action plans   advocacy planning

empowerment advocacy

Mission-focused Management & Empowerment Practice

A Handbook for Executive Directors of
Domestic Violence Programs

justice   safety planning

restoration   autonomy

empowerment practice

empowerment management

culturally competent services

community advocacy   safety

mission-focused management

Pennsylvania Coalition Against Domestic Violence

Mission-focused Management & Empowerment Practice

A Handbook for Executive Directors of Domestic Violence Programs

A Publication of the

Pennsylvania Coalition Against Domestic Violence (PCADV)

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Executive Director

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Author

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I'm not sure there's even one thought in this handbook that I can claim as being originally my own. All of our work is influenced and inspired by those who came before us as well as those working alongside us, and writing this handbook was no different. My ways of thinking, doing, and being have been shaped by many others, some of whom I am probably not even aware. I have been greatly influenced by some individuals I never had the honor to meet but whose thinking is reflected here (e.g., Paulo Freire, Audre Lorde, Barbara Deming). Other individuals have guided my thinking and practice more directly, and there are too many to adequately thank here. However, those having a direct impact on the thinking behind this handbook must be noted, and they include:

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My best work has always occurred as a direct result of listening to and working with survivors. There are no words to express my gratitude to them, but this handbook was written in their honor.

ABOUT THE AUTHOR

Cris Sullivan is a Professor of Ecological Psychology at Michigan State University, Director of Evaluation for the Michigan Coalition Against Domestic and Sexual Violence, and an independent trainer and research consultant. She has been active in the Battered Women's Movement since 1982 as an activist, advocate and researcher. She began her work volunteering at a domestic violence shelter program, and her community work over the years has included facilitating support groups, providing direct advocacy for survivors, serving on the Board of Directors of a domestic violence program, serving on the Advisory Board of Michigan State University's on-campus domestic violence shelter program, working with numerous coordinating councils, and serving as Executive Director of the Community Advocacy Project.

Back in 1985, Cris spent a great deal of time drinking coffee with shelter residents and discussing how the community could better respond to their needs. What soon became clear was that survivors wanted experienced and caring advocates to help them access a variety of community resources while at the same time trying to change unsupportive or irrelevant systems. Together, this group of women created a post-shelter, community-based advocacy intervention that Cris then directed for over 15 years. This program was also experimentally evaluated over the years to see whether advocacy for survivors is effective, and how it could be improved. More information about this is provided throughout the handbook.

Being the Executive Director of the Community Advocacy Project then led Cris to share her advocacy training curriculum across a variety of settings. In 2003, she worked with the PCADV New Service Provider Training, and that effort led to the decision to write this handbook for Executive Directors. Many PCADV staff provided critical support and editorial comments at all stages. However, the final product reflects the opinions and views of the author.

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INTRODUCTION

This handbook was created for new Executive Directors of domestic violence programs in Pennsylvania. It was written to encourage critical thinking about our work, and to illustrate how our work can best be accomplished through mission-focused management, empowerment management and empowerment practice. This handbook is not so much about what we do, but why and how we do it. It is not by any means exhaustive. It is presented as a starting point for discussion and change, and includes additional resources for further information, ideas and concrete strategies. Throughout the handbook "Action Plans" are provided as suggestions for putting some of these ideas into practice.

The handbook begins by grounding our work in the history and philosophies of the Battered Women's Movement. This sets the background against which Executive Directors can manage their programs and work with their communities. The next section of the handbook describes elements of mission-focused management and how to implement them. Briefly, mission-focused management grounds day-to-day practices in the overall philosophy and mission of the program. The subsequent section describes empowerment management (also called participatory management) and how it is complementary to mission-focused management. Briefly, empowerment management is characterized by a focus on communication, cooperation, joint decision making, and productive conflict resolution. Empowerment management naturally and logically sets the stage for engaging in empowerment practice, the final section of the handbook.

This handbook, then, first presents a brief grounding in the Movement. It then offers specific ideas and strategies for engaging in mission-focused and empowerment management. This is followed by a discussion of empowerment practice: what it is, why and how to engage in it, and the impact it has on survivors, staff, volunteers, and our larger communities. Each Executive Director comes to their role with different expertise, knowledge, and experience already under their belt. Therefore not all of this information may be new to you. Even if not new, however, we can all use a refresher periodically about engaging in practices that are not modeled in most other settings. This handbook is a beginning, not an end, and you are encouraged to continue seeking out information, assistance and support throughout your role as Executive Director. It can be "lonely at the top" and certainly running a nonprofit organization is an extremely demanding job. But know that PCADV values the important work you do and wants to support you in any way possible.

A NOTE ON GENDER AND LANGUAGE

Although domestic violence programs work with and provide services to male survivors, and certainly half of the children we work with are male, the female pronoun will be used throughout this handbook to refer to adult survivors. This is intentional, as a reminder of the gendered nature of this social problem. It is not meant to discount the experiences of male survivors.

A Brief History of the Battered Women's Movement

Since this handbook deals with grounding our practice in the mission and philosophies of the Battered Women's Movement, it is important to first present a brief history of that Movement. It is somewhat hard to believe that before the 1970s there were essentially no services offered specifically for women with abusive partners. The problem of domestic violence was first recognized and named in the United States in large part due to the Women's Liberation Movement, but in conjunction with the Civil Rights Movement and the Anti-Poverty Movement. Feminists, other community activists and survivors of domestic violence worked together to open the first emergency shelters designed to provide safety and support for survivors (Schechter, 1982). The first shelters were often no more sophisticated than women opening their homes to other women, but as public awareness of this problem increased, shelters proliferated throughout the country so that today there are thousands of domestic violence programs across the United States.

The first domestic violence-focused interventions were, by necessity, targeted toward ensuring survivors' immediate safety from abuse. It was never assumed, however, that emergency shelter would be enough to end this widespread social problem. Interventions continued to be created, not only to address survivors' immediate needs, but to address their emotional, economic, health-related, educational and spiritual needs as well. There was also an understanding that domestic violence would continue until batterers were held accountable for their actions and prevented from recidivating (National Research Council, 1996). Woman battering was viewed, not as a personal or relationship problem, but as one form of oppression within a patriarchal, racist, classist and homophobic society. Therefore, from the beginning, efforts have also focused on educating the general public about this issue and creating systems change, with the recognition that society as a whole must oppose intimate partner violence in order for it to be ultimately prevented.

Survivors of domestic violence have always been leaders within this social Movement. Their strength, perspective and vision have been integral to the successes of the Movement. For example, it was a group of domestic violence survivors who first designed the Power and Control Wheel, which is still one of the most widely used tools for explaining how domestic abuse occurs. It was survivors who first opened many shelters in the United States, often in their homes with no money or other resources. And survivors have been at the forefront in challenging the institutions that condone domestic violence, and demanding social reforms to address and prevent that abuse.

As with all social Movements, however, this one has gone through numerous stages over the years (Schechter, 1982). What started out as a grassroots social change Movement with little legitimacy is now an international Movement that has seen numerous successes as well as some failures. Among its many successes has been:

▼ passage of the Violence Against Women Act;

▼ passage of the Joint Commission for the Accreditation of Health care Organization's 1990 mandate requiring universal domestic violence screening by health care agencies;

▼ numerous improvements in state and federal laws over the years; the development of coordinated community responses across many communities;

▼ a tremendous increase in funding for domestic violence programs.

Changes over time have not all been positive, especially within the Movement itself. In the early years of the Movement there was a strong emphasis on changing the social institutions that blamed women for the abuse they were experiencing. We educated the mental health profession that

women with abusive partners were not masochistic or responsible for the abuse. We educated religious leaders that abuse was happening in their congregations and that women should not be expected to tolerate it. We changed laws, policies, beliefs and perceptions through the strong message that woman abuse was a form of oppression against women, permitted and sometimes even promoted by numerous social institutions. Yet within our own shelter programs and similar service-centered agencies, our philosophies were slowly shifting. And as philosophies shifted so did services. For example, one of the earliest and most effective programs developed within the Battered Women's Movement was the consciousness-raising group (also called the support and education group) for survivors. Through hearing other women, sharing knowledge and resources, and viewing abuse through a political lens women were able to literally transform their lives. The political analysis at the time also included an understanding that domestic abuse had wide-ranging consequences for women, often including turning to alcohol or drugs as a coping mechanism, or being forced to engage in illegal behaviors. It was understood that domestic abuse had an economic component to it, often resulting in women losing their homes, jobs and positive credit ratings. Over time, however, support and education groups became self-help groups, which then became support or counseling groups led by facilitators with specific educational degrees. Instead of a political analysis of abuse, many groups began talking about self esteem, healthy relationships and co-dependency. This is not to say that self-help groups are not useful. But if an exploration of behavior and choices is not grounded in the larger societal context, women are not provided with the opportunity to make connections between their own experiences and those of other women. Self-help groups encourage a focus on the self, which encourages an individualistic, rather than universalistic, approach to this problem. Shelters also began taking a more individualistic approach to this problem, refusing services to women who abuse substances or who have criminal histories, and offering budgeting classes to women living in poverty rather than working to raise their standard of living.

The reasons for these changes have been too numerous to describe here, but certainly have to do with three overarching factors:

1. the societal emphasis in the 1980s and 1990s on self improvement, psychological interventions, and the use of medications to deal with emotional difficulties;

2. funding requirements that included hiring staff with particular degrees, providing (or mandating) particular services, and in some states even diagnosing survivors as a prerequisite for receiving services; and

3. the desire of those working in domestic violence programs to feel legitimized within their communities and by the larger society.

As we have increased our collaborations with other players in the system (e.g., police, prosecutors, judges, health care providers, religious leaders) we have sometimes lost the ability to stay true to our larger message: that domestic abuse is not a result of individual pathology or poor relationship skills. It is a social problem of incredible magnitude that serves to limit women's freedom and autonomy. We will continue to be pressured on all fronts to dilute our message and modify our services. However, survivors are the ones paying the price for these changes. This handbook was written, in part, to provide you with some of the background, knowledge and skills needed to engage in this difficult, challenging, exciting and powerful work.

For more specific information about the Battered Women's Movement, please read:

Schechter, S. (1982). *Women and male violence: The visions and struggles of the Battered Women's Movement*. Boston, MA: South End Press. A Practical Guide to Successfully Managing a Domestic Violence Program

TABLE OF CONTENTS

Part 3: Empowerment Practice (Table of Contents continued)

PART 1
Mission-focused Management

Mission-focused management is a type of administrative style that grounds day-to-day practices in the overall philosophy and mission of the program. While at first glance it might seem obvious that an Executive Director's management style and practices would be mission-focused, in reality it often happens that decisions, policies and procedures result from reacting to crises, chaos, new funding opportunities and/or individual situations. Management decisions and practice then become *reactive* rather than *proactive*. Reactive Management results in an organization that is unstable, moving from crisis to crisis and funding source to funding source. Mission-focused Management, on the other hand, provides stability and strength to an program, keeping it grounded in its long-term vision and mission.

> Businesses employing empowerment management have been found to outperform more traditional companies on numerous dimensions.

Empowerment management (also called participatory management) is complementary to mission-focused management, and is discussed in detail later. However, given its interrelationship with mission-focused management, it bears brief mention here. Empowerment management is characterized by a focus on communication, cooperation, joint decision-making and productive conflict resolution. Not only does this management style result in more satisfied employees and a more positive work environment, but businesses employing empowerment management have been found to outperform more traditional companies on numerous dimensions (Struebing, 1995; Swearingen, 1997).

Characteristics of Mission-focused Management and Empowerment Management

Mission-focused Management:
▼ Policies are consistent with mission
▼ Policies are communicated effectively
▼ Policies are proactive, not reactive
▼ Management is consistent with policies

Empowerment Management:
▼ Cooperation
▼ Effective and frequent communication
▼ Joint decision making
▼ Productive conflict resolution

LAYING THE FOUNDATION FOR MISSION-FOCUSED MANAGEMENT

In order for Mission-focused Management to succeed, the Executive Director needs to work closely with the Board of Directors and staff to first create a strong structure that will support this management style. That means the following components should first be put into place:

1. A Mission Statement that is updated, relevant and directly tied to the work of the organization.

2. An active and engaged Board of Directors that supports the Executive Director (while holding her/him accountable), promotes the program within the community, and oversees the financial health of the organization.

3. A strategic plan, developed by the Board, staff, volunteers and ideally former clients, that guides the day-to-day operations and decisions of the program.

4. A long-term financial plan tied to the strategic plan.

5. Clearly articulated policies and procedures that foster communication, accountability and respect.

6. Monitoring procedures that measure the quality of the services provided and the extent to which the program is fulfilling its mission.

The Mission Statement

> Your mission statement should accurately reflect the mission and work of your program.

It is all-too-common practice for organizations to create grandiose, flowery mission statements that are far beyond the scope of the work being engaged in by the program itself. So, for instance, you might see mission statements that involve "ending violence against women" and yet the program engages in very little systems change work. Other statements claim the program's mission is to "end oppression" or "promote healthy communities." While these are laudable goals, they often do not reflect the actual work of the program. Therefore, it is essential that the Board and staff (and possibly others) critically examine the program's mission statement and ensure it accurately reflects the mission and work of the program.

ACTION PLAN

Bring the board and staff together and pass out the program's mission statement to each person. Do not put the name of your program on the paper. Some people will recognize the mission statement and others will not; that's fine. If someone mentions that this is your program's mission statement, ask everyone to forget that for the time being. Ask the group: "If you saw this mission statement, and had no idea about the program it refers to, what would you imagine about this program? What does it do on a day-to-day basis to accomplish its mission? What *doesn't* it do?" Write responses on a flip chart and encourage discussion around people's assumptions. If someone mentions an activity that is *not* reflected in the mission statement, ask them where they made the connection: "What specifically in the mission statement led you to believe the program engaged in that activity?" This activity helps participants see the importance of developing a mission statement that is actually reflective of the program's work.

After completing this exercise, it is the group's responsibility to either modify the mission statement, modify the priorities and activities of the program, or both.

The Board of Directors

"No single relationship in the organization is as important as that between the board and its chief executive officer. Probably no single relationship is as easily misconstrued or has such dire potential consequences. That relationship, well conceived, can set the stage for effective governance and management." John Carver, *Boards that Make a Difference*, 1990

Put very simply, a board of directors is a group of people legally charged with the responsibility to govern a corporation. Nonprofit organizations in the United States are legally mandated to have such boards, and they can be an incredible asset to the Executive Director. They can also make an Executive Director's life miserable if the distinct roles and responsibilities of Boards versus staff are not clearly understood.

Boards <u>govern</u>; Executive Directors <u>manage</u>

So what is the difference between governing and managing? To govern is to direct the creation and administration of a program's policy. To manage, on the other hand, is to exercise administrative and supervisory direction. BoardSource, in their booklet "Ten Basic Responsibilities of Nonprofit Boards," delineate the following 10 roles for nonprofit boards:

1. Determine the organization's mission and purpose

2. Select the Executive Director (see Appendix A for factors to consider when hiring a director)

3. Support the Executive Director and review his or her performance

4. Ensure effective organizational planning

5. Ensure adequate resources

6. Manage resources effectively

7. Determine and monitor the organization's programs and services

8. Enhance the organization's public image

9. Serve as a court of appeal

10. Assess its own performance

You will notice that none of these responsibilities includes oversight of the day-to-day operations or decisions. That is the responsibility of the Executive Director, and the Board should not be involving itself at this level. If Board members are questioning or making management decisions, or are offering unsolicited management advice, they do not understand their distinct and important role in the organization.

As the Executive Director of the program, it is your job to guide and influence the relationship between yourself and the Board and between your program and the Board. You should be the one determining which issues you want the Board to address and you should provide adequate and complete information that shapes their involvement. The following are three specific strategies laid out by the Minnesota Council of Nonprofits (http://www.mncn.org/bdres.htm) that may help in directing the Board govern more and manage less:

1. <u>Use a comprehensive strategic plan</u> that has been developed in conjunction with the board, and supplement it with regular progress reports. This can be a useful tool for the board as it develops its own annual work plans, and will keep the board's sights focused on the long term goals and mission of the organization. Regular reports based on this plan will keep board members apprised of progress toward organizational goals, and provide part of the basis for evaluation of the Executive Director.

