

“ADVOCACY AND SAFETY PLANNING FOR VICTIMS IN CONTACT”

EXCERPT FROM

ADVOCACY **BEYOND** LEAVING Helping Batter Women in Contact with Current or Former Partners

by Jill Davies



©2011 Futures Without Violence (formerly Family Violence Prevention Fund)
All Rights Reserved.

ADVOCACY AND SAFETY PLANNING FOR VICTIMS IN CONTACT

This section has three parts:

- A. *Approach to Advocacy*
- B. *Advocacy and Safety Planning with Adult Victims*
- C. *Advocacy for Children's Safety and Well-Being*

A. Approach to Advocacy

Effective safety planning and advocacy requires a victim-defined approach, whether victims leave, stay in contact, remain in the relationship, or come and go. Victim-defined advocacy begins with an understanding of the needs, resources, perspectives and culture of each victim. As part of that process, a working relationship or partnership is built in which the victim's perspective and the advocate's information, resources, and assistance are combined to enhance the victim's safety strategies. The advocate and victim will then work together to implement those strategies, modifying them as the victim's life and circumstances change. Victim-defined advocacy is not simply listening and doing what a victim wants. Rather, it requires the advocate to participate in an active, dynamic and culturally responsive information and resource sharing process that creates and improves options for each victim.

Victim-defined advocacy is a straightforward and comprehensive framework; in practice, it requires a wide range of skills, knowledge, and judgment. That level of information is beyond the scope of this Guide. For more information read the book *Safety Planning with Battered Women: Complex Lives/Difficult Choices*, by Jill Davies, Eleanor Lyon, and Diane Monti-Catania, Sage Publications, 1998. See also Appendices 1 & 2.

What is the goal of advocacy with victims in contact?

To increase victim and child safety – the same goal we have for victims who leave or have no contact. Safety is broadly defined. To be safe, victims need to be free from the violence and control of their partners, but they must also be able to meet their basic human needs. Reducing the risk of physical or sexual violence but leaving a victim and her children with no long-range financial support is not making her safe. Nor will it make her or her children safe to ignore mental health symptoms, substance use, or trauma issues.

Safety requires the reduction of all risks of a partner's control, "batterer-generated risks" not solely physical violence. It also requires the reduction of "life-generated risks" or those circumstances of victims' lives over which they have little control, such as physical or mental health, poverty, or bias and discrimination.¹

Advocates' role with victims in contact includes safety planning to reduce the violence and control of a violent partner and strategies to prevent harm to the children – those plans, however, will use strategies other than leaving.

What is success?

What each victim defines it to be. A victim will form that definition based on her partner's level of violence and control and her life circumstances and culture. Victim-defined advocates, respectfully exploring risks and options with a victim, may also influence her view of success. For a victim in contact, the definition of success may not prioritize the reduction of physical violence; it is still important, but not necessarily the first or most important concern to address.

One measure of success is to ask each victim if she thinks things are *better, the same, or worse* for her and for her children. For example, a victim tells you things are *better* because her partner no longer hits their children as punishment and stopped spending his paycheck on non-essential items, two areas of behavioral change she valued and prioritized – her definition of success.

A note about advocates' view of success - For us, success means no one is hurt or controlled by a partner and no child is injured or traumatized by violence in her/his family. Because we want every

victim to be completely and permanently safe right now, we may struggle with individual victim's relative view of success. Simply making things better might not feel successful enough for us, particularly if victims are still experiencing violence and control. We needn't give up our view of success. Although each victim's relative view of success will guide our advocacy, we will continue to support each victim's right to be free from violence and control (our view of success). As victim-defined advocates, we will do this respectfully, taking care not to replace a victim's judgment and decisions with our own. On a systemic, society-wide level, we will also continue to demand and work toward the end of violence for all victims.

B. Advocacy and Safety Planning with Adult Victims

What is included in a safety plan when victims are in contact?

