# DOMESTIC VIOLENCE ADVOCACY

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## Dedication

For Mom, and Molly, who make it count, every time.

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Leila Grace Wood

DOMESTIC VIOLENCE ADVOCACY

Advocacy, in the form of direct service, is a critical type of intervention to help intimate partner or domestic violence survivors.  Little is known the best practices for social workers and other helping professionals to assist survivors of domestic violence who present for services at shelters, non-residential outreach, and legal settings.  This dissertation reviews relevant research related to domestic violence direct services, which is also called advocacy.  The study also outlines a brief overview of the history, theory, and paradigms of thought related to the movement to end intimate partner violence.  The research project used the grounded theory method to conduct and analyze semi-structured, in-depth interviews with advocates at domestic violence agency to answer the research question *what constructs and practices inform the delivery of direct services to survivors of domestic violence from shelter and non-residential service advocates?*  A total of 22 women working primarily with domestic violence survivors in shelters and non-residential agencies participated in the dissertation study.  Participants came from one Midwestern and one Southwestern state.  The interviewees had a range 1-20 years of experience in the field of domestic violence advocacy.  Eighteen of 22 participants had experienced some sort of intimate violence in their lifetime.  Several important findings emerged.  Advocates typically enter the field because of personal motivations.  The empowerment and strengths-based perspective are important to the delivery of advocacy services, as is belief in hope.  Advocates typically endorse a survivor centered approach to their work.  Data analysis revealed a concurrent process of advocacy that occurs within advocates and between advocates and survivors.  This parallel process is marked in the

earlier state of assessing and grounding; in the middle stage of establishing and affirming; and the ending stages of hoping and reflecting.  These findings suggest the importance of personal experiences, hope, and reflection in the delivery of advocacy services.  Community collaboration and support are essential to maintaining services that are aimed at the individual needs of survivors.  More research is needed about the perceptions of services among survivors of domestic violence.

Carol Hostetter, MSW, PhD, Chair

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## Chapter 1: Introduction

## Background of the Problem

Domestic violence advocacy is both a social movement and social work practice intervention. Violence experienced by those in an intimate partnership is an epidemic health and social issue that permeates through traditional boundaries and definitions for societal problems. Social workers, advocates, clinicians, and other helping professionals deliver individual and family-based interventions to both survivors and perpetrators of trauma. Domestic violence is unique in that those who work in the field may also be committed to addressing social and community culture and norms that perpetuate violence, and not only individual concerns that are the normal focus of mental health services. Practice in the field of domestic violence is not limited to case-based or therapy services. Individual interventions are only part of a larger emphasis of a movement aimed to address and eliminate some of the factors that support and cause violence. Practice in the field of domestic violence is aimed towards advocacy and empowerment, and for that reason, this dissertation will address these unique advocacy services. The dissertation project explores the process of domestic violence advocacy, including related theory and intervention. These advocacy practices extend through micro clinical to macro community and society-based interventions, and include paradigmatic tenets of post-positivism, critical theory, and constructivism. Domestic violence advocacy fits along a continuum of models of practice found in social work.

A note on terminology is necessary when discussing domestic violence. This type of violence in particular has many names: Spouse abuse, battery, domestic violence, dating violence, intimate partner violence, wife abuse, and husband abuse, to name a few.

The field has an emerging preference in the literature for the term "intimate partner violence" (IPV) because it better encompasses the experiences of teenagers and is less hetero-normative.  Domestic violence, however, is more popularly used.  This research uses the two terms interchangeably, and as noted by the particular research referenced.  All names for this violence describe the same phenomena, defined succinctly by the United States Department of Justice as "…a pattern of abusive behavior in any relationship that is used by one partner to gain and maintain power and control over another intimate partner" (U.S.  DOJ, 2011).  The U.S.  Department of Justice details the major types of abuse: physical, sexual, emotional, financial, and psychological (U.S. DOJ, 2011).  Other scholars have extended this definition to include spiritual forms of abuse, such as the use of religious text to condone violence (Nason-Clark, 2004).  IPV occurs among same and different gendered romantic partnerships and survivors of violence are female, male and transgendered.  Women have been found consistently to experience more violence than men in heterosexual relationships (Alhabib, Nur, & Jones, 2010; Black, Basile, Breiding, Smith, Walters, Merrick…Stevens, 2011; Tjaden & Thoennes, 2000).  Same-sex couples and transgendered individuals experience similar levels of violence as found in heterosexual relationships (McClennen, 2005).  This research focuses on advocacy methods and literature devoted to women in heterosexual relationships, in part because of the available research, but also in acknowledgement of the differing advocacy needs of lesbian, gay, bisexual, and transgendered (LGBT) survivors.

