



2016 Survivor-Led Evaluation

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*The authors would like to thank the survivors who
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EXECUTIVE SUMMARY

The 2016 Survivor-Led Evaluation was developed and implemented by Call to Safety during the period of October 2016 through April 2017. The purpose of the evaluation was to learn more about Call to Safety's Direct Service Advocacy (DSA) Program through intentional survivor-led learning.

The evaluation was founded on a responsive model that incorporated Appreciative Inquiry, feminist methodology, and grounded theory analysis. The evaluation incorporated the expertise of both survivors who have accessed the DSA Program, and both current and past Direct Services Advocates (DSAs) who have worked within the program. **The project was meant to illuminate what is working well within the DSA Program, explore the reach and impact of the program, and make recommendations that build on successes.** At the core of the evaluation was the intention of creating space for survivors to exercise their power in informing the DSA Program.

Because of significant challenges in recruiting survivors to participate in the evaluation, the project shifted to concentrate on learning more about the program from the perspective of DSAs. A total of three survivors and eight DSAs participated in long-form one-on-one interviews. Five DSAs also provided follow-up feedback with pen-and-paper surveys. The key findings will be used to strengthen the DSA Program.

KEY FINDINGS – WHAT'S GOING WELL

Survivors enter the Direct Service Advocacy Program with competing needs for housing, employment, and safety, among others. However, there is one need that is common to survivors engaging with the DSA Program: connection. Specifically, we know survivors seek connection with someone who understands their experiences, and believes, listens to, and supports them. **This is a need we meet from the first contact with participants.** Survivors pointed to the consistency and reliability of the DSA relationship as critical elements that support connection. When a survivor's decision to reach out leads to a meaningful connection with their DSA, it grows self-trust and self-determination.

The project affirmed our understanding that the identity of 'survivor' is only one facet of an individual's sense of self. Because of its stability and reliability, the DSA relationship has the potential to support survivors in exploring all parts of their identity, which can reveal unique strengths and opportunities. Specifically, survivors appreciate the encouragement to practice self-care, allowing them to meet their own needs, no longer dependent on others to feel worthy of love and care. In other words, **self-care has the potential to grow self-love and self-determination.** Participants implied that these improvements to self-perceptions would have long-term impacts on building healthy relationships in the future.

Call to Safety's reputation as a reliable and trusted organization supports advocates in quickly making lasting connections with survivors. Further, the specialized job titles of each DSA bring transparency and clarity to initial interactions with survivors, fostering trust and connection. Specialized services convey that we are here for folks who are often marginalized or whose complex lived experiences are not recognized by other services or systems.

KEY FINDINGS – OPPORTUNITIES FOR GROWTH

In terms of opportunities for growth, the project found that DSAs feel that **Call to Safety could go further in challenging assumptions within our anti-racist work, and continue to address the institutional entanglements of racism and oppression within the domestic violence and sexual assault service system.** This may look like Call to Safety facilitating some deeper conversations about how to further support the development of DSAs offering more culturally responsive services on individual and system levels.

Additionally, there is a perception within the Direct Service Advocacy Program that there is a high rate of staff turnover, which negatively impacts survivors' experiences and brings stress to advocates exiting the program. **A number of recommendations came up relevant to mitigating staff turnover, most centered on prioritizing practices like increased wages and opportunities for advanced learning which can reduce burnout.** Additionally, DSAs seek affirmation that the work they're doing is having a deep and meaningful impact in the lives of survivors, and in our communities. DSAs would like to learn about their impact directly from survivors, and they would like their advocacy practice to be grounded in this evidence.

In response to this need, and as an extension of the Survivor-Led Evaluation, a Grounding Framework for the DSA Program was created. This framework is meant to affirm the work of DSAs by drawing on research from the field, and feedback from survivors and advocates to demonstrate the potential long-term impacts of the DSA Program. It is our hope that this content becomes a source of empowerment for DSAs as they work with survivors, seeing the full potential of their work. Ultimately, we hope this content alleviates burnout among DSAs and brings a new sense of clarity and meaning to the DSA Program.

CONCLUSIONS

Ultimately, the 2016 Survivor-Led Evaluation demonstrated that **individuals who connect with Call to Safety's Direct Service Advocacy Program find a source of support that meets them where they are, acknowledges their whole self, and provides a place of stability to move towards thriving.** According to DSAs and survivors, the DSA Program works because it is focused on the whole self of survivors, acknowledging the intersecting oppressions that make up their lived experiences. The population-specific positions are critical to supporting survivors whose identities are not acknowledged by other systems, or are acknowledged but oppressed within other systems. As an organization, this **population-specific programming is an important expression of Call to Safety's anti-oppression values.**

INTRODUCTION

BACKGROUND

After 40+ years of being known to the community as the Portland Women's Crisis Line (PWCL), Call to Safety is proud to assume a new identity that is more inclusive and reflective of who we are as an organization and what we do. PWCL's history of commitment to social justice gives momentum to our recent growth as an anti-racist and survivor-led organization, bringing Call to Safety to an exciting place of both stability and possibility.

It is in this context that we further explore our commitment to survivor-led learning and organizational improvement by looking closer at our **Direct Service Advocacy Program**. At the foundation of the program is the idea that the identity of 'survivor' is only one facet of an individual's life experience when they connect with us for support, and that there are many intersecting facets that create unique strengths and challenges for the person. The Direct Service Advocacy model honors these intersections and offers responsive and flexible services that minimize barriers and build on strengths to support a survivor in achieving self-defined success and well-being. The program has been one of Call to Safety's core services since 2010, and supported 282 unduplicated survivors with ongoing follow-up advocacy in 2016. At its core, **the Direct Service Advocacy Program is meant to offer low-barrier specialized advocacy to survivors from marginalized populations.**

The program is made up of three full-time Direct Service Advocates (DSAs) who offer specialized advocacy to three unique populations: survivors with intellectual and/or developmental disabilities, survivors experiencing houselessness, and survivors impacted by the sex industry. We prioritize these populations because we know that members of these communities experience domestic and sexual violence at rates higher than the general population.^{1, 2, 3} The unique needs of individuals within these communities are best met with specialized services that recognize this increased risk of violence. Call to Safety's DSAs meet survivors in the community where they are, whether that is where folks are already receiving other social services, or where they are working or living.

PURPOSE

While the Direct Service Advocacy Program is strongly grounded in Call to Safety's core values, the program was lacking a more specific framework of its own. **The 2016 Survivor-Led Evaluation was developed with the intention of learning more about the impacts of the program, and to document what is going well with the intention of focusing resources on creating more successes in the future.** As implied by the name of the project, the evaluation was developed to center on the voices of survivors who had accessed services through the Direct Service Advocacy Program. Additionally, the project was meant to validate and learn from the expertise and knowledge of both past and present Direct Service Advocates.

In talking about evaluation and feedback, we understand that we also need to talk about power. "Moving from feedback to power is a critical shift."⁴ Our intention was that survivors who participated in the Survivor-Led Evaluation would find a meaningful sense of power that they can

shape the services that are available to them. Further, we hoped to learn new ways that our Direct Service Advocacy program might “build the voice and power”⁵ of survivors accessing our services.

The evaluation framework was aimed at moving beyond best practices for program delivery towards learnings that are most relevant to survivors’ realities in the context of “their whole selves.”⁶ The responsive nature of the evaluation supported us in getting a clearer picture of the full frame of survivors’ experiences. La Tonya Green of the Full Frame Initiative summarizes our perspective eloquently: “The consequences of not engaging [survivors] meaningfully in framing [an evaluation] could result in policies and practices that not only continue to focus on problems not people, but also that continue to institutionalize injustice.”⁷

The evaluation was created to build a more nuanced understanding of the following:

- **Connection:** How do survivors make an initial connection with a DSA? What are the barriers to connection? What are the ‘costs’ to a survivor in making/maintaining the connection? How can we minimize these costs?
- **Benefit:** Which specific aspects of specialized, on-going advocacy are most effective and beneficial to survivors? How do survivors and DSAs define success and whether it is achieved?
- **Access:** How do Call to Safety’s resources (including financial, relational, and cultural) impact outcomes in a survivor and DSA partnership? What resources would support continued and enhanced success for survivors and DSAs?

PROCESS

To explore potential short- and long-term impacts of the Direct Service Advocacy Program, the Survivor-Led Evaluation was grounded in a specific evidence-based framework created by the Full Frame Initiative (FFI) called the Five Domains of Wellbeing. **The FFI Five Domains of Wellbeing is a well-researched framework for understanding nonhierarchical needs related to the comprehensive wellbeing of individuals.**¹¹ The Five Domains include:

- ✓ Safety
- ✓ Stability
- ✓ Meaningful Access to Relevant Resources

What Informed our Framework?

FFI’s Five Domains of Wellbeing: An evidence-based framework to understand universal, interdependent and nonhierarchical needs related to comprehensive wellbeing.⁸

Feminist Methodology: Reduces hierarchy between participant and researcher by sharing vulnerability and resources throughout the evaluation.

Appreciative Inquiry: Inquires into “the best of what is in organizations in order to create a better future.”⁹

Significant Moment Reflection: Supports us in documenting, “with rigor and curiosity, the broad range of strategies, relationships, and supports that are most important in survivors’ ability to achieve and sustain self-defined success and wellbeing.”¹⁰

Grounded Theory: As opposed to many other social science methods that approach research and evaluation from a certain theoretical standpoint, this method uses close analysis of data around a certain topic to recognize patterns and establish a theory.

- ✓ Social Connectedness
- ✓ Self-Determination¹

The Survivor-Led Evaluation Project used the Five Domains of Wellbeing to explore how our work supports holistic wellbeing. We also incorporated a feminist methodology, which cultivated a tone of caring and trust in the interviews. We used an Appreciative Inquiry approach to learn from successes, and Significant Moment Reflection to get to the nuances of what supports success.

At the outset, the goal was to recruit a minimum of eight survivors to participate, and six current and past Direct Service Advocates. Recruitment of survivors would come from current and recent Direct Service Advocacy participants. While we understood the challenges of recruiting from current participants (e.g. folks may be in crisis; we are asking survivors to give honest feedback about an organization they are still receiving services from), we were hopeful that we could meet our goal of eight participants. We recruited and began interviewing current and past DSAs, and during this time we started recruitment of survivors. Two things quickly became clear: 1) We would not meet our goal of recruiting eight survivors; and 2) The interviews with DSAs were revealing more than we anticipated regarding potential improvements and impacts. With these new parameters, we decided to move forward focusing the evaluation on learning more from DSAs about their experiences. **The final cohort included eight Direct Service Advocates and three survivors.** The full interview protocols for survivors are included in Appendix A, with the full protocols for Direct Service Advocates included in Appendix B.