2. <u>Provide the board with relevant materials before board meetings</u>, and explain why the materials are coming to the attention of the board. Let board members know how specific agenda items relate to the organization's larger mission, and what kind of action or discussion is desired from the board on each item.

3. <u>Guide board and board committee discussions so that the board stays focused on the larger issues</u>. Refer to set policies that define the limits of the board's decision-making power, and strive to engage the board in a dialogue among themselves that leads to consensus-building.

On the next page is a checklist created by the United Way of Minneapolis Area that you and your Board can use to evaluate how well your Board of Directors understands and follows its own mission. As the Executive Director of your program, it is your responsibility to recruit and train Board Members to be useful to your program while not overstepping their bounds. It is useful, when educating Board Members, to use the "Three T's" of a good Board Member: Time, Treasury and Trust.

TIME: Board Members need to commit to spending a certain amount of time attending board meetings, working in subcommittees and *promoting the organization to the community*.

TREASURY: Each board member should expect to donate funds themselves to the program, assist with fundraisers and encourage community members to donate.

TRUST: Board Members must trust their choice of Executive Director of the program. They should understand how detrimental it is to the organization to second-guess the ED, to undermine her or his authority, or to ask for too many details about the day-to-day operations of the program. When Board Members micro-manage the program, they are showing no trust in the Executive Director and they are neglecting their true duties for the program.

It is also desirable that at least some board members share the philosophy of the Battered Women's Movement: that battering is a societal, not personal problem, requiring a political analysis and engagement in social change. Boards wield a great deal of power over nonprofit organizations, and if this philosophy is missing it will impact their decisions, funding priorities, and even their choice of Executive Director. Given the importance of the Executive Director in the organization, it is clear why electing or appointing the "right" people to the board is so critical.

Checklist to Evaluate a Nonprofit Board of Directors

Indicators ratings: E= essential; R= recommended; A= additional to strengthen organizational activities

Rating	Indicators	Met	Needs Work	N/A
E	The roles of the Board and the Executive Director are defined and respected, with the Executive Director delegated as the manager of the organization's operations and the Board focused on policy and planning.			
R	The Executive Director is recruited, selected, and employed by the Board of Directors. The board provides clearly written expectations and qualifications for the position, as well as reasonable compensation.			
R	The Board of Directors acts as governing trustees of the organization on behalf of the community at large and contributors while carrying out the organization's mission and goals. To fully meet this goal, the Board of Directors must actively participate in the planning process.			
R	The board's nominating process ensures that the board remains appropriately diverse with respect to race, gender, ethnicity, culture, age, economic status, disabilities, and skills and/or expertise.			
E	The board members receive regular training and information about their responsibilities.			
E	New board members are oriented to the organization, including the organization's mission, bylaws, policies, and programs, as well as their roles and responsibilities as board members.			
A	Board organization is documented with a description of the board and board committee responsibilities.			
A	Each board has a board operations manual.			
E	If the organization has any related party transactions between board members or their family, they are disclosed to the board of directors, the Internal Revenue Service and the auditor.			
E	The organization has at least the minimum number of members on the Board of Directors as required by their bylaws or state statute.			
R	If the organization has adopted bylaws, they conform to state statute and have been reviewed by legal counsel.			
R	Bylaws should include: a) how and when notices for board meetings are made; b) how members are elected/appointed by the board; c) what the terms of office are; d) how board members are rotated; e) how ineffective board members are removed from the board; f) a stated number of board members to make up a quorum which is required for all policy decisions.			
R	The board of directors reviews the bylaws.			
A	The board has a process for handling urgent matters between meetings.			
E	Board Members serve without payment unless the program has a policy identifying reimbursable out-of-pocket expenses.			
R	The organization maintains a conflict-of-interest policy and all board members and executive staff review and/or sign to acknowledge and comply with the policy.			
R	The board has an annual calendar of meetings. The board also has an attendance policy such that a quorum of the organization's board meets at least quarterly.			
A	Meetings have written agendas and materials relating to significant decisions are given to the board in advance of the meeting.			
A	The board has a written policy prohibiting employees and members of employees' immediate families from serving as board chair or treasurer.			

Written by United Way of Minneapolis Area. Edited by Carter McNamara, MBA, Ph.D.

Promoting an Effective Board

As Board membership changes so too does the way the Board functions. Great Boards can become problematic, and ineffective boards can become great. Because of this, it is likely that at some point you will be faced with a board that impedes rather than supports the program's growth and development. This is extremely stressful, and can lead to despair and even thoughts of resigning. While it is easy to complain about such boards, it is the role and responsibility of the Executive Director to:

1. Identify the specific problems and generate specific solutions to those problems.

2. Form alliances with others in a position to help.

3. Seek guidance from other experienced Executive Directors.

The "Three C's" to consider when you have an ineffective Board: Correct, Convert or Change

CORRECT: Can the problem be corrected by a training, or by bringing in factual materials or technical assistance? Can the problem be corrected by modifying policies, procedures or expectations?

CONVERT: If a person on the Board seems to be the problem, can that person be encouraged to think or behave differently?

CHANGE: Does the Board need "new blood?" Can you improve things by bringing in new people with different philosophies or skills? Can you replace problematic people through term limits?

You'll notice that having strong mentors and allies around you will make any of these changes much easier! Remember, change is inevitable. You're in this for the long haul.

Long-term Strategic Plan

One sign of a Reactive Management style is that a program does not have a long-term strategic plan designed to keep operations on course. Mission-focused Management, on the other hand, is guided not just by the program's mission statement but by its strategic plan. If your organization has such a plan, examine (with the board, staff and other key stakeholders) whether it is still relevant and whether day-to-day operations are in line with it. If you do not have such a plan, set a date for a retreat to create one.

ACTION PLAN

Together with your Board, staff and representatives from your volunteers and former clients, examine or create a long-term strategic plan for your organization. Start with:

1. Where do we want to be in five years? What services will we be providing? What will our staff look like in terms of size, diversity, skills? What is our financial situation (e.g., money in reserve, money for operations)? What other activities will we be engaging in? What is our relationship with other key community members and who are those members?

2. What specifically do we need to do to reach this five-year goal (in terms of expanding and diversifying fundraising, outreach activities, changes in policies and procedures, staff development, changes in the physical facility itself, networking and collaborating within the community)?

3. Where do we need to be in four years to reach this five-year goal? Where do we need to be in three years? Two years? Next year? (be specific and realistic)

4. How will we evaluate whether we are meeting our short-term and long-term goals? What process do we have in place to modify this plan or our activities if we are not meeting our goals?

Why is it important to include former clients in this process? Because they are a key stakeholder group who can tell you how your services and activities are perceived from "the other side." They have an essential perspective regarding what activities your program should be engaging in and how to prioritize those activities. Involving them in this process is essential to creating a plan that is meaningful to the very people you serve.

If done correctly, this is actually a time-consuming and complex process. It is strongly recommended that you bring in an outside consultant to facilitate this process so that all group members can voice their opinions equally. You might be able to find someone willing to donate their time, but if not, this is a worthwhile expense. Your long-term strategic plan must be realistic, measurable and tied to your mission.

Long-term Financial Plan

A long-term financial plan corresponding to the strategic plan is another critical piece to designing a strong and stable organizational structure. Domestic violence programs often rely on multiple funding sources, many of which are time-limited or unpredictable. Therefore, a long-term financial plan is needed to prioritize expenses and activities (in case of funding reductions) and to lay out plans for increasing revenues from non-grant sources (e.g., direct donations and fundraisers). Many organizations put a great deal of time and effort into annual fundraisers that raise less than $10-15,000. This is in spite of the reality that a large percentage of nonprofit dollars are raised most effectively

Your long-term strategic plan must be realistic, measurable and tied to your mission.

through private, individual donations. Putting consistent energy into building and broadening one's donation base, then, is a much more profitable use of limited program and Board time. Creating a long-term financial plan can feel quite daunting, but this is where the Board of Directors can help. Two books that are especially useful are:

▼ FLanagan, J. (2002). *Successful fundraising: A complete handbook for volunteers and professionals.* NY: McGraw-Hill.

▼ Keegan, P. Burke (1990). *Fundraising for nonprofits: How to build a community partnership.* NY: Harper Collins.

There are a number of other excellent books that speak to nonprofit fundraising strategies, as well as workshops about fundraising and grant writing. This is another issue where talking with more experienced Executive Directors about their failures and successes will be helpful.

Policies and Procedures

A strong and stable organization is characterized by clearly written, communicated and understood polices and procedures. It is important to critically examine, within your program, how policies and procedures are communicated to and understood by Board, staff, volunteers and clients. Later this handbook discusses how to create policies and procedures that reflect an empowerment philosophy consistent with best practice. Once these policies and procedures are determined, however, it is critical to the organization that they be effectively and consistently publicized and enforced.

> Once policies and procedures are determined, it is critical that they be effectively and consistently publicized and enforced.

ACTION PLAN

With representatives from the board and staff, examine your personnel manuals, policy manuals and any other documents that pertain to policies and procedures. How complete are they? How many standard procedures are verbally communicated rather than through writing? When policies are verbally communicated, misunderstandings or ignorance of policies are common. This leads to frustrations on the part of volunteers, staff and the board and takes valuable time away from doing the actual work of the organization. Talk with staff and volunteers to determine:

1. which policies and procedures are clearly understood and which are not?

2. which policies and procedures are rejected by either volunteers or staff as being either unfair, unclear or irrelevant?

3. how policies and procedures can be communicated more clearly to and accepted by all relevant parties?

Ongoing Monitoring and Evaluation

It is extremely frustrating for everyone involved to develop a long-term plan that is then not followed. Yet, this is common practice and results in people resenting taking the time in the future to do long-range planning. Therefore, a critical piece of creating this strong organizational structure includes designing *and adhering* to a monitoring or evaluation plan.

ACTION PLAN

With representatives from the Board and staff, determine:

1. *how* will you monitor the extent to which your staff is meeting its goals?

2. *how* often will you monitor your progress?

3. *who* is responsible for monitoring your progress?

4. *what* will you do to modify practices when you are making insufficient progress toward your goals?

PART 2
Empowerment Management

LAYING THE FOUNDATION FOR EMPOWERMENT MANAGEMENT WITH STAFF

In addition to staying mission-focused (e.g., proactive, grounded in long-term vision), it is also important to manage staff and volunteers within an empowerment framework. (As noted earlier, not only does this result in a more positive work environment, but businesses engaging in this type of management outperform more traditional businesses on a number of dimensions (including productivity and retention)). Part of laying the groundwork for empowerment management to occur involves thinking about staffing and management policies. A program is only as strong as its staff and volunteers, and these folks can only do their work well if they work in a supportive structure with specific guidelines, visible expectations and consequences, and clear communication. As shown in Part 1 of this handbook, there is some overlap between mission-focused and empowerment management. While some of the guidelines discussed in this chapter are also consistent with laying the groundwork for mission-focused management, all are presented as setting the stage for empowerment management. The following are some guidelines for hiring, training and supervising staff.

Hiring Staff

Many domestic violence programs make the mistake of hiring staff who understand domestic violence dynamics but who lack the traits that make an outstanding employee. For example, some programs rely heavily or exclusively on asking potential employees questions like:

▼ What causes domestic violence?

▼ Why don't (all) women leave their abusers?

▼ What do we need to do to end domestic abuse?

▼ How comfortable are you working with people from diverse backgrounds?

While these questions are not necessarily bad to include in the job interview, they should not be the strongest predictor of whether someone will be hired. These questions deal with perceptions and perceptions can change when new information is learned. What is probably more important to know about potential employees or volunteers has to do with:

▼ personality traits

▼ work styles

▼ their commitment to social justice

Work styles are directly connected to core personality traits, and both are much harder to change than are perceptions, even with direction and supervision. Therefore, in addition to asking potential employees the standard questions about domestic violence and diversity, it is important to also ask about how organized

they are, how well they communicate with others, how dependable they are and whether they will be competent "team players." Those being hired into management positions or positions that involve writing should also be subjected to questions or tests related to their writing skills, supervisory style and conflict management.

With regard to having a commitment to social justice, it is helpful if potential employees have a basic understanding of social inequalities and a commitment to social justice. While they may or may not have prior working knowledge about domestic violence, this orientation will help them understand this particular social problem more quickly if they already have a social justice orientation.

Below is a pool of questions you might consider, based on the job for which the candidate is applying:

Interview Questions Pertaining to Personality Traits and Work Styles

▼ What do you do to effectively communicate with others?

▼ What experience have you had in pressure situations?

▼ Tell us about a situation you were in that would demonstrate your ability to work well under pressure.

▼ What are some means of dealing with stress?

▼ What does it take to get under your skin?

▼ How does your experience and education qualify you for this job?

▼ What makes you want to leave your current job?

▼ On a scale of 1 to 10, with 10 being the highest, how organized are you? What makes you say that?

▼ In what kinds of situations do you find it most difficult to *deal with people*?

▼ What has been your experience in working with *community organizations*?

▼ Tell us about your experience in working with *volunteers*.

▼ What aspects of your work do you get the most excited about?

▼ What are your most outstanding qualities?

▼ What are your weak points, and what are you doing to improve upon them?

▼ Do you work better by yourself or as part of a team? Explain.

▼ Use five adjectives to describe yourself.

Interview Questions Pertaining to Social Justice Philosophy

▼ Tell us how you view poverty in this country. Why are some people living in poverty?

▼ Have you been involved in any prior social change activities? (Why or why not? Provide details)

▼ When you think about domestic violence programs, do you think of them as social service agencies or social change agencies, or as something else? (Please explain.)

Interview Questions for Supervisory Positions

▼ Describe an example of your leadership ability.

▼ Describe your supervisory style.

▼ What motivates employees?

▼ How do *you* motivate people you supervise?

▼ What do you find difficult in disciplining employees?

▼ What role does documentation serve in the disciplinary process?

▼ If two employees working for you clearly disliked each other, what would you do?

Interview Questions if the Job Entails Report or Grant Writing

▼ What prior experience have you had with grant writing? Report writing?

▼ What's the most difficult part of grant writing for you?

[obtain a writing sample from the candidate]

Interview Questions Pertaining to Values and Beliefs

▼ What experience have you had working with people from backgrounds and cultures different than your own? (tap into issues of race, gender, sexual orientation, religion, politics, socioeconomic status, age, disability)

[Follow up the previous question with:] In this program we value diversity with regard to race, gender, sexual orientation, religion, socioeconomic status, age, disability, and culture.

▼ How comfortable or uncomfortable does that make you, and why?

▼ Tell me what you know about domestic abuse, and why you want to work here.

These questions are not an exhaustive list, but they are offered as options for you to choose from and build on. Questions about work style and personality traits should also be asked when doing reference checks (a critical step that should never be bypassed!). The main point here is that it is easier to teach someone about domestic violence than it is to teach them to be organized, dependable or strong communicators.

> It is easier to teach someone about domestic violence than it is to teach them to be organized, dependable or strong communicators.

Expand Recruitment Efforts

When thinking about the issue of hiring staff, it is also important to consider the very related issues of recruitment protocols and outreach efforts. As domestic violence programs move more and more toward a "professionalization" of services and demanding college degrees, they are excluding a pool of candidates from which they can hire. In this country many people are not afforded the opportunity to obtain a college degree, yet their knowledge and experience would be ideal for your organization. Consider emphasizing experience over education wherever possible. Also, instead of focusing on putting job notices primarily on college campuses, in city newspapers and through professional social services organizations, consider expanding outreach efforts to social justice focused organizations, free community newspapers, radio stations, community-based grassroots agencies and university departments, such as Women's Studies, African Studies, Political Science, and Community Organizing.

