Domestic Violence Advocacy: Facts, Tips, and Resources

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Article Info

ABSTRACT

There is a lack of professional support and plenty of economic stressors which can trigger intimate partner violence (IPV). The purpose of this article is to bring awareness of advocacy for victims. In most cases, victims struggle with IPV alone, but there are organizations that offer advocacy and support services. Understanding the facts, tips, and resources for dealing with IPV might help victims have a better outcome and help professionals become aware of the resources available to clients. The article outlines key focuses of domestic violence advocacy for individuals and mental health professionals to gain insight of steps and actions that can be taken for empowerment and safety. Recommendations for clinicians and resources are provided.

Keywords: domestic violence, intimate partner violence, advocacy, survivor

1. Introduction

Intimate partner violence (IPV) refers to the pattern of physical aggression, sexual aggression, coercive behaviors (Fedele et al., 2022; Walker & Bowen, 2019), stalking, psychological abuse (Prevention, 2022), and emotional and financial abuse by a current or former spouse or partner in an intimate relationship against the other partner (Dixon & Graham-Kevan, 2011; Nichols, 2020). Approximately 10 million adults in the United States have experienced some form of IPV and recent statistics show that incidents of IPV have increased by 42% (Violence, 2020). Intimate Partner Violence can impact the individual's mental and physical well-being (Violence, 2020), inflict negative economic problems, and can create adverse outcomes in families (Muftić & Smith, 2018). Other risk factors can include but are limited to aggressive tendencies toward non-family members, mental health problems, and substance abuse. IPV violence is one of several risk factors that causes conflict in romantic and familial relationships (Dixon & Graham-Kevan, 2011; Lessard et al., 2021).

Domestic violence (DV) encounters can inflict immediate harm and injuries such as burns, cuts, bruises, swelling, or scrapes; however, domestic abuse survivors may experience chronic pain (Bermea et al., 2021). Domestic violence can contribute to social, emotional, cognitive, and behavioral effects on an individual's wellbeing and future. There is a strong positive correlation between children exposed to IPV and poor mental health, physical health, and other psychological sequelae (Ellis, 2018; Su et al., 2022). Research has shown that most victims of IPV are women (Matud, 2007). However, regardless of gender, anyone can be the victim or the aggressor (Jungersen et al., 2019).

This article addresses the issues of IPV and DV, shedding light on the pervasive impact of these forms of abuse on individuals, families, and communities. With statistics highlighting the prevalence of IPV and its detrimental effects on mental, physical, and economic well-being, the article underscores the urgent need for effective intervention and support services. The purpose of the article is to provide a holistic understanding of IPV and DV, offer practical steps and actions for survivors to seek help and safety, and advocate for trauma-informed approaches in various care systems. By emphasizing the importance of accessing free and reliable resources, such as national and Chicagoland-based organizations and crisis hotlines, the article aims to empower survivors to break the cycle of abuse and raise awareness about the interdisciplinary efforts required to address and prevent IPV and DV. Additionally, by highlighting the unique challenges faced by marginalized communities, including LGBTQPIA+ individuals and women of color, the article advocates for inclusive and culturally sensitive and responsive services to ensure that survivors receive resources and support. Overall, the article serves as a comprehensive guide for survivors, advocates, and professionals working to mitigate IPV and DV and create safer communities.

2. Risks Factors Associated with Intimate Partner Violence

Since the start of the COVID-19 pandemic gender and sexual minorities experiencing IPV and DV were three times more likely to experience housing, food, and economic insecurities; gender and sexual minorities of color have experienced these insecurities at higher rates (Fedina et al., 2023). Gender and sexual minorities include gay, lesbian, bisexual, transgender, queer, women, men, and individuals

that fall outside of the cis-gender dichotomy and heterosexualism or traditional gender roles (Bosco et al., 2022; Dodge, 2016; Dyar et al., 2020; Fedele et al., 2022; Fedina et al., 2023; Flanders et al., 2019; Moskowitz et al., 2020; Noack-Lundberg et al., 2020; Smith et al., 2016; Steele et al., 2020; Swiatlo et al., 2020). Victimization can be perpetuated by both heterosexual people and people of gender and sexual minority communities (Flanders et al., 2019). Gender and sexual minorities who have had both male and female partners in their lifetime are at higher risk of experiencing emotional and physical forms of intimate partner violence; people who identifying with a non-monosexual orientation report being stigmatized by heterosexuals and homosexuals which supports the gendered and sexual minority community is not, as a whole, homogeneous (Dyar et al., 2020; Fedele et al., 2022).

