselves and their work from it. These advocates had a negative association with what they understood to be the activism and overtly feminist character of the early domestic violence movement. In this sample, they were generally rural or younger advocates. One rural participant acknowledged that she has heard of the movement "at workshops and meetings and things, but not locally of course." The "of course" here suggests that there is no question of identifying domestic violence work as political for this participant and for this rural community. Her interview was characterized by a passionate commitment to helping women and serving her community. For advocates such as this, domestic violence work involves providing quality services to women and children but does not extend to a social critique or efforts at social change. Finally, a younger advocate was familiar with the movement but hostile to it. She argued that the movement's history needs to be left behind. From her perspective the overtly political nature of the movement alienates the community and misframes the issue by focusing on gender, which "perpetuates stereotypes" and ignores male victims. She argued,

I wouldn't say like it's like a movement 'cuz I feel like a movement is like feminism or civil rights. It's like an uprising, an outrage you know? [And that's not fitting for you?] No, and I think, I'm part of a group that recognizes the seriousness of domestic violence, that recognizes the consequences of it... Um but it's not an uprising, you know.

In her analysis, domestic violence has come into the mainstream and should be treated like any other social problem requiring social services. She compared herself to the "ones who've been around for a long time" who take a "hardcore perspective": "They still wanna like, you know, 'I'm woman hear me roar' instead of like, 'We're a healthy society, let's raise good kids.'" The reasonable position refocuses the analysis of domestic violence onto a politically neutral path where the issue is one of health (vs., presumably, pathology) and good parenting skills. Although this advocate was extreme in her rejection of the movement as such, her repudiation of a political analysis and her reframing of domestic violence as an individual problem requiring professional services were not unique. In fact, an individualized, pathologized analysis was found across many transcripts (these findings are reported elsewhere; Lehrner & Allen, 2008).

Across participants, many enthusiastically framed domestic violence as a "social problem," leading to an initial impression of a social change orientation. However, this language, promoted by the movement to contrast with popular conceptions of domestic violence as a private, personal problem was frequently used instead to convey a much less politicized analysis of the problem. Participants labeled domestic violence a "social problem" to convey its prevalence in society and the widespread effect it has in the workplace, health care, and other settings. This is a description of the violence (i.e., it is a prevalent problem in society) rather than an *analysis* of the causes of the violence (i.e., that it is socially constituted). For example, an advocate agreed that domestic violence work should be embedded in a social change movement ("absolutely") because "you know, everyone knows somebody if it doesn't affect them." In other words, domestic violence is a social problem because it affects all members of society, if not directly as victims then as friends or family. Another advocate responded similarly and continued by pointing out the economic costs of domestic violence such as social programs, absenteeism, insurance, and other social costs such as interrupted schooling of children. In this formulation, domestic violence is a social problem because it has deleterious social and financial costs; in other words, it is a problem for society. These descriptions of how domestic

violence is a "social problem" miss the point of the movement insight that domestic violence is a problem resulting from social structures, values, and norms; it is a "social problem" in that it is socially generated and requires a social-level solution. Without this understanding of the social nature of the problem, there was no felt need for a social change movement to end the violence.

Challenges and Dilemmas Facing the Movement

These interviews pointed both explicitly and implicitly to a number of challenges and dilemmas for the domestic violence movement. On one hand, changes in the movement have led to tremendous growth in the provision of victim services and the availability of critical support and resources for women and children unimagined 30 years ago. On the other hand, the growth and development of movement agencies have also come with a cost. In multiple ways, participants' interviews reflected the waning of a social change orientation in favor of an increasingly "professionalized," therapeutically oriented social service agenda. This shifting orientation was facilitated by misappropriations of movement language initially intended to convey the need for a social change agenda. Finally, participants observed the ongoing challenge of addressing issues of race, which continues to challenge the vitality of the movement.

