

## Supportive Counseling and Advocacy

[This paper is drawn from Chapter Three of Marlene A. Young, *Victim Assistance: Frontiers and Fundamentals*, a publication of the National Organization for Victim Assistance. Permission to reprint this paper is granted so long as its source is properly attributed.]

While most victim service providers do not provide mental health therapy, those who deal with victims in crisis must also be prepared to provide long-term supportive counseling and advocacy. It has become more and more apparent over the last decade that while the majority of victims and survivors cope quite well with a little assistance at the time of the crisis, some require additional counseling support for several reasons.

First, when victims are involved with the criminal justice system, there is often a need for continuing counseling during the criminal justice process. Not only do post-arraignment activities and pre-trial issues become a source of annoyance and concern, the trial itself may trigger stress reactions and after the trial is over, victims may again be placed in trauma by the verdict, by the sentence, or by the way the sentence is administered.

Second, if there is no arrest, victims may need some continuing support over the years because of the perceived failure of the criminal justice system to do its work. Recently, a woman whose parents had been shot and killed in Canada while she was living in California confided that she found herself shaking with anger when she thought about the fact that no assailant was ever identified or arrested. The murders had taken place close to twenty years earlier.

Third, there may be events that occur during victims' lives that trigger additional crises reactions on a continuing basis or discretely many years after the crime. The anniversary date of the crime may be an annual distressing event for some victims. They may need to talk to a counselor only once each year, but that is on-going emotional support. Others may find that they are doing okay until another disaster befalls them or another event such as a marriage, a divorce, the birth of a child, or the death of a loved one causes them to re-live the original crime.

Finally, some victims simply take longer to begin to cope with their victimization and to reconstruct a new life. This fact carries no judgmental connotations of "good" or "bad;" it is a reflection of the reality that every person develops a unique pathway—and timeline—for healing.

Victim service providers have also recognized that good victim counseling involves good victim advocacy. While the functions of a counselor may be perceived as providing emotional reassurance for a victim, victims continue to report that such reassurance is of negligible benefit if their practical needs go unmet. No matter how well-meaning a counselor is in saying, "You're safe now," this has little meaning to a victim if she is still living in the same apartment where she was burglarized and raped, and she can't afford to move or to put locks on the doors and windows. Even if she does change the locks, she now knows she is not truly safe in the world. The perception of her world has changed, and she has learned—sadly—that bars and locks do not necessarily keep out intruders.

Some victims may find it relatively easy to navigate the halls of justice to get compensation to which they are entitled; to have a voice in the criminal justice system; to work with creditors to pay overdue bills in the aftermath of a robbery; to work with employers to get time off to be a witness in a

court case; or even simply to find out where their courtroom is located.

Most, however, view the process as having to “fight the system”—a system that seeks to preserve the status quo—and grow weary of the battles that must be won in order to be treated with dignity and compassion. An advocate serves a needed role in encouraging victims to be advocates for themselves, but, in addition, provides them with another voice when they become too weary to speak.

Due to the importance of the roles of victim counselors and victim advocates, this chapter will outline the basic skills and knowledge that counselors and advocates need in order to do their jobs well.

## **I. Supportive Counseling**

Supportive counseling often takes place after the initial crisis reaction has subsided and the victim perceives a need for additional emotional support. The counseling may be provided by mental health specialists, but often is performed by trained lay victim counselors.

- A. Supportive counseling should be “trauma specific”. This means that the counseling should only address the crime that happened and any consequences or issues that arise in the aftermath of that crime. Keeping the counseling relationship focused on the crime helps ensure that the victim—with support—confronts the crisis reaction he or she experienced and begins the process of reconstructing their life. Focused counseling lessens the opportunity for long-term denial and repression to keep the healing process from progressing.

As noted below, this is not to say that pre-existing life problems will be ignored. Rather, once the trauma-specific support has been initiated, the counselor will be better able to assist the victim to resolve other problems in a descending order of priority. For example, a domestic violence victim should be provided emotional support to help cope with the current violent incident(s). Then, when the immediate crisis situation has been alleviated somewhat, the counselor can begin to explore with the victim other concerns she may have. Some of those—such as the nature of the violence in the relationship—will be issues the victim counselor may feel comfortable confronting. Others, such as issues of substance abuse, mental or emotional illness, financial counseling and others, may be better resolved by referring the victim to other qualified specialists.

