

“Accountability is the ability to recognize, end and take responsibility for violence. We usually think of the person doing harm as the one to be accountable for violence. Community accountability also means that communities are accountable for sometimes ignoring, minimizing or even encouraging violence. Communities must also recognize, end and take responsibility for violence by becoming more knowledgeable, skillful and willing to take action to intervene in violence and to support social norms and conditions that prevent violence from happening in the first place.”

— Creative Interventions, “Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence” (2012).

Introduction

Dear Reader,

We humbly present to you the Accountability Structures Toolkit. Our hope with the creation of this toolkit is that communities will not only be able to support survivors/victims of harm, but also find that this process may invigorate community members to create future structures of intentional care for each other before acts of harm happen.

We strongly believe that interpersonal harm has far reaching repercussions and impacts our lives and communities in ways that often remain unseen. However the long term effects pose immense damage to our mental, emotional, social, physical, and spiritual health. Presently individuals impacted by harm in their communities are left feeling isolated and overwhelmed to recover by themselves and pressured to seek justice in proscriptive ways.

To this aim, the Accountability Structures Toolkit is an offering that proposes more potentialities towards restoration and resilience at the interpersonal level amongst friends, lovers, family, peers, and professionals in our community and society. The structure of this toolkit was created specifically for accountability around acts of harm, however it can be implemented in many different situations where accountability is needed (i.e. acts of violence, aggression, prejudice, etc.). The tools provided here are to assist in creating the foundation for your community's intervention process at any scale. Throughout the process, your community may need to create further steps specific to your situation.

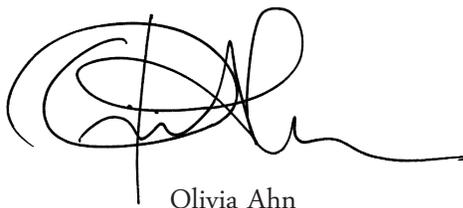
We demand courageous collaborative care frameworks that are compassionate, interpersonal, specific, and self-crafted. May collective care be the future towards individual healing.

With Love and Care,



Corinne Kai

&



Olivia Ahn

An Accountability Structures Toolkit

- I. Roles & Elements Definitions
- II. Roles Evaluation Questions
- III. Choosing Your Allies
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- IX. Honoring Success & Check-Ins

I. Roles & Elements Definitions

Survivor/Victim: The person who directly experienced harm and/or violence. The form of harm/violence comes in different forms. It may be physical, emotional, verbal, sexual, financial and other.

Person doing harm: The person who caused and/or did harm to the survivor/victim. We use this language because we believe this process allows room for growth and is an alternative to the criminal justice system. You will often hear language such as perpetrator, abuser, rapist, etc. We don't use this language because we believe it implies that someone who has caused harm will always carry that label.

Facilitators: Those throughout the process who will serve as the guides or anchors. This role can be taken on by one or more people. It can rotate amongst group members. This role is unique as facilitators must constantly be steering the process on track towards the goals. The facilitators are unbiased and fully informed with regards to goals, risk assessments, and progress tracking. Facilitators are intended to be guides to inform both teams of allies (survivor/victim and person doing harm) of any potential triggers, risks, or moments of intervention that the facilitators may foresee. We suggest that with regards to the weight, time, dedication, and responsibility required from this role, that it is taken on by more than one person, or pairs of two full-time alternates.

Allies: The role of the ally is used broadly throughout this toolkit. The ally can be a friend, co-worker, family member, trusted person in the community. An ally may or may not become part of a team who is intervening in violence. They may be people who are well positioned to support and communicate with the survivor or to engage the person who did (or is doing) harm. There will be two teams of allies—both of equal amount of support and compassion. One team of allies advocating on behalf of the survivor/victim, and the other team on behalf of the person doing harm.

Barriers: We use this term as a signal of recognizing possible people who might intervene negatively in the team's efforts. This may be a friend of the person doing harm who doesn't believe they caused harm. Sometimes if the team works with barriers, they can become allies.

Goal Setting: This refers to the process of creating goals for the intervention. This may mean larger goals at the very beginning or small goals that come up along the way. These goals allow the team to stay on track with the needs of the survivor/victim.

Check-Ins: This refers to the process of mentally, emotionally and physically checking in with how team members are doing in the process. This may mean you check-in with yourself. This may mean the group sets a team check-in to see how everyone is doing. This also may include regular safety check-ins for everyone involved.

