



Domestic Violence Awareness: for Social Change

ACTION

Developed by the
Domestic Violence Awareness Project
in collaboration with
National Resource Center on Domestic Violence



DOMESTIC VIOLENCE AWARENESS: Action for Social Change

Developed by the

Domestic Violence Awareness Project

in collaboration with the

National Resource Center on Domestic Violence

a project of the

Pennsylvania Coalition Against Domestic Violence

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The project staff and advisory group members also thank the many individuals and organizations who contributed information about Domestic Violence Awareness Month events they have planned over the years.

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NOTE: This is Section One of *Domestic Violence Awareness: Action for Social Change*. Section Two, currently being developed, will address organizing and communications planning.

Domestic Violence Awareness Project

In 1995, the National Resource Center on Domestic Violence (NRC DV) convened several national domestic violence organizations – the Family Violence Prevention Fund, the National Coalition Against Domestic Violence, the National Domestic Violence Hotline and later the National Network to End Domestic Violence – to launch a new effort to support domestic violence programs’ awareness and education efforts for Domestic Violence Awareness Month (DVAM), observed annually in October. The collaborative effort became the Domestic Violence Awareness Project (DVAP).

Over the years, the project has evolved and today the DVAP is a diverse and unique partnership of local, tribal, state and national domestic violence organizations and networks. The DVAP collaborates to collect, develop and distribute resources and ideas relevant to advocates’ ongoing public and prevention awareness and education efforts not only in preparation for DVAM, but also throughout the year. The work of the DVAP strives to creatively bring to life its statement of purpose:

The Domestic Violence Awareness Project (DVAP) supports the rights of all women and girls to live in peace and dignity. Violence and all other forms of oppression against all communities of women and their children must be eliminated. To change belief systems and practices that support violence against all women, the DVAP recognizes and promotes the participation of the entire community in building social intolerance towards domestic violence.

The purpose of the DVAP is to support and promote the national, tribal, state and local advocacy networks in their ongoing public education efforts through public awareness campaigns, strategies, materials, resources, capacity-building and technical assistance. These strategies include campaigns that address the victimization of women throughout their lifespan. The voices, leadership and expertise of women who have been battered are acknowledged as critical and necessary components of these campaigns.

(Created April 2000)

Please visit us online at dvam.vawnet.org or contact the Technical Assistance and Public Education team of the NRC DV if you would like more information about the project or to be added to our mailing list. Our contact information is:

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Domestic Violence Awareness Month

Domestic Violence Awareness Month (DVAM) evolved from the “Day of Unity” in October 1981 conceived by the National Coalition Against Domestic Violence. The intent was to connect advocates across the nation who were working to end violence against women and their children. The Day of Unity soon became an entire week devoted to a range of activities conducted at the local, state, and national levels.

The activities conducted were as varied and diverse as the program sponsors but had common themes: mourning those who have died because of domestic violence, celebrating those who have survived, and connecting those who work to end violence.

In October 1987, the first Domestic Violence Awareness Month was observed. That same year marks the initiation of the first national domestic violence toll-free hotline. In 1989 the U.S. Congress passed Public Law 101-112 designating October of that year as National Domestic Violence Awareness Month. Such legislation has passed every year since with NCADV providing key leadership in this effort. Each year, the Day of Unity is celebrated the first Monday of Domestic Violence Awareness Month.

- Adapted from the *1996 Domestic Violence Awareness Month Resource Manual* of the National Coalition Against Domestic Violence.

Introduction to DOMESTIC VIOLENCE AWARENESS: Action for Social Change

It is, as always, an honor to support you in the work that you do, including your efforts to raise the awareness of and educate our communities about domestic violence. The Domestic Violence Awareness Project (DVAP), coordinated by the National Resource Center on Domestic Violence (NRC DV), is particularly proud to present to you the first installment of the revised manual *Domestic Violence Awareness: Action for Social Change* (formerly titled *Domestic Violence Awareness: Tips, Tactics & Resources*). This manual draws upon the expertise of its authors – members of our Project Advisory Group, a committed, diverse and experienced group. As always, the manual is intended to be

**... as our collective bodies
of knowledge evolve, so
will this material**

dynamic and organic, meaning that as our collective bodies of knowledge evolve, so will this material. We (both the NRC DV and the DVAP Advisory Group) believe that the diversity of perspectives in this material is its very strength. As befits our Advisory Group, the organizations they represent and their constituencies, you will find in these pages a tremendous array and scope of experience, priorities, approaches, analyses and

opinions, always from an advocacy-based perspective. Consequently, you may expect to find similarities, differences, parallels and perhaps contradictions from one piece to another. The NRC DV believes that the best work we can do at this time is to provide a means to gather this information and distribute it to you. We hope it elicits rich discussions and many more contributions, and that in the process you find it useful and inspiring. Please let us know what you think! You may call us at (800) 537-2238 or complete and return the enclosed feedback form. We will use your input to direct future revisions and rewrites.

In this first installment you will find discussions of social change, gender and language and analyses of violence against women. You will also find the beginnings of a new section titled “Working within Our Own Communities.” It is to date comprised of contributions from advocates who work with Asian and Pacific Islander communities, Native communities and older adults. This section of the manual assumes an individual and organizational commitment in that it is not intended to train advocates to serve the people so far represented here, it is instead meant to further support those already doing this work. We hope it begins to illustrate the tremendous power, creativity and mobilization of advocates nationwide and also inspire each of us to move beyond minimum standards of operation.

We have already begun work on the second installment of the manual is devoted to discussions of communications planning – not only what it is and some strategies and tools, but also, we hope, some candid discussions of what some of the current and common roadblocks might be. We hope to support you in a broad range of your communications work, including but not limited to, events planning and other awareness initiatives, training/education initiatives, collaborative efforts with other organizations and systems, working with media and internal program communications (how we describe our histories and visions, train our staff, foster our best efforts, etc.). We look forward to devoting the next project year to this part of the manual.

Again, thank you for the work that you do, and please let us know how we may best support you in the future.

A Note on Gender and Language

At the request of the DVAP Advisory Group, the NRC DV organized conversations in the fall of 2003 specifically devoted to exploring the use of gender in the language used to describe the work to end domestic violence: “battered woman” vs. “victims and survivors of domestic violence,” etc. There were, of course, varying perspectives and convictions – while Project Advisory Group members and staff may agree that domestic violence is a gendered phenomenon and part of the broader reality of violence against women that serves to maintain the patriarchy, we struggle with holding ourselves accountable to those we automatically exclude when we present the victim as female/mother and the batterer as male. We found that what we were really talking about were our conceptualizations of sex (biology) and gender (social norms) and how they must, at the same time, both converge and remain distinct. We were talking about how we have learned to see things as either/or, for example, pass/fail, guilty/innocent and, in this case, male/female, to identify and judge ourselves and others, and how this limits us and becomes its own means of power and control. We were talking about whether or not we can honestly say we respectfully serve and fully support all victims and survivors of domestic violence. We were talking about the possibility of our own collusion.

The flip side of the same coin, however, was that as we listened to each other – not to figure out how to build our defenses, but to stretch our own thinking – we were also beginning to articulate the enormous possibilities within reach to strengthen immeasurably the work we have already done. Consider the following and the weight it adds to the term, “violence against women”:

If the boundaries around ‘women’ become trenches, what happens to inter-sexual people? Can we really fix a policy that’s so clear about who was born ‘woman’? ... If we were going to decide who is a ‘real’ woman, who would we empower to decide, and how could the checkpoints be established? ... The modern trans liberation movement is redrawing the boundaries to show the depth and breadth of sex and gender oppression in this society.

(Feinberg, 1996)

We found, therefore, that the questions at hand – what defines woman and who decides – potentially constitute a paradigm shift for us in that they call into question what we define as “the work” and how we do it. We need more time and constant critical thought in order to acknowledge and reconcile the excellent work done by domestic violence programs and advocates with the continued movement that constitutes social change. At this point we have no consensus, we have no answers, we have only the agreement to hold ourselves accountable and listen to each other, question each other and proceed with the work each of us does in the manner that we deem most respectful and integrated. So in the manual you will find that different authors approach the issues differently; it is the hope of project advisory group members and staff to be able, in time to come, to further our analyses and share our “why’s” and “how’s” with you.

The NRC DV staff wish to thank Sujata Warriar for facilitating and contributing to these discussions.

Works Cited

Feinberg, L. (1996). *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman*. Boston, MA: Beacon Press.

Violence Against Women and Social Change

- Gender Violence and Patriarchy
- Social Change to End Violence Against Women (or to Reclaim Women's Sovereignty)
- Culture and Disability
- Whose Voice, Whose Table?

CHAPTER ONE

Gender Violence and Patriarchy

– by Grace Poore and Firoza Chic Dabby-Chinoy
Asian & Pacific Islander Institute on Domestic Violence

Violence against women: “Any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” (United Nations *Declaration on the Elimination of Violence Against Women*, 1993).

With very few exceptions, violence against women is pervasive across all cultures and communities. As international women’s human rights advocate, Margaret Schuler (1992), explains: “Societies organized around gendered, hierarchical power relations give legitimacy to violence against women... Understanding the phenomenon of gender violence requires an analysis of the patterns of violence directed toward women and the underlying mechanisms that permit the emergence and perpetuation of these patterns.”

Culture of Patriarchy

Patriarchy is about the social relations of power between men and women and informs our work in deep ways. It is a system for maintaining class and/or gender privilege and the status quo of power. It relies both on crude mechanisms like oppression and subtle ones like the law. Although patriarchy is mostly about oppressing women, it is also about controlling men. The ‘rule of thumb’ is a good example: it gave men legal permission to batter their wives; but by stipulating that wife-beaters could only use a stick no thicker than their thumb, it served as a way of controlling the extent of men’s violence. So male violence was legitimized, yet controlled by the patriarchal structures of society. Patriarchy is thus an enforcer of traditional gender and class relations, and the most significant contributor to sexism and misogyny. Patriarchy exists in almost all cultures; the degree and rigidity with which it permeates gender relations varies.

Patriarchy exists in almost all cultures; the degree and rigidity with which it permeates gender relations varies.

Culture is often used to excuse and/or condone gender violence, e.g., “people in my culture behave this way and believe women should be treated this way, so it is alright for me to do so.” Supposedly, these claims are defending the culture of the home country (be it Azerbaijan, Vietnam, etc.). What is in fact being defended is the culture of patriarchy in the home country. When “culture” is used by our communities to explain and justify violence against women, these claims are mostly based on frozen, male-defined ideas of culture. Cultural explanations protect how patriarchy is expressed and reinforced in the home country in order to justify gender inequity and violence. So conventional notions of culture must be challenged in order to resist its patriarchal traditions of misogyny.

Many people assume incorrectly that the culture of patriarchy only exists in countries with traditional customs and practices that are harmful to women and girls, and where freedoms are restricted and tightly controlled by conservative community leaders who are usually male. There is also a tendency to rank the violence experienced by women in some countries as more violent, more horrific than violence experienced by women in, for instance, the US. These assumptions ignore the more sophisticated methods of violating women’s freedom and sexuality through religion, workplace practices, court rulings, state and federal legislation, which are equally restrictive, insidious, and pervasive.

For instance, it is a myth that women in the US do not suffer violations of their basic rights. This myth is fuelled by an inflated sense that American culture is more respectful of women, more progressive about women's rights, and more evolved with regard to safeguarding women's humanity. Consequently, there is a downplaying of the culture of patriarchy in the US. When such a culture is acknowledged, it is linked to certain religiously conservative communities, certain geographic regions of the country, or certain immigrant populations. In fact, most women in this country cannot count on and are deliberately kept from physical and psychological safety, sexual rights, healthy housing, fairly compensated labor, adequate medical care, safe nutrition, and freedom from the double jeopardies of racism and heterosexism – because of their gender. The culture of patriarchy manifests in every community and institution in this country, and all men (some more than others) benefit from this power arrangement, this cloak of privilege, whether or not they themselves use it to gain unfair advantage.

As Rhonda Copelon comments, "Gender-based violence encompasses forms of violence that perpetuate and exploit the dichotomy between women and men in order to assure the subordination and inferiority of women and everything associated with the feminine" (Copelon, 1994). She goes on to observe, "...although women are overwhelmingly the victims...gender-based violence can be inflicted upon men as well as in the rape of male prisoners to humiliate them through 'feminization,' or violence against men because they are or appear to be gay or feminine."

In order to honestly and accurately assess the universality of patriarchy and misogyny – the first step is to recognize that "universal" includes the US. The second step is to resist the

insularity that comes from the false sense of comfort that America has done its homework on patriarchy. An example of this insularity is when, for many Americans, the reality of American women being stabbed and shot multiple times by jealous partners registers less horror than Bangladeshi women having acid thrown in their faces for insubordination. This kind of response bypasses the motivation for both crimes and concentrates instead on the differences in methods of violence used. Yet, isn't the woman shot and killed in front of her children in Boston or New York, like the wife

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burned by her husband in New Delhi, India, also a casualty of the culture of violence against women? Isn't a lesbian gang-raped in Washington, DC, and the honor killing of a woman in Jordan connected by the same root causes for the violence? As noted by Schuler (1992), "Only by understanding the common thread that runs through all contexts, can attention to either 'ordinary' or 'exotic' forms [of violence] lead to insights about ways to alter the patterns of violence directed toward women."

Feminism offers a critique and a challenge to patriarchy. The pithy wisdom of the bumper sticker will have to suffice: "Feminism is the radical notion that women are human beings." It is also about understanding women's resistance to sexism and misogyny; how they use the power that is available to them; how they claim space where they can; how they build alliances; how they engage in acts of subversion and rebellion; how they ask others to bear witness to their pain. The strong backlash against feminism is evidence that women's equality in the home and gender equity in society are considered radical and threatening.

Analyzing Gender Violence

With regard to explanations about domestic violence, we need to debunk the stress theory of violence: that men batter women because they are having or have had a hard time. Women have the same life experiences and stresses: they come from violent homes, they have childhood histories of abuse, they get cut off on the freeway, they get high or drunk, they get fired from their jobs, etc. They are socialized in cultures with legacies of colonialism, live in war zones, endure racism and face societal barriers. And yet, women by and large do not resort to physical abuse. Non-abusive men are also subject to the same stressors. Women and non-abusive men do of course have personal and inter-personal difficulties, psychological problems, feel depressed, lack parenting insights, lack job skills, are constrained by enmiserating poverty, etc., and cope without resorting to violence. Finally, men who may not have any of these difficulties or deficits, batter.

Rather than isolating domestic violence from other forms of violence experienced by women, Lori Heise, Jacqueline Pitanguy and Adrienne Germain propose looking at partner violence as part of ongoing, systematic, and pervasive violence throughout the life cycle of women, from prenatal to old age. Looked at from this perspective, domestic violence becomes part of a broader framework of violence against women. For instance:

- During the prenatal stage, women experience battering during pregnancy, coerced pregnancy, and sex selective abortion.
- During infancy, girl babies go through emotional and physical abuse, differential access to food and medical care; or can be victims of female infanticide.
- In childhood, girls are physically abused and neglected, sexually abused by family members and strangers, forced into child marriages, prostitution and trafficking; experience genital cutting.
- In adolescence, young women experience dating violence, workplace abuse, sexual harassment and rape; can be economically coerced into sex.
- During a woman's reproductive years, there is abuse by intimate partners, marital rape, partner homicide, psychological abuse, workplace abuse, sexual harassment, and abuse because of disabilities.
- In old age, elder women experience widow abuse, abuse in institutional settings, and abuse by adult children or spouses.

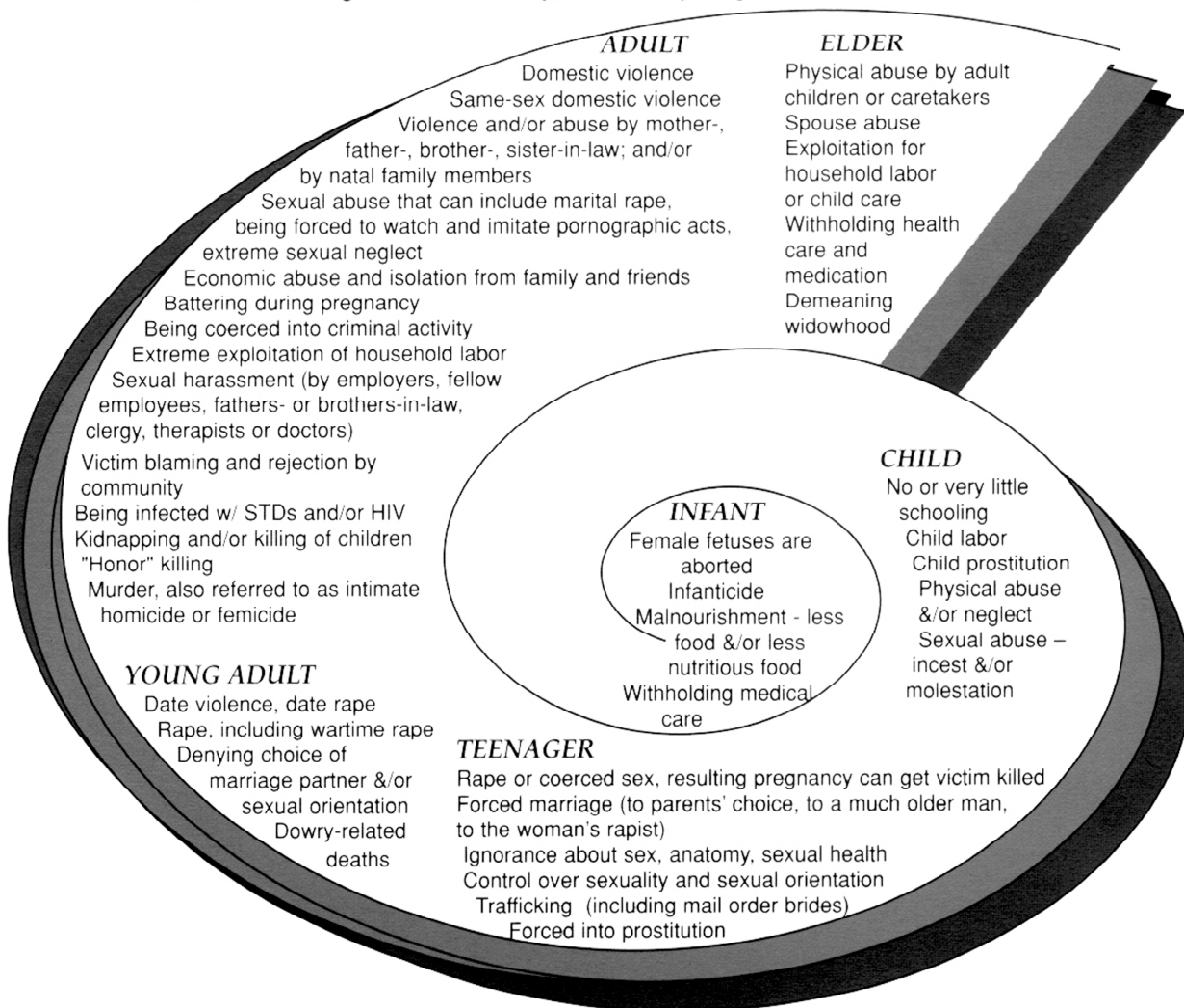
– Adapted from Heise, L., Pitanguy J. & Germain, A. (1994) *Violence Against Women: The Hidden Health Burden*, World Bank Discussion Papers, No. 255.

Lifetime Spiral of Gender Abuse

The Asian & Pacific Islander Institute on Domestic Violence conceptualizes violence across the life-span similarly, depicted in the *Lifetime Spiral of Gender Abuse*. From the aborting of female fetuses to intimate homicide, girls and women can encounter numerous oppressions during infancy, childhood, adolescence, adulthood, and as elders. Some of these are confined to one stage in the lifecycle, some continue into subsequent stages. Furthermore, violence against women is more than physical, sexual, economic and emotional abuse; it is also about living in a climate of fear, misery, loss, mistrust, humiliation and despair.

ABUSES ENDURED BY A WOMAN DURING HER LIFE CYCLE

Although some of these occur at a specific stage in a woman's life, most can reoccur or continue throughout her life. *Do you have anything to add?*



- The Lifetime Spiral (and its translated versions in Chinese, Korean and Tagalog) can be downloaded from http://www.apiahf.org/apidvinstitute/GenderViolence/analyze_a.htm
- Published with permission from the Asian & Pacific Islander Institute on Domestic Violence.

- From Poore, G. & Dabby-Chinoy, F.C. (2005). Gender violence and patriarchy. In *Domestic Violence Awareness: Action for Social Change* (p. 4). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Bringing It Home

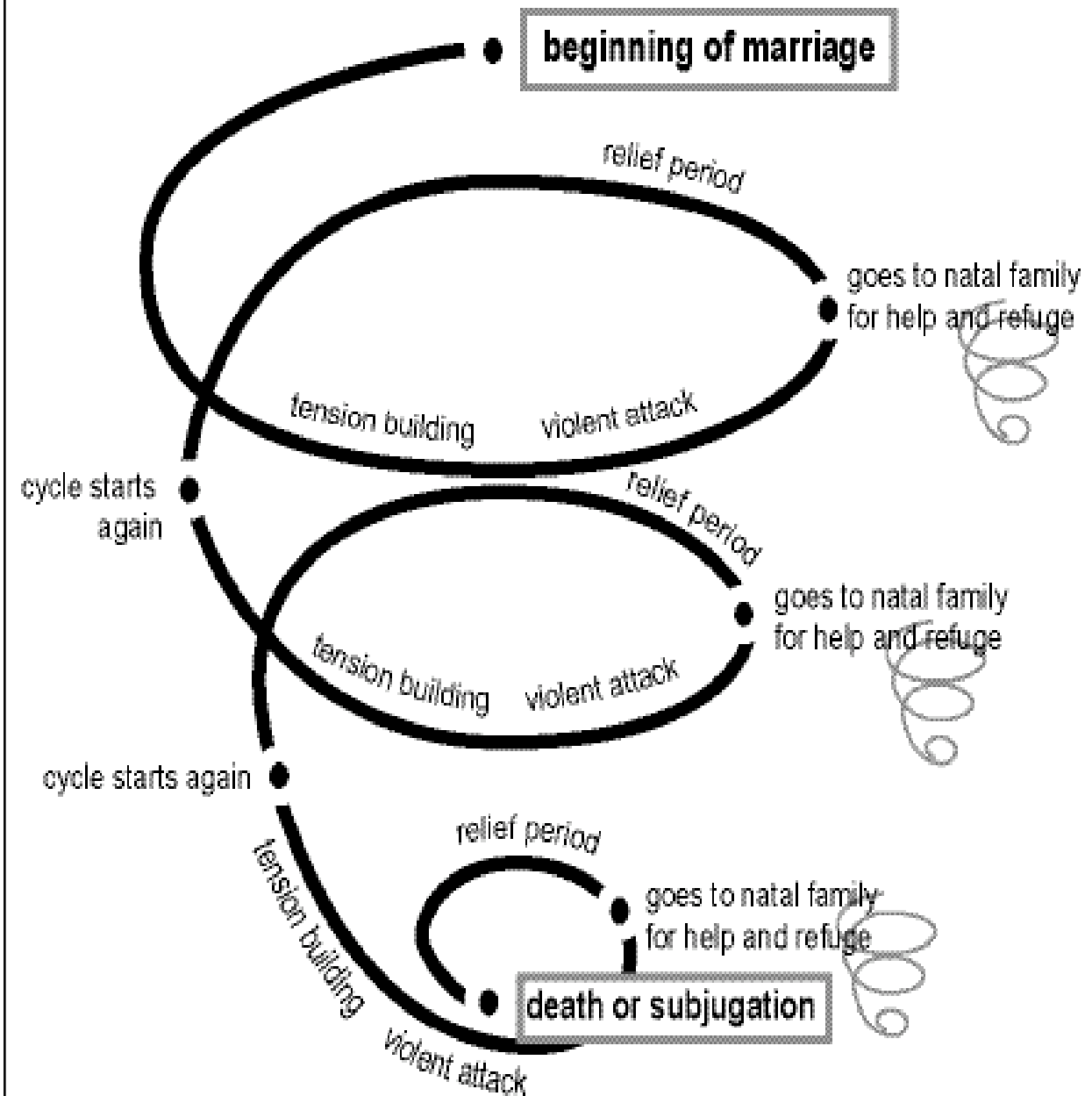
Advocates working with victims and survivors of domestic violence see the extreme manifestations of the culture of patriarchy – physical abuse, psychological terror, sexual assault and coercion, emotional and mental cruelty, intimidation, stalking and severe humiliation. This is the backdrop against which they do crisis intervention, safety management and resource juggling, often on a daily basis.