1. Other pre-existing problems such as marital issues, alcoholism, drug abuse, employment problems and the like should not be addressed except as they relate to this trauma. If there is a need for counseling or help in those areas, the victim/survivor should be referred to an additional counselor for assistance.
2. An exception to the trauma-specific nature of counseling intervention is when there are other traumas in the individual’s life that may have an impact on their response and coping abilities in dealing with the current trauma.
  - a. Example of how the current tragedy triggers strong reactions and memories of a previous tragedy: a woman who had recently survived a murderous rampage by a gunman could only talk about the death of her child ten years earlier. She needed to address her child’s death before she could address the trauma of the mass murder. In this situation, counseling related to the prior trauma was entirely appropriate as a prelude

to counseling on the recent trauma.

- b. Example of how the previous trauma may not seem related to the victim's current response or coping abilities: an elderly man is robbed in broad daylight at knife-point. In the counseling sessions, his conversation focuses primarily on the day he received his draft notice prior to entering the military service during wartime. His feelings of powerlessness at being drafted may be similar to his feelings of powerlessness at being robbed, although the two events are completely dissimilar. The role of the counselor is to let the victim/survivor define the issues. Any discrete trauma in the past may be re-visited in response to a current discrete trauma.
- B. Supportive counseling should seek to reassure victims of their ability to function.
1. It is important to reassure victims/survivors that they are not crazy and that their trauma is not unusual. On the other hand, the use of the phrase "it is a normal reaction to an abnormal situation" may trigger an angry response in individual victims or survivors who see their reactions as unique. Use of that phrase is helpful when publishing materials or talking to the media and the target is a mass audience. For individual victims/survivors, it is helpful to reassure them that their reactions are not uncommon but they are also unique to them.
  2. Victims should be reassured that trauma itself may be painful but it is not unusual; hence, others may have suffered similar reactions in the aftermath of tragedy.
- C. The supportive counselor seeks to establish herself (a majority of such counselors are women) as a "silent" partner to victims as they work to reconstruct a new life.
1. The counselor is involved primarily as a listener and a "brain-stormer". The counselor may outline, develop and suggest options in response to the victims' questions but the counselor is not the decision-maker.
  2. If or when the counselor takes on a decision-making role with regard to key decisions, the counselor transcends the role of counselor and becomes a rescuer. She or he may then cause the victim to become dependent rather than independent. For example, a victim may be invited to write a Victim Impact Statement for the court, outlining how his or her life was affected by the criminal event. Writing such a statement can be extremely painful. To "spare" the victim additional pain, the counselor may undertake to draft the statement for the victim. A more useful strategy would be for the counselor to provide guidance and support for the victim while he or she does the actual work.
  3. This collaborative relationship means the counselor must avoid becoming ego-involved when developing options victims might undertake. The trauma is not the counselor's trauma, it is the victim's.
- D. Supportive counseling seeks to help the victim establish a unique pathway to reconstruction or healing.
1. Every victim/survivor will find his or her own way in reconstructing a new life. Just as the trauma is experienced in a common but unique fashion, so must the reconstruction process be unique but common.

2. Counselors should be non-judgmental, supportive and open in their response to decisions.
3. There are pathways that would generally be considered negative as victims/survivors try to reconstruct a future—substance abuse, suicide, destruction of relationships, etc. Counselors should be prepared to deal with ethical issues and to refer survivors for appropriate mental health counseling or psychotherapy when necessary.

