



Create a future without violence

Men as Allies

Bryan Lyda, Program Specialist, Idaho Coalition Against Sexual and Domestic Violence

Men and Power

Like every group in our society, men have a unique and complex relationship to power and power structures. Furthermore, men are not a homogenous group. All men have multiple identities based not only on their gender, but on their ethnicity, orientation, socio-economic status, ability, and many other identities, all of which affect their relationship to power. For example, men make up the overwhelming majority of the governing bodies in our society, but also the overwhelming majority of the incarcerated population. Men hold the majority of the high level and high paying jobs in this society, but also the majority of the most dangerous jobs and represent the majority of workplace fatalities. While the dynamics of patriarchy and sexism are very evident in nearly all societies, it is important to note that these harm not only women, but men as well.

43 out of 43 U.S. Presidents
357 out of 435 Current Representatives¹
80 out of 100 Current Senators
482 out of 500 top CEO's²

92% Of job fatalities³
8 times more in juvenile corrections
14 times more in prison⁴

3 women killed every day by men⁵
Women raped by men every 2 minutes
Women beaten by men every 8 seconds⁶

1 in 6 men sexually assaulted by 18⁷
1 in 33 men raped as an adult⁸
15.5 million children in violent homes⁹

Men and Violence

Men intersect with the world of violence in nearly every aspect that women do. Similar to their relationship to the power structures, this intersection is unique and

complex. While, men perpetrate violence at alarming rates, they are also victims and witnesses to violence. Depending on the population and type



of violence, research varies as to which gender perpetrates “more” violence. There is also significant research which clarifies the links between men’s victimization and perpetration. Regardless of the research, however, few would argue that the number of male perpetrators and victims must be reduced. A significant component of our work is to foster an environment where men can be *allies* in ending violence, whether as bystanders, mentors, or champions. Violence is a gendered issue and our approaches to prevent violence should address gender as a dynamic.

Masculinity and Socialization

Socialization is defined as the lifelong process of inheriting and disseminating norms, customs and ideologies, providing an individual with the skills and habits necessary for participating within his or her own society. While men’s socialization is as diverse as the men in our society there have been many commonalities, to which many men can relate. Men are often given a similar message by our society such as:

- Don’t cry or show weakness or fear.
- Show power, control, and dominance especially over women.
- Be a Protector
- Do not be “like a woman” or “like a gay man.”
- Be Tough – Athletic – Strength – Courageous
- Make all the decisions and don’t ask for help
- View women as objects

This is not to claim that men are actively encouraged to perpetrate violence or sexism, nor that men should be excused when they do. Nor is it to assume that all men receive the same messages. However, men receive very different messages than do women in our society and our efforts at working with men should take this into account. Some of the key, yet simple questions we can ask in our communities are:

“What does masculinity or manhood look like in my community?”

*“What **could** masculinity look like in a way that supports healthy communities?” – AND – “How can we make that happen?”*

It is crucial for both men and women to answer these questions and foster a community where men are no longer just perpetrators, victims, and witnesses to violence, but active allies in creating compassionate communities free of violence.

Engaging Men as Allies

For information about existing engaging men programs at the local, state, and national level, visit <http://engagingmen.futureswithoutviolence.org/>. The website also includes a search tool which helps individuals and programs identify appropriate engaging men programs for their communities.

For training and technical assistance with engaging men work in Idaho, please contact:

Bryan Lyda

Idaho Coalition Against Sexual & Domestic Violence

bryan@engagingvoices.org

www.engagingvoices.org

Sources

¹ www.uscongress.gov

² Fortune Magazine

³ US Department of Labor, Bureau of Labor Statistics, 2012

⁴ Family Life Council, Greensborough, SC “Wise Guys: Male Responsibility Curriculum”

⁵ National Network to End Domestic Violence

⁶ US Department of Justice, Bureau of Justice Statistics, 2006

⁷ Centers for Disease Control, Center for Injury and Violence Prevention and Control

⁸ Rape, Abuse, & Incent National Network www.rainn.org

⁹ McDonald, Renee, Ernest N. Jouriles, Suhasini Ramisetty-Mikler, et al. 2006. Estimating the Number of American Children Living in Partner-Violent Families. *Journal of Family Psychology* 20(1): 137-142.



Compassionate/Trauma Informed Schools Initiative Ron Hertel

“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”

(Carnegie Task Force on Education of Young Adolescents - 1989)

A Compassionate/Trauma Informed School

is a pedagogical framework of understanding that begins with rigorous professional development focused on students impacted by trauma. Trauma and adversity, medically and scientifically, are found to be barriers to effective learning and academic achievement, predominantly while the brain is in developmental stages; thus putting students at academic risk.



The Compassionate/Trauma Informed School Initiative provides a systemic approach to develop strategies and infrastructure that supports at-risk students and their families. This initiative pays close attention to the development and improvement of a positive climate and culture within each school in order to achieve an optimal learning environment for all students. The Compassionate/Trauma Informed School Initiative promotes an infrastructure in schools that:

- Raises awareness of the effects of trauma in the lives of children and their families,
- Utilizes data to employ strategies that mitigate the effects of trauma,
- Creates a context for change in the school environment,
- Makes teaching more enjoyable,
- Informs relevant policy development.
- Combines and partners with communities and families to support the whole child.

A compassionate/trauma informed school supports children in being resilient, self-regulated, and appropriately relational with adults and peers. It also supports executive function, physical and emotional health, academic achievement, and necessary skills for a successful life.

A Compassionate/Trauma Informed School:

- Maintains high expectations for all students.
- Provides specific support for students who have been impacted by trauma – however **all** students benefit from a compassionate climate and culture.
- Engages in rigorous training and learning for all school staff regarding the effects of trauma on learning, as well as strategies to mitigate its effects.
- Encourages strategies that promote student/staff wellness and self-care.
- Adopts a school wide infrastructure that supports the diversity of the school and meets the needs of students and families.
- Partners with communities and families and addresses the needs of the whole child.



Engage and Connect with the Older Adult Community

Sarah Toevs, PhD, College of Health Sciences and
Center for the Study of Aging, Boise State University

Preventing Elder Abuse

A VULNERABLE ADULT in Idaho:

a person 18 years of age or older who is unable to protect him/herself due to

- physical or mental impairment that affects judgment or behavior
- lacks sufficient understanding or capacity to make or communicate or implement decisions

An individual who has been in prior abusive environments

Types of abuse

- Physical Abuse
- Financial Abuse
- Neglect
- Emotional Abuse
- Sexual Abuse
- Self-Neglect

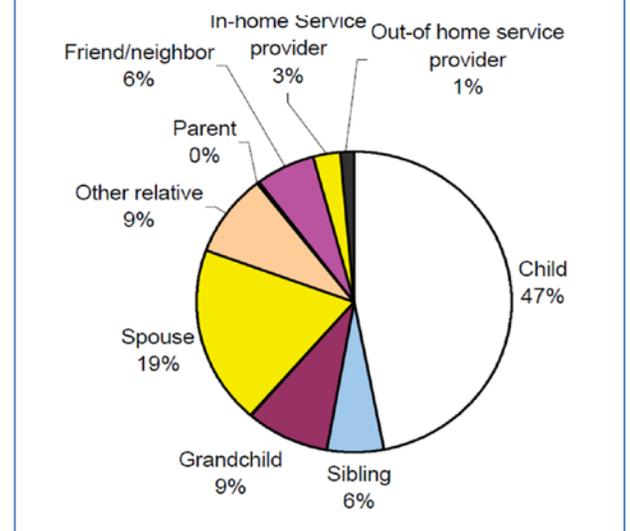
Who Abuses? In general - Family Members

- 52% are men
- 48% are women
- 30% are themselves over 60

Why does abuse happen?