In such an environment of emergency response and demand, it may be difficult to see the inter-connected dimensions of violence against women as they relate to individual battered women's experiences. One way to breach this gulf is to go beyond what we have always known about domestic violence, survival, advocacy and community organizing and look for evolved definitions and re-evaluate existing models for support and safety.



Coiled Spring of Domestic Violence

The *Coiled Spring of Domestic Violence* was articulated by battered women in rural India; and conceptualized by their advocates at Masum, in Pune, India.



The Coiled Spring of Domestic Violence:

- Early in the marriage, after a violent incident the woman leaves to go to her natal family for help or refuge. Initially they are fairly sympathetic and take her in. She returns to her marital family a few hours or days later.
 - As domestic violence incidents occur, the coils in her marital home start to tighten and she keeps returning to her natal home for refuge.
 - As she goes back and forth, her natal family becomes less and less welcoming –they may force her to return to her marital home rapidly; and even abusive – refusing to feed her and/or her children. This abuse is represented by the smaller springs.
 - The periods of respite become shorter at best, and abusive at worst.
 - Meanwhile the incidents of domestic violence increase in frequency and severity, represented by the downward spiral of the spring and the tighter coils of each cycle of violence.
 - What is in fact happening is that family members in the marital home are abusing the woman with greater impunity because they see how the natal home is rejecting her. They derive validation from the natal family’s abuse: “See, even they don’t want you, even they think it’s your fault.
 - Yet again, the coils of the spring keep tightening for the woman.
 - The downward spiral of violence ends in subjugation or death.
- Masum, in Pune, India, gets full credit for formulating the *Coiled Spring of Domestic Violence*. Published with permission from the Asian & Pacific Islander Institute on Domestic Violence.

- From Poore, G. & Dabby-Chinoy, F.C. (2005). Gender violence and patriarchy. In *Domestic Violence Awareness: Action for Social Change* (p. 8). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Relevance to Work in the U.S.

While the *Coiled Spring of Domestic Violence* was conceptualized on the basis of battered women's experiences in rural India, it raises interesting questions for advocacy in the U.S. as we observe how battered women seeking help can at times be harmed by the responses and interventions of their families, their communities, and institutions such as the criminal justice system, child welfare system, immigration authorities, etc.

1. How would advocates adapt or apply the coiled spring of violence to describe women's experiences of domestic violence in this country? Although the circumstances are not identical, there are some parallels. If an abused woman here is not going to her natal home, is she going to natural helpers in her community? Is she coming to our agencies? Is she going to her teenage or grown children? How are these resources helping her to negotiate the landscape?
2. What happens in this country, when an abused woman steps outside the spring, tries to leave her abusive home? Do the coils tighten when she goes back? Does this mean that she should get out when she can? If so, does it mean that advocates should also focus on leaving as the best intervention?
3. So many intervention models are premised on women leaving abusive relationships. If we accept that violence is a coiled spring that only tightens with time, then what are the implications of staying and leaving for battered women?
4. Are battered women's lives here ending in death and subjugation? We'd like to think not. What then are the alternatives?

Works Cited

Asian & Pacific Islander Institute on Domestic Violence (2002). What does violence look like in our communities? *National Summit on Domestic Violence and Asian and Pacific Islander Communities: Summarized Proceedings*, (pp. 8-9). San Francisco, CA: Author.

Copelon, R. (1994). Understanding Domestic Violence as Torture. In Cook (Ed.), *Human Rights of Women: National and International Perspectives*, (p. 145). Philadelphia: University of Pennsylvania Press.

Schuler, M. (1992). Violence against women: an international perspective. In Schuler (Ed.), *Freedom From Violence: Women's Strategies From Around The World*, (pp. 10-11). New York: UNIFEM.

United Nations (1993). Article 1 of the *Declaration on the Elimination of Violence Against Women*. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights.

Social Change to End Violence Against Women (or to Reclaim Women's Sovereignty)

- by Brenda Hill

Sacred Circle, National Resource Center to End Violence Against Native Women

Women's Sovereignty

All women possess or have a right to –

1. Their bodies and paths in life: to exist without fear, but with freedom.
2. Self-governance: the ability and authority to make decisions regarding all matters concerning themselves, without others' approval or agreement.
3. An economic base and resources: the control, use and development of resources, businesses or industries that women choose.
4. A distinct identity, history and culture: each woman defines and describes her history, including the impact of colonization, racism and sexism, women's culture, worldview and traditions.

(Sacred Circle, National Resource Center to End Violence Against Native Women, 2001)

Our relationships with individual women are the fabric of social change. Advocates work side-by-side with their sisters and trust that women know what they need and prioritize their safety, integrity and autonomy. Advocates' relationships with women who have been battered are the "life force" of the movement to end violence against women. The key elements of this relationship are the guideposts for advocacy and social change: validation of the voice, expertise and leadership of women who are battered; modeling respect, compassion and non-violence; personal accountability for our internalized oppression and behavior; belief in and non-judgmental support of women as whole human beings and their right to sovereignty.

The ability of women to freely walk through the world requires change within the cultural belief system – social change. This change has the potential to end all other forms of oppression, including those based on gender identity, race, class, sexual orientation, ability, age, national origin and religious/spiritual affiliation.

Accurately naming perceptions and experience is the beginning step to social change. Power, for example, is equated with masculinity and in American culture power is defined in terms of potential for violence. We have very gendered notions of power: men are socialized to be violent (powerful) and women's power, which is rarely talked about, is about finding her voice and the space to express it (limited notions indeed of women's power). What then do we mean when we talk about empowering women, about personal power? Power needs to be conceptualized as a healthy and important force and right in reshaping economic, social and gender inequities. Power is not violence, it is not the control of others. Power is the ability, knowledge and relationships that give, preserve and nurture life.

Social Change

Social change is distinctly different from social service. Social change requires a comprehensive understanding of the dynamics of patriarchy, oppression and culture. The social service model requires little analysis outside of individuals' experiences: the focus is on individual victimization or "dysfunction," often resulting in victim blaming. The social change perspective requires making connections and understanding relationships between individual experiences, oppression, culture and history. The social service model requires separation and detachment from our relationships, from other institutions and from anything deemed political.

Social change is political: it requires critical analysis of power and control within all levels of society.

Social change is political: it requires critical analysis of power and control within all levels of society. Social change requires moving pro-actively to create systemic and cultural transformation based on respect. Social service requires maintaining the

status quo: it assumes oppression and the current functioning of political, medical and social systems are "natural." Social service tends to lead individuals to become co-opted by the needs of the political, medical and economic systems.

Social change to end violence against women requires accountability to women who are battered and/or raped. Social service requires accountability to the person who signs the paycheck, i.e., the organization, rather than the women we work with, and adherence to the rules of the funding institution. In attempting to be clear with funders and other agencies, we sometimes talk about providing "direct services" when talking about assisting women and their children in getting to safety, promoting access to resources and providing for basic needs. The language of "direct services" comes from the social service model. It intends to fix individuals during business hours, at the workers' convenience, on a limited basis and with eligibility requirements.

Social change to end violence against women requires accountability to women who are battered and/or raped.

Educational campaigns for social change – for a violence-free world – begin with, as mentioned earlier, the consideration of language as a powerful and strategic tool. Consciousness-raising and clarifying perceptions are directly related to words, which are energy-laden symbols that describe our understanding and reality. Drawing attention to particular words, their meaning and impact is a powerful way to teach people to do the critical thinking needed for social change and, in particular, undoing oppression and internalized oppression.

Most tribal peoples have a way to express the concept that words carry energy, describe our perception of reality and reflect our belief system. For example, if we describe the ongoing beating, sexual assault and emotional abuse of a woman by her batterer as "a violent relationship," "they're fighting again," or "family dispute," we deny what is really going on. This minimizes and "equalizes" the violence and takes the focus off of the violent offender. In essence, that kind of language sets the stage for questioning the behavior of the woman who is victimized by violent crime, and fails to hold the batterer accountable for his actions. We must name what is happening accurately if we are to appropriately respond to, and end, violence.

Women who are battered are often referred to as victims, patients, clients, “my ladies” or “my victims.” Using this language denies respect for women as unique, capable human beings with minds, hearts and spirits. Terms like “my ladies” or “my victims” imply ownership and control of women who are battered. Labeling is a tactic used by batterers. Rarely do batterers refer to their partners by their names prior to, during, or following an assault; instead, women are called bitches, whores, hags, old ladies, etc. Labels (clients, patients) dehumanize and objectify women and are permission-givers for violence. Labels deny our relationships as relatives.

Calling women by their given name or relative name shows respect. It mirrors our understanding that though a woman has been battered, she still has many powerful gifts, skills, wisdom, experiences and relationships. Women survive horrendous violence because of these powers. When we treat each other as relatives, we overcome oppression and internalized oppression – we validate each other’s personal sovereignty and reclaim the power and control that had been taken from us.

Advocates: The Biased Supporters of Women Who Are Battered and Raped

[Be aware of] the movement away from commitment and grounding in a clear political analysis [that] is going to prohibit or undercut the efforts of those... believing strongly in coalition building as a mechanism for expecting social change and [reclaiming] power [of] women. Women in the movement need a re-visioning, a re-commitment, if we are to avoid burn-out in this life-long struggle.
Author unknown

The mechanism for social change is advocacy. Being an advocate is powerful in the best sense of the word. This work provides an opportunity to reclaim all the connections and relationships devastated by colonization and oppression.

Many advocates begin their work within a social service system. We are all educated and socialized by the larger society that presents the social service model as the appropriate approach to helping others. Advocacy includes all the things domestic violence programs offer individual women: 24-hour crisis line, shelter, food, clothing, transportation and accompaniment to court and other services, general, legal and medical advocacy, consciousness-raising/support groups, information and referrals, assistance with rent and utilities, childcare and crisis intervention, men’s re-education groups, and children’s programming. The list is expanded by what a woman needs to be safe and get her life back.

But often the isolation, ineffectiveness and frustrations of working from that model move us to critically question our role and relationships in both our personal and “professional” lives. This experience is a natural reaction to oppression and the realization of internalized oppression.

Limited access to resources, mounds of paperwork, eligibility requirements, limits on utilization and matronizing/patronizing attitudes all create barriers to women getting what they need and to which they have a right. These barriers can re-victimize women, prevent women from being safe and increase the danger to them. Advocates work to remove barriers: we provide resources like utility and rent deposits, food and gas money directly to women; create partnerships with other agencies and assist them in finding ways to prioritize the needs of women who are battered; and work within our programs to create respectful policy and procedure that ensures the safety of women, minimizes delays and paperwork, and reflects trust that women know what they need.

Advocacy is an opportunity to understand the societal and personal impact of oppression and internalized oppression. Internalized oppression occurs when we take on the beliefs and behaviors of our oppressors. We are operating from internalized oppression when we make assumptions about other women, about their gender identity and expression, culture, race, ethnicity, abilities, mental health, education – basically, any aspect of who

they are in the world. Internalized oppression moves to oppression when we misuse our privilege and make those who are vulnerable and different from us conform to our version of reality. We are operating from internalized oppression and in an oppressive manner when we believe we should behave in ways that are disrespectful or attempt to establish our “superiority” over others, for example, compete instead of cooperate, or label or judge others instead of accepting people as unique individuals.

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We act out of our internalized oppression when we diagnose, analyze and/or refer “our clients,” “our victims,” our co-workers (or ourselves) to professionals we believe have more expertise than we do about ourselves. We use descriptors like “low self-esteem,” “co-dependent,” “neurotic,” “manipulative,” “dysfunctional,” and “victim.” These descriptors are the language of the social service/mental health model. They are disempowering, mislabel survival skills as illness, blame the victim, don’t hold the batterer accountable for his violence and excuse us from being responsible and taking action. These terms are used when we fail to acknowledge that women who are battered and/or raped are exhausted, still hurting on all levels, have not been made safe regardless of any actions they or others have taken and know that being direct just makes them a bigger target for escalated violence by their batterers. These terms ignore the reality that women, in addition to being battered and raped, face layers of oppression of all kinds that they cannot surmount.

A key aspect of social change and advocacy is the responsibility of holding our relatives and ourselves accountable for internalized oppression in respectful and compassionate ways. Internalized oppression can create feelings of inadequacy, confusion and fear that immobilize us or burn us out. We can react by becoming oppressive to those around us in a misguided attempt to maintain control. Or we can choose a path of courage and intellectual and emotional honesty that leads us back to the natural life way. When these “teachable moments” occur, it is important to find a way of talking about it without shaming. Guidance on this path can come from prayer and embracing relationships with sisters whose expertise about this journey comes from personal experience.

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As a result of decades of advocacy and social change work, programs for women who are battered and/or raped are now seen as essential in many communities. The nature of shelter work is crisis-oriented, and we are equally challenged to not re-create the oppression of other systems we work so hard to change. But advocates' leadership as social change agents does not end there – we must send a consistent message that the creation of shelter and other advocacy programs is necessary but cannot work in isolation; shelters alone will never end violence against women.

Advocates, as both supporters of women who are battered and/or raped and as social change agents, must develop and validate their abilities to think critically about the expectations, operation, goals and outcomes of relationships, institutions and systems.

Advocates, as both biased supporters of women who are battered and/or raped and as social change agents, must develop and validate their abilities to think critically about the expectations, operation, goals and outcomes of relationships, institutions and systems. Critical thinking involves continuous questioning and political analyses, necessary to undo oppression and internalized oppression. This seemingly radical (meaning "grassroots") approach necessitates a consciousness about the requirement to work in groups, strategize and prepare for backlash. There are very logical reasons why women "never go to

the bathroom alone." It's about protection. So, too, women should never stand alone in the political arena – there are sanctions, i.e., weapons of oppression used to intimidate, co-opt and silence. Work in groups and strive to maintain and celebrate the vision of nonviolence and women's sovereignty. Know that the negative attention validates the power and credibility of your work. If everything is comfy and everybody is playing nice, most likely nothing is changing.

Grassroots advocacy is based upon the expertise and credibility that come from direct experience and character (who you are as a human being), versus expertise and credibility based upon artificial indicators such as college degrees, income, etc. Our commitment to create safety and reclaim the integrity and justice for our sisters who are battered is often grounded in our own experience, most acutely, the experience of being battered. Knowing fear and pain, prayers for help and peace, and hopes to be believed provide the expertise. Our strength and courage in the face of violence, and our ability to live compassionately comes from the heart-centered foundation of our work.

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Grassroots advocacy is the phenomena of and right to leadership, action and decision-making by those within the group. The expertise of women who have experienced battering is invaluable. We validate the voices and expertise of women by their inclusion in positions of governance and decision-making. Instead of soliciting "input," which minimizes their knowledge and understanding, ensure that formerly battered/raped women be integral to all aspects of the work to end violence against women. By

definition, “sovereignty” requires ensuring not only that the voices of women who are oppressed and have been battered are heard, but also that their expertise and basic rights are honored. This means that organizational structure and decision-making processes reflect leadership and governance by women who are members of the population served (e.g., Native, Latina, etc.) and are survivors of violence, i.e., battering or rape.

Advocates make relationships with other women as relatives and assist them to accurately label their experiences and pro-actively work to end the violence in their lives, within our communities and society. Advocates focus on safety of women, accountability and social change – not the faults of women. Women who are battered may be in our lives for minutes or years. We may like who they are, “approve” of their choices - or not. It’s irrelevant. Women who are battered, whom we have the honor of supporting, are always our sisters, mothers, aunts or grandmothers. They are always our teachers.

Our relationships with individual women are the fabric of social change. Advocates work side-by-side with their sisters and trust that women know what they need and prioritize

... guideposts for advocacy and social change: validation of the voice, expertise and leadership of women who are battered; modeling respect, compassion and non-violence; personal accountability for our internalized oppression and behavior; belief in and non-judgmental support of women as whole human beings and their right to sovereignty.

their safety, integrity and autonomy. Advocates’ relationships with women who have been battered are the “life force” of the movement to end violence against women. The key elements of this relationship are the guideposts for advocacy and social change: validation of the voice, expertise and leadership of women who are battered; modeling respect, compassion and non-violence; personal accountability for our internalized oppression and behavior; belief in and non-judgmental support of women as whole human beings and their right to sovereignty.

Grassroots advocacy potentially nurtures trust, partnerships and movement between groups based upon our commonalities (in effect, living in an oppressive society). Grassroots advocacy, however, requires proactive recognition and tangible support of differences and autonomy. For all our shared or similar experiences that link us together and must be acknowledged, it’s the distinctions and the honoring of those distinctions that will undo the oppression. Grassroots advocacy provides the potential to work through internalized oppression together, and, perhaps more importantly, take a stand against oppression. If social change is about the vision and the recreation of non-violent, equitable, respectful relationships and societies, then grassroots advocacy is the vehicle: the means is the end.

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Works Cited

Sacred Circle, National Resource Center to End Violence Against Native Women (2001). *Sovereignty: An Inherent Right to Self-determination* [brochure]. Rapid City, SD: Author.

Culture and Disability

– by Debora Beck-Massey

Domestic Violence Initiatives for Women with Disabilities

No one is exempt from becoming disabled. It can happen in a blink of an eye: a moment of lapsed concentration, a stroke, heart attack, a gunshot, a fall or diagnosis. The culture of disability is the largest culture in the world, encompassing all other cultures, ethnicities, religions, ages, and socio-economic backgrounds. Throughout the years, whether disability was accepted or not and how has changed according to the society in question. In the United States, what has evolved is the hierarchy of what are “good” or “acceptable” disabilities, and that hierarchy is gendered. Historically, disability in males has been perceived as more acceptable because it is believed to have been acquired in battle or in the pursuit of work, whereas disability in women has been believed to be a curse from the devil, the mark of a witch, punishment for past deeds, or from “disease.” If it was acquired from an accident, then she is called into question, e.g., if she acquired this from work, why wasn’t she at home where she would be safe? The lack of logic is evident in the fact is that more women are hurt in the home from intimate partner violence than work violence (Koop, 1991).

The culture of disability is the largest culture in the world, encompassing all other cultures, ethnicities, religions, ages, and socio-economic backgrounds.

Disability both scares and repels most of society, as it is a direct reminder that life is fragile and there are not any guarantees. As a result, it has been practice to remove the disabled from society, and children with disabilities were often left to die. As medical science progressed and more individuals with disabilities lived longer, however, society was faced with what to do with them. Persons with disabilities have been segregated through physical and social isolation, with institutionalization representing the extreme. And the isolation and practice of warehousing people with disabilities impacts the design of our physical environments – architectural barriers in buildings and public transportation system mean that, for example, many crime victims with disabilities cannot visit criminal justice agencies or victim assistance programs. Until 2004, courthouses and police stations were believed to be exempt from complying with the Americans with Disabilities Act (ADA), which meant that individuals with physical disabilities were denied the same justice as other people.

It should be noted also that the forced invisibility of people with disabilities means that, until recently, most research on disability was lumped with that on the elderly. Consequently, good statistics required to “prove” statements are scarce. In a data-hungry world, it is believed that legitimate statistics or statements must come from established institutions, e.g., those of normative higher education or medicine. Much of the legitimate work that has been done by small grassroots organizations or individuals from within the culture is therefore discounted or corroboration is required.

Access

Over the past several decades, the lens through which disability is viewed has been changing from a charity model to a civil rights model, but this attitudinal change is slow. Physical access was handled by the passage of several laws. Attitudinal access is not as easy to mandate – most people feel that barriers that keep the disabled out of society do not exist, rather, they think that people with disabilities shouldn't get "special treatment." But attitudinal barriers do indeed exist and are as, if not more, difficult to address and dismantle than are physical barriers. Attitudes toward disability must evolve so that, for example:

- individuals who are paraplegic can parent their children using adaptations to parenting styles they deem most appropriate;
- it is not routine to insist that women with paraplegia be sterilized because of the belief that they cannot be good parents or they will pass their disability to their children;
- women with disabilities do not lose their children because of the belief that they cannot be competent parents.

A woman who was blind and battered fled from Colorado to a program in Salt Lake City with her two children, a 12-year old daughter who is sighted, and an infant son. Her disability check had not been forwarded and she was told to go to the Social Security Administration (SSA) office to complete the necessary paperwork. She was guided there by her daughter. When she approached the caseworker at the SSA office, she was verbally assaulted, as the caseworker took exception to the fact the client is of Muslim faith and wears a head covering. The worker was scathing in her remarks about how women like her should not marry Muslim men and should not be draining American coffers with demands for welfare. When the client asked to speak to a supervisor, the supervisor stated his colleague could say whatever she wanted to whomever she wanted. The SSA staff insisted the client must divulge the physical address of the shelter and when she explained she could not, she was accused of fraud. The caseworker then called the client's ex-husband to ask him if he knew his ex-wife was in Salt Lake City perpetrating fraud with his children. The client asked for an EEOC complaint form and, when she asked if one was available in Braille or if there was someone available to help her complete it, she was denied. The client then asked if there was another office available to her. She was given an address, but when she asked if it was on a bus line or if she and her children could walk to it, the SSA office staff did not answer. Another client told her, "lady, it's in another town, you can't walk to it." The supervisor then made a public announcement that anyone helping the first client would not be served that day. When she protested, the supervisor called security and stated there was an Israeli dissident in the office causing problems and he wanted her and her children removed. In the process, the children were hurt and the family had to go to the hospital. The woman was denied her Social Security Disability Income (SSDI).

Attitudes towards people with disabilities crystallize in our language. We are often seen and spoken of in terms of symptoms or diagnoses. Assigning labels to individuals with disabilities such as “invalid,” “crippled,” “bedridden” or “confined to” objectifies people and focuses not on the individual, but on the disability. Society makes disability more of a handicap than it actually is for the person with the disability. Labeling individuals with disabilities not only does a disservice to us, but also to the one who uses the label because that person is unable to see the unique contributions that we make to society. In addition, it is not acceptable to use the word “handicap.” A handicap refers to a functional limitation. A three-story building without an elevator would be a handicap to someone who “uses” a wheelchair. However, if the building were to have an elevator, the individual with a disability would not be handicapped.

Disability- and Gender-Based Oppression

Stereotypes about disability tend to reinforce stereotypes about women – both emphasize passivity, weakness and helplessness. Women, stereotyped as “delicate” and needing someone to “protect” them, means that women with disabilities are deemed incapable of self-determination, i.e., we require someone to tell us what to do or make all the

While people with disabilities face pervasive negative stereotypes that call into question our ability to function as independent, competent, sexual adults, women with disabilities face disability- and gender-based stereotypes that are mutually reinforcing and further limit our roles and options.

decisions in our lives. While people with disabilities face pervasive negative stereotypes that call into question our ability to function as independent, competent, sexual adults, women with disabilities face disability- and gender-based stereotypes that are mutually reinforcing and further limit our roles and options. Women have been personified by their sexuality, judged by whether they were “good breeders,” judged by their ability to be “perfect” mothers and valued for their physical appearance. Sexual stereotypes about disability, however, are often used to lock us away and deny us the right to have self-

directed lives. Women with disabilities are not believed to be sexual or have sexual feelings and generally are not valued for their physical appearance. In order to limit the access of women with disabilities to the social/sexual arena it is believed that we should “stick with [our] own kind” and choose disabled partners, as though disability is our only defining characteristic. For lesbians with disabilities, a prevalent myth reflecting heterosexist bias is that these women have become lesbians by default, since they cannot attract a man.

Existing simultaneously with the myth of asexuality is the myth that we are oversexed and/or unable to control our sexuality, as though the disability inevitably alters impulses and judgment. This is often used as justification by systems to not prosecute rapes because of the stereotypes about the oversexed attitudes of women with disabilities (especially those of women with developmental disabilities). This analysis generally is not conducted or addressed by advocates – rape is treated as the whole issue and generally not dissected as to its impacts on marginalized groups. This assumption is also often used to restrict sexual expression and childbearing through sterilization or placement in institutions or other confining environments, under the guise of protecting us from becoming sexually aggressive.

These stereotypes about the sexuality and additional ones about the nurturing capacities of women with disabilities bring into question our right and ability to have intimate relationships and to parent. It is believed that as women with disabilities, we will be unable to care adequately for our children, disabled or not, because, for example, women who may need disability-related help are incapable of nurturing – there is only one “right” way to parent, and disability means lack of intelligence. Women are forced to deny their disabilities through the belief that we cannot be good parents; as a result of this oppression, one of five women with a disability loses custody of her children when getting divorced from a non-disabled partner (DVI, 2003).

A mother of two children, married for ten years (of which the last six had been violent), flees to a shelter. She files for divorce and seeks to secure a new residence while living on her Social Security disability payment. She is unable to retain a lawyer on her income and has to appear in court without counsel. Her husband’s lawyer paints a picture of her as incompetent and of her husband as the sole caretaker of the children and her, as well as the primary source of income. Nothing is said of the numerous times the police have been to the house for domestic violence, or the fact she has been the homeroom parent for her children’s classes, taken them to school and been their primary caregiver. She is portrayed as needy and a poor mother. The judge cannot fathom how she can be a mom and looks with forgiveness at her husband, awarding the children to him and minimal visitation to her. The husband smiles at her and whispers as he passes, “I told you not to leave me, now see if you ever get to see the kids.”