The safety plan remains an individualized plan that victims develop to reduce the risks they and their children face. These plans include strategies to reduce the risk of physical violence and other harm caused by an abusive partner and also include strategies to address basic human needs for income, housing, health care, food, child care, and education for the children. The particulars of each plan vary depending on the victim's life circumstances and resources, her partner's level of violence and control and his abusive tactics, whether they have children, and whether the victim remains in the relationship or in contact. To be effective, safety plans must be comprehensive, address basic human needs and provide a life plan, not just strategies to respond to physical violence.²

The safety plans of victims in contact may include options that are different, or used differently, from the plans of victims who leave. For example, strategies that rely on physical separation, such as no contact orders or moving out of the home, may have limited or no use for victims remaining in the relationship or in contact. However, a victim remaining in the relationship might find that moving out temporarily – sending a clear signal to her partner that he will lose her if he doesn't change – might increase her power in the relationship and reduce his control and violence. Similarly, a victim who is still in contact with her children's father might find moving from down the street to across town reduces his unannounced visits and demands to know what she is doing. An advocate might also help a victim explain to her children's school why two separate parent-teacher

conferences would offer a better opportunity for the teacher to talk with the victim about her child's progress and issues, and might also make it safer for the victim to participate.

Safety plans for victims in contact will focus on strategies that meet each victim's definition of success, as well as her individual goals. If her partner is a key factor, and for most victims he will be, then it is likely her safety plan will include information and referrals for him. These might include options that offer him services and interventions to help him change his violent and controlling behavior; programs to enhance his parenting or facilitate safer visitation; and employment or health services. If options for her partner are part of the discussion, make sure to explore with her how she might safely approach him with the information. See also Section IV.

Are victims' risk analyses accurate?

Yes, although there are a small number of victims who do not have the ability to form an accurate view.

Victims know their partners. They know what he's done in the past and what he is capable of. They know what they fear. Victims also understand the other risks they face, such as the chance they'll lose custody if they leave the relationship, that they're about to be evicted, or will lose their jobs. Most victims also worry about the risks faced by their children, although some may not understand the full extent of the effects. A victim's analysis is subjective, relative to her situation and options.

When advocates view eliminating physical violence and control as the priority, they might think a victim's analysis is inaccurate if she does not share that priority. Many victims have greater concerns than the violence and control of their partners, particularly if that violence is at the lower end of the spectrum. This does not mean that victims accept the violence or that they are not hurt or affected by it. Rather, violence is just not the first or most important thing they must deal with at the moment. In addition to differing priorities, many victims have good reasons not to share with an advocate their very accurate view of their risks. For example, a victim might share little information if she thinks that an advocate will judge her, report her, fail to understand because of cultural differences, or can't help her unless she leaves the relationship.

Sometimes advocates explain their different view of a victim's risks by inaccurately labeling the victim's analysis as "minimization and denial." The label is often used as a negative judgment, one

that says the advocate's views and priorities are more accurate than the victim's view. This is not victim-defined advocacy and unfortunately feeds misperceptions about victims' abilities.

There are some victims who are so beaten down by their partners' violence and their hard lives that it is difficult for them to see how the violence is affecting them and their children. These victims need advocates' gentle support. They also need information that is paced to meet them where they are and does not overwhelm them with a harsh outside perspective. Advocates must also offer comprehensive services and options, because helping a victim to understand the harm without providing a meaningful way to make it better is not helpful. Sometimes advocates try to break down "minimization" because they think the victim doesn't understand how dangerous her partner is. This is usually done in good faith with the goal of encouraging the victim to take some action (usually to leave). As advocates, we want to support victims and build up their confidence and power in the relationship. A delicate balance is therefore required of us. We must ensure that our efforts to provide information about domestic violence and to help a victim understand that she deserves a violence-free life does not undermine her judgment or overwhelm her ability to cope.

It is also essential to distinguish these victims from another significant group of victims –those who understand their circumstances but have no real option to escape the violence and their life circumstances. It is understandably difficult for advocates to accept that many victims just don't have reasonable options, and particularly those victims who are poor or un- documented. With few resources and many other life issues to deal with, domestic violence is less important. It is the reality, it is coping – it is not minimization or denial. These victims don't need messages about how bad their lives are. They already know. They need resources and options for themselves, their children, and most likely for their partners as well.

Another challenge for advocates is managing their own views and judgments of adult victims' risks analyses when children are hurt. Understandably, we are all moved by harm and risk to children. Yet even in these circumstances, it is still essential for effective advocacy to begin by understanding the adult victim's perspective and to do a thorough and respectful risk review, as described in the next question.

What if my view of a victim's risks is different from her view?

Try to understand why your view is different. What is influencing your perspective? Is your view accurate? Do you understand what her view really is? A key element of safety planning is to review risks with each victim. This ensures that the options and resources you offer are relevant to each victim's risks and life circumstances. Risk review, described below, is a part of safety planning that takes skill and a delicate approach.