Burn-Out: This refers to the feeling of exhaustion or capacity. This process will be long and emotionally difficult for many participants. When you are feeling like you cannot be present in the process anymore, you may be experiencing burn-out and need to take a break.

Emotional Labor: This refers to the act of providing emotional support, emotional processing, and emotional management to/for other people. Emotional labor in the accountability structure is the act of taking on the inner emotional expressions/repressions of others when others are at their own emotional limits, capacity or loss/disadvantage. For example, allies may take on the emotional labor of helping the person doing harm process accountability for their actions.

II. Roles Evaluation Questions

These questions should be prompted to each person in their respective role before the intervention process takes place. They are questions to consider before starting this process to ensure that everyone is starting from the same point of knowledge of what this process will entail.

Survivor/Victim Evaluation Questions:

- Are there specific needs that you have for the allies working on the intervention?
- What are the absolute deliverables that you need out of this accountability process from each role person involved?
- Do you need support to voice your concerns with the group along the way? Who could support you to voice them?
- What friends or support systems do you have outside of the process who can help you with personal healing and rebuilding that is separate from the accountability process?

Person Doing Harm Evaluation Questions:

- Are you consenting to participating in the accountability process all the way through?
- Do you understand that allies are people who can support you to take responsibility or accountability for the harm – and not those who will protect you from having to take responsibility?
- Are you committed to this accountability process as a form of healing for yourself, the person you have done harm to and the larger community impacted?
- Do you have a self-care plan to go alongside this accountability process? Examples of this include therapy, meditation, allies outside of the process to find your resources, necessary local support groups, programs, etc.

Facilitator/Allies Role Evaluation Questions:

- Do you recognize that this process is rooted in transformative and restorative justice process, compassion, accountability and a belief that not one person is to blame in this situation?
- Do you realistically have the time and energy to take this on?
- Do you have a support system outside of the accountability team to ask for emotional support?
- Are there multiple facilitators/allies to share in the burden of this labor?

III. Choosing Your Allies

Who will make a good Ally?

- Someone with time and energy to be thorough.
- Is a positive and intentional listener.
- Has an understanding on the dynamics (social, political and emotional) of violence.
- Will utilize compassionate communication and engage in constructive critical conversation without blaming or shaming.
- Can view the person doing harm with compassion (even if they are angry).
- Has the ability to compromise/does not always have to be right.
- Can be a good member of the team/collective without making it about themselves.
- Will not reproduce and distribute anyone's personal details without explicit consent from that individual.
- Will respect the boundaries of those around me and I will ask if I am not sure what someone's boundaries are.
- Understand that meetings are a zero tolerance space: I understand that I may be asked to leave if I am making someone feel unsafe or uncomfortable.

Different types of Allies:

Logistical: Figures out where we are meeting and when, records goals for each meeting, takes notes, tracks decisions, tracks timeline.