A young mother with mild cerebral palsy met and married a “nice man” who loved her children and her. Unknown to her was the fact this “nice” man was a registered sex offender in another state. The Department of Social Services became involved when the youngest child was molested, and she has lost her children because of her relationship with her husband. The Department of Social Services believes she should have known her husband’s background and is stating that if she didn’t have cerebral palsy, she would have shown better judgment. It takes over two years of hearings and meetings before she eventually gets her children back. During that time they have been in foster care. The foster care parents of her youngest child have told the child that they will be his new parents so he no longer calls his mother “mom” and is upset when she gets him back. She is now under the scrutiny of the Department of Child Protective Services and continues to have to prove, because of her disability, that she is a competent parent. Seldom were accommodations provided for her during the meetings and she has had to engage the services of disability advocates, yet no one has offered her help or counseling to undo the damage that has occurred while the family was separated.

The differences in society’s view of parenting by women with disabilities and men with disabilities, however, are expressed in the actions of the medical community – when a man becomes disabled, the medical profession often assures him he can still have a sex life and father children, whereas when a woman becomes disabled, she is likely told not to worry about sex and sometimes even sterilized, often by medical personnel convincing

family of the necessity or claiming that the woman will feel better not having to worry about being raped and bearing a child. And it is assumed that women with disabilities will invariably produce children with disabilities. While this is rarely the case – most disabilities are not hereditary – reproductive freedom should encompass the right of women to bear children like themselves, including children with disabilities. Instead, genetic selection through pre-testing to detect any “defects” so that children can be aborted and not born with disabilities is normalized. As consequences of this “disabilophobia,” and these resulting stereotypes, we are less likely to have partners and face more barriers to having children than do non-disabled women or disabled men.

The disability is a part of us that has woven itself into the essence of our being, yet because of the attitudes, stereotypes and discriminatory practices of our society, we will work to deny having a disability in order to “pass” as “normal” so we don’t have to face one more barrier.

Women with disabilities are often denied the basic freedoms of reproductive health care and access to adoption and fertility clinics unless involved with a non-disabled partner. And our partners are believed to be “saints” for coupling with us, to have chosen to be with us as a result of psychological problems, such as a pathological need to rescue someone who is “helpless,” or must be with us because they have low self-esteem and feel they cannot attract anyone “better.” Such stereotypes about our partners are based on the false assumptions that women with disabilities only take and have nothing to give in a relationship. We must continually deny our sexuality and physical and mental realities to conform to society’s view of who or what we should be. Asking us to deny disability is

the same as asking a woman to deny she is Asian or a lesbian. The disability is a part of us that has woven itself into the essence of our being, yet because of the attitudes, stereotypes and discriminatory practices of our society, we will work to deny having a disability in order to “pass” as “normal” so we don’t have to face one more barrier.

Paradoxically, in general women with disabilities are viewed as having one identity – as the “disability.” We are known as “the blind woman,” “the deaf woman,” “the mentally ill woman.” Our accomplishments are not noted as such, instead, everyone seems surprised that we can do what we do. We have to prove twice as often that we can do the same job as our non-disabled counterparts. When we apply for work and our disability is apparent, we must prove that we can complete the work, our resume is questioned, and staff development is not offered because we might not remain employed as long as a non-disabled woman, so the training expense may not be a good use of money. If we rent our homes, our ability to pay is questioned if it comes from disability sources.

These beliefs about women with disabilities not only dehumanize us but also create barriers to reporting the violence and seeking help and severely curtail our abilities to engage in and contribute to society. For example, negative stereotypes about women with disabilities have limited our access to work. It is typically assumed that women with disabilities need care, not jobs. Most women with disabilities have not been allowed to work or to apply for disability payments. Overall, women with disabilities are less likely to be employed than are men with disabilities or women without disabilities, and we are more likely to have lower-paying jobs when we are employed. Women with disabilities are less likely than men to participate in career-oriented courses or receive training for higher-paying jobs. A result of this subtle segregation and classification is the number of women with fewer options to be self-sufficient, autonomous and have the ability to make informed decisions without the worry that we will be homeless or placed in a nursing home “for our own good.”

Violence Against Women with Disabilities

Because it is believed that we cannot and should not form intimate relationships or have children, it is also believed that no one would want to abuse a woman with a disability, or even that a woman with a disability should be grateful for the “attention.” Too often abuse of women with disabilities is discounted as caregiver stress, not abuse. Interpersonal or domestic violence is often tailored to the disability and so often falls outside “normal” definitions of what violence is, e.g., setting medicine out of reach of an individual with paraplegia, refusal to buy insulin for a woman who is diabetic, leaving things out in the path of a woman who is blind so that she falls, forcing a woman to have sex when she is in pain from her fibromyalgia, etc. Often, it is as subtle as increasing the stress level so that a woman with an autoimmune disorder, such as multiple sclerosis, continues to have attacks and becomes more dependent on the abuser and cannot leave. Women often acquire disabilities as a result of the abuse, so when she has a pre-abuse disability and then acquires an additional one, she is often twice as trapped by her situation.

As a result of pervasive isolation, women with disabilities may not learn about available services and resources and are not routinely informed of rights we have by law. While laws such as the ADA can mandate inclusion from a legal standpoint, they do nothing to remove the attitudinal barriers that impact the lives of women with disabilities when we attempt to

Because our needs are “different” – not mainstream – we are viewed as time consuming, not suited for the services, and a burden on already stretched resources.

access services. Women with cognitive/mental disabilities, for example, are often considered non-credible witnesses on their own behalf with police/courts/justice systems. Women with disabilities have left “safe” havens because of the attitudes held by staff of the programs that are supposed to help. Shelters deny services because the disabled woman may take several medications, cannot do the kitchen chores, or may need a caregiver to get dressed in the morning. Because our needs are “different” – not mainstream – we are viewed as time consuming, not suited for the services, and a burden on

already stretched resources. Programs with limited resources who have not budgeted for accommodations might then balk when sign language interpreters are needed for communication, or a care attendant is needed on a limited basis. It may be as simple as needing to print materials in larger type or needing staff to read the materials to someone, but if those issues were never planned for, resentment or denial of services can result.

Individuals and our systems reflect and reinforce social norms, intentionally or not, because it is very hard to recognize, much less undo, the messages we hear all our lives and all the time. So it follows that most domestic violence programs, as do most of our other systems like education and media and government, do not question the pervasive beliefs and attitudes about people with disabilities and build in many of the same barriers. For example, there are few abuse prevention programs available to children or women with developmental disabilities. Women with caregiver needs are often not allowed into shelters. In some programs, alternative parenting practices are not acknowledged and women with disabilities are often penalized. And if a woman has a hidden disability, she may not be believed if she requests help in leaving or getting away from the abuse. In the work to support victims and survivors of domestic violence with disabilities and institute social change, it is critical to deliberately examine our assumptions and resulting policies, practices, programs, etc. Dismantling the barriers requires measures such as developing policies for working with victims with disabilities, allocating funds for communications training and services (sign language interpreter, TTY, picture cards, etc.), or providing referral and advocacy for women whose medical care needs preclude their use of shelters. The needs of the culture of the disabled are as diverse as the individuals who make up the culture itself.

Society's Paradoxical View of Disability Culture

Our culture makes women with disabilities more vulnerable to violence because:

- We expect them to be able to call for help, get away, protest, or struggle.
- We take advantage if they are dependent upon others for their daily functioning and undermine their boundaries.
- We do not support individualized, appropriate ways for all women to protect and assert themselves.
- We take advantage of the fact that if they are dependent on others for care, many others, including strangers, have legitimate access to their homes and bodies.
- We deny, delay, manipulate, etc., the delivery of much-needed services if they report abuse.
- We do not offer opportunities for affectionate touch, thus leaving them vulnerable to abusive touch.
- We teach poor self-image and little of healthy sexuality.
- We cultivate ambivalent feelings about their bodies, particularly if they are in pain, are unable to care for themselves, or have had no past history of intimate experiences.
- We have high rates of child abuse, including abuse of children with disabilities.
- We expect them to require help from strangers to open doors, read menus, and so on, which leaves them vulnerable to tactless statements and to violence ranging from verbal to physical.
- We do not provide women with developmental disabilities basic information about sexuality and prevention of sexual abuse.
- We do not believe or we minimize their reports of sexual violence, leaving them vulnerable to further violence.
- We believe that women with certain disabilities, such as developmental delays or psychiatric illnesses, have elevated or uncontrolled sexuality, and consequently ignore or trivialize their requests for help.
- We create a world so inaccessible and isolated that they may fear a loss of independence or a relationship more than further abuse.
- We provide few accessible safe resources such as transitional houses or safehouses.

- From Beck-Massey, D. (2005). Culture and disabilities. In *Domestic Violence Awareness: Action for Social Change* (p. 23). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Why Women with Disabilities Don't Disclose the Violence

FEAR

FEAR – Spouses, partners, and/or caregivers who have economic hold or power over the women they are abusing may keep them from disclosing the violence. They may threaten to withdraw their services, hurt the women's family members, take away their children or arrange circumstances in such a way that systems take away the children.

ISOLATION

ISOLATION – Some women have little or no contact with anyone other than their caregivers, particularly when they live in institutions. When a caregiver becomes the offender, the woman is left with few or no options.

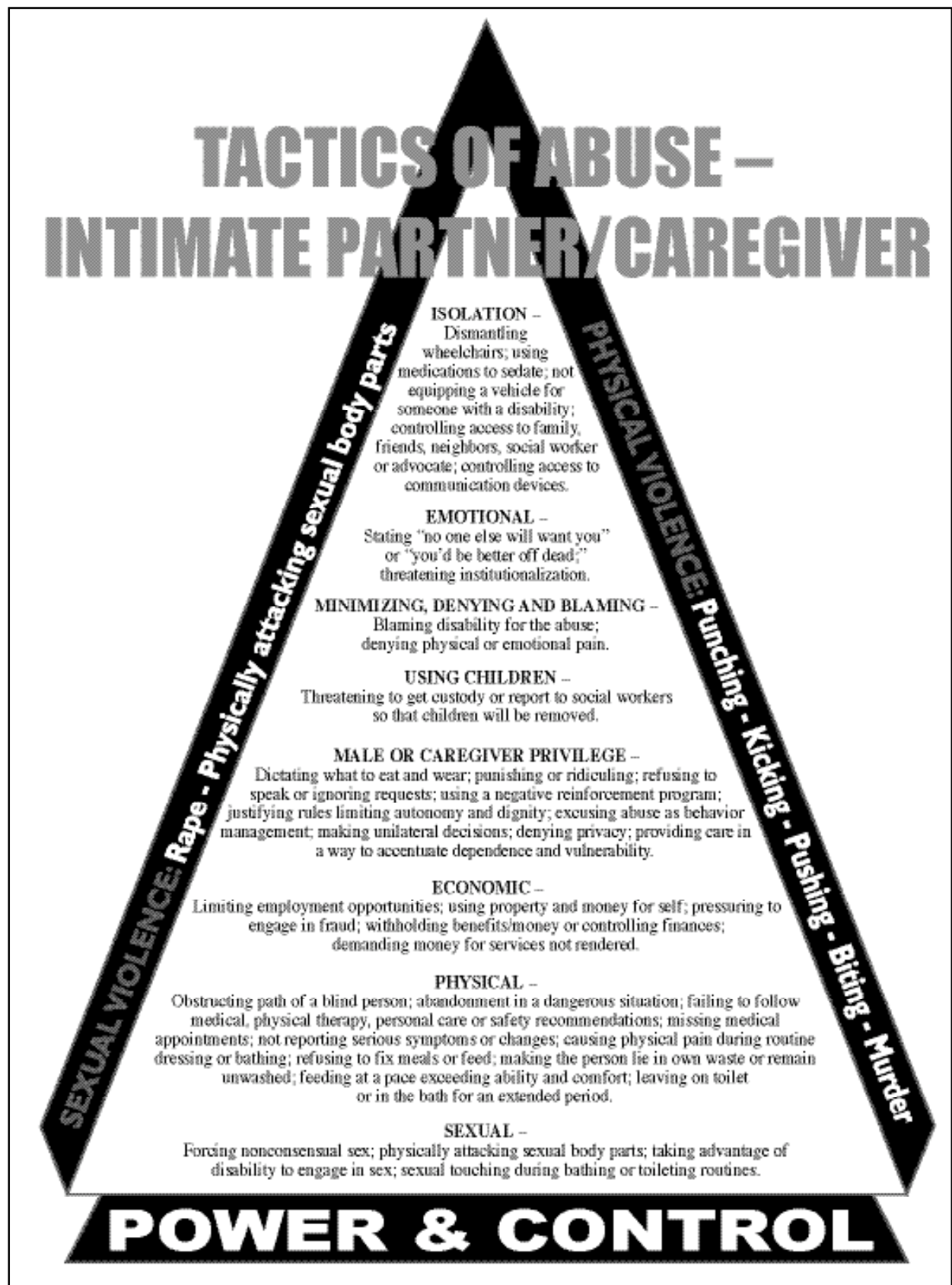
LACK OF ACCESS

LACK OF ACCESS – Women with disabilities do not have full access to violence-related support services. When they do not know that the services exist or cannot gain access to them, they have little opportunity to tell someone about the violence in their lives.

CREDIBILITY

CREDIBILITY – Women with disabilities are considered less competent and less reliable as witnesses than other women because they have a disability.

- From Beck-Massey, D. (2005). Culture and disabilities. In *Domestic Violence Awareness: Action for Social Change* (p. 25). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.



- From Beck-Massey, D. (2005). Culture and disabilities. In *Domestic Violence Awareness: Action for Social Change* (p. 27). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Works Cited

Domestic Violence Initiatives for Women with Disabilities (DVI) (2003). *Disabilities and Abuse*. Denver, CO: Author.

Koop, C.E. (1991). Forward. In Rosenberg & Fenley (Eds.) *Violence in America: A Public Health Approach*. New York, NY: Oxford University Press.

Whose Voice, Whose Table?

– by Grace Poore

Asian & Pacific Islander Institute on Domestic Violence

Twenty-one years ago we struggled with the recognition of difference within the context of commonality. Today we grapple with the recognition of commonality within the context of difference.

(Anzaldúa, 2002)

Personal attitudes are shaped by various environments – family, community, religious and educational institutions, social circles, workplace, political situations, etc. When we belong to a dominant culture, community or group, it is easier to accept or reject differences in others. In part, this is because the very ability to accept or reject groups of people that do not belong to our culture or community is linked to the privilege that comes from being part of the dominant group. Subsequently, most people simply exercise this privilege (viewed as a prerogative) without looking at the consequences of misusing it or even anticipating these consequences.

When we belong to a dominant culture, community or group, it is easier to accept or reject differences in others.

“Othering” is a way to see ourselves in comparison to others where we hold certain ideas about people in order to understand ourselves even if, often, these ideas are stagnant and fixed. According to Chandra Mohanty (1991), the process of “othering” is to create a yardstick by which others who are not like us are measured. For instance, “third world” women are frozen into objects who are perpetrated on and exploited by men. They are seen as a homogenous group defined by their status of subordination.

This article is about the ways in which some victim-survivors of domestic violence and sexual abuse who are not part of the dominant culture are perceived and constructed as the “other,” and the impact that this has on how some battered women’s voices and narratives are heard, in particular, women of color who are associated with the “third world.”

Not long ago, I attended a conference that began with a series of testimonies by immigrant battered women. For almost three hours, survivors from non-US communities and non-American cultures shared stories of incredible suffering. The stories culminated in receiving assistance from the agency that had invited them to speak. Binding up the sum total of these battered women’s lives into 20-minute testimonies reduced their function to little more than “exposing the wounds” and their survival to publicizing “how wounded I am.” I felt as if they had been packaged into cultural commodities of the domestic violence industry. In this particular instance, the testimonies were meant to showcase immigrant women and their suffering in order to garner more state funding and judicial compassion. Resistance, resilience and acts of defiance therefore had no place at this forum. The women were to be 100 percent victims. The cumulative result was a kind of sensationalizing of survivors from “other” cultures, most of whom were women of color, in order to gain state support for battered immigrant women.

Who Decides Which Voice?

Speak-outs and testimonial panels are mechanisms that anti-oppression movements rely on as a way for people to share personal experiences of victimization and survival. They serve as a forum for raising awareness and a tool for advocating against various forms of oppression, including violence against women. There is no question that such forums are often cathartic for the participants. Telling others and telling it publicly can lead to profound personal changes. As survivors of childhood incest, rape, and domestic violence have noted, each time they come out about the abuse and break the secret, it heals them a little more.

Unfortunately, in a society where racism is enmeshed with how difference is perceived, there is always the risk that a speak-out or panel of victims and survivors from “other” cultures can result in certain victims and certain forms of violence being on display in a

... in a society where racism is enmeshed with how difference is perceived, there is always the risk that a speak-out or panel of victims and survivors from “other” cultures can result in certain victims and certain forms of violence being on display in a way that reinforces existing negative stereotypes about those victims’ communities.

way that reinforces existing negative stereotypes about those victims’ communities. This presents a dilemma. On one hand, encouraging victims and survivors to speak out is important. It helps to destigmatize victimization and expose myths about issues that are considered shameful and private. Destigmatization encourages more reporting of domestic violence and sexual abuse. It gives voice to those who are communally betrayed when their suffering is ignored, minimized, or used against them. On the other hand, if the process of voicing experience lacks political context, the voicing becomes less about “naming the violence” and more about serving up details of horrific experiences which leads to objectification of the battered woman.

When victimization is associated with a woman’s culture, it stereotypes her culture and pathologizes her as a product of that culture, i.e., infers that she is somehow born into victimhood because of her culture. It constructs her as a particular type of victim and typecasts her whole community, including all the women in her community. Perpetrators from her community are categorized in a way that perpetrators from the dominant culture are not. Even the word “survivor” when applied to her does not carry the same weight as it does for battered women from the dominant culture in the U.S.

Survivors from the dominant culture of white heterosexual America do not face the same problem. They already have a context in which their stories are heard. Their success and failures, bright and dark sides, and nearly every aspect of who they are as a people already permeates most of what people in this country hear, see and know. The environment in which survivors from this culture speak out is not one where they are rendered invisible or hypervisible because of their “outsiderness.” The audience that comes to hear them has a framework in which to take in their narratives.

When organizers of survivor speak-outs or panels do nothing during the rest of the year to educate their constituencies about other aspects of survivors' cultures, histories, and communities, a significant piece about how women cope and survive is missing. The details of violation become the sole marker for the survivor, her entire culture and community, in the same way, perhaps, that a person's identity is sometimes reduced to particular "ethnic" foods, fashions or types of music.

Cast in this light, battered women from "third world" cultures are at risk for being portrayed in ways that diminish them. Furthermore, the violence they experience may end up being attributed to aspects of culture instead of systematic violence against women.

In July 2003, when a South Asian woman in California seeking counseling for domestic violence was killed by her abusive husband, it was stated in the press that his reason for her murder (and his suicide) was because divorce was unacceptable in his culture. Divorce is unacceptable in many communities that make up the non-Asian cultures of the US but it is not attributed as a reason for staying. Divorce is also a time when battered women are at gravest risk from their abusive partners. Why would a South Asian batterer be any different from other homicidal batterers in this country who kill their partners because it is their ultimate act of coercive control?

Although there are similarities between all battered women's experiences, domestic violence is not a monolithic experience. Women from different communities face different forms of domestic violence. Batterers from different communities use power and control differently. Cultural and religious reasons are used differently to justify and minimize violence. Families cling to different promises of hope and reconciliation when they are faced with losing all they have worked for. For instance, as pointed out by advocates from the Asian and Pacific Islander Institute on Domestic Violence (n.d.), "Some of the dynamics [of abuse] Asian and Pacific Islander women describe may be particular only to certain API ethnic groups; some may be common to many of them." The same observation can be made between Asian and non-Asian women who confront violence in their lives, between Asian women and other women of color, or between those who are citizens, those who are immigrants or with no legal immigration status.

As advocates and programs that serve battered women, we often look at the barriers that keep women trapped in abusive relationships. Our work is on one hand to focus on victimization and on the other hand to facilitate empowerment. Sometimes, we lose sight of one because we are too busy with the other – we compartmentalize women according to the levels of jeopardy they face, we assort cultures by their practices of violence.

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What if immigrant women of color who participate in speak-outs or survivor panels are encouraged to give their analysis of why it was so difficult to stop the violence in their lives, how support systems failed, and what happened when advocacy was disempowering? What if speak-outs and panels provide the opportunity for survivors to debunk stereotypes about culturally-ingrained learned helplessness? Would this in any way minimize the victimization of the speakers? No. Would it let cultural practices that violate women escape without critique? No. Would the speakers come into their own voice without having to "tar and feather" their own cultures? Yes.

At the 2002 Asian and Pacific Islander (API) National Summit on Domestic Violence and Cultures of Patriarchy in San Francisco, several advocates addressed the problematic construction of women who are victims of family-based violence.

American University law professor Leti Volp looks at the complicated relationship that advocates who represent the “other” have with the criminal and legal system, particularly when they are expected to demonize a woman’s culture to get her protection under the Violence Against Women Act:

Are we using racism to get rid of sexism...If culture is seen as unchanging rituals, traditions and practices that have been handed down for millennia, what might we instead see? ... She comes from a passive culture; she did not call the police. What is missing from this portrayal? It could be that the police do not speak her language; or she has witnessed police brutality; or she knows the police do not pick up people from her community. She could know that the police are racist against people from her community; or her partner is a police officer. There are certain ways in which we may make assumptions about why somebody did something if we rely on certain kinds of notions of culture.

(Asian & Pacific Islander Institute on Domestic Violence, 2002)

Founding member of Manavi for South Asian Battered Women, Shamita Das Dasgupta points out another irony when advocates from the Asian community are asked to provide expert witness testimony in court:

[We are presented] as cultural experts and not as domestic violence experts. When API experts are called, they are told, ‘You don’t have to talk about domestic violence. We have white people coming in and doing that. But you are going to explain culture.’ ...it puts us in a double bind. If we accept the invitation to go and present, we are perpetuating this notion that there is something different about our culture and that it is problematic...Refusing may mean we are abandoning the woman to her fate.

(Asian & Pacific Islander Institute on Domestic Violence, 2002)

Survivor and Victor

The idea of the “typical” victim or survivor contradicts the current demographics of domestic violence victims and survivors who use shelter programs and support groups, call crisis hotlines and watch the public service announcements on local television stations. As advocates we can begin closing some of these gaps between old definitions and changed realities. We can re-vision content and approaches to community education and services, research and documentation, media outreach and accountability.

A critique of the way speak-outs and survivor panels are organized should not be equated with a call to discontinue their use. Rather, the call is to de-link speak-outs from the

... the call is to de-link speak-outs from the tendency to showcase the worst moments of victimization and portray women in their weakest and most damaged states.

tendency to showcase the worst moments of victimization and portray women in their weakest and most damaged states. Women’s experience of sharing their stories as well as the audience’s experience of receiving these stories could be enriched if there was a sense that the women were not only resilient in their survival but also resistant, not only helpless against the violence of perpetrators but also path-breakers and perhaps role

models in their families or communities. As Chic Dabby (2003), Executive Director of the Asian and Pacific Islander Institute on Domestic Violence states: “Survival is a process; being a survivor is one stage of it. Where do victim and victor fit in? Violence makes us stay in the shadows of our personalities so living without violence makes a woman occupy her physical space, grow into herself, become strong. Away from violence, women’s autonomy and self-reliance become strong.”

In addition, it is critical that survivors and “victors” be able to talk about the damning and redeeming aspects of their countries, culture and community – the customs and belief systems that kept them trapped in violence as well as those that sustained them through the violence. This way, if we were to ask survivors, “Given what you have gone through, what is it you want us to know about you, your people, your culture?” they need not be placed in a position of having to either defend or betray, valorize or condemn that which is inextricably linked to who they are as people. Locating survivors in their community and culture is a way to remind an audience that the culture produced not only abusers but also survivors.