Why do victims change their risk analyses and safety plans?

Victims constantly modify their view of risks and their safety strategies because their life circumstances, options or partner's behavior changes. For example, advocates and others often do safety planning with victims after an assault, arrest or other emergency. Frightened and angry, a victim might easily go along with an advocate's, or other party's suggestion that she leave her partner and ask for legal protections. A day or two later, the adrenaline is drained, and reality sets in. The protective order won't pay the rent, her partner will lose his job if he's convicted, and her children miss their father. Although understandable and rational, shifting decisions can be frustrating for advocates and others responding to family violence. Victims – like all of us – change their minds. Understanding why victims change plans and helping to share that insight with others is an important part of advocacy.

How do I review risks with a victim?

The following provides an overview of this complex topic. For more information read Chapter 6 in the book *Safety Planning with Battered Women: Complex Lives Difficult Choices*.

A risk review has three components:

1. Understand the victim's perspective

How does she view the violence? What other risks/issues is she worried about? How does she perceive the risks? What do they mean to her? What priorities does she have? What scares her? Why? Why not? When? How does she think the children are doing? What decisions has she made about contact with her partner? Why has she made those decisions?

2. Check your own perspective

Advocates may have a lot of knowledge and experience understanding the risks that victims face. However, due to time limitations, lack of trust, cultural differences or other reasons, advocates often have limited knowledge of a particular victim's situation. Therefore, when your view is different from a victim's, it is essential that you check the accuracy of your own view. Ask yourself, why is my view different? Always check for cultural bias and blind spots, particularly if you have power in society or in relation to the victim. For example, always think about your privilege if you are white and the victim is a woman of color, or if you have more formal education or financial resources than she does.

3. Try to form a shared perspective

A risk review respects each victim's perspective, yet offers information and an outside perspective. It is very important that the review be done with care. Information must be provided in a way that supports each victim's culture, decisions and coping mechanisms.

Your conflicting perspective may be caused by your fear. You may be more afraid for a victim than she tells you she is for herself. We are often afraid for victims and want to make sure we've "done all we can" for them, particularly those in serious danger. Traditionally, doing all we can means helping them to leave the relationship and limit contact. For victims in contact, however, pressure to leave or eliminate contact is likely to undermine the trust and relationship necessary to do effective safety planning and might result in our losing a working relationship with them. We need to manage our fear for victims in contact, just as we must do for victims who are in danger or in greater danger when they leave.

Two topics must be part of every review:

- **Possibility of lethal / life-threatening violence**

In general, believe a victim if she tells you she thinks her partner is capable of killing her or the children. If you think it is possible but she doesn't, explore it further with her. Ask yourself if you have enough rapport and are offering enough help so that she'll speak openly. If you have concerns, follow up and provide "enhanced advocacy." This means more time and services, advocate-arranged

referrals and contacts (make the phone calls with/for her), follow through and follow up. Always assure the victim that she can contact your agency for help.

A thorough discussion of lethality assessments or enhanced advocacy is beyond the scope of this Guide. See Resources in Appendix 2.

- **Possibility of serious risks to the children**

Children are a central focus of most victims' safety plans and children deserve and require our advocacy. Every review must consider what is happening with the children. What are the effects of their exposure to whatever violence and abuse is occurring or has occurred? Are they being hit or sexually abused? [See Section C for more information about children] As with life-threatening violence, serious risks to children require enhanced advocacy, which may include a mandated report to CPS.

How do I figure out what strategies will enhance the safety of a victim and her children and build her power in the relationship?

As with all safety planning, the process involves matching safety strategies to each victim's particular risks and talking through those options with her. Ask the victim what she's already tried to make things better and the result of that effort. Incorporate what you learn about those past experiences into your discussion.

For victims in contact, it is important to find out what – if anything – is safe for her to do and then build strategies from there. You might ask: "What does he control? What does he allow? Where can you go without him bothering you?" For example, her partner may not control her going to work, church, or maybe a doctor's office or her children's school. Advocates can then identify services or support that build her options and power in the relationship and are connected to or available at those locations. Maybe job training is a possibility, a woman's group at the church, or better health care to address the effects of the violence. Explore who is already a source of support for her and develop strategies to increase and protect the victim's access to that person and support. Keep in mind it may be someone you wouldn't expect, such as a member of his family or circle of friends. In turn, don't assume that her family or friends will be supportive. It is important to ask each victim who is a support and who is tearing her down or "on his side." Remember to plan safe ways for you to communicate with her.

