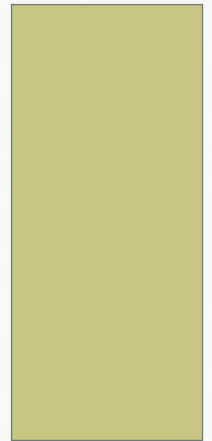


VICTIM VOICE

RE-ENVISIONING RESPONSE TO VIOLENCE AGAINST WOMEN

MARY P. KOSS

QUEENSLAND CENTER FOR DOMESTIC AND FAMILY VIOLENCE
RESEARCH APRIL, 2018





SOCIAL JUSTICE MODEL

- Individual and systemic/cultural contexts & policies
- Intersections of power, identity, & privilege highlighted
- Work diffused across multiple cooperating entities
- Examines systems, structures cultural and institutional values
- Sustainable if many champions coordinate & invest
- Requires moral courage



AGENDA

- Aim: build inclusive, victim-informed services
 - Assess equity and outcomes
 - Space for victim voice and seats at the table
- Means
 - Task shifting
 - Service delivery
 - Wrap-around models



VAWA NURTURED AND FUNDED SERVICES

- DART
- SART
- SANE Forensic Nurse Examiners
- Victim compensation funds
- DV shelters
- Rape crisis centers
- Specialized DV courts/prosecution teams
- No-drop, mandatory arrest
- Batterer treatment, probation supervision
- CCRs (Coordinated Community Response)



WHO IS BEING SERVED?

- VAWA evaluations characterize predominant service recipients:
 - White
 - English speaking
 - Without disabilities
 - Not considered elderly
- The majority of victims are unknown to any system (social services, health care/mental health and justice)



STRUCTURAL INEQUALITY

- Poverty and unemployment
- Dangerous neighborhoods
- Poor schools/low education
- High violence exposure & childhood adversity
- Policing issues & high incarceration
- Hopelessness, powerlessness, isolation



SERVICE USER FEEDBACK

- Services are not what is wanted, not worth it, or culturally ill-fitting yet feel pressure to use them
- Food, shelter, child care, job training, employment, and emotional support most pressing
- Justice options mismatched with justice needs
- Healing methods and healers are too restricted
- Inconvenience: location, specialized sites with narrow service provision, cost and time involved
- Gen Y and Gen Z preferences differ from delivery models based on Baby Boomers
- Constrained to uncooperative, oppositional or angry behavior



OBSTACLES TO SERVICE

- Poverty
- Previous negative experiences (humiliation, prejudice)
- Unnaturalness of help-seeking outside of the family
- Tensions of racial/cultural loyalty
- Social isolation
- Geographic distance & lack of transportation
- Social isolation



VICTIM VOICE: UNFILTERED NEEDS PRIORITIES AND GOALS

- **Radical listening**

Receiving input without judgment, especially when challenging to preconceptions and require shift in power

- **Cultural humility**

What can I learn from you?



TASK SHIFTING

- **Task shifting** to less trained persons and use professional personnel in different roles
 - Community Health Workers, students, volunteers including retirees and those not working due to disability
 - Professionals become recruiters, trainers, supervisors, coaches, resource creators and builders of community partnerships