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The following questions are posed to assist advocates and organizations in their future planning for speak-outs and survivor panels:

1. In what ways can the survivor who is constructed as “other” represent herself as a survivor when the dominant American culture is already using her culture to pathologize her and misrepresent her?
2. What are some of the parallel and different experiences among Native American, Asian, African American, and Latina communities who all experience silencing by the dominant culture? What are some of the ways in which each of these communities participates in silencing and re-marginalizing the other?
3. Using public forums to feature stories of survivors from different cultures and “othered” communities is one way to be inclusive but how can this inclusion be kept from remaining at the level of “display”? What are more significant and meaningful ways of including the experience and expertise of survivors as well as people from their communities? More importantly, how is this experience and expertise openly acknowledged and publicized as part of community outreach and organizing?
4. Are people from marginalized survivor communities and cultures playing a significant role in programmatic decisions, outreach planning and community organizing? If not, why? What steps can be taken to ensure that they are not precluded from these roles?
5. Are the battered women’s movement, rape survivors’ movement, and incest survivors’ movement challenging their own members to re-examine the information they do and do not circulate about communities that are frequently the brunt of stereotypes perpetuated by news media and entertainment industries?
6. How are those who are working to end violence against women, colluding in or challenging the way national and local media misrepresent “othered” communities in their area? Which of these misrepresentations are they vocal about and which draws silence? Why?
7. What is the larger societal responsibility towards a community that is grappling with questions of internal accountability and the need to protect its own?

The “Power” of Language

For positive social change to occur we must imagine a reality that differs from what already exists... By focusing on what we want to happen, we change the present.

(Anzaldúa, 2002)

A related issue to the way we construct victims from certain communities or cultures is the use of language to differentiate among battered women according to need. Sometimes, this differentiation is seen as necessary to demarcate funding or services for certain communities – for instance, women with disabilities, lesbians, immigrant women. But differentiating also means “separate from,” “divide,” and “set apart.”

A term that is used frequently by service-providers is “under-served” communities or “under-served” women. Perhaps, its original usage was to highlight the imbalance in services for certain groups of women. The intention may have been to create “special” services to meet “special needs.” Most likely it met funders’ needs to identify a category of people who could be written into grant proposals and line-itemed on program budgets.

Over time, “under-served communities” has evolved into a catch-all phrase, a convenient label to lump together different women without distinguishing among their identities or the interlocking social oppressions they have to negotiate, as women and as victims-survivors of domestic violence and sexual assault. While the language may have made the “under-served” more visible, visibility has not necessarily translated into actual improvement of conditions. Instead, because they are not mainstream, not part of the dominant culture, those who are considered “under-served” women are more likely to be off the radar for systemic support, appropriate advocacy, and equal access to resources. They may also be researched in ways that undermine the complexity of their struggles.

Advocacy with and support services for women who are dealing with domestic violence needs to be better connected to advocacy and organizing against other oppressions. One

Advocacy with and support services for women who are dealing with domestic violence needs to be better connected to advocacy and organizing against other oppressions.

way to do this is to re-examine the definitions we have become accustomed to and the language we find convenient because some of this language reflects pre-processed images and impressions about domestic violence survivors who represent the “other.” In this case, the “other” could be a woman who speaks limited or no English, has a disability, is a lesbian, is economically impoverished, or as Black feminist

scholar, Kimberle Crenshaw (1992) notes, is a person who lives at the “bottom of multiple hierarchies” where “each hierarchy aggravates the consequences of the others.”

When services and educational materials use false distinctions like “normal” and “special needs” or “regular” and “under-served” it conveys a ranking of the violence that women experience in their lives. Domestic violence and/or sexual assault are accorded greater priority and urgency when in fact this violence is only one aspect and one kind of violence. Other kinds of violence that occur as a result of racism, poverty, homophobia,

able body elitism, or xenophobia get minimized. These oppressions may contribute to why some women are battered in the first place, and they undoubtedly create the barriers that hamper many women's attempts to stop the violence.

Often there is an impression that having a section in our educational materials about "under-served" communities is about being inclusive. Ironically, the impression is premised on the assumption that these materials are not also meant for advocates and organizations from "under-served" communities who are working within their own communities. This assumption creates schisms within the movement to end violence against women. It silences those who are working differently with victims and survivors of partner or family violence. It keeps mainstream programs from questioning the effectiveness and relevance of the models they use to advocate, support, intervene, and shelter women.

Another danger of not questioning terms like "under-served women" or "marginalized women" is that service-providers and advocates may buy into the idea that the women are somehow responsible for their marginalization or that marginalization occurs in a vacuum. On some levels, this makes it easier to turn away from the reality that some (many) of those who are not "under-served" may be benefiting from the very system that separates the served from the un-served.

If the intention of classifying some women as "under-served" or "special populations" is to highlight resource imbalances in their communities, then we need to address the resource imbalances by changing the way services are envisioned, funded, and delivered. We need to identify, challenge and remove the misuse and disuse of privilege that comes from dominant gender, race, class, sexual orientation, social status, age, physical ability,

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citizenship status, etc. Without these strategic actions, using language to create categories of battered women ignores the continuum of realities that makes some communities un-served or under-served in the first place. It becomes census-taking, a way to acknowledge the existence of people without having to do much more about their rights and needs. There does not have to be any accountability to the "categorized" people or meaningful sustained efforts to move them out of their categorizations.

Works Cited

- Anzaldúa, G. (2002). Preface. In G. Anzaldúa and A. Keating, (Eds.), *This Bridge We Call Home*. NY: Routledge.
- Asian & Pacific Islander Institute on Domestic Violence (2002). *API National Summit 2002: Proceedings*. San Francisco, CA: Author
- Asian & Pacific Islander Institute on Domestic Violence (n.d.). *API Domestic Violence*. Downloaded April 2003 from [<http://www.apidvinstitute>].
- Crenshaw, K. (April 3, 1992). *Race, Gender and Violence Against Women: Convergences, Divergences and other Black Feminist Conundrums*. Speech during Columbia Law School workshop on domestic violence.
- Dabby, C. (2003). Unpublished notes in preparation for survivor leadership panel held September 6, 2003.
- Mohanty, C.T. (1991). Under Western eyes: Feminist scholarship and colonial Discourses. In A. Russo & L. Torres (Eds.), *Third World Women and the Politics of Feminism* (pp. 51-80). Bloomington, IN: Indiana University Press.

Working Within Our Own Communities

- Introduction
- Working Within Our Own Communities:
Older Adults
- Ending Violence Against Native Women:
Working Within Our Nations
- Working Within Our Own Communities:
Asians and Pacific Islanders

CHAPTER TWO

Introduction

In the following section, various advocates describe some of their experience working within their own communities – as supports; as educators; as representatives of victims and survivors of domestic violence, of their organizations, of “the issue,” of their communities – as agents of social change. Here, advocates describe some of what makes their work unique, i.e., some specific strengths, challenges and strategies of and for their communities. This section of the manual, then, is not meant to train advocates to serve the people represented here. It is meant to support those already committed to doing this work by presenting strategies with philosophies and approaches congruent with some of the experiences, desires and world views of community members who might be advocates, victims/survivors or both.

It should be noted that not everyone is represented here – we draw on the experiences of our advisory group. We are fortunate to have an advisory group comprised of incredibly talented and passionate individuals who seek to share some of what they have learned. We recognize, however, that our experiences are limited by who we are and wish to, at a minimum, acknowledge those missing from the following pages – people from lesbian, gay, bisexual and transgender communities, victims and survivors of youth dating violence, people from African American communities, people with disabilities, and many, many others. As mentioned before, it is our hope that this manual will elicit a varied and vibrant response and, consequently, continue to grow. In the meantime, please contact the NRC DV or refer to our resources section in the manual for further information.

Our abilities to analyze and articulate our experiences are also paradoxically limited by the recognition of the richness of each individual’s identity. Simply moving through life means that at different points, different aspects of what we try to illustrate here will likely be applicable, e.g., working with youth, older adults, people with disabilities, people who do (or don’t) have children, etc. – but never representative of the wholeness of any one person. This, then, is one of the reasons we talk about the importance of ally-building: to create a space wherein each person is not only safe but also honored.

ONE FINAL NOTE – Some of our contributors provide statistics throughout their narrative and/or in fact sheet form. While statistics are a rich source of information, they are limited by the experience, resources and need of the research designers and also by what respondents are able to share in the moment of inquiry. They are limited with respect to the overall study of domestic violence also by the very nature of the abuse – the voices of its victims and survivors are oppressed if not silenced by perpetrators who use a social system borne of patriarchy. Finally, we must consider also the effects of multiple oppressions. The study of particular communities (and of domestic violence in these communities) is relatively recent and beginning to reveal how culture, language, socioeconomics and politics also prevent victims and survivors from speaking and seeking help, so the size and complexity of the problem is no doubt far greater than we know (APIIDV, 2002).

Works Cited

Asian & Pacific Islander Institute on Domestic Violence (2002). *Socio-cultural Contexts Research Series: Domestic Violence in Asian and Pacific Islander Communities Fact Sheet*. San Francisco, CA: Author.

Working Within Our Own Communities: Older Adults

– by Deb Spangler

National Clearinghouse on Abuse in Later Life

What Is Domestic Violence in Later Life?

Abusers of all ages believe they are entitled to use any method necessary to get what they want and to dominate or punish their victims. Domestic violence in later life occurs when an older person has been subjected to a pattern of coercive control and abuse by someone with whom they have a trusting, ongoing relationship.

- **Age** – Victim is 50 years and older.
- **Gender** – Victims are usually women, but can be older men.
- **Relationship** – Victims have ongoing, trusting relationship with the abuser, such as spouse/life partner, adult children, other family members and some caregivers.
- **Location** – The abuse occurs in the person’s residence (a private dwelling in the community or an institution, such as a nursing home).
- **Dynamics** – Pattern of coercive tactics to gain and maintain power and control in the relationship (Schechter, 1987).

Forms of Domestic Violence in Later Life

- **Physical abuse** – The use of physical force that may result in bodily injury, physical pain or impairment. Behaviors include, but are not limited to: slapping, hitting, punching, burns, choking or breaking bones.
- **Sexual abuse/assault** – Nonconsensual sexual contact of any kind, including sexual contact with any person incapable of giving consent. Behaviors include, but are not limited to: demeaning remarks about intimate body parts, being rough with intimate body parts during caregiving, taking advantage of physical or mental illness to engage in sex, forcing the individual to perform nonconsensual sexual acts or forcing the individual to watch pornographic movies.
- **Psychological abuse** – The infliction of anguish, pain or distress through verbal or nonverbal acts. Behaviors include, but are not limited to: threats of violence and harm, attacks against property or pets/service animals and other acts of intimidation, emotional abuse, isolation, manipulating family members, ridiculing values/beliefs/spirituality, abusing dependencies (e.g., medication, equipment) or withholding needed supports.
- **Financial exploitation** – The illegal or improper use of an elder’s funds, property or assets. Behaviors include, but are not limited to: stealing money, titles or possessions, taking over accounts and bills, spending without permission or abusing power of attorney.
- **Neglect** – The refusal or failure to fulfill any part of a person’s obligations or duties to an elder. Behaviors include, but are not limited to: denial or delay of food, heat, care or medication, not reporting medical problems, understanding but failing to follow medical, therapy or safety recommendations or making the individual miss medical appointments.
- **Abandonment** – The desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.
- **Homicide/suicide** – Killing a person (often spouse/partner) followed by suicide of the killer.

Research on Domestic Violence in Later Life

A significant portion of elder abuse is spouse/partner violence. Random sample studies of seniors living in the community found more spouse/partner abuse than abuse by adult children.

Pillemer, K., & Finkelhor, D. (1989). Causes of elder abuse: Caregiver stress versus problem relatives. *American Journal of Orthopsychiatry*, 59(2), 179-187.

Podnieks, E. (1992). National survey on abuse of the elderly in Canada. *Journal of Elder Abuse & Neglect*, 4, 5-58.

Victims Come from a Variety of Backgrounds

No profile of an elder abuse victim has been identified.

Pillemer, K., & Finkelhor, D. (1989). Causes of elder abuse: Caregiver stress versus problem relatives. *American Journal of Orthopsychiatry*, 59(2), 179-187.

Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect*, 8(2), 3-21.

A significant percentage of victims live with their abusers.

Lachs, M., et al. (1997). ED use by older victims of family violence. *Annals of Emergency Medicine*, 30(4), 448-454.

Lachs, M., et al. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37(4), 469-474.

Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28(1), 51-57.

Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect*, 8(2), 3-21.

Vladescu, D., et al. (1999). An evaluation of a client-centered case management program for elder abuse. *Journal of Elder Abuse & Neglect*, 11(4), 5-22.

A study of 28 women ages 65-101 who had been sexually abused found that 71% of victims were described as dependent for physical care or functioning poorly.

Ramsey-Klawnsnik, H. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect*, 3(3), 73-90.

Depression or other illnesses were common for victims.

Older Women's Network (1998). *Study of Shelter Needs of Abused Older Women*. Toronto, Canada: Author.

Pillemer, K. & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28(1), 51-57.

Reis, M., & Nahmiash, D. (1998). Validation of the Indicators of Abuse (IOA) Screen. *The Gerontologist*, 38(4), 471-480.

Some victims minimize the abuse or believe it is their fault.

Griffin, L. (1994). Elder maltreatment among rural African Americans. *Journal of Elder Abuse & Neglect*, 6(1), 1-27.

Podnieks, E. (1992). National survey on abuse of the elderly in Canada. *Journal of Elder Abuse & Neglect*, 4(1/2), 5-58.

Research on Abusers

A 1999 study of sexual abuse of older adults found that family members were the primary perpetrators of sexual abuse.

Teaster, P., et al. (2000). Sexual abuse of older adults: Preliminary findings of cases in Virginia. *Journal of Elder Abuse & Neglect*, 12(3/4), 1-16.

A significant number of abusers suffer some form of impairment (i.e., substance abuse, mental illness and depression, or cognitive impairment.)

Brownell, P., et al. (1999). Mental health and criminal justice issues among perpetrators of elder abuse. *Journal of Elder Abuse & Neglect*, 11(4), 81-94.

Greenberg, J., et al. (1990). Dependent adult children and elder abuse. *Journal of Elder Abuse & Neglect*, 2(1/2), 73-86.

Lachs, M., et al. (1997). ED use by older victims of family violence. *Annals of Emergency Medicine*, 30(4), 448-454.

Lachs, M., et al. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37(4), 469-474.

Pillemer, K., & Finkelhor, D. (1989). Causes of elder abuse: Caregiver stress versus problem relatives. *American Journal of Orthopsychiatry*, 59(2), 179-187.

Reis, M. & Nahmiash, D. (1998). Validation of the Indicators of Abuse (IOA) Screen. *The Gerontologist*, 38(4), 471-480.

Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect*, 8(2), 3-21.

Many abusers are dependent on their victims for housing, transportation and sometimes care.

Brownell, P., et al. (1999). Mental health and criminal justice issues among perpetrators of elder abuse. *Journal of Elder Abuse & Neglect*, 11(4), 81-94.

Otiniano, M., et al. (1998). Hispanic elder abuse. In *Understanding and Combating Elder Abuse in Minority Communities*. Long Beach, CA: Archstone Foundation.

Pillemer, K., & Finkelhor, D. (1989). Causes of elder abuse: Caregiver stress versus problem relatives. *American Journal of Orthopsychiatry*, 59(2), 179-187

Reis, M., & Nahmiash, D. (1998). Validation of the Indicators of Abuse (IOA) Screen. *The Gerontologist*, 38(4), 471-480.

Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect*, 8(2), 3-21.

Wolf, R., & Pillemer, K. (1997). The older battered women: Wives and mothers compared. *Journal of Mental Health and Aging*, 3(3).

Financial dependency of adult children also seems to be a key factor.

Lachs, M., et al. (1997). ED use by older victims of family violence. *Annals of Emergency Medicine*, 30(4), 448-454.

Lachs, M., et al. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37(4), 469-474.

Greenberg, J., et al. (1990). Dependent adult children and elder abuse. *Journal of Elder Abuse & Neglect*, 2(1/2), 73-86.

Otiniano, M., et al. (1998). Hispanic elder abuse. In *Understanding and Combating Elder Abuse in Minority Communities*. Long Beach, CA: Archstone Foundation

Gender of Victims and Abusers

According to most research, the majority of victims of elder abuse are women.

Crichton, S., et al. (1999). Elder abuse: Feminist and ageist perspectives. *Journal of Elder Abuse & Neglect*, 10(3/4), 115-130.

Dunlop, B., et al. (2000). Elder abuse: Risk factors and use of case data to improve policy and practice. *Journal of Elder Abuse & Neglect*, 12(3/4), 95-122.

Greenberg, J., et al. (1990). Dependent adult children and elder abuse. *Journal of Elder Abuse & Neglect*, 2(1/2), 73-86.

Lachs, M., et al. (1997). Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. *The Gerontologist*, 37(4), 469-474.

Lithwick, M., et al. (1999). The mistreatment of older adults: Perpetrator-victim relationships and interventions. *Journal of Elder Abuse & Neglect*, 11(4), 95-112.

Vladescu, D., et al. (1999). An evaluation of a client-centered case management program for elder abuse. *Journal of Elder Abuse & Neglect*, 11(4), 5-22.

The majority of perpetrators of elder abuse are male.

Brownell, P., et al. (1999). Mental health and criminal justice issues among perpetrators of elder abuse. *Journal of Elder Abuse & Neglect*, 11(4), 81-94.

Crichton, S., et al. (1999). Elder abuse: Feminist and ageist perspectives. *Journal of Elder Abuse & Neglect*, 10(3/4), 115-130.

Lithwick, M., et al. (1999). The mistreatment of older adults: Perpetrator-victim relationships and interventions. *Journal of Elder Abuse & Neglect*, 11(4), 95-112.

Sexual abusers were almost exclusively male.

Ramsey-Klawnsnik, H. (1991). Elder sexual abuse: Preliminary findings. *Journal of Elder Abuse & Neglect*, 3(3), 73-90.

Teaster, P., et al. (2000). Sexual abuse of older adults: Preliminary findings of cases in Virginia. *Journal of Elder Abuse & Neglect*, 12(3/4), 1-16.

Of the cases reviewed, only men perpetrated homicide-suicide in later life.

Cohen, D. et al. (1998). Homicide-suicide in older persons. *The American Journal of Psychiatry*, 155(3), 390-396.

For more information on research of abuse in later life, please visit the National Clearinghouse on Abuse in Later Life Web site at www.ncall.us.

Why Does Domestic Violence Occur in Later Life?

There is neither a single cause nor a single manifestation of abuse in later life. The range of situations and experiences requires different interventions to effectively stop abuse.

Scenarios of Domestic Violence in Later Life

"DV grown old"

Violence continues in relationships/marriages lasting decades where the abuse has occurred throughout. Some relationships are 60 or more years long. While there may not have been physical abuse in the past, questioning of the victim may reveal that controlling behavior (e.g., putting her on an allowance, screening her phone calls, isolating her) has been present throughout the relationship.

New relationship

A new relationship that begins in later life (perhaps following a death or divorce of a previous partner) is violent. Abuse may occur while dating or begin shortly after being married or moving in together.

Late onset

An older person who has NOT been abusive in the past becomes abusive. The reasons for this might include:

- **Health problems** – Physical or mental health issues can manifest themselves in violent behavior. Interventions for persons who exhibit violence due to an organic condition involve working with medical personnel to find medications or behavior modification methods that will reduce or eliminate the abuse. Keep in mind that abusers may use health issues as an excuse to escape being held accountable for their behavior. A medical exam is essential to determine the validity of these claims.

Non-impaired abusers may be described as at least one of the following: helpers trying to provide assistance, former victims retaliating against their abusers, caregivers who become stressed and abusive, or individuals who believe they are entitled to use power and control to get their way. (For the purposes of this discussion, substance abusers are not considered impaired individuals. A substance abuser is legally responsible for his or her behavior and must be held accountable for abuse. Substance abuse and violence are two separate issues that must be dealt with individually. Achieving sobriety is no guarantee that abuse will end.)

- **Retaliation (or "reverse domestic abuse")** – Some practitioners have witnessed women who have been victims of domestic violence for many years becoming abusive to their husbands when they become frail and are no longer a physical threat to the women. No research has been done to determine the prevalence of this problem. Interventions should include ending the abusive behavior and offering services to deal with past victimization and trauma.

It should be noted, however, that current research does not support either caregiver stress or the retaliation/intergenerational theory of domestic abuse as primary causes of elder abuse.

How Can I Know What Really Happened?

Consider the following statements by abusers:

- “She’s clumsy. She is always having little accidents.”
- “She is the center of my world. I can’t live without her. I would do anything to help her.”
- “It happened just this one time – it will never happen again.”
- “We are having a hard time now that she can’t take care of herself, the house or me.”
- “I meant to help him out of bed, but he bruises so easily.”
- “I am doing the best I can without any help. None of my siblings will come home to help take care of him.”
- “If she would just let me help her, this wouldn’t have happened. But she is so stubborn. She wants to do everything for herself.”

From these statements, it is impossible to tell whether the person is trying to help, a stressed caregiver or a person abusing power and control. Without getting information from the victim (and/or others familiar with the situation if the victim is unable to provide information), there is no way from these commonly used statements to know what is truly happening. Often abusers of power and control minimize the abuse, deny it ever happened, or blame the victim.

Barriers to Living Free of Violence

Victims of abuse in later life each face a unique blend of realities and complicating issues that define their relationships and options. Factors such as fear, finances, other family members, health concerns, housing, pets and generational, religious, cultural and personal values about what it means to be a spouse or parent interconnect and are prioritized differently for each individual. Often victims want to maintain their current lifestyle, believing that the person who should have to leave and change is the abuser. Unfortunately, service providers often can offer only limited supports and so victims are left with difficult decisions.

Spouse/life partners may have been together for many years and the victim may value the **longevity of the relationship**. Cultural, spiritual or generational values may make divorce or separation unthinkable and/or adult children and grandchildren may apply pressure on the victim to keep the couple together. In addition, long-term relationships often contribute to the cultivation of memories, shared friends, family and home and fear of being alone.

Some older gay, lesbian, bisexual and transgender persons experience **homophobic abuse** (fear of caring for gay or transgender elder) or **domestic violence** (Cook Daniels, 1997). They may fear being “outed” at work or to family and friends. They may feel afraid to talk with clergy, counselors or others about their relationship and the abuse and/or may be unwilling to contact law enforcement because of past negative experiences. They may also encounter legal and financial barriers such as no rights to pension or Social Security plans.

Parents face unique challenges when deciding how to deal with **abusers who are their adult children**. Often the parents want to try harder to help their child and may resist interventions that may result in their child being arrested, institutionalized or living on the streets.

Older victims from different racial and ethnic background may **define abusive behavior differently** (Hudson & Carlson, 1999; Anetzberger, 1998; Moon & Williams, 1993). One potential reason is that cultures have a range of expectations about the responsibility of adult children to provide care for their elders and about the responsibility of parents to continue to provide support (emotional or financial) to grown children (Sanchez, 1999; Griffin, 1994; Brown, 1989). Moon and Williams (1993) found that victims are more likely to report abuse if they define the behavior as abusive, but still often would not report. The research indicates that some reasons for non-reporting include shame, embarrassment, not wanting to create conflict in the family, and protecting the community. Some participants expressed willingness to talk to family members rather than professionals (Sanchez, 1999; Moon & Williams, 1993).

Immigrants may choose not to report abuse or other crime due to the **fear of deportation** for themselves and/or their abusive spouse/partner or other family member, any of whom may or may not have documentation. Additionally, some older immigrants are abused by their sponsor family. Many elder immigrants do not speak English. They may have difficulty getting a job or may not be eligible for Social Security or pensions that would give them some financial independence. In general, social services may not be equipped to provide services to older battered immigrants.

Religious values often play an important role in the lives of older people. Some older people may believe that their **religious teachings** (either through written word or message from faith leaders) mandate that they stay in marriages. For other victims, the **fear of losing their church, synagogue, or faith/spirituality-based friends and community** make considering leaving difficult (especially for partners of religious leaders, pastors, rabbis, etc.).

Rural victims may experience greater isolation. **Neighbors, trained professionals and services may not be available** in their county or hours away from their homes, and transportation is often a significant barrier. Their abuser may be friends with or related to prominent town members, like the sheriff and the judge. Farmers may be unable to leave crops, livestock and/or pets.

Health problems for the victim and/or the abuser can create obstacles for the victim to living free from abuse. Victims of long-term abuse may experience numerous physical and mental health conditions (some permanent and/or undiagnosed) as a direct result of the abuse and stress, and may require ongoing care. Staying with an abuser may seem a more inviting option than asking strangers to provide care or moving to an institution. Many older women feel it is their responsibility to care for a husband or adult child in need and/or may believe the threat of physical abuse is reduced because of the abuser's frailer condition. Some victims who are planning to leave or have left may stay or return if the abuser becomes disabled or critically ill.

Victims with disabilities, including substance abuse and mental illness, run into additional barriers. They may have trouble **finding services that address the trauma and victimization and accommodate their disability**. Victims with cognitive disabilities may have trouble retaining information that will assist them with safety planning and taking the next steps. Authorities may not have qualified interpreters (including those who work with people with speech impairments), disbelieve the victim or think they would not be credible witnesses for legal proceedings.