Disempowerment theory is a framework used to understand that certain risk factors (e.g., lack of self-efficacy or feelings of inadequacy) may lead to power assertions within intimate relationships; Intimate partner violence risk factors have been examined broadly in heterosexual couples through disempowerment theory (Bosco et al., 2022). Traditional gendered models of IPV have become less applicable to sexual minorities because of changes in heteronormative scrips (Steele et al., 2020). When the disempowerment perspective is used to examine IPV in gender and sexual minorities, there are three ecological domains to explain violence: individual characteristics (i.e., substance abuse and mental illnesses and personality traits); family-of-origin characteristics (i.e., childhood victimization of physical or sexual abuse/neglect and interparental violence); intimate relationship characteristics (i.e., the quality of the relationship and levels of satisfaction/fulfillment; (Bosco et al., 2022)).

Childhood sexual abuse (CSA) has been viewed as a strong indicator for intimate partner abuse; however, when CSA and relationship power are examined dually there are no significant distinctions in predictive quality (Bosco et al., 2022). Homelessness among the gender and sexual minority community is prevalent which increases the likelihood of experiencing violence from community members (Noack-Lundberg et al., 2020). In sexual minority men, intimate relationship characteristics can be a predictor for IPV congruent to the findings among heterosexual couples (Bosco et al., 2022). Gender and sexual minorities that experience stigma and discrimination are at greater risk to

perpetrate and experience intimate partner violence (Swiatlo et al., 2020). Smith et al. (Smith et al.) explain gender and sexual minorities report that institutions fail to protect and prevent violence perpetrated among minority groups; these negative experiences predict negative outcomes with individual wellness and well-being. The purpose of this literature review is to provide an overview of key factors for understanding IPV among gender and sexual minorities.

Internalized homophobia is a strong risk factor for victimization of intimate partner violence concurring with minority stress factors (Fedele et al., 2022). Homophobic threats from society forms internalized beliefs that lower an individual's self-esteem, and these individuals might experience a need to display extreme power assertions towards an intimate partner (Bosco et al., 2022; Fedele et al., 2022). There are no significant findings that binary gender presentation (i.e., masculinity or femininity) impacts the level of IPV severity (Steele et al., 2020). Flanders et al. (Flanders et al.) assert that bisexuality is connected to higher instances of verbal coercion and experiencing sexual violence in a lifetime largely because of the stigmas associated with pluralsexualism (i.e., sexual attraction to more than one sex or gender). Bisexual males are more likely to report IPV and experiences of forced sex whereas higher scores of masculinities are associated with the initiation of violence in gay and lesbian partners (Swiatlo et al., 2020). Gender and sexual minorities are at risk of experiencing lack of community connectedness, prejudice events, and stigma consciousness which elevate symptoms of depression and anxiety (Fedele et al., 2022).

Bisexual women also report higher rates of sexual victimization than lesbian women leading to the assumption that stereotypes and stigmas associated with bisexuality increase the risk of victimization (Flanders et al., 2019). Noack-Lundberg et al. (Noack-Lundberg et al.) state racialized femininity and gender normativity are concerns reported among transwomen in online forums; transwomen of color are likely to deviate from the expected white feminine standard that is valued in post-colonial counties. Noack-Lundberg et al. (Noack-Lundberg et al.) explain that racialized femininity includes physical appearance, racial/ethnic background and economical power; transwomen who have access to privileges that help to conform to the white feminine standard experience fear, but these individuals perform fear in heteronormative way (i.e., expressing a need for protection or maintaining a defenseless

public image). Transgender and nonbinary bisexuals report lower experiences of sexual victimization; however, individuals who report more than one identity label are at even higher risk of being victimized (Flanders et al., 2019).