E. One tool of the supportive counselor is education.

1. Written or oral materials that describe the crisis reaction in the aftermath of trauma and the long-term stress reactions that are not uncommon can be valuable. Information on coping strategies for dealing with both crisis and long-term stress reactions is also useful. Positive strategies, such as cultivating a support system of family and friends, relaxation exercises, or physical exercise should be stressed. Negative strategies, such as substance abuse, excessive sleep, or excessive activity, should be outlined so that choices may be made to avoid them.
2. Victims need practical education on their options in the aftermath of crime. Timing of practical information is important. In immediate crisis counseling, such information may be ignored or forgotten. After a few days and through supportive counseling, most information will be welcomed and the receipt of it will be useful in the reconstruction process. While much of the information listed below may be provided, in part, by a crisis intervenor, the supportive counselor should also be prepared to provide continuing education on these subjects.
  - a. Legal implications of the crime should be explored. Some crimes may result in a criminal justice response. However, by far, most cases will not be investigated, prosecuted and disposed of in the criminal justice system. In some crimes, there may be an option for civil litigation. In any case, the survivors or victims will want to know what to expect.
  - b. Physical injury victims need education on how to deal with the medical system. What is the nature of informed consent? What are the sources of long-term financial help? Victims with physical injuries may qualify for victim compensation to help them with medical bills and other costs.
  - c. Victims may need information on disaster relief programs when appropriate.
  - d. Education concerning what to expect from the media, especially in disasters or sensational cases, is important.
3. For the survivors of homicide victims, education on death and dying and grief and loss is essential.
  - a. Fears concerning death, the dynamics of grief, and the nature of loss are all issues of great importance as the survivor struggles to go on.
  - b. Practical issues facing survivors are equally important should a death be involved. These may include: education about funerals, memorial services, autopsies, cremation, and internment.
4. Counselors can help victims or survivors master such information by:

- a. Providing them with articles on crisis, long-term stress, coping strategies, bereavement, and similar matters.
  - b. Encouraging them to write journals or stories about their experiences.
  - c. Suggesting that they may like to record their thoughts or their reactions on audio-tape and to listen to themselves later.
  - d. Providing them with or referring them to audio-tapes or video-tapes on crisis, death, crime or disaster.
5. Self-assessment education is also useful. For some victims, it is an interesting distraction to use tests to rate their coping abilities. Most of these so-called tests, often found in popular magazines, mean little, but are a tool for introspection. Such tests include the following.
- a. “Stress tests” that appear in popular magazines. Surveys or other types of questionnaires about the state of marital relationships, exercise potential, job satisfaction and the like help victims/survivors to think introspectively about their concerns.
    - i. “How Do I Trust Thee”, John K. Rempel and John G. Holmes, *Psychology Today*, February, 1986, pp. 28-34. Contains a “Trust Scale” to test the relationship with your partner.
    - ii. “What’s Your Body Image”, Questionnaire in *Psychology Today*, December, 1989, pp. 58-61.
    - iii. “The Diet Readiness Test”, included in “When and How to Diet,” Kelly D. Brownell, *Psychology Today*, June, 1989, pp. 40-46.
    - iv. “What Are Your Values and Goals,” Questionnaire, *Psychology Today*, May, 1989, pp. 46-48.
  - b. Goal-setting challenges such as physical fitness exams, or problem-solving quizzes.
    - i. Example: Give the victim/survivor a scenario relating to a trauma similar to the one suffered. Ask him or her to define the most critical issues facing individuals in that scenario. After they are defined, ask him or her to develop a strategy of action to deal with such issues, including a time-line for completing action tasks. She or he can report back on a regular basis the efforts made to accomplish the tasks and the problems confronted in reaching the goals.
    - ii. Example: Encourage the victim/survivor to keep a calendar of attainable goals and rewards relating to tasks needed to be done to maintain normal life functioning.
- F. Another tool of the counselor is encouraging victims to establish a healthy routine. This is easier said than done since many victims don’t care about their health, at least, not now. However, most victim assistance providers know that a healthy regime will help anyone to cope better with life’s crises.
- 1. The first goal of a healthy life is regular physical activity.
    - a. Aerobic exercise produces endorphins and opioids in the brain. This, in turn, heightens the sense of self-esteem and self-discipline. It gives victims an ability to control a small part of life.

b. If victims don't want to adopt a regular exercise program, at least encourage them to move. Physical activity is a connection with life. Even a small dose of activity: walking to a mailbox, getting dressed, walking the dog and the like can help to resume a

level of physical functioning in the midst of depression. For many, the consequence of that activity will actually reduce depression.