Persons living in institutions may have hoped the **nursing home or residential setting** would have provided safety from an abusive husband/partner only to find the abuse (particularly sexual) continues to occur. Victims may be abused by partners or relatives during a visit at the institution or during a home visit. Other victims are abused by staff or other residents. Too often nursing home staff and staff in other institutions are not trained to look for signs of abuse and neglect, especially when committed by family members.

Public Awareness and Education for Older Victims of Domestic Violence

To date, some of the most innovative and effective approaches to public awareness and education have been developed in collaboration with other professionals who come in contact with older victims of abuse. Professionals from aging units/adult protective services (APS), health care, justice system, and faith communities are important allies. Over the past ten years, in many areas of the country there is a blending of expertise on domestic abuse and elder abuse. Innovative strategies developed in various communities include:

- Cross-training throughout the country where dynamics and intervention strategies are shared.
- Presentations and support groups co-facilitated by advocates from aging and domestic violence programs.
- Joint investigations (domestic abuse advocate going on an investigation with APS worker to talk with the victim and offer safety planning options).
- Multidisciplinary/interdisciplinary teams that include domestic violence program participation.
- Family violence councils/coordinated community response teams that include representation from aging program.
- Projects for older victims funded by the Office on Violence Against Women and the Family Violence Prevention and Services Act.
- State domestic violence coalition designation of a staff person to work on later life issues.
- APS/aging offices sponsoring training on domestic abuse in later life.
- List phone numbers of services for older adults and elder abuse/adult protective services on program resource materials and Web site.
- Brown bag lunches with other professionals who work with older victims to network and discuss successes and challenges.

Other Ideas and Strategies:

- Distribute and post materials in different languages where older people gather, such as clinics frequented by older patients, beauty parlors, grocery stores and senior centers.
- Print program information on placemats for meal sites and home delivered food.
- Print media often have reporters who specialize in aging issues. Seek them out and ask them to collaborate on a story on abuse in later life.

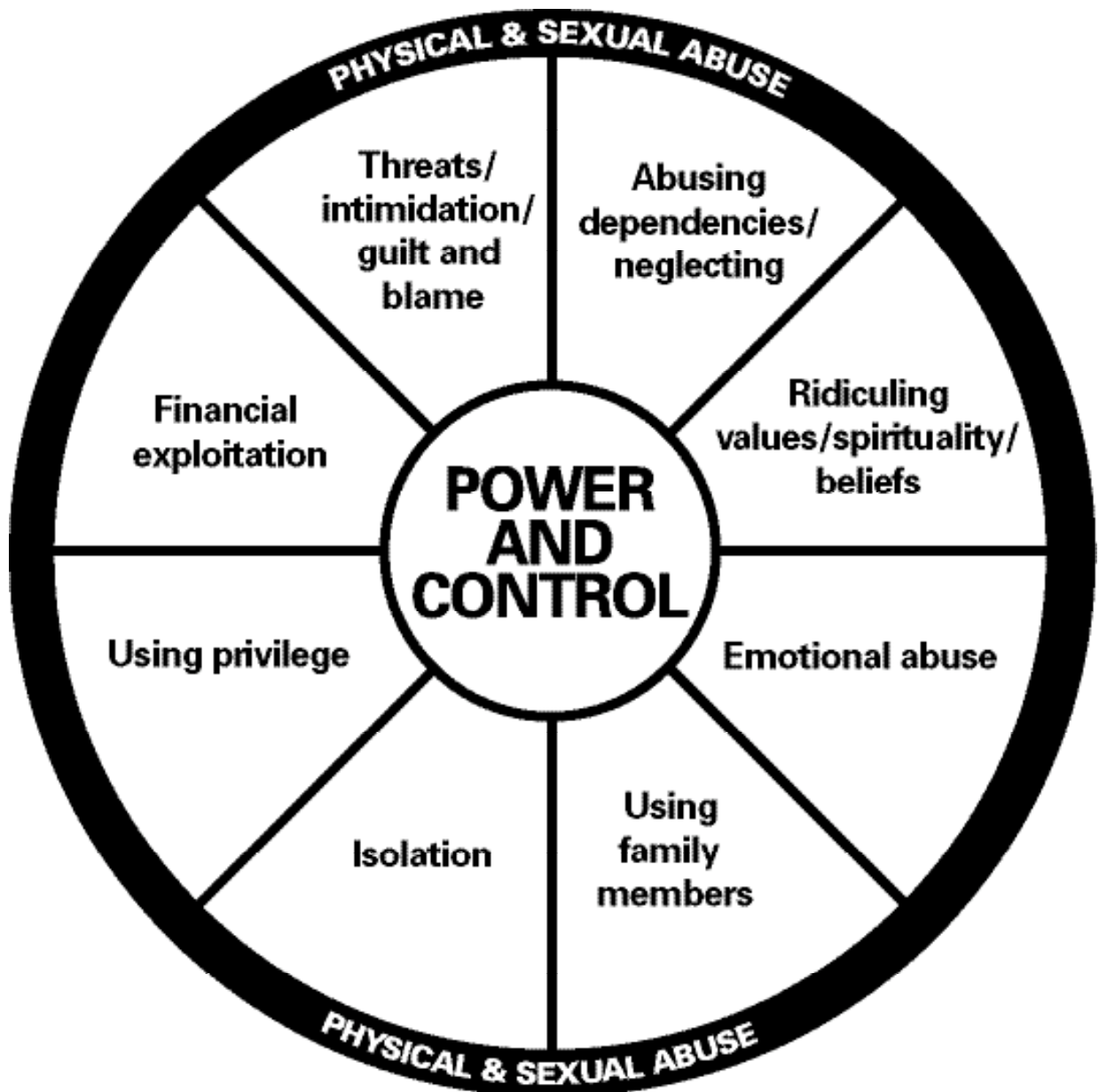
A NOTE ABOUT LANGUAGE – Terms like “domestic violence,” “elder abuse,” and “older battered woman” may not resonate with our audiences. Describing specific forms of abuse such as withholding medicine, refusing to let you go out with friends, putting you on an allowance, etc., is often more effective than jargon. If appropriate, facilitate discussions during trainings, workshops, etc. as an opportunity for the group to develop its own terms and language, which, in turn, informs our own advocacy efforts.

- The preceding has been excerpted and adapted from: *From a Web of Fear and Isolation to a Community Safety Net: Cross-Training on Abuse in Later Life* (Participant Manual) (2002), by the National Clearinghouse on Abuse in Later Life, a project of the Wisconsin Coalition Against Domestic Violence, and the Pennsylvania Coalition Against Domestic Violence for the Pennsylvania Department of Aging.

Works Cited

- Anetzberger, G. (1998). Psychological abuse and neglect: A cross-cultural concern to older Americans. In *Understanding and Combating Elder Abuse in Minority Communities* (pp. 141-151). Long Beach, CA: Archstone Foundation.
- Brown, A. (1989). A survey on elder abuse at one Native American tribe. *Journal of Elder Abuse & Neglect*, 1(2), 17-37.
- Cook-Daniels, L. (1997). *Lesbian, gay male, bisexual, and transgendered elders: Elder abuse and neglect issues*. Available from the author (707) 648-2113.
- Griffin, L. (1994). Elder maltreatment among rural African-Americans. *Journal of Elder Abuse & Neglect*, 6(1), 1-27.
- Hudson, M. & Carlson, J. (1999). Elder abuse: Its meaning to Caucasians, African Americans, and Native Americans. In T. Tatara (Ed.), *Understanding Elder Abuse in Minority Populations* (pp. 187-204). Philadelphia, PA: Brunner/Mazel.
- Moon, A. & Williams, O. (1993). Perceptions of elder abuse and help-seeking patterns among African American, Caucasian American and Korean American elderly women. *The Gerontologist*, 33, 386 - 395.
- Sanchez, Y. (1999). Elder mistreatment in Mexican American communities: The Nevada and Michigan experiences. In T. Tatara (Ed.), *Understanding Elder Abuse in Minority Populations*, (pp. 67-77). Philadelphia, PA: Brunner/Mazel.
- Schechter, S. (1987). *Guidelines for Mental Health Practitioners in Domestic Violence Cases*. Denver, CO: National Coalition Against Domestic Violence.

Domestic Violence In Later Life Power and Control Wheel



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This diagram is based on the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

- From Spangler, D. (2005). Working within our own communities: Older adults. In *Domestic Violence Awareness: Action for Social Change* (p. 53). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Tactics Used by Abusive Family Members

Physical Abuse

- Slaps, hits, punches
- Throws things
- Burns
- Chokes
- Breaks bones

Sexual Abuse

- Makes demeaning remarks about intimate body parts
- Is rough with intimate body parts during caregiving
- Takes advantage of physical or mental illness to engage in sex
- Forces you to perform sex acts that make you feel uncomfortable or against your wishes
- Forces you to watch pornographic movies

Abusing Dependencies, Neglect

- Takes walker, wheelchair, glasses, dentures
- Takes advantage of confusion
- Denies or creates long waits for food, heat, care or medication
- Does not report medical problems
- Understands but fails to follow medical, therapy or safety recommendations
- Makes you miss medical appointments

Threats, Intimidation

- Threatens to leave, divorce, commit suicide or institutionalize (nursing home)
- Abuses or kills pets or prized livestock
- Destroys property
- Displays or threatens with weapons

Ridiculing Values, Spirituality

- Denies access to church or clergy
- Makes fun of personal values
- Ignores or ridicules religious/cultural traditions

Emotional Abuse

- Humiliates, demeans, ridicules
- Yells, insults, calls names
- Degrades, blames
- Withholds affection
- Engages in crazy-making behavior or using someone's decreasing cognitive abilities to control them
- Uses silence or profanity
- Threats of nursing home
- Exploits sensory (e.g., sight and hearing) losses

Using Family Members

- Magnifies disagreements
- Misleads members about extent and nature of illnesses/conditions
- Excludes or denies access to family
- Forces family to keep secrets

Isolation

- Controls what you do, who you see and where you go
- Limits time with friends and family
- Denies access to phone or mail
- Age-related loss of friends and family

Using Privilege

- Treats you like a servant
- Makes all major decisions
- Abuses privileges of youth and ability

Financial Exploitation

- Steals money, titles or possessions
- Takes over accounts and bills and spending without permission
- Abuses a power of attorney
- "Imposes" self into your life to gain access to or assure your inheritance

- From Spangler, D. (2005). Working within our own communities: Older adults. In *Domestic Violence Awareness: Action for Social Change* (p. 54). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Ending Violence Against Native Women: Working Within Our Nations

– by Brenda Hill

Sacred Circle, National Resource Center to End Violence Against Native Women

Introduction

Greetings!

This chapter speaks to Native women who are advocates working within tribal nations. These pages offer a basic framework for developing an ongoing educational campaign in your own tribal community. However, all readers are strongly encouraged to read the entire manual. The unique voices, perspectives and expertise of the many women who contributed to this initiative are invaluable in creating a comprehensive, effective campaign that engages and establishes working relationships with all groups within and around your nation.

As Native women, we have similar but unique cultures and histories as indigenous peoples. Importantly, we share, unlike other groups of women, a special status as tribal nations. Those realities define and impact our struggles, strengths and strategies. We can wrap ourselves in a quilt made by and of the spirits of generations of our relatives, our indigenous cultures, natural worldview and the knowledge of the awesome spirit of women.

Awareness and educational campaigns are tools of social change. Social change requires a vision of what we want our nations to become. The blessing for Native women is that our vision for the future is based on our past. We have the memories of societies that honored the sovereign status of women and their children, where battering, rape and disrespect were rare. Our task is to reclaim that vision and make real the communities where women can safely walk free.

The blessing for Native women is that our vision for the future is based on our past.

The challenge of this work is the harsh reality that as Native advocates we are attempting to save the lives of Sisters, Aunts, Mothers and Grandmothers while wrapped in a blanket of intense poverty, multi-level political and jurisdictional chaos, geographic and cultural isolation, numerous epidemics and all the various forms of oppression and internalized oppression. The goal of this chapter is to challenge and assist advocates to connect the threads of that blanket and create an educational campaign that inspires social change to end violence against Native women.

The best fry bread, gabobo bread, flat bread and other Native foods have no written recipes. Some women bake all the time, some rarely, some buy it. No matter how it turns out, something good comes from it. Sometimes, as in this advocate's experience, we try new things. Like attempting to make "healthy" fry bread with whole wheat. They turned out to be healthy hockey pucks. Still, there were two good outcomes: laughter and knowing whom her friends really were. The effort is appreciated and relationships are made. And this work is the same way.

New parents often start out with grand, detailed visions of their children's future – and the conviction that as parents they could make it happen. Later they realized that was pretty delusional, they have control over very little and children have their own paths and spirits. What mattered most was the children's ability to be healthy and happy – and that was all about relationships, starting from themselves. And this work is the same way.

Native Women's Sovereignty

All Native Women have a right to:

1. Their bodies and paths in Life, the possession and control of which is unquestioned and honored by others. To exist without fear, but with freedom.
2. Self-governance, or the ability and authority to make decisions regarding all matters concerning themselves, without others' approval or agreement. This includes the ways and methods of decision-making in social, political and other areas of life.
3. An economic base and resources, or the control, use and development of resources, businesses or industries that Native women choose, to support chosen life ways, including the practice of spiritual ways.
4. A distinct identity, history and culture. Each Native woman defines and describes her history, including the impact of colonization, racism and sexism, tribal women's culture, worldview and traditions.

(Sacred Circle, National Resource Center to End Violence Against Native Women, 2001)

Goals of an Educational Campaign

The overall goal of an advocate is to end violence against women. Prioritizing the safety and integrity of women, and the accountability of offenders, systems and of community members are integral to that goal.

The goals of an educational campaign are to:

- 1) help women who are battered and/or raped find you
- 2) create a credible, consistent presence as advocates and social change agents
- 3) lay the foundation for social change by providing culturally based, accurate information
- 4) inspire critical thinking
- 5) make respectful relationships
- 6) create strategies and forums aimed at mobilizing communities

"...Indian tribes must act like Indians. That's the only justification for preserving internal sovereignty...So if we're going to have internal sovereignty, we're going to have to bring back the majority of social traditions...if we don't bring those traditions back, then the problems those traditions solved are going to continue to grow. Then we'll have to get funding to set up programs to deal with those issues...When you set up programs, you are exercising your internal sovereignty, but the funding sources determine how the program is going to operate and then the funding source defines internal sovereignty."

(Deloria, 1995)

Making Respectful Relationships

Self

Educational campaigns begin with a mirror. Taking the time to reflect on who we are as individual women, our own internalized oppression and where we are spiritually matters greatly. This work is personal and political and they are not opposites; they are parts of each other. Traditionally Native people know everything is spiritual. But because of oppression and internalized oppression, we often separate the spiritual from our work lives and we don't always believe as women that we are spiritually powerful. Social change begins when we bring that consciousness about ourselves as women to our work.

Learning to hear and trust our instincts and spirits is key.

Learning to hear and trust our instincts and spirits is key. It's a necessity if the words about believing women are experts on their own lives are more than rhetoric.

The public exposure required in doing educational campaigns may make whether or not you're a non-tribal member an issue. And it may actually be a benefit if you are not because it decreases chances of family politics interfering. If status as a non-tribal member is raised, it's usually to distract from the real issues. We don't have to join in that dance. However, it is a teachable moment: focus on the fact that it's about violence to Native women.

There also is an ethical aspect to non-tribal members working in another tribal nation. Though non-tribal members are often adopted formally or informally into the tribe they work and live with, our role in that situation is to support the sovereignty of that tribe, and especially the women of that tribe, by actively working to "replace ourselves" at some point with a tribal member. It is a matter of living the messages we send about Native women's rights to resources and to speak and do for themselves.

As Women

Conversations with other advocates and other women who are battered and/or raped is the beginning and end point of all parts of our work to end violence against women, including the educational campaigns developed. Women often do their best work around a kitchen table, having coffee and visiting with each other. We don't do case management, analyze, or judge – we visit, enjoy each other's company and look for the best and become wise this way. It's awesome, natural and traditional as Native people and as women. Why don't we bring that to what we call work? We don't bring that style of relating to our work because of internalized oppression. Helping each other become aware of and undo our internalized oppression without shame is part of education and social change.

Conversations with other advocates and other women who are battered and/or raped is the beginning and end point of all parts of our work to end violence against women ...

Consider the existing groups of women in your community. Women's groups are about consciousness-raising, support, brainstorming and organizing. All tribes have some types of women's societies. Revitalizing those groups so they understand their connection and role in helping stop violence against Native women in itself achieves a level of social change. The work is about women who are battered and/or raped. It's our "agenda," our lives that will be impacted. This is a sovereignty issue.

Women know the resources, needs and ways of their community. Though there may only be a few women initially, that group has the potential to act as the catalyst for educational campaigns and other organizing. Acting as a collective increases the chances of being heard, being innovative, and enhances continuity and consistency – all important elements in an educational campaign. And every woman in that society becomes a social change agent, and ensures that ending violence against Native women is an ingrained part of the society itself. It's a great example of how reclaiming tribal culture and sovereignty is directly connected to reclaiming Native women's culture and sovereignty.

Reclaiming the sovereignty of women who have been battered necessitates promoting the leadership, expertise and voices of Native women who have been battered and/or raped as often and in as many places as possible. Whether through quotes, poetry, stories, speak-outs or other forums, women deserve and need to be heard. Make the credibility of those words real by supporting Native women who have been battered in decision-making positions whenever possible.

Communities Within Communities

Each nation must tailor its own tools and path to suit their tribe; that's business as usual in Indian Country. Native women struggle with the fact that colonization and internalized oppression mean tribal identity is usually based on the tribal men's culture. Validating and promoting Native women's culture is integral to our agenda. However, there are layers of additional cultures and identities that often get ignored either because of our own lack of awareness, lack of resources and/or internalized oppression.

... these "differences" are traditionally interpreted as signs of a special spiritual role necessary for the well being of the entire society.

The status of women cannot be raised, nor our sovereignty honored, if the fact that some of us are differently-abled, have a different sexual/gender orientation, interpret our experiences and identity differently, or are different from mainstream society in any way, is ignored or discounted. The irony is that these "differences" are traditionally interpreted as signs of a special spiritual role necessary for the well being of the entire society.

Our ancestors understood connections and relationships, letting individuals' spirits be and speak for themselves. That's all pretty abstract. And maybe a bit frustrating. One source of guidance comes from our own personal experience. When do we feel most respected and validated and powerful? When we are heard and believed, given resources, supported in making our own decisions, acknowledged without judgement, when we are trusted to know what we need. When we are safe on every level. It's another way of saying sovereignty. Those elements are integral to a social change-based educational campaign, and advocacy as a whole. Create the large vision of where we want to go, then work in the small, powerful steps of relationships. That brings the work full circle.

Systems and Institutions

Know the institutions and systems in your community. Learn about their purpose, history, political life, strengths and struggles with barriers and resources. Understanding the institution's or system's culture creates rapport and common ground.

There are many ways you can build relationships with people and institutions in your community:

- **Support each other** – Find common ground in shared goals, barriers and conflicts. An ally on one issue is easier to convert into an ally for another cause.
- **Make relationships with individuals** – The whole police force may not believe in what you are trying to accomplish, but one or two individual officers may share all or part of your vision. Any ally is a start.
- **Informal conversations** are mutual educational opportunities, and a non-threatening way to create rapport. The trust built in that relationship will open doors and keep doors open when conflicts arise.
- **Build on the idea of mutual benefit** – Many people who resist change might change their minds if you can point out how a change can help them, either personally or to do their jobs better.
- **Cross-training** – A lot of conflicts are based on a misunderstanding of what each person's role is, whether in personal relationships or working relationships. Cross-training can inform each side about how each does his/her job and dispel any misjudgments or misconceptions either side has. Most importantly, it can plant the idea that each side may share certain values, goals, barriers, and concerns.
- **In-services** – Providing in-service training or information for agencies and their staff members gets everyone familiar with who you are and what you do. It lets you talk about and discuss with them issues that they might not want to acknowledge, or by which they feel threatened because they have not been informed. And we all know that a lot of people feel threatened by changes especially when they don't know why the change is needed.
- **Target allies** who can further the educational campaign and the work to end violence against women in the other arenas they routinely operate in. We all are aware of certain people in our community that other people look to for advice, or who are on this board or that committee. It could be someone who is just very vocal about commenting publicly about issues and their beliefs. It might be someone who is a "public" person, who incidentally is the mother, father, or other relative of someone who has been battered or raped. Informing those persons and enlisting their help can get your issues addressed in forums where you might not be able to be heard.
- **Communicate in their language** – Certain agencies and professions have their own terminology or terms they use with each other. Using those terms in your conversations with those groups makes you less of an outsider and less threatening. This can come from developing relationships with one member of that group or just listening to how they communicate with each other.

Community Families and Groups

All tribal communities have formal and informal groups and organizations. Each has its own history, culture and purpose. These groups and organizations are potential allies and resources. Make connections and relationships with them, and share our struggles, goals and work with them. Begin by supporting their work, then engage them in yours. There is really nothing within our communities that is not in some way connected to ending violence against women. Help make that connection.

Our communities have spiritual advisors and leaders with the potential to provide leadership focusing on respect and status of women within the existing ceremonial groups. It is common knowledge that in most Native communities there is a disconnect between the treatment of women and spiritual practices. It is a difficult and little talked about fact resulting from colonization and internalized oppression. Use visits with the leaders in those groups to discuss this reality. These are teachable moments aimed at taking a stand on accountability as relatives and leaders.

Our communities have spiritual advisors and leaders with the potential to provide leadership focusing on respect and status of women within the existing ceremonial groups.

Probably the most powerful people in Native communities are the Grandmothers. When they speak, people listen. As with other Elders and entire families in our communities, there exists an awesome potential for recreating/revitalizing the role of elders and families as central to the honoring and protection of women and accountability of offenders.

Not Everybody Will Be an Ally

That's pretty much general knowledge. If people are arguing with us, we have their attention, we are not being ignored and they have to think about the issues. It's not the goal of advocacy or educational campaigns to get everyone to approve of or like us. That can be a challenge for women socialized to be people pleasers and/or male identified (see the discussion on internalized oppression!).

The priority is that community members see our programs as credible and trustworthy. Programs are modern, non-Native replacements for families, societies and clans. Individual behavior and character are important, but consciously recognizing we are part of a collective, many collectives, gives our roles as program representatives and community members context, power and meaning.

Get Your Message Out

The goal is to be respectful and respected by being clear and consistent. As individuals our life way and work need to reflect consistent beliefs, credibility and character. However, as one advocate, who is a Native woman, said, " We are Native people; we do not heal alone." She was talking about what being related means and the natural, traditional way of acting as a collective.

This section discusses a few key points about getting your message out and gives examples of activities that have worked well in Native communities. This manual contains a chapter listing national organizations, including Native organizations, which have materials and samples for your use. You don't have to reinvent the wheel.

- If you only have time, energy, and resources for a few posters and flyers, it may not be all you want to do, but it's still valuable. Anything that gets people to think about the issue of violence against women is powerful. And women in the community who are being battered and/or raped will know they are not alone and somebody cares. That's more powerful.
- One way of getting other people to see your agenda is to look for common threads of ideas in their work that correspond to part of what you are trying to accomplish. These themes help create familiarity with specific issues and goals and can bring others' perspectives into line with yours. Ending violence against Native women is part of a larger social change movement that involves other programs, whether local, tribal, state and/or national. Consider adopting or adapting themes used by those efforts, i.e. "domestic violence is a crime", "domestic violence is a women's health issue", and "community involvement is necessary to end violence against Native women." For example, tribal leaders and community members understand that tribal sovereignty is about the status and rights of tribal nations. National Native women's organizations, such as Sacred Circle, Mending the Sacred Hoop, and Clan Star connect the themes of Native women's sovereignty and tribal sovereignty to promote an understanding of what ending violence against Native women is about.
- Many issues – such as child abuse, housing, welfare, alcoholism, economic development, etc. – are close to the hearts of Native leaders and communities and evoke strong stances and support. Help people involved in these areas see their work in the context of women's safety and include ending violence against women as part of their initiatives. The idea that "woman abuse is child abuse" is a good example. The key is to start from their perspective and understanding. For example, start from their use of labels, such as "client" or "constituent," and promote their use of "woman" instead. Start with what they are familiar with, promote critical thinking, and help move them to understand and make your agenda their own.

Reclaiming tribal culture is directly connected to ending violence against Native women. One cannot happen without the other. Tribal oral tradition and history, values, ceremonies, and life ways should be the foundation for creating messages, planning campaigns/events, and having informal conversations that are consistent and powerful.