ACTION PLAN

Examine the composition of your staff to see how diverse they are with regard to race, ethnicity, religion, age, socioeconomic status, sexual orientation, disability status, substance abuse history and experience as a survivor/victim of domestic violence. If you are less than happy with the distribution of your staff, make a serious commitment to improve upon this diversity. What hiring policies do you now have in place that specifically make it harder to do this? After you identify these policies, change them!

Cost of Staff Turnover

According to the American Management Association, the cost of losing an employee is approximately 30% of their annual salary. Stop and think about how many employees your program lost last year. Grab a calculator, estimate the average annual salary for those folks and multiply that by .30. This ends up being a huge cost to organizations, and we all know that our programs just can't afford to lose this kind of money. Just consider that if three employees, all making approximately $35,000 a year in wages and benefits, quit or are fired in a year, the cost to the program in lost productivity as well as staff time hiring and training new people comes to $31,500. Clearly, high employee retention not only helps a program run more efficiently and successfully, but it makes sound financial sense, too.

Strategies for Staff Retention

So how do we retain staff of domestic violence programs? First, we assume it can be done. Many Executive Directors and program managers sincerely believe that high staff attrition is inevitable in domestic violence programs. They cite the low pay, emotionally demanding work and high stress of these jobs as factors that lead to high burnout and staff turnover. This expectation is so ingrained in many programs that little, if anything, is done to prevent such high turnover. Staff are treated as though they will leave (through inadequate training, supervision and opportunity for advancement), and this then contributes to the high turnover. We need to break this cycle.

We cannot eliminate staff turnover, but there are a number of concrete things we can do to drastically reduce it. These strategies are broken down into five categories:

1. Competitive wages and benefits
2. Effective training and supervision
3. A supportive, enjoyable work environment
4. Challenging work
5. Room to grow and advance

Competitive wages and benefits

We may not be able to compete with some for-profit companies, but we need to be competitive at least with other nonprofits and with some government jobs that might attract our employees (e.g., child welfare offices, social services). If we are offering wages that are so low that our employees need to take on second jobs, we need to rethink our pay rate. Hiring fewer people at higher salaries might be an option, and/or combining two part-time positions into a full-time position is worth considering. Unfortunately, more and more companies are moving toward hiring part-time employees so they don't have to pay benefits, and this results in skyrocketing attrition. Seriously consider whether this tradeoff is fair to your staff and effective for your program.

It is worth mentioning that once you offer a livable wage, it is probably *as or more important to* offer attractive benefits than it is to keep raising the wage rate in your program. This doesn't just mean health and retirement benefits either – although these are certainly important – but also the job benefits that don't have to cost the program much money and work wonders toward employee satisfaction and retention. For instance, most employees of domestic violence programs are women, and women as a rule greatly appreciate having flexible schedules and understanding employers. Women with young children at home, for example, will put up with lower wages at their workplace if their employer lets them work at home when the children are sick, or understands about doctor appointments and teacher conferences occurring during business hours Monday through Friday. Many women will bend over backwards for an employer they know will understand if they need to take time off to get their car fixed, or take their mother to the store. Not that you would have a carte blanche policy regarding time off, but if you are willing to work with employees around life circumstances, they will generally reward you with incredible loyalty. After all, they know they aren't going to get that kind of support from most employers.*

ACTION PLAN

Examine your policy regarding flex time. How are employees treated now, and how could you improve your policies? Are you paying employees a livable wage? Examine your staffing decisions and pay rates to see where you could improve.

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* Special thanks to Debi Cain for first raising this with me.

Effective training and supervision

A good deal of staff burnout is due, not to the difficult emotional work, but to inadequate training and supervision.

If an employee (or volunteer) is given tasks to perform that they do not feel prepared to handle, they will generally feel inadequate, nervous, stupid, and/or incompetent. They are also more likely to make mistakes, which requires someone else to spend time fixing the problem. Would you continue to work in an environment in which you felt this way?

> **Adequate training and supervision are investments in retention.**

So, why don't we adequately train and supervise staff now? Again, it's generally that old crutch of "we don't have the time." Yet, stepping back and looking at our high turnover rates, are we really saving time by not training and supervising staff?

We *have* the time for those things for which we *make* the time.

Supervision is not something that should ever end for any employee. Supervision should occur at a set time on a weekly basis. During this time the employee should be expected to discuss what has been going well and areas in which they might be experiencing difficulties. The supervisor should be prepared to give both specific positive and corrective feedback. This should be a time that the supervisor can also gauge employee satisfaction, and how steps can be taken to maintain or increase that satisfaction.

A word of caution: An unfortunate consequence of promoting an empowerment management style in domestic violence programs is that a few employees will try to use this as a tool against their supervisors. While not a frequent occurrence, it sometimes happens that employees will make statements such as "I feel victimized by this program," or "I don't feel safe being honest about my feelings here," or even "I feel abused by my supervisor." These statements are designed to manipulate, and they can be very effective! Let's face it, for all of us doing this work, one of the worst things we could be called is abusive. We are also committed to validating women's feelings. When you put these two things together, we can be quite vulnerable to allowing staff to get away with this type of manipulation. Therefore, it is critical that all supervisory staff have training in responding appropriately to these kinds of remarks (e.g., exploring with staff how their experiences differ from actual abuse; discussing the power of words and choice of language; being clear that such language is not only manipulative but disrespectful of survivors' actual experiences of abuse).

ACTION PLAN

Create a written protocol for training and supervising all new employees. For each position, determine who should train that person, how they should train the new person and for what period of time training will continue. Some part of the training should involve "shadowing" someone more experienced. An evaluation component is also needed so that supervisors have a sense that the new employee has gained a level of competence and comfort before ending training.

Supportive, enjoyable work environment

This work is difficult and stressful. It is also extremely rewarding (or we wouldn't keep doing it!). While we might not be able to offer great pay or benefits compared to the private sector, we can provide a supportive and enjoyable work environment. So what makes a workplace supportive? First, many of the things already mentioned in this handbook: flexibility, adequate training and regular supervision (done in a positive and supportive way). Other ways to make an environment supportive and enjoyable include:

▼ publicly acknowledging an employee's efforts (either in staff meetings, on a bulletin board, in a newsletter, or through some other creative but public way)

▼ providing fun food periodically for staff, for no special occasion

▼ publicly acknowledging birthdays and other special events in people's lives

▼ celebrating accomplishments in staff meetings (these may not even be staff accomplishments directly; celebrate when survivors get housing or jobs or other things that are at least in part due to staff's hard work)

▼ hold parties for staff and volunteers, or take them out for dinner periodically

Different staff will have different ideas of what is rewarding and enjoyable. Supervisors should find out what motivates individual staff in order to be most effective.

Challenging work

A common reason for people to quit their jobs is that they find the work boring or repetitive. Most people want to be challenged at work, either intellectually, emotionally or spiritually. Providing employees with some autonomy in their positions is one way to promote this. While all employees need parameters from which they can not stray (e.g., engaging in empowerment practice with survivors), most jobs can be done in a variety of ways, and encouraging employees to "make the job their own" is one way to decrease boredom and increase job satisfaction. Another way to keep the challenge in the work is to move people into different positions within the program (both horizontally as well as vertically). This is positive for the program because staff have varied expertise, and it is positive for staff because they get to learn new skills and engage in new experiences.

Note: This is obviously more difficult for small programs with fewer staff. For these programs, it is best to focus on allowing staff more control over how work gets accomplished.

ACTION PLAN

Examine the extent to which employees are now encouraged to move into new positions, if your program is large enough. Institutionalize this process if it is not currently standard practice (e.g., by promoting such practice in policy manuals, employee manuals and through supervision).

Ask employees how autonomous they now feel in their positions. Encourage them to think about ways to improve upon and accomplish their work. Even if you think they have come up with a bad idea, let them try it for a period of time. We learn from mistakes as well as successes!

Room to grow and advance

Closely connected to the desire for a challenging work environment is the need to advance in a program. While not everyone aspires for a leadership position in an organization, those who do should be provided with the mentoring and support to "move up." If you do not provide it in your program, they will simply look elsewhere for such an opportunity. For those employees who are not interested in being promoted through the ranks, provide them with ways to be creative and industrious in their current positions (see #4 above).

Implementing the aforementioned action plans will increase your capacity to engage in empowerment management. Engaging in empowerment management with staff lays the groundwork for staff to engage in empowerment practice with clients, as discussed in Part 3.

EMPOWERMENT MANAGEMENT IN PRACTICE

The four essential components of empowerment management are:

▼ Frequent and effective communication

▼ High level of cooperation

▼ Joint decision-making

▼ Conflict is resolved productively

Translated into day-to-day practice:

Empowerment Management Style	Traditional Management Style
Employees are encouraged to take initiative.	Employees are discouraged from taking initiative.
Rules and procedures change based on staff input and experiences.	Rules and procedures are static and unquestioned.
Communication is open and frequent. Communication is bi-directional.	Director communicates *to* staff. Communication is not bi-directional.
Employees are encouraged to express their opinions.	Employees are not given opportunities to express their opinions.
Employees are encouraged to explore different roles in the program.	Employees' roles are prescribed and static.
Information relevant to the functioning of the program is shared with employees.	Employees are not viewed as needing information not directly related to their jobs.
Life circumstances and needs are taken into account in granting time off or flexible work conditions.	Employees are expected to work the days and hours prescribed by the program. Personal matters have no place in the work setting.
Staff are encouraged to acknowledge th need specific additional training.	If staff divulge they need additional training, they are viewed as incompetent to do their job.
Personal events in employees' lives are acknowledged and celebrated.	Any celebrations occur outside of work time, if they occur at all.
Staff are viewed as integral to the success of the program.	Staff are viewed as expendable.

For those programs large enough to have management-level staff supervising direct services staff, it is imperative that these employees also have the knowledge and skills to engage in empowerment management. It is beyond the scope of this handbook to provide step-by-step instructions for engaging in empowerment management, but in brief, the characteristics of effective team leaders and effective team members are as follows:

Characteristics of an effective team leader:

▼ an effective team player

▼ an effective listener

▼ highly developed interpersonal skills

▼ able to generate trust

▼ able to trust

▼ has respect for individuals

▼ knows the business

▼ has excellent coaching skills

▼ has excellent confrontational skills

▼ an effective administrator

▼ has effective feedback skills

▼ has effective meeting skills

▼ an effective goal setter

▼ is supportive of the team

▼ an effective decision maker

▼ an effective trainer

▼ is able to challenge ideas and issues instead of people

▼ is fair and consistent

Characteristics of an effective team member:

▼ is open to feedback

▼ provides feedback to other team members

▼ concerned about the organization succeeding

▼ willing to personally lose on some issues

▼ willing to confront and stand up on issues

▼ able to confront issues, not people

▼ is a good listener

▼ willing to challenge the status quo

▼ willing to accept learning as a goal

(adapted from L.C. Plunkett & R. Fournier (1991). *Participative management: Implementing empowerment*)

Resources are provided in the back of this handbook if you need additional suggestions for how to engage in empowerment management.

In short, empowerment management and empowerment practice must occur across all levels of your program in order to be effective. Board Members need to trust the Executive Director to oversee day-to-day operations, and should provide a supportive management style in interacting with her or him. The Executive Director, in turn, is responsible for hiring staff who will thrive within an empowerment management and practice program. Through the receipt of training, supportive supervision, ongoing communication and "supervised freedom," staff should be both productive and content. Management-level staff will also engage in empowerment management with direct service staff and volunteers, who will then engage in empowerment practice with clients. See Figure 1 for a visual representation of this process.

Figure 1:
Empowerment Management and Practice Across all Levels of the Organization

Board Members trust Executive Director to oversee day-to-day operations and decisions. Board provides supports necessary for E.D. to do his/her job well.

Executive Director hires highly skilled staff and provides the training, support and "supervised freedom" necessary for staff to do their jobs well. Communication is frequent and respectful.

Management staff communicate often and respectfully with direct service staff and volunteers, and provide training, support and "supervised freedom" necessary for them to do their jobs well.

Direct service staff and volunteers feel well-respected and competent. They are directly experiencing the positive effects of "empowerment practice," and use the same practice with clients.

Board of Directors

Executive Director

Management Level Staff

Direct Service Staff

Volunteers
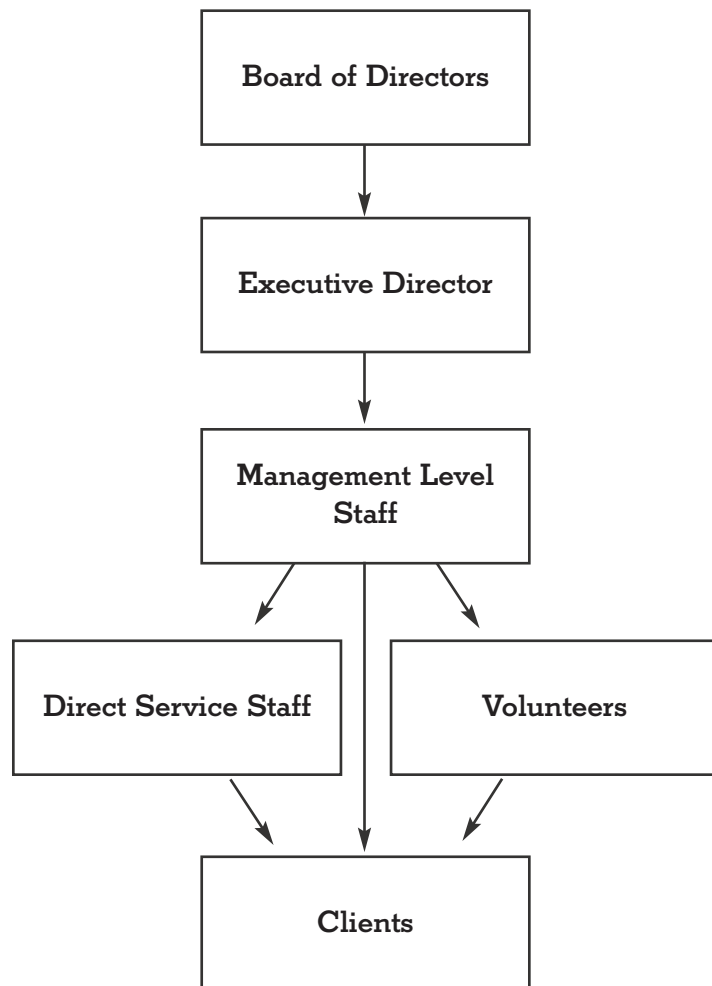
Clients

PART 3
Empowerment Practice

As noted in the prior section, engaging in empowerment practice with staff models for them the importance of engaging in empowerment practice with clients.

Why should domestic violence programs engage in empowerment practice?

There are three primary reasons. First, empowerment practice is in line philosophically with the values of the Battered Women's Movement: survivors have a right to justice, autonomy, restoration and safety. Second, there is ample evidence that empowerment-based services are more effective than traditional social services. And third, it makes sound fiscal sense. Since these services are more effective and staff delivering them are more likely to be satisfied with their jobs, empowerment practice saves money. In short, then, you can follow these guidelines because it's the right thing to do, because we know it works and because it makes good business sense.

What is empowerment practice?

It is behaving with a survivor in ways that increase her power in personal, interpersonal and political arenas. Empowerment practice can be viewed as a helping relationship that is participant driven. The staff member shares power with the participant, and is a facilitator, not a director, of services. Therefore, the advocate works with the survivor to facilitate her access to knowledge, skills, supports and resources. In empowerment practice the advocate recognizes that the survivor brings strengths and resources to the table, and she recognizes that problems are embedded in social systems.