2. The second element of a healthy life is proper nutrition. Vitamins B and C are particularly important in dealing with stress. For most people, high-fiber carbohydrates help maintain energy and health. Unbalanced carbohydrate meals, however, will produce a sedative effect. (Even a small amount of protein will help to allay that sedation.) Sugar often produces fatigue, weakness, and confusion. High quantities of water and juices are stress reducers. Victims/survivors should try to avoid large doses of caffeine, alcohol, cigarettes, and sugar. Of course, all illegal substances should be avoided.
3. The third element of health is humor. Norman Cousins created a sensation when he announced to the world that his prescription of laughter as an antidote to "terminal illness" had worked. While the jury is still out concerning the physiological impact of laughter on disease, there seems to be a growing consensus that the "humor" high that laughter produces can anesthetize people against pain. Laughter is a re-connection with life that tends to invigorate the living in spite of themselves. In *The Adolescent*, Dostoyevski writes, "If you wish to glimpse inside a human soul and get to know a man, don't bother analyzing his ways of being silent, of talking, of weeping, or seeing how much he is moved by noble ideas; you'll get better results if you just watch him laugh. If he laughs well, he's a good man. . . . All I claim to know is that laughter is the most reliable gauge of human nature."
4. While it may sound contradictory, the fourth element of good health is the ability to cry. Tears help to cleanse the body of certain chemicals that build up during emotional stress. Studies done by William Frey, a biochemist and director of the Dry Eye and Tear Research Center in Minneapolis, include collections of tear samples on hundreds of women and men. He distinguishes between emotional tears and irritant tears. However, all tears remove from the body manganese, which is a mineral that has been associated with mood alteration. Both kinds of tears contain three chemicals known to be released by the body during stress: leucine-enkephalin, an endorphin thought to modulate pain sensation; ACTH, a hormone that is considered the body's most reliable indicator of stress; and prolactin, another hormone, which also regulates milk production in mammals. "Tears That Speak," Gregg Levoy, *Psychology Today*, July-August, 1988.

Interestingly, emotional tears are usually the last tearing function to disappear.

5. The fifth element of health may be referred to as spirituality. While this concept is difficult to define, many victims indicate that their reason for living in the aftermath of great tragedy is their connection to the spiritual world. It might be defined as a belief in something greater than oneself. When one victim was asked to define what spirituality was, she put her thoughts together and answered:

"If you believe that community transcends the individual, if you believe that harmony

transcends conflict, if you believe that nature transcends technology, if you believe that God transcends evil, if you believe life connected with death transcends life opposed to death, you are a spiritual human being.” Name withheld on request.

- G. Another tool for the supportive counselor is to help victims or survivors overcome their sense of estrangement and isolation from the world through some type of social integration.
1. One factor in reconstructing social integration may be a reconnection with family members. In reviewing this option with victims, counselors should be alert to the fact that many families are dysfunctional and may not be appropriate support for victims. Another issue to be addressed is how victims define their families. For some victims, their family may be the legally defined biological or extended family unit. Others may define family as inclusive of friends or non-legally defined partnerships or relationships. Many counselors would agree that if the family as defined by the victim is a functional unit, then using the family as a support system can be extremely valuable.
  2. Another factor in developing social integration is the potential of support in the work-place or at school. Workplace support can be as important as family support. More time is spent by many individuals with fellow employees or other students than it is in the family circle. But pre-existing tensions of the workplace may exacerbate the trauma, and the demands of the workplace may also mean that trauma is repressed and normal work is emphasized.
  3. An option for the counselor in generating social support is to offer victims an opportunity to participate in peer support groups. They provide people in similar circumstances with an opportunity to describe their experiences with the emotional aftermath of crime and effective coping strategies. The focus in the groups is on the confrontation and acknowledgment of grief, crisis and trauma and support for efforts to reconstruct new lives. The following are some thoughts on creating such groups.
    - a. Who should be involved with peer support groups?
      - i. Facilitators may be a “professional” or a “victim/volunteer”. (If a facilitator is a victim/volunteer, she or he should receive training before the facilitation; unfortunately, such training often doesn’t occur.) A partnership between a professional and a victim/volunteer may be preferable.
      - ii. It is useful to separate different types of victims or survivors into separate groups. The distinctions can be made based on type of crime, age, gender and so forth. Groups are usually more effective if the members have similar characteristics.
      - iii. If the group centers around families, all family members including children over five should be encouraged to attend.
      - iv. Mixing different victim types can work if guidelines for behavior are established. One such guideline might be that most victims suffer a crisis reaction; hence, no one’s unique experience should be “lower” or “higher” status.
    - b. When should groups meet?
      - i. Some individuals feel that some time should pass before attending a peer support group. Others seek such assistance very quickly. It is up to the victim to decide

when she or he is ready to participate in a group, if at all.