- Use existing community and cultural events and activities as educational forums:
 - ✓ **Traditional arts** – Sponsor or co-sponsor traditional women's arts exhibits including an anti-violence against women theme. Provide materials for an anti-violence display created by youth and/or women.
 - ✓ **Fish camps** – Have a man who is either an ally who "gets it" or facilitates batterers' re-education classes give a short talk and use the camp as an opportunity for "teachable moments" while socializing (and working!).
 - ✓ **Powwows/wacipi** – Sponsor women's dance categories; bring the Silent Witnesses to grand entries; get a little M.C. time and/or educate and ask the M.C. to speak to respect for women.
 - ✓ **Sponsor a young women's sports team** – Provide workshops for the team, promote them as speakers and role models, provide t-shirts, etc., with program logo and messages.

- “Indianize” existing domestic violence awareness events:
 - ✓ **Silent Witness exhibits** – The Silent Witnesses are silhouettes of women and children, sometimes men, who have been murdered by their batterer. They are meant to be a reminder of the lethality of battering, to put a face on the crime, and serve as a remembrance and celebration of loved ones’ lives. Sacred Circle has taken this memorial a few steps further by making the silhouettes look more like Native women by hanging pictures of tribal women (with the families’ permission) on individual silhouettes and wrapping them in shawls. Recognizing that these memorials call on the spirits of women, they are labeled “Silent Witnesses – Quiet Guides.” Special care is taken of the silhouettes, praying with them, smudging them, etc. (Contact Sacred Circle for more information on creating and setting up these displays.)
 - ✓ Sacred Circle, Cangleska, Inc., and the South Dakota Coalition Against Domestic Violence’s Native Women of Sovereign Women’s Task Force made what are called “warrior shawls” of purple with large purple ribbon designs for women to wear during an October Domestic Violence Awareness Month walk.

Possibly the best advice is to think outside the box using your wisdom and intuition (spirit!) as a Native woman in doing this work. That would validate and celebrate Native womanhood.

Conclusion

Advocates provide leadership, stand up and speak out. Pre-colonization, that was the role of Native women. Reclaiming tribal and Native women’s sovereignty demands Native women reclaim this role. How we do that varies by woman and tribe. Act with other women, even if there are just two of you. Preparation and timing are important aspects of social change work to be considered.

Standing up makes you a target. Be aware and prepared for that. Know it means people see you as powerful and they are paying attention. Support and allies will come. People will see that our “job” is not a standard 9 to 5; it is a life way. Being as consistent as womanly possible will earn you the respect and credibility necessary for the pathmaking back to when Native women were treated as the sacred beings we are.

Works Cited

- Deloria, V. (1995). Rethinking tribal sovereignty. Keynote at Sovereignty Forum. Minneapolis, MN.
- Sacred Circle, National Resource Center to End Violence Against Native Women (2001). *Sovereignty: An inherent right to self-determination* [brochure]. Rapid City, SD: Author.

The Reality For Native American Women

Native women are the targets of violent crime – battering, rape, assault and homicide – at much higher rates than any other group of women or men, by both Native and non-Native men.

Statistical Facts

American Indians and Crime

- Native American women are raped at a rate more than double that of rapes reported by all races on an annual average. (All races: 2 per 1,000; Native Americans: 7 per 1,000)
- Native American victims of intimate and family violence are more likely than victims of all other races to be injured and need hospital care. (Medical costs were more than \$21 million over a four year period)
- Violent crime rate among Native American women was 98 per 1,000 – more than twice that of Whites (40 per 1,000) or Blacks (56 per 1,000).
- At least 70% of violence experienced by Native Americans is committed by persons not of the same race ... Substantially higher than for Whites and Blacks.

(U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *American Indians and Crime*, 1992-96 Report)

Violent Victimization and Race

- American Indian women were victimized by an intimate at rates higher than those for all other females. (Whites at 8.1 per 1,000; Indians at 23.2 per 1,000).

(U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Violent Victimization and Race*, 1993-98 Report.)

- The stalking rate is so high against Native/Alaskan Native women that 17% will be stalked during their lifetimes.

(Tjaden, P. & Thoennes, N. (1998). *Stalking in America: Findings from National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, National Institutes of Justice and Centers for Disease Control and Prevention.)

- American Indian women are at high risk of homicide, including domestic violence homicide.

(Arbuckle, J., Olson, L., Howard, M., Brillman, J., Antictil, C. & Sklar, D. (1995). Safe at home? DV and other homicides. *Annals of Emergency Medicine*, 27, 210-215.)

- From 1988-1991, homicide was the 3rd leading cause of death for Native women. Of Native women murdered, 75% were killed by a family member, an acquaintance, or someone they knew.

(Wallace, L.I.D., Calhoun, A.D., Powell, K.E., O'Neill, J. & James, S.P. (1996). *Homicide and Suicide Among Native Americans 1979-92*. Violence Surveillance Summary Series, No. 2. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.)

The web of poverty that exists throughout Indian Country is implicit in the victimization and revictimization of Native women. The tactics of battering are born of, multiply and replicate the effects of colonization and oppression reflected in the continuing and drastic poverty. The safety and status of Native women has never been about just one offender and the criminal justice system. The extreme levels of homelessness and lack of medical care, food, transportation, employment, childcare, and sanitation that women attempting to escape violence, often with children, face is a human rights travesty. Discussions, strategies and actions must focus, not on the behavior of individual Native women alone, but on the responsibilities of every facet of society to reclaim the status of Native women. Native people cannot survive unless Native women have freedom from violence and a decent standard of living.

- Some observers have labeled the economic condition in Indian Country, "termination by funding cuts..."
- In Indian Country 40% of all housing is inadequate, compared to 6% nationwide.
- 900,000 Indians are homeless or under-housed. Depending on the reservation, 30 to 60% are crowded. Minimally, another 18% are severely crowded.
- 20% of reservation homes lack complete plumbing. Just under 50% lack public sewer systems.
- In 2001, the government's own nationwide estimate of unmet needs for Native American schools facilities alone reached \$1 billion; it was estimated that another \$18 billion was needed to achieve healthcare parity.
- Federal government spending rates for healthcare for Native Americans is 50% less than for prisoners or Medicaid recipients, and 60% less than that for the average American.
- Jails on reservations operate at 142-150% capacity without meeting the basic needs of inmates. Tribal law enforcement on average covers an area larger than the state of Delaware with three officers – often with one officer on duty at a time.
- 22.2 % of Native Americans are unsure about the likelihood of their next meal...one or more members of these households suffer from moderate to severe hunger.
- The per capita income of Indians is \$4,500 compared to the national average of \$14,400.

A 2001 survey of Native domestic violence programs by Sacred Circle, found only 26 shelters for Native women who are battered, and their children, throughout the entire US.

Given these horrendous rates of poverty, the questions shouldn't be "Why do women go back? Why don't they report or cooperate with law enforcement?" The question should be "How in the world do Native women who are battered or raped ever survive?"

- Excerpted from Hill, B. (2004). *The Stranglehold of Poverty*. Rapid City, SD: Sacred Circle, National Resource Center to End Violence Against Native Women.

- From Hill, B. (2005). Ending violence against Native women: Working within our Nations. In *Domestic Violence Awareness: Action for Social Change* (pp. 63-64). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Working Within Our Own Communities: Asians and Pacific Islanders

– by Firoza Chic Dabby-Chinoy
Asian & Pacific Islander Institute on Domestic Violence

Introduction: Cultures of Resistance

Violence against women is a universal problem. Its cultural expressions differ. Drawing attention to a particular ethnic group is risky because it can serve to confirm people's stereotypes. The nuances of cultural ideologies and practices are hard to convey. Culture is not the sum of tenaciously maintained traditions, but the intersection of dynamic forces that include social and political histories, practices, and ideologies that are defined and re-defined by its institutions and members. Even as advocates struggle with problematic issues within their communities, they engage in resistance: countering 'cultural' justifications, developing innovative prevention and intervention strategies, organizing to confront community complicity and systems failures. Women and children resist gender violence in the ways and spaces available to them, expressing agency (self-determination) through covert or overt strategies. These struggles occur in the contexts of structural oppressions, be they racism, anti-immigrant sentiments, homophobia, class elitism, etc. The message we want to send is that cultures are not merely the sites where multiple oppressions are enacted; but where so many of us – abused or not abused, survivor and advocate – engage in resistance and change through radical or reformist agendas, through negotiation and subversion, within and without existing state and community institutions.

Identities and Ethnicities: Asians and Pacific Islanders

Identities

Identities are defined by:

- Ethnicity
- Identity markers like sexual orientation, age (youth, elderly), languages spoken, religion, disability
- Geographic location: rural, urban, suburban, military bases, poor neighborhoods
- Social location and history: type of labor performed, level of education, class position and mobility, immigration/refugee status, employment status
- Political history: be it shaped by colonialism, imperialism, civil or international wars, racial segregation, capitalism, socialism, etc.
- Practices: food, music, holidays, etc.

Cultural identities overlap and occur simultaneously, not discretely or serially.

Ethnicities and Regional Groupings

Historically, Asians and Pacific Islanders (APIs) in the U.S. have been grouped together by government classifications as well as by us, as part of an intentional community-based strategy to build coalitions with one another. There are conflicting views on the appropriateness of any aggregate classification or reference. For example, "Asian and Pacific Islander", "Asian Pacific American" and "Asian American and Pacific Islander" have all been used in recent years to name our communities. Such groupings are ultimately political and part of a dynamic continuing process of self-determination and self-identification.

The federal government defines "Asian American" to include persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; and "Pacific Islander" includes the aboriginal, indigenous, native peoples of Hawaii and other Pacific Islands within the jurisdiction of the United States, and those having origins in the Melanesian, Micronesian and Polynesian regions of the Pacific Islands. In the 2000 Census, Pacific Islanders are not grouped with Asians, but as Native Hawaiians and Other Pacific Islanders (NHOPI).

We use the term "Asian and Pacific Islander" to include all people of Asian or Pacific Islander ancestry, i.e., those who trace their origins to the countries or the diasporic communities of these regions.

Asians and Pacific Islanders are often grouped by regions although some of these can be politically controversial. There is also tremendous diversity (Asia has more than 50 countries); and there are more ethnicities than countries (e.g., Hmong are an ethnic group from Laos). We have tried to be thorough, but notions of identity carry political, social and familial meanings too complex to analyze here.

Central Asians: Afghani, Azerbaijani, Kazakh, Kyrgyz, Tajik, Turkmen, Uzbek

East Asians: Chinese, Japanese, Korean, Okinawan, Taiwanese, Tibetan

Hawaiians & Pacific Islanders*: Carolinian, Chamorro, Chuukese, Fijian, Guamanian, Hawaiian, Kosraean, Marshallese, Native Hawaiian, Niuean, Palauan, Pohnpeian, Samoan, Tokelauan, Tongan, Yapese

* We have listed only those that are part of the U.S. Jurisdictions.

Southeast Asians: Burmese, Cambodian, Filipino, Hmong, Indonesian, Laotian, Malaysian, Mien, Papua New Guinean, Singaporean, Timorese, Thai, Vietnamese

South Asians: Bangladeshi, Bhutanese, Indian, Nepali, Pakistani, Sri Lankan

West Asians is a contested term, since most people from the region do not self-identify as such. It is typically referred to as the Middle East; and geographically includes the countries of Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey (straddles Europe and Asia) United Arab Emirates, and Yemen.

U.S. Census 2000 demographic data on Asians can be found at:
<http://www.apiahf.org/apidvinstitute/ResearchAndPolicy/statistics.htm>

Domestic Violence Against API Women

Domestic violence in API communities has some different patterns, forms and dynamics of abuse. There are certainly similarities between all battered women's experiences; these are not enumerated here. Some of the dynamics API women describe may be particular only to certain API ethnic group(s); some may be common to many of them. We are trying to develop a complex picture of what is happening in our communities, without essentializing or stereotyping them.

Distinguishing Dynamics

- Multiple abusers in the home: perpetrators may include mothers-, fathers-, brothers-, sisters-in-law, ex-or new wives, adult siblings or other members of a woman's natal family. API program interventions take this into account, e.g., a battered woman can need restraining orders against several family members.
- Internalized devaluation and victim-blaming are that much deeper when there are multiple perpetrators.
- Our women describe 'push' factors from their partners ("leave the house, give me a divorce, I can always find another wife," etc.) more frequently than 'pull' factors ("come back to me, I love you," etc.). This then affects how API battered women dealing with 'push' factors make decisions and respond to advocates' interventions.
- Gender roles are tightly prescribed and more rigid, minimizing female agency (self-determination) and shrinking the space within which women and men can re-define those roles.

Sexual Abuse Can Include

- Excessive restrictions designed to control women's sexuality; grave threats about being sexually active; being blamed for rape, incest or coerced sex; being forced to marry their rapist; kept in ignorance about sex, sexual health and anatomy; and denied a different sexual orientation.
- Women can be victims of trafficking: as sex workers, indentured workers, or as they come through International Marriage Bureaus.
- Women face sexual harassment not only from co-workers but from family members, community leaders, clergymen, etc.
- Forced marriages (not to be confused with arranged marriages) can exacerbate sexual abuse.
- Refugee and immigrant women may have been raped in war zones, refugee camps or while using unsafe immigration routes.
- Sexual violence against cultural and/or religious minorities in their home countries: e.g., Muslim women in Gujarat, India; Shan women in Burma.
- Marital rape; extreme sexual neglect; being forced to watch and imitate pornography; and being forced into unprotected sex can result in sexually transmitted diseases, including HIV/AIDS.

Physical Abuse Can Mean

- Dealing with multiple abusers; severe isolation because a woman has left her home country and thus her support systems; complete abandonment; hyper-exploitation of women's, including elderly women's, household labor; withholding healthcare and medication; and the mistreatment of widows.
- Mothers can be threatened with the kidnapping of their children; lose custody of their children because divorced women are severely stigmatized, or because of prevailing cultural beliefs that children belong to their father.
- Domestic violence related homicides encompass a broader range of deaths carried out through honor killings, contract killings, dowry [bride price] related deaths; killing of family members in the home country; and being driven by one's husband and in-laws into committing suicide.

Same Sex Domestic Violence

- Same sex domestic violence in API couples carries greater threats associated with outing a partner in a community where homosexuality is ostracized.

Threats Based on Immigration Status

- Threats of deportation, loss of children, making false declarations to BCIS (formerly INS) about her, withholding/hiding passports and other important documents, not proceeding with green card applications.
- After marriage in the home country women come here and sometimes have to contend with their husbands having other partners; the women's immigration status forces them to accept whatever arrangements their husbands insist upon.

Abusive Community Norms

- Gender discrimination can be directed at girls early in childhood by withholding proper nourishment, healthcare, or education.
- Community reinforcements that keep gender violence in place utilize victim blaming, silencing, shaming, and rejection of battered women who speak up or seek help.
- Covert or overt support and the lack of sanctions that accrue to batterers, only increase their impunity and entitlement to violence.

Domestic violence is just one among many forms of violence against women. From the aborting of female fetuses to intimate homicide, girls and women can encounter numerous oppressions during infancy, childhood, adolescence, adulthood and as elders. Some of these are confined to one stage in the lifecycle, some continue into subsequent stages. Violence against women is more than physical, sexual, economic and emotional abuse; it is also about living in a climate of fear, misery, loss, mistrust, humiliation and despair. The lives of abused Asian and Pacific Islander women are shadowed by the cultural burdens of shame and devaluation. Gender violence can be experienced in the context of additional oppressions based on race, ethnicity, age, sexual orientation, gender identity, type of labor being performed, level of education, class position, disability or immigration/refugee status.

Domestic Violence Against Asian and Pacific Islander Women

Statistics are often hard to reduce into 'soundbites' because they include complex methods and instruments of data collection, the experiences of the study's subjects, and the ethnic and demographic diversity of our communities. So we have contextualized the data, provided information about methodology, and commented on some of the conclusions.

Extent of the Problem

In a telephone survey of a nationally representative sample of 8,000 women and 8,000 men from all ethnic backgrounds conducted from November 1995 to May 1996:

- 12.8% of Asian and Pacific Islander women reported experiencing physical assault by an intimate partner at least once during their lifetime; 3.8% reported having been raped. The rate of physical assault was lower than those reported by Whites (21.3%); African-Americans (26.3%); Hispanic, of any race, (21.2%); mixed race (27.0%); and American Indians and Alaskan Natives (30.7%). The low rate for Asian and Pacific Islander women may be attributed to underreporting.

(Tjaden, P. & Thoennes, N. (July 2000). *Extent, Nature and Consequences of Intimate Partner Violence: Research Report*. Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention.)

The National Asian Women's Health Organization (NAWHO) interviewed 336 Asian American women aged 18–34 who reside the San Francisco and Los Angeles areas, via telephone:

- 16% of the respondents reported having experienced "pressure to have sex without their consent by an intimate partner."
- 27% experienced emotional abuse by an intimate partner.

(National Asian Women's Health Organization (2002). *Silence, Not an Option!* San Francisco, CA: Author.)

Domestic Violence in Specific Asian Communities

Cambodian

In a study conducted by the Asian Task Force Against Domestic Violence in Boston, using a self-administered questionnaire at ethnic fairs:

- 44–47% of Cambodians interviewed said they knew a woman who experienced domestic violence.

(Yoshioka, M.R. & Dang, Q. (2000). *Asian Family Violence Report: A Study of the Cambodian, Chinese, Korean, South Asian, and Vietnamese Communities in Massachusetts*. Boston: Asian Task Force Against Domestic Violence, Inc.)

Chinese

In a random telephone survey of 262 Chinese men and women in Los Angeles county:

- 18.1% of respondents reported experiencing “minor physical violence” by a spouse or intimate partner within their lifetime, and 8% of respondents reported “severe physical violence” experienced during their lifetime. [“Minor-severe” categories were based on the researcher’s classification criteria.]
- More acculturated respondents (as assessed by the researchers) were twice as likely to have been victims of severe physical violence. [Although the author states “It is possible that traditional cultural values serve as a protective buffer against stressors engendered by immigration” (p. 263), higher rates among more acculturated respondents may be due to their increased likelihood to report abuse.]

(Yick, A.G. (2000). Predictors of physical spousal/intimate violence in Chinese American families. *Journal of Family Violence, 15*(3), 249-267.)

Filipina

In a survey conducted by the Immigrant Women’s Task Force of the Coalition for Immigrant and Refugee Rights and Services:

- 20% of 54 undocumented Filipina women living in the San Francisco Bay Area reported having experienced some form of domestic violence, including physical, emotional, or sexual abuse, in their country of origin or in the U.S.

(Hoagland, C. & Rosen, K. (1990). *Dreams Lost, Dreams Found: Undocumented Women in the Land of Opportunity*. San Francisco, CA: Coalition for Immigrant and Refugee Rights and Services, Immigrant Women’s Task Force.

Japanese

In a face-to-face interview study of a random sample of 211 Japanese immigrant women and Japanese American women in Los Angeles County conducted in 1995:

- 61% reported some form of physical, emotional, or sexual partner violence that they considered abusive – including culturally demeaning practices such as overturning a dining table, or throwing liquid at a woman- sometime prior to the interview.
(Yoshihama, M. (1999). *Domestic violence against women of Japanese descent in Los Angeles: Two methods of estimating prevalence*. *Violence Against Women* 5(8), 869-897.
- 52% reported having experienced physical violence during their lifetime. When the probability that some women who have not been victimized at the time of the interview, but may be abused at a later date is calculated, 57% of women are estimated to experience a partner’s physical violence by age 49.
(Yoshihama, M. & Gillespie, B. (2002). Age adjustment and recall bias in the analysis of domestic violence data: Methodological improvement through the application of survival analysis methods. *Journal of Family Violence, 17*(3), 199-221.)
- No significant generational differences were found in the age-adjusted risk of experiencing intimate physical, sexual or emotional violence.

(Yoshihama, M. & Horrocks, J. (2002). Post-traumatic stress symptoms and victimization among Japanese American women. *Journal of Consulting and Clinical Psychology, 70*(2), 205-215.

Korean

In a study of 256 Korean men from randomly selected Korean households in Chicago and in Queens (which then had the largest Korean population on the East Coast) in 1993:

- 18% of the respondents reported committing at least one of the following acts of physical violence within the past year: throwing something, pushing, grabbing, shoving, or slapping their wife.
- 6.3% of the men committed what the researcher classified as “severe violence” (kicking, biting, hitting with a fist, threatening with a gun or knife, shooting, or stabbing).
- 33% of “male-dominated relationships” experienced at least one incident of domestic violence during the year, whereas only 12% of “egalitarian” relationships did. [Researchers classified couples into four types of relationships – i.e., egalitarian, divided power, male-dominated, and female-dominated – based on the respondents’ answers about how the couple makes decisions.]
- Nearly 39% of husbands who were categorized as experiencing “high stress” perpetrated domestic violence during the past year, whereas one out of 66 husbands categorized as experiencing “low stress” did so. [This correlation does not necessarily mean that stress causes or leads to domestic violence. Women and non-abusive men are also exposed to ‘high stress’ and do not resort to domestic violence.]

(Kim, J.Y. & Sung, K. (2000). Conjugal violence in Korean American families: A residue of the cultural tradition. *Journal of Family Violence*, 15(4), 331-345.

In a survey of a convenience sample of 214 Korean women and 121 Korean men in the San Francisco Bay Area conducted in 2000 by Shimtuh, a project serving Korean women in crisis:

- 42% of the respondents said they knew of a Korean woman who experienced physical violence from a husband or boyfriend.
- About 50% of the respondents knew someone who suffered regular emotional abuse.

(Shimtuh Korean American Domestic Violence Program (2000). *Korean American Community of the Bay Area Domestic Violence Needs Assessment Report*. Oakland, CA: Author.)

A 1986 study involving face-to-face interviews of a convenience sample of 150 Korean women living in Chicago found that:

- 60% reported experiencing physical abuse by an intimate partner sometime in their lives.
- 36.7% reported sexual violence by an intimate partner sometime in their lives.

(Song-Kim, Y.I. (1992). Battered Korean women in urban United States. In S.M. Furuto, B. Renuka, D.K. Chung, K. Murase & F. Ross-Sheriff (Eds.), *Social Work Practice with Asian Americans: Sage Sourcebooks for the Human Services Series*, (pp. 20, 213-226). Newbury Park, CA: Sage.

South Asian

(Refers to those who trace their origins to the countries or diasporic communities of Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.)

Raj and Silverman's study of 160 South Asian women (who were married or in a heterosexual relationship), recruited through community outreach methods such as flyers, snowball sampling, and referrals in Greater Boston, found that:

- 40.8% of the participants reported that they had been physically and/or sexually abused in some way by their current male partners in their lifetime; 36.9% reported having been victimized in the past year.
- 65% of the women reporting physical abuse also reported sexual abuse, and almost a third (30.4%) of those reporting sexual abuse reported injuries, some requiring medical attention.

(Raj, A. & Silverman, J. (2002). Intimate partner violence against South-Asian women in greater Boston. *Journal of the American Medical Women's Association*, 57 (2), 111-114.)

- No significant difference was found in the prevalence of domestic violence between arranged marriages [typically refers to marriages arranged by parents or relatives of each member of the couple] and non-arranged marriages.

(Raj, A & Silverman, J. (n.d.). Unpublished data.)

Vietnamese

In a study of 30 Vietnamese women recruited from a civic association that serves Vietnamese women in Boston:

- 47% reported intimate physical violence sometime in their lifetime.
- 30% reported intimate physical violence in the past year.

(Tran, C.G. (1997). *Domestic Violence among Vietnamese Refugee Women: Prevalence, Abuse Characteristics, Psychiatric Symptoms and Psychosocial Factors*. Dissertation. Boston: Boston University.

- The above data are excerpted from the Fact Sheet prepared by the Asian & Pacific Islander Institute on Domestic Violence. The complete version (12 pages) is available from http://www.apiahf.org/apidvinstitute/PDF/Fact_Sheet.pdf

- From Dabby-Chinoy, F. C. (2005). Working within our own Communities: Asian and Pacific Islanders. In *Domestic Violence Awareness: Action for Social Change* (pp. 69-72). Harrisburg, PA: Domestic Violence Awareness Project of the National Resource Center on Domestic Violence.