Diffuser: Able to defuse or reduce physical or emotional conflict

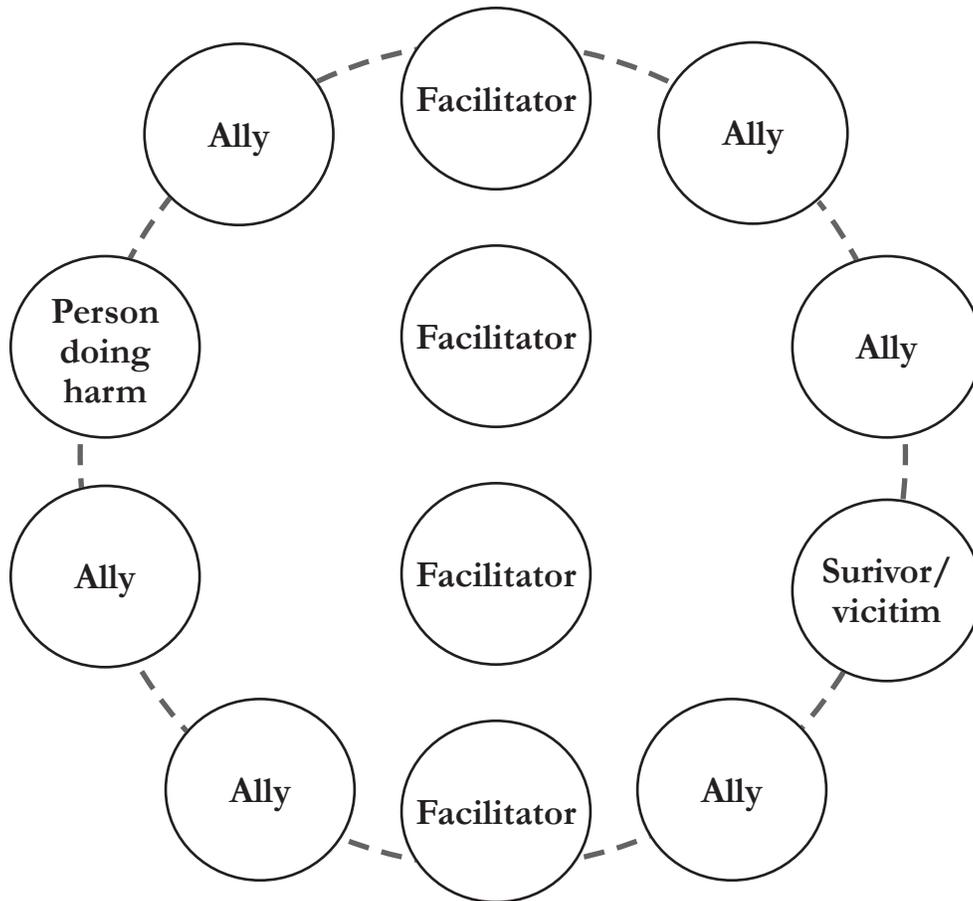
Emotional support for victim/survivor: Provides emotional support. This may extend to other people directly affected by violence (for example: children).

Emotional support for person doing harm: Provides emotional support. This may include keeping them on track with taking responsibility but not getting to a point of self-harm or another act of violence.

Resourcer: Provides and/or procures direct resources, services, and/or external forms of support such as money, food, rides, shelter, storage, etc.

Communicator: Relays messages between the victim/survivor team of allies and person doing harm's allies.

IV. Accountability Structure Roles Diagram



Accountability Structures Diagram: As predefined via Roles & Elements Definitions section, facilitators are intended to be unbiased guides or anchors for the entirety of the accountability structure, hence their center-spine position in the middle of the Accountability Structure Diagram above. There is no hierarchy to the structure and all roles are crucial to the functioning, sustainability, and resilience of the other roles towards accountability. There should be an equal amount of allies advocating on behalf of the both accountability teams (survivor/victim and person doing harm teams). It is advised that allies are represented in odd numbers for effective decision making with regards to tie breakers. The ratio of allies-to-survivor/victim and person-doing-harm should maintain itself at 3:1 if possible. If the amount of survivor/victims involved is more than one, there may need to be more allies to account for on their behalf, and the number of allies would also need to increase accordingly to provide further support and receive parallel communication streams on the person doing harm's behalf.

V. Progress Tracking

Here is an example worksheet to be used by all roles at each meeting to track progress:

What tasks/actions on the deck for today's meeting?	By Whom?	What Goals Have Been Met?	Follow-Up & Necessary Actions By Next Meeting
<i>Ex: Need to set overall goals of the accountability process with victim/survivor while person doing harm's team is present taking notes.</i>	<i>Ex: Facilitator running meeting; survivor/victim dictating what they need with support of their allies; person doing harm's allies taking notes.</i>	<i>Ex: Goal of intention setting for overall process will be met in this meeting.</i>	<i>Ex: Person doing harm's allies will bring this to the person doing harm and let facilitator know how that meeting goes.</i>

VI. Risk Assessment

This worksheet is for beginning risk assessment. Oftentimes, the survivor/victim will still be in the situation of harm when they choose to pursue the accountability process. Similarly, the person doing harm may also have a history of harm done unto them that they themselves are also recovering from. It is important to start with risk assessment to determine who may be at risk before, during, and long after the accountability process and what safety plans may need to be created right away. Remember signs of increased risk are: weapons involved, someone with a history of committing or attempting acts of violence, self-harm, suicide and/or threatening attempts of any of the aforementioned.