The scale of domestic violence has been a hot topic in the literature.  The seminal *National Violence Against Women Survey* conducted in 1998 in the United States used a

random sample of 8,000 women and 8,000 men.  The prevalence of violence was

estimated to be 25% of women over a lifetime (Tjaden & Thoennes, 2000).  In a

systematic review of prevalence studies, rates of violence for women were found to range

from 1.9 to 70% during the lifespan, with medical settings reporting the highest

prevalence rates (Alhabib et al., 2010).  The World Health Organization (WHO)

conducted a prevalence study in 10 countries and found lifetime rates of partner violence

for women ranging from 15-70%, with most countries averaging 30-60% (Garcia-

Moreno, Jansen, Ellsberg, Heise, & Watts, 2006).  More recently, the Centers for Disease

Control and Prevention and the National Institute of Justice in the United States

conducted a large scale study to assess prevalence and consequences of partner violence.

*The National Intimate Partner and Sexual Violence Survey* (NISVS) used a random

sample of over 16000 men and women (Black et al., 2011).  This most recent survey

estimates 1 in 5 American women will experience a rape in her lifetime, and 1 in 2 will

experience some form of sexual violence.  Lifetime rates for intimate partner violence are

estimated to be 1 in 3 for women, with over 35% experiencing multiple forms of abuse

(Black et al., 2011).  One chilling estimate states 40-60% of all women murdered in the

United States died at the hands of former or current intimate partners (Campbell, 2002).

While prevalence rates vary by country and study setting, the United States has a range of

lifetime prevalence in methodologically rigorous studies between 25 and 35% (Black et

al., 2011; Tjaden & Thoennes, 2000).

       This prevalence data is especially disturbing when taken into account along with

the potential impact of violence on survivors (also called victims), their children,

batterers, and the greater community.  NISVS data revealed that women who had

experienced sexual and physical violence were more likely to have chronic mental and physical health issues such as Post-Traumatic Stress Disorder (PTSD) and gastrointestinal problems (Black et al., 2011). Effects of domestic violence spread beyond immediate physical injuries, to life-long mental health and medical conditions (Brewer, Roy, & Smith, 2010). In seminal research about the co-occurrence of child abuse and domestic violence, Edleson (1999) found that between 30-60% of children who were maltreated lived in homes where domestic violence was present. Children who witness domestic violence or experience abuse face long-term physical and mental consequences (Edleson, 1999). It is out of the scope of this project to discuss the impact of violence on batterers, but they represent a group that is under-helped and in need of improved intervention.

Social workers in all fields encounter domestic violence. In a random sample of social workers, Danis (2003b) found that 92% had contact with domestic violence survivors. Although many fields of social work are sustained by mostly clinical interventions, both micro and macro advocacy methods are at the heart of intimate partner violence interventions. IPV advocates work long hours and are usually paid very little (McCue, 2008). Domestic violence agencies traditionally have put a strong preference on hiring people who have experience working in a shelter, or who have risen through the ranks as a volunteer, rather than those who have clinical training (Wies, 2008) or social work backgrounds. Interventions tend to focus on two areas: the individual batterer, survivor, or child witness and/or larger macro systems, such as courts and organizations (Danis & Bhandari, 2010). Interventions occur in a variety of settings, such as medical offices, courts, law enforcement, IPV agencies, and shelters. The

different interventions, and their theoretical backgrounds, both conflict and intersect with each other. The culture of domestic violence advocacy is unique because of its commonly used peer-to-peer model (Lehrner & Allen, 2009). For the purpose of this research, intervention is a term used to encompass both therapeutic and advocacy-based action and aid that is designed to assist survivors and prevent violence.