Strategies for Engaging Our Communities

Themes and Approaches in API Programs

Intervention strategies for API battered women “have arisen both as accommodations and alternatives to [non-API] domestic violence programs. They have crafted innovations based upon necessity and, in some cases, vision and intentionality” (Kim, 2002) centered on some of the following themes:

- **Viewing the Survivor within the Context of Her Community** – Although the “helper” and “client” separation characterizes many API domestic violence programs, the divisions become less clear as workers and survivors in small ethnic enclaves in the U.S. often share the same cultures, languages, and even neighborhoods and families. The importance of community and the complexities of community as a place of abuse and entrapment as well as familiarity and resources have led to innovative interventions.
 - **Reshaping Intervention, Expanding Options** – While API shelters have greatly expanded the options for API survivors, strategies have de-centered shelters as the primary intervention. The lack of access to resources for immigrant communities can make financial, educational and employment interventions at least as significant as those traditionally offered by domestic violence programs such as emergency shelter or restraining orders. In some cases the latter option may have a negative impact.
 - **Intervention Approaches, Family-Style** – Many API programs view their intervention approaches as “family-style.” Despite the negative connotations of “family” within the context of domestic violence, API programs have embraced positive aspects of “family” to imply a greater level of intimacy and care in their interactions with survivors. Generalist approaches are favored over rigidly defined roles and areas of expertise. Greater flexibility in terms of time, level of accompaniment and advocacy, and distribution of resources also characterize many API interventions. In some cases, boundaries around personal disclosure, gift giving and receiving, and social contact may be more fluid.
 - **Addressing Gender Violence** – As ethnic-specific or pan-Asian programs succeeded at outreach and publicizing their domestic violence services, they found themselves dealing with other forms of gender violence like rape or forced marriages. This resulted in helping a range of survivors and learning how to do so. Furthermore, encountering issues for which U.S.-based systems and services were not designed, meant searching for new approaches and alliances, e.g., working with the district attorney’s child abduction unit when assisting underage girls coerced into marriage by their parents.
 - **Community Organizing** takes substantial time, thought and people power in API programs. Community-based organizations engage in outreach to raise awareness of the problem and of their services; work with community leaders in religious and cultural organizations; identify and cultivate ‘natural helpers’; support and train community leaders; organize events, etc. The goals are to change cultural norms and empower communities.
- The above section is from the Asian & Pacific Islander Institute on Domestic Violence report: *Innovative Strategies to Address Domestic Violence in Asian & Pacific Islander Communities: Emerging Themes, Models and Interventions* by Mimi Kim.

Ideas and Suggestions for Strategies

Acknowledgements

These ideas have been compiled from what we have learned about the brilliant and hard work done by API organizations across the country.

We have listed ideas very briefly – some of them are used by one agency, some by several. The API Institute can provide more details and put advocates in touch with programs. We strongly recommend that you contact us before adopting these strategies, because we cannot spell out the implications of engaging in them here.

General Tips

- If you plan outreach efforts to a particular group, say monolingual rural women with no or limited English, be sure you can respond to their needs when they utilize your services.
- If your organization is not planning to provide services, then build relationships with other organizations in the area that will.
- Collaborations need clarity about what's expected from partner agencies, and the limits of what they can provide, and procedures to meet regularly about case management, community organizing and other common goals.

Outreach and Intervention Ideas

- Outreach to blue-collar workers: Contact small business owners and offer to have an informal discussion during lunch break about domestic violence. This can build networks between the women and break the silence about domestic violence.
- Publicize services at cultural events or venues that cater to your ethnic community, e.g., place palm cards in women's restrooms at movie theaters, or flyers on cars in the parking lot.
- Participate in low-key ways in community projects at faith center, e.g., packing grocery bags for needy families and talking to others doing the same (they often have relationships to recipient families).
- Coat-check at clubs, especially on nights that attract an API crowd.
- Grocery stores in ethnic areas (Koreatown, Japantown, etc.): Insert flyers in each bag, or print information about the program on grocery bags.
- March as a contingent in an annual parade, e.g., Indian Independence Day, Chinese New Year, Tet, etc. Since these are celebratory events, organizers may balk at including domestic violence programs, but our work is something to celebrate and it strengthens the community.
- Information and outreach to children.
- Information and discussions on domestic violence at citizenship or English as a Second Language (ESL) classes.
- Door-to-door contacts if your community is in an identifiable geographic location. Due to safety considerations this needs to be carefully planned, and is most frequently done in conjunction with distributing health information, e.g., about smoking, dental care for children, etc.

- Independence through access to driving or public transportation: Assisting battered women to learn how to drive by paying for their driving lessons, helping them get their license, familiarizing them with public transport by walking them through the system on the routes they use, providing bus passes.
- In-service trainings for medical professionals serving your ethnic community so they can provide referrals or have service information in their offices.
- Outreach through midwives: Asian women may often select midwives, so outreach through their practices and training for them is recommended.
- Consulate offices: Informational training for consular staff so they can assist battered women with passport problems. Ask if your services can be listed on the consulate Web site.
- Small gatherings: Invite a small group of 6-8 women from the community for a discussion/informational session on issues like incest or same-sex domestic violence that are more difficult to address in a larger public forum. Strategize about how to raise awareness about the issue and responses to it.
- Plays and dramatizations on ethnic radio: Non-English speaking women may be found in workplaces where the radio is on a lot.
- Youth-created skits of incidents of dating violence followed by discussions and youth input about prevention.
- Approach religious institutions leaders and have them set aside an annual donation (mosques collect *zakat*, churches collect tithes, etc.) for the domestic violence program in your community.
- Parenting classes for those with young and/or teenage children as a way to have public discussions about domestic violence and change community attitudes.
- Training for workers in nail salons, hair salons, etc. to recognize domestic violence and offer resource information to customers.
- Put information up in bathroom stalls at the local health club.
- Hold a vigil following a domestic violence-related homicide.
- Host events to show clips from popular films that depict violence against women and facilitate related discussions.
- Conduct outreach to university students by hosting a table at events, speaking at the women's center and conducting in-service training for staff of the campus health center and university police.
- *Chai* house gatherings: Hold bi-monthly events at a local tea/coffee house to discuss issues such as work, stress, juggling work and family life, domestic violence, etc.
- Provide a computer to a church group and train members on how to access information about different issues on the internet, e.g., domestic violence.

- Post service and contact information (with tear-offs that women can take to their apartments) in the laundry rooms of large apartment complexes where many Asian families live.
- Use local art programs (fine, media, drama, etc.) as a venue to talk about violence against women.
- Toll-free numbers are used by many API programs – these encourage callers because there is no cost associated with a long-distance call and the number does not appear on the callers' phone bills, protecting their confidentiality.

Works Cited

Kim, M. (2002). *Innovative Strategies to Address Domestic Violence in Asian & Pacific Islander Communities: Emerging Themes, Models and Interventions*. San Francisco: Asian & Pacific Islander Institute on Domestic Violence.

Discussion of Terms

- An Open-ended Discussion of Some Terms Used

DISCUSSION OF
TERMS

An Open-ended Discussion of Some Terms Used

– by Brenda Hill

Sacred Circle, National Resource Center to End Violence Against Native Women

The section of the manual is the record of a number of advocates' discussions of terms commonly used in the work to end domestic and sexual violence. The terms and the meanings given here are not meant to be definitive; rather, they are meant as a tool to help us talk about the work that we do as we continue to focus, refine and energize our efforts. Again, we hope that this section elicits rich discussions and contributes to your work, and hopefully you will be inspired to share with us what you learn.

- **Abuse** – Dictionary definition: “to use wrongly or improperly; misuse...; to treat in harmful, injurious, or offensive way.” Abuse occurs when one person’s behavior or words are intentionally aimed at hurting another.
- **Accountability** – begins with examination of our belief system, behaviors and relationships. We are responsible and accountable to women who are battered/raped for ending the violence. Though the vast majority of those who are battered/raped are women, we are also responsible to those men who are battered/raped and those who are gay, bisexual, transgendered or transsexual. Holding batterers and/or rapists accountable for their violence and providing safety to victims and survivors is part of our role as relatives and community members.

Batterers' (and rapists') accountability – means they takes responsibility for violence in all its forms. This requires honest self-examination, and directly, openly owning violent behaviors. It includes acknowledging the impact their violence has on partners or other victims, children and other relatives. True accountability requires accepting the consequences of their behavior, and making significant changes in their belief systems and behaviors based upon non-violence and respect for women and all other relatives.

Systems' accountability – means creating and enforcing laws, policies, procedures and protocols that provide safety and resources to those who are battered/raped and upholding batterer/rapist accountability. Laws, policies, procedures and protocols are a means to justice, safety and respecting the status of women and others who are disenfranchised, including those who are poor, differently-abled or gay, lesbian, bisexual or transgendered. If the law, policies, procedures and protocols are utilized as an end in themselves (no real action beyond creating paperwork) or to support the offender’s agenda, this amounts to collusion, resulting in revictimization. Collusion is the opposite of accountability.

- **Advocacy/Advocate** – Advocates recognize that battering and rape are gender-based crimes: the vast majority of victims of battering and rape are women, and the vast majority of batterers and rapists are heterosexual men. An advocate for victims and survivors of battering and rape is, therefore, the biased supporter primarily of women. The patriarchal hierarchy that creates sexism also creates all other oppressions, so heterosexism, homophobia, etc., are part of advocates' pro-active agenda. The goal of advocacy is to help ensure women's safety and status, as well as offender accountability. Our work is based on the understanding that the battering and rape is a result of oppression, and that ending violence requires social change and is personal and political.

The job description of an advocate is comprehensive: to pro-actively assist, support and provide resources to individual women and their children, and advocate within communities and political, legal, medical and social services programs to seek systemic and societal change so that all forms of oppression will end.

- **Anger management** – a mental health treatment that teaches people to become aware of their anger and its impact on their bodies, thinking, emotions and relationships. "Healthy expression" is generally the major goal of this approach. This approach assumes that anger itself is healthy and is the cause of violence. Often anger (an internal reaction, feeling) is not clearly distinguished from violent behavior.

Generally, issues of gender and culture are not addressed in anger management programs, nor is the fact that violence and tactics of violence are aimed almost exclusively at the intimate partner of the batterer. Acting angry, stomping around, slamming things, yelling, etc., are tactics batterers consciously use to send the message that everyone better be on guard and constantly pay attention, "or else." This is anger management in that the batterer has a specific purpose in managing his anger – power and control of his partner.

Anger management fails to recognize the importance of the fact that batterers choose the time, place, method and target for his violence. The batterer's anger and choice of violent behavior is rarely displayed at work, towards the boss, or other places where the "target" has more power and control than him. The issue is not loss of control, which is usually a subtopic in these groups: batterers choose their methods, body parts to hit where the bruising will be hidden by hair or clothing and their victims, who are their female partners, in most cases.

Anger management programs often fail to make the connection between beliefs, feelings and behavior. Changing beliefs about the nature of anger, men's right to control women and use violence will ultimately change their treatment of women, use of violence and emotional reactions.

- **Battering** – a system of ongoing tactics aimed at maintaining power and control over another. The tactics of battering include all forms of abuse and violence, including physical, sexual, emotional/mental, economic, using the children, ritual and cultural abuse, threats, intimidation and coercion. The element of fear for one's life is very real and constant as a result of these tactics.

Battering is not a mental health issue – it is a violent crime and violation of human rights. Communication skills work, stress and anger management approaches make the possibly lethal assumption that both parties have equal power and control. A batterer's goal in communication is establishment of power and control over his partner, not mutual understanding and caring.

- **Collusion** – any act that intentionally or unintentionally supports bad, deceitful or illegal behavior. In terms of battering, it is any act that discounts, condones or ignores any of the tactics that batterers use to maintain power and control over their partner. The results of colluding are increased danger to the woman/victim, her children, family and friends. Collusion means the woman must now protect herself, her children and relatives from the batterer and from those that collude with him. Those that collude are, in effect, revictimizing her.

Collusion makes batterers more powerful by reinforcing their use of abusive and violent tactics. The batterer is allowed to enlist other people and systems to assist him in controlling his partner. The result is the creation of more barriers and elimination of support, resources and safe places battered women need to access to escape the violence.

Colluding also prevents the batterer from being accountable for his violence. If not held accountable, batterers continue to do violence to their partner, relatives and own spiritual being.

- **Conflict** – Dictionary definition: “to come into collision or disagreement; be contradictory, at variance, or in opposition; clash.”

When two people disagree, or when our thoughts and behaviors are different, we have conflict. Conflict can be good. It can motivate us to think, grow or do things another way. Conflict is not the same as violence or abuse.

If one person's intention is to “win,” rather than resolve their differences through dialogue and compromise, the conflict can move from a mutual disagreement to abuse or violence.

- **Coordinated community response (CCR)** – an interagency effort that prioritizes the safety and integrity of women (and their children) and batterer/rapist accountability. This effort promotes the spiritual and cultural traditions of the sacredness of women and children. An outcome of CCR is the establishment of policies, procedures and protocols that consistently promote the safety of women and the accountability of those who batter/rape and the systems involved in this response. This initiative also promotes and honors the leadership and expertise of women who have been battered/raped.
- **Cycle of violence** – a theory that was one of the first attempts to describe the dynamics of battering. It is an outgrowth of a mental health/medical model that recommends stress management and communication skills approaches and implies complicity by the victim i.e., a form of victim-blaming. This theory postulates that battering occurs in three cyclical stages: tension-building, beating and honeymoon. Many women do see similarities between the reality of their experience and this theory, at least in the beginning of the relationship with their batterer.

In the past 25 years, however, much has been learned from the experts: the women who have experienced battering. The tension-building stage discounts the cause of violence as a matter of poor stress reduction and relaxation skills. The beating stage

acknowledges only the physical form of violence and distorts its occurrence as an isolated event that happens every so often. The honeymoon stage is when the batterer attempts to “make up” and may show remorse or act nice, e.g., doing dishes, bringing groceries, and offering to watch the children. Sometimes it means having sex, ignoring the fact that the woman has been physically, emotionally, mentally and spiritually beaten, and is unable to safely say “no.” Less than 50% of battered women report having experienced anything resembling a honeymoon stage. Those that have say that over time this stage stops happening and the violence worsens.

Defining battering as a systematic pattern of continual violent and abusive behaviors aimed at maintaining power and control over the batterer’s partner helps assure realistic responses to ending the violence.

- **Disabilaphobia** – the fear of those who are differently-abled and the inability to acknowledge people whose needs are other than the accepted “norm.” (Contributed by Deborah Beck-Massey of Domestic Violence Initiatives for Women with Disabilities.)
- **Empowerment** – language sometimes used to describe the purpose of advocacy. Empowerment is about supporting women in a way that reflects respect and the belief that women are experts about themselves and their lives. They have the right to define what help they want, when they want it and whom they want to provide it. This concept is compatible with the understanding that violence against women is about power and control and avoids the mistaken notion that women who are battered cause or in some way contribute to the violence.
- **Internalized oppression** – the unjust exercise of authority and power by one group over another. It includes imposing one group’s belief system, values and life ways over another group. Oppression becomes INTERNALIZED when we come to believe and act as if the oppressor’s belief system, values and life way are reality.

The result of internalized oppression is shame and the disowning of our individual and cultural reality. Internalized oppression causes violence against women, children, elders, gay, lesbian, bisexual, transgendered or transsexual people and other relatives who are different from the “norm.” Oppression combined with internalized oppression results in alcoholism and other self-destructive behaviors.

Internalized oppression is an effective means for keeping entire groups and communities divided and under control. The oppressor no longer needs to exert physical control, because we now are violent and disrespectful to those in “our group,” to those in other groups and to ourselves. We resist internalized oppression by relearning respectful and non-violent belief systems.

Internalized oppression is also called “self-hate,” “internalized sexism,” “internalized homophobia,” “internalized racism” and “lateral” or “horizontal” violence.

- **Men’s re-education or batterers’ programs** – focus on the accountability of the batterer and safety of women through the examination of the batterer’s belief system and behaviors. For Native people, and actually all people, violence against women results from internalized oppression, i.e., colonization. This approach is therefore framed in an historical/cultural context. For instance, the term “re-education” acknowledges that violence against Native women can be unlearned, and non-violence and respect for women can be relearned as an integral part of Native life ways.

This approach was developed as an alternative to earlier programs such as anger

management that did not identify violence against women as a crime resulting from colonization and oppression. This approach instead addresses battering as a system of tactics aimed at power and control.

- **Oppression** – the unjust exercise of authority and power by one group over another. Oppression includes forcibly denying people their individual, cultural and spiritual ways and imposes the oppressor’s values and belief system. Oppression includes, but is not limited to, sexism, racism, heterosexism, homophobia, classism, ageism, able-bodyism, anti-semitism/"religionism."
- **Personal sovereignty** – We are most familiar with the concept of tribal sovereignty, meaning all tribal nations possess or have a right to, 1) a land-base, 2) self-government, 3) an economic base and resources, 4) a distinct language and historical and cultural identity. The following definition was originally written for and by native women, but applies to all women, all people:

Native women’s personal sovereignty is defined as a woman’s possession of or right to:

- 1) their bodies and paths in life: to exist without fear, but with freedom;
 - 2) self-governance: the ability and authority to make decisions regarding all matters concerning themselves, without others’ approval or agreement;
 - 3) an economic base and resources: the control, use and development of resources, businesses or industries that women choose;
 - 4) a distinct identity, history and culture: each woman defines and describes her history, including the impact of colonization, racism and sexism, tribal women’s culture, worldview and traditions.
- **Power and control tactics of battering** – a system of on-going, purposeful behaviors used to take and maintain power and control over another. Power and control tactics may be emotional, psychological, physical, financial, sexual, etc., in nature. The tactics change according to the individual batterer but the goal is coercion to maintain power and control. (See “battering.”)
 - **Predominant aggressor** – for lack of a better term, is utilized in reference to mandatory domestic violence arrests to indicate that only one person should be arrested. It charges officers with the responsibility of determining who has the most potential for doing the most harm and what was done in self-defense, and refraining from “equalizing” the violence or “leaving it up to the judge.”
 - **Principle/primary aggressor** – language similar in intent to “predominant aggressor,” but allows the arrest of “secondary” aggressors, i.e., the victim, instead of making determinations about self-defense.
 - **Probable cause** – defined in Black’s Law Dictionary as “The existence of circumstances that would lead a reasonable and prudent person to believe in the guilt of the suspect.” The existence of probable cause is the determining factor in making a mandatory arrest. It does not require officers to find grounds to “convict” on the spot, but usually includes fear of imminent harm. The intent of probable cause is to prevent re-assaults and possible homicides.

- **Safety** – being protected from violence in all forms. It means having power and control over one’s own life and body. It includes respectful support, access to resources, no barriers and being treated as a relative, not as “sick,” “crazy” or “co-dependent.” It means having one’s civil and human rights honored.
- **Shelter** – a place that provides safety and protection from violence, time and space to rest, advocacy and resources to create a non-violent life. Shelter includes advocates that are respectful and non-judgmental; defend women’s confidentiality; provide accurate information, transportation and accompaniment to court; and support women’s decisions and freedom to choose, including returning to the abuser, without giving up other rights.
- **Survivor** – a term many women who have been battered or raped use to describe themselves. It indicates a person who has experienced a violent, life-changing crime, but has regained power and control over her life. It is a life-affirming term.
- **Victim** – language that reflects a person who has had power and control taken from them, and has not yet been able to regain power and control over their life. The focus is on “loss” due to violence. Sometimes appropriately used, too often it ignores the strengths, gifts and other relationships a woman possesses.
- **Violence** – too often seen as physical harm resulting in blood and broken bones or actions leading to arrest. However, violence moves beyond physical abuse, instilling not just pain, but intense fear for your life. Violence impacts all levels of our existence - physical, emotional, spiritual and mental. Violence takes power and control over our lives and bodies away from us, at least momentarily.
- **Woman** – reflects the concept that a female is not defined by one particular experience or relationship. It reflects a dynamic female human being who possesses physical, mental, emotional and spiritual gifts. “Woman” acknowledges a powerful, whole human being.

Words like “client,” “lady,” “victim,” “patient” and even “survivor,” minimize or ignore the many aspects, gifts, experiences and relationships a woman has. These words emphasize an unequal relationship and negative experience.

When inappropriate to refer to someone by their name, using their “relative name” (sister, mother, grandmother, etc.) or the word “woman” reflects respect and honor.

Resources

- National Organizations
- Tribal Coalitions
- State Domestic Violence Organizations

RESOURCES

Resources

The following is a list of organizations whose work has contributed in some way to the development of this manual and/or have resources and the capacity to do technical assistance on many of the subjects broached herein. This list, developed by the National Resource Center on Domestic Violence (NRCDV), is neither comprehensive nor all-inclusive and we do not claim credit or responsibility for information provided by these organizations. Inclusion of an organization on this list does not constitute endorsement by the NRCDV. We provide this list simply as one source of information to assist you as an advocate for victims and survivors of domestic violence, according to your needs and to be evaluated on your terms. If you would like additional information about either the organizations listed or the contents of the manual, please contact the NRCDV.

National Organizations

Asian and Pacific Islander Institute on Domestic Violence

450 Sutter Street, Suite 600

San Francisco, CA 94108

Phone: (415) 954-9988

Fax: (415) 954-9999

E-mail: apidvinstitute@apiahf.org

Web: <http://www.apiahf.org/apidvinstitute>

Keywords: advocacy, Asian/Pacific Islander, domestic violence, children, community organizing, culture, homicide, international, lesbian/bisexual/transgender/gay, multilingual materials, public policy, research, statistics, trafficking, violence against women

Battered Women's Justice Project (BWJP)

Web: <http://www.bwjp.org/>

Criminal Justice Office

2104 Fourth Avenue South, Suite B

Minneapolis, MN 55404

Phone: (800) 903-0111, extension 1 or

(612) 824-8768

Fax: (612) 824-8965

E-mail: crimjust@bwjp.org

Keywords: arrest, batterer intervention, domestic violence, military, prosecution, sentencing, victim safeguards

Civil Justice Office

Pennsylvania Coalition

Against Domestic Violence

1601 Connecticut Avenue, NW, Suite 500

Washington, DC 20009

Phone: (800) 256-5883 or (202) 265-0967

Fax: (202) 265-0579

Keywords: confidentiality, custody, divorce, domestic violence, mediation, protection orders, safety planning, separation violence, welfare, Violence Against Women Act

BWJP continued

Defense Office

National Clearinghouse for the

Defense of Battered Women

125 South 9th Street, Suite 302

Philadelphia, PA 19107

Phone: (800) 903-0111, extension 3

or (215) 351-0010

Fax (215) 351-0779

Keywords: domestic violence, failure to protect, self-defense, women charged with crimes

Cangleska, Inc.