- Caregiver stress
- Power and control
- Greed
- Ageism
- Payback/Resentment
- Entitlement
- Ignorance/Untrained/Undertrained
- Untreated mental illness/substance abuse

Who abuses older adults?



Preventing elder abuse means doing three things:

1. Listening to seniors and their caregivers
2. Intervening when you suspect elder abuse
3. Educating others about how to recognize and report elder abuse

How do I intervene?

- Make verbal report by phone as soon as possible to Adult Protective Services (APS).
- For APS contact information call Idaho 2-1-1 Careline or 991-5640 in Ada and Canyon Counties.

Resources

www.icoa.gov (Idaho Commission on Aging)

<http://hs.boisestate.edu/csa/>

www.javaidaho.org (Justice Alliance for Vulnerable Adults)

www.napsa-now.org/resource-center/training/

www.eldersandcourts.org/Training.aspx

www.centeronelderabuse.org/education_overview.asp

www.centeronelderabuse.org/Kaiser_Pharmacy.asp

The Power and Control Wheel for Elders and People with Disabilities

Identified below are common tactics used by abusers. At the hub of the wheel is the intention of all the tactics: to establish power and control. Each spoke of the wheel describes a tactic. The rim of the wheel, which gives it strength and holds it together, is fear and physical abuse, or the threat of it. (Adapted from the Minnesota Coalition for Battered Women by the Vermont Network against Domestic Violence and Sexual Assault)





Human Trafficking: Look Beneath the Surface

Rafael Gonzalez, First Assistant, U.S. Attorney – District of Idaho

According to the State Department, approximately 600,000 to 800,000 persons annually are trafficked across international borders. Eighty percent of the victims are female and 50 percent are children. Between 14,500 and 17,500 of those victims are trafficked into the United States. Human trafficking is a multi-dimensional threat: it deprives people of their human rights and freedoms, it is a global health risk, and it fuels the growth of organized crime. Human trafficking has a devastating impact on individual victims, who often suffer physical and emotional abuse, rape, threats against self and family, passport theft, and even death. But the impact of human trafficking goes beyond individual victims; it undermines the safety and security of all nations it touches.

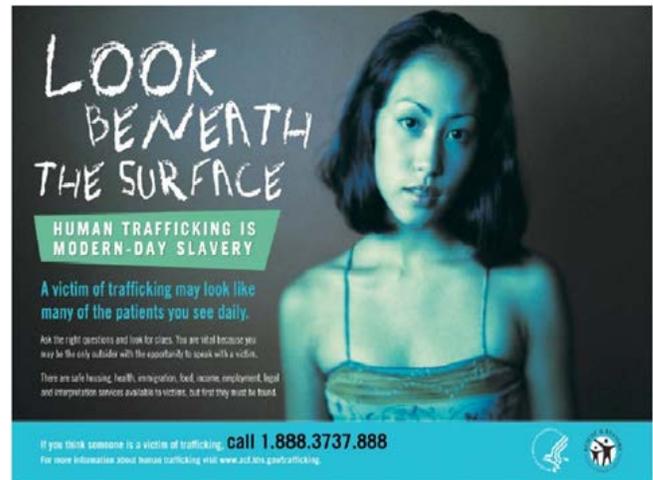


Perhaps the greatest challenge in combating human trafficking is victim identification. The victims are often unable to speak the language and have no one to advocate for them. Traffickers often take away the victims' travel and identity documents and tell their victims

that if they attempt to escape, their families back home will be either physically or financially harmed.

The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children defines “trafficking in persons” as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deceptions, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

The federal criminal code prohibits human trafficking under two groups of statutes. One from the Reconstruction Era Statutes, which prohibit peonage and involuntary servitude, and the Trafficking Victims Protection Act of 2000, which prohibits trafficking for forced labor and sex trafficking. The TVPA supplemented the preexisting servitude statutes to allow prosecution in cases in which traffickers hold their victims using more subtle forms of coercion, such as psychological manipulation or confiscation of travel documents. Together, these statutes provide the tools to combat trafficking in persons both worldwide and domestically. The three main elements of any trafficking case require an act, means and purpose.



The greatest challenge to any trafficking case is identifying the victim.

Law enforcement agencies need the public to remain alert to recognize and identify victims of modern-day slavery and sex trafficking who are in our midst. They are domestic servants, sweat-shop employees, sex workers and fruit pickers who were lured here by the promise of prosperity. Ultimately, they are forced to work without pay and are unable to leave their situation. We remain committed to giving them the help they need to come forward and help us end human trafficking with vigorous enforcement and tough penalties. As a primary mission area, the Department of Justice has the overall goal of preventing human trafficking in the United States by prosecuting the traffickers, and rescuing and protecting the victims.

Resources

For more information, please visit the following sites:

National Human Trafficking Resource Center: 1-888-3737-888

ICE Hotline: 1-866-347-2423 and online at www.ice.gov/tips.

The State Department's Trafficking in Persons Report 2013 at www.state.gov.

United States Attorney's Office, Wendy J. Olson, U.S. Attorney, (208) 334-1211



Taking Ownership on Violence Against Women: Engage and Connect with Immigrant Communities

Sujata Warriar, PhD

What do Immigrant Communities Look Like?

- Immigrants are 6% of the population and wield \$4.1 billion in purchasing power
- Immigrants and their children are growing shares of Idaho's population and electorate
- 1 in 8 Idahoans are Latino or Asian.
- Latino and Asian entrepreneurs and consumers add billions of dollars and thousands of jobs to Idaho's economy.
- Immigrants are integral to Idaho's economy as workers and taxpayers.
- Unauthorized immigrants pay taxes.
- Immigrants are important to Idaho's economy as students.
- Naturalized citizens excel educationally.

Engage, Connect and Collaborate with Immigrant Communities!

- Who is there in your catchment area?
- Learn about them.
- Find out how long they have been there.
- What are their issues?
- Who to approach?
- How to approach?
- Get to know your community.
- What misconceptions do you have about them?
- Where do the women go for help?
- What does the community want from you?
- What are the barriers that are there?
- How can you resolve them?

Communities have to own the issue of gender based violence.

We can help make the change – work together; after all this is a land of immigrants!

Resources

www.immigrationpolicy.org

www.assistahelp.org

www.nrcdv.org ; see Building Comprehensive Solutions – outreach to underserved communities

Sources

"New Americans in Idaho." *Immigration Policy Center*. American Immigration Council, n.d. Web. October 2013. <http://www.immigrationpolicy.org/just-facts/new-americans-idaho>



Moving To The Margins With Impact: Evaluation!

Wendi L. Siebold, Strategic Prevention Solutions

Making an Impact

Imagine you invite a small group of friends over to your home for dinner. Who are you inviting and why? What food will you be serving? What will be different for you after having friends over for dinner? How do you think your friends will be different after coming over? Have good conversation...Eat good food...Make new friends...Catch up with old friends...These are common questions we ask in our everyday lives in order to gain an understanding of whether we achieve the things we set out to do. In other words, we do evaluation every day. The truth is that every program and every activity deserves at least a simple understanding of how it was done and its impact; if you don't know your impact, how will you know how to improve your efforts and how your valuable resources are being spent? What do you evaluate? How do you know when you are making an IMPACT?

Words...Words...Words

One of the biggest barriers to evaluation is language. Let's break down some common terms:

Process Evaluation – Tracks whether a program was implemented as it was intended. Findings are used to improve future implementation of the program. HOW was it implemented? Every program you implement should have a simple process evaluation activity associated with it. Process evaluation is the key to program improvement.

Outcome Evaluation – Determines whether a program has achieved its intended CHANGES (goals). Also referred to as impact evaluation. Try to measure at least one change that has resulted from your program. If you have resources to measure more changes, do it!

Qualitative – Data collection techniques that focus on describing the meaning of something and have the goal of understanding an issue comprehensively and often from multiple perspectives. Data often consist of words and phrases, observations, narratives, etc.