Many shelters serving female survivors of domestic violence sprung from a collectivist, feminist-based theoretical perspective (Lehrner & Allen, 2009; Reinelt, 1995). Advocacy was originally constructed as a peer process of women helping women, but pressures on advocates to professionalize has pushed shelters and other agencies to create new systems of helping (Wies, 2008). These new modalities deviated from the early feminist models and are based in case-management strategies. Modern advocates are encouraged to have formal professional training and peer-to-peer work is not as emphasized. The advocacy workforce is in a state of flux, and too little is known about the people who do IPV work, and the personal impact it has on them (Slattery & Goodman, 2009).

Partner violence advocates differ in their beliefs about the causes of abuse. These perspectives range from an ecological model, a strong feminist and critical lens, or a mental health approach (Bemiller & Williams, 2011; Black, Weisz, & Bennett, 2010; Pyles & Postmus, 2004). Since the social movement to end domestic abuse began in the 1960s and 70s, advocates have been increasingly conflicted about the push to move away from a feminist-based approach of survivor-led services to a social service model reflecting a mental health perspective (Wies, 2008). There has been an ongoing concern that the movement did not address and include the voice of people at the margins: the

poor, women of color, those in rural areas, and LGBT individuals (Bogard, 1999; Danis & Bhandari, 2010). To address these concerns, advocacy and shelter services need to continue to be refined.

Modern service delivery frequently occurs in domestic violence shelters, which typically offer a variety of services including housing, legal advocacy, crisis hotlines, counseling, and support with basic needs (Allen, Bybee & Sullivan, 2004). These interventions are often referred to as advocacy services. This symbolizes advocacy-based solidarity, or the idea that people working and volunteering in the IPV agencies are interchangeable with survivors themselves (Pence, 2001). Deficit models focused on why women stay in abusive relationships and character flaws dominated early explanations of domestic violence through the 1970s. The movement brought new application of theory to practice. Empowerment frameworks, crisis intervention models, the strengths-based perspective, cognitive-behavioral therapy and psychoanalysis, as well as feminist and critical applications have all been used with survivors of violence (Black, 2003; Cares, 2009; Danis & Bhandari, 2010; Davies, Lyon & Monti-Catania, 1998; Roberts, 2007). Feminisms, potentially as an extension of critical theory, have provided an important lens to look at methods of working with survivors of domestic violence (Jasinski, 2001; Pence, 2001; Schechter, 1982; Sullivan & Gillum, 2001). Unfortunately, the field of social work and the domestic violence movement has traditionally had a difficult relationship (Black, et al., 2010; Danis, 2003b; Danis & Lockhart, 2003). Despite the historical intertwining of social work and feminisms in the goals of social justice, equality, and addressing oppression (Kemp & Brandwein, 2010), social work education and organizational structures has not taken a strong stance on addressing

partner abuse or violence against women (Black, et al., 2010; Danis, 2003b; Danis & Lockhart, 2003).

**The Experience of Violence**

Efforts to understand the experience of violence in an intimate relationship have provided rich and varied data from survivors and service providers. In a phenomenological study of women who had experienced partner violence, Taylor, Magnussen and Amundson (2001) identified three core themes from 12 respondents. In the first, "painting the whole picture," survivors used stories of their family of origin to explain how they came to be in an abusive relationship. Family and community culture often guided the initial reaction to the abuse. The second theme, "describing the violence," led to vivid descriptions of the acts of kicking, strangulation, punching, hitting, and rape experienced by the women. The third theme, "living with the consequences", outlined the ways women left the relationship, including safety planning, and the loss of support from informal and formal systems (Taylor et al., 2001).