- ii. Many who have been through a recent tragedy seek weekly meetings but most groups settle into a semi-monthly or monthly meeting.
- iii. Evening sessions are generally best.
- c. Where should groups meet: in a home or at an office?
  - i. If it is in a home, it is preferable that the group rotate from home to home so that no one person is perceived as dominant and no one person is given extra burdens.
  - ii. If it is at an office, the office should be comfortable and accessible. People should share in the responsibility of bringing refreshments, cleaning up after the meeting, and serving as host for the evening.
- d. How should groups be structured?
  - i. Sessions should last no longer than 1- 1/2 to 2 hours.
  - ii. The first meeting should begin with the facilitator working out ground rules with the group. Ground rules should involve agreements by the group on the following issues:
    - Guidelines for confidentiality.
    - Rules on attendance.
    - Acknowledgment that all reactions are acceptable.
    - Trauma snobbery or competition for best story is discouraged.
    - Victim-blaming is banned.
    - Negative critiques of other people's actions are discouraged.
    - Alcohol and drug use are banned.
    - Whether refreshments will be served.
  - iii. Each person should be given the opportunity to explain his or her story—both the victimization and the aftermath.
  - iv. The group should decide whether they want the group to meet a certain length of time (e.g., for 6 months) or for as long as it wants to meet.
  - v. The group should decide on its purposes.
- e. What should the size of a group be? Ideally, 8-12 members; although many groups outside that "ideal" have done well.

#### H. Techniques of supportive counseling in a counseling session.

1. The essence of supportive counseling is to help victims learn to cope through awareness, acceptance, and understanding of their reactions.
2. Victims or survivors may not be able to define those reactions so the supportive counselor can help provide options of names and words that will help describe the sensations.
3. Helping the victim revisit the crime or criminal event is a part of supportive counseling. While the counselor should *not* attempt to cause such revisitation without more extensive

- training, the victim is likely to revisit the event as a matter of need or choice.
- a. There are some cautions from the outset.
    - i. Involuntary or intrusive re-experiencing the crime followed by diverting thoughts elsewhere or distressing emotional responses may indicate that not all aspects of the crime are remembered.
    - ii. Initial avoidance of thoughts or experiences relating to the crime may assist coping by allowing the mind and body to gradually absorb the intense impact of the event.
    - iii. Continuation of thought avoidance over time is usually counterproductive.
    - iv. Revisitation of the place or the remembered event may cause an individual to feel victimized again and increase the traumatic reaction.
  - b. Re-exposure to the crime may take several forms.
    - i. The technique is most likely to be helpful when the re-exposure is voluntary and the victim or survivor is in control of the process.
    - ii. It seems most useful if it is done gradually or in phases when the crime has been intense.
    - iii. Even in the most benign form, re-exposure to the crime may cause some distress and discomfort.
  - c. Methods of re-exposure include:
    - telling the story of the crime;
    - re-enactments of the crime;
    - visiting or re-visiting the location of the crime;
    - watching videotapes or movies about similar crimes;
    - listening to others tell of their experience in the same or similar events.
  - d. No supportive counselor should employ the following methods of re-exposure, but if the counselor thinks they may be useful, a referral to a mental health professional may be appropriate.
    - re-enactments of the crime;
    - hypnosis;
    - controlled dreams.
  - e. Likewise, there are times when a supportive counselor may think there is a need to help victims suppress symptoms of extreme stress. It is recommended that no suggestions along these lines be made without the advice of a trained mental health professional or a physician with competence in working with emotionally-traumatized individuals.
4. Counselors may want to use a technique known as the “Therapy of Paradoxical Intentions.”
- a. Often people behave in a contradictory manner to their intentions. For instance, if one is told to avoid thinking about a blue pencil and one agrees to do so, one may end up thinking incessantly about the blue pencil because it is now the dominant thought in one’s minds.