At the completion of the interviews and a preliminary analysis, we also requested follow-up feedback from DSAs with pen-and-paper surveys (Appendix C). The full transcripts and this additional feedback were analyzed using the data-driven grounded theory method, with multiple iterations of analysis. This grounded theory method, or the developing a theory based on the data, allowed us to recognize the need for a technical manual for the DSA program and specific aspects (e.g. more information about the neurobiology of trauma) to include within this manual. The full manual is included in Appendix D.

LEARNING & GROWING

This report builds on our Appreciative Inquiry approach and outlines first what we learned is going well within the Direct Service Advocacy Program. We share excerpts from both survivors and advocates who participated in the project, and often return to the Five Domains of Wellbeing. The report then highlights opportunities for growth, with specific recommendations for improvement.

Throughout the report we refer to holistic wellbeing. **Having holistic wellbeing means that individuals have enough in place so that they can balance tradeoffs between domains like safety and stability.** We know that moving forward in one domain can create problems in another domain, so we work to anticipate these tradeoffs and provide support and resources to cope.

¹ The Full Frame Initiative uses different terminology about Self-Determination, instead calling the domain 'Mastery'. We chose Self-Determination because we felt the language better reflected our survivor-led program values.

NEEDS MET FROM FIRST CONTACT

Survivors who engage with the Direct Service Advocacy (DSA) Program often have needs related to safety, housing, employment, and legal services. However, there is one need that is common to most survivors engaging with the DSA Program: connection. Specifically, we know **survivors seek connection with someone who understands their experiences, and believes, listens, and supports them**. This is a need we meet from the first contact with participants. One survivor shared that:

"I had been having a really rough time and when my advocate answered the phone she was really kind. That's what's so wonderful about the organization: you can talk without any judgment and it means so much. So, when I talk to my advocate, we instantly connected and I felt like, this is good, I've got someone on my side helping me. She didn't push what I had to do. She listened, and that was the main thing, having someone there listening to me. It was really important."

A truly caring connection might be taken for granted as a foundational tenant of advocacy, but the importance and urgency of it cannot be overstated. Survivors throughout the evaluation described the isolating impact of interpersonal violence—having no one to speak to or believe them. With this diminished sense of connectedness among survivors, the need for connection or social support was felt strongly by them. They explained the role of their advocates given this context:

"I was in a really difficult situation where you're even losing friends. So, I didn't have anybody else to talk to. The advocacy relationship creates a certain level of trust where there really isn't any trust."

We heard from advocates and survivors that when this need is met from the first contact it creates a foundation from which other needs can be defined and explored. In the same way that survivor-led advocacy is rooted in the idea that self-determination is "a pre-condition for creating sustainable, authentic safety in one's life,"¹² we can say that **a caring connection is a pre-condition for exploring other domains of wellbeing, like safety and self-determination**.

While material needs in other domains might go unmet because of limited resources, DSAs can always be a source of caring connection. Over the duration of the advocacy relationship, a caring connection evolves into meaningful social connectedness, a fundamental domain that supports wellbeing.¹³ Even when other resources are unavailable, one DSA speaks about the importance of caring:

"I talked to people for so long, where I'm like, you really need resources and there are so many barriers—you're not getting what you need. But they will call because they know they were going to talk to somebody who cares about them."

When a social connection develops, a sense of safety and stability grows. Research shows that **when a person feels safe and stable in one context, it can lessen the damage from another unsafe context.**¹⁴ One survivor shared this about feeling safety within her DSA relationship:

“For me, my DSA represented safety, even though I had never met or seen her. I knew that she was safety, so when I wasn’t feeling safe, if I needed to talk to her I felt safe. I remember just feeling her compassion literally coming through the phone, and I cried. I remember thinking, ‘Wow, she really cares about me and my situation. She really does care.’ I don’t remember our conversation specifically, but I remember just feeling the compassion.”

To establish the trust that grows into social connectedness, safety, and stability, survivors specifically pointed to perceived accessibility of their DSA. They shared that access to their DSA was made more meaningful because of the low barriers to participation (e.g. the program is free and there are multiple ways to contact their advocate), and lack of rigid program guidelines (i.e. the service is truly survivor-led). Survivors specifically mentioned that they appreciated when DSAs shared their crisis line schedules as a secondary point of connection in addition to their direct lines.

Notably, when asked about what most supported self-love and self-trust within their DSA relationship, survivors mentioned **the significance of consistency and follow-through**, rather than the importance of any one resource. Here’s what one survivor shared about their connection with their DSA:

“She’s amazing, so in terms of actually making any strides forward with housing, I think that it was mostly just that she helped me feel stronger about myself. I think it was through validation, that this is your life and what I experienced was actually abuse. She was always there. Every week I had a contact from her. I’m less likely to reach out, but she was there.”

SPECIALIZED TITLE/ORGANIZATIONAL LEGITIMACY SUPPORTS CONNECTION

Direct Service Advocates (DSAs) meet survivors where they are in the community, and work to connect with individuals who might not otherwise reach out to Call to Safety. We learned that **Call to Safety’s reputation as a reliable and trusted organization supports advocates in quickly making lasting connections with survivors.** Further, the job titles of each DSA² bring transparency and clarity to initial interactions with survivors. Specialized services convey that we are here for folks who often are marginalized or whose complex lived experiences are not recognized by services or systems. One DSA shared:

“I think because this organization has been around for so long, I borrowed legitimacy from it. Also, my title, when I’d introduce myself as who I was and what I did, I think the title of acknowledging survivors experiencing houselessness, people said yes to that.”

² DSA Specialized in Supporting Survivors Experiencing Houselessness
DSA Specialized in Supporting Survivors with Intellectual and/or Developmental Disabilities
DSA Specialized in Supporting Survivors in the Sex Industry

The combination of a population-specific title, as well as survivor-led practices without rigid restrictions for participation, is an important movement towards establishing a safer and more meaningful space for survivors. One DSA stated:

“When I came to the sex worker advocacy position, for that one, it seems like it really meant something to say, ‘I specialize in this, and it’s absolutely not about getting you to stop doing sex work.’ And that it was a specialized service was really helpful. One of the things that we know about specialized-named services...is that people will access them because something is named for them and they know it’s safe. So, I think that really does matter.”

Another advocate noted that specialized services may reach a population that is not accessing services through the Crisis Line, particularly within the sex worker and intellectual and developmental disability populations. This suggests that clear naming of the positions help reduce barriers to accessing support services and fulfill a need that is not met from other service providers.

“With both the sex industry and I/DD position, I got way more referrals from not the CL, so being able to have people call and have an assurance that like, ‘I can say I’m a dancer and it’s going to be fine, she’s not going to care.’ Or having a service provider think, ‘OK, I’m working with this person who clearly needs an advocate, and I’m really concerned because they don’t have the emotional resources or skills required to have a clear conversation with someone over the phone, but this person should be able to bridge that gap.’ I got way, way, way more referrals from other service providers, especially in the I/DD position. I think just because people have this idea that it’s not going to work, but if they have [services specifically for them], then they’re more likely to try at least...Which is huge.”

RESPECT & AUTONOMY

At Call to Safety, DSAs are entrusted with a high degree of autonomy in how they form relationships with survivors and support them. In other words, **Call to Safety supports the self-determination of DSAs as they support the self-determination of survivors**. DSAs mentioned the importance of their relationship with their supervisor (the Director of Services) as an important point of connection, and a source of self-determination in their work. Informal support and respect from coworkers is a significant contributor to an organizational culture of respect that ripples into DSA’s interactions with survivors. One advocate shared:

“It’s empowering to be treated respectfully, so I’m sure that comes out in our talk about our organization and how we offer services to survivors-to know that we can back up what we say. It’s really having autonomy in my interactions with participants and survivors and being able to reassure them that I’m there, because I know that I’ll be there because I have that power in my work.”

At the core of Call to Safety’s empowerment model are the intentions of supporting survivors’ self-trust and self-love. When a survivor’s choice to reach out leads to their needs being met, including their needs for caring and validation, this supports survivors in trusting their own decisions. The reliability and consistency of the DSA relationship is also significant in promoting self-

love and self-trust, both important facets of self-determination. One survivor shared this about her DSA:

"I did feel supported, and I still feel supported. I'm able to do more for myself. I feel like my advocate used their words to make me feel like I had power again, and just talking to her gave me hope. I was so exhausted from not feeling safe, but I remember the reassurance, 'You're going to be safe. You're going to be okay.' That's so important."

Having a stable, long-term advocacy relationship allows DSAs to shed light on the growth that they've seen in survivors and **supports survivors in recognizing their own power and resiliency**. Specifically, the use of reflective language supports survivors trusting their own thoughts and decisions. One advocate noted:

"I had a participant who always asked me what I thought she should do. She would say consistently, 'I know you're not going to answer this question, but what do you think I should do?' Yeah, you're totally right I'm not going to answer that. I'm going to tell you you're smart, you're creative, you've made really good choices in the past and I've seen you make good choices and see the outcome from them. Towards the end of [our relationship] she would say, 'I think I should...What do you think of that?' Which is just, it's so small, but it was such a huge shift."

WHOLE SELF SUPPORT

Call to Safety recognizes that **the identity of 'survivor' is only one facet of an individual's identity, and often not the most significant**. Because of its consistency and reliability, the DSA relationship has the potential to support survivors in exploring all parts of their identity, which can reveal unique strengths and opportunities. One survivor put it this way:

"I hated telling the story, and I didn't have to keep repeating it with my DSA. When you have to keep telling the story and reliving it...I want to put it in the rearview and I want to leave it there. I was able to look forward to what was in front of me, to really get to a place where I could thrive."

Survivors notice when DSAs are practicing **survivor-led and empowerment-based advocacy**. Specifically, one survivor shared that she noticed when her DSA was listening with intention:

"[My DSA] was asking me questions and I was just like, somebody heard me, you know? And I don't want to be a survivor for years, I want to move through it and not be that. She listened to that like she really understood."