Further, socioeconomic status differences have a stronger connection to IPV than gender differences (Swiatlo et al., 2020). Intimate partner violence increases likelihood of substance use in gender and sexual minorities and heterosexual couples for coping (Bosco et al., 2022). Transgender women report experiencing violence in adulthood and during their years of development (Noack-Lundberg et al., 2020). High rates of isolation/exile, disparities, trauma, and lack of resources increase one's chance of getting involved in risky life choices like sex work, street-work, or maladaptive coping mechanism (Noack-Lundberg et al., 2020). Individuals report substance use helps ease the pain of experiencing violence (Bosco et al., 2022). Sexual minorities with traditional romantic beliefs carry implicit messages of heteronormativity and jealousy to display romance (Moskowitz et al., 2020).

Jealousy in a relationship is a strong predictor of IPV (Dyar et al., 2020). Sexual minorities that practice traditional romantic ideologies might use control and coercion to discourage an intimate partner from maintaining other social relationships (Moskowitz et al., 2020). Stereotypes placed on bisexuality may trigger partner insecurity and jealousy (Dyar et al., 2020). Internalized heterosexism might influence an intimate partner's behavior to be homonegative, coercive, and controlling (Moskowitz et al., 2020). Identifying as bisexual might increase risk of IPV due to the stereotype that bisexual individuals are hypersexual or have willingness to be promiscuous (Dyar et al., 2020). Traditional romantic ideology endorses jealousy as a form of endearment and commitment to one partner (Moskowitz et al., 2020). Internalized heterosexualism in sexual minorities is exercised by reinforcing gender and power inequality in a relationship (Moskowitz et al., 2020).

3. Rising Concerns

People of lower socioeconomic status, ethnic, and racial minorities report having higher experiences of IPV, but income and education are mitigating factors to the risk of IPV (Steele et al., 2020). Gender and sexual minorities are at higher risk of experiencing sexual violence and

institutional betrayal is a contributing factor of minority stress (Smith et al., 2016).

Dissemination of digitalized sexual assaults has increased and is considered cyberbullying; however, the term cyberbullying is often associated with teasing; when sexual assault is digitalized and distributed this is a novel form of sexual violence (Dodge, 2016). When institutions fail to address violence that gender and sexual minorities experiences differently than heterosexual students this is perceived as betrayal (Smith et al., 2016). When sexual assault is digitalized and distributed this is a novel form of sexual violence; unlike sexual assault within a community there are limitations in place to keep the event private, but sexual assault that is posted in social media the incident becomes public (Dodge, 2016).

The impact of institutional betrayal is similar to experiences of discrimination creating shame and internalized conflict on an individual's self-esteem (Smith et al., 2016). Virtual content involving sexual assault might reinforce beliefs of rape culture leading to further victimization (Dodge, 2016). When sexual assault is captured on digital formats a victim has access to the content which increase their risk of reliving the traumatic experience (Dodge, 2016). Public commenting allows victims to be shamed and blamed by members of society (Dodge, 2016). Portrayals of intoxicated victims being sexually assaulted open a gateway for victims to be invalidated and for perpetrators to be given clemency for their actions (Dodge, 2016). Although digitalized sexual violence increases to harm victims, virtual platforms can be used to spread awareness against sexual violence (Dodge, 2016).

Intimate partner violence in gender and sexual minority communities continues to rise and intervention are limited (Bosco et al., 2022; Dodge, 2016; Fedele et al., 2022; Flanders et al., 2019; Noack-Lundberg et al., 2020; Smith et al., 2016; Steele et al., 2020; Swiatlo et al., 2020). The rise of poverty and homelessness and the use of media to perpetrate violence challenge the knowledge of current literature (Dodge, 2016; Dyar et al., 2020; Fedina et al., 2023; Moskowitz et al., 2020; Smith et al., 2016; Steele et al., 2020; Swiatlo et al., 2020). There is understanding that risks can be connected to one's sexual orientation/identity and gender expression (Fedele et al., 2022; Flanders et al., 2019; Noack-Lundberg et al., 2020; Steele et al., 2020). Relationship satisfaction and romantic jealousy have reasonable predictive value of intimate partner violence, and

theoretical models that examine power dynamics are more generalizable to couples struggling with intimate partner violence (Bosco et al., 2022; Dyar et al., 2020; Fedele et al., 2022; Flanders et al., 2019; Moskowitz et al., 2020; Noack-Lundberg et al., 2020; Smith et al., 2016; Steele et al., 2020; Swiatlo et al., 2020).