Quantitative – Data collection techniques used to gather information that consists of numbers, percentages, and drawing statistical relationships.

Informed Consent – Telling individuals about the purpose and scope of your evaluation activities and asking whether they are willing to participate in these activities.

Inclusivity in Evaluation

In recent years, program evaluation has become confused with university-based research studies, and funders sometimes require advanced levels of evaluation in their reporting. This

has resulted in evaluation feeling burdensome and/or simply a reporting requirement. In the national race to add rigor to evaluation, we have disenfranchised communities in the name of “progress.” In fact, evaluation is a program planning tool – it provides you with the essential information you need to understand your impact and ways to improve your programming for improved impact.

Instead of saying....	Say...
Data	Information
Outcome	Impact
Evaluate the program	Tell the story of the program
Results	Findings
Interview	Conversation

Think about who has been involved in various steps in your evaluation efforts. How can you be more inclusive? Evaluation offers many options for including the communities with whom you work.

- Know your community: Just because someone does not show up to a meeting does not mean they do not have a vested interest
- Reach out to diverse groups: Follow up in person if someone does not participate
- Make your meetings accessible: Budget and make room for interpreters, use a web camera to include people who are not able to attend in person, meet at a time of day that is available for most people (e.g., youth can more easily attend meetings in the late afternoon)

Stakeholder Group	Possible Involvement in Evaluation
Program director / agency staff	Design first drafts of data collection tools, design data collection activities, coordinate the evaluation
Program participants	Help with design of data collection tools, possibly collect data, provide data, review initial evaluation findings
Community partners	Review initial evaluation findings, help decide how findings can be shared with others in the community

What Does It Look Like When The Evaluation Is Also Part Of The Program?

It's possible to save resources and incorporate evaluation activities into programming that is engaging. For example...

Digital Storytelling uses video, pictures, voice and song to tell a 3-5 minute short video story of a person's life or event. Participants write their own script, scan pictures / video, record sound, and combine them into a short film using software such as GarageBand or MovieMaker. The process of telling one's story is a moving and healing experience, and can also be combined with evaluation activities when participants are asked to comment on the changes they've experienced as a result of a program or initiative.

Photovoice is a method that combines photography with grassroots social action. Participants are asked to represent their community or point of view by taking photographs, discussing them together, developing narratives to go with their photos, and conducting outreach or other action. It is often used among marginalized people, and is intended to give insight into how they conceptualize their circumstances and their hopes for the future. As a form of community consultation, photovoice attempts to bring the perspectives of those "who lead lives that are different from those traditionally in control of the means for imaging the world" into the policy-making process.¹

Resources

nDigiDreams (Native Digital Storytelling): www.ndigidreams.com

The Center for Digital Storytelling: www.storycenter.org

Photovoice: www.photovoice.org

Worksheets and Tools: www.strategicpreventionsolutions.com/downloads

Fetterman, D.M. & Wandersman, A. (2005). Empowerment Evaluation Principles in Practice. The Guilford Press.

Contact Information

Wendi Siebold, M.P.H., M.A., President & Senior Research Associate
Strategic Prevention Solutions

/ www.strategicpreventionsolutions.com

1752 NW Market Street #402, Seattle, WA 98107

phone: 1.877.791.4167 | fax: 406.403.0237 |

wendi@strategicpreventionsolutions.com



¹ <http://en.wikipedia.org/wiki/Photovoice>



Interconnection of Disability and Violence

**Robbi Barrutia, Executive Director
Idaho State Independent Living Council**

Prevalence

Individuals with disabilities experience the highest rate of personal violence of any group in our society today. Yet, this very large segment of the American population is often invisible in the crime statistics. Abramson, W., Emanuel, E., Gaylord, V., & Hayden, M. (Eds.). (2000). *Impact: Feature Issue on Violence Against Women with Developmental or Other Disabilities*. Minneapolis, MN

Research has found that 68 percent to 83 percent of women with disabilities will be sexually assaulted in their lifetime (a rate 50 percent higher than the rest of the population). Sobsey, 1994

The Colorado Department of Health estimates that about 85 percent of women with disabilities are victims of domestic abuse, compared to 25 to 50 percent of the general population. P. Feuerstein, "Domestic Violence and Women and Children with Disabilities," Unpublished report, Milbank Memorial Fund; Berkeley Planning Associates, Meeting the Needs of Women with Disabilities)

Many people with disabilities, because they are perceived as vulnerable and unable to defend themselves or get help, are targets for offenders.

People with disabilities stay in dangerous conditions significantly longer:
11.3 years vs. 7.1 years in situations of physical abuse
8.3 years vs. 4.1 years in situations of sexual abuse
(Baylor University Study)

Collaboration is Key

- Collaboration is the key to providing survivors with a comprehensive organized support network.
- No single advocacy agency can meet every survivor's needs. By collaborating with people with disabilities, health care experts, advocates and other service providers, many more needs can be met.

Resources

United States Department of Justice Programs – Promising Practices
OVC http://www.ojp.usdoj.gov/ovc/publications/infores/ServingVictimsWithDisabilities_toolkit/welcome.html

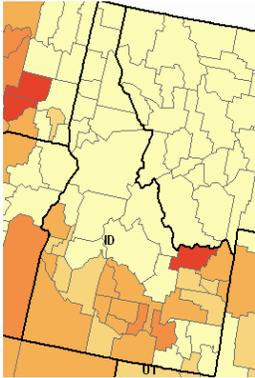
Accessing Safety Initiative <http://www.accessingsafety.org>



Latin@ Realities

Micaela Rios, Idaho Coalition Against Sexual & Domestic Violence

Many national studies on the prevalence of Intimate Partner Violence among Latina women in the United States are published and reported; however, each result vary among the context of the issues, including survey methods used, community/government climate, and language in which the study was conducted. Although there are statistics we can use to better serve the Latin@ populations, it's important to keep the context of these issues in mind.



(darker shades represents higher percentage of Spanish Speakers – Modern Language Association)

- Nearly 1 in 4 Latinas will experience IPV during their lifetime; and
- According to the 2010 National Intimate Partner and Sexual Violence survey, 37.1% of Hispanic women have experience rape, physical violence, and/or stalking by an intimate partner in their lifetime. Of the 46% of Hispanic survivors, 15.2% experienced rape, 37.1% reported being physical violence, while 15.2% reported stalking victimization in their lifetime.

On a state-level, it's also important to view the population growth of Latin@s in Idaho. The 2013 Census Bureau reported the Hispanic/Latin@ population in Idaho at 185,160. Currently approximately 10.3% of Idaho residents speak another language—Spanish being the next most spoken language other than English, according to the Modern Language Association.

What is acculturation?

Ac•cul•tur•a•tion: the process of integrating cultural traits or social patterns of another group.

Acculturation Continuum

Isolation → Adaptation → Bi-culturalism → Assimilation

Every Latin@ is in the process of modifying his or her native culture because of contact with mainstream culture and with other non-mainstream cultures; and acculturation places immense stress on families and a number of factors affect the rate of acculturation. In moving forward to being inclusive and culturally competent in the area of Latin@ advocacy, the cultural context of Latina's lives include three major factors:

1. Experience: daily experience

- Age when she immigrated or when she was born in the U.S.
- Education and socio-economic level (in the U.S. or country of origin)
- Language – English only; Spanish only; or both
- Past experience with mainstream systems and individuals
- Level of acculturation

2. Reality: way of living

- Familia comes first, regardless of good or bad, triumph or turmoil
- Familia is made up of extended members and close friends
- Decisions are based on the good of the “whole” not “individual”
- Religion

3. Consciousness: way of thinking

- Interdependence, highly relational, with extended family structure
- Communicated through story-telling
- Importance placed on traditions, cultural celebrations, food sharing, music, art, and dance
- Living the moment—not thinking about future

How would basic Latin@ advocacy look like in your agency?