Kearney (2001) used a meta-analysis of 13 qualitative research studies to formulate the overarching theme of enduring love to describe the violent relationship-enduring meant to mean both long-lasting and committed, as well as a means of survival. The findings were similar to Lenore Walker's (2009) famous cyclical theory of violence, marked by tension build up, an act of violence, and loving contrition (broken promises), is replaced by phases that illustrate more agency and action on the part of the survivor. In Kearney's (2001) study, women first entered the relationship seeking romance and commitment. As violence began, and then steadily increased, women tried to rationalize abuse as their sense of self shrunk. Some women began a period of assessment in which

they would try to anticipate and monitor the violence. The next phase was marked by an increased sense of self-preservation, and women juggled the sense of family and economic security with personal safety issues. The final stage involves finding a life and a sense of self beyond the abusive partner (Kearney, 2001). These qualitative investigations illuminate the many dimensions of experience of the abusive relationship, and the critical acts of survival and assessment women undertook daily to survive. This helps advocates to understand the unique position of the people they are working with in their agency settings.

**Underserved populations.** The experience of abuse may be different among women who have undergone multiple forms of oppression. It is important for advocates to be aware of the impact of interlocking forms of oppression in the lives of survivors. The abuse some women face is shaped by the multiple identity positions they hold (Crenshaw, 1993). A common credo was that any woman could be a victim of domestic violence, but as research on prevalence has increased, scholars are beginning to understand that women who face multiple forms of discrimination and oppression experience more violence, or are at least more vulnerable to abuse (Grossman & Lundy, 2007). Richie (2005) stated that the argument advocates have made for decades of the universal experience of IPV across race, ethnicity, religion, geography and class has negated the experiences of women of color who may face multiple levels of violence. It is beyond the scope of this study to review the research concerning every underserved population. It is worth mentioning that the following groups are often most cited as being underserved: LGBT people, women of color, those experiencing poverty, immigrants and refugees, older adults, disabled women, males, children, and any survivor who does not

meet the expectation of the white, middle class, heterosexual female victim (Danis & Lockhart, 2010; Grossman & Lundy, 2007). The most frequently discussed of these underserved populations will be briefly explored: LGBT people, women of color, and those experiencing poverty. These groups may have services that are specialized in order to address their individual needs more carefully.

McClennen (2005) found that LGBT relationships experience IPV at the same rate as heterosexual couples. She referred to a "conspiracy of silence" in American society that leads to the "double closeting" of LGBT survivors of IPV (McClennen, 2005, p.150). Typical shelters may not make efforts to be overtly LGBT-friendly. Specific shelters and services exist for LGBT survivors in some urban areas, but rarely in rural ones. LGBT survivors experience both a violent, homophobic society and abuse at home (McClennen, 2005; Sokoloff &Dupont, 2005). Many LGBT individuals who experience IPV are afraid to reach out to the criminal justice system or shelter services because of deeply entrenched homophobic attitudes from police or social service providers.

Women of color have historically been victims of IPV in greater proportion than their white peers (Sokoloff & Dupont, 2005). In their national study, Tjaden and Thoennes (2000) reported that African American and American Indian women are the most likely to experience IPV. Third wave advocates have criticized the IPV movement for being centered on white, middle class values and not acknowledging the important role of the civil rights movement and women of color (Goodman & Epstein, 2008). Sokoloff and Dupont (2005) further assert that domestic violence shelters are not knowledgeable about abuse that takes place in intimate relationships in ethnic minority groups and the impact of an assault on one's cultural sense of self. Critics agree that

modern service providers "talk the talk" of providing multicultural services, but do not "walk the walk" (Goodman & Epstein, 2008; Josephson, 2005; Richie, 2005; Sokoloff & Dupont, 2005). In addition, some immigrant women of color may not even be able to speak the same language as advocates, let alone access life-saving interventions (Grossman & Lundy, 2007). Immigrant women may also face additional fears of deportation or loss of support from their communities.