4. Steps and Action

In the legal and medical realm, the term victim is given to individuals who have experienced sexual and domestic abuse; In advocacy, the term survivor is used to empower victims and is symbolic of the efforts taken to alleviate the lasting effects of traumatic experiences (Anderson et al., 2012; Brosi et al., 2020; Humphreys & Thiara, 2003). Survivors of DV will face many barriers to escaping from their abusers and attention to safety is a crucial factor to consider (Anderson et al., 2012; Brosi et al., 2020; Fagerlund, 2021; Murray et al., 2015; Nichols, 2020; Stylianou, 2019). Often, a victim will leave their abusive situation without a solid safety plan which could lead an abuser to extreme exertions of violence. When survivors of DV attempt to leave an abusive situation the danger risks increase because the offender perceives escape as a threat to power and control. Leaving an abusive situation without a plan can be deadly if not guided by professionals (Brosi et al., 2020). There are no universal plans or steps to exiting an abusive situation because each situation varies (Fagerlund, 2021; Murray et al., 2015; Nichols, 2020; Stylianou, 2019). Planning for safety and gaining access to resources are common steps taken to assist victims of violence (Brosi et al., 2020; Fagerlund, 2021; Nichols, 2020; Stylianou, 2019). The end goal is to help a survivor exit the cycle of abuse and bring awareness to life threatening risks tied to domestic violence (Stylianou, 2019).

Seeking the help of organizations that offer support services to victims of sexual or domestic violence is the first step to leaving an abusive situation (Bosco et al., 2022; Brosi et al., 2020; Dyar et al., 2020; Fagerlund, 2021; Fedele et al., 2022; Flanders et al., 2019; Moskowitz et al., 2020; Nichols, 2020; Noack-Lundberg et al., 2020; Stylianou, 2019). Planning to exit a violent environment can be time sensitive (Nichols, 2020). Not all organizations are trained to help with various forms of trauma. Key factors to consider when choosing organizations include ensuring it is a nonprofit, located within the state of residence or where police reports

are made, and has several years of establishment (Fagerlund, 2021; Nichols, 2020; Stylianou, 2019). Sometimes these organizations have different names (i.e. rape crisis centers, domestic violence shelters, or safe havens). Advocate is a general job description used for individuals trained to work with survivors of trauma; advocates can provide resources and crisis intervention (Fagerlund, 2021; Nichols, 2020).

Advocates help to develop a secure plan to provide a survivor with a safe shelter and court orders of protections (Fagerlund, 2021). After a survivor is provided with shelter, a second step might be to begin building support systems. Organizations with victim-centered services often provide free mental health counseling and case management. Therapists assess a survivor's protective and risk factors for guidance in ways to strengthen a client's emotional state and overall wellness. Domestic violence survivors who experience financial/economic entrapment return to their abusers; abusers will use economic power and privilege against their victims (Brosi et al., 2020). A survivor may feel an obligation to stay in a cycle of abuse because they do not have employment or citizenship. Advocates of sexual and domestic violence can aid a survivor fulfill their needs by offering access to resources (e.g. emergency shelter, food, clothing, legal representation/ consultation, medical care, and employment; (Nichols, 2020)). Part of building support systems is connecting survivors with family members that are willing to help and with other survivors of violence in hopes to regain a sense of belonging (Flanders et al., 2019; Moskowitz et al., 2020; Nichols, 2020; Noack-Lundberg et al., 2020; Stylianou, 2019). Survivors who commit to the steps for creating a plan of safety and support learn skills that a majority of people who have never experienced trauma could not understand (Brosi et al., 2020).

The transformation from victim to survivor of DV can be seen as posttraumatic growth; many survivors become advocates themselves and exemplify the possibility to stop and prevent cycles of domestic violence (Brosi et al., 2020). As gender-based violence increases, organizations have begun to reshape support for survivors by focusing on our community system responses to violence; many organizations have adopted the empowerment model which addresses a survivor's needs and validates their experiences (Bell et al.; Logan & Walker; Stylianou, 2019). The purpose is to raise awareness of the importance of trauma-informed approaches to reduce retraumatization and prevent victim blaming (Stylianou, 2019). The mission is to highlight the interdisciplinary impact and role individuals in law enforcement, the legal system, medical teams, advocacy, and the community have on survivors of trauma (Flanders et al., 2019; Nichols, 2020; Stylianou, 2019).