Funding and collaboration: Beware what you wish for. Movement veterans noted that the tremendous expansion of services has resulted from the availability of new sources of funding, which fueled growth but brings its own set of challenges. As activists and scholars have observed, the impact of funding on the movement often functions to expand service provision at the expense of pursuing other social change solutions as well as to soften and modify movement rhetoric (and ultimately, analysis; Reinelt, 1994; Schechter, 1982; Wharton, 1987). In particular, participants spoke about the threat of co-optation raised by accepting funding from and engaging in collaborations with powerful systems:

And particularly as you get larger, how do you get co-opted, and when you get money do you get co-opted, or if you finally get the judge to listen to you, how do you then tell the judge when what they're doing is not appropriate?

Another movement veteran observed,

When the visionaries were articulating . . . the vision, we didn't have any money, nobody had any money . . . when the government finally said, okay, you know, the feds, the state, the city, will dedicate "x" number of dollars to shelter services, transportation, prosecution, police protocols, hospital emergency room stuff, then there was a mad scramble who's gonna' get the contracts. . . . And you don't bite the hand that feeds

666 Violence Against Women

you. If the state's attorney is signing your paycheck, you're not gonna' stand up in a public meeting and say that prosecutors are failing to do their job.

As a result of movement agencies' dependence on public dollars and of the opportunity to collaborate with powerful system stakeholders, movement veterans argued that leaders and agencies have begun to "pull their punches" to remain viable. Although movement agencies need government funding to survive, some argued that survival has come at a cost to the movement's social change agenda. One participant described the influx of money as "a real detriment, I think, to movement work."

Participants also worried about the risks of co-optation created by collaborating with large and powerful systems. After fighting for years to be invited into policy arenas that affect battered women, advocates are often unwittingly co-opted by the very systems the movement aimed to change. This process was described by one veteran as the rise of "systems work":

We just focus on service, professionalization of services . . . it moves them out of movement work and into systems work. [Systems work?] Lock, stock, and barrel. . . . [So by systems work, tell me what you mean.] I mean a part of a coordinated system. Very cog in this wheel of services. And they're no longer external . . . [gives example of the development of a dedicated domestic violence court]. I mean, it was a *huge* battle, I mean scars are still prevalent. . . . And over time they [referring to domestic violence advocates] have just become a part of that system. And I think it's because they have considered them a part of the service network and not as on-the-scene . . . observers toward an accountability agenda. They lost that whole aspect of their work. It's hard to sustain that, when you don't have a context like we're talking about.

Thus, after fighting to gain entry into systems that affect battered women and their children to advocate on their behalf and to monitor those systems, a creeping professionalization and the absence of a grounding in movement philosophy have led to advocates' incorporation *into* those systems as uncritical members.

The expansion of victim services. Participants also observed that the increasing emphasis on direct services within domestic violence agencies has led to a number of dilemmas. The expansion of direct services necessitates more staff hired specifically to provide individual-level services as well as an increased need for bureaucratic structures to manage larger staff. Participants spoke of an increasing emphasis on "professionalization" within domestic violence agencies to ensure quality and consistency of services and credibility in the community and with funders. One result is the hiring of staff with mental health or business administration training and credentials. Although some wholeheartedly embraced "professionalization" and therapeutic services, others voiced concern about the consequences for both service provision and other movement activities. This tension created by the need for bureaucracy and professionalization in large, multiservice agencies on one hand and movement values of egalitarianism and peerbased, nonprofessional support and advocacy on the other (Riger, 1984; Sullivan, 2006) was expressed by one executive director who struggled to reconcile her thoughts and feelings. Early in the interview she described the movement as having moved away from a grassroots model in favor of more structured organizations ("I'm not saying [it] is even a bad thing") but then shifted to voicing concern about a loss of movement philosophy among newer advocates. As the conversation continued, she recognized an internal conflict that she ultimately did not know how to reconcile:

Probably there's a little bit of what I'm talking against in me. 'Cuz I know that we have had staff that you know were very, very . . . [wanting] to go back to the early days of the movement . . . and, you know, we should be making decisions on a consensual basis and we should not be hierarchal and we should, you know. And you know it makes me want to scream 'cuz it's like, "Go live in a commune!" This is an organization, it's well established, we have to have procedures, we have to have policies, and like—well, will you listen to what I'm saying now? I'm talking about it's not a movement because we are organized and established and hierarchical, and we need to be in order to get the funding and respond to funders, and you know what I'm saying? And, and so I'm talking out of both sides of my mouth right now. It is a dilemma.