Some victims actively resist their partner's abuse, control, and lack of respect for them. They may talk about it as not liking how he treats them or how it feels. Some victims are already setting limits, confronting his treatment of them, "speaking up to him" or fighting back. Advocates should be sure to support victims' efforts to be independent and treated with respect, while encouraging the use of constructive approaches and exploring the potential consequences of less constructive ones.

Physical and sexual violence will, of course, be part of the discussion. "Do you know when he is about to be violent? Are there circumstances that set him off?" For example, is it more likely to happen when he's drinking or when he thinks the children are too loud? Discuss safety strategies she might try to protect herself and her children. For example, she might have an "escape plan" to go to her sister's house when he is about to get violent, or maybe she can send the children to her mother's home on weekends when he's drinking the most, or maybe her brother can come live with them for awhile because her partner isn't violent when he is around. If she's left the relationship but is still in contact, she may try to avoid him when she thinks he might hit her. If part of the abuse is sexual and you've established the necessary rapport, explore safer sex options and how a victim might control decisions about pregnancy and birth control. Make this safer sex and reproductive information available to all victims. All strategies will need to be crafted with each victim to address her particular situation and the level of her partner's violence. Some victims face high levels of violence and completely unpredictable violence. Leaving the relationship and further limiting contact is always an option that can be offered.

Children are often a primary consideration in the decision-making process of victims, and many craft plans around their children's needs. Strategies to enhance the safety of children should be discussed and included in their mother's safety plan. See Section C for a discussion of safety strategies specific to children.

Which options, services, and resources should I explore with victims?

All options that match her risks and may enhance her safety plan should be explored. Options can be placed into two broad categories. Formal social service, government, or legal systems options and the victim's informal network of family, friends, faith institution, and community contacts.

To offer relevant referrals, advocates will need broad community contacts that include grassroots organizations, faith institutions, programs that serve particular racial/ethnic groups, or particular populations, such as immigrants or the LGBT community.

Strategies and options currently used to assist victims as they leave a relationship may be adapted to protect victims in contact. For example, a protective order without the “no contact” provision might help some victims. Support groups, hotline support, and counseling are likely to build victims’ strength and power in their relationships and make life better for some victims. To make these services and resources safely accessible to victims in contact, it may be necessary to give them names with no apparent connection to domestic violence and to offer them in locations not typically associated with the domestic violence program. For example, a support group could be called a “discussion group for women” or “a mothers’ group” on topics relevant to women in that community and could be held at the library. In addition to using current options, new tools, strategies and resources need to be developed. For example, bank accounts, payment methods, and/or advocacy that build victim’s control of the money she receives from work, child support enforcement, or benefits programs should be explored.

Note about mental health, substance abuse, and trauma:

Many victims may also have mental health, substance abuse, and/or trauma issues. These can be caused by victimization or by other reasons. It can be difficult for advocates to identify what treatment or intervention needs victims may have, particularly if these issues go beyond their training, experience, or supervision. However, trying to avoid these topics all together is unlikely to be successful and misses an opportunity to guide victims to services and interventions that will help. See Appendix 2 for resources.

What might I have to do differently to advocate for services for victims in contact?

You may have to explain why a victim in contact needs and would benefit from particular services or resources. Domestic violence priorities and programs often require or assume that the victim will leave the relationship and no longer have contact. Therefore, additional advocacy will be needed to make current options available to victims in contact. For example, advocacy may be needed to help a

victim to access health care, receive an extension of time-limited government assistance, qualify for shelter or child care assistance, enroll her children in certain programs, or to be allowed to remain in her current housing even if her partner comes around. Advocates will need to explain why contact often makes sense for family violence victims and – with proper attention to confidentiality – why contact makes sense for this victim in particular, and how the services will make things better for this victim and her children.

It may also be helpful to acknowledge that offering services for victims in contact may be a new message and conflicts with commonly held views about victims, domestic violence and safety plans. Helping victims in contact may conflict with the strategies and messages you have been telling colleagues and collaborative partners. Acknowledge the change. Explain the shift in the field is a result of lessons learned from victims and many years of victim- defined advocacy experience.

We can take pride that domestic violence advocacy is part of a vibrant and flexible movement built on our ever-growing understanding of victims' needs and perspectives.

It is also likely that we'll need to make changes in our own services, approaches, and rules to better meet the needs of victims in contact. See Section V for more discussion.