- 1) *Be mindful of the Latino population in your community.* There may be a low rate of Latinas seeking help within your agency and may create an illusion that your services are not needed by this population. When in fact, it's reported that Latinas are only half as likely to report abuse to authorities and prefer to tell family members and close friends about the abuse.
- 2) *Hire bi-lingual AND bi-cultural staff to represent the Latin@ population in your community.* If your community has a small Latin@ population, compile a list of accessible interpreters and establish a continuous working relationship with interpreters.

- 3) *Re-evaluate accessibility.* Are your informational materials, in-take forms, and website in both English and Spanish (be sure to note what services are offered in Spanish)?
- 4) *Promote diversity within your staff, volunteers, and board.* Reach out and form relationships with leaders in your community to be part of your agency through the varying capacities.
- 5) *Conduct regular cultural competency trainings with staff, volunteers, and board.* The level of acculturation varies for each survivor and is never stagnant. Advocates must be mindful of these factors and have the skills and knowledge when accessing each individual survivor. Reach out to Latin@-serving agencies in your community and invite them to do your cultural competency trainings or view some online resources.

**Latin@s are not a homogeneous group, such as only Mexican or Mexican-American. Latin@s are comprised of populations from over 20 different countries in Latin America. Latin@ can also be used as “Hispanic” interchangeably depending on the context of the material.*

Resources

Arte Sana: www.arte-sana.com

National Latin@ Network: www.nationallatinonetwork.org

Casa de Esperanza: www.casadeesperanza.org

Office of Justice Existe Ayuda Toolkit: www.ovc.gov/pubs/existeayuda

Contact

Micaela Rios, Program Specialist

Idaho Coalition Against Sexual & Domestic Violence

208-384-0419, ext. 310

micaela@engagingvoices.org



LGBT Community: Increasing Knowledge to Promote Effective Prevention and Advocacy

Jess Caldwell-O'Keefe, PhD

Director of the Women's Center, Boise State University

Introduction

Gaining knowledge about the intersection between gender-based violence and LGBT community has the capacity to enhance service provision to all clients. Everyone has a sexual orientation and a gender identity and everyone's is unique. However, some identities experience an increased rate of discrimination—including gender-based violence, and additional challenges in accessing resources. We can all improve our services for the LGBT communities and subsequently enhance services for everyone. Learning more is the first step!

Recommendations for inclusive service provisions adapted from VAWnet.org

1. Recognize and address attitudes and behaviors predicated in homo, bi, and transphobia.
2. Produce and dissemination information about and for LGBT survivors.
3. Promote diversity within agency staff.
4. Learn more about LGBT individuals and history including coming out and identity development.
5. Develop and use LGBT affirming language, assess survivors' experiences with bias, honor individuals multiple identities.
6. Identify or create LGBT resources.
7. Provide professional development opportunities to enhance staff knowledge of culturally competent LGBT service provision.
8. Participate in policy and social change work to promote equality.

Resources

Research

LGBQ Domestic Violence www.stopvaw.org/lgbq_domestic_violence
"Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence" www.VAWnet.org

“CDC’s NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation” http://www.cdc.gov/violenceprevention/nisvs/2010_soreport.html

National Organizations

- The Human Rights Campaign www.hrc.org - Advocacy for national policies and laws.
- Northwest Network <http://nwnetwork.org/> - Broad reaching organization focused on preventing violence and supporting LGBT survivors.
- Forge www.forge-forward.org Resources for a wide variety of issues impacting the transgender community including violence.

Local Organizations

- Add the Words Idaho <http://addthewords.org/> - Working to add the words “Sexual Orientation and Gender Identity” to the Idaho Human Rights Act.
- Idaho Safe Schools Coalition <http://idahosscc.com/> A partnership between youth and adults to promote inclusive environments for LGBT and ally youth.
- The Community Center <http://www.tccidaho.org/index.htm> LGBT center in Garden City that hosts a variety of activities including the Tri-States Transgender Group, Gay AA and PFLAG.

Contact Information

Jess Caldwell-O’Keefe, Ph.D.

Associate Dean of Students/Director, Boise State Women’s Center

Jesscaldwellokeefe@boisestate.edu

Definitions

Identity definitions are historical and regional, what might be a common term in one area may be uncommon in another. Always defer to how an individual self identifies. For people whose experiences have largely been defined by others, having the ability to define their own experience is powerful.

Biological Sex: refers to a person’s biology in terms of anatomy, chromosomes, and/or hormones, ie. XX (female), XY (male). There are many combinations of these physical characteristics. Sex is a prediction assigned at birth by doctors.

Gender: Social construct and process of roles and expectations assigned based on biological sex.

- **Gender Identity:** is how a person identifies their own gender, regardless of how others define them. Everyone has a gender identity and for most people gender identity aligns with their biological sex.
- **Gender Role or Expression:** is the way a person expresses their gender to the outside world. Refers to an individual's characteristics and behaviors, such as appearance, dress, mannerisms, speech patterns, and social interactions that are perceived as masculine or feminine.
- **Trans/Transgender:** those who transgress societal gender norms; often used as an umbrella term to mean those who defy bipolar gender constructions, and who express or present a non-stereotypical gender roles. A Transgender person may or may not modify his/her/hir body through hormones or surgery.
- **Transsexual:** a person who, through experiencing an intense long-term discomfort resulting from feeling the inappropriateness of their assigned sex at birth and discomfort of their body, adapts their gender role and body in order to reflect and be congruent with their gender identity.

Sexual orientation: is defined by a person's enduring emotional, romantic, or sexual attraction to other people. Again, this "scale" can be thought of as a continuum whereby most people fall somewhere between "attracted to women" or "attracted to men."

- **Lesbian:** a woman or girl whose primary sexual and romantic feelings are for people of the same sex.
- **Gay:** a man or boy whose primary sexual and romantic feelings are for people of the same sex. While many people use this term only to refer to gay men, others use it as a general term to include both men and women: for example, "the gay community."
- **Bisexual:** a person who has the ability to be emotionally, physically, and/or sexually attracted to more than one sex.
- **Queer:** an inclusive term which refers collectively to LGBT folks and others who may not identify with any of these categories but do identify as queer. While "queer" has often been used as a hurtful, oppressive term, some people have reclaimed it as an expression of power and pride.
- **Homosexual:** a person who is emotionally, physically, and/or sexually attracted or committed to members of a similar sex. A clinical term that originated in the late 1800's. Some avoid using the word because the label was originally a diagnoses of a mental illness. The terms "gay, lesbian, and bi" are preferred by the majority of the community.



Meeting People Where They Are: Mental Health and Trauma

Mental illness touches our lives. 20% of youth 13-18 experience a severe mental disorder in a year (13% for 8-15); 1 in 4 adults experiences a mental illness in a year, not to mention the millions of loved ones that care deeply and yearn to provide whatever support is needed. Yet stigma holds communities back from treating mental illness like most other health issues: valid, important, and blameless. With stigma, it can take great risk to speak up – to break the silence, get support, and be wholly connected to a supportive system of care. Stigma can prevent loved ones from accessing what they need to be supportive and cope. Stigma contributes to debilitating barriers when providers deny services, or do not provide trauma informed care, or fail to make reasonable accommodations for people with a mental illness. Stigma also can make it hard for protective families to talk to their children about their own, or the child's mental illness.



Domestic violence can lead to isolation and mental illnesses such as depression, anxiety, panic attacks, substance abuse and posttraumatic stress disorder – for both survivors and their children. Abuse can trigger suicide attempts, psychotic episodes, and impede recovery.