This participant worried about a loss of movement ideology at the same time that she knew "you can't operate on philosophy and dreams." Many movement veterans commented on the critical necessity of maintaining a movement agenda and philosophy while at the same time running sophisticated, professional service organizations.

The expansion of direct services has also created a vulnerability in movement agencies to the pervasive influence of what Dobash and Dobash (1992) characterized as the therapeutic approach to social problems endemic in U.S. culture. One movement veteran observed,

In this country we have this thing that kind of goes from activism and kind of morphs into social services and then gets tied back into, "well, it's that individual's problem," as opposed to being a larger issue. . . . And so I think one of the challenges is . . . how do you get co-opted?

Given the strong cultural pull toward an individual level of analysis, it becomes difficult to maintain a macro-level movement analysis of the problem in the face of concrete pressures to intervene (and thus conceptualize) at the individual level. As resources are directed toward individual services for victims, a myopic analysis of the issue as "that individual's problem" becomes possible, with the potential result an exclusive focus on therapeutic interventions.

Another movement veteran worried that the increased hiring of managers who are not movement-based is contributing to this shift away from an empowerment model in favor of a traditional service model. She suggested that this research project ought to "take a look at that. What is people's background? Do they have a social justice background? Do they think this is a movement or are they classically trained as managers?" Although she prioritized direct services for women and children, she argued that a movement analysis of domestic violence is critical to the type and quality of services provided. She worried that "professionalization" entails patronizing, pathologizing services rather than the empowerment, choice-based service philosophy espoused by the movement (for an excellent discussion, see Sullivan, 2006).

"A White woman's movement." A final tension in the movement emerges from the history of the domestic violence movement as a White women's movement, which led to exclusive practices and narrow analyses that some argue have never been resolved and continue to fester (Bent-Goodley, 2005; Donnelly, Cook, van Ausdale, & Foley, 2005; Richie, 2000). One advocate of color reflected on the backlash against feminism as partly because of its history of racism: "You know it's always been a White women's movement." One of the consequences of the history of exclusion in the movement is an enduring lack of trust in communities of color, which continues to influence recruiting and hiring as well as outreach to victims. This advocate noted that many agencies have now "got such a reputation, for a long time that [it] was a White institution that it is kinda hard to get people [of color] involved, you know."

In addition to limiting membership, advocates noted that the movement's development out of second-wave feminist theory and activism meant that the problems and limitations of that work and analysis were carried into domestic violence work. One participant reflected,

This movement is at a place and should've been there sooner where ... there needs to be more of a broader analysis that includes the way that racism and heterosexism and all these other forms of violence intersect. ... That's maybe one of the reasons why this movement hasn't become stronger and more powerful ... we haven't listened to other voices enough.

This participant argued that an exclusive focus on gender has led to multiple blind spots, potentially shutting down alternative analyses and approaches to domestic violence that acknowledge what another movement veteran argues are the larger goals of the movement: "Ending oppression, [of which] violence is just one." This argument concurs with the assessment of many anti–violence against women theorists and activists, who argue, for example, that the failure to address issues of race and class has "seriously compromised the transgressive and transformative potential of the antiviolence movement's potentially radical critique of various forms of social domination" (Richie, 2000, p. 1135). In addition, participants suggested that the movement's feminism has alienated communities that are excluded by or do not

identify with feminist gender politics. These issues pose a dilemma for the movement, as participants worried that an abandonment or soft peddling of a movement analysis can lead to work that quickly comes to mirror mainstream social services. On the other hand, becoming less explicitly feminist has led to more diverse hiring practices and also broader collaborations.