- b. On the other hand, if people are told to think about something bothersome and they focus entirely upon that problem, agreeing to think about nothing else, very often they will find it impossible to keep their minds from wandering on to other things.
- c. Concentrated confrontation of crime-related cues or issues may make them less intrusive and bothersome to the victim or survivor.
- d. The role of humor is essential to the practice of the Paradoxical Intentions model.

“I had to take an examination yesterday and discovered a half-hour beforehand that I was literally frozen with fear. I looked at my notes and my mind blanked out. . . . Needless to say, my fear increased as the minutes went by, my notes looked more and more unfamiliar. . . . Five minutes before the examination I knew that if I felt this way during the exam I would surely fail; and then your paradoxical intention came to my mind. I said to myself, ‘Since I am going to fail anyway, I may as well do my best at failing! I’ll show this professor a test so bad, that it will confuse him for days! I will write down total garbage, answers that have nothing to do with the questions at all! I’ll show him how a student really fails a test! This will be the most ridiculous test he grades in his entire career!’ With this in mind, I was actually giggling when the exam came. Believe it or not, each question made perfect sense to me—I was relaxed, at ease, and as strange as it may sound, actually in a terrific mood!” Letter to Viktor E. Frankl, quoted in *The Unheard Cry for Meaning*, Viktor E. Frankl, Washington Square Press, New York, 1978, p. 135.

- 5. Often, one of the most powerful supports a counselor can give to a victim is to provide them with materials and ideas that will help them construct a new sense of meaning in the world. That meaning may be found in a new relationship with God. It may be found in a mission to change laws to protect future victims. It may be found in a love for humanity. But, until victims conquer the meaninglessness, the senselessness, and the absurdity of a world in which humans are so cruel to one another, they will not truly begin a reconstruction of life.

#### I. Behaviors for the Supportive Counselor.

- 1. Use active listening techniques.
- 2. Use crisis intervention techniques (see chapter 2).
- 3. Abide by ground-rules: ensure confidentiality; guarantee privacy; don’t probe for more information from the victim, let him or her tell the story; and validate.
- 4. Give the victim the following guideline: When it hurts too much to talk, it’s time to stop.

## II. Advocacy and Activism

- A. The idea that advocacy should be used in partnership with supportive counseling is predicated on three things.
  - 1. Often the “second assaults” (as defined in the Psychological Trauma of Victimization chapter) perpetuated in the aftermath of catastrophe force victims or their advocates to

fight back.

2. The search for meaning, for some, is inextricably connected with trying to change things so that the tragedy cannot be repeated in the future.
3. Activism is often an antidote to depression and a constructive way of expressing anger.
4. These three factors are what prompts experts such as Dr. Frank Ochberg in his book *Post-Traumatic Therapy and Victims of Violence* to recommend as a part of post trauma therapy, advocacy and activism by victims themselves. (Brunner/Mazel: New York, 1988.)

B. Common sources of second assaults caused by society include the following.

1. Families and friends may blame, stigmatize or isolate the victim. For example, it is common for family members to ask victims why they were in a certain part of town, or why they did what they did in response to the attack. Virtually all “why” questions connote blame.
2. Insurance or compensation programs may be slow and full of red tape. Many compensation programs are running out of money, causing a long back-log in awarding claims.
3. The media publicizes names and addresses of victims, photographs body bags, corpses or injuries, misquotes or misstates facts, and may intrude in victims’ private lives.
4. The criminal justice system often thwarts the victim’s interest with a lack of information, delays/postponements/continuances; denied access; lack of prompt property return; lack of participation, and so forth.
5. While civil litigation is becoming an arena of positive influence for victim rights, it also may promote “ambulance chasing” attorneys, delays, differences in settlements, and result in additional experiences of blame or stigma.
6. Clergy members often respond to victims with misguided compassion. They may use phrases such as, “It’s God’s will” to explain a crime. They may give victims misinformation. They may ask victims to forgive. They may display more compassion for the wrongdoer than for the wronged.
7. Hospitals often fail to provide treatment; provide wrong information; and may keep families from being with victims.
8. Coroners, law enforcement officers, clergy, doctors and others may mishandle death notifications and body identifications.
9. Social services may delay document replacements or be unavailable for services.
10. Mental health professionals may use Freudian rather than more appropriate trauma-therapy techniques in response to victims. They may over-prescribe drugs. They sometimes “ambulance-chase” in the aftermath of crime.