Perhaps the most prevalent and misunderstood factor that increases the risk of IPV for female survivors is socioeconomic class. When socioeconomic factors were controlled, there was no difference in levels of violence between white women and women of color (Tjaden & Thoennes, 2000). So why do women of color experience more IPV? This could be explained by the larger percentage of women of color living in poverty in the United States (Sokoloff & Dupont, 2005). Poor women experience the dual controls of being trapped by poverty and trapped by abuse (Raphael & Tolman, 1997). Nearly all (92%) homeless women have experienced IPV and 63% of women on public assistance are survivors (Josephson, 2005). The welfare state and the violent partner are both elements of social control in the survivor's life (Josephson, 2005). Survivors often turn to government programs for income assistance as a way to get by after leaving an abusive partner. The structure of United States welfare systems makes it nearly impossible for survivors to overcome poverty. The welfare system in the United States fails to address that issues of poverty are a form of victimization and require intervention (Hague, Mullender, & Aris, 2003). For some, the only escape from poverty is to enter into a new relationship or return to the abusive partner (Josephson, 2005).

While some women experience multiple forms of oppression, partner violence in itself is considered a fundamentally disempowering experience, where one person loses personal agency and power. Advocacy, the process by which negotiation or representation occurs for the self or another, is one solution to work with oppressed populations (Adams, 2008). In some cases, this advocacy means solidarity and empathy with the group you are working on behalf of to create social change (Pence, 2001). Advocacy can be linked with feminism and empowerment, though the constructs are not synonymous (Adams, 2008; Pence, 2001). Advocacy also entails bringing light to social issues, which is why the term is such a good fit with the domestic violence movement (Pence, 2001). The tradition of personal, group, and systems advocacy has led to the commonality of the term "advocate" in describing direct service work with survivors of violence. What makes a domestic violence advocate different from other people who work with survivors of abuse?

**Defining Domestic Violence Advocacy**

Advocacy in the domestic violence movement is a primary mode of practice. Domestic or partner violence advocate is the common term for a direct service worker in the field doing work that is generally not clinical in nature. Domestic violence advocate is a term that is both generic and specific. Wies (2008) created the following definition of advocacy: "Domestic violence advocates do not speak *for* people or victims of domestic violence, they speak on their behalf when a situation does not allow them to speak" (223). Others have defined advocacy in the context of the shelter as a person who responds to a survivor (Allen et al., 2004). Pence (2001) defined advocacy as being at both the individual micro and the macro systems level. Davies et al. (1998) asserted that

a domestic abuse or partner violence advocate is a person who acts in a supportive role on behalf of, or in collaboration with, survivors and their children to work to stop, prevent, and address violence in an intimate relationship, as well as to endorse and support larger system change. For many people working in the field, an advocate can only be called such if they work directly with survivors, though many macro-level organizational structures are in place to work on behalf of survivors' identified needs. For the purpose of this study, advocate is defined as anyone in a paid or volunteer position whose primary work is to offer or work for supportive services to survivors of partner violence as determined by the needs of that person or community of survivors. This is both a micro and a macro level position. While shelters remain the central hub of services, advocates work in other institutional settings, such as non-residential services, courts, medical offices, law enforcement, and counseling agencies (Allen, et al., 2004). Non-residential services encompass domestic violence focused interventions and agencies outside of the shelter setting.

The term advocacy inherently has paradigmatic influences in critical theory, and acknowledges the role of radical and feminist perspectives in shaping the movement to end domestic violence. Critical theory, especially in social work practice, is concerned with injustice and inequity and political action (Payne, 2005). In addition, critical theory supports methods that seek emancipation from hegemonic practices of those in power (Kilgore, 2001). In this way, critical theory is linked with the feminist principles of consciousness-raising and making the personal political (Dominelli, 2002; Payne, 2005). While it can be said this type of practice is linked with a critical worldview, there are many different theoretical models and perspectives that influence the practice of domestic

violence advocacy. One of the central purposes of the line of inquiry is to explore some of the guiding constructs and practices that guide domestic violence advocacy.

<div align="center">**Research Study**</div>

**Statement of the Problem**

There is still much we do not know about partner violence advocacy, despite a large body of academic research. This line of research aims to fill some of the holes in the research- practice gap for domestic violence intervention. The main problems under consideration are the lack of information about advocacy practices, intervention models, and application to social work practice. Advocacy methods have received little in the way of testing and inquiry, be it quantitative or qualitative. There is a lack of knowledge about what theories are actually used in practice, despite many having been conceptually applied by researchers. This implies a research-practice gap. The first step in addressing this knowledge gap is exploratory research with advocates and survivors about what services are provided, the philosophy behind them, and perceived impact. This knowledge will help lead the way to application of intervention models. Next, intervention testing can help to discover what works with advocacy, and eliminate potentially harmful practices. This is a lifetime of work, and it begins with a qualitative exploration of the current state of advocacy.