Regardless, despite the increasing diversity among domestic violence agency staff, participants voiced concerns about continuing racism within movement agencies. One participant noted, "I want to focus more on issues of discrimination. I think in the movement, there are a *lot* of issues of that nature, especially now that we have younger women of color coming into the movement." These ongoing difficulties have important implications for the strength of the movement. In addition to the limitations for analysis and outreach noted above, the failure to address issues of racism and other forms of exclusion leads to attenuated forms of membership and participation in the movement. Social movement theory postulates that when movement participants have identities or affinities that are felt to be in conflict, their engagement with movement agendas and goals can be compromised (Young, 1997). For women of color and White women committed to progressive and antiracist agendas, the history of exclusion in the domestic violence movement and the continued experience and perception of racism can function to limit their participation in and commitment to the movement.

Visions for the Future: A Reenergized Movement

Despite these challenges, movement leaders spoke with eloquence about their visions for a reenergized and refocused movement. The crucial challenge, advocates argued, is in creating room for innovative ideas and collaborations without compromising core values and goals. Recommendations include openness to new strategies and approaches, better inclusion of communities of color, a rethinking of community engagement and collaboration, and attention to mentoring the next generation of advocates.

Innovation and collaboration, however, must be built on a foundation that includes a movement analysis of domestic violence and a clear sense of "big picture" goals. As one participant noted, this involves making important distinctions:

What are the things that I absolutely will not change, and what are the things that I'm going to be willing to change? And I don't think, I don't think we have given the next generation the tools for that analysis. It's all a big jumble. Like, "Okay, here are our core values over here, this stuff can never change, never compromise on this stuff. And these are the methodologies and ideas and strategies and you can play with this stuff."

This participant went on to argue that this kind of strategizing requires mentorship, which has been sorely lacking: "I think the supervision—mentoring, teaching—is

appalling. Appalling." The disconnection of many advocates in this study with movement history and ideology provides some support for her observation. It is also notable that of those voicing a movement orientation who were not movement veterans, all spoke of the importance of mentoring in shaping their analysis and approach. Other participants also voiced concern about a lack of mentoring. For example, reflecting on the lack of connection to movement ideology among advocates, one participant observed, "People aren't being trained that way, and their analysis is not being developed that way." One consequence of the shifting leadership within domestic violence agencies is this challenge of mentoring, as another participant observed: "Administrators don't have the context, so how can they pass it on?" When asked whether staff meetings or other opportunities exist to discuss larger issues beyond service provision, such as movement goals or priorities, many responded negatively. In response to a question about opportunities to talk about social change issues, one participant responded, "Currently I am more in the service provision. I haven't yet graduated over to the bigger parts of things." Yet leaders argued that advocates are hungry for this kind of engagement. One veteran observed, "What I find from younger women is they're like sponges, they can't get enough."

Participants also spoke of the need to expand beyond traditional movement approaches to intervention and prevention. Although core services were held to be indispensible, participants voiced concern that for many victims the current menu of options simply does not meet their needs. As one participant noted, these include victims who want to stay with their partners and some ethnic and cultural minority women:

I do think there is a challenge though, how can we tackle the issue of domestic violence [with] that sociopolitical analysis for women who say, "I will not leave my community but I still wanna' be safe." For women who say, "Divorce is not an option in my faith, I—this is the father of my children, okay, can you help me be safe in that context?" And I think the answer of the women's movement is "No, we don't know how to do that." . . . I don't know . . . I mean, I—I know I'm gonna' get old trying to figure that stuff out but I know that the answer is in the next generation of DV vision.

Another advocate argued that the future of the movement lies in its ability to develop domestic violence awareness and services within a much broader range of community and organizational systems than current efforts have done. She argued,

Victims of domestic violence aren't turning just to police and DV providers. You need to infuse and embed our messages and our programming in multiple ways. And people in the domestic service arena are afraid of that, 'cause it's a loss of control. But I—if asked where I think we need to go—*that's* where we need to go.