When should I talk about ending the relationship or limiting contact?

- *When a victim wants to explore those options,*
- *When there is a possibility of life-threatening violence that she identifies or you identify, or*
- *When the children are not OK and face serious risks and leaving/ less contact would help.*

You can also discuss leaving along with other options as a way to show victims you will respect their decisions. Talking only about ending a relationship or limiting contact may lead some victims in contact to believe that you “don't get” their life situation and might lead them to believe you are no longer a resource.

As advocates, we want every victim to know that they have the right to live free from the violence and control of an abusive partner. Since leaving is the strategy we rely on to accomplish this, we

want every victim to be able to leave. Although a life-saving and important option for many victims, we know from experience and listening to victims that leaving does not make things better for some victims or for their children. So, with the best intentions, when we approach the “leaving” conversation with a victim we must take care to offer information and help her to assess her options without crossing the line into pressuring her to leave.

C. Advocacy for Children’s Safety and Well-Being

How can I help a victim know how her children are doing?

In general, this will involve understanding the strengths and resources of each child, their family, and their community in combination with the effects of domestic violence, possible child abuse and other risk factors. Every child is unique. Each has different strengths, resources, risks and cultural contexts. All children face some risk to their development that might include factors such as domestic violence, poverty, family dysfunction, disability or other health issues, child abuse, inadequate schools or parenting challenges. To understand how a child is doing, we must help parents understand their children’s behavior, feelings, and interactions with others at home, at school and in the social community. The effects of a range of risk factors must be viewed together and considered with the benefits of positive aspects of the child’s life. How a child is doing depends on more than just the effects of domestic violence.

As with all advocacy, our work with parents must be done in partnership with them, partnerships built through understanding their perspectives and culture. It is important to connect with her as a mom/parent. Battered parents make decisions for their children in the context of their lives, considering all risk factors – not just domestic violence. For example, a battered mother might decide her child will be OK, even though he witnesses her boyfriend’s controlling behavior, as long as she can put food on the table, a roof over his head, and keep him in his current school – a decision that means she’ll need to stay with her current partner.³

Most parents are sensitive about their parenting and can shut down if the discussion tries to “guilt them” or seems too critical. A conversational tone that supports her parenting works best, particularly since so many victims are subjected to their partners’ relentless put downs and criticism

of their parenting. Maintaining a positive and open tone can be challenging, particularly when advocates have their own concerns about a victim's parenting. If the children are old enough and your agency is working with them, then you might also talk with them.

The following questions can help move the conversation about children along:

[Note: Not all the questions will be relevant to each victim. Use the ones that will encourage conversation and give you the information that you need to help the victim and her children. Don't go through them all like a checklist.]

- *Tell me about your kids. How are they doing? What do you love about your kids?
What about them makes you happy? What do they like to do? What are they good at? Does anything worry you about them?*
- *What's their relationship like with their dad? With your partner (if he's not their dad)?*
- *Other moms have told me their partners are sometimes mean to their children, do you ever worry about that?*
- *Has your partner ever hurt your children? If so, can you tell me more about that?*
- *Has he ever threatened to take them away? To call child protection? To keep them from you? Has he ever used the kids to control you? Or get to you?*
- *Do you ever worry about leaving them alone with him?*
- *Is there anything about your relationship with your children that you don't like or want to improve?*
- *How can I help you?*
- *Does he treat your other children (from a different father) differently than he treats the children you have together?*
- *What do you want for your children?*
- *Is there anything else you want to tell me that we haven't talked about?*

What if my view of risks to her children is different from their mother's view?

Check the accuracy of your view and talk to the mother about the differences. Talking to a mom about a different view of her children's risks is challenging. It is more likely to be successful if you have her trust, respect her culture, and demonstrate that you understand and value her view of parenting. Advocates sometimes start conversations about the children with a warning about mandated reporting, so that victims are informed about the risks of talking to the advocate. If you begin a discussion about children with a mandated reporting warning it may scare victims and keep them from speaking honestly with you. Raise reporting issues when necessary and relevant to your discussion. The best way to foster discussion with the victim is by connecting with her view of parenting and how she sees her role as a mom, and offering to work with her to help her children.