People with a mental illness are more vulnerable to experiencing domestic violence, and survivors of domestic violence are at greater risk of experiencing a mental illness. Children in homes experiencing domestic violence or with parents who are mentally ill are at greater risk of developmental and mental health issues.



Stigma in our society associated with experiencing mental illness **or** domestic violence can create major hurdles and sometimes insurmountable barriers to receiving the community connections and services needed for safety and optimum health. Despite effective treatments available, long delays exist between symptoms onset and treatment. Children and people of color are among those that experience the longest delays to treatment.

Let's reduce stigma of mental illness AND of domestic violence – and

create compassionate communities where everyone is safe and free to reach their optimum health!!

Many survivors of domestic violence who are also experiencing mental illness have their symptoms resolve once they and their children are safe and have the support they need. Others may need ongoing care throughout life to reach their full potential. Children who have at least one nurturing, consistent safe adult in their life can be incredibly resilient. As a community it is our responsibility to open doors however we can, so everyone can access optimum health.

We and/or our organizations must act!

- ✓ Reduce stigma. Dispel myths. Speak up!
- ✓ Facilitate connections for families, not just individuals.
- ✓ Ask them what might be helpful to them and their family. Go the extra mile. Be an advocate.
- ✓ Focus on enhancing well-being in addition to safety.
- ✓ Respond better to challenging behaviors.
- ✓ Create solid partnerships between mental health and DV sector. Know the resources *and* people
- ✓ Provide trauma informed care –



- Calming, personal, family friendly environment reflective of anyone you may serve i.e., all ages, cultures, gender/orientation. Display multi-lingual, varied developmental ranged materials for domestic violence, mental health/wellness events or support groups
 - Provide developmentally appropriate, strengths based, trauma informed intakes
 - Provide **accessible** services, balancing individualized flexibility with structure.
 - Build organizational and individual wellness into workplace policies and practices.
-
- ✓ Support actions which create access to services, and reduce stigma. Bookmark resources at the end of this page! Sign petitions!
 - ✓ Plan ahead. Don't wait to learn, advocate, and support.
 - ✓ Be a champion for compassionate communities!

Resources

National Center on Domestic Violence Trauma and Mental Health www.nationalcenterdvtraumamh.org

Resource Center to Address Discrimination and Stigma <http://www.stopstigma.samhsa.gov/>

Idaho Federation of Families for Children's Mental Health www.idahofederation.org

National Alliance on Mental Illness www.nami.org

www.youmatter.suicidepreventionlifeline.org

Children of Parents With Mental Illness <http://www.copmi.net.au/>

Promising Futures Without Violence www.promisingfutureswithoutviolence.org

Melissa Ruth, MS, LCPC

Idaho Coalition Against Sexual and Domestic Violence

Melissa@engagingvoices.org

www.engagingvoices.org

THANK YOU!



Engaging and Connecting with Migrant or Seasonal Farmworkers

Maria Mabbut, Power of Translation

Farmworking women in Idaho are usually immigrant women, many of Mexican descent. Many are monolingual Spanish-speaking or limited English-speaking. Given the nature of the work that they perform and the very low wages they earn, most are very low-income and live in rural communities throughout Southern Idaho. While farmworker data (especially in Idaho) is virtually non-existent, the data below about Latinas in Eastern North Carolina reflects virtually the same challenges and obstacles farmworking women in Idaho face.

- Latina women face obstacles to receiving help such as fear of deportation, social isolation, misinformation and lack of knowledge about legal rights, lack of knowledge about law enforcement capabilities and structure, language differences, and limited knowledge of the availability of social services to help.

Denham, A. C., Frasier, P. Y., Gerken Hooten, E., Belton, L., Newton, W., Gonzalez, P., Begum, M., & Campbell, M. K. (2010). Intimate partner violence among Latinas in Eastern North Carolina. *Violence Against Women*, 13(2), 123 – 140.

Steps to successfully engage and connect with migrant or seasonal farmworkers:

- Increase self-awareness/knowledge – Learn through reading, documentaries, and local experts/leaders/organizations
- Identify local/community experts/leaders/organizations – Two non-profit organizations that have been providing services to Idaho's farmworkers are: Community Council of Idaho, they have offices throughout Southern Idaho and the Migrant Farmworkers Law Unit, they have outreach workers in Southwest Idaho and the Magic

Valley. The Idaho Department of Labor is charged with conducting outreach to significant migrant/seasonal farmworker communities.

- Conduct outreach (especially in rural areas) – you can coordinate/collaborate with other organizations and agencies who are already conducting outreach to MSFWs.
- Utilize the media – Spanish language radio is one of the most effective ways to reach Spanish-speakers. Most significant Latino communities have at least one radio station (Canyon County, Mini-Cassia, and Eastern Idaho).
- Advocate – More information, materials, services, etc. need to be accessible.

Frontline – Rape in the Fields

<http://www.pbs.org/frontline/rape-in-the-fields>

FRONTLINE partners with Univision News—the award-winning news division of the leading media company serving Hispanic America, Univision Communications, Inc.—for *Rape in the Fields/Violación de un Sueño*, to uncover the hidden price that many migrant women working in America’s fields and packing plants, especially those who are undocumented, are paying to keep their jobs and provide for their families.

Resources

United States Farmworkers – Fact Sheet can be downloaded from Student Action with Farmworkers website – www.saf-unite.org

Farmworkers and Immigration – Fact Sheet can be downloaded from Student Action with Farmworkers website – www.saf-unite.org

National Center for Farmworker Health – Farmworker Health Fact Sheet –

<http://www.ncfh.org/docs/fs-Migrant%20Demographics.pdf>



Engage and Connect with the Native American Community

Bernie LaSarte, RN, Manager/DV/SA/SANE Advocate,
Coeur d'Alene Tribe's STOP Violence Program

You do not have to be Native to understand the intersection of being a Native American Woman and suffer the highest rates of domestic violence and sexual assault.

Native American women are beaten 3 ½ times more than any other race in the U.S.

They will be sexually assaulted at some point in their life 2 ½ times more than any other race in the U.S. That rate may increase to 100% on some reservations. Alaska Natives, Pine Ridge.

They suffer the most violent of assaults of any other race.

Approximately 4 out of every 10 women (46.0%) of American Indian or Alaska Native race/ethnicity and have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. Of the 46%: 45.9% experienced physical violence, 1 in 4 (22.7%) reported being stalked, while more than one-quarter (26.9%) reported rape victimization in their lifetime.

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

You can become an advocate for Native American Women!

- 1. Understanding** – Native women carry the trauma of their ancestors. They are predisposed to the intergenerational trauma of their culture. She is always being told, by her own family as well as others that she

is not worth much because she is an Indian (Squaw). She knows that both her mother and grandmother were beaten by their husbands or significant others. They both have been sexually violated many times, starting at very young ages in life. She knows that she will be too. She is vulnerable and tries to forget the pain of assaults, maybe, by using substances that predisposes her to even more violence. To walk in the shoes of a Native American woman this is the first step to understanding why the high rates of violence and sexual assault on native women. Understand she doesn't always ask or know how to ask for help. She often feels like she deserves to be treated this way because she's Indian. You will gain her trust by understanding.

2. **Respecting** – give her the respect she deserves by being human like you and I. You do not have to like or agree with her, but show her the respect just like you'd like if the situation were turned around. Treat her like you would like to be treated. Respect her for being human, a woman, and lastly Native. Women are still discriminated against in this country, imagine being a woman AND Native too boot! You will gain her trust by showing her respect.
3. **Believing** – believe her story just like you would any other person's. She has been told she is lying many times, perhaps as a child when she reported to her mother that she was being sexually molested by her mother's boyfriend. Her mother called her a liar and exclaimed "that boyfriend is a good man and doesn't deserve to be treated like that!" She has been ostracized by her own family. She doesn't report any more after that because she doesn't want to be "the bad person". You will gain her trust by believing her.
4. **Accepting** – accept her for her differences and similarities. She may be different in the color of her skin, but she has no differences inside. She has the same kind of feelings as anyone. She may be different only in her circumstances and her heritage. Accept that her situation does not define her as a person. Accept that her story is the truth. Accept those differences and you will gain her trust.