Call to Safety hopes to create a culture where DSAs feel supported in being their whole selves in their work because we know that this impacts their relationships with survivors. In other words, we believe that **when DSAs can be their whole self, they are more likely to form quicker and deeper connections with survivors as they support them in being their whole selves**. One advocate shared their experience of doing outreach and being approached by a survivor who said they felt comfortable reaching out because the advocate was "visibly queer". This quick connection fostered trust between the survivor and advocate, supporting the survivor in feeling comfortable

sharing details of their experiences. They formed a trusting relationship where the advocate recognized the survivor's strengths as resources, even though there weren't many other resources available to them.

"The survivor was seeking and identified a friend they could live with. [The survivor] had a diagnosis for HIV, was going to live with someone else who was HIV positive who had lots of knowledge and access to resources about that care."

Survivors appreciate the encouragement to practice self-care, allowing them to meet their own needs, no longer dependent on others to feel worthy of love and care. In other words, **self-care has the potential to grow self-love and self-determination**. Participants implied that these improvements to self-perceptions would have long-term impacts on building healthy relationships in the future.

"[W]hen you're in a domestic violence situation, everybody gets taken care of but you. And so, to give women that tool [of self-care] is empowering. I think it can teach women self-love, and for me, self-care is part of my thriving, it's part of my peace, it's part of my joy and happiness. ...Self-care is not just the little things you do, but it's also the bigger things. Like, the next time you're going to get into a relationship, you need to reflect on that self-care...you need to take better care so that you don't get caught in that cycle again."

Learning from What Goes Well References

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⁴ http://www.buildingmovement.org/blog/entry/the_difference_between_feedback_and_power#sthash.5grlyXv6.dpuf

⁵ <http://fullframeinitiative.org/bringing-a-folding-chair-is-not-enough/>

⁶ Ibid.

⁷ Ibid.

⁸ <http://fullframeinitiative.org/resources/about-the-full-frame-approach-and-five-domains/>

⁹ Coghlan, A. T., Preskill, H., & Catsambas, T. T. (2003). An overview of appreciative inquiry in evaluation. *New Directions for Evaluation, (100)*, 5-22.

¹⁰ http://www.blueshieldcafoundation.org/sites/default/files/publications/downloadable/How_Do_Survivors_Define_Success_FFI_Oct_2014.pdf

¹¹ <http://fullframeinitiative.org/resources/about-the-full-frame-approach-and-five-domains/>

¹² <https://static1.squarespace.com/static/566c7f0c2399a3bdabb57553/t/566c9cf7c21b865cfe78280a/1449958647977/self-determination-safety-doc.pdf>

¹³ http://fullframeinitiative.org/wp-content/uploads/2011/05/SocialConnectedness_Factsheet.pdf

¹⁴ Aisenberg, E. & Herrenkohl, T. (2008). Community violence in context: Risk and resilience in children and families. *Journal of Interpersonal Violence, 23*, 296-315.

OPPORTUNITIES FOR GROWTH

THE COST OF VULNERABILITY

We know that moving forward in one domain can create setbacks in another domain. Having holistic wellbeing means that individuals have enough in place so that they can balance tradeoffs between domains like safety and stability. We asked survivors if there were trade-offs they made to engage with the Direct Service Advocacy Program. We also asked Direct Service Advocates what they thought trade-offs were for survivors engaging with the program. We heard that while the program is very accessible in general, **the most significant trade-off is the vulnerability required to grow an effective advocacy relationship.** This vulnerability is an asset to the relationship, except when the DSA relationship is destabilized because of staff turnover.

“To be one of the only safe people in someone’s life, and then to know I’m not going to work this job anymore and that’s the end of that. Those were some hard conversations, and that’s when it became clear that it’s such a big thing to trust an advocate.”

There is a perception within the Direct Service Advocacy Program that there is a high rate of staff turnover, which negatively impacts survivors’ experiences and brings stress to advocates exiting the program. **A number of recommendations came up relevant to mitigating staff turnover, most centered on prioritizing practices that reduce burnout.** Of course there is the concern of wage increases, which is an always-present focus of Call to Safety’s strategic vision related to economic justice. Additionally, Call to Safety should foster opportunities for advanced learning. Though DSAs shared some positive feedback about these opportunities being made available (e.g. going to a conference specific to sex workers’ rights), there was a general feeling that there is never enough time or money to explore learning related to advanced advocacy. As a solution, Call to Safety might consider offering a specific dollar amount (from the Membership Development line item of the organizational budget) to each DSA so that they understand there is funding dedicated to their advancement.

Additionally, we recommend providing structured affirmation regarding the potential long-term impacts of the DSA Program. This content should be incorporated into a manual that outlines advanced advocacy techniques, affirms DSA efforts, builds knowledge around neurobiology and trauma, and points to potential long-term outcomes for survivors participating in the DSA Program. See ‘Grounding Framework’ below for more details.

TURNOVER AND INSTITUTIONALIZED KNOWLEDGE

Related to the issue of turnover, we heard there is a concern among most DSAs about a **significant loss of institutionalized knowledge during staff transitions** (i.e. turnover)—specifically, knowledge about partnerships between organizations or community groups. When speaking of their experiences, DSAs said when they don’t understand their relationship with a partner or role within a system, it creates instability and fear that translates into their work with survivors. When DSAs feel insecure about where they stand with a partner organization, or who to connect with to get a survivor’s needs met, especially in the first two months on the job, this can have lasting impacts on their confidence as they move forward in their work with survivors. One DSA put it this way:

“When I was in the Crisis Line Specialist position, there was really big clarity around what my function was, but as I went into the DSA position I think that clarity was a little less, but also, it allowed a lot of room to make the position what I wanted. So, it's rough because it's like, that's exactly what gave me the freedom to pursue what I was passionate about. But it also made it feel like I never knew if I was doing it right.”

We recommend exploring ways for DSAs to document their work with community partners that captures more information about the nature of the relationship and how to best leverage it in support of survivors.

OPPORTUNITIES TO REALIZE ANTI-RACIST VALUE

DSAs shared how it is important for them to realize both personal and organizational anti-oppression and anti-racist values. This manifests in their work when DSAs interrupt racist or oppressive language from participants and callers, and acknowledge experiences of systemic racism and/or historical trauma. DSAs shared an understanding that, while Call to Safety is a historically white organization, there is movement towards engaging further with racial justice work. DSAs felt that **Call to Safety could go further in challenging assumptions within our anti-racist work, and continue to address the institutional entanglements of racism and oppression within the domestic violence and sexual assault service system.** One DSA questioned what it means to consistently refer marginalized folks away from Call to Safety, towards culturally specific organizations:

“I know we're all operating under scarcity, but there was some point where I noticed around race, and not being competent in meeting the needs of specific survivors, especially folks of color and folks who were not documented, or people who didn't speak English as their primary language. I understand that it seems easy to be like, we're going to transfer you to UNICA, but it sends this message that those are never going to be the survivors that we work with, which really shouldn't be the goal.”

In order to fulfill our antiracist value, we must continue to have a commitment to our culturally specific partners, and also do work within our organization to understand our role and build momentum towards racial justice. We recommend that Call to Safety facilitate some deeper conversations about how to further support the development of DSAs to offer more culturally responsive services on individual and system levels. Specifically, we should ask: How is what we are already doing as an organization leading towards racial justice? What assumptions are behind the work that we do? What are we saying in our actions and how do survivors hear us?

ADDITIONAL OPPORTUNITIES FOR GROWTH

Direct Service Advocates and survivors point to personalized support as a critical element in developing a strong advocacy relationship. The flexibility of the DSA Program supports this unique connection. One DSA said:

“This goes back to having the flexibility of not having somebody ask ‘How many participants did you call today?’ So being able to really take the time, especially when you're first getting to

know someone, I think it's really helpful. Here's a tangible example: Sometimes we had Tri-Met bus passes and gift cards to Fred Meyer or something. I think that often times those were huge in establishing a relationship with someone because even if it's just like, \$10, if someone says, 'My kid broke his shoelaces today and I totally lost it because it was just one more thing that, how am I going to solve this, I feel like a terrible parent...' Launching into this huge thing. I think even if that is only tangentially related to why they're talking to us, if you're able to recognize that it's really related and be able to hear about the kid's shoelaces and think, I have a resource, I can give you \$10 and your kid can go get rainbow shoelaces or whatever. In theory, it's nothing, but in reality it's huge. I think that those kind of little things were in my mind, it helped me a lot to be able to connect with people's families."

To support these personalized “extra efforts”, DSAs requested more flexible funding, specifically in the form of Fred Meyer gift cards; however, Call to Safety most always has a supply of these gift cards specifically for client assistance. We recommend bringing new visibility to this resource and encouraging DSAs to make use of it.

Additionally, **DSAs have a desire to gain skills around supporting survivors at the complex intersections of race, sexual orientation, gender, class, and ability.** For example, DSAs recognized the specialized knowledge that comes into play when best supporting a sex worker who is houseless and working downtown, versus supporting someone in a similar situation who is housed and works on 82nd Avenue. Specifically, DSAs have requested that there be structured space for this kind of exploration, possibly in the form of more explicit peer learning within Direct Service Staff (DSS) meetings. We recognize that conversations about incorporating skills building into DSS meetings are on-going, and the purpose of this recommendation is to bring a new lens to the conversation that illuminates the potential for this learning to alleviate burnout by creating more meaning in the connections DSAs make within their work.

GROUNDING FRAMEWORK

An important element of this evaluation was to learn more from Direct Service Advocates about what they need to best support survivors. DSAs expressed a general desire for more advanced advocacy skills, with some feedback around feeling like there is *always* more to learn and do, which can be daunting and exhausting. DSAs stated that they are getting the emotional support they need from co-workers and supervisors, yet there is a significant need for **affirmation that the work they're doing is having a deep and meaningful impact in the lives of survivors, and in our communities.** DSAs would like to learn about their impact directly from survivors, and they would like their advocacy practice to be grounded in this evidence.

We also heard that **when DSAs can contextualize their role in a system of support and understand their work as having long-term positive impacts in the lives of survivors, it helps them feel grounded.** There was some evidence that these deeper connections to the work also support longevity within a DSA position, mitigating burnout and the feelings of time and resource scarcity; however, this level of connection to DSA work was inconsistent among those we interviewed, most likely because of turnover within DSA positions. We recommend incorporating a grounding framework that affirms the potential of the DSA Program to create lasting positive

impacts to the holistic wellbeing of survivors. The content will incorporate findings from this Survivor-Led Evaluation, and will draw on research, like studies about the neurobiology of trauma and the Full Frame Initiative's Five Domains of Wellbeing, as evidence of potential long-term impacts.