> **Empowerment practice is...**
> **Behaving with a survivor in ways that increase her power in personal, interpersonal and political arenas.**

> **Empowerment practice cannot occur within an authoritarian relationship.**

Empowerment has been a consistent theme in the Battered Women's Movement since its inception (Schechter, 1982). It is also a core principle of social work practice (Simon, 1994; Gutierrez, 1998). Unfortunately, while it is still common to talk about empowerment within our programs, or to write about it in our mission statements and manuals, as funding and professionalism have increased, we have seen a parallel decrease in actual empowerment practice.

> **A major component of empowerment includes modifying structural conditions to redistribute power and resources more fairly.**

Empowerment has been defined as "the process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situations" (Gutierrez, 1990,

p. 149). This should not be interpreted as working to change someone's psyche. 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 more fairly.

Essential elements of empowerment practice:

▼ shared power

▼ respect for survivor's strengths and resources

▼ services are survivor-driven

▼ services are flexible and individualized

▼ problems are not located within the survivor

▼ services are action-oriented and proactive

Translated into day-to-day practice:

Empowerment Practice	Traditional Social Service Delivery
Survivor decides what she needs.	Professional tells client what she needs.
Advocate supports survivor's decisions.	Professional mandates particular services.
Advocate offers information and assistance, but not advice or direction.	The client must comply with the professional in order to receive services.
When the survivor changes her mind about a course of action, the advocate is supportive and nonjudgmental.	Professional has client complete a goal plan that she is expected to adhere to. Deviation from the plan is judged.
Advocate seeks out the survivor and offers assistance rather than waiting to be asked.	Professional expects client to ask for anything that is to be provided.
Advocates spend a good deal of time in the community, forming relationships and working with survivors.	Services are provided in the professional's space, according to the professional's schedule.
Time is spent in staff meetings discussing systems change strategies.	Professional discusses client's "case" with other professionals to decide a course of action the survivor is expected to follow. The professionals analyze the client's behaviors and mental capacity.
The advocate's focus is on changing and improving systems, not survivors.	Professional views the survivor as the person needing to change.
The advocate is flexible in how she works with the survivor.	The professional follows a standardized way of working with the survivor.
The advocate considers the survivor's beliefs and behavior within a larger social context.	The professional applies a standardized model of mental health to the survivor's beliefs and behaviors.
The advocate models effective communication and treats the survivor as her equal.	The professional takes on the role of "expert" and talks down to the client.

BELIEFS THAT ARE NOT ONLY UNFOUNDED, BUT ARE ANTITHETICAL TO EMPOWERMENT PRACTICE

1. Protection From Abuse (PFA) orders protect women, and survivors should be strongly encouraged to get them.

2. Prosecution will protect the survivor from future abuse, so she should cooperate with prosecutors.

3. Leaving the relationship is the safest and best course of action.

4. Survivors have been so beaten down by abuse that they can't make good decisions for themselves.

5. Survivors who return to the abuser with their minor children are putting the children at risk.

Each of these statements ignores the complexity of women's lives as well as institutional barriers facing many survivors. Do any of us really believe that PFA's universally protect women? Of course not. In some instances, the abuse only gets worse after such an order. Survivors often have a good idea of whether or not a PFA would help them; therefore, *asking* this question is the first step in determining whether to help her obtain such an order. There are domestic violence programs around the country *mandating* that all clients obtain protection orders or they are denied services. This is not only insulting to survivors, but potentially dangerous.

Similarly, we know that very few perpetrators of domestic abuse are ever prosecuted, and those that are prosecuted are most likely to be acquitted or, if they plead or are found guilty, receive probation. Again, do we believe this process makes all survivors safer? Additionally, many women distrust or fear the legal system for a variety of reasons. In particular, women of color hesitate to engage a racist and classist system. They might want the abuser held accountable, but they do not want to subject him to unfair treatment by the system. Immigrant women often fear their abusers (or they) will be deported if the police become involved. The point is, women choose not to involve the criminal legal system in their lives for a variety of reasons, and regardless of whether we think any individual survivor is making the choice we ourselves would make, these decisions must be respected. Empowerment practice means discussing the pros and cons of all options with survivors, but, ultimately, respecting their desires and decisions, regardless of whether we agree with them.

What about survivors' decisions regarding leaving the relationship? Many domestic violence programs will say publicly that survivors need to make this decision for themselves. In our public education programs we educate the public about how dangerous it is when survivors leave the relationship. Yet, it is far too common for direct services staff to strongly believe that every survivor's goal should be to leave the relationship. How do you know that staff hold these beliefs, especially when, if asked directly, they will state that they respect a woman's right to decide this for herself? You're likely to hear it when individual staff talk about particular cases, or express their anger and disappointment with survivors. For instance, you may have heard staff say when a survivor goes home: "She isn't ready to leave yet....." indicating they view leaving as the ultimate goal. Direct services staff also may say,

"I don't have time to work with women who aren't going to help themselves. So I work with women who've shown a real commitment to making their lives better." In these instances, they're almost always differentiating between women who stay in the relationships versus those who leave. Also notice the underlying tone in the prior statement. These advocates are usually pretty angry when they say these things, indicating their personal values are getting in the way of their being effective change agents. Here is one example of how this false belief gets translated into standard practice. During outcome evaluation trainings, participants are asked how they currently measure various program outcomes. In a recent training someone noted that they measure the extent to which clients are "safe over time" by decisions survivors make about the relationship. Staff ask women at shelter exit whether they are going back to the abuser or not, and they count those who go back as "unsafe" and those who leave as "safe." Believing that leaving the relationship is always the best and safest option for women is not only inaccurate factually, but it can result in many survivors feeling dismissed or misunderstood.

The fourth and fifth "unfounded beliefs" will be discussed together because they both assume that survivors of domestic abuse are incompetent. This can be blamed, at least in part, on researchers (particularly clinical psychologists) who have published articles and books espousing this as though evidence supported it. How many of us, for example, are familiar with the concept of "learned helplessness" in domestic abuse victims? Clinical psychologist Lenore Walker applied this concept to survivors of abuse based on her clinical practice, and the concept readily caught on with practitioners and the public. The only problem is *there is no empirical evidence to support this concept*. On the contrary, the evidence shows the exact opposite. As the abuse becomes more severe, women try more and more strategies to protect themselves and their children. For instance, one study of more than 6,000 women from 50 different domestic abuse shelters found that the women had made an average of six helpseeking efforts before entering the shelter (Gondolf, 1988). Dobash, Dobash, and Cavanagh (1985) found that the longer the duration of the violence, the greater the number of agencies women contacted to escape it. Other studies have reported on the high rate of women's helpseeking efforts as well (Binney, Harkell, & Nixon, 1981; Bowker, 1983; Horton, Simonidis, & Simonidis, 1987; Schulman, 1979; Sullivan, 1991, 1997, 2000).

The problem is not that survivors stop trying to help themselves, it is that structural obstacles continue to block their efforts. Women in general, regardless of the level of abuse in their relationships, can expect their standard of living to decrease after the relationship ends. The jobs women can expect to get continue to be overwhelmingly low status and low paying. Two thirds of adults living in poverty are women. Added to this, we are all too aware that abusive men often use economics to continue to harass and torment their partners after they leave. They wage custody battles, stalk women at work, destroy their property, and/or fail to pay child support or alimony. As advocates, then, our time is best spent focusing on these structural issues rather than on changing the psyches of survivors.

The belief that long-term abuse diminishes a woman's capacity to make good decisions also extends to our belief about her parenting. Again, public perception does not match the empirical evidence. Published studies comparing parenting practices of battered and non-battered women have found no differences between

the groups (Hershorn & Rosenbaum, 1985; Holden & Ritchie, 1991; Holden, Stein, Ritchie, Harris, & Jouriles, 1998). Yet, the common perception continues to be that battered women are likely to demonstrate emotional unavailability and impaired parenting toward their children. This has resulted in many shelter programs *mandating* parenting classes for residents. Think for a moment about the message that sends women. They come to you because they have been victimized and they are told they must attend parenting classes. This would tell me one of two things if I were the survivor. Either I would accept the message being given, that I have become a worse parent as a result of the abuse, or I would hear the message that *you* believe I am a bad parent, even though I disagree. And if I believe the second message, I am going to have little faith in your ability to understand me or my situation. I might even be so offended I turn down your services, leaving me more unprotected and vulnerable to abuse.

I am not arguing that all women with abusive partners are good parents. I want to stress that: I am not arguing that all women with abusive partners are good parents. I also believe that most parents in this country could benefit from parenting classes. However, *by mandating parenting classes we send two clear messages that undermine our effectiveness as advocates*: (1) we make assumptions about all domestic abuse survivors without checking out those beliefs, and (2) we believe survivors have impaired parenting skills. How can we advocate for survivors with child protective service agencies if we ourselves hold this belief? How can we build trust with survivors if we mandate them into services they may not want or need?

Empowerment practice evolves from a real belief in the strength and abilities of domestic abuse survivors. If we do not honestly and truly believe that domestic abuse can happen to anyone, that survivors are not to blame for their abuse, and that survivors have many strengths and capabilities, we *cannot* engage in empowerment practice. The two are absolutely antithetical to each other. If we honestly *do* believe that survivors are competent adults facing many structural barriers, then we have a hard time engaging in anything other than empowerment practice.

> **Published studies comparing parenting practices of battered and non-battered women have found no differences between the groups.**

If you are reading this and despairing that your program is engaging in quite a few victim-blaming practices, please don't lose hope. These practices can be turned around with some time and effort. And the good news is that *you have the power* to transform your program's work.

The Power of Leadership

Program practices begin at the top. That means you, the Executive Director, have the power and responsibility to shape the work of your program to reflect empowerment practice. For example, if you believe that women with abusive partners are strong and competent, then your advocates will believe this, as well. They also do not use certain negative language if that language is not a part of their training or supervision. Some words advocates absolutely should not use in their work with survivors include: co-dependent, enabling and "boundary issues." All of these words evoke a sense of pathology when talking about survivors and should intentionally not be used. They also reinforce a professional, distant relationship between counselor and client, which is antithetical to survivor-focused, empowerment practice.

Empowerment Goals: Justice, Autonomy, Restoration and Safety

In my trainings with advocates, I stress the concept of JARS: Justice, Autonomy, Restoration and Safety, as a visual way to help them remember that everything we do should fit into one of these JARS:

Justice involves more than legal justice (punishment of the offender and protection from further harm); it also includes economic and social justice.

Autonomy involves respecting each woman's right to self-determination. It's her life!

Restoration involves helping women heal from the abuse emotionally and physically so they can move on with their lives.

Safety involves not just a woman's physical safety but her emotional safety as well. Women deserve to be free of physical and sexual abuse, but also of threats, intimidation, stalking, economic abuse, coercion and isolation. Safety is so multi-dimensional, consider using multiple JARS in trainings to explain this concept. Use four actual jars as visual aids, each with either a J, A, R or S on it. Throughout the training, put pieces of candy in a jar as appropriate. This is also a helpful visual aid to ask people whether some of our DISempowering actions fit into any of the jars (e.g., enforcing certain rules, mandating survivors into programs). Use this visual aid throughout your program as a gentle reminder that any action we take on behalf of a survivor should be in pursuit of one of these concepts (and should therefore fit into one of the jars): justice, autonomy, restoration or safety.

The next sections explore "empowerment in action." Strategies are provided for engaging in empowerment practice within four major service areas: counseling, advocacy, shelter services and safety planning.

EMPOWERMENT COUNSELING

The vast majority of domestic violence programs now offer counseling as one of their core services, with many shelter programs even mandating such counseling. But where did this thinking originate, that survivors "need" counseling? When did we start devoting such a high percentage of our resources to counseling?

We need to critically examine our assumptions about survivors' mental health needs as well as how we deliver counseling services. Our emphasis on providing counseling has arisen from a combination of funding requirements and the continued "professionalism" of the Movement. In the U.S., domestic abuse has become an issue viewed not as a social problem so much as a mental health concern. We continually look for psychological and personality traits of batterers as well as victims, and a great deal of our research and practice has focused on examining individuals and relationships. This is in spite of our knowledge that at least one in five women will be abused in a relationship in her lifetime, and that more than one in ten will be seriously battered.

While there is something to learn from examining risk factors for abuse and abusive behaviors, the more we focus on the individual level, pathologizing victims as women "making unhealthy relationship choices," or as "not thinking they deserve any better," we are specifically *not* focusing on the social conditions that support battering or the structural barriers trapping survivors. Most importantly, we are not focusing on survivors' strengths.

I was fortunate to be in a meeting once when Nan Stoops, Executive Director of the Washington State Coalition Against Domestic Violence, spoke about the priorities of domestic violence programs.* She mentioned having engaged in the following exercise with some domestic violence programs. She would ask the staff, in a large meeting, what they thought the root causes of domestic violence were and she would write the responses on flip charts. After responses began to get repetitive she moved on to ask what staff thought was the most important work we could then engage in to end domestic violence and support survivors. She then wrote those responses on the flip charts and posted the answers where everyone in the room could see what had been written. She then asked staff what percentage of their resources went to engaging in these types of activities, and where the bulk of their resources went. Not surprisingly, there was generally a disconnect between what staff believed was their most important work (changing social norms, improving community responses, advocating for survivors, holding perpetrators accountable) and where most of their funds were allocated (shelter and counseling).

ACTION PLAN

Conduct the above exercise with your own staff as a way to gauge how connected your core values are with how your resources are being allocated.

Empowerment counseling/group work in action. I am not suggesting that we stop engaging in counseling with survivors. I am suggesting that we give critical thought to *when, how, where* and *why* we offer such counseling. For example, most of our counseling now is done one-on-one, in a counselor's office, at a prescribed time for a set period of time. Let's think about the messages that sends and whether we want to modify it.

Intentional or not, when we engage in *individual* counseling with a survivor, we send the message that her experience is very particularized, that we need to delve into her psyche, her past, and her life expectations to understand why she was abused. When all of the counselors have a particular degree (e.g., masters in social work) rather than a particular life experience (e.g., survivor, recovering addict) we also send the message that only someone with specialized education can help the survivor with her emotional healing. When we engage in group education or group support, however, the message becomes quite different. We send the message that the survivor's experience is a shared experience, one she can understand better by hearing from other women who have had similar experiences. How often have we heard survivors say, after participating in groups, that "we were all married to the same guy!" or "these guys all seem to have gone to the same school!"

When we provide opportunities for survivors to learn from other survivors, and to share their own expertise and wisdom with other women, we send a powerful message about the nature of abuse as well as the nature of women's strength. Survivors do not need "professionals" to help them heal and grow. On the contrary, "professionals" can even do more harm than good if the implied message is that each woman's experience is unique, or due to individual relationship dynamics. A component of becoming empowered is recognizing that "the personal is political," that we are a part of something much larger than ourselves, and that others in similar situations have somehow prospered. Which means we can, too. This understanding, coupled with concrete information and tools to create specific life changes, leads to survivors becoming empowered. It is truly that simple – and that complicated.

So what do we do about the very real situation that some of our funding is attached to hiring staff with particular degrees in counseling? The answer is not necessarily that complex. Many of our "degreed" staff have masters degrees in social work or psychology, and the empowerment philosophy is a core value of each discipline (even though it's not necessarily taught well across all degree programs). That means we can still hire these staff members, but that we expect them to engage in empowerment practice through their counseling and group facilitation.

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* Special thanks to Nan for allowing me to include this example in this handbook.

What Is Empowerment Counseling?

Empowerment counseling involves guiding, supporting and anchoring women, while simultaneously ensuring that each woman is in control of her decisions and choices throughout the process. Empowerment counseling within the context of domestic violence is a process through which one party helps the other gain or regain her sense of personal power. Experiencing domestic violence frequently results in a loss of trust, as well as a loss of one's sense of control. Empowerment counseling involves using active listening skills to help women regain that sense of power and control over their lives. This can be done individually or within groups, although as noted above, there are additional advantages to offering this counseling in a group setting.

What Does Empowerment Counseling Look Like?

