



Standardizing our Lexicon

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For more information contact: Jeanne L. Allert
jallert@thesamaritanwomen.org



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Background

In January 2021, The Samaritan Women – Institute for Shelter Care embarked on an industry survey to assert a standardized lexicon for the emerging field of restorative care for victims of domestic sexual exploitation. Over 180 restorative care agencies were surveyed and 43, or roughly one-fourth, of agencies responded. The survey included a range of terms, with multiple options and write-in opportunity, to reflect the nature of the organization, its people, and its work. This input will be used to inform the work of the Institute for Shelter Care. Agencies should not feel compelled to adopt this proposed lexicon, but understand that all communications, reports, and public communications that are generated from the Institute will reflect this language set to unify this emerging field and bring clarity to our communications.

Findings

The Organization and Its Efforts

The generalized term used to describe the organizational entity most often was “**Agency**” (43%) and this is the term the Institute will adopt. “Nonprofit” was suggested 20 percent of the time, but this is more of a tax classification.

Some shelter programs give a name to the physical structure in which it operates its program. For purposes of standardization, one-third thought we should refer to those dwellings as the “home,” whereas 23% preferred “residence” and 20% preferred “safe house.” The Institute has settled on the term “**Residence**” for the technical accuracy that this may be where the survivor temporarily resides, while still preserving the unique term “home” for where s/he most identifies.

Nearly half of respondents referred to the structure of how they are trying to impact the lives of those they serve as “the Program” (43%). With some overlap, there was also preference for “Individualized Service Plan (35%). It may be necessary to offer both terms to distinguish between those Agencies who offer a more generalized approach for all survivors versus those Agencies who customize their offerings for each survivor. One might liken the distinction to “off-the-menu” versus “made to order.” The Institute will default to “**the Program**” unless the distinction is warranted.

Of all terms offered in the survey, there was the most harmony around a term to describe the identifiable milestones through which a survivor progresses. That preferred term was “**Phases**” (73%). On-going support to individuals who have completed the Agency’s program, are most often referred to as being in an “**Independent Living Program**” (33%).

Those Agencies that intentionally integrates a religious position in its work are preferentially referred to as “**faith-based**” (66%).

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Positions

Over two-thirds of respondents asserted that the term to describe the person who is the administrative, legal, and fiscal leader of the agency should be “**Executive Director**” (77.5%). Slightly more than half of respondents suggested that the person who is primarily responsible/accountable for how the agency organizes, conducts, and evaluates its care to survivors should be called “**Program Director**” (52.5%). This is consistent with analogous fields of care, so the Institute will adopt this term.

There was little harmony in labeling the person(s) who provides day-to-day supervision of clients within the shelter setting. Terms ranged from Residential Coordinator (23%), Residential Supervisor (18%), Coach (12%) and Residential Coach (12%). It is plausible that the job description and duties of this position vary greatly from shelter to shelter and therefore a wide range of nouns are used. It may also be an important next step for this emerging field to examine job descriptions to understand this diversity better. Until we have greater clarity, the Institute will standardize on the general term “**Residential Staff.**”

The individual(s) who manages all the services that the Agency provides for its clients was most often recommended to be termed “**Case Manager**” (43%). This is industry standard for the field of social work and will be adopted by the Institute as well. Similarly, the individual who possesses specific training and credentials to provide therapeutic, mental health services will be termed “**Therapist**” (55%).

Service Population

Terms for the service population varied based on the client’s phase of relationship with the Agency. There was considerable harmony of responses for these options. The following table includes the terms that were most-often cited and will be adopted by the Institute:

Referral	someone who has been introduced to the Agency, but not yet in the application and acceptance process
Applicant	someone in the application and acceptance process
Resident	someone who has been accepted into the Agency’s program and is an active participant
Graduate	someone who has completed the Agency’s program
Former Resident	someone who was a participant but did not complete the program

As this field advances and refines, undoubtedly more terms will need to be added. Our hope is that this emerging lexicon will help to improve communications within the field and with outside partners.