For all these reasons—to better reach victims, to generate innovative new programs and services, and finally to expand the movement—participants identified collaboration as critical to the future of the movement. One advocate criticized what she called a "fortress mentality" among domestic violence advocates in favor of collaboration and community work:

[The fortress mentality] being the, "we can't tell anybody, we're hidden, we, you know, we're protecting these women—that's our job, that's it" . . . we've gotta drop that and get out in our community and do the community work. Form the partnerships, do the collaborations, be out there, be seen—I mean, not the victims, obviously—but be in the dialogue of what's happening in the community.

This participant argued that safety for victims might require hiding them but that advocates who consider this the extent of their work do so at their peril. In addition to protecting victim safety, movement advocates must cultivate collaborations and openness with local communities.

Historically, this has sometimes proven difficult when the values and politics of movement activists and community members were not necessarily in alignment. However, although the challenges of increased collaboration and community engagement are threatening, these advocates argued that a failure to engage with local communities constrains both the nature of interventions with victims and the possibilities for creative new approaches to social change. Participants noted that in some cases innovative ideas and programming may emerge from ethnic and neighborhood communities with a commitment to addressing domestic violence but without a background in domestic violence services or philosophy. In the absence of engagement with domestic violence advocates, participants worried that the knowledge and analysis of the advocacy community will be lost and communities will develop unsafe interventions. Regarding the difficulty for advocates of working in diverse communities, one movement veteran argued,

I think the old warhorses continue to say, "We are the movement and they're the interlopers." And I'm saying, "No, it's all the movement, it's a very big tent." And I think that you know, that train's left the station, you know, and what worked 30 years ago doesn't work anymore. And I think that there's a tremendous fear of change.... I think the goal is still solid—but [fear of] new methodologies or new partners or new people has excluded some really creative, interesting stuff.... So that what has happened, you get all these different groups say, "Okay, well, we're gonna develop our own thing," and you've got all this stuff percolating which is sort of interesting and sort of exciting, but it's also I think very fragmented and, you know, who carries the torch, who has the real dogma?

The dilemma posed by these advocates, then, is how to engage with communities and organizations that may have different values and understandings of the problem (e.g., churches, community development organizations, rape crisis centers). On one hand, the movement has worked hard to establish its credibility and expertise on domestic violence, fighting to ensure that a movement analysis drives policy and practice. On the other hand, this tendency toward insularity risks the consequences advocates voiced here. Complicating matters is the challenge noted earlier of engaging in collaboration without coming to take on the agenda and perspective of one's partners at the expense of one's own.

Although many suggested a pressing need for domestic violence agencies to work in collaborations, in communities, and across social issues, some suggested that nondirect service programs—such as coalitions and advocacy groups—may be best positioned to dedicate the time and energy toward developing and implementing creative social change strategies that go beyond the individual level (e.g., community organizing, media campaigns, prevention programs). For example, one agency director commented on the multiple demands of managing a large direct service agency:

Yes we all have our responsibility to do that [lobbying and other advocacy activities], and I come to coalition meetings and I get all fired up and I think, "Yes! I'm gonna go back [home] and I'm gonna meet with my legislator and do this and . . . be more proactive too," and then you get back and your desk is piled high . . . and you're getting buried again and you've got a fundraiser in 2 weeks and three staff meetings and all of a sudden you've got a grant to write, three people call in sick and . . . that's it. So thinking that local directors can carry that torch . . . is unreasonable.

The overwhelming pressures and constraints of providing services to women in crisis, in conjunction with funder-driven constraints on how grant money is spent and the increasing distance of agency management and staff from movement history and philosophy, raise questions about where and how the next generation of movement analysis and activities will emerge. Shelters, the traditional hotbed of the movement, may in fact have evolved to a point where they can no longer lead an activist agenda. Although some participants identified individuals and groups who continue to hold a movement agenda, they repeatedly observed that there is no institutional home, or alternative infrastructure, to support them.