This grounding framework, included in Appendix D, will be shared with new DSAs as part of their orientation, and will be a resource for DSAs to return to throughout their work. It is our hope that this content becomes a source of empowerment for DSAs as they work with survivors, seeing the full potential of their work. Ultimately, we hope this content alleviates burnout among DSAs and brings a new sense of clarity and meaning to the DSA Program.

CONCLUSION

ONWARD & UPWARD

The 2016 Survivor-Led Evaluation demonstrates that **individuals who connect with Call to Safety's Direct Service Advocacy Program find a source of support that meets them where they are, acknowledges their whole self, and provides a place of stability to explore returning to a place of thriving.** Survivors and Direct Service Advocates affirm the DSA Program's positive impacts on the holistic wellbeing of survivors. The need for a caring connection is met from the very first contact survivors make with a DSA, and this connection grows into meaningful social connection, and a source of safety and stability. The DSA relationship thrives when advocates consistently return power to survivors, which grows their self-love, self-trust, and self-worth, all of which impact overall self-determination.

According to DSAs and survivors, the DSA Program works because it is focused on whole self of survivors, acknowledging the intersecting oppressions that make up their lived experiences. The population-specific positions are critical to supporting survivors whose identities are not acknowledged by other systems, or are acknowledged but oppressed within other systems. As an organization, this **population-specific programming is an important expression of Call to Safety's anti-oppression values.**

As the DSA Program continues to be a vital service in our communities, Call to Safety can grow by creating additional supports for DSAs that encourage advanced learning and stability in their roles. Further, Call to Safety should continue to seek meaningful opportunities to engage with racial justice work, specifically within the individual development of DSAs.

The findings affirm that our work goes beyond crisis management or 'band-aid services', and can be an integral part of healing from trauma on a social, emotional, and physiological level. Where trauma is powerful in severing ties of social and interpersonal trust, our work is also powerful in creating safer spaces to rebuild trust, support, and healing. We believe this report brings a deeper level of understanding to our DSA Program, and what is needed to continue bringing **vital services and education that move survivors through trauma towards thriving.**

*Thank you again to the survivors
and advocates who shared their
experiences and expertise.*

2016 Survivor-Led Evaluation

call to safety

Everyone deserves a life free of
domestic and sexual violence



Introduction: Welcome! Thanks so much for taking the time to meet with me today. I really appreciate it. I'm expecting the interview to take about 90-minutes. And we'll be focusing on

- how you connect with your Direct Service Advocate, say name,
- how you have benefitted from services, and
- how we can improve overall access to our services.

We want to speak with you because we see so much expertise and knowledge in your experience, and we want to learn from you. I know it's called an evaluation, but I am in no way trying to evaluate your life or skills. Our intention is to use the information you and other survivors share to make immediate improvements within the organization if/when possible, and we'll also be using the feedback to inform long-term goals at Call to Safety.

Before we begin, I want you to know a little more about where these questions are coming from. First of all, we want the interview to be a positive experience for you, so we're going to approach things by looking at what's working for you, and what you would need to thrive in your life. We're trying to get at aspects of our DSA program that support long-term health, well-being, and self-determination in survivors. Research suggests that things like social connectedness and stability improve long-term outcomes. I can get you more info on this research if you'd like.

And on a technical note, I will need you to sign this informed consent to participate. It talks about how:

- you can stop the interview at any time,
- decline to answer any question,
- report a grievance if necessary, and
- your responses will be confidential.

The form states that you are consenting to the audio recording of our conversation. After the interview is transcribed the original audio file will be permanently deleted. Please sign the informed consent if you agree. *Give form.*

Ok, great. To ground you in the content of the interview, I want to start with a free writing reflection exercise. I'm going to leave you with this for about five minutes. We're asking you to write for five minutes reflecting on what thriving looks like in your life? What are the thoughts you think and emotions you feel when you are thriving? What are you able to see or do? How has your work with your DSA supported you in moving towards thriving? This is really completely open. So don't feel the need for proper sentences or even sentences at all. Just write without setting your pen down. Write whatever comes to mind. I love to start with this writing exercise because I'm hoping it may help to ground you for the interview and get the creative juices flowing. I won't collect this. *Mention that we will be asking them to reflect on a significant positive moment in the interview.*

Free Writing Exercise (5-minutes) What would or do moments of thriving in your life look like/feel like? Can you think back to a time when you thrived? Or can you envision thriving in the future? What thoughts/words/emotions? What are you able to do/see/be?

- 1) Is there a specific helpful moment with your Advocate that you'd like to reflect on?
- 2) So, how did you initially connect with your Advocate?
- 3) What had you heard about the Advocacy Program and how it works?
- 4) These questions explore what Call to Safety has to offer you. Why did you choose to connect with Call to Safety instead of other organizations? |
Were there unique things about the Advocacy Program that were meaningful to you in connecting with us?
- 5) What did your Advocate do in the beginning of your work together that helped you feel supported?
- 6) Was your advocate helpful in working with you to define your needs? >> What did that look like? |
How did your advocate support you in defining your needs or goals for yourself? >> How did this process of creating goals for yourself feel?
- 7) The next questions are about your experience calling Call to Safety's Crisis Line. What was your experience in calling the crisis line as another Call to Safety service? |
What did that experience look like? |
Did this add to your experience with your Advocate?
- 8) Time is a very valuable resource for most people, especially when they might be in crisis or coping with violence. We are so glad you have chosen to use some of your time for connecting with (*Advocate's name*). What are some of the costs to you in maintaining this connection? In other words, what do you sacrifice to spend time working with your Advocate? |
How might Call to Safety minimize these costs?
- 9) We know that a lot of the work your advocate does is about connecting you with resources or explaining how to access various systems. Have you had an experience in working with (*Advocate name*), where you were connected with an especially useful resource or bit of information? |
What did that look like?
- 10) As an organization, we'd like to support survivors in growing self-love, self-trust, and self-worth. Since working with your Advocate, have you noticed any changes in the thoughts you have about yourself? |

How did your advocate impact these positive changes?

11) In your relationship with your Advocate, how did you feel validated? How did they make you feel heard and cared for?

12) Again, thinking about your relationship with (*Advocate's name*), did you feel that you could share any and every part of your identity? In other words, were you able to be your whole self with your Advocate? |

Did you feel that your whole self was respected and supported? |

What did that look like?

13) These questions are about the on-going relationship you share with your advocate. Which specific aspects of developing a longer-term relationship with your advocate have been the most beneficial for you? |

How does this impact where you are now?

14) Thinking back on how you defined thriving, how has your work with (*Advocate's Name*) moved you towards that? |

Were there any unexpected benefits to working with (*Advocate's name*)?

15) Does anything specific come to mind regarding where Call to Safety can improve in better meeting the needs of survivors? This a big question, and I recognize the always-present need for systems-based improvements, so with this we're looking for things that we can do within our organization and our means. That said...can you think of any improvements?

16) Is there anything else you'd wish I asked you about or is there anything else you think would be helpful for us to know about working with your Advocate?

Introduction: Welcome! Thanks so much for taking the time to meet with me today. I really appreciate it. I'm expecting the interview to take about 90-minutes. And we'll be focusing on

- how survivors connect with you,
- how they benefit from services, and
- how we can improve overall access to DSA services.

We want to speak with you because we see so much expertise and knowledge in your experience, and we want to learn from you. I know it's called an evaluation, but I am in no way trying to evaluate your work or skills. Our intention is to use the information you and other DSAs share to make immediate improvements within the organization if/when possible, and we'll also be using the feedback to inform the next strategic plan and other long-term goals and to get more information about where to focus our interviews with survivors.

Before we begin, I want to you to know a little more about our background research and where these questions are coming from. First of all, we want the interview to be a positive experience for you, so we're going to approach things by looking at what's working for you, and what you would need to do your best work on behalf of survivors. We're trying to get at aspects of our DSA program that support long-term health, well-being, and self-determination in survivors. Research suggests that things like social connectedness and stability improve long-term outcomes. I can get you more info on this research if you'd like.

And on a technical note, I will need you to sign this informed consent to participate. It talks about how:

- you can stop the interview at any time,
- decline to answer any question,
- you can report a grievance if necessary, and
- your responses will be confidential.

While we will absolutely protect your confidentiality, it's important to understand that your feedback may not be anonymous. For transparency, I need you to know that myself, Molly, and Courtney (MSW intern) will have access to the full transcript of our conversation. No one else will see the full transcript, and we will try to de-identify what we share to the extent possible. If something feels important to share, but is identifying, we will get your consent first. Finally, it states that you are consenting to the audio recording of our conversation. After the interview is transcribed the original audio file will be permanently deleted. Please sign the informed consent if you agree. *Give form.*

Ok, great. To ground you in the content of the interview, I want to start with a free writing reflection exercise. I'm going to leave you with this for about five minutes. We're asking you to write for five minutes on how moments of success feel or would feel. What does thriving in your work feel like? What are the thoughts you think and emotions you feel when you are thriving? What are you able to see or do? What does a work environment that helps you thrive look like? This is really completely open. So don't feel the need for proper sentences or even sentences at all. Just write without setting your pen down. Write whatever comes to mind. I love to start with this writing exercise because I'm

hoping it may help to ground you for the interview and get the creative juices flowing around your work. I won't collect this.

Free Writing Exercise (5-minutes): What would or do moments of success/thriving in your work look like/feel like? What thoughts/words/emotions? What are you able to do/see/be?.

Return: Is it okay to begin recording now? Okay, what came up for you during that exercise?

1. Is there a specific significant positive moment with a survivor that you'd like to reflect on?
 - A. Tell me about the context of the significant moment. How were you supported by others and/or resources or trainings?
 - B. What was the survivor's context? What tools/strategies did you use to navigate the advocacy?
 - Where were you emotionally at the time of this moment?
 - Any specific aspect of your training that supported this success?
 - Did your peers play a role in this moment?

2. We know that you approach your work from a survivor-led perspective, so what language do you use when starting a relationship with a participant around goals or needs?
 - Follow-Ups: How do you help survivors to create their own goals or define their own needs? How do you help them identify needs they may not know themselves?
 - How is this process received and/or helpful? How do these goals change or evolve over the course of the relationship?

3. Are there specific aspects of Call to Safety's DSA Program that especially support you in making an initial connection with survivors?
 - Follow-ups: Why do you think this supports the connection?
 - Are there specific aspects of your advocacy style that support you in making an initial connections with survivors?
 - What supports you personally in making an initial connection with survivors?