Perhaps most disappointing are the gaps of knowledge in the profession of social work. These gaps include a dearth of preparation in the education of future workers, and inadequate research response, and ultimately, social workers who lack the knowledge and skills to work with survivors. It is unknown how social work should best prepare emerging professionals for practice with survivors of domestic violence. As Danis

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(2004) asserted, more information is needed about the unique experiences of social

workers practicing with domestic violence survivors. Further, it is not known how social

workers in other areas of practice are managing this cross-cutting issue of domestic

violence and if additional training is needed. Further research will help illuminate these

issues and add guidance for social workers.

The problem that this research seeks to address is the paucity of inquiry related to

domestic violence advocacy methods in the field of social work. The author is situated in

the unique position of being a social worker, a domestic violence advocate, and a

researcher, which allows for careful consideration and curiosity about this subject. In

order to better prepare social workers and others who work with domestic violence

survivors for practice, more needs to be known beyond what happens in direct or

advocacy services in shelters, but also the process of how it happens and what methods

are considered most helpful. To consider what is most helpful, it is critical to know what

the explicit and implicit goals of advocacy work is in both the eyes of shelter and non-

residential domestic violence direct service providers. By delving into the process of

domestic violence advocacy, more clarity might emerge about the theoretical applications

occurring. In addition, more can be discovered about advocates, and their experience of

their work.

**Research Question**

The core research question for this dissertation study is *What constructs and*

*practices inform the delivery of direct services to survivors of domestic violence from*

*shelter and non-residential service advocates?* Through this research question, the

process of delivery of advocacy services can be explored as it is perceived by shelter and

non-residential service advocates who devote a great majority of their work time to helping survivors of violence.  The research question is designed to shed light on the *what* and *how* of direct services to survivors in the shelter setting.  What do advocates do to help survivors and their children?  How do they do it?  What does it mean for the work to be successful or unsuccessful?  What are the theoretical underpinnings?  What are the personally relevant understandings of domestic violence at play in the work of advocacy?  Objectives emerging from this research question include the exploration of how advocates perceive this work, the ongoing controversies, possible changes, and any theoretical applications.  In addition, the research study may reveal a potential practice model for advocacy work that can be further explored and perhaps tested.

**Importance of the Study**

This study comes at an important time in the fields of social work and domestic violence advocacy.  In a review of advocacy practices (see Chapter Two), not enough information emerged about the potential best practices for domestic violence advocacy.  This means that practices are uneven, and there is no model for what a best practice would look like in the shelter or non-residential context.  The movement to improve practices in social work, especially through evidence bases (Gray, Plath & Webb, 2009), necessitates a careful examination of the constructs and practices that inform advocacy.

Given the large number of social workers that interact with survivors (Danis, 2003b), it is critical that social work research and education seek more information to enhance the practice of direct services to survivors of IPV and their children.  The National Association of Social Workers (NASW) code of ethics calls on social workers to work for social justice (NASW, 2008).  Domestic violence is indeed a social justice

issue and has even been referred to as a human rights violation (Morgaine, 2011). By exploring more about the practice of direct advocacy services, social work as a profession can advance its response to domestic violence survivors, increase efficacy among practitioners and potentially become a leader in the social science disciplines on this critical social issue.

**Scope of the Study**

The scope of the study is limited to advocates working in domestic violence shelters and non-residential centers aimed specifically at providing services to survivors. While many other types of service settings, such as courts, welfare offices, and medical practices may interact with survivors and provide advocacy services, only shelters and their non-residential counterparts have the sole focus of providing help to victims of violence and their children. This study seeks to gather information from advocates working in these settings through a small scale, qualitative approach using Grounded Theory, which is ideal for addressing a research problem focused on social process because it uses an inductive, exploratory method (Birks & Mills, 2011; Corbin & Strauss, 2008; Glaser & Strauss, 1967). More information about the method and study procedures can be found in Chapter Three.