Discussion

This investigation into the current status of the domestic violence movement found a movement facing multiple challenges as well as new opportunities. The most serious measure of the tenuousness of the movement at the local level is the wide range of current advocates who were unable to speak explicitly to questions about the movement at all. Also concerning was the myriad of dilemmas facing the movement, including the pressures of meeting funding requirements, collaborating with a wide variety of community partners (e.g., criminal justice officials), and expanding victim services while maintaining a movement philosophy. However, in the face of these challenges, movement veterans brought renewed vision about how to reenergize the movement and allow it to take a new form—one that does not reproduce the past but responds to current demands with new strategies.

Generally speaking, advocates were either unaware of the existence of the movement or unable to articulate its central propositions. It is difficult to conceptualize a social change movement whose putative members do not share either a collective identity as members or a collective analysis of the problem at issue. Indeed, to the extent that the formation of a collective identity is understood as a movement goal in and of itself, as Melucci (1995) argued, the absence of a meaningful collective identity across advocates can be seen as a movement failure. The disconnection of advocates from a movement identification both reflects and reinforces a number of additional challenges for the movement, including an increasingly exclusive focus on victim services, the difficulties of engaging in collaboration without co-optation, and the need to be relevant to and engaged with diverse communities without compromising core goals and values.

Ironically, in many ways it is the success of the domestic violence movement that has raised many of these dilemmas (Walker, 1990). In a chicken-and-egg fashion, there has been a dynamic feedback loop continuing to fuel changes that threaten movement coherence. Increased funding led to dramatically increased essential services to victims and families. Agency growth then led to increased needs for skilled management and quality control, resulting in the hiring of professional staff who are often not versed in movement philosophy or history. At the same time, the needs to maintain and generate new funding pressure movement agencies to adopt traditional, apolitical language to be palatable to funders and community supporters. Meanwhile, funding agencies support direct services (and some prevention work), not social change efforts, so that the service component of movement agencies has grown disproportionately. Given the demands of direct services and the expectations of funders, therapeutically trained and oriented staff are increasingly hired to provide these services. The pressures on and within agencies are all toward conventional, therapeutically oriented social service provision and away from larger social change efforts (Hammons, 2004). The end result is a potential devolution of the movement into the exclusive provision of direct services concurrent with a shifting service philosophy that conceptualizes intervention as the provision of mental health services.

The opportunities, and in some cases funder-generated requirements, to engage in collaborations are another arena where the increasing disconnect from a movement orientation has potentially problematic consequences. Since the inception of the movement, advocates have criticized the myriad social systems that affect battered women for pathologizing victims, failing to take domestic violence seriously, and too frequently compromising the safety of women and children. They have argued that those working with battered women understand their needs and should be involved in policy and practice decisions that affect victims. However, as participants in this study observed, it is difficult to engage in collaborations (often with stakeholders who also have ties to funding) without taking on the perspective of the systems one is supposedly trying to change. Ideally, collaborations are ultimately not intended to help systems run more smoothly but to hold them accountable for their response to battered women (Shepard & Pence, 1999). Movement leaders in this study argued that when advocates are disconnected from movement philosophy, they are more likely to become co-opted in collaborative settings. They argued that the delicate dance of working collaboratively while at the same time maintaining a movement-based advocacy perspective is possible only when advocates are mentored and trained in a movement framework.

The literature on social movements supports this focus on mentoring. Recent research has begun to emphasize the importance of "micromobilization contexts," the local individual and group interactions that help shape members' identities and understandings of the phenomenon of interest (Mueller, 1992; Taylor & Whittier, 1995; Young, 1997). It has been argued that these intimate contexts, rather than the organizational context or larger national movement context, are critical to how members construct meaning. In this study, despite being located within organizations and a national movement that endorse a sociopolitical analysis of domestic violence, individual advocates were frequently unaware of or disconnected from a movement analysis. Furthermore, advocates in the same organizations often voiced quite different positions on the movement, a phenomenon also observed by Schechter (1982) in her interviews with advocates. Those advocates who did endorse a movement orientation often spoke of individual mentors and leaders in their organizations who had affected their thinking and beliefs. Advocates' relationship to movement history and analysis was shaped not by their initial training but by their daily engagement with other advocates and the practices in which they engage.