4. We know that your work is relationship-based, with survivors, but also with other community partners. What is your experience with community partners and could you describe a relationship with a community partner that has been beneficial to the survivors you're working with?

5. Recognizing that time is a resource and survivors are choosing to use some of their time to connect with you and the DSA program, what do you perceive as some of the 'costs' to a survivor in making/maintaining the connection?

How do you minimize these costs? Is there more Call to Safety can do to help you minimize them?

- Follow-ups: When a survivor wants to maintain a connection, what gets in the way of that that we might actually be able to change?
6. What strategies do you use to validate survivors? How do you make them feel heard and cared for? What are signs that you have been effective in validating survivors?
 7. As an organization, we'd like to support survivors in growing self-love, self-trust, and self-worth. Are there any specific advocacy skills you use to support healthy self-perceptions for survivors you work with?
 - Follow up: How does healthy self-perception impact the survivor/relationship?
 - How do these impacts change because you have a longer-term relationship with the survivor?
 8. We want to know more about why a particular survivor might connect with Call to Safety among other providers. What do you think survivors perceive as the unique value of connecting with you?
 - Follow-Ups: How does this change from outreach versus CL service? Why Call to Safety over other services?
 9. Have you noticed that any survivors share the knowledge or information you provide them with others? What does this look like?
 10. Thinking about the population that you are specialized in working with, what is the most significant resource or service that has impacted survivors? This could be a financial resource, or specific training, or a close relationship with another organization, etc. When do you feel like funding/financial resources work best for survivors?
 11. How do you support survivors to feel comfortable sharing any/every part of their identity? What tools or training helped you?
 - Follow-Ups:
 - How did you support them in this identity/validate their experience? What tools or training helped you? (culture, race, sexuality, gender, ability, occupation, family structure, etc.)
 12. This is a big question, and I want to preface it by saying that I recognize the always-present need for systems-based improvements, so with this we're looking for things that we can do within our organization and our means. That said, does anything specific come to mind regarding where Call to Safety can improve in better meeting the needs of survivors?

What about better meeting the needs of survivors that are population specific?

13. The next few questions are about you and your personal experience as an advocate. We know this work is challenging and also rewarding and there are things that make it easier to keep showing

up. You may or may not be getting these things from Call to Safety. We want to know so that we can try and support you in showing up in the way that you want to. We know we can always use more resources, for survivors of course, but also to support you and your needs. With that said, tell me your experience at work around:

- Emotional support? And what would you need to be there (thriving/successful) in emotional support?
- Vicarious trauma and vicarious resilience? And what would you need to thrive in the moments of vicarious trauma?
- Are there any other specific things that would get you to thriving?

14. Is there anything else you'd wish we would have talked about? (On improving services, comments, support, etc.)

Thanks so much for doing this additional work for the Survivor-Led Evaluation project. This will help us understand more about how you perceive your work impacting survivors’ lives in specific ways that research suggests lead to a life of thriving. For Call to Safety, we might define thriving as long-term health, wellbeing, and self-determination. The aspects we’ll look at are ‘the Five Domains of Wellbeing’, which are described below. We’d like to hear how you see your work connecting to these domains and impacting survivors you serve. Please read over these descriptions and then answer some questions about how much of an impact, within each domain, you believe your work has in the lives of survivors. While we understand that the impact in each domain might vary depending on an individual survivor’s circumstances, try to think broadly about your approach to your DSA work in general.

Five Domains of Wellbeing

1. Social Connectedness

Social connectedness is rooted in a sense of belonging and value. This sense might stem from having a number of connections and relationships that allow the survivor to give and receive information, emotional support, and material aid.

<i>Do you feel your work contributes to Social Connectedness of survivors?</i>	<input type="checkbox"/> No Impact	<input type="checkbox"/> Slightly Contributes	<input type="checkbox"/> Considerably Contributes	<input type="checkbox"/> Significantly Contributes
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2. Stability

Stability can be described as the degree to which a person can expect their situation and status to be fundamentally the same from one day to the next. While this degree of stability may not be possible for survivors you are working with, you may support folks in having more predictability in their experience, or you may make space for someone to concentrate on the here-and-now *and* the future. Stability interacts with all facets of an individual’s life and can lead to a sense of control and predictability that is vital for individuals and communities to thrive.

<i>Do you feel your work contributes to the Stability of survivors?</i>	<input type="checkbox"/> No Impact	<input type="checkbox"/> Slightly Contributes	<input type="checkbox"/> Considerably Contributes	<input type="checkbox"/> Significantly Contributes
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3. Safety

Individual safety can be described as the degree to which a person can be their authentic self and not be at heightened risk of physical or emotional harm. Safety is multifaceted and while it includes physical safety, comprehensive safety also requires the psychological, economic, and spiritual integrity of an individual.

Do you feel your work contributes to the Safety of survivors?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Impact	Slightly Contributes	Considerably Contributes	Significantly Contributes

4. Self-Determination

Self-Determination is an overall sense of control that a person has over their life. A person must feel that a situation can be controlled or changed, and that they have the skills and ability to influence the situation or their environment. It also includes having the information and technical skills to be able to choose their own paths and make informed decisions.

Do you feel your work contributes to the Self-Determination of survivors?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Impact	Slightly Contributes	Considerably Contributes	Significantly Contributes

5. Meaningful Access to Relevant Resources

Meaningful access to relevant resources is the degree to which a person can meet needs particularly important for their situation in ways that are not overly onerous, and are not degrading or dangerous. "Resources" refers to material goods and services people need. What is "relevant" depends on an individual's circumstances, preferences, culture, and community. Meaningful access allows people to fulfill their needs in ways that don't create other challenges to their physical or emotional wellbeing.

Do you feel your work contributes to survivors having Meaningful Access to Resources?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Impact	Slightly Contributes	Considerably Contributes	Significantly Contributes

6. Which domain do you feel you are most impactful in for survivors? What about specialized, ongoing advocacy work allows you to have the deep impact in that domain? If possible, give an example of one impact you've seen in this domain.

*Thank you very much for taking the time to complete this follow-up evaluation.
Your feedback is valued and very much appreciated!*

Grounding Our Work

A FRAMEWORK FOR DIRECT SERVICE ADVOCACY

THE FIVE DOMAINS OF WELLBEING

At the foundation of Call to Safety's Direct Service Advocacy Program is the idea that the identity of 'survivor' is only one facet of an individual's life experience when they connect with us for support, and that there are many intersecting facets that create unique strengths and challenges for the person. The Direct Service Advocacy model honors these intersections and offers responsive and flexible services that minimize barriers and build on strengths to support a survivor in achieving self-defined success and well-being. At its core, **the Direct Service Advocacy Program is meant to offer low-barrier specialized advocacy to survivors from marginalized populations.**

As you work to support survivors in bringing their whole selves to the advocacy relationship, you'll run into the limits of available resources and options. You'll work with survivors as they make challenging compromises and tradeoffs to meet their needs. We recognize that a common source of burnout at Call to Safety is the stress of working in an under-resourced system that most often does not provide the material resources participants need. It's fulfilling when we can support a survivor in resolving housing or job-related instability; we also know that a person's wellbeing is about more than just their housing status, and that our work is realized with a more holistic view of wellbeing that incorporates many spheres of a person's life. The Full Frame Initiative, a nonprofit research center, has proposed an evidence-based framework that outlines these spheres, which they term the **Five Domains of Wellbeing**.¹⁵

The Five Domains of Wellbeing framework is evidence-based and strengths-based, and we'll use it to understand the potential reach of our impact even after the advocacy relationship with a survivor ends. The Five Domains of Wellbeing are non-hierarchical and include:

- ✓ **Safety**
- ✓ **Stability**
- ✓ **Meaningful Access to Relevant Resources**
- ✓ **Social Connectedness**
- ✓ **Self-Determination**¹⁶

In the following guide, we'll define each of the domains, describe how they're interconnected, and share advocacy skills specific to each domain. To ground our work in a trauma-informed perspective, we'll also include additional resources and information about the neurobiology of trauma relative to each domain. To deepen our understanding of how our work relates to these domains, we'll draw on feedback shared with us in our 2016 Survivor-Led Evaluation from both survivors and advocates who have held Direct Service Advocacy positions.

We hope that the information and practices shared in this manual will give you a foundation to conceptualize your work more broadly, support you in delving deeper into advanced understanding of trauma and above all, cultivate a deeper understanding of how specific tools can have long-term and far-reaching impacts in the lives, experiences, and overall wellbeing of survivors.

¹⁵<http://fullframeinitiative.org/wp-content/uploads/2011/05/Five-Domains-of-Wellbeing-Overview.pdf>

¹⁶ The Full Frame Initiative uses different terminology about Self-Determination, instead calling the domain 'Mastery'. We chose Self-Determination because we felt the language better reflected our survivor-led program values.

SAFETY

DEFINING SAFETY

Safety has a different meaning for everyone, and as a survivor-led organization we support individuals as they define safety for themselves. Beyond individual relationships, we know that a person's race, class, gender, sexual orientation, ability, and documentation status directly influences their experience of safety and wellbeing. We also know that safety has many realms, like physical, psychological, economic, and spiritual. With this in mind, **we define safety as “the degree to which a person can be their authentic self and not be at heightened risk of physical or emotional harm.”**¹⁷

Wellbeing is supported when “we feel we have places and relationships where we can be true to our core identities without physical or emotional danger, harm, or humiliation.”¹⁸ **Your relationship with a survivor can be an incredible source of safety**, even in the context of other danger or harm they may experience. One survivor told us:

“You know, she knew everything—she knew my emotions, my fears, my hopes. I shared a lot with her. It felt safe.”

SUPPORTING SAFETY

Our harm reduction approach tells us that sometimes survivors make decisions that compromise one domain, like safety, to make gains in another domain, like stability. Our role is to support survivors in negotiating these compromises and identifying resources that reduce potential harm. We can support survivors in building up resources so that when they make these trade-offs, they can maintain a sense of overall wellbeing.

Because we look at safety broadly in our work in a way that incorporates emotional safety, we know that providing a reliable, trustworthy relationship centered on their needs contributes to overall safety and wellbeing. Believing survivors is at the foundation of our work, and we know that **when we believe survivors it creates a vital space of emotional safety**. One survivor put it this way:

I wouldn't be here without you...I think about the non-judgmental way my advocate talked to me, and I remember the key word that got me to trust her: she said, 'I believe you.' To go from having no one believe you to having someone believe in me, it was a great gift.