5.   What Most People Don't Know

Domestic violence has increased in social media as celebrities publicly disclose victimization, for example, Whiting et al. (Whiting et al.) examined social media comments pertaining to celebrity disclosures, and a majority of people's comments blamed the victim with an underwhelming amount of comments blaming the perpetrators of violence. Social media is a widely used tool for communication and maintaining social connection with others. However, when victims of abuse are criticized and shamed in public forums the response is negative which makes seeking help and disclosure a fearful process; hostile comments and negative online discourse minimizes the harm experienced by victims (Whiting et al., 2019). Researchers continue to study the effects of cyber victimization, but there are steps survivors can take to cease contact from their perpetrators and any third parties affiliated to the offender.

When a survivor outcries to a professional, the process of regaining safety begins immediately. Advocates can help obtain orders of protection (OP) that are granted by a judge and can last one to two years. The steps are guided by a DV advocate and there can be several hearings following the initial filing. An order of protection clearly states the offender cannot be in contact with a survivor. These protections include anyone affiliated (third-party contacts) with the offender. For instance, if a family or friend reaches out to the victim then that person has violated the OP and there are consequences to follow. Violations include social media posting and harassment. A victim cannot violate their own OP because it serves to protect the individual, but if a family member or friend reports the contact to local law enforcement the offender might have consequences. Further, advocates stress the importance of survivor-centered practice and empowerment in promoting emotional and physical well-being, highlighting the value of documenting stalking behaviors to enhance protective measures (Nichols, 2020). Nichols (Nichols) also supports the effectiveness of survivor-documented stalking in increasing police action and legal accountability, thereby urging a scalable response for advocacy. Moreover, the significance of tailored safety

planning, considering survivors' feelings and specific risks, emerges as crucial for fostering survivor autonomy and addressing both physical and mental well-being concerns. Safety planning in the context of domestic violence acknowledges the intricate dynamics involved and is conducted through individualized conversations aimed at empowering victims to make decisions that serve their best interests (Murray et al., 2015). It is crucial to recognize that safety planning is not a one-time event but an ongoing process that must adapt to emerging risks. Furthermore, safety planning transcends specific professional roles and requires collaboration among professionals from various agencies to ensure coordination and comprehensive support for survivors (Murray et al., 2015).

According to Stylianou (Stylianou) once survivors' specific risks and priorities were identified, family court advocates and survivors worked together to develop survivor-centered safety plans. These plans were tailored to address individual needs, focusing on concrete, specific, and behavioral strategies aimed at enhancing safety. Additionally, detailed information on accessing community resources was provided to address the unique risks faced by survivors. Lengthy discussions ensued regarding the implications of petitioning for an order of protection, considering the potential to both increase and decrease safety risks for survivors and their children. Recognizing that an order of protection is not universally effective, these deliberations were critical in ensuring that safety planning efforts were informed and comprehensive (Stylianou, 2019).

To learn more about court orders of protection in the state of Illinois visit: https://www.cookcountycourt.org/ABOUT-THE-COURT/County-Department/Domestic-Violence/Orders-of-Protection.

When a crime is committed many people believe that they are 'going to press charges'; a common misconception is that people have the authority to charge offenders with crimes. The process is not as simple. Usually, when a crime is committed and there is enough supporting evidence to make an arrest then an offender will be held until a state's attorney conducts a felony review. If the alleged crime(s) meet criteria to accuse an offender of the crime in court, then the state will bring these charges to a judge for a bond hearing and arraignment. Both the victim and offender have rights in the process of court. Here is a link to review basic rights: https://www.justice.gov/usao/resources/crime-victims-rights-ombudsman/victims-rights-act;

https://www.getlegal.com/legal-info-center/criminal-law/fundamental-rights-of-the-accused/; legal advocates and victim witnesses are in the court to help with any proceedings.

Nonprofit organizations are funded by the state and investors to provide free services to survivors of violence. Often, money is received by applying for grants which requires documentation supporting the need for funding and specifications of the ways the funding will be utilized. Legal aid is available, but sometimes there are small fees associated with filing documents for court. There are times that fees can be waived when clients explain their financial situation. Communication is critical and there is no shame in expressing financial hardships. Clients that are apprehensive about discussing their struggles might be underserviced because of the policies in place to ensure the funding does not deplete. For example, an organization might have free resources available but cannot offer the clients these resources unless the client states the need for the resource. Trust is difficult to establish, and clients can inquire about confidentiality to protect personal information shared.