One of the first things a counselor does when engaging in empowerment counseling is ask the survivor *what brought her to this place*. And then the counselor listens. Truly listens, reflects back and communicates empathy. Some excellent questions to ask survivors at this point include:

▼ "What brought you here *now*?"

▼ "What was different *this time* that brought you here (or made you call, or made you leave)?"

This is part of helping women discover their own "bottom line."* For some women, what was different this time is that he abused the children, or he sexually assaulted her for the first time. Or he destroyed something precious to her. Whatever it was, it crossed an invisible line in her life of behavior she was willing to accept. By "willing to accept," I don't mean to imply she thought the prior abusive behavior was acceptable or that she deserved it. What I mean is that we all weigh the benefits and risks of various options, and up to this point, the benefits of the relationship outweighed the drawbacks. But now, something has shifted. And once the survivor recognizes this line has been crossed, she has raised her consciousness and the counselor can then help her "raise the line." Again, this is very effectively done in a group setting where women can hear each others' experiences, recognize themselves and their batterers in others, and offer their own experiences and wisdom in a supportive setting.

One more important note about hiring and training counselors: another major drawback of always hiring staff with advanced degrees for these positions is that we are more likely to locate and hire middle class, white women as counselors in our programs. Because of institutionalized classism and racism in this country, these are still the people more likely to have both the opportunity to obtain and the interest in pursuing these types of advanced degrees. A recent survey of members of the National Association of Social Workers found that 89% of members are white (www.naswdc.org/naswpra/surveyOne/demogr.pdf). So we need to seriously think about the consequences of our decisions, and consider strategies for hiring at least some counseling staff (regardless of advanced degree) who have backgrounds and prior life experiences that survivors can relate to, as well as people who have a good dose of common sense. One of my

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* Many thanks to Connie Sponsler-Garcia for this phrase.

former doctoral students, Tameka Gillum, interviewed many of the staff and clients of Asha Family Services for her dissertation study (Gillum, 2004). Asha is the only culturally specific domestic violence program in the country dedicated to serving the African American community. Asha often hires staff who have either been to prison themselves, are recovering addicts, or are survivors of abuse themselves (many of whom also have advanced degrees). This is a deliberate decision on the Executive Director's part, and not surprisingly, a common theme reiterated by the survivors was how meaningful it was for them to be able to relate to staff. Women mentioned such things as "I knew if she could make it, I could make it," and "she was my role model." It was also significant to these African American survivors that they were working with African American staff, with whom they felt they could relate more easily than to white women. We can not minimize the importance of learning from and working with people who understand our cultural practices and history, or who simply come from similar backgrounds, especially for marginalized and oppressed groups with so many structural obstacles to overcome. While we are each individuals with our own unique personalities and strengths, we are also each members of communities and cultures, and we draw upon the strengths of those communities in times of difficulty.

ACTION PLAN 1

Count the number of counselors on your staff and see how diverse they are with regard to race, ethnicity, religion, age, socioeconomic status, sexual orientation, disability status, substance abuse history and experience of domestic violence themselves. If you are less than satisfied with the distribution of your staff, make a serious commitment to improve upon this diversity. Do you even need this many counselors on staff? Do they really need particular degrees to do this work well? Consider how you can locate and hire more women of color, more women who have been in prison themselves, more single parents, more survivors, etc. What hiring policies do you now have in place that specifically make it harder to do this? (And change them!)

ACTION PLAN 2

Purchase the following books and expect your staff to read and incorporate them into their practice. They are excellent resources for engaging in empowerment work with diverse clientele. Ellen Pence's handbook offers specific strategies for facilitating successful groups with survivors. It is a critical tool for staff.

Pence, E. (1987). *In our best interest: A process for personal and social change.* Minneapolis, MN: Minnesota Program Development, Inc.

Gutiérrez, L.M. & Lewis, E.A. (1999). *Empowering women of color.* NY: Columbia University Press.

Gutiérrez, L.M., Parsons, R.J., & Cox, E.O. (1998). *Empowerment in social work practice: A sourcebook.* CA: Brooks/Cole Publishing.

Adams, R. (2003). *Social work and empowerment.* Thousand Oaks, CA: Sage.

EMPOWERMENT ADVOCACY

Every domestic violence program engages in some form of activities they identify as "advocacy." Advocacy efforts are generally classified as either individual-based – working with or on behalf of individuals to ensure access to resources and opportunities – or systems-based, which involves improving institutional responses. In reality, though, many advocacy efforts involve both working to change systems and assisting individuals simultaneously.

Systems-level advocacy efforts are generally targeted at the criminal justice, health care, welfare, child protective service and other systems. Individual-level advocacy involves working with specific survivors, with activities ranging from helping a woman safely move her belongings out of her residence to accompanying women through the court process.

Unfortunately, we have diluted the term "advocacy" to include just about any direct service we engage in. Many programs have labeled staff positions as "counselor advocates" even though these staff don't engage in true advocacy. So when does an individual-level activity change from being "direct service" to "advocacy?" As Knitzer (1976) pointed out in her historical piece on child advocacy, there are six principles common to all forms of advocacy:

▼ Advocacy assumes that people have, or ought to have, certain basic rights.

▼ Advocacy assumes that rights are enforceable by statutory, administrative or judicial procedures.

▼ Advocacy efforts are focused on institutional failures that produce or aggravate individual problems.

▼ Advocacy is inherently political.

▼ Advocacy is most effective when it is focused on specific issues.

▼ Advocacy is different from the provision of direct services.

To this list, Herbert and Mould (1992) added the following: "[A]dvocacy is not primarily concerned with providing a service, but rather with assuring the availability and relevance of the service that is provided. It implies a *proactive step* beyond the mandated delivery of service" (p. 117; emphasis added). Given this definition, it is clear that many programs are confusing advocacy with the provision of direct service. And while direct assistance can be quite valuable for a woman coping with an abusive partner or ex-partner, it is important to clarify the difference between the two to avoid diluting the term *advocacy* to the point that it loses all meaning.

Empowerment advocacy involves working *actively* with survivors to help them gain access to resources and opportunities that will improve their lives. These efforts generally also include changing systems and institutions to improve their response to all survivors, not just individual cases. Empowerment advocacy, like all forms of empowerment practice, is based on the premise that the survivor is in control of what gets worked on with the advocate.

> **Empowerment advocacy, like all forms of empowerment practice, is based on the premise that the survivor is in control of what gets worked on with the advocate.**

But what about when it seems pretty clear that a survivor is making "bad" decisions? First, it is always important that we bear in mind we could be wrong. We might not entirely understand the motivation behind the decision but it might actually be the best decision to be made from two or more lousy alternatives. On the other hand, the survivor could be making a decision that will have negative consequences for her and/or her children. The decision could endanger herself or someone else (e.g., it might land her in jail, it might result in her children being removed from the home) or it could interfere with her being able to obtain needed resources (such as if she continues to drink to the point she can't get or keep a job). The role of the advocate when this occurs is to take the time to engage in dialogue and critical analysis with the survivor, reviewing all sides of the issue and determining costs and benefits of different courses of action. The advocate must have the skills to:

▼ ask the right questions

▼ actively listen

▼ help brainstorm potential options and strategies

▼ identify the pros and cons of different strategies

▼ strategize how to approach service providers

▼ engage in practice and rehearsal, if needed

▼ monitor whether desired change has occurred

▼ engage in critical consciousness-raising

If, in the end, the survivor still chooses a path that leads to negative consequences, she is the one who has to live with those consequences. The advocate needs to stay nonjudgmental and supportive so the survivor feels comfortable continuing their work together – *even if she has made decisions she later regrets*.

In addition to these skills needed to work effectively with individuals, advocates need to be aware of and well-connected to the local community. They need to know relevant state and local laws and policies, and they should know individuals in frequently used agencies who are in control of needed resources. This means that a great deal of advocates' work should be conducted in the community, not in the program. Advocacy does not happen from behind a desk.

> ...a great deal of advocates' work should be conducted in the community, not in the program. Advocacy does not happen from behind a desk.

Specialized Advocates vs. Generalist Advocates

There is some debate about whether advocates should be specialized in a particular area (e.g., legal, welfare, medical) or whether they should have particular skills that can cross multiple needs (i.e., generalist advocates). On the one hand, an argument can be made that some systems are so complex (especially the criminal and civil legal systems and the welfare system) that advocates are needed who are experts in these areas. On the other hand, it is critical not to reproduce the fragmented nature of services typically found in the human service delivery system. Overly-specialized service delivery has long been criticized for failing to meet the complex array of needs that survivors typically present. In such a system, survivors' needs are met only to the extent to which they reflect the particular categories of service offered. This makes a flexible, individualized response driven by clients' needs rare in the human service delivery system. For example, parents who enter the child protection system are frequently offered (and often mandated to attend) parenting classes. In some cases, these classes may reflect parents' needs, but in others this category of service may be irrelevant while other needs (e.g., car repair, child care, etc.) may be far more pressing. The presence of parenting classes as a category of service drives the delivery of that service rather than a true assessment of the array of needs a particular client presents. In an effort to specialize advocacy in predetermined ways, the response to domestic violence may become increasingly similar to a traditional human service response where categories of service (e.g., legal assistance, counseling) determine what is offered to "clients" rather than the needs that survivors' present driving the intervention process. This may lead to a potential mismatch between what specialized advocacy offers and what survivors need.

My own research has shown that generalist advocates are effective in assisting survivors with multiple needs and through multiple systems (Allen, Bybee, & Sullivan, 2004; Sullivan, 2003; Sullivan & Bybee, 1999). We found that survivors' needs were far from uniform, and that they rarely had needs in only one domain. For example, one subgroup of women was particularly focused on *legal assistance*, but these women were also engaged in activities to address housing needs and child-related issues. Similarly, women who worked primarily on *education and employment* were also generally working on financial and health care issues.

My bias, then, is more toward generalists for two primary reasons. First, survivors rarely have only one area of need. Their lives are complex and their needs are necessarily multifaceted and interrelated. For example, when a woman with young children considers getting a job, she must also consider transportation issues and child care costs. A generalist advocate can help with all of these needs simultaneously. Even a woman needing legal advocacy almost always has additional needs, many of which may be more urgent than her legal concerns. Second (but related to the first reason), if a program has specialized advocates, then the survivor must not only repeat her story and develop working relationships with multiple advocates, but she also must wait until the "specialist" is working and available before she can receive help. Perhaps a reasonable compromise for some programs would be to have some specialized advocates with particular expertise (especially since some funding mandates such specialization),

but also generalist advocates who know enough about all systems to provide useful information and assistance across multiple domains. The generalists could work with the specialists as needed, which would reduce the need for survivors to repeat themselves and work with advocates who are not communicating with each other.

A Note About "Advocacy Planning" Forms (Formerly Goal Plans)

Many domestic violence programs across the country expect clients to participate in some type of goal planning while receiving services. Paperwork is associated with this activity, and the forms are generally referred to as Service Plans, Goal Plans, or Advocacy Plans. While the original intent of this activity was to help survivors clarify what they wanted to accomplish and to identify how staff could help them reach their goals, the forms have often turned into "service contracts," laying out *what is expected of survivors* in order to continue receiving services. Some shelter-based programs even require these contracts as a condition of residency. The forms are generally completed by staff, who then meet periodically with survivors to see if the clients have accomplished their goals. This entire process is reflective of traditional, social service practice rather than empowerment practice, and many survivors feel belittled by it. While oftentimes paperwork is necessary to track staff activities, and can be useful in helping clients track their needs and progress, all forms we use with survivors should be focused on truly helping them.

A sample Advocacy Planning form can be found in Appendix C. These forms can be useful in working with survivors because engaging in advocacy planning and documenting goals and activities:

▼ assures that survivors and staff are in agreement about what goals are to be achieved

▼ provides direction to the process

▼ helps track progress

> **Advocacy Planning should be about the survivor's needs, and what she and the staff will do together to meet those needs.**

The forms can also be *unhelpful* if used in a condescending or authoritarian manner. Staff need extensive training and supervision in how to engage in this process in an empowering manner.

For example, the form should not dictate the conversation – the survivor's needs and desires should. Staff should start the conversation by asking each survivor what is going on for her, what she needs, what her plans are (if she's even thought that far), and how staff can be most helpful to her. It should be very clear to the survivor that the conversation is happening so that the staff member can effectively assist her, rather than putting another burden on her. The staff member's behavior will greatly impact whether the survivor thinks this is a condescending waste of time or a useful process. To maximize the likelihood of the survivor finding this to be a useful process staff need to:

▼ describe the purpose of the activity in a respectful way

▼ focus on the paperwork as a tool to organize their thoughts, rather than a "contract"

▼ solicit goals from the survivor, not provide goals she must meet

▼ focus on *their* role in the process, and the survivor's expectations of *them*

▼ be conversational and relaxed

It also needs to be understood that goals and needs change over time for all of us, so survivors should feel comfortable changing their minds about goals or re-prioritizing areas without being made to feel as though they "are not motivated" or "don't follow through."

If survivors find this process useful to them, staff will know they are engaging in empowerment practice. If survivors find the process disrespectful, patronizing or a waste of their time, this indicates staff need additional training and supervision in empowerment practice.

Why Advocates Need To Be Active and Community-based

Effective advocates need to know not only what resources are available in the community, but how to access them. That means advocates must know the *people* who control the access to each resource, and they must have good professional relationships with those individuals. Sometimes it is necessary to make exceptions to rules, or plead an individual case, and we should not expect survivors to have to do that alone.

When advocates are in the community forging relationships, they are also in the ideal position to educate community members about the obstacles facing survivors, which can lead to policy and practice changes.

It is important, however, that cooperation not turn into co-optation. It sometimes happens that advocates become unwilling to push a particular survivor's case because the advocate is afraid of jeopardizing a strong relationship they have with an important community member (such as a police captain, prosecutor or judge). This most often happens when the survivor is "not a good victim;" either she abuses substances, neglects her children, or is simply difficult. Advocates need the training and supervision to work effectively with *all* clients, regardless of whether they like them or not. They also need the skills-based training to understand how to oppose a community member in a professional manner that does not jeopardize their relationship or the integrity of the program for which they work.

Related to this issue of co-optation, advocates need proper training in confidentiality issues and the use of Release of Information Forms. Some advocates habitually begin their work with survivors by asking the client to sign a blanket Release Form giving the advocate permission to speak with anyone about anything related to the client. This is not only disempowering, it is unnecessary and can jeopardize the survivor's safety. Most of what we need from communities can be obtained without sharing anything about the survivor's particular situation. If anything does need to be shared, this should be clearly explained to the survivor and she should be given the option of signing a specific release form *or not*. The staff member should discuss with her the possible ramifications and potentially dangerous consequences of consenting to the release of confidential information, both for herself and the program. In order to ensure that she is making an informed decision with respect to the release of information, the following conditions should be met:

▼ The survivor must understand what information is being disclosed.

▼ The survivor must sign a release of information form, detailing the information to be released, to whom, and for what purpose.

▼ The consent form must have an expiration date, preferably no longer than 30 days.

▼ The survivor should be informed she has the right to revoke this consent at any time. This revocation must be submitted in writing.

▼ The survivor should receive a copy of the signed form.

ACTION PLAN

Reorganize your staffing positions, if needed, so that some positions are specifically for community advocates. Instead of calling many positions "counselor advocates," only those staff members trained and supervised to be advocates in the true sense of the word should have this title. Implement policy changes such that advocates are expected to work in the community with survivors, helping them mobilize or access needed resources. Advocates should be expected to go with survivors, as needed, to apply for welfare, look for housing, apply for jobs, etc.

The Relationship Between Individual Advocacy and Systems Advocacy

Individual advocacy focuses on working with or on behalf of individuals to ensure access to resources and opportunities. Systems advocacy, on the other hand, entails efforts to change and improve institutional responses (policies, rules and law) that determine how services are provided and how resources are distributed. Both are important activities for a domestic violence program to be engaging in, and the two are complementary.