Survivors shared with us how their DSA relationship was a significant source of emotional safety that supported other domains of wellbeing. One survivor put it this way:

“I did feel supported, and I still feel supported. I'm able to do more for myself. I feel like my advocate used their words to make me feel like I had power again, and just talking to her gave me hope. I was so exhausted from not feeling safe, but I remember the reassurance, 'You're going to be safe. You're going to be okay.' That's so important.”

Holistic Wellbeing

When moving forward in one domain creates problems in another domain, having wellbeing means that individuals have enough in place so that they can balance tradeoffs.⁴

HOW SAFETY IS RELATED TO STABILITY

In your relationship with survivors, the stability of a trusting and reliable relationship can be the foundation to creating points of safety. Research shows that **when a person feels safe and stable in one context, it can lessen the damage from another, unsafe context.**²⁰ We also know that when a person is exposed to prolonged unsafe conditions, they are more likely to experience depression. Depression has the greatest negative impact on health of all common chronic diseases and has been linked to other health problems such as arthritis or asthma.²¹ While chronic health problems like depression can be deeply destabilizing, we know that when survivors feel safe and stable in their relationship with you, it can have far reaching implications, even for their long-term mental and physical health.

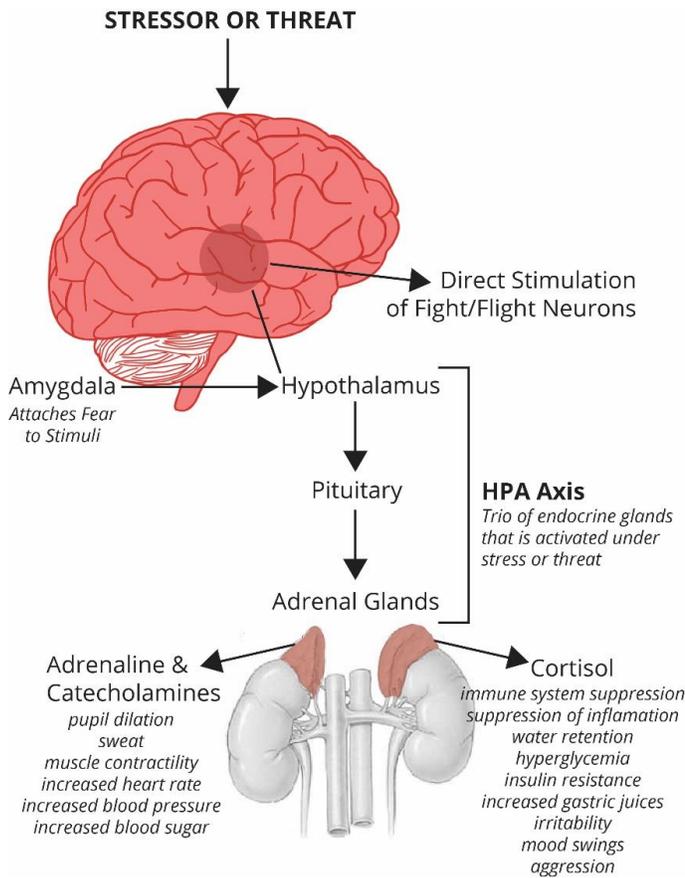
SAFETY & NEUROBIOLOGY

Safety impacts the core of what we understand about trauma and the brain. Research shows that **“the relationship between intimate partner violence (IPV) and post-traumatic stress disorder (PTSD) holds across physical, emotional, and sexual abuse, threats of violence, and risk of homicide.”**²² This reinforces our understanding of how emotional safety can be just as impactful and important as physical safety, which has historically been prioritized in anti-violence advocacy.

Physically, when someone’s safety is threatened, their HPA axis is activated. The HPA axis is made up of the hypothalamus and the pituitary glands within the brain, as well as the adrenal glands on the kidneys. When there’s a traumatic event, **the HPA axis is responsible for turning on the body’s hormonal response to the stressful events that are occurring.**²³

HPA Axis: The hypothalamus, pituitary gland, and adrenal glands that, together, contribute to a body’s response to stress and trauma.

Allostatic Load: The physical impacts of repeated or chronic stress.



We know that while stress hormones can be protective and even useful in the short run, they can be damaging when they are overproduced or not shut off when they're no longer needed.²⁴ When a traumatic stress response becomes unhealthy due to recurring or prolonged adverse psychosocial or physical situations, this increases a person's allostatic load. **Allostatic load refers to the physical toll of stress on the body.**²⁵ When someone is surviving trauma they carry a high allostatic load, which can keep someone in an elevated state well past unsafe or unstable situations, releasing hormones and neurochemicals that contribute to prolonged stress responses in the body. In situations of chronic or frequent activation of the stress response, such as exposure to violence or trauma, poverty, homelessness, or racism, the stress response constantly disrupts the physical and emotional balance of the body. This

disruption can lead to emotional dysregulation and a weakened immune system. The work you do in creating safety in your relationships with survivors and supporting them in identifying and coping with triggers can be a protective factor against this type of stress, thereby supporting long-term health and wellbeing.

When your relationship with survivors is a place of safety in their lives, the positive implications can range from psychological health, to short- and long-term physical health.

Safety References

¹⁷ http://fullframeinitiative.org/wp-content/uploads/2011/05/Safety_Factsheet.pdf

¹⁸ <http://fullframeinitiative.org/wp-content/uploads/2016/09/Trauma-Informed-Pathways-to-the-Five-Domains-of-Wellbeing.pdf>

¹⁹ <http://fullframeinitiative.org/wp-content/uploads/2016/09/Trauma-Informed-Pathways-to-the-Five-Domains-of-Wellbeing.pdf>

²⁰ Aisenberg, E. & Herrenkohl, T. (2008). Community violence in context: Risk and resilience in children and families. *Journal of Interpersonal Violence*, 23, 296-315.

²¹ Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., & Ustun, B. (2007). Depression, chronic diseases, and decrements in health: Results from the World Health Surveys. *The Lancet*, 370, 851-858.

²² Woods, S. J., Hall, R. J., Campbell, J., & Angott, D. M. (2008). Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence. *Journal of Midwifery and Women's Health*, 53(6), 538-546.

²³ <https://nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx> (Slide 32)

²⁴ McEwan, B. S. (2000). The neurobiology of stress: From serendipity to clinical relevance. *Brain Research*, 886, 172-189.

²⁵ Ibid.

STABILITY

DEFINING STABILITY

Your work supports survivors in feeling stability in their lives. **Stability is the degree to which a person can expect their situation to be fundamentally the same from one day to the next.**²⁶ This predictability allows survivors to focus on both the here-and-now, as well as on the future. Importantly, stability is about external reality *and* an individual's interpretation of reality based on their experiences. This means **that while survivors may face complex situations that change day-to-day, the stability of your relationship can impact their perception of overall stability in a meaningful way.** When there is stability in your relationship with a survivor, whether in the form of calling when you say you will or emailing follow-up information that you promised, this may positively impact stability in other aspects of their life (like physical wellbeing), even when other resources are unavailable. One survivor shared:

"Just having that consistency of working with the same person and not having to re-live it, because then you don't get stuck. It gave me the strength emotionally to look at what was in front of me and ask, 'what am I going to do to solve this right now?' You can focus on what's in front of you, you know, to really get to a place where you can thrive."

HOW STABILITY IMPACTS SELF-DETERMINATION

We know that when survivors experience stability, they are more likely to feel in control of their lives, opening space to look to the future. In the same way, when an individual's self-determination, or sense of control is compromised—through economic instability, for example—the prospect of a looming crisis becomes always present, and survival requires shifting attention from crisis to crisis.²⁷ In this survival mode self-determination is diminished and it is difficult to feel a sense of choice and control. **When the advocacy relationship is a source of stability for survivors it creates a space for them to think about what they want for themselves.** One survivor put it this way:

"When you have a support base it gives you the opportunity to explore [self-determination]. When someone says 'You're right, you're not crazy. This is a really bad situation and I'm here to support you,' that's everything. I'd say it affects everything; my response and growth, my rights, you know."

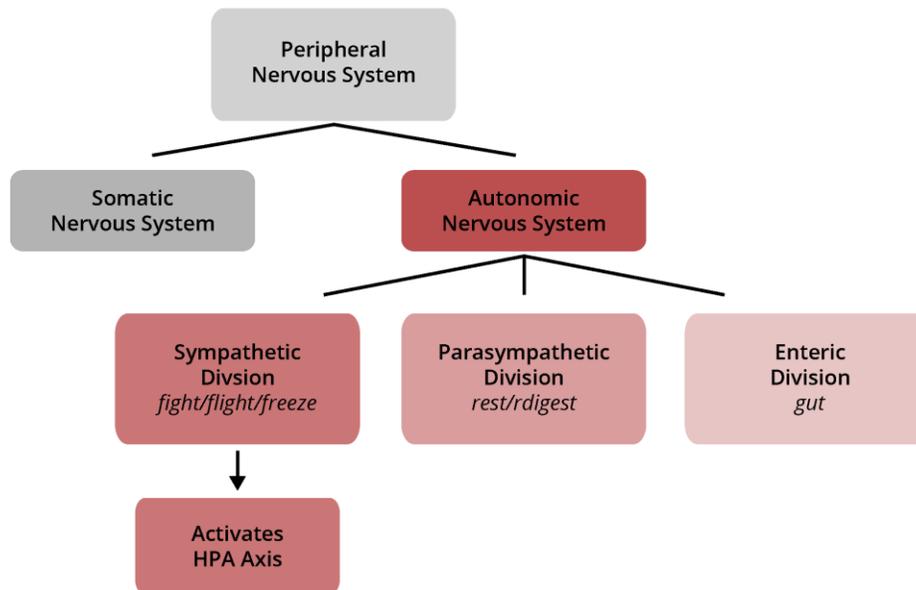
Call to Safety trusts you with autonomy in how you form relationships with survivors and support them as an important source of stability. In other words, Call to Safety hopes to support *your* self-determination in your work. As one DSA noted:

"It's empowering to be treated [respectfully] at work, so I'm sure that comes out in our talk about our organization and how we offer services to survivors—to know that we can back up what we say. It's really having autonomy in my interactions with participants and survivors and being able to reassure them that I'm there, because I know that I'll be there because I have that power in my work."

STABILITY AND NEUROBIOLOGY

Exposure to stress and trauma can activate the sympathetic branch of the nervous system, which is in charge of the fight or flight response. Your relationship with a survivor can be a place of stability that allows a survivor to move away from crisis mode and access their parasympathetic branch, in charge of rest and digest functions.