Law enforcement agencies and the legal system might be intimidating to many people. A majority of the staff genuinely care about survivors of crime. Remember that these workers routinely see various horrific crimes and sometimes need to be impartial to ensure their job is being done correctly. A helpful tip is to look past the uniforms and suits to be reminded these people are regular people obligated to do their job. Likewise with medical personnel. Hardship has increased with the pandemic and many agencies are understaffed, under compensated, and burned out. If you are being treated unfairly by an associate, kindly, bringing awareness to their negative behavior might make a situation better.

6.   LGBTQPIA+ Issues and Tips for Seeking Help

Intimate partner violence within marginalized communities still faces lack of awareness and representation (Robinson et al., 2021). Fear of being outed is a strong factor for members of the LGBTQPIA+ community to not seek help; There is fear of institutional discrimination and lack of cultural sensitivity that serve as barriers (Robinson et al., 2021). Clients seeking help can inquire about confidentiality and inquire about LGBTQPIA+ centered/targeted services before disclosing personal information. Organizations in

compliance with civil rights and HIPAA protect private information and provide services to the community regardless of race, gender, sexual orientation, age, or socioeconomic status. An advocate's role is to provide clients with support, so it is not the client's responsibility to accommodate advocates. If there is a barrier to working effectively with an assigned staff member then ask for a different one. Client-centered services are implemented for empowerment and utilize an advocate as an opportunity to be heard. Domestic violence counseling services are structured differently than general counseling focusing on the client's history rather than diagnosis. In the process of DV counseling, a counselor will identify the risks of isolation and work with clients to build and maintain social supports and identify individual strengths.

7. Safety Planning Tips for Victims

Victims of intimate partner violence should always have a plan for safety. A victim does not need or want to leave their partner to have a safety plan. Social support is important, ask a friend or family member to store personal documents (e.g., birth certificate/banking information) or belongings (e.g., anything of value or an emergency bag). Find local resources for DV and create a discrete list of them. Resources can be stored in a phone with pseudonyms, and always have a paper form of this list. Sometimes leaving home can be dangerous, finding safe hiding places in your home can help. Include children in safety planning and set up a signal with children or neighbors of when to notify police (e.g., leave the porch light on, call 911). Working with a DV trained advocate or counselor is an efficient way to develop a safety plan and seek help with intimate partner violence.

8. Implications for Practice

Trauma has harmful impacts on people and families (Anyikwa, 2016), which might influence many to seek treatment from professionals in various care systems. It is crucial that therapists raise awareness of trauma, its effects on women and men, and the significance of their treatment methods and the setting in which they work. Trauma-informed approaches are founded on the idea that traumatic events have an impact on the services that are needed as well as how IPV survivors will deal with formal support systems (Kulkarni, 2019). Trauma-informed programs are required

to include knowledge of the effects of trauma into every facet of service (Kulkarni, 2019; Wilson et al., 2015). In order to properly normalize survivors' information processing skills and coping mechanisms and to support survivors in managing and healing at their own speed, staff members are trained in the neurobiology of trauma (Kulkarni, 2019). Regardless of staff's educational background, training is helpful for staff to actively combine micro (individual/relationship) and macro (organization/societal) perspectives while working with IPV survivors (Kulkarni, 2019). Advocates for IPV should be knowledgeable about trauma, IPV, and survivors' experiences with racism, poverty, and other types of oppression.

Models of IPV which focus on power and control may be generalizable for comparing heterosexual and gender and sexual minority couples (Steele et al., 2020). Bosco et al. (Bosco et al.) state that disempowerment theory might serve as a useful tool for future interventions to prevent IPV by targeting power inequalities and helping to increase overall relationship satisfaction. High levels of the three ecological domains of disempowerment predispose gender and sexual minorities to experiencing intimate partner violence, and inter-partner differences (e.g., degree of outness and higher levels of self-esteem) may increase the power differential within a relationship (Sadri Damirchi et al., 2018). The reinforcement of traditional romantic ideologies and heteronormativity in sexual minority relationships makes identifying IPV challenging and more likely the warning signs of IPV go unnoticed (Moskowitz et al., 2020).