What would it look like if we all worked together?

- Improved reporting rates in Native American communities.
- Improved advocacy of Native women.

- Increased knowledge and efficiency of advocates.
- Improved acceptance.
- Better relationships.

Resources

Southwest Center for Law & Policy

Department of Justice, Violence Against Women Tribal Communities

Women Spirit Coalition in Washington State

Tribal Court Clearinghouse



The Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect and Respond to Prison Rape

Steven G. Jett

In 2006, approximately 90,000 juveniles were confined in juvenile detention facilities in the United States, with more than half (55,978) under the age of 16. Unfortunately, this population is not immune to experiencing sexual victimization during confinement.

In June, 2012, the US Department of Justice (DOJ) included standards applicable to juvenile detention facilities in the National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA).

Final Standards include:

- Mandate to include zero-tolerance environment regarding sexual abuse/harassment
- Increased supervision levels
- Steps to preserve privacy of residents
- Increased awareness of needs of LGBTI juveniles
- Guidelines and restrictions for hiring and promotion of staff
- Increased levels of training for staff, contractors, volunteers
- Education of residents regarding sexual abuse and harassment
- Multiple avenues for residents to report
- Evaluation of resident information to make informed housing/placement decisions
- Appropriate and immediate response, including investigations performed by properly trained investigators
- Forensic exams provided at no cost by properly certified examiners (S.A.F.E./S.A.N.E.)

- Requirement for the agency to attempt to make available to the victim a victim advocate from a rape crisis center.

“A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents” by the Office on Violence Against Women recommends that the elements of an immediate response to sexual assault include:

- Protection for victims from threats of imminent harm;
- Provision of medical care for victims;
- Collection of forensic evidence from victims, which may aid investigations;
- Preliminary investigation with possible criminal prosecution, as well as administrative findings, disciplinary process, and/or disciplinary sanctions); and
- Support, crisis counseling, information, and referrals for victims (and their families as applicable), as well as advocacy to ensure victims receive appropriate assistance.

Crisis counseling and victim support are essential components of a proper response.

PREA Standard 115.321

- The agency shall attempt to make available to the victim a victim advocate from a rape crisis center.
- IF a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services:
 - a qualified staff member from a community-based organization; or
 - a qualified agency staff member.

PREA Standard 115.353

- Residents are to be provided access to outside victim advocates
 - for emotional support services related to sexual abuse
 - through provision of current mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State or national victim advocacy or rape crisis organizations
 - immigrant services agencies (for persons detained solely for civil immigration purposes)

How can we partner together?

As victim advocates, you may have essential services to help victims that correctional facilities may sometimes lack.

Each juvenile detention center, jail or prison should enter into an MOU with a rape crisis center to provide emotional support through victim advocates.

If contacted, you can help by:

- Facilitating discussions between corrections staff and representatives of the community-based victim advocacy program on how to provide advocacy services to sexual assault victims housed in the correctional facility.
- Facilitating cross-training for corrections staff and victim advocates.

Resources

PREA Standards and other resources: www.prearesourcecenter.org

National Protocol for Sexual Assault Medical Forensic

Examinations: <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

Contact Information

Steven Jett

Consultant, The Moss Group, Washington, D.C.

Director, Southwest Idaho Juvenile Detention Center, Caldwell, ID

Department of Justice Certified PREA Auditor-Juvenile Facilities

(208) 454-7353 sjett@canyonco.org



Gender, Culture, Tradition and Domestic Violence for Refugee Women and Girls

Keziah Sullivan, Idaho Coalition Against Sexual & Domestic Violence

What can you do to connect and foster compassion?

- Facilitate conversations to raise awareness about relationship abuse and other family violence within the refugee community.
- Include holistic modules in your community education efforts that address domestic abuse, – gender equity, state and federal laws, healthy family relationship characteristics and skill building, and intergenerational lift.
- Seek input and leadership from refugee women and girls. Their authentic contribution will help you to adapt materials and conversations which are culturally appropriate.
- Socialize with and develop relationships by attending cultural refugee events, and then invite them to yours. Encourage opportunities for your staff and colleagues to interact with refugees from the community.
- Develop partnerships with local refugee agencies so that when the need arises, they will know who to contact.
- Offer authentic cultural competency training to your program staff. Refugees are a great resource for cultural discussion topics.
- Build rapport with victims. Ask for guidance, feedback on intervention, as well as barriers to services that your program offers.

Why is connecting with refugees the right thing to do?

- The refugee population is a rapidly growing part of our Idaho community.
- Refugee women and girls experience violence similarly to women from the U.S. However, some refugee cultures use social and cultural traditions to excuse and justify violence, and to isolate victims.
- Refugee communities have an increased vulnerability to abuse due to the stress and pressures of migration and adjustment to American culture.

- Refugees who have experienced abuse may have fear coming forward due to stigmatization and discrimination from within their own community.
- Empowerment and independence of women in a refugee household may disrupt a previously established imbalance of power within a family and prevent future emotional, psychological or physical abuse.
- Because in some refugee cultures domestic violence is viewed as a family issue and calling for help may not be a viable option.
- Because some victims may have had negative experiences with law enforcement officers in their own countries and are reluctant to involve law enforcement.
- Because language barriers may hinder refugee victims from using hotlines during emergencies.
- Because some victims may be ignorant or are afraid of the legal impacts of reporting. For instance they might be afraid the spouse may be deported.

What do we know?

The experiences of immigrant women in abusive relationships are often exacerbated by their unique position as immigrants. Limited host-language skills, isolation from and contact with family and community, lack of access to socially dignified employment, unclear legal rights, and hostile experiences with authorities in their origin countries are some of the many intensifying issues. (Menjivar & Salcido, 2002).

But regardless of the prevalence, no one should have to endure violence of any kind. Violence against women and girls violates numerous human rights principals. As advocates for the most vulnerable, we must to insist upon the respect for their human rights. As human beings they are entitled to:

- The right to life, liberty and security of the person.
- The right to the highest attainable standard of physical and mental health
- The right to freedom from torture or cruel, inhuman, or degrading treatment or punishment
- The right to freedom of movement, opinion, expression, and association

- The right to enter into marriage with free and full consent and the entitlement to equal rights to marriage, during marriage and its dissolution.
- The right to education, social security and personal development.
- The right to cultural, political and public participation, equal access to public services, work an equal pay for equal work

Resources

- College of Southern Idaho Refugee Center – <http://refugeecenter.csi.edu/index.asp>
- English Language Center – <http://elcboiseorg.ipage.com/>
- Bridging Refugee Youth & Children Services - <http://www.brycs.org/>
- Agency for New Americans - <http://www.anaidaho.org/>
- International Rescue Committee - <http://www.rescue.org/us-program/us-boise-id>
- Cultural Orientation Resource Center - <http://www.culturalorientation.net/learning>

Sources

Menjivar, C., & Salcido, O. (2002, Dec 1). Immigrant Women and Domestic Violence: Common Experiences in Different Countries. *Gender & Society*, 16(898).