P.O. Box 638, Shannon County

Kyle, SD 57752

Phone: (605) 455-2244

Fax: (604) 455-1245

Keywords: advocacy, coordinated response, domestic violence, Oglala Lakota Nation, prevention/intervention services, sexual assault

Communities Against Violence Network (CAVNET)

Web: <http://www.cavnet2.org/>

Keywords: animal abuse, batterer intervention, bullying, children, disabilities, domestic violence, elder abuse, faith communities, firearms, hate crimes, health, homicide, human rights, immigration, international, judicial education, law enforcement, legislation, lesbian/bisexual/transgender/gay, men, military, Native American, research, rural, school violence, sexual assault, stalking, statistics, suicide, technology, trafficking, welfare/TANF, women charged with crimes, workplace, youth

Community Tool Box

Work Group on Health Promotion and
Community Development
4082 Dole Human Development Center
University of Kansas
1000 Sunnyside Avenue
Lawrence, KS 66045-7555
Phone: (785) 864-0533
Fax: (785) 864-5281
E-mail: toolbox@ku.edu
Web: <http://ctb.ku.edu>

Keywords: community development,
community response, group facilitation,
leadership, organizing, program evaluation,
social marketing, strategic planning

Community United Against Violence

160 14th Street
San Francisco, CA 94103
Phone: (415) 777-5500 (business line)
Fax: (415) 777-5565
Web: <http://www.cuav.org/>

Keywords: advocacy, crisis hotline, culture,
domestic violence, hate crimes,
lesbian/bisexual/transgender/gay,
prevention/intervention services, sexual assault,
speakers' bureau, youth

**Domestic Violence Initiatives for
Women with Disabilities**

P.O. Box 300535
Denver, CO 80203
Phone: (303) 839-5510
TTY: (303) 839-5510
Fax: (303) 839-1181

Keywords: accessibility, advocacy, Americans
with Disabilities Act (ADA), caregiver abuse,
culture, disabilities, domestic violence, elder
abuse, head injury, male victims,
prevention/intervention services, sexual assault

Fairness & Accuracy In Reporting (FAIR)

112 West 27th Street
New York, NY 10001
Phone: (212) 633-6700
Fax (212) 727-7668
Web: <http://www.fair.org/>

Keywords: media watch

FaithTrust Institute

2400 North 45th Street, #10
Seattle, WA 98103
Phone: (206) 634-1903
Fax: (206) 634-0115
Web: <http://www.faithtrustinstitute.org>

Keywords: Asian/Pacific Islander, children, clergy
ethics, domestic violence, faith communities,
sexual assault, youth

Family Violence Prevention Fund

383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
TTY: (800) 595-4889
Fax: (415) 252-8991
Web: <http://www.endabuse.org>

Keywords: children, domestic violence, health,
immigration, international, judicial, men, public
education, public policy, workplace, youth

Freepress.net

P.O. Box 28
100 Main Street
Northampton, MA 01061
Phone: (866) 666-1533 or (413) 585-1533
Fax: (413) 585-8904
Web: <http://www.freepress.net/>

Keywords: media analysis, media literacy

Full Circle Associates

4616 25th Avenue NE
PMB #126
Seattle, WA 98105
Phone: (206) 517-4754
Web: <http://www.fullcirc.com>

Keywords: online community development,
strategic communications

**Institute on Domestic Violence in the
African American Community**

University of Minnesota School of Social Work
290 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108-6142
Phone: 877-NIDVAAC (643-8222) or (612) 624-5357
Fax: (612) 624-9201
Web: <http://www.dvinstitute.org/>

Keywords: advocacy, African American,
bibliographies, batterer intervention, children,
culture, domestic violence, men, public
education, public policy, research

Legal Momentum

Web: <http://www.legalmomentum.org/>
 Policy Office and Immigrant Women Program
 1522 K Street, NW, Suite 550
 Washington, DC 20005
 Phone: (202) 326-0040
 Fax: (202) 589-0511

Public Education and Outreach Office
 395 Hudson Street, 5th Floor
 New York, NY 10014
 Phone: (212) 925-6635
 Fax: (212) 226-1066

Keywords: children, domestic violence, education, federalism, human rights, housing, immigration, judicial education, poverty, reproductive rights, welfare, workplace

Los Angeles Commission on Assaults Against Women

605 West Olympic Boulevard, Suite 400
 Los Angeles, CA 90015
 Phone: (213) 955-9090
 TDD: (213) 955-9095
 Fax: (213) 955-9093
 Web: <http://www.lacaaw.org/>

Keywords: disabilities, domestic violence, Latina/o, lesbian/bisexual/transgender/gay, media campaigns, prevention/intervention services, sexual assault, statistics, youth

Media Alliance

942 Market Street, Suite 503
 San Francisco, CA 94102
 Phone: (415) 546-6334
 Fax: (415) 546-6218
 Web: <http://www.media-alliance.org/>

Keywords: media advocacy

MediaStudy.com

Web: <http://mediastudy.com/>

Keywords: media literacy

Mending the Sacred Hoop – Technical Assistance Project

202 East Superior Street
 Duluth, MN 55802
 Phone: (888) 305-1650 or (218) 722-2781
 Fax: (218) 722-5775
 Web: <http://www.msh-ta.org/>

Keywords: advocacy, American Indian/Alaska Native, coordinated community response, criminal justice, culture, domestic violence, jurisdiction, leadership, regional development, sexual assault, two-spirit, violence against women

National Clearinghouse on Abuse in Later Life (NCALL)

307 S. Paterson Street, #1
 Madison, WI 53703
 Phone: (608) 255-0539
 Fax: (608) 255-3560
 Web: <http://www.ncall.us/>

Keywords: caregiver abuse, coordinated response, domestic violence, elder abuse, disabilities, sexual assault

National Coalition Against Domestic Violence (NCADV)

P.O. Box 18749
 Denver, CO 80218
 Phone: (303) 839-1852
 Fax: (303) 831-9251
 Web: <http://www.ncadv.org>

Keywords: coalition building, community response, cosmetic reconstruction, domestic violence, Domestic Violence Awareness Month, fundraising, legislation, public education, public policy, "Remember My Name"

National Coalition of Anti-Violence Programs

240 West 35th Street, Suite 200
 New York, NY 10001
 Phone: (212) 714-1184
 Fax: (212) 714-2627
 Web: <http://www.ncavp.org/>

Keywords: advocacy, domestic violence, hate crimes, health, lesbian/bisexual/transgender/gay, public education, screening, sexual assault, statistics

National Domestic Violence Hotline

P.O. Box 161810
 Austin, Texas 78716
 Phone: (512) 453-8117 (administrative line)
 TTY: (800) 787-3224
 Fax: (512) 453-8541
 Web: <http://www.ndvh.org/>

Keywords: children, crisis hotline, domestic violence, faith communities, health, law enforcement, media campaigns, men, military, sexual assault, stalking, statistics, workplace, youth

National Electronic Network on Violence Against Women (VAWnet)

6400 Flank Drive, Suite 1300
 Harrisburg, PA 17112-2778
 Phone: (800) 537-2238
 TTY: (800) 553-2508
 Fax: (717) 545-9456
 Web: <http://www.vawnet.org>

Keywords: domestic violence, Domestic Violence Awareness Month, funding, research, prevention/intervention services, public education, services/program development, public policy, sexual assault, Sexual Assault Awareness Month

National Health Resource Center on Domestic Violence

383 Rhode Island Street, Suite 304
 San Francisco, CA 94103-5133
 Phone: (888) RX-ABUSE (792-2873)
 TTY: (800) 595-4889
 Fax: (415) 252-8991
 Web: <http://www.endabuse.org/health>

Keywords: domestic violence, health, medical advocacy, model programs, public policy, screening, medical advocacy

National Latino Alliance for the Elimination of Domestic Violence – Alianza

P.O. Box 672, Triborough Station
 New York, NY 10035
 Phone: (800) 342-9908 or (646) 672-1404
 Fax: (800) 216-2404 or (646) 672-0360
 Web: <http://www.dvalianza.org/>

Keywords: community response, culture, domestic violence, Latina/o, prevention/intervention, public education, public policy, research

National Network to End Domestic Violence

660 Pennsylvania Ave, SE, Suite 303
 Washington, DC 20003
 Phone: (202) 543-5566
 Fax: (202) 543-5626
 Web: <http://www.nnedv.org>

Keywords: domestic violence, funding, public education, legal, legislative, technology, voter mobilization

National Network to End Violence Against Immigrant Women

The Network is co-chaired by:

Family Violence Prevention Fund

383 Rhode Island Street, Suite 304
 San Francisco, CA 94103
 Phone: (415) 252-8900
 Fax: (415) 252-8991
 Web: <http://www.endabuse.org>

Legal Momentum’s Immigrant Women Program

1522 K Street, N.W., Suite 550
 Washington, DC 20005
 Phone: (202) 326-0044
 Fax: (202) 326-0040
 Web: <http://legalmomentum.org>

National Immigration Project of the National Lawyers’ Guild

14 Beacon Street, Suite 602
 Boston, MA 02108
 Phone: (617) 227-9727
 Fax: (617) 227-5495
 Web: <http://www.nationalimmigrationproject.org>

Keywords: domestic violence, housing, immigration, judicial education, legislation, medical advocacy, multilingual materials, rural, welfare

National Resource Center on Domestic Violence

6400 Flank Drive, Suite 1300
 Harrisburg, PA 17112-2778
 Phone: (800) 537-2238 or (717) 545-6400
 TTY: (800) 553-2508
 Fax: (717) 545-9456
 Web: <http://www.nrcdv.org>

Keywords: culture, domestic violence, Domestic Violence Awareness Month, media advocacy, prevention/intervention services, public education, public policy, research, statistics, youth

National Sexual Violence Resource Center

123 North Enola Drive
 Enola, PA 17025
 Phone: (877) 739-3895 or (717) 909-0710
 TTY: (717) 909-0715
 Fax: (717) 909-0714
 Web: <http://www.nsvrc.org>

Keywords: children, coordinated response, domestic violence (under “intimate partner”) drug, faith communities, hate crimes, incest, legal, medical advocacy, public education, public policy, research, sexual assault, Sexual Assault Awareness Month, sexual harassment, stalking, statutory rape, technology, trafficking

New Mexico Media Literacy Project

6400 Wyoming Boulevard, NE
 Albuquerque, NM 87109
 Phone: (505) 828-3129
 Fax: (505) 828-3142
 E-mail: nmmlp@nmmlp.org
 Web: www.nmmlp.org

Keywords: media literacy

Project Censored

Sonoma State University
 1801 East Cotati Avenue
 Rohnert Park, CA 94928
 Phone: (707) 664-2500
 E-mail: censored@sonoma.edu
 Web: <http://www.projectcensored.org/>

Keywords: independent media, media literacy

Reclaim the Media

Web: <http://www.reclaimthemedias.org/>

Keywords: community media, media advocacy, media literacy

Resource Center on Domestic Violence:**Child Protection and Custody**

P.O. Box 8970
 Reno, NV 89507
 Phone: (800) 527-3223
 Fax: (775) 784-6160

Web: http://www.ncjfcj.org/dept/fvd/res_center/

Keywords: child protection, children, custody, domestic violence, judicial, parental alienation syndrome, public policy

Sacred Circle, the National Resource Center to End Violence Against Native Women

722 St. Joseph Street
 Rapid City, SD 57701
 Phone: (877) RED-ROAD (733-7623) or (605) 341-2050
 Fax: (605) 341-2472

Keywords: advocacy, batterer accountability, batterer intervention, capacity building, coordinated community response, criminal justice, culture, Native American, public education, public policy, sexual assault, tribal justice system, tribal law enforcement, violence against women

SafePlace

P.O. Box 19454
 Austin, TX 78760
 Phone: (512) 267-7233
 TTY: (512) 927-9616
 Fax: (512) 385-0662
 Web: <http://www.austin-safeplace.org/>

Keywords: advocacy, culture, disabilities, community response, domestic violence, public education, prevention/intervention services, sexual assault, youth

Strategic Press Information Network (SPIN Project)

77 Federal Street, 2nd Floor
 San Francisco, CA 94107
 Phone: (415) 284-1420, extension 309
 Fax: (415) 284.1414
 Web: <http://www.spinproject.org/>

Keywords: capacity building, media advocacy, media literacy

Transforming Communities Technical Assistance and Training

734 A Street
 San Rafael, CA 94901-3923
 Phone: (415) 457-2464
 Fax: (415) 457-6457
 Web: <http://www.transformcommunities.org/>

Keywords: batterer accountability, community organizing, domestic violence, media advocacy, prevention education

United Nations Development Fund for Women (UNIFEM)

304 East 45th Street, 15th Floor
 New York, NY 10017
 Phone: (212) 906-6400
 Fax: (212) 906-6705
 E-mail: unifem@undp.org
 Web: <http://www.unifem.org/>

Keywords: economic security, governance, human rights, leadership, technology

Tribal Coalitions

Alaska Native Women's Coalition

Phone: (866) 968-2476 (toll-free)
 Web <http://www.aknwc.org/>
 Post Office Box 1153
 Sitka, AK 99835
 Phone: (907) 747-7689 or (907) 738-7689
 E-mail: tammymy@ptialaska.net

Eleanor David
 Post Office Box 86
 Allakaket, AK 99720
 Phone: (907) 968-2476
 Fax: (907) 968-2477
 E-mail: eleanored@hotmail.com

American Indians Against Abuse

Sherrie Paulson-Tainter
 Post Office Box 1617
 Hayward, WI 54843
 Phone: (715) 634-9980
 Fax: (715) 634-9982
 Web: <http://www.aiaawitribes@cheqnet.net/>

Arizona Native American Coalition Against Family Violence

Route 2, Box 730 B
 Laveen, AZ 85339
 Phone: (520) 562-6972
 Fax: (520) 550-1062

Community Resource Alliance

Lisa Brunner
 928 8th Street, SE
 Detroit Lakes, MN 56501
 Phone: (218) 844-5762
 Fax: (218) 844-5763
 E-mail: cra@arvig.net

For Our Future

3550 Watt Avenue, Suite 7
 Sacramento, CA 95821
 Phone: (530) 613-4714
 E-mail: rftr2002@aol.com

Great Basin Native Women's Coalition Against Violence

Post Office Box 245
 Owyhee, NV 89832
 Phone: (775) 757-2061 or (775) 757-2013
 Fax: (775) 757-2029
 E-mail: debjwines@worldnet.att.net or
debjwines@hotmail.com

Indian Country Coalition Against Domestic Violence and Sexual Assault

Post Office Box 23
 Burns, OR 97720
 Phone: (541) 573-7133
 E-mail: lpgeorgemsw@hotmail.com

Minnesota Indian Women's Sexual Assault Coalition

2300 15th Avenue South
 Minneapolis, MN 55404
 Phone: (612) 728-2027
 Fax: (612) 728-2039
 E-mail: coalitn@miwrc.org/

Coalition to Stop Violence Against Native Women

Elena Giacci
 2401 12th Street, NW
 Suite 201N
 Albuquerque, NM 87104
 Phone: (505) 724-3585
 Fax: (505) 724-3587
 E-mail: csvanw@msn.com

Seven Sisters Native American Coalition

Susan Archambault
 Post Office Box 213
 Browning, MT 59417
 Phone: (406) 338-4881
 Fax: (406) 338-7744
 E-mail: suea007@yahoo.com

Niwhong xw E:na:wh Stop the Violence Coalition

Jolanda Ingram-Marshall, Director/Attorney
 Post Office Box 309
 Hoopa, CA 95546
 Phone: (530) 625-1662
 Fax: (530) 625-1677
 E-mail: nestvc@aol.com

Spirits of Hope

Pauline Musgrove
 3701 SE 15th
 Del City, OK 73115
 Phone: (405) 619-9707
 Fax: (405) 619-9715
 E-mail: onadvcpauline@hotmail.com
 Web: <http://www.onadv.com/>

**Tribal Nations & Friends
Domestic Violence Coalition**

Post Office Box 922
Perkins, OK 74059
Fax: (580) 762-1249
E-mail: tnfc@ponccity.net

Sicangu Coalition Against Sexual Violence

Tillie Blackbear
Post Office Box 227
Mission, SD 57555
Phone: (605) 856-2317
Fax: (605) 856-2294
E-mail: scasdv@gwte.net or wbcws@gwte.net

State Domestic Violence Organizations

Alaska Network on Domestic Violence and Sexual Assault

130 Seward Street, Suite 209
Juneau, AK 99801
Phone: (907) 586-3650
Fax: (907) 463-4493
Web: <http://www.andvsa.org/>

Alabama Coalition Against Domestic Violence

P.O. Box 4762
Montgomery, AL 3610
Phone: (334) 832-4842
Fax: (334) 832-4803
Web: <http://www.acadv.org/>

Arkansas Coalition Against Domestic Violence

1401 West Capitol Avenue, Suite 170
Little Rock, AR 72201
Phone: (501) 907-5612
Fax: (501) 907-5618
Web: <http://www.domesticpeace.com/>

Arizona Coalition Against Domestic Violence

100 West Camelback Road, Suite 109
Phoenix, AZ 85013
Phone: (602) 279-2900
Fax: (602) 279-2980
Web: <http://www.azcadv.org/>

California Alliance Against Domestic Violence

926 J Street, Suite 210
Sacramento, CA 95814
Phone: (916) 444-7163
Fax: (916) 444-7165
Web: <http://www.caadv.org/>

Colorado Coalition Against Domestic Violence

P.O. Box 18902
Denver, CO 80218-0902
Phone: (888) 778-7091 or (303) 831-9632
Fax: (303) 832-7067
Web: <http://www.ccadv.org/>

Connecticut Coalition Against Domestic Violence

90 Pitkin Street
East Hartford, CT 06108
Phone: (860) 282-7899
Fax: (860) 282-7892
Web: <http://www.ctcadv.org/>

DC Coalition Against Domestic Violence

1718 P Street, NW, Suite T-6
Washington DC 20036
Phone: (202) 299-1181
Fax: (202) 299-1193
Web: <http://www.dccadv.org/>

Delaware Coalition Against Domestic Violence

100 West 10th Street, Suite 703
Wilmington, DE 19801
Phone: (302) 658-2958
Fax: (302) 658-5049
Web: <http://www.dcadv.org/>

Florida Coalition Against Domestic Violence

425 Office Plaza Drive
Tallahassee, FL 32301
Phone: (850) 425-2749
Fax: (850) 425-3091
Web: <http://www.fcadv.org/>

Georgia Coalition Against Domestic Violence

3420 Norman Berry Drive, Suite 280
Atlanta, GA 30354
Phone/TTY: (404) 209-0280
Fax: (404) 766-3800
Web: <http://www.gcadv.org/>

Hawaii State Coalition Against Domestic Violence

716 Umi Street, Suite 210
Honolulu, HI 96819-2337
Phone: (808) 832-9316
Fax: (808) 841-6028
Web: <http://www.hscadv.org/>

Iowa Coalition Against Domestic Violence

515 28th Street, Suite 104
Des Moines, IA 50312
Phone: (515) 244-8028
Fax: (515) 244-7417
Web: <http://www.icadv.org/>

Idaho Coalition Against Sexual and Domestic Violence

815 Park Boulevard, Suite 140
Boise, ID 83712
Phone: (208) 384-0419
Fax: (208) 331-0687
Web: <http://www.idvsa.org/>

Illinois Coalition Against Domestic Violence

801 South 11th Street
 Springfield, IL 62703
 Phone: (217) 789-2830
 Fax: (217) 789-1939
 Web: <http://www.ilcadv.org/>

Indiana Coalition Against Domestic Violence, Inc.

1915 West 18th Street, Suite B
 Indianapolis, IN 46202
 Phone: (317) 917-3685
 Fax: (317) 917-3695
 Web: <http://www.violenceresource.org/>

Kansas Coalition Against Sexual and Domestic Violence

220 South West 33rd Street, Suite 100
 Topeka, KS 66611
 Phone/TTY: (785) 232-9784
 Fax: (785) 266-1874
 Web: <http://www.kcsdv.org/>

Kentucky Domestic Violence Association

P.O. Box 356
 Frankfort, KY 40602
 Phone: (502) 209-5382
 Fax: (502) 266-5382
 Web: <http://www.kdva.org/>

Louisiana Coalition Against Domestic Violence

P.O. Box 77308
 Baton Rouge, LA 70879-7308
 Phone: (225) 752-1296
 Fax: (225) 751-8927
 Web: <http://www.lcadv.org/>

Jane Doe, Inc. Massachusetts Coalition Against Sexual Assault & Domestic Violence

14 Beacon Street, Suite 507
 Boston, MA 02108
 Phone: (617) 248-0922
 TTY: (617) 263-2200
 Fax: (617) 248-0902
 Web: <http://www.janedoe.org/>

Maryland Network Against Domestic Violence

Whitehall Professional Center
 6911 Laurel Bowie Road, Suite 309
 Bowie, MD 20715
 Phone: (301) 352-4574
 Fax: (301) 809-0422
 Web: <http://www.mnadv.org/>

Maine Coalition to End Domestic Violence

170 Park Street
 Bangor, ME 04401
 Phone: (207) 941-1194
 Fax: (207) 941-2327
 Web: <http://www.mcedv.org/>

Michigan Coalition Against Domestic and Sexual Violence

3893 Okemos Road, Suite B-2
 Okemos, MI 48864
 Phone: (517) 347-7000
 TTY: (517) 381-8470
 Fax: (517) 347-1377
 Web: <http://www.mcadv.org/>

Minnesota Coalition for Battered Women

1821 University Ave, West, Suite S-112
 St. Paul, MN 55104
 Phone: (651) 646-6177
 Fax: (651) 646-1527
 Web: <http://www.mcbw.org/>

Missouri Coalition Against Domestic Violence

415 E. McCarty Street
 Jefferson City, MO 65101
 Phone: (573) 634-4161
 Fax: (573) 636-3728

Mississippi Coalition Against Domestic Violence

P.O. Box 4703
 Jackson, MS 39296-4703
 Phone: (601) 981-9196
 Fax: (601) 981-2501
 Web: <http://www.mcadv.org/>

Montana Coalition Against Domestic and Sexual Violence

P.O. Box 633
 Helena, MT 59624
 Phone: (888) 404-7794 or (406) 443-7794
 Fax: (406) 443-7818
 Web: <http://www.mcadv.com/>

North Carolina Coalition Against Domestic Violence

115 Market Street, Suite 400
 Durham, NC 27701-3241
 Phone: (888) 232-9124 or (919) 956-9124
 Fax: (919) 682-1449
 Web: <http://www.nccadv.org/>

North Dakota Council on Abused Women Services/Coalition Against Sexual Assault of North Dakota

418 East Rosser Avenue, Suite 320
Bismark, ND 58501-4046
Phone: (701) 255-6240
Fax: (701) 255-1904
Web: <http://www.ndcaws.org/>

Nebraska Domestic Violence and Sexual Assault Coalition

825 M Street, Suite 404
Lincoln, NE 68508-2256
Phone: (402) 476-6256
Fax: (402) 476-6806
Web: <http://www.ndvsac.org/>

New Hampshire Coalition Against Domestic and Sexual Violence

PO Box 353
Concord, NH 03302-0353
Phone: (603) 224-8893
Fax: (603) 228-6096
Web: <http://www.nhcadv.org/>

New Jersey Coalition for Battered Women

1670 Whitehorse, Hamilton Square Road
Trenton, NJ 08690-3541
Phone: (609) 584-8107
TTY: (609) 584-0027
Fax: (609) 584-9750
Web: <http://www.njcbw.org/>

New Mexico Coalition Against Domestic Violence

200 Oak Street NE, Suite 4
Albuquerque, NM 87106
Phone: (505) 246-9240
Fax: (505) 246-9434
Web: <http://www.swcp.com/dv/>

Nevada Network Against Domestic Violence

100 West Grove Street, Suite 315
Reno, NV 89509
Phone: (775) 828-1115
Fax: (775) 828-9911
Web: <http://www.nnadv.org/>

New York State Coalition Against Domestic Violence, Inc.

350 New Scotland Avenue
Albany, NY 12208
Phone: (518) 482-5465
Fax: (518) 482-3807
Web: <http://www.nyscadv.org/>

Ohio Domestic Violence Network

4807 Evanswood Drive, Suite 201
Columbus, OH 43229
Phone: (800) 934-9840 or (614) 781-9651
TTY: (614) 781-9054
Fax: 614-781-9652
Web: <http://www.odvn.org/>

Oklahoma Coalition Against Domestic Violence and Sexual Assault

3815 North Santa Fe Avenue
Suite 124
Oklahoma City, OK 73110
Phone: (405) 524-0700
Fax: (405) 524-0711
Web: <http://www.ocadvsa.org/>

Oregon Coalition Against Domestic and Sexual Violence

115 Mission Street, SE, Suite 100
Salem, OR 97302
Phone: (503) 365-9644
Fax: (503) 566-7870
Web: <http://www.ocadv.com/>

Pennsylvania Coalition Against Domestic Violence

6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
Phone: (717) 545-6400
TTY: (800) 553-2508
Fax: (717) 671-8149
Web: <http://www.pcadv.org/>

Rhode Island Coalition Against Domestic Violence

422 Post Road, Suite 102
Warwick, RI 02888
Phone: (401) 467-9940
Fax: (401) 467-9943
Web: <http://www.ricadv.org/>

South Carolina Coalition Against Domestic Violence and Sexual Assault

PO Box 7776
Columbia, SC 29202-7776
Phone: (803) 256-2900
Fax: (803) 256-1030
Web: <http://www.sccadvasa.org/>

South Dakota Coalition Against Domestic Violence and Sexual Assault

P.O. Box 141
Pierre SD 57501
Phone: (800) 572-9196 or (605) 945-0869
Fax: (605) 945-0870
Web: <http://www.southdakotacoalition.org/>

Tennessee Coalition Against Domestic and Sexual Violence

P.O. Box 120972
Nashville, TN 37212
Phone: (615) 386-9406
Fax: (615) 383-2967
Web: <http://www.tcadv.org/>

Texas Council on Family Violence

P.O. Box 161810
Austin, TX 78716
Phone: (512) 794-1133
Fax: (512) 794-1199
Web: <http://www.tcfv.org/>

Utah Domestic Violence Council

320 West 200 South, Suite 270B
Salt Lake City, UT 84101
Phone: (801) 521-5544
Fax: (801) 521-5548
Web: <http://www.udvc.org/>

Virginia Sexual and Domestic Violence Action Alliance

1010 North Thompson Street, Suite 202
Richmond, VA 23230
Phone: (804) 377-0335
TTY: (804) 377-7330
Fax: (804) 377-0339
Web: <http://www.vsdvalliance.org/>

Vermont Network Against Domestic Violence and Sexual Assault

PO Box 405
Montpelier, VT 05601
Phone: (802) 223-1302
TTY: (802) 223-1115
Fax: (802) 223-6943
Web: <http://www.vtnetwork.org/>

Washington State Coalition Against Domestic Violence

101 North Capitol Way, Suite 302
Olympia, WA 98501
Phone: (360) 586-1022
TTY: (360) 586-1029
Fax: (360) 586-1024
Web: <http://www.wscadv.org/>

Wisconsin Coalition Against Domestic Violence

307 South Paterson Street, Suite 1
Madison, WI 53704
Phone: (608) 255-0539
Fax: (608) 255-3560
Web: <http://www.wcadv.org/>

West Virginia Coalition Against Domestic Violence

Elk Office Center
4710 Chimney Drive, Suite A
Charleston, WV 25302
Phone: (304) 965-3552
Fax: (304) 965-3572
Web: <http://www.wvcadv.org/>

Wyoming Coalition Against Domestic Violence and Sexual Assault

P.O. Box 236
Laramie, WY 82073
Phone: (307) 755-5481
Fax: (307) 755-5482
Web: <http://www.wcadvsa.vcn.com>