NERVOUS SYSTEM ORGANIZATION



A unique and relevant understanding of the connection between trauma response and connection to others is posed by Stephen Porges, a neuropsychiatrist. Porges' **Polyvagal Theory** claims that a specific nerve called the Vagus nerve supports healthy responses to trauma.²⁸ The Vagus nerve is primarily responsible for parasympathetic stimulation (rest and digest), and like other neural pathways, when the body uses the rest and digest part of the Vagus nerve, that pathway is reinforced. The stronger this pathway is the greater the "Vagal tone". People who have strong Vagal tone respond to stress by first, activating the SES and reaching out for help or support rather than by relying on behaviors such as withdrawal, aggression, dissociation, or substance abuse. Porges calls this positive pathway the Social Engagement System, (SES), and proposed that it is activated when we feel safe and stable in our environment, helping us to feel soothed and connected to other people.²⁹ **When the act of reaching out meets a survivor's needs, the physical symptoms of stress are more easily managed** because the parasympathetic (rest and digest) branch of the nervous system is engaged, rather than the sympathetic (fight or flight) branch. In other words, when survivors reach out to you for support and find empathy and a source of stability, their **rest and**

Parasympathetic Nervous System: The branch of the nervous system that controls rest and digest.

Sympathetic Nervous System: The branch of the nervous system that controls fight or flight response.

Vagus Nerve: Controls rest and digest, and also freeze; Important to trauma & stress response.

Vagal Tone: How easy it is for someone's nervous system to respond to stress by reaching out for support.

digest neural pathways are reinforced and are easier to access in future moments of coping with trauma and stress.

In this way, Polyvagal Theory demonstrates that **our work goes beyond crisis management/navigation or 'band-aid services' and can be an integral part of healing from trauma on a social, emotional, and physiological level.** As we connect with survivors, we are reinforcing their healthy Vagal nerve pathways, making it easier for them to reach out again in the future. Where trauma is powerful in severing ties of social and interpersonal trust, **our work is also powerful in creating safe spaces to rebuild trust, support, and healing.**

Stability References

²⁶ http://fullframeinitiative.org/wp-content/uploads/2011/05/Stability_Factsheet.pdf

²⁷ Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping. *Trauma, Violence, & Abuse, 10(4)*, 306-329.

²⁸ <http://media.virbcdn.com/files/4a/cb22134ae474b867-beyondtrauma2pptx.pdf>

²⁹ Viscomi, C. (2016, October 6). Branching Out: Toward A New Model of Trauma Recovery with Polyvagal Theory . Retrieved from Healthy Psych: <https://healthypsych.com/branching-out-toward-a-new-model-of-trauma-recovery-with-polyvagal-theory/>

MEANINGFUL ACCESS TO RELEVANT RESOURCES

DEFINING MEANINGFUL ACCESS TO RELEVANT RESOURCES

One of the most important things you'll do as an advocate is support a survivor in defining what resources are relevant for them, and coming up with often creative ways to gain meaningful access to these resources. **You are skilled at creative advocacy because you're faced with resource scarcity that is limiting**, and you're always considering how gains in one domain might require trade-offs in another. You work for survivors to have meaningful access to resources that are relevant to them *and* don't create other challenges to their physical or emotional wellbeing.³⁰ Meaningful access "goes beyond simply the presence of a resource, hours of operation and affordability."³¹ Resources should feel safe and welcoming to the whole self of the survivor, and relevant in that they meet the person's real needs they've identified for themselves. Acknowledging unique personal strengths as resources is important for supporting the whole selves of survivors.

SUPPORTING MEANINGFUL ACCESS TO RELEVANT RESOURCES

You've known survivors who find incredibly creative ways to meet their needs, even if in the process they have to make sacrifices to their safety or wellbeing. This creativity is often fueled by stress, and when this stress is prolonged (i.e. when increased allostatic load is sustained³²) a survivor might experience a host of negative health impacts. It's important to both acknowledge that creativity is a strength, and that the stress driving such resourcefulness is real. We know that ideal resources which don't require creativity or trade-offs are scarce, but there are things we can do to create both more relevant resources, and more meaningful access to these resources.

Within the advocacy relationship you have control over things that may seem basic or trivial, but can have a deep impact on survivors' experiences. For example, **when you tell a participant that they can call the crisis line any time, you bring a level of accessibility that is meaningful**. Similarly, when you follow through with frequent check-ins, it keeps the relationship relevant. We heard from one survivor that:

"[My DSA was] amazing, so in terms of actually making any strides forward with housing, I think that it was mostly just that she helped me feel stronger about myself. I think it was through validation, that this is your life and what I experienced was actually abuse. She was always there. Every week I had a contact from her. I'm less likely to reach out...but she was there."

Offering resources that vary in content and format is also helpful to survivors. You might share articles in an email, or an app that prompts self-care, or even a poem that is healing. One survivor said:

"It was overwhelming because the first time we talked she gave me resources over the phone and it was a lot to absorb. I wasn't in a headspace where I was able to absorb it. But we revisited it and she sent me the information in an email which kind of broke it down and made it easier, so that was huge."

As you work to tailor resources for survivors, **learning from community outreach can be an effective way of keeping resources relevant to folks with different experiences.** Outreach deepens our understanding of survivors' complex experiences, challenging our assumptions and keeping our services truly survivor-led. One advocate shared that:

"[Survivors] stay where they get services in their neighborhoods. It was really good to be able to reach different people, but also to get to know how different regions of the city, depending on where people were living, were impacted in their experience of houselessness or sex work. Doing street-based sex work on 82nd versus downtown, or how police survey this area more than another one. It gave me the knowledge of how to do outreach more effectively."

HOW MEANINGFUL ACCESS TO RELEVANT RESOURCES RELATES TO SOCIAL CONNECTEDNESS

We hope to create a culture at Call to Safety where you feel supported in being your whole self in your work because we know that this impacts your relationships with survivors, especially within this domain. In other words, **we believe that when you can be your whole self, you are more likely to form quicker and deeper connections with survivors as you support them in being their whole selves.** One advocate shared an experience of doing outreach and being approached by a survivor who said they felt comfortable reaching out because the advocate was "visibly queer." This quick connection fostered trust between the survivor and advocate, supporting the survivor in feeling comfortable sharing details of their experiences. When survivors feel more socially connected and able to open up, advocates have a better understanding of what resources are most meaningful and accessible. They formed a trusting relationship where the advocate recognized the survivor's strengths as resources, even though there weren't many other resources available to them.

"The survivor was seeking housing outside of Portland and identified a friend they could live with. [The survivor] had an asymptomatic diagnosis for HIV, and a big part of why they were going to leave was to live with someone else who was HIV positive who had lots of knowledge and access to resources about that care."

HISTORICAL TRAUMA, SYSTEMIC OPPRESSION & MEANINGFUL ACCESS TO RELEVANT RESOURCES

We know that a person's race, class, gender, sexual orientation, abilities, and documentation status will impact which resources are relevant and accessible. Each of these identities interact with oppressions differently, and have unique strengths to cope with oppression. When individuals experience pervasive oppression or carry unresolved grief that is generations old, these things can be understood as historical trauma and will influence our advocacy relationship with survivors. **When we consider historical trauma, we understand the validity of a person's mistrust of institutions and frame resources in ways that respect this.** We understand that when a survivor expresses frustration and anger, or fear and resistance, we can contextualize this within their experience of historical or institutional trauma. To truly validate the survivor's experience requires us to

Historical Trauma:

Cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.¹⁸

acknowledge that Call to Safety may be perceived as being part of the same institutions that systematically harm marginalized communities. This reality brings into focus the importance of being truly survivor-led, finding creative resources that may be outside of systems or institutions, and understanding our role in a survivor's experience seeking safety and wellbeing.

Meaningful Access to Relevant Resources References

³⁰ http://fullframeinitiative.org/wp-content/uploads/2011/05/Meaningful_Access_factsheet.pdf

³¹ Trauma Informed Pathways to the Five Domains of Wellbeing by the Full Frame Initiative. From: <http://fullframeinitiative.org/wp-content/uploads/2016/09/Trauma-Informed-Pathways-to-the-Five-Domains-of-Wellbeing.pdf>

³² See *Safety & Neurobiology* section for more information about allostatic load

³³ Historical Trauma presentation/personal communication from The Native American Youth & Family Center (March 2017)

SOCIAL CONNECTEDNESS

DEFINING SOCIAL CONNECTEDNESS

The work you do with survivors can be an important part in healing breaks in relational trust and support survivors in rebuilding social connectedness. **Social connectedness can be defined as the degree to which a person has and perceives a sufficient number and diversity of relationships that: allow them to give and receive information, emotional support, and material aid; create a sense of belonging and value; and foster growth.** Research also shows that the quantity, quality, and diversity of people's social connections, as well as their perceptions of those connections, all matter.³⁴

Trauma survivors often have an impacted relational capacity. Relational capacity refers to one's ability to place trust and feel safe in relation to others. Trauma often skews their view around who is trustworthy and they may place little trust in others, or alternatively, place a significant amount of trust in others. Survivors of trauma may also hold shame and stigma that acts as a barrier to their sense of belonging and may face challenges in addressing social isolation.³⁵ **A truly caring connection might be overlooked as an essential tenant of advocacy, but the importance and urgency of it cannot be overstated.**

SUPPORTING SOCIAL CONNECTEDNESS

We heard from advocates *and* survivors that when the need for social connection is met from the first contact, it creates a foundation from which other needs can be defined and explored. In the same way that survivor-led advocacy is rooted in the idea that self-determination creates sustainable safety, we can say that a caring connection is a pre-condition for exploring other domains of wellbeing.

While material needs in other domains might go unmet because of limited resources, you can always be a source of caring connection. Access to this resource is made more meaningful when there are low barriers. Beyond being a free service without rigid program guidelines, survivors mentioned that they appreciated when DSAs shared their crisis line schedules as a secondary point of connection in addition to their direct lines. **By taking the time at the beginning of the relationship with survivors to cultivate a safe and open environment, you can support survivors in establishing social trust that can have cascading impacts throughout their other relationships.** We heard from survivors:

"I was in a really difficult situation where you're even losing friends. So, I didn't have anybody else to talk to."

"[My advocate impacted] relationships that I already had, with my mom. [The advocate] helped me realize what's going on in my mom's life, stay calm and focus and reach out, to talk to the people I trust about the things I need to talk to. Getting counseling."