C. Dealing with these second assaults usually involves case advocacy.

1. Victims or survivors may be their own advocates but also may want assistance. Counseling caveat: The more control they have over choices and solutions the better.
2. Some of the suggested requirements for training and education for victim advocates is found in the chapter on Developing Program Standards.

3. Elements of case advocacy are:

- a. The advocate works with an individual or a group of clients with common problems.
- b. Advocacy work usually involves direct, defined and tangible conflict with another individual or agency because of behaviors, attitudes, values, traditions, regulations, or laws (that are perceived as unfair, unjust or harmful).
- c. The advocate's purpose is to represent the victim's legitimate interests, and, when occasion requires, to help the victim change behaviors, attitudes, values, traditions, or laws—all of which may have been displayed in one mistaken decision—through specific actions that apply to this one specific case.
- d. The normal focus is on behaviors, attitudes, values or policies although litigation is an example of case advocacy that may be used to change laws.
- e. The resulting action may be explicitly restricted to one case—to reverse one questionable decision—with no affect on other cases.
- f. The resulting action can be used as precedent in the next conflict.
- g. The resulting action may be, in fact, a part of system advocacy.

D. Advocates who focus on seeking change in order to prevent something from happening in the future are system advocates (although some can and do seek these reforms by getting redress for a class of people who have suffered past wrongs).

1. System advocates usually work in groups, including victim activist groups.

2. Elements of system advocacy are:

- a. System advocates work on behalf of classes of individuals or society as a whole.
- b. Many system advocates seek changes in the system after an actual conflict and prior to the repeat of a similar conflict. For instance, it is not surprising that a number of victim advocates have been discussing working together to try to pass legislation that will ensure the protection of a sexual assault victim's name and address, after Patricia Bowman's name was revealed prior to trial when she alleged that William Kennedy Smith raped her. The initial conflict was between Ms. Bowman's desire to keep her name out of the news and the media that released it. The advocates' actions would be to attempt to avoid another such case.
- c. The purpose is to change attitudes, values, traditions, or laws in conformance with the just interests of all of those within the class. System advocates may use a variety of methods to accomplish such changes. Methods may include training, education, legislation, litigation and so forth. For instance, advocates for changing attitudes of judges toward victims support efforts by the State Justice Institute and the U.S. Department of Justice to encourage specialized training on victim rights and services for the judiciary.
- d. System advocacy usually merges with case advocacy after the general change has occurred. Once a law has been passed, it is left to the case advocate to ensure the implementation of the law with regard to a specific victim.

E. Advocacy skills are different from counseling skills.

1. The counselor seeks to provide a sense of safety and security for the victim or survivor. The advocate takes risks on behalf of the victim—with the client’s permission—that sometimes put the safety and security of the victim at a lower order of priority.
2. The counselor’s role in communication emphasizes the ability to receive and understand messages. It is a role that is focused on the victim and his or her internal needs. The advocate’s role in communication emphasizes the ability to send understandable messages. It is a role that is focused on conveying the victim’s external needs to another person, agency, or authority.
3. The counselor helps victims and survivors explore options and provides a non-judgmental environment for such exploration. The advocate assists victims in forming judgments and using these to change other people’s minds.
4. A counselor is supportive and unthreatening to victims. An advocate is challenging, assertive and adversarial, on behalf of victims—but not to the diminishment of his or her clients.

F. Advocacy skills are similar to counseling skills.

1. Both counselor and advocate seek as much factual information as exists about their case.
2. Both counselor and advocate assist victims/survivors in formulating plans of action and predicting future obstacles.
3. Both counselor and advocate seek to enable victims/survivors to design and accomplish their own goals.
4. Both counselor and advocate focus on the victims’/survivors’ interests and should not confuse those interests with their own.