Since IPV can be a contributor to homelessness, staff members of domestic violence victim services programs are increasingly focused on assisting IPV survivors in finding affordable homes (Sullivan et al., 2019). Unfortunately, funders are expecting programs to support a rising number of survivors in this time of reduced resources, which puts advocates in the vulnerable position of believing that they lack the time to devote to appropriately serving survivors with various needs (Sullivan et al., 2019). There are few mobile services offered and many survivors lack transportation; organizations seeking to provide inclusive services might want to look for funding to create programs that provide transportation to clients (Robinson et al., 2021). It is not a quick or simple procedure to deal with the trauma symptoms of the survivor (and frequently their children)

while simultaneously finding a safe, secure housing unit within the survivor's budget.

Further, the oppression of survivors, especially those who have several marginalized identities, is a challenge that advocates, clinical social workers, and mental health providers helping with survivors to find permanent housing must be aware of. This perspective is essential to prevent oppression and injustice from being enabled and to address these problems as they arise since guaranteeing secure and stable housing includes numerous societal systems (Sullivan et al., 2019). Aside from having well-built interpersonal and communication skills, advocates need to be knowledgeable of obscure and frequently changing rules and regulations that have a direct impact on the safety and stability of housing for IPV survivors. According to The National Housing Law Project (2014), IPV survivors residing in public housing, the Violence Against Women Re-Authorization Act of 2013 adds a variety of new housing rights. Many survivors (and even some housing authority workers) are unaware of one of these rules, which states that IPV survivors can relocate to a new housing unit if they feel unsafe in their current one. The understanding and application of these safeguards by advocates can be crucial to providing clients with safe housing.

Due to fears of being rejected and not being believed, being subjected to further oppression such as being seen as "strong enough" to fight back or deserving of the IPV, and fear of unfair treatment from police and the judicial system for themselves and their partners, Black women frequently avoid seeking out help from formal agencies (e.g., mental health services, police, and legal aid) and instead rely on informal services (e.g., family members, coworkers, clergy) (Kelly et al., 2020). Further, members of the LGBTQPIA+ community still report not being believed or heard when seeking help (Robinson et al., 2021). It is critical that organizations implement policy to reduce institutional discrimination and inform employees of the marginalized groups at greater risk and the barriers to seeking help. A larger risk exists that the cycle of IPV will continue to worsen without any official agency interventions as a result of these systemic effects, which is directly related to the increased rates of severe and fatal injuries. When reports of abuse are made because Black women fear institutional organizations, it is frequently serious abuse (Kelly et al., 2020).

9. Resources

Domestic violence programs seek to address the resource depletion that typically occurs following traumatic incidents, as well as to provide opportunity for survivors and their children to acquire additional assistance. This includes improving their knowledge, skills, self-esteem, optimism, social networks, safety, health, and stability, as well as providing access to community support services (Sullivan, 2018). These programs, which work closely with community partners and systems, aim to catalyze systemic changes that help survivors and their families more generally. The main goal is to start a cycle of progress that will lead to enhanced social and emotional well-being over time. Finding free and reliable resources can be difficult. Listed below are national and Chicagoland-based organizations. A 24-hour hotline/crisis line can serve as a foundation for seeking help. Simply call the number and provide details of current need and a representative will assist by providing the service or finding a referral. Confidentiality is important, always inquire whether or not the service is confidential.

National Suicide and Crisis Helpline:
https://988lifeline.org
1-800-273-TALK (8255) or dial 988
National Rape Crisis Hotline:
https://www.rainn.org
1-800-656-4673
National Domestic Violence Hotline:
https://www.thehotline.org
800-799-SAFE (7233)
LGBTQPIA+ Helpline:
https://www.lgbthotline.org
1-888-843-4564
YWCA Metropolitan Chicago Rape Crisis Hotline:
https://ywcachicago.org
888-293-2080
Anew Domestic Violence Center:
https://anewdv.org/
708-335-3028
Metropolitan Family Services:
https://www.metrofamily.org
630-468-5650
Legal Aid Chicago:
https://www.legalaidchicago.org
312-341-1070
Chicago Alliance Against Sexual Exploitation (CAASE):

https://www.caase.org

773-244-2230

Illinois Coalition Against Sexual Assault (ICASA):

https://icasa.org

217-753-4117Honorable Women Human Trafficking:

773-901-5552

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Authors' Contributions

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