Keziah Sullivan
Idaho Coalition Against Sexual & Domestic Violence
Keziah@engagingvoices.org

THE STRENGTHENING FAMILIES LENS Impact Evaluation

Place

Date

Protective Factor	What We Know (when we have it) Participant	Times noticed	What We Can Do (to build it) Facilitator	When I did this
<p>Parental Resilience: <i>Ability to BOUNCE back and have HOPE</i></p>	<ul style="list-style-type: none"> • Hope • Problem solving skills • Restoring calm • Self- Care • Future dreams 		<ul style="list-style-type: none"> • Validate & encourage • Support decision making • Guide problem solving • Support self-care 	
<p>Social Connections: <i>Positive and safe relationships</i></p>	<ul style="list-style-type: none"> • Emotionally supportive friends, family & neighbors • Social skills and the capacity to make friends • Resource sharing and mutual help 		<ul style="list-style-type: none"> • Connect isolated families • Create group projects & social sharing • Create socially inclusive culture 	
<p>Concrete Support: <i>Basic needs are met</i></p>	<ul style="list-style-type: none"> • Families navigate and get needed/eligible services • Families have food, clothing, housing and transportation • Rehabilitation services are available and effective 		<ul style="list-style-type: none"> • Support families knowledge and ability to access community services • Use trusting relationships as gateway to other services 	

THE STRENGTHENING FAMILIES LENS Impact Evaluation

Place

Date

<p>Knowledge Of Parenting and Child Development:</p> <p><i>Learning how to parent and how children grow</i></p>	<ul style="list-style-type: none"> • Knowledge of normal child development • Understanding of nurturing parenting & discipline • Understanding developmental needs of each child 		<ul style="list-style-type: none"> • Ask about children and their lives • Talk about parenting techniques & classes • Create safe environments for visiting 	
<p>Social Emotional Competency of children:</p> <p><i>Essential for a child's development and for family stability</i></p>	<ul style="list-style-type: none"> • Children's emerging ability to interact positively with others • Parents responsive to children's needs • Children learning to tell parents what they feel. 		<ul style="list-style-type: none"> • Make connections to quality childcare and mental health supports • Listen to parent's concerns about their children • Include discussions about the importance of feelings for parents and children 	

HOW DO ACES AFFECT OUR LIVES?

ACES CAN HAVE LASTING EFFECTS **ON** BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death**.

The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

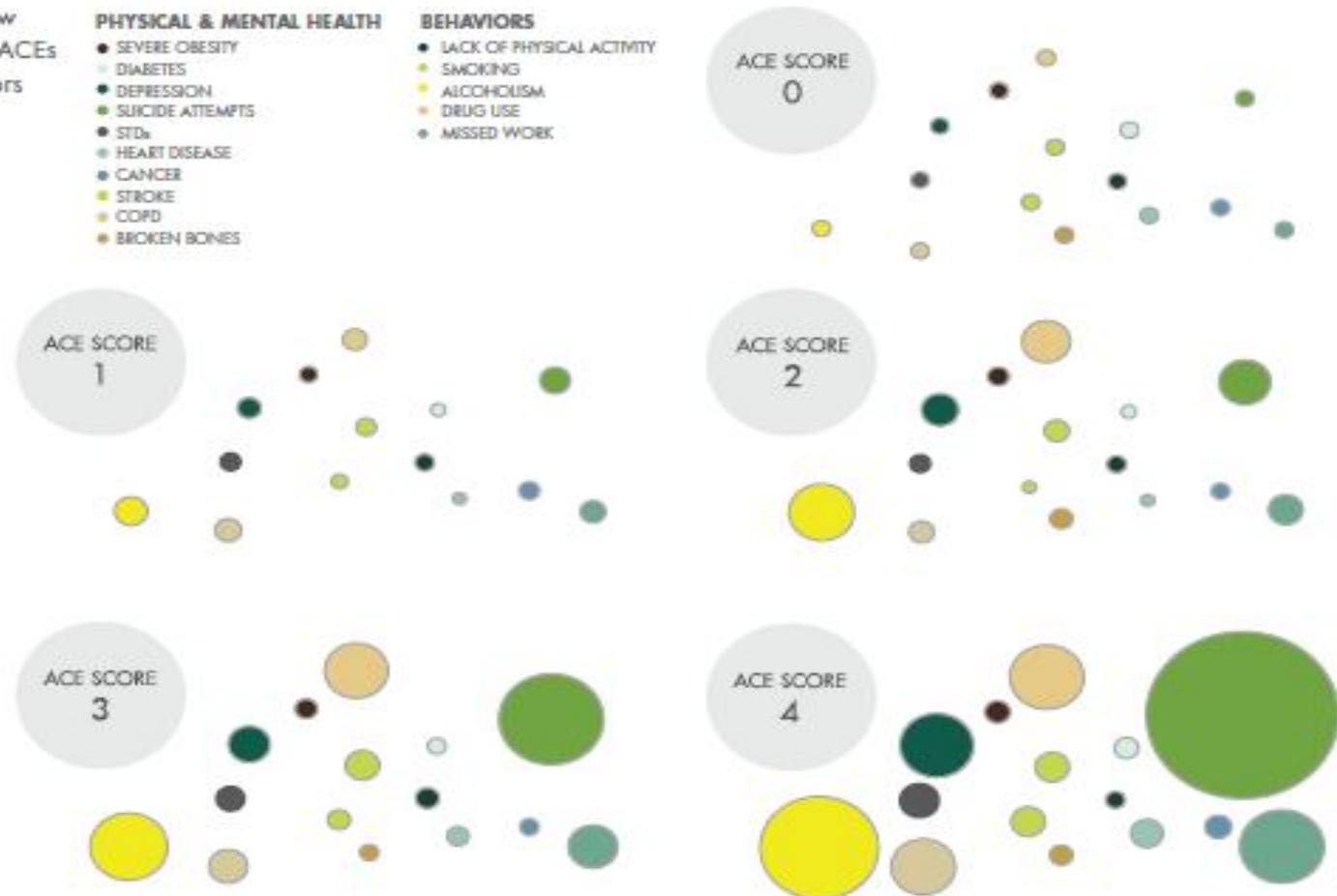
*Having an ACE score of zero does not imply an individual could not have other risk factors for these health behaviors/diseases.

PHYSICAL & MENTAL HEALTH

- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STDs
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

BEHAVIORS

- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK





Violence and Reproductive Justice: Connecting the Issues

Eesha Pandit

What is Reproductive Justice?

The reproductive justice framework – the right to have children, to not have children, and to parent the children we have in safe and healthy environments -- is based on the human right to make personal decisions about one's life, and the obligation of government and society to ensure that the conditions are suitable for implementing one's decisions.

It represents a shift for women, by advocating for control of their bodies, from a narrower focus on legal access and individual choice (the focus of many mainstream organizations) to a broader analysis of racial, economic, cultural, and structural constraints on our power. Reproductive Justice addresses the social reality of inequality, specifically, the inequality of opportunities that we have to control our reproductive destiny. Our options for making choices have to be safe, affordable and accessible, three minimal cornerstones of government support for all individual life decisions.¹

What is the history of the term?

"The concept of Reproductive Justice began to take shape when members of a women of color delegation returned from the 1994 International Conference on Population and Development in Cairo, Egypt. Shortly after, a group of African American women caucused at the Illinois Pro-Choice Alliance Conference in Chicago. The group became known as Women of African Descent for Reproductive Justice. They decided to devise a strategy to challenge the proposed healthcare reform campaign by the Clinton Administration that did not include guaranteeing access to abortion. Not wanting to use the language of 'choice' because they represented communities with few real choices, they integrated the concepts of reproductive rights, social justice and human rights to launch the term 'Reproductive Justice.' Their signature ad in the Washington Post debuted the term reproductive justice in 1994."

- Loretta Ross, A History of Reproductive Justice

Understanding the Connection:

Intimate Partner Violence (IPV), including sexual, physical, emotional and economic abuse, affects the lives of women across all races and income

levels.ⁱⁱ Nevertheless, women of different racial and socioeconomic backgrounds experience different, often increased, rates of violence.