G. The advocate will use the following types of tools to accomplish his or her goals.

1. Knowledge.
  - a. Advocates should learn everything they can about their clients/victims.
  - b. Advocates should have a strong grasp of the subject matter involved in the claim or mission.
  - c. Advocates should take time to learn about their client’s perceived adversary—whether that be one individual, an agency, or another organization.
  - d. Perhaps most importantly, advocates need to examine their own strengths and weaknesses and how their personality or character fits the mission on which they have embarked.
2. A plan of action is a concrete tool for change. The plan of action should include the following:
  - a. A needs assessment of the problem.
  - b. An articulated definition of the action goals.
  - c. The identification of key players and their roles.
  - d. The identification of resources to sustain the efforts at change—especially resources that relate to money and time.

- e. A review of all possible strategies.
- f. A review of all possible barriers and obstacles.
- g. An analysis of priority strategies.
- h. Choice of the first priority strategy and a selection of fall-back strategies.
- i. A chronology of the plan of action.
- j. A start date for implementation.

H. The advocate will need to use the following tactics of advocacy.

1. Good communication skills.
  - a. The good advocate will be clear in stating his or her message and will present the case in an organized fashion.
  - b. The advocate should ask him- or herself the following questions in preparing his or her case.
    - What do I want to say?
    - Why do I want to say it?
    - How will my listener remember it?
    - What do I hope to accomplish by saying it?
  - c. The good advocate will state his or her case with confidence and conviction. The advocate should ask him or herself the following questions.
    - Is this something I care about and believe in?
    - Is this an issue where I can make good use of my talents?
    - Do I care enough to take risks?
  - d. The advocate should approach the problem with tact and timing. The advocate should ask him- or herself the following questions.
    - Have I listened to my listener?
    - Have I addressed his or her needs?
    - Is this a good time to address this issue?
    - Is this the only time to address this issue?
2. “Smoke and mirrors.” In all advocacy there is a little puffery. In order to make the best possible case, advocates need to make sure that the case is painted in the best possible light. But advocates should also be sure to tell the truth. Putting the case in the most advantageous light does not mean telling lies. An advocate should be truthful and open in all cases—but selective.
3. Personality is a great tool. Treat your colleagues—opponents and allies—with as much charm and respect as you can muster.
  - a. Be honest.
  - b. Be diplomatic.
  - c. Deliver on your promises.

- d. Don't gossip.
- 4. You must take risks to be an effective advocate. But take "effective risks".
  - a. Assess the situation. That's why you did a needs assessment to begin with—what is the problem and what are the options?
  - b. Choose the specific risk to be taken. You and the victim must decide where to "fight your battles."
  - c. Reduce the scope of risk, if possible. Make sure you have done everything to resolve the issue before you decide to confront the system or the adversary.
  - d. Have an alternative plan in reserve.
  - e. Act to make the risk work. Once you start your plan of action, follow through. Many times advocates run into trouble because they have decided with a victim to do something, but they don't have the time or energy to follow through. If you don't implement your plan effectively, it may cause additional future problems as well.
- 5. Playing the game.
  - Follow the rules—behavior, appearance, procedure. Be wary of making a political statement by your dress or attitude.
- 6. Negotiate.
  - a. Concede something to get something.
  - b. Concede something to get in a position of advantage.
  - c. If you must give up something, give it up fast.
  - d. Concede something to help your adversary save face. Never leave your adversary thinking she or he has lost everything. Reassure him or her that she or he has been effective and helpful.
- 7. Advocacy is usually more successful when implemented through alliances.
  - a. Recruit almost anyone as an ally.
  - b. Assure your allies of your alliance.
  - c. Acknowledge those who are adversaries. Separate personality from principle with those who oppose you.
  - d. Attract those who are undecided.
  - e. Prioritize your allies and use them strategically.
  - f. With all allies remember: personality first, issues second.

#### I. Ethics of Advocacy

- 1. While the above analysis of advocacy skills and techniques may sound harsh, they are effective and useful.
- 2. The good advocate should remember that inherent in these iterated skills and techniques are some sound ethical principles.
  - a. Be honest.
  - b. Treat others with compassion even when they are your adversaries.
  - c. Be fair. Even when you disagree with another, you can do it with principle.
  - d. Don't conspire against the organization or victim assistance.
  - e. Avoid damaging someone else's reputation or livelihood.

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