Sometimes, the impact of this relational trauma calls for you to make firm boundaries with a survivor. **An important part of trauma-informed care is modeling supportive boundaries.**

There isn't a formula for the perfect relationship. Trust your intuition and reach out to your coworkers for support. Here's one advocate's experience with boundaries:

"The most supportive thing we can do is be really clear with her and have boundaries about the things we can and can't offer, even if they aren't the things [they] want. So [they] have all this new information about boundaries and [they] started to respect my boundaries better. It made our conversations last, and it made us willing and able to continue services with [them]."

The long-term nature of your advocacy work also supports survivors in feel socially connected. Survivors overwhelmingly felt that this continued sense of connection and emotional support was integral in their getting to a place of thriving. **Even when you aren't able to connect survivors with material resources, recognize that emotional support can be a very real and healing resource.** Survivors shared:

"And knowing my advocate was there to call. That's most important. I know it has impacted where I am now. It gave me the strength to stand up and go get a protective order. I knew that if I got desperate, even if I had to call two or three times...remembering what my advocate wanted me to know, 'stay focused and stay safe'."

"The advocacy relationship creates a certain level of trust where there really isn't any trust."

HOW SOCIAL CONNECTEDNESS IMPACTS OTHER DOMAINS

When survivors are seen and heard as their whole selves this not only supports them in feeling socially connected but also allows you to support them in ways that bring unique meaning. This is where Social Connectedness and Meaningful Access to Relevant Resources intersect. This may look like checking in and offering small resources for a family member, a child, a dog, or even talking about a favorite TV show—these seemingly 'small' connections can be critical ways of acknowledging and supporting the complex, lived experience of survivors. This survivor shared:

"I remember feeling her compassion literally coming through the phone. And I cried. I remember thinking to myself, 'wow she really cares about me and my situation. She really does care.' because she gave me very need-specific resources and information."

Social Connectedness is closely tied to Self-Determination. By providing emotional support—by believing survivors—you are validating their autonomy in seeking support. Reaching out for support is not a small feat, particularly given the impact of trauma on relational trust. By building a safe space for survivors to socially connect, you are reinforcing the coping strategies (like engaging the Social Engagement System [SES]) that lead to thriving.³⁶ In this way, you are supporting survivors' self-determined strategies for navigating difficult circumstances. Furthermore, both the presence of social support and the behavior of seeking social support have been associated with psychological hardiness and flourishing in the face of major adverse life events.³⁷ **Social connectedness has rippling effects in growing self-efficacy and awareness.** As one survivor noted:

"When you have that support base, it gives you that opportunity to explore."

Being survivor-led and supporting self-determination also means **honoring the ways in which survivors already meet their needs for social support**. Being survivor-led means being aware that someone seen as an abuser may be an important social connection to a survivor and serves their need for belonging. For this reason it is critical to take into account the full context of a relationship.

PHYSIOLOGY + SOCIAL CONNECTEDNESS

While it's not surprising that a person's perception of social connectedness can have a large impact on how they feel and heal after trauma, recent studies suggest that social connectedness can have very real impact on our immune system. Helping individuals increase their social supports triggers the immune system to respond positively and stimulates the reward circuits in the brain to release feel-good neurochemicals.³⁸ These neurochemicals then set off the release of hormones that facilitate social interaction and increase our ability to adapt to stress. In other words, **positive social connections help us build up our immune system and buffer physiological stress responses**. This has tangible effects in our daily health, with studies showing that greater social support is linked to a lower risk of cancer, better immune response, and better psychological wellbeing.³⁹

Social Connectedness References

³⁴ http://fullframeinitiative.org/wp-content/uploads/2011/05/SocialConnectedness_Factsheet.pdf

³⁵ <http://fullframeinitiative.org/wp-content/uploads/2016/09/Trauma-Informed-Pathways-to-the-Five-Domains-of-Wellbeing.pdf>

³⁶ See *Stability and Neurobiology* Section for more information on Social Engagement System

³⁷ Ozbay, F., Fitterling, H., Charney, D. et al. *Curr Psychiatry Rep* (2008) 10: 304. doi:10.1007/s11920-008-0049-7

³⁸ <https://melissainstitute.org/wp-content/uploads/2016/09/THE-EMERGING-NEUROBIOLOGY-OF-RESILIENCE-June-2015.pdf>

³⁹ Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59(8), 676-684.

SELF-DETERMINATION

DEFINING SELF-DETERMINATION

Self-determination can be defined as the degree to which a person feels in control of their fate and the decisions they make, and where they experience some correlation between efforts and outcomes. With self-determination, a person feels that a situation can be controlled or changed, and that they have the skills and ability to influence the situation.^{xi} Social Cognitive theorist, Albert Bandura, notes that personal efficacy, or the strength of one's belief that they have the ability to reach their goals, is foundational to reclaiming power and agency. With those experiencing trauma, the belief that you can shape your own life is often gravely impacted and can have physiological effects, such as the worsening of PTSD symptoms.^{xii} Call to Safety recognizes self-determination as the basis for sustainable and holistic wellbeing in one's life.

SUPPORTING SELF-DETERMINATION

The work you do can support survivors in feeling control over their circumstances and movement towards meeting their needs and goals. **From the very first call, you give survivors space to lead the conversation without judgement, and explore what resources and support can meet their specific needs.** Recognize how meaningful it is, and often rare, to meet survivors where they are and serve the very real need for emotional support. As one survivor shared:

"[I] can talk without any judgement and it means so much. When I talk to my advocate, we instantly connected and I felt like, this is good. I've got someone on my side helping me. She didn't push what I had to do. She listened. And that was the main thing, having someone there listening to me. It was important-really important".

Self-care is an important link to self-determination. Survivors shared that creating space for self-care brought them back to 'self' after situations that deeply impacted their self-perception. They reflected that check-ins on self-care rituals and learning how to practice self-care (e.g. remembering to eat or exploring therapy options), had the long-term impacts of growing self-love and self-determination. **Participants also noted that prioritizing self-care supported them in feeling worthy of love and care. Survivors implied that these improvements to self-perceptions would have long-term impacts on building healthy relationships in the future.**

"When you're in a domestic violence situation, everybody gets taken care of but you. And so, to give women that tool is empowering. I think it can teach women self-love and for me, self-care is part of my thriving... So for women who don't have those tools, to be able to equip them with those tools...I think that's a huge part of the healing process."

"Part of that self-care is not just the little things you do, but it's also the bigger things, like the next time you're going to get into a relationship, you need to reflect on that self-care, you need to reflect on your choices. I think going forward you need to take better care of this so that you don't get caught in that cycle again."

By prioritizing healthy self-perceptions, even through seemingly simple self-care check-ins, you support survivors in growing self-awareness and feeling in control of their future. Additionally, this

sense of control can counteract stress-related health issues and actually lower the chance of depression and anxiety.^{xlii}

"I don't want to be a survivor for years. I want to move through it and not be that...[My advocate] encouraged me that I could make it on my own and I could do it. And I did. She gave me that empowerment to do that."

Having a long-term advocacy relationship allows you to **shed light on the growth and creativity that you've seen in survivors** and supports survivors in **recognizing their own power and resiliency**. The use of reflective language supports survivors trusting their own thoughts and decisions. One advocate noted:

"I had a participant who always asked me what I thought she should do. She would say consistently, 'I know you're not going to answer this question, but what do you think I should do?' Yeah, you're totally right I'm not going to answer that. I'm going to tell you you're smart, you're creative, you've made really good choices in the past and I've seen you make good choices and see the outcome from them. Towards the end of [our relationship] she would say, 'I think I should...What do you think of that?' Which is just, it's so small, but it was such a huge shift."

SELF-DETERMINATION AND SAFETY

Safety planning that is survivor-led plays a significant role in building a sense of safety for survivors. This planning is rooted in the survivors' own efficacy, in what survivors feel comfortable doing, and what resources are available and accessible. Ultimately, this supports them in **feeling safer by knowing that they have the tools, plan, and power to navigate difficult situations**.

"She encouraged me that I could make it on my own and I could do it. And I did. She gave me that empowerment to do that."

"I did feel supported and I still feel supported. I'm just able to do more for myself. I feel like my advocate used their words to make me feel like I had power again, and just talking to her gave me hope."

NEUROBIOLOGY + SELF-DETERMINATION

While there is a large body of research on Post-Traumatic Stress Disorder that has provided us with insight on how trauma impacts our bodies and health, there is a growing area of research that explores the idea of post-traumatic growth. Post-traumatic growth can be defined as the positive changes resulting from major life crises or traumatic experiences. Post-traumatic growth, which can co-exist with post-traumatic stress, occurs when a person struggles with their traumatic experience and engages with it on a deep and meaningful level.^{xliii} Dr. Tedeschi and Dr. Calhoun, researchers in

Post-Traumatic Stress Disorder: A disorder that can develop in those that have experienced a traumatic, several traumatic events, or from prolonged exposure to oppressive experiences like macroaggressions. Though variable, it is often characterized by dysregulated mood, avoidance, re-experiencing, and hyper arousal.

Post-Traumatic Growth: A theory that holds that people who endure psychological struggle following adversity can often see positive growth afterward by developing new understandings of themselves, their world, and their own strength.

this area, found one of the major predictors of post-traumatic growth is cognitive and emotional processing around the impacts of trauma.^{xliv} This includes developing an understanding of the causes and impacts of trauma. **When survivors have an understanding of the dynamics of abuse, it supports them in moving past external affirmation and moving towards an intrinsic set of motivators and goals.** This perceived self-efficacy not only counteracts the symptoms of PTSD, but can lead to faster recovery and improved health outcomes. In this way, when your work is rooted in building the self-determination of survivors. In believing them, in supporting their own identified needs, in supporting their understanding of power dynamics—**you support post-traumatic growth.**

Self-Determination References

^{xi} http://fullframeinitiative.org/wp-content/uploads/2011/05/Mastery_Factsheet.pdf

^{xli} Kushner MG, Riggs DS, Foa EB, Miller SM. Perceived controllability and the development of posttraumatic stress disorder (PTSD) in crime victims. *Behav Res Ther.* 1993;31:105–110.

^{xlii} http://fullframeinitiative.org/wp-content/uploads/2011/05/Mastery_Factsheet.pdf

^{xliii} Tedeschi RG, Calhoun LG. Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychol Inq.* 2004; 15: 1-18.

^{xliv} *Ibid.*