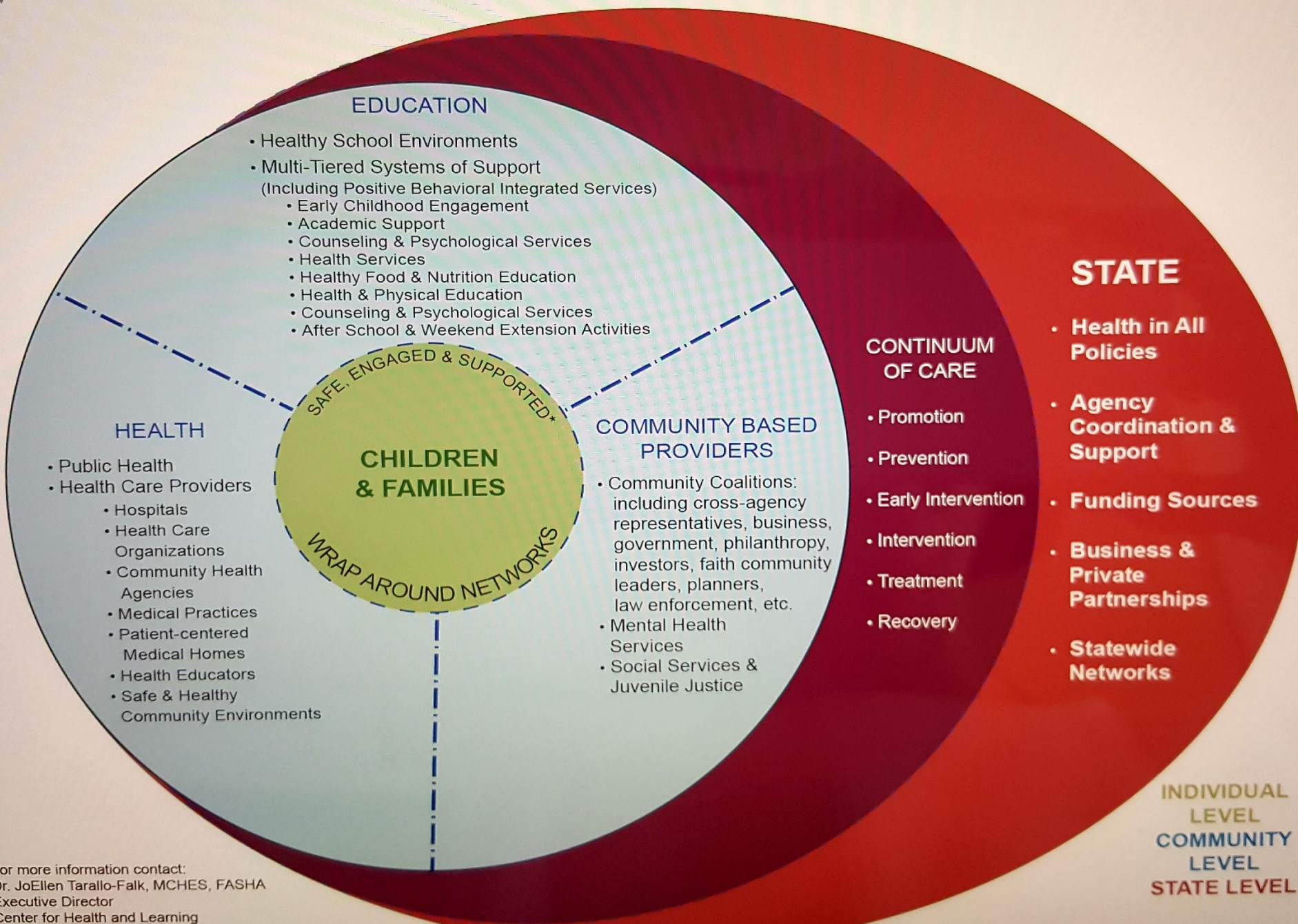
DELIVERY INNOVATIONS

- **Electronic Media** tailored to generations born after 2000
 - Messaging through giving CHW smartphones
 - Virtual support groups through apps WhatsApp
 - Public service campaigns on commercial webpages (can be focused)
- **Expand to new partner systems:**
 - Urban planning and municipal design
 - Public transportation
 - Architectural design features to bring people together and save time



RE-FOCUS PARTNERSHIPS: VICTIMS AT THE HUB

- Re-focus from all justice at the hub
- Evolve from a top down agenda
- Cross-sector partnerships
 - Assets focus—mobilizing “natural” social support
 - Consolidation or co-location—“one stop” but not “one size”
- Equitable accessibility
- Wrap around care models
- Expansion of justice models



EDUCATION

- Healthy School Environments
- Multi-Tiered Systems of Support
(Including Positive Behavioral Integrated Services)
 - Early Childhood Engagement
 - Academic Support
 - Counseling & Psychological Services
 - Health Services
 - Healthy Food & Nutrition Education
 - Health & Physical Education
 - Counseling & Psychological Services
 - After School & Weekend Extension Activities

HEALTH

- Public Health
- Health Care Providers
 - Hospitals
 - Health Care Organizations
 - Community Health Agencies
 - Medical Practices
 - Patient-centered Medical Homes
 - Health Educators
 - Safe & Healthy Community Environments

SAFE, ENGAGED & SUPPORTED*

CHILDREN & FAMILIES

WRAP AROUND NETWORKS

COMMUNITY BASED PROVIDERS

- Community Coalitions: including cross-agency representatives, business, government, philanthropy, investors, faith community leaders, planners, law enforcement, etc.
- Mental Health Services
- Social Services & Juvenile Justice

CONTINUUM OF CARE

- Promotion
- Prevention
- Early Intervention
- Intervention
- Treatment
- Recovery

STATE

- Health in All Policies
- Agency Coordination & Support
- Funding Sources
- Business & Private Partnerships
- Statewide Networks

INDIVIDUAL LEVEL
COMMUNITY LEVEL
STATE LEVEL

SOURCES

- Download articles without cost from:
<https://publichealth.arizona.edu/directory/mary-koss>
- Presentation based on Koss, White & Lopez (2017) *Victim Voice*....
- For restorative justice innovations see Koss (2011) in J. Ptacek (Ed) *Feminism, restorative justice, and violence against women*(pp.218-239).
- See Koss (2014) for evaluation: The RESTORE Program of restorative justice for sex crimes...
- See Lopez & Koss (2017) for differentiation of therapeutic jurisprudence and restorative justice, in E. Zinsstag & M. Keenan (Eds.), *Sexual violence and restorative justice: Legal, social and therapeutic dimensions*
- The personal narrative behind the professional work is found here: <http://wavemaker.podbean.com/e/a-quest-for-justice%C2%A0stories-from-sexual-harassment%E2%80%99s-front-lines/>



USAID/WHO HOSPITAL PROTOCOL EVALUATION AFGHANISTAN (2014)

- Structural incapacity—few private exam rooms, referral facilities, inadequate time, 42 psychologists in entire country
- Patient perceptions
 - 2/3 said other health problems were higher priority
 - > Half of women would NOT seek care for family abuse; 66% would ask family approval first
 - 45% offended by screening; 74% providers didn't screen
 - 57% victims surprised by mandatory police reporting
 - Belief—depression better treated by home remedies and religion
 - Cost—39% of patients lived below the poverty line