Individual advocacy leads to systems advocacy when the same problem is being experienced by many individuals. For example, if advocates notice that the local police force has begun arresting both parties in domestic assault situations, it does not make sense to keep dealing with this in each individual survivor's case. Rather, this situation would indicate that the program as a whole needs to determine how to persuade the police to change this policy.

This means that staff meetings need to devote a significant amount of time to discussing the success and failures of advocacy efforts. Instead of focusing on client "cases" and discussing "how clients are doing," the focus instead should be on the advocate's efforts. What are the survivor's needs? Has the advocate effectively problem-solved with the survivor, determined strategies, and followed through on these with her? What has been the outcome? Meetings then can entail brainstorming ideas, supporting the survivor's and advocate's efforts, and determining when systems advocacy is appropriate.

EMPOWERMENT-BASED SHELTER SERVICES

Running a shelter is one of the most difficult jobs there is, for everyone involved. Why? First, because it's such an unnatural way for people to live. Putting numerous women and children into the same living space, especially when they do not know each other and come from diverse cultures and backgrounds, is a recipe for trouble. Second, add to this that the women and children are already experiencing high stress, and the situation only becomes more volatile. Third, some rules are necessary in order to provide a safe space for all residents, and these rules are difficult to decide upon and to enforce. And finally, it is extremely expensive to provide this service. It is by far and away the most expensive program we offer.

What Not To Do

So what would a shelter look like that is NOT empowerment-based? First, it would be located in a neighborhood that is difficult for many women to get to. It would not be centralized in a community in which many women live. Second, women would have to call first – they would never be able to simply walk up to the door and ask for help. We would also discourage women from coming, and ask a litany of personal questions to decide whether they should be accepted into our program. For those lucky women we let into our shelter, they would immediately be informed of all of the rules and expectations. They would need to know that we can tell them to leave at any time, and that we know what is best for them. They would also be told what services they will receive and when they will receive them. They would not be able to keep their own medicines, eat what they want, or sleep when they want. They would have to be with their children at all times. They would be mandated to complete Goal Plans, and we would decide if they made satisfactory progress toward meeting those goals.

Frightening, isn't it? Because of course this describes many shelter programs across the country. We have created our programs with the best of intentions, but unfortunately we can now look at what we created and realize we went down the wrong path. It's time to make some significant changes in order to provide empowerment-based shelter services. The good news is that **these changes will result in more satisfied residents, fewer problems over time, and happier staff.**

What To Do

A shelter that is empowerment-based:

▼ is located within a community in which many residents either already live or would want to live. This means that many women would not have to leave their communities in order to gain safety[1]. If the shelter is not confidential, community leaders can partner with the shelter staff to provide resources to survivors.

▼ is committed to providing safety to *all* survivors, especially those with the fewest options. This means priority is given to women who are homeless, who have substance abuse issues, have mental or physical disabilities, have been to prison, or have had to prostitute themselves. Other issues that make it even more difficult for survivors of abuse to obtain safety (e.g., immigration status, low education) are also considered.

▼ has few rules. The residents themselves should dictate what rules make sense for those living together. Yes, this can be done!

▼ is attractive, clean and comfortable. Furniture is comfortable and plentiful, and rooms are arranged so that women can go places for company or for privacy. Posters on the walls are not about abuse; they are either simply beautiful or represent women's strengths.

▼ offers families privacy to the greatest extent possible. Although shelters by their nature involve cooperative living, that doesn't mean everyone needs to sleep together, shower together, and eat together.

▼ is welcoming. As soon as a new resident arrives, she is offered something to eat or drink. She is taken somewhere private, and a caring advocate spends the time needed to hear her story and offer support. The children are welcomed in a similar fashion.

▼ offers options and resources to residents. Services are offered but not mandated.

▼ gives mothers some respite from their children. Acknowledging that all mothers need some time away from their children sends a powerful message to survivors that we understand their situations and support their needs. It also gives children a break from their mothers, which all children need at times as well.

▼ is a setting where staff take the time to listen and ask questions. This cannot be overemphasized. Each woman's situation is unique, and each woman brings with her strengths, talents and needs. Until we know each individual woman, we do not know how to be the most helpful to her.

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[1] This, however, is a complex issue. Some women of course feel they need to relocate in order to put distance between themselves and the abuser. Other women live in neighborhoods that do not feel safe for themselves or their children. On the other hand, many women resent having to leave their surroundings to live in a shelter far from anything familiar to them.

How To Do It

How is this accomplished? Through policy development, training and supervision of staff, and putting an emphasis on creating a positive atmosphere within the building. Policies need to make clear that the resident is the first priority for all staff, and that time needs to be taken to meet with women and children informally and frequently. Volunteer groups can be utilized to spruce up the shelter building itself periodically.

When I talk with shelter staff about spending more time with residents, I'm frequently told that they would like to do this but they don't have the time. As mentioned earlier in this handbook, we make the time for what is most important. Too many staff in too many shelters spend the majority of their time "writing up" women, enforcing rules, or breaking up disputes between residents or between mothers and their children. If time is spent instead on building relationships and working individually with residents, these other hassles will be greatly minimized. Building respectful and supportive relationships with residents can be viewed as a preventative measure, preventing future time-consuming problems and hassles that leave both staff and residents feeling abused.

A Note About Rules

When shelters were first started, often by survivors of domestic violence, it was generally the case that the residents themselves answered the telephone, supported each other, and worked out living communally because there often *were no* paid staff. Over time, as funding has increased (along with professionalization) and as shelters have grown dramatically in size, so has the number of rules imposed on residents. While there is still great variability among programs, with some attempting to have few rules (and some having only one: no violence), the norm has become having pages upon pages of rules that residents must follow. Women are often told when to get up, when to eat, what to eat, when to go to bed, when they can use the telephone, when and under what conditions they can leave the shelter, what chores to do, when to do them, when they can meet with staff, when they must attend various groups, and that they get no time away from their children other than to do mandated programs within the shelter. It is no wonder that across the country survivors have actually said *shelters were more abusive than their partners*. Emi Koyama and Lauren Martin of Survivor Project even developed a power and control wheel titled "Power and Control within the Domestic Violence Shelter." It describes how some staff use coercion, threats, intimidation, isolation, minimizing, emotional abuse, and other strategies to control shelter residents (it can be found at www.survivorproject.org). It is no wonder, then, that there are so many problems within shelters as women revolt against being treated this way. It is also no wonder that we continue to lose outstanding staff members once they realize that this is what their jobs entail!

I do not want to minimize how difficult it is to maintain a shelter, especially when 30 or more women and children in crisis are living together, and some abuse the system, abuse alcohol or drugs, steal from each other and the program, etc. But creating more and more rules that take away basic human rights and dignity of *all* residents is not the answer. Unfortunately, this is too large and complex an issue

to adequately cover in this handbook, but there are many resources available to continue working through this important issue. Lydia Walker and others provide trainings on shelter rules, and other Executive Directors can be resources for figuring out how to transform these practices as well. Suggestions are offered here to get you started:

1. Many conflicts arise in shelters around women "doing their chores." Some shelters have hired cooks and housekeepers to do many of these chores, freeing the survivors from having one more thing to think about. While your immediate response is probably "We can't afford that," just know that others have made this a priority and figured it out with limited resources as well. It's something to consider.

2. A common complaint of survivors in shelters is that they receive no respite from their children. Even if another resident is willing to watch a woman's children for her, the staff tell them they can not do this. This feels extremely disrespectful and insensitive to women, and also discourages them from working together and bartering services and expertise. Changing this rule would go a long way toward alleviating residents' stress, providing respite for mothers and their children, and demonstrating respect to survivors. Some shelters have even hired child care workers at various times of the week just to provide residents with some respite. While there are liability issues to work out with doing this, it is worth at least considering. One option is to locate the shelter programs which are successfully doing this and find out how they did it.

3. In many shelters, residents are not allowed to spend the night elsewhere during their stay (and neither are their children). Some survivors have family or close friends in the area and want to spend some time with them (and get away from communal living). Their children may want to do the same. This is a rule that could easily be eliminated and that would greatly improve relationships between staff and residents.

I highly recommend an article written by Stacy Hammons entitled "*'Family violence:' The language of legitimacy*" (the complete citation can be found in the Reference section). In this qualitative study of a shelter program, Hammons found that the staff working *within* the shelter actually used more problematic language and held less political beliefs than collaborators working *external* to the shelter. She concluded that, despite our larger social Movement analyzing domestic violence from a systemic perspective, staff within shelters have been socialized by their programs to espouse a more narrow, psychological perspective. While this research was a case study of one shelter program, it is, unfortunately, easy to generalize this to include shelters across the country.

A Note About Conflict Resolution

One reason that many shelters have relied more and more on written rules, as well as the practice of staff "writing up" residents as part of the process of evicting them from the shelter, is because staff lack the de-escalation and conflict resolution skills needed to deal with problems that arise in communal living situations. It is much easier and faster to simply write someone up or to evict them than it is to engage in conflict resolution, but this is not empowerment practice. Many staff are actually hungry for these skills so that they feel they have more options in dealing with difficult situations.

Some basic de-escalation techniques that staff need training in include:

1. How to maintain body language (keeping one's voice low and even, maintaining distance, maintaining an open posture)

2. How to communicate (respecting the person's perspectives and feelings, not attacking them verbally or physically)

3. Specific phrases to use if people seem unable to calm down (such as "I don't think we're getting anywhere right now. I really want us to resolve this in a way we can both live with. Maybe we should take some time and come back to this.")

Staff need practice using these different techniques in a safe setting (with other staff and volunteers) until they are comfortable using them when problems arise.

SAFETY PLANNING WITHIN AN EMPOWERMENT PHILOSOPHY

Safety planning is one of the most important activities in which we engage with survivors. Therefore, all staff need ongoing training and supervision to ensure they are engaging in safety planning with survivors in an empowering way. What this means in brief:

1. It is important that we recognize that all survivors have already been safety planning. Most don't call it that, but the fact that they are alive and working with us means unequivocally that they have been planning for their safety. Their efforts to date should be recognized and commended.

2. Safety planning is not something you do once and forget about; it will be an ongoing process for many survivors.

3. A "safety plan" is not a physical thing or document that is handed to a survivor. There is no one blueprint for a "safety plan." Rather, safety planning is a discussion of various options and strategies based on various situations that may arise in the future.

4. Safety planning does not guarantee a survivor's safety. The abuser is ultimately responsible for whether the survivor is battered again. We can do all we can to maximize a survivor's safety, but she should understand she is not responsible for the abuser's actions.

Safety planning must:

▼ Validate the survivor's experiences (of the violence; of her culture, spirituality, and community; and her feelings, including her anger).

▼ Build on her strengths (What has she done in the past to be safe? What are her ideas now? Assist her in visioning the short and long-term future)

▼ Help her regain control over her life (What will it take for her to feel safe now? What can she control? What is outside of her control? What are some solutions she can live with, remembering her identity as a member of a group and not just as an individual?)

▼ Explore realistic options (What are the pros and cons of different strategies? A Danger Assessment is critical. Which strategies will reduce her isolation and empower her?)

Safety planning MUST be individualized to each woman's experience. Table 2 presents the results of one study that asked survivors what strategies they had used to stop or prevent the abuser's violence. For every strategy mentioned, women were asked if it made the abuse better, worse, or had no effect. As you can see, for every strategy that made the situation better for one woman, the same strategy made the situation worse for another. Each woman must ultimately decide what will work best for her (and her children). We can offer options and information, but should not pressure her into certain decisions.

An excellent resource for any domestic violence program is the book:

▼ Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/Difficult choices.*

This book should be required reading for all staff, volunteers and board members, as it does an outstanding job of contextualizing safety planning in the lives of survivors. The authors explain batterer-generated risks, how they differ from life-generated risks, and describe effective advocacy practices with survivors.

Involving Children in Safety Planning

If the survivor has minor children, they should be considered in the safety planning process. If they are old enough, include them in the safety planning – this helps them feel involved and empowered, and can provide an opportunity for mothers and children to bond. Many batterers have specifically tried to turn children against their mothers, so an opportunity for the family to bond against the abuser's violence can be an important healing step. Probably most importantly, giving children realistic options and information can enhance their own and their mothers' safety.

Just like with adults, there is no one "safety plan" to give to children. Discuss pros and cons with them, and be realistic about what they are capable of doing. Safety planning should be an ongoing process with children as well. Sometimes children have very unrealistic safety plans (I'd disappear; I'd hit him over the head with a bat; I'd go to my grandma in Florida), so it's helpful to provide them with more realistic options and strategies.

What Safety Planning Cannot Do:

Survivors and children of survivors need to understand that safety planning is about minimizing their risk of abuse, but there are not guarantees. They are not responsible for the violence occurring, and they may not be able to prevent it from happening again. The community is ultimately responsible for protecting them, and the abuser is ultimately responsible for choosing violence or nonviolence. Safety planning is about providing another protection to the family, but THERE ARE NO GUARANTEES.

Assessing Dangerousness as Part of Safety Planning

Unfortunately, we cannot accurately predict lethality. We can, however, work with women to assess risks of lethality. Common factors that signal increased risk of lethality are:

▼ The abuse has increased in frequency or severity.

▼ The batterer has increased use of alcohol or drugs.

▼ He's threatened to kill her.

▼ He's strangled her.

▼ He's injured or killed a pet.

▼ He's threatened to kill himself.

▼ He has access to a gun.

▼ The batterer displays strong sexual jealousy.

Staff need to clearly understand that these don't predict lethality, and that some batterers commit homicide without any or many of these factors being present. But discussing these factors with survivors, hearing their interpretations, and offering our own, can help women identify their level of safety and risk.

The Duluth Abuse Intervention Project has done an outstanding job developing the "Danger Assessment," provided in Appendix B. How this assessment differs from many other similar tools is that it (1) depends on detailed conversations with survivors, and (2) includes follow-up questions to gauge survivors' *interpretations* of different behaviors by the abuser.

ACTION PLAN

Copy the Danger Assessment from this handbook (in Appendix B) or download it (from www.duluth-model.org/23questions.htm) and share it with your staff at a staff meeting or retreat. Teach them to use this assessment in a conversational manner, listening empathically and responding appropriately. Incorporate the Danger Assessment into your work with survivors.

Safety Planning Strategies Endorsed and Consequence of Using Strategy

Note A. = Assailant

Safety Planning Strategy	Consequence of Using Strategy		
	% endorsed	Worse	No Change	Better
Placate:				
Tried to avoid A. at certain times	90%	26%	31%	42%
Tried not to resist	78%	18%	42%	39%
Tried to keep kids quiet for A.	58%	8%	49%	43%
Did whatever A. wanted	81%	12%	37%	50%
Avoided friends or family	72%	19%	43%	38%
Active Resistance:				
Fought back physically	83%	52%	24%	24%
Used or threatened weapon	45%	36%	35%	29%
Put weapon where she could get it in order to protect herself	48%	11%	59%	30%
Formal Helpseeking:				
Sought help from religious org.	21%	15%	27%	58%
Sought help from health care	19%	13%	40%	47%
Talked with someone at a domestic violence program, shelter, or crisis hotline	68%	4%	25%	72%
Stayed at a Domestic Violence shelter	36%	10%	10%	79%
Talked to counselor or therapist	53%	5%	41%	54%
Obtained a protection order	56%	8%	26%	66%
Contacted Police	92%	27%	31%	42%
Informal Helpseeking:				
Talked with family or friends	73%	8%	52%	40%
Stay with family or friends	67%	24%	31%	45%
Emergency Escape Plan:				
Hid money or valuables	75%	15%	33%	53%
Developed escape plan with kids	29%	13%	24%	64%
Developed a code with others	24%	8%	32%	60%
Secretly removed weapons from house or hid them from A.	26%	19%	29%	52%
Kept important phone #s to use	61%	10%	35%	55%
Kept extra basic necessities	32%	2%	33%	65%
Kept important papers hidden	53%	12%	34%	54%
Tried to keep address secret	28%	21%	25%	55%
Other:				
Tried to talk to A. about violence	94%	18%	54%	28%
Left home to get away from A.	81%	22%	30%	48%
Tried to end relationship	89%	39%	26%	35%

(from Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women's safety planning. Violence Against Women, 10(5), 514-533)

GUIDELINES FOR WORKING EFFECTIVELY WITH DIVERSE POPULATIONS[2]

The Battered Women's Movement is committed to ending violence against, and providing supportive services to, all women. Yet some of our rules explicitly exclude certain groups of women (e.g., women who abuse substances, women who are mentally ill, women who are prostitutes) and some of our services may not be relevant or safe for some women (e.g., women of color, lesbians, older women). There are a number of things an effective Executive Director can do to ensure that their program is a valuable resource to all women who might find themselves victims of domestic abuse. This handbook, again, is not an exhaustive resource. It does, however, provide some guidelines to get you started. Some of these recommendations require financial and time resources, so they may not all be able to be implemented quickly. However, *what we choose to prioritize reflects our underlying values*. Providing relevant and supportive resources to women from all walks of life should not be viewed as an optional goal. Additional resources can be found after each section and in the back of this handbook.