What are the risks and dangers right now?	Who do they impact?	Is this Emergency, High, Medium or Low Level Risk?	Plans for safety and protection.
<i>Ex 1: Survivor/victim is living with the person doing harm.</i>	<i>Ex 1: The survivor/victim and their child.</i>	<i>Ex 1: High</i>	<i>Ex 1: Immediately create a safety plan to get survivor/victim another housing option until they can apply for a shelter or afford their own housing.</i>
<i>Ex 2: Person doing harm has a history of self-harm induced by anxiety. Accountability process has triggered them into returning to self-harm due to this.</i>	<i>Ex 2: Person doing harm.</i>	<i>Ex 2: High</i>	<i>Ex 2: Allies will create safety plan to support person doing harm to be sure they are being safe and seeking additional external support. Allies of person doing harm should also work towards alternatives to self-harm to cope.</i>

VII. Safety Planning

After immediate risks have been assessed, it's important to keep safety at the core throughout this process. Safety will extend to the survivor/victim, their dependants, allies, the facilitator and the person doing harm.

Facilitator's notes for safety planning:

- **Bring people together to create a safety plan that works for everyone.**
- **Ensure that safety and risk assessment is a priority in every meeting.**
- **Make sure people are thinking about personal risks and safety.**
- **Ensure all team members are offering their resources to pool together. When someone is feeling depleted, they can go to this resource pool for support. Suggestion: Google Drive or shared document of collective resources.**

Creating a safety plan assessment:

1. **This safety plan is for the following risk/potential situation:**

Ex: If the person doing harm opts out of the accountability process halfway through.

2. **What are the risks and the dangers?**

Ex: The survivor/victim could be left feeling like they wasted their time. The survivor/victim could be left in a situation where they feel the person doing harm may harm them or others again.

3. **Who potentially can get hurt?**

Ex: Anyone in the accountability process. Specifically the survivor/victim.

4. **What can we do to stay safe? What resources do we have from within the community and amongst ourselves to protect each other?**

Ex: Have the person doing harm's team be able to identify red flags that the person doing harm is thinking about opting out. When they see these red flags have a system in place to talk to the person doing harm about seeing the process all the way through and how it can help them.

5. **Who is responsible for this part of the safety plan?**

Ex: Person doing harm's team talking to them. Survivor/victims team getting them outside support they may need if the person doing harm opts out.

6. **Is there a backup plan set in place for if the following risk/potential situation happens?**

Ex: Yes. Facilitators and allies on behalf of person doing harm will be consulted throughout the process towards further assessment as to why person doing harm may be choosing to opt out of accountability process. Facilitator and allies may need to evaluate if person doing harm is capable of commitment or if additional resources may be needed to bring into accountability process to provide more aided support for person doing harm to continue. Both teams of allies will work with facilitators to view both sides of survivor/victim and person doing harm by viewing both Roles' original intentions entering the Accountability Process, current status in Progress Tracking and obstacles this poses for future Goal Setting.

VIII. Goal Setting

This section may be very difficult for the person doing harm. The goals set may feel like an attack or judgment on them and they may be resistant. The person doing harm may be handed goals they weren't a part of creating. They may feel it's unfair. It will bring up a lot of conflicting feelings for this person. It's important for them to have strong allies by the time you reach this step.

Goals may include: taking first steps to stop violence, freedom of control, about safety, about the relationship, about intervention or about needs from the person who caused harm.

This step may also include limits from the survivor/victim. These may include: I want to be involved in the process but don't want to see the person who did harm face-to-face, I can only meet about this on Sundays, I want to hear about the process but don't want to be involved, or I need this ally to be present at all meetings.

Types of goals:

Survivor or victim support. The focus for this goal will be to center the needs of the victim/survivor. This may include health, safety, assistance with dependants (children, pets, elder parents). This may include created a safety plan for the victim/survivor if they are still in the situation of harm. The survivor may or may not want the person doing harm included in this goal setting process.

Accountability of the person doing harm. The focus for this goal is to allow space for the person doing harm to recognize, end and take responsibility for the harm they have caused (whether or not harm was intended). This may include changing behaviors or attitudes. It may or may not include the survivor/victim in the process. If the person doing harm is not willing to accept responsibility for harm, this may evolve into being about ensuring the violence stops and will not happen again.

Community accountability or social change. With this goal, the focus is on giving communities space to recognize the ways in which they are responsible for harm and making changes so that harm will not continue. This may mean an example of direct harm the community had or that the community did not do enough to make sure that harm didn't happen.

Healing from a past situation of violence. The focus for this goal may be from a situation of violence that happened years or decades ago. The accountability for this may be challenging as the person doing harm may have forgotten about the situation or may no longer be alive. This process must center the needs of the victim/survivor and what they need to heal. This may include the person doing harm validating and recognizing what they did was harmful. This may include needing financial support for therapy or other healing practices.