The challenges identified by advocates in this study point toward the need to build on and expand movement analysis and strategies. Few advocated a return to the early days of the movement, although some did speak with nostalgia about them. One response to the challenges of moving forward can be a siege mentality, with advocates protecting their "turf" and fighting to retain control over domestic violence services and interventions on the grounds of "owning" the only valid analysis and responses. In part, the instinct within the movement to close ranks and work from a bunker mentality comes from historically based efforts to undo status quo interventions and understandings that pathologized and threatened victims. It is also a natural outgrowth of solidarity and a shared political consciousness among movement members. Social movement theorists note that political identity communities lead to a valorization of the group's differences from outsiders, which reinforces solidarity as well as isolation (Taylor & Whittier, 1995). On one hand, then, the lack of identification with (and awareness of) the movement among advocates leads to a breakdown in vision, goals, and strategies, ultimately undermining the movement's coherence. On the other hand, a tightly held identification with the movement can lead to rigid separations between movement members and the rest of the community

and an inflexible ideological position that does not allow for new ideas and approaches.

Movement veterans argued that the other possibility, more frightening but also more promising, is to reach out and open up—to communities, coalitions, and systems that all have a stake in ending domestic violence. This will require vision and courage as well as a new generation of advocates with the mentoring and teaching needed to move forward out of a grounding in movement philosophy and goals. In some places, these efforts are already underway.¹ Closely observed case studies might investigate the processes and outcomes of these innovative efforts to develop new interventions and new partnerships to address domestic violence. If the domestic violence movement is to remain a movement for social change rather than simply devolving into another "tier of the social service industry," it will require new strategies, partners, and ideas—without compromising on its core values.

Study findings support social movement theory that posits a trajectory of increasing conservatism within social change movements as they focus on maintaining institutions and resources (e.g., Cherniss & Deegan, 2000; Hammons, 2004; Tierney, 1982; Wharton, 1987). However, the domestic violence movement has always had a service delivery component rather than an exclusive agenda of cultural change. In this case, the dilemmas raised by service delivery are not solely distractions from movement work or self-maintenance concerns at the expense of battered women. They are difficult questions of how to integrate the provision and administration of victim services within a larger movement analysis, how to train and socialize new advocates, how to imagine new approaches to intervention and prevention, and how to balance direct service provision with other social change efforts. This raises questions about what a vital domestic violence movement could look like today. What goals and strategies can be envisioned under current conditions, and how can advocates be engaged in a reenergized movement?

Overall, this study paints a picture of a movement akin to Arctic ice floes in spring, splitting, shrinking, and melting into the surrounding water. Vital aspects of the movement remain, as evidenced by veterans who have remained active and who continue to train and mentor newer advocates. However, these findings point to a movement rapidly shifting into the exclusive role of social service provider and moving increasingly away from a larger social change agenda. As a movement analysis is forgotten or rejected, there is the threat of a concurrent shift away from movement-informed, empowerment-based services toward more therapeutically based interventions. Future research might investigate the degree to which the changes identified in this study in fact correlate with shifts in service philosophy, types of services, and other movement activities. A major concern raised by this study is the absence of engaged debate and dialogue within the domestic violence advocacy community on the critical issues raised in these interviews. The lack of knowledge of movement history coupled with often vague understandings of movement ideology left many participants without a position from which to comment on movement changes and challenges. Although veterans and leaders generally acknowledged and spoke more explicitly about these issues, they also recognized that many advocates are far removed from these conversations. Unless these dilemmas are more actively engaged across the spectrum of the domestic violence advocacy community, the movement risks a continuing creep toward a depoliticized status quo.

Note

1. One example is the Chicago Mayor's Office on Domestic Violence's community mobilization and engagement efforts.

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