ACTION PLAN

1. Your board of directors, staff and volunteers should reflect your client base, especially in terms of race, culture, sexual orientation, age, faith, disability and life experience. When women using our services can identify with those working in the program, they feel more comfortable with us and trust us more easily. We are also more likely to understand our clients' needs and experiences when we come from their 'communities.' This will result in creating services, policies and protocols that make sense to those using our services.

2. Include adequate resources in your strategic and financial plans to provide ongoing staff training regarding effectively serving diverse populations.

3. Provide for advancement and leadership opportunities for staff from marginalized communities (e.g., women of color, immigrant women, women with disabilities) so that they can have a significant impact on the program's policies and procedures.

4. Provide time and resources for staff to become involved in PCADV's various caucuses and task forces (e.g., Women of Color Caucus, Lesbian Caucus, Battered/Formerly Battered Women's Caucus, Rural Advocacy Task Force). Provide time in staff meetings or other venues for the sharing of information about task force activities and priorities.

5. Provide resources for staff to attend conferences and trainings related to diverse populations. Require that they share what they have learned with the rest of the staff.

6. Make sure your facility reflects the clients it serves. Posters, brochures and decorations should reflect multiple cultures. Food should be available for women with different dietary needs. Information about services should be available in multiple languages.

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[2] This section was modified, with permission, from the Ohio Domestic Violence Network's "*Promising practices: Standards for domestic violence programs in Ohio.*"

Working with Women of Color

Women of color are obviously not a homogeneous group, but rather come from distinct cultures and life experiences. They are combined here to reflect their shared experience of racism in American culture and because some strategies are similar for working effectively with each group. It is first and foremost critical that white staff within programs understand how institutionalized racism affects the safety and well-being of women of color. Women of color are less trusting of the criminal legal system than are white women in general, and this needs to be acknowledged and understood. Women of color are also less likely than white women to have health insurance, and are more likely to experience discrimination in housing, employment, education, social services and by government agencies. Women of color are more likely than white women to have strong connections to their faith communities, and many rely heavily on their extended families for support and strength. Again, there are many differences across and within cultures, but staff need to be fully aware of these issues in order to provide culturally competent services.

ACTION PLAN

1. Hire and promote women of color within the organization, and make sure women of color are represented on the Board of Directors.

2. The facility should reflect women from diverse cultural backgrounds. In shelters, decorations, available clothing, personal needs products, and food should reflect different cultural backgrounds. In other facilities, posters and other decorations should reflect the women served.

3. Become familiar with, and collaborate with, community organizations serving women of color in your area. Become involved in community issues and form trusting relationships with key leaders from various communities.

4. Training of staff should include information and exercises that relate to cultural competence, oppression and privilege.

5. Racism by staff, volunteers or clients should be dealt with quickly and directly.

6. Anti-racism trainings and in-services should be provided for white staff.

7. Staff should be aware of, and able to refer women to, organizations and services within that woman's cultural community.

Additional Resources:

1. Capps, J., Koch, C., & Lee, J. (2003). *Addressing domestic violence in the Latino community: A guide for service providers.* North Carolina Coalition Against Domestic Violence and Project Esperanza.

2. Gutierrez, L. M., & Lewis, E. A. (Eds.), (1999). *Empowering women of color.* NY: Columbia University Press.

3. Kim, M. (2002). *Innovative strategies in addressing domestic violence in Asian and Pacific Islander communities: Examining themes, models, and interventions.* Available online: www.apiahf.org/apidvinstitute/ResearchAndPolicy/innovative.htm

4. Native American Circle (n.d.). *Domestic violence, sexual assault, and stalking: Prevention and intervention programs in Native American communities.* Available online: www.nativeamericancircle.org/pdf/NACHandbookComplete.pdf

5. Vann, A. (2003). *Developing culturally relevant responses to domestic abuse: Asha Family Services, Inc.* Available online: www.vawnet.org/NRCDVpublications/TAPE/papers /NRCDV_Asha.ph.

Working with Women from Rural Areas

Domestic violence programs located in rural areas or that might be the closest resource for women from particular rural regions have additional challenges to contend with. Some factors typically associated with rural areas include geographic and social isolation, few community resources, higher rates of poverty than many urban areas, higher access to guns and rifles, lack of public transportation, limited health care options, a more conservative political climate, and increased risk that the police and criminal legal system actors are related to or friends with the abuser. The kinds of assistance offered to women from urban areas are not always relevant to women from rural areas.

ACTION PLAN

1. If located outside of a rural area, but serving a rural area, create an outreach office to serve rural clients.

2. Network with rural service providers (e.g., health care clinics or hospitals, women's groups, churches) that might provide you access to survivors without their having to identify as being abused.

3. Educate staff about issues particular to rural women. Staff may sometimes be insensitive to the fact that rural life is a way of life, and that many women do not want to leave it. Staff should not simply recommend to women that they move to a city in order to have more access to resources. This will be viewed as insensitive by survivors, who may then refuse further services.

4. Consider the location and accessibility of your services, and make adjustments accordingly.

5. Educate key people in rural areas to provide an effective and comprehensive response to survivors and perpetrators.

Additional Resources:

1. Pendleton, G. (2003). *Building the rhythm of change: Developing leadership and improving services within the battered rural immigrant women's community.* Available online: http:endabuse.org/programs/immigrant/files/Rhythm.pdf.

2. Krishnan, S.P., Hilbert, J.C., & McNeil, K. (n.d.) *Understanding domestic violence in multi-ethnic rural communities: A focus on collaborations among the courts, law enforcement agencies, and the shelters.* Available online: www.ncjrs.org/pdffiles1/nij/grants/191863.pdf

Working with Lesbian, Bisexual and Transgendered Women

As we all know, domestic abuse is not restricted to heterosexual relationships. Lesbian and bisexual survivors of domestic violence face additional challenges to their safety due to institutionalized homophobia. In many communities gay people can be fired from their jobs, lose their homes, or lose their children because of their sexual orientation. An abuser might threaten to "out" a woman to her family, employer or friends as another tactic of power and control. While transgendered women might be heterosexual or lesbian (an important distinction that is often overlooked when transgendered people are "lumped" in with lesbian, gay and bisexuals), they also face institutionalized discrimination that makes achieving safety more precarious.

ACTION PLAN

1. Educate staff about institutional homophobia and discrimination against transgendered women. Staff also need training about detecting the "abuser" in a same sex relationship. The abuser is not always the larger, stronger woman. Often the abuser will also claim to be abused, and the survivor is the one who feels responsible for any violence she may have used in self-defense. It is critical that staff have adequate training to understand this dynamic.

2. When speaking with a female survivor, staff should not assume the perpetrator is male. Lesbians, bisexuals and transgendered women will be looking for such language and will interpret it as lack of sensitivity and understanding.

3. In shelter programs, assure lesbians, bisexuals and transgendered women that staff are committed to their safety and comfort and that they will do everything possible to prevent homophobia from occurring within the shelter.

4. Information available in the facility should refer to same sex domestic abuse.

5. Policies designed to prevent abusive men from accessing shelters will not necessarily protect lesbians and bisexual women from their perpetrators. Ask the women if they are concerned about their abuser gaining access. Get a photograph or identifying information about the abuse if the survivor is willing to share it. Plan with each woman how best to ensure her safety while she is receiving services from your program.

Additional Resources:

1. Leventhal, B., & Lundy, S.E. (Eds.) (1999). Same-sex domestic violence: Strategies for change. Thousand Oaks, CA: Sage.

2. Renzetti, C. (1992). Violent betrayal: Partner abuse in lesbian relationships. Newbury Park, CA: Sage.

Working with Women with Physical Disabilities

In addition to the requirements described in the PCADV Domestic Violence Program Standards to comply with the Americans with Disabilities Act, it is important to establish a comfortable and respectful environment for women with physical disabilities. Some disabilities are less visible than others (for example, being hard of hearing), and some may not even be viewed by the survivor as a disability (for example, chronic fatigue). Some may be a direct result of the abuse (for example, closed head injury) while others may not. SafePlace, in Austin, TX, has created some excellent handouts on working with survivors with physical as well as mental disabilities, and many of their materials can be ordered from their Web site at no charge: www.austin-safeplace.org.

ACTION PLAN

1. Have a strong working relationship with groups in your community serving people with various disabilities.

2. Educate staff about how common domestic abuse is against people with disabilities and how those disabilities can affect help-seeking and options available to the survivor.

3. During screening and intake, ask clients about any specific needs they might have, rather than asking a pre-described list of disabilities.

4. Do not overemphasize a person's disability, but be aware of it and how it affects the client's needs and options.

Additional Resources:

1. Hoag, C. (2003). *Increasing agency accessibility for people with disabilities: Domestic violence self-assessment guide*. Washington State Coalition Against Domestic Violence.

2. SafePlace Disability Services ASAP (2000). *Accessibility with domestic violence and sexual assault agencies*. Austin, TX: SafePlace.

Working with Women with Mental Health Disorders or Mental Illness

Some domestic violence programs screen out women with mental illness or mental disorders from receiving their services. But if we do not provide services to these women, who will? Given the high rate of mental disorders in U.S. society, especially among women and among people who have been abused, it seems to be more in line with our overall mission to ensure that we have the competencies and skills to provide services to clients with mental health needs. This may at times be difficult, especially in shelter settings, but given the alternatives available to these women (often few or no reasonable alternatives), the challenges are worth it.

ACTION PLAN

1. Work with staff to create a setting supportive of people with mental health needs. For example, within a shelter, instead of confiscating everyone's medications and doling them out when staff are available to do so (which feels extremely disrespectful to clients), work individually with each client to determine how best to deal with medications. If the concern is that other residents might steal medication, consider asking the client if she wants her own locked box with her own key or if she wants the staff to lock the medication and keep the key. Then if the staff need to give the client her medication, the process may feel more respectful and empowering. Determine *with* each potential client whether a communal shelter setting meets their needs, rather than determining this *for* them.

2. If a client needs more care than your program can provide (for instance, hospitalization), provide ancillary services to them if needed.

3. Work *with* each client to determine how best to meet their needs. For example, it is important to ask questions such as: "In the past when you've been going through a particularly difficult time, what has helped you (e.g., quiet time, exercise, medication, someone to talk to)?" "What kinds of situations trigger difficulties for you (e.g., noise, isolation, yelling, being touched, time of year, time of day)?" "What can we do to make you the most comfortable?" More suggestions are provided in SafePlace's *General Information about Domestic Violence and Persons with Mental Illness*.

4. Be prepared that some people with mental illness will require more staff time. Have staff available with specific experience working with persons with mental illness.

5. Form close relationships with community agencies that work with people with mental illness and learn from each other.

Additional Resources:

1. Brown, V. (1997). *Breaking the silence: Violence/Abuse issues for women diagnosed with serious mental illness*. Culver City, CA: Prototypes Systems Change Center.

2. Elizabeth Stone House (1991). *Elizabeth Stone House Handbook: Sheltering people in emotional distress*. Jamaica Plain, MA: Elizabeth Stone House.

Working with Immigrant Women

Women are immigrants to this country for a variety of reasons, ranging from coming voluntarily for a better life to fleeing a war-ravaged country as a refugee. Some women have legal status in the U.S. while others do not. These factors all may impact not only women's risk of being abused but also their help-seeking efforts. There are three overarching issues that staff and volunteers need to attend to in order to provide useful and respectful services to immigrant women: (1) they should be aware of the various cultural factors impacting the survivor; (2) they should be aware of the immigration assistance services available in the area, as well as immigration laws that might impact clients; and (3) if needed, competent translators should be easily accessible.

ACTION PLAN

1. Provide ongoing trainings to staff and volunteers about immigration law, immigration services, and the interplay between immigration status and domestic abuse.

2. Educate staff and volunteers about the cultures in your community. This can happen through trainings, cultural exchanges, hiring a diverse staff, and through attending community cultural events.

3. Hire and promote a diverse staff knowledgeable about immigration issues.

4. Provide a range of services in an empowering manner rather than dictating a course of action that might not be in line with a woman's cultural beliefs or individual needs.

5. Have competent translators available or access to translation services, as needed. Be careful that the translator is trustworthy, understands the bounds of confidentiality, and will not further victimize the survivor.

6. *Never use a survivor's child or other relative as a translator*. This can endanger and embarrass the client, as well as traumatize the child.

Additional Resources:

1. Orloff, L. (1999). *Somewhere to turn: Making DV services accessible to battered immigrant women*. New York, NY: NOW Legal Defense and Education Fund.

2. Volpp, L. (1995). *Working with battered immigrant women: A handbook to make services accessible*. San Francisco, CA: Family Violence Prevention Fund.

Working with Older Women

While older survivors of domestic violence share many similarities with survivors of other age groups, they also may have specific needs and situations that require additional staff knowledge, understanding and accommodation. For instance, older women are less likely to reach out for services than their younger counterparts, so outreach efforts targeted to them are needed. They also might be experiencing abuse from a caretaker or adult child rather than an intimate partner. Yet, many of the dynamics of abuse are still present, including isolation, lack of resources and options and fear.

ACTION PLAN

1. Educate board, staff and volunteers about the specific needs and circumstances of domestic abuse in later life.

2. Engage in outreach activities specifically targeted toward older adults.

3. Be aware of laws and resources relevant to older adults, such as medicare, social security, specialized transportation services, pension information, adult protective services, guardianship issues, senior housing options, and power of attorney.

4. Provide resource information and brochures in large print to accommodate aging eyes.

5. Network with community agencies that specifically serve older adults.

6. Modify screening and intake procedures to reflect that many older adults are abused by their caretakers or adult children, not exclusively by their intimate partners.

Additional Resources:

1. Brandl, B., & Cook-Daniels, L. (2002). *Domestic abuse in later life*. VAWnet Applied Research Forum: www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_later-life.pdf

2. Tatara, T. (Ed,), (1999). *Understanding elder abuse in minority populations*. New York, NY: Brunner-Routledge.

Working with Religious or Spiritual Women

For many people, religion or spiritual beliefs are an incredible source of strength during difficult times. If domestic violence programs ignore this reality or fail to provide linkages between clients and religious or spiritual communities, they risk being viewed as irrelevant or ignorant by many survivors. While it is important that programs not align themselves with a particular belief, which might alienate those with other beliefs, we still need to be aware of resources available to clients and provide them with the time and space to practice their religious or spiritual beliefs.

ACTION PLAN

1. Network with different faith communities to provide opportunities for clients to participate in their services and practices.

2. Educate staff and volunteers about religious practices and holidays that might affect program services and events (e.g., fasting, specific time for prayers, eating specific foods).

3. Ask each client what her religious or spiritual needs are, if any, and accommodate them the best you can (providing transportation to services, specific foods, a meditation room).