- Poverty, stress, unemployment and substance use are all predictors of IPV.ⁱⁱⁱ
- IPV may contribute to higher rates of unintended pregnancy and escalate during pregnancy.^{iv}
- One study found that a woman's odds of experiencing IPV rose by 10% with each pregnancy.^v
- American Indian and Alaskan females have higher rates of nonfatal IPV as compared to either Black or White females,^{vi} but Black women account for 22% of all intimate partner homicide victims.^{vii}
- There are also both linguistic and cultural barriers to seeking help for many women, who may fear authorities even more than their batterer,¹⁰ or may have trouble accessing culturally appropriate services in the language they are most comfortable speaking.^{viii}

How You Can Combat Intimate Partner Violence and Support Reproductive Justice

- Advocate for access to comprehensive reproductive health care. Because abusers often isolate their victims, contact with a health care provider can present a rare opportunity for a woman who is being abused to get help. All providers should screen for IPV and be able to direct patients to resources for those experiencing violence.
- Oppose restrictions on access to family planning services and abortion, which are especially burdensome to women who are experiencing violence and do not want to become pregnant or continue their pregnancies.
- Support laws that expand access to contraceptives so women are not dependent on their partners' cooperation in preventing unintended pregnancies.
- Support laws and policies that improve economic conditions for low-income women, so women have the financial ability to leave abusive relationships.

Resources

The resources below, from a toolkit called "reproductive Justice and Violence Against Women: Understanding the Intersections^{ix}," provide information and tools for this work:

- **The Facts on Reproductive Health and Violence against Women** | by Futures Without Violence . This brief provides data on violence against women and reproductive health revealing that domestic violence poses health risks to women of reproductive age.

- **Male Reproductive Control of Women Who Have Experienced Intimate Partner Violence in the United States** | by Ann M. Moore, Lori Frohwirth, & Elizabeth Miller, Guttmacher Institute (2010) 74% of respondents in this study identified male reproductive control as a tactic of abuse used against them by their intimate partner. The article includes recommendations to help women protect their reproductive health and physical safety.
- **Making the Connection: Domestic Violence and Public Health, An Evidence Based Training, Part 4: Family Planning** | (20 p.) by Linda Chamberlain, Futures Without Violence (2004) This chapter provides information about the impact of domestic violence on reproductive health.
- **The EMERJ Reproductive Justice Lens Toolkit: Identifying Reproductive Justice Issues in Your Community** | by *Expanding the Movement for Empowerment and Reproductive Justice (2008)*. This toolkit provides resources for people to understand the reproductive justice lens, identify reproductive oppression in their communities, and make connections and alliances across communities and movements for reproductive justice.
- **Movement Building Indicators** | by *Maria Nakae, Moira Cowman and Eveline Shen, Asian Communities for Reproductive Justice (2009)* This tool can be used to strengthen organizations' plans and strategies around reproductive justice. It is designed for organizations to access their work with a reproductive justice lens.

ⁱ From SisterSong: Women of Color for Reproductive Justice:

http://www.sistersong.net/index.php?option=com_content&view=article&id=141&Itemid=81

ⁱⁱ Eighty-five percent of IPV victims are women. Bureau of Justice Statistics Crime Data Brief, *Intimate Partner Violence, 1993-2001* (February 2003), cited in Nat'l Coalition Against Domestic Violence, *Domestic Violence Facts* (2007),

[http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf)

ⁱⁱⁱ University of Minn. Inst. on Domestic Violence in the African American Community, *Fact Sheet: Intimate Partner Violence (IPV) in the African American Community*,

http://www.dvinstitute.org/media/publications/FactSheet.IDVAAC_AAPCFV

-

Community%20Insights.pdf (last visited Oct. 19, 2009).

^{iv} L. Roth et al., Predictors of Intimate Partner Violence Among Women Requesting Medical Abortion, 78 *CONTRACEPTION* 190 (2008).

^v Rebekah E. Gee et al., *Power Over Parity: Intimate Partner Violence and Issues of Fertility Control*, 201 *AM. J. OF OBSTETRICS*

G 148.e1 (2009), available at

<http://www.ajog.org/article/PIIS0002937809004426/abstract>.

^{vi} Bureau of Justice Statistics, *Intimate Partner Violence in the U.S.: Victim Characteristics* (2007), available at

<http://www.ojp.usdoj.gov/bjs/intimate/victims.htm>.

^{vii} Black women are only 8% of the U.S. population. University of Minnesota Institute on Domestic Violence in the African American Community, *supra* note iii.

^{viii} Alianza- National Latino Alliance for the Elimination of Domestic Violence, *Public Policy* (Mar. 3, 2009),

<http://www.dvalianza.org/home.htm>.

^{ix} Full toolkit here: <http://snow.vawnet.org/special-collections/ReproductiveJustice.php>



Inspiring Teen Leadership: Creating Compassionate Communities Through a Teen Lens

Zach Reider, Activist,
Idaho Coalition Against Sexual & Domestic Violence

Yay! Youth Leadership!

It is in my not-so-humble opinion that teens have a huge power to make social change and to help us on the path to compassionate communities. Teens are more passionate about social justice than you might think. A lot of us just don't know how to make that happen. By engaging teens in leading social justice movements, we can lead a more effective movement.

Zach Reider's Theory of Individuality and Apathy:

(This is a highly scientific theory that hasn't really been backed up by research but if I say it's scientific, people will believe it, right?)

There's a big push for individuality in teens. Teens are taught that conforming is bad. A lot of us take that to mean that being part of a group is bad. This leads us to not have a connection to our communities which brings about a sort of apathy. If we want to have compassionate communities, we need teens to take pride in being a member of a community and doing their best to be leaders in that community. It's okay to be a member of a group!

Resources

If you liked my talk and want to learn more, or didn't pay attention but still want some resources, I've prepared something for you! Here are some resources if you want to check out some more totally awesome things about youth and youth leadership:

The Youth Leadership Institute (YLI) is a great organization focusing on developing youth leaders throughout the country. All of their stuff is pretty much fantastic, but here are some things especially great:

- The Mystery of Youth Leadership Development: A Path to Just Communities
 - Inside-Outside approach to youth leadership
 - Inside: youth leaders from within social structures and institutions
 - Outside: youth leaders advocating outside of institutions
 - Servant leadership model: researched-based model of youth leadership
 - Focused on the well-being of the group
 - Values fairness, integrity, dependability, and responsibility
 - Integrates personality traits and the process itself
 - Pathways for youth leadership:
 - Youth Philanthropy: youth deciding which projects to fund (becoming grant seekers)
 - Evaluation and Action Research: youth designing and carrying out research that informs their actions on developing campaigns, programs, or policy
 - Policy advocacy: youth create, adapt, or enforce policy

*Things to note:

- More power given to the youth does NOT mean better leadership
- It's important to build strong youth-adult partnerships when it comes to leadership

There are several articles discussing youth leadership and the benefits of it that I've found (just kidding, awesome people showed them to me):

- ***Taking Lessons from Africa's Youth***
 - Empowerment and Livelihood for Adolescents program focused on social empowerment and financial literacy
 - Results showed better financial responsibility, positive health outcomes, and safer sex practices in Africa's youth
 - Learning strong habits at a young age can have great long-term benefits
- ***Positive Youth, Healthy Adults: Does Positive Well-being in Adolescence Predict Better Perceived Health and Fewer Risky Health Behaviors in Young Adulthood?*** By Lindsay Hoyt, P. Lindsay Chase-Lansdale, Thomas McDade, and Emma Adam

- Showed many longitudinal associations between positive well-being during adolescence and health outcomes during adulthood
- Healthy youth results in healthy adults (Yay!)

There are many organizations and institutions already starting to realize the benefits of promoting youth leadership. Many local cities have youth advisory committees, student representatives on boards and commissions, and many other ways for youth involvement. There's been an increasing popularity and membership of student-led organizations all around the country. After all, teens are pretty cool. (And we will be in charge one day.)