As with the risk review described in an earlier question, the review around children's risks will have 3 parts: 1) Understanding the mother's perspective, 2) Checking your own view, and 3) Respectfully working to get on the same page. When reviewing children's risks, it is likely that "your own view" will include information from sources in addition to the children's mother. For example, you may talk to the children directly, or get the information from a child advocate, teacher, law enforcement staff, or even the children's father. Of course, such information must be judged for accuracy and should be used in a way that does not alienate the children's mother or make her distrust you. As with all information sharing, confidentiality rules should be followed.

What can I do to support a victim's parenting?

- *Help her find the support and resources she requests.*
- *Encourage her to listen to her children.*
- *Respect and build strategies within the cultural context of her family and parenting approach.*
- *Validate how challenging it can be to be a parent, particularly if she is dealing with violence and living in poverty.*

- *Listen to her concerns and challenges, as well as her hopes and dreams for her children.*
- *Offer information about child and adolescent development that helps her understand her children's needs and behavior.*
- *Understand what contact her children have with their father and understand how she views that contact. Encourage her to listen to her children when they talk about their father and to understand what it is like for them to be around him.*
- *Help her to understand how her children may respond when they witness domestic violence and what she can do help them.*
- *Support her understanding that her children have their own needs and concerns (separate from her).*
- *Talk about conflict/challenges with her partner around the children – explore strategies to reduce them.*
- *Include resources and supports for her parenting in her safety plan.*

What advocacy can I offer to support children's safety and well-being?

As with adults, safety strategies for children should respond to the specific risks each child faces and make use of available resources. For example, safety strategies for a child still living with an abusive father will be different than those for a child visiting at a specialized visitation or exchange center. One child's paternal grandmother may be a great supervisor, while another child may have unsafe visits with an abusive father whose extended family hates and disrespects the child's mother. It is also important to remember that some children need little or no advocacy in order to benefit from contact with their fathers. If the children are old enough, advocate a safety plan directly with them – making sure to coordinate strategies with the mother's safety plan. Advocates might talk to older children about how contact with their father is going, if anything worries them, and to make sure the children can talk to their mother or another safe adult if they are concerned about anything. See Appendix 2 for resource information.

It is important to understand what contact the children have with their father or with their mother's partner if he is not their father. For adult victims who've left the relationship but remain in contact, these interactions won't be limited to the divorce and custody/visitation context. "In contact" often includes lots of informal connections. The children may still be living with their father or their father's family. This might be a fairly permanent or very temporary situation. Contact with their father may be regular or irregular, scheduled or unscheduled, wanted or unwanted. The children may also be seeing their father, or their mother, in jail.

Whatever the situation, our advocacy for the children will include helping their mother help them to be OK. Other advocacy strategies might include:

- *Advocacy to address basic human needs. Work with a parent to enhance her ability to provide her child adequate nutrition, shelter, health care, emotional support and education.*
- *Plans that allow children to have respite from violence and to explore their interests (other family members, faith institution, sports, hobbies, school, etc.).*
- *Parenting support for battered mother.*
- *Parenting/fatherhood programs for the children's father, along with information about the programs for their mother (See Section IV).*
- *Referrals to child advocacy programs, child behavioral health and other community children's programs.*
- *Advocacy in schools.*
- *Mentoring programs for children and youth.*

If contact with their father is not safe, pursue legal and other strategies to ensure safe contact, such as supervised contact by a trusted adult/family member or in the protected setting of a supervised visitation center.

What if the children aren't OK or safe?

If our work with parents is not enough, then those children should also be able to count on us to take steps necessary to protect them from serious harm. This might mean involving other family members, social services, developing parenting intervention plans, or in some circumstances may even require involvement of child protection. It may also include an exploration of leaving as a strategy and advocacy that helps the battered parent obtain court orders that only allow safe contact.⁴

Endnotes

¹ For more information about batterer-generated and life-generated risks see, *Safety Planning with Battered Women: Complex Lives/Difficult Choices*, by Jill Davies, Eleanor Lyon, and Diane Monti-Catania, Sage Publications, 1998.

² This paragraph and other language and concepts in this Guide are derived from the writing and speeches of Jill Davies.

³ These paragraphs are from *When Battered Women Stay....Advocacy Beyond Leaving*, by Jill Davies, BCSDV Paper #20, National Resource Center on Domestic Violence.

⁴ This paragraph is from *When Battered Women Stay....Advocacy Beyond Leaving*, by Jill Davies, BCSDV Paper #20, National Resource Center on Domestic Violence.

This guide was supported by Grant # 90EV0377/03 and funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. Points of view opinions in this document do not necessarily represent the official position of policies of the U.S. Department of Health and Human Services