VIII. Goal Setting, continued

Examples Of Goal Setting: ¹

- 1. Violence within ongoing intimate or close relationship with the intention to stay together.**
Goal may include staying together in a healthy relationship.
- 2. Violence within ongoing intimate or close relationship with no intention to staying in each others lives**
Goal may include separating safely.
Goal may include being able to co-exist in the same community without staying in a close relationship.
- 3. Violence from former relationship with no intention to stay together or to reconnect.**
Goal may include separating safely.
- 4. Ongoing non-intimate relationship (coworker, friend, member of same organization) – may not stay closely connected but may still share the same community, same space or same circles.**
Goal may include co-existing peacefully in the same community.
- 5. Violence caused by an acquaintance in the community – not a close relationship and do not share the same space or circles.**
Relationship may not be part of goal.

Questions To Ask During Goal Check-Ins:

1. Has this goal been completely with satisfaction to the victim/survivor?
2. Are we (as a collective) ready to move onto the next goal?
3. Do we all fully understand what the next goal is?
4. Do we all fully understand the reasons why we are doing the next goal?
5. Are we in agreement for how we want to do the next step?
6. Is it clear who is doing the next step?
7. Do we have a follow-up plan for the next step?
8. Do we know the goal after this one is complete?

¹ Source: “Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence” by Creative Interventions, 2012. pp 4.D-3. Copyright 2012 by Creative Interventions. Pre-release version available for public use.

VIII. Goals Setting, continued

Here is an example worksheet to be used by all roles at each meeting to set goals.

Goals and/or Unwanted Outcomes	Are any of these realistic?	Is this a short term or long term goal?	Added to the larger team goals?
<p><i>Ex: Survivor/victim wants the person doing harm to financially cover all needs of the survivor/victim throughout the accountability process.</i></p>	<p><i>Ex: Maybe, they may need support in this from other allies across both teams, facilitators, as well as the community outside of the immediate accountability structure.</i></p>	<p><i>Ex: Long term goal.</i></p>	<p><i>Ex: Pending approval of all team members after full assessment and capacities across all allies and facilitators.</i></p>

IX. Honoring Success & Check-Ins

Have check-ins and honor the successes:

- Keep the goals in mind, both small and large.
- Honor and acknowledge the achievements you make along the way.
- Remember to allow space for group and individual check-ins.
- If someone is burned out or needs a break, have people who can cycle into their role.

Questions to ask during emotional check-ins:

1. How does this process hold space in my life?
2. What am I able to bring to this process?
3. What are some triggers I need to watch out for?
4. Do I fully understand the complete goals of this collective plan?
5. This is a collective process. How am I doing in the team?
6. Is there anything I have a problem with or disagree with that I need to share with the group (and haven't so far)? Are there any secrets or things people don't know about that I need to share?
7. How have I been able to assist the collective in reaching goals?
8. How am I feeling emotionally? What can I do outside of this process to take care of me?

About The Authors

Corinne Kai is a writer, budding sex educator and girl on the move currently residing in Brooklyn, NY. She looks at the world through the lens of an anti-capitalist, pleasure activist, femme-of-center queer woman. Corinne is a RAINN Speakers Bureau volunteer, sexual assault advocate at Bellevue Hospital, experienced editor and is published on sites like Teen Vogue and GO Magazine. She is currently working towards her sex education certification through the Institute of Sexuality Education and Enlightenment. Corinne passionately believes the power of language and accessibility can break open most closed minds. You can see more about her experience running workshops and writing at corinnekai.com. Corinne can be contacted at corinnewerder@gmail.com.

Olivia Ahn is a third generation Chinese American New Yorker. She is a full spectrum doula, prison doula, sex educator, patriarchy smasher, and sexual and reproductive health advocate. Olivia is passionate about resilience and restoration through understanding, humility and community-based care through interpersonal support systems. Her current work advocates for sexual and reproductive health education, access, services, and care that is attentive to histories of trauma, abuse, survivorship, and oppression. Olivia's practice ultimately strives for empathy towards the multiple truths, experiences, and subjectivities of the human condition. Olivia is currently a Master of Public Health Candidate at Columbia University's Mailman School of Public Health, focusing on Population and Family Health in regards to Sexuality, Sexual, and Reproductive Health Policy and Practice. Olivia can be contacted at oliviaahn@gmail.com.