4. Hire a diverse staff who can relate to the variety of women's religious or spiritual needs.

Additional Resources:

1. Fortune, M. (1987). *Keeping the faith: Questions and answers for the abused woman*. San Francisco, CA: Harper & Row.

2. Horton, A. L. (1988). Practical guidelines for professionals working with religious spouse abuse victims. In A. L. Horton, & J. A. Williamson (Eds.), *Abuse and religion: When praying isn't enough* (pp. 89-99). Lexington, MA: Lexington.

Working with Women Who Abuse Substances

Just as some programs deny services to survivors with mental health disorders, many also deny services to those who abuse alcohol or drugs. This is in spite of the fact that we realize many women turn to such substances as a consequence of having been abused, or because they have been forced into using drugs by their abusive partners. Rather than turning such women away (which likely further endangers them), it is more in line with our mission to provide support services to women who abuse substances.

Many programs that *do* provide services to women who abuse substances are willing to do so only if the survivor commits to ending her substance abuse either before or while receiving domestic violence services. Such policies might seem reasonable on paper, but they deserve closer scrutiny. First and foremost, addictions are extremely difficult for many people to overcome, and expecting someone to cease their addictive behavior immediately simply means that many survivors will not receive services. Second, many people who abuse substances are capable of functioning quite well in their jobs, relationships and raising their children. Most of us know a number of people doing exactly this. While it is not optimal, it is reality, and these women can still benefit from many of our services regardless of whether they choose to quit abusing substances.

Example: In my home-based advocacy program we worked with a number of active alcoholics. Advocates were honest with the survivors about how their substance use might affect their access to resources (e.g., explaining that they might not want to apply for jobs with alcohol on their breath), and they always offered information about substance abuse programs in case women wanted them. They also would not talk with a survivor who was drunk or high. However, they continued to work with the survivor and to focus on the woman's needs and strengths. If a woman drank in the afternoon and evening, we worked with her in the morning and discussed jobs she might do that included morning shifts. Many women expressed how grateful they were to receive such nonjudgmental support, and some even noted that this gave them the strength to enter rehab programs. Others, however, continued abusing substances throughout our interventions and probably beyond. Yet they received access to resources and supports designed to decrease their risk of abuse and to enhance the quality of their lives.

ACTION STEPS FOR RESIDENTIAL PROGRAMS

1. Be understanding, rather than blaming or shaming, when setting up rules regarding substance use. Empathize with the difficulty in not drinking if you have a drinking problem. Ask how best to help them in their quest not to drink any more, and offer resources to help.

2. When setting down rules against illegal behavior (e.g., illegal drug use) do so in an empathic way that does not feel condemning to the survivor. Explain the reason behind the rule. If it needs to be enforced, again do so firmly but supportively.

3. Work closely with community rehabilitation agencies and engage in cross-trainings.

4. Remember that not all women are substance abusers. Many adults enjoy a glass of wine, mug of beer or cocktail at the end of a long day.

Additional Resources:

1. Bennett, L. (1997). *Substance abuse and woman abuse by male partners*. VAWnet Applied Research Forum:
www.vaw.umn.edu/documents/vawnet/substance/ substance.html

2. Women's Law Project (2002). *The PVS disaster: Poverty, violence, and substance abuse in the lives of women and children*. Available online:
www.sanctuaryweb.com/documents/ downloads/PVS%20Final.pdf

KEEPING THE EMPOWERMENT PHILOSOPHY VISIBLE

As Executive Director, you are the "public face" of the program. You will generally be the person the press wants to interview, and the one invited to high-profile community panels and meetings. Whether or not you engage in community education presentations as part of your role on a regular basis, you will, by the nature of your job, be called upon to educate the community about your program's mission and accomplishments.

It is important, when in this spotlight, to keep the empowerment philosophy of your program front and center. Some reporters, politicians and civic leaders will have misperceptions and stereotypes about this issue, and may expect you to appeal to the public by presenting survivors in a negative light. They may want you to talk about how your program "took a pathetic woman caught up in bad relationship choices and turned her life around." Certainly you will be asked questions such as "Why don't women just leave?" and "What can we do to educate women they deserve better?" While these questions and expectations get quite tiring, we have to remember they provide wonderful opportunities for education. By using these openings to put the focus back on abusers and on women's strengths, we raise the community's consciousness about the problem. This, then, can result in more enlightened jury pools, more empathic family and friends to survivors, and even improved local policies holding offenders accountable. While this type of social change does not rest entirely on your shoulders, of course, your role is an extremely important one in the community.

How you present your organization publicly can also directly affect your volunteer pool as well as survivors' willingness to contact your program. If you want to attract volunteers to your program who share an empowerment philosophy, one of the best ways to do that is to advertise this perspective. If a survivor sees you on local television speaking in a way that reflects her experiences and is respectful of women with abusive partners, she might reach out to your program for help.

ACTION PLAN

1. Enact policies within your program explicitly stating that any staff member speaking publicly will promote the program's empowerment philosophy and will present survivors in a positive light.

2. Examine your brochures, newsletters, annual reports, public service announcements, etc., for wording that reinforces negative stereotypes about survivors or that describes domestic abuse as a personal or relationship issue rather than a social problem. Rewrite as necessary.

3. If you are not sure how best to respond to particular questions from the media, ask the advice of more experienced Executive Directors. They've learned to speak in sound bites!

CONCLUSION

This handbook is meant to provide a starting point for engaging in mission-focused management, empowerment management and empowerment practice. It is a beginning, not an end. Some of the suggestions might seem overwhelming, so keep in mind that change takes time and tackle one piece at a time. Be patient with yourself and your staff. Most of the people doing this work are incredibly creative, resourceful and caring, so remember to focus on your staff's strengths and accomplishments (as well as your own!). This is one of the most demanding jobs in the world, but also one of the most rewarding.

And, remember you're not in this alone! There are many additional resources to draw on that expand on the issues raised in this handbook, and some are recommended on the following pages. Please also consider learning from and educating other Executive Directors, informally as well as through attending conferences and workshops throughout the state and nationally. Meeting with others doing similar work can be energizing and enlightening.

And finally, please don't forget to keep meeting with, talking to, and most importantly, listening to survivors themselves. Survivors started this Movement, have continued to lead this Movement, and are still the experts in guiding how this work needs to be done.

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Disability Rights Laws

ADA Accessibility Guidelines, and Electronic & Information Technology Standards: Access Board <u>www.access-board.gov</u>, 800-872-2253 (v), 800-993-2822 (TTY)

Online Resource for Americans with Disabilities, <u>www.disabilityinfo.gov</u>

United States Department of Justice, Americans with Disabilities Act, Information and Technical Assistance publications, December 2002, <u>www.ada.gov</u>

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Wilbur, R.H. (2000). The complete guide to nonprofit management. NY: John Wiley & Sons.

Survivors with Disabilities

Domestic Violence Initiative for Women with Disabilities
PO Box 300535
Denver, CO 80203
303-839-5510 (Voice/TDD)
Fax: 303-839-1181
E-mail: dvidenver@aol.com

The Domestic Violence Initiative provides comprehensive domestic violence advocacy, education, empowerment and accessibility for women with disabilities.

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SafePlace Disability Services ASAP. www.austin-safeplace.org The provide trainings, technical assistance, and materials related to working with survivors with a variety of disabilities. Many of their resources are available free through their website. 512-267-SAFE (v), 512-927-9616 (TTY).

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FACTORS FOR BOARDS TO CONSIDER WHEN HIRING A NEW EXECUTIVE DIRECTOR

It is not unusual for some states to have as high as a 25+% annual turnover rate in Executive Directors of domestic violence programs; Therefore, Boards of Directors should be prepared to handle this possibility. Since domestic violence programs differ across the state and nation in terms of size, structure and mission, there is no clear set of rules that will apply to everyone facing this situation. However, the following factors are provided as a guideline for boards in deciding for themselves how best to hire the best candidate for this critical position.

First, you'll need to develop a transition team if your program will be without an Executive Director for even a short period of time. Helpful recommendations for dealing with this situation can be found in the *Field Guide to Developing and Operating Your Nonprofit Board of Directors*, by Carter McNamara, a partner in Authenticity Consulting LLC. You can browse or download (at no cost) this manual at: http://www.authenticityconsulting.com/pubs/BD_gdes/BD_pubs.htm

Second, you will need to decide what qualifications your ideal Executive Director should possess. Consider carefully that too many domestic violence programs are making the mistake in recent years of hiring someone based solely on their strong fundraising and public relations skills – probably at least in part because board members are thinking about how the Executive Director impacts their own role on the board. Many of these hires either do not last or significantly damage the reputation of the program because the Executive Director lacks empowerment-based managerial skills, a working knowledge of domestic abuse, and/or a commitment to social justice. The result of this tends to be turmoil on staff, poor services being provided to survivors, and damaged relationships with other domestic violence programs.

The dilemma facing Boards of Directors, of course, is that you ideally want someone with extraordinary skills in empowerment management, empowerment practice, domestic violence theories, social justice theories, fundraising, grant writing, public relations, public speaking, communication, networking and community organizing, while also being willing to work long hours at a stressful job for less pay than they could probably make in the profit sector. So how do we locate, hire and retain outstanding Executive Directors in the face of this?

As reiterated throughout this handbook, many people are looking for supportive and challenging work environments where they feel like they can make a true difference and also be appreciated for their efforts. Therefore, providing this type of environment and communicating this to *potential candidates* increases your likelihood of attracting outstanding individuals.

As a Board you also need to determine which qualifications the successful candidate must already have versus which they could be trained on after taking the job. It can be difficult to find someone with *all* of the qualifications listed earlier, and perhaps the successful candidate could receive on-the-job training to enhance some of these

desired skills. For example, as noted earlier in the section on hiring employees, you can teach someone factual information but it's harder to change core personality traits or beliefs. If you hire someone who is used to and comfortable within a traditional, hierarchical management style, for example, they are not likely to learn and practice empowerment management. Similarly, if they do not handle conflict well by this point in their careers, it is unlikely that this will change with the new job.

Therefore, at the very least, one could argue that the following characteristics are critical for a successful Executive Director to possess:

1. **Excellent management and communication skills**: The Executive Director will need to motivate staff to do their jobs well and stay content working for the program. She or he must also deal effectively with board members and other stakeholders.

2. **Knowledge of grant writing and other fundraising.** While some might argue that this person should have excellent grant writing skills, I would suggest that they could hire someone to help with this and also learn more on the job. While such skills are definitely a plus, they can be learned if a candidate possesses the other skills mentioned here.

3. **Strong core beliefs in social justice and human potential.** Again, while it would be outstanding if the person had a strong background in domestic abuse, these facts can be learned but must fit within the person's core belief system. Someone who has a great deal of knowledge about domestic abuse but has a core victim-blaming perspective is not the kind of leader that will be successful.

Again, these are presented not as set rules but as starting points for further thought and discussion among the board and staff.

It should also be stressed that hiring the ideal person is only the beginning, not the end. Retaining the Executive Director requires providing them with a supportive atmosphere within which to work, as well as satisfactory resources. While it is doubtful that *any* domestic violence program has "adequate resources," there at least needs to be a minimum standard met, below which an program can not meet even its basic goals. Executive directors also need periodic "morale boosts," such as additional time off, tokens of appreciation, and public commendations. People will put up with a lot of negatives in their jobs if they also receive positives that mean something to them.

For more helpful information about this issue as well as other issues facing nonprofit boards, you can browse or download (for free) a copy of the *Field Guide to Developing and Operating Your Nonprofit Board of Directors*, by Carter McNamara, a partner in Authenticity Consulting LLC. The Web site is:
http://www.authenticityconsulting.com/pubs/BD_gdes/BD_pubs.htm

ASSESSING DANGEROUSNESS

(from the Duluth Domestic Abuse Intervention Project: www.duluth-model.org/23questions.htm)

How Do We Measure Victim Safety?

At the Duluth Domestic Abuse Intervention Project (DAIP), we have developed a risk assessment questionnaire based on current research and years of interviews with victims of domestic violence, police and probation officers, mental health workers, public health nurses, and victim advocates. These provided us with the questions we ask victims during risk assessments. Their answers to these questions give a profile of the dangers that victims face from their abusers. We cannot overemphasize the importance of obtaining this information directly from victims themselves. While we realize that many women do not acknowledge the danger they face in many cases, no one is in a better position to assess the threat abusers pose to them, and probably no one knows the abusers so well. Each question always leads to further and equally important questions to the victim. Simply answering yes or no to the question, e.g., Has he ever threatened to kill you? does not tell us how to interpret the danger posed by the abuser. The follow-up question is needed to address not only details (e.g., how did he threaten you?), but the meaning the victim assigns to that threat. Remember that the victim is not merely a data point or source of information. She is a key player in interpreting the meaning of an abuser's actions.

Risk Assessment for Victim Safety

The questions have several uses: most importantly, they provide a tool to assess how the forms and procedures presently used within your system contribute to the safety of victims and the accountability of offenders. If you cannot answer the following questions about victims and offenders from the information entered on the forms and reports you currently use, then your system's ability to achieve these two goals is compromised. While it's not always possible to answer all of the following questions, it's best to build them into your documenting practices.

Assessing Dangerousness

1. Has the abuser become increasingly more violent, brutal, and/or dangerous? Can you describe the incident? What do you think that change in behavior means?

2. Has the abuser ever injured you so badly you needed medical attention? Can you describe the injuries? Have they become increasingly more severe? Are you concerned about what will happen next?

3. Has the abuser ever strangled you? Can you describe the incident? Did you lose consciousness?

4. Has the abuser ever injured or killed a pet? Can you describe the incident? Do you think he did it to threaten you?

5. Has the abuser ever threatened to kill you? Can you describe the incident? Do you believe he is willing and capable of carrying out that threat?

6. Has the abuser been sexually abusive to you?

7. Has the abuser used or threatened to use a weapon against you? Can you describe the incident/s? Do you think he may use a weapon against you?

8. Has the abuser seemed preoccupied or obsessed with you (e.g., following you, monitoring your whereabouts, stalking you, very jealous)? Can you describe the behavior?

9. Has the abuser increased the frequency of assaults on you? Can you describe the pattern?

10. Has the abuser ever threatened or attempted to commit suicide? Can you describe the incident? How did that affect you?

11. Have you separated or tried to separate from the abuser in the past twelve months? Can you describe how that went?

12. Have you sought outside help (e.g., a protection order, police, shelter, counseling) during the past twelve months? Can you tell me how he responded to that?

13. Do you think you have been isolated from sources of help (car, phone, family, friends, etc.)? Can you give me an idea of how he responds to your efforts to reach out for help?

14. Has the abuser experienced any unusual high stress in the past twelve months (e.g., loss of job, death, financial crisis)? Do you think that has made him any more dangerous to you?

15. Does the abuser drink excessively/have an alcohol problem? What is the relationship of his drinking to his violence?

16. Has the abuser ever been treated for alcohol/drug abuse? How do you think that affects his use of violence?

17. Does the abuser own, carry, or have ready access to a gun? Specify.

18. Do you believe the abuser could seriously injure or kill you?

19. Have you felt a need to be protective of the abuser (e.g., tried to change or withdraw your statement to the police, reduce bail or charges)?

20. To the best of your knowledge, was the abuser abused as a child by a family member? Can you tell me more information about that?

21. To the best of your knowledge, did the abuser witness the physical abuse of his mother? Do you think that is connected to his use of violence now?

22. Does the abuser show remorse or sadness about abusive incidents?

23. Does the abuser have a history of violence toward others (i.e., persons outside the family)? Can you describe this?

ADVOCACY PLANNING FORM

Participant's Name:_____Date:_____

Advocate's Name: _____

Goals to be Addressed	Objectives/Action Steps	By Whom	By When	Date Completed

ADVOCACY PLANNING UPDATE FORM

Participant's Name:_____Date:_____

Advocate's Name: _____

Goal/ Progress to Date	Obstacles Encountered	Possible Solutions/ Revisions in Goals or Objectives	By Whom	By When