**Limitations**

There are several limitations to the proposed research project. The major limitation is that the study will seek information about the process of practices from advocates, and not from survivors of violence who receive services. It is the belief of the researcher that the voices of the people receiving services are vital to the creation of a best practice model for domestic violence advocacy, and the implementation of greater

direct services training for social workers assisting those who have experienced intimate partner violence. The research project with advocates is viewed as a first step in an important journey of discovery of the *what* and *how* of advocacy services.

While the study seeks to unearth information about the perceived efficacy of these services, no complementary data will be used to confirm the assertions of the advocates. The information gleaned from this study will be used with other literature to increase theoretical sensitivity (Corbin & Strauss, 2008). The data collected is meant to be a point in time of providing advocacy services. The number of participants will be small by quantitative standards, but appropriate for the grounded theory method. The focus on shelters and non-residential services limits knowledge of other advocacy settings. Finally, the controversies among advocates, discussed in detail in Chapter Two, may create a lack of consensus about how practices are performed and the process of advocacy, leading to a possible inability to discover emerging theories of practice. Despite these limitations, this research project may discover important information to illuminate the entrance to domestic violence advocacy, practice processes, maintaining a career, and indicators to improve services to survivors. These findings can be used to help social work as a profession improve its response to intimate partner violence.

In the next chapter, an extensive review of the literature provides an overview of the movement to end domestic violence and the historical tensions in the field. The theoretical influences upon advocacy are explored, as well as a review of the literature on advocacy practice. Finally, the social work response to domestic violence is explored to highlight the need for this line of research.

**Chapter Two: Review of Literature**

**Brief Overview of the Modern Movement to End Domestic Violence**

Paralleling the many social change movements of the 1960s and 70s, the modern movement to address domestic violence began in the United Kingdom and United States with awareness-raising efforts. Erin Pizzey in the United Kingdom established one of the first public shelters for survivors, and published a book about partner violence. In the United States, shelters opened in Arizona and California in the 60s and 70s and paved the way for the creation of services (Schechter, 1982). Through consciousness-raising groups and a focus on grassroots advocacy, the awareness of violence against women increased (Schechter, 1982). This was, in part, because of the anti-rape movement and the momentum created around activism events, including Take Back the Night protests, where "…turning individual fear into mass anger, women felt strength and temporary psychological liberation…" (Schechter, 1982, p.38). It was in this stage that the first organizers came to see themselves as advocates, as opposed to social service workers, or case managers (Pence, 2001). Movement leader Ellen Pence (2001) writes "However, we did not use the term advocate to distinguish between those who were beaten and those who fought for new institutional responses to battered women, particularly because many advocates themselves had experienced violence in their lives. As advocates, we intended to stand in solidarity with shelter residents" (p.331). The movement used, especially in the United States, a model of peer support and empowerment strategies to help expose this emerging social issue. Feminism, suggested by Payne (2005) as one of the core radical theories of social work, was a major contributor to this movement.

The violence against women movement is considered by many as the most

successful legacy of the feminist wave of the 1960s and 1970s (Damant, Lapierre,

Kouraga, Fortin, & Hamelin-Brabant, 2008; Lehrner & Allen, 2009). A wave theory is a

lens often applied to Western feminism. The first wave applies to the suffragists and

advocates at the turn and early portion of the last century who pioneered the way to

securing women's right to vote (Baxandall & Gordon, 2000; Kinser, 2004; Snyder, 2008;

Strobel, 2002). While the first wave did little to directly address partner violence, early

feminists campaigned against rituals of public shaming perpetrated by husbands to wives

(Pennington-Zoellner, 2009). In addition, first wave advocates addressed the legal

supports that allowed husbands to beat their wives and have control over family resources

(Goodman & Epstein, 2008). The second wave includes the women's liberation

movement of the 1960s and 1970s that encompassed the sexual revolution (Baxandall &

Gordon, 2000). The third wave is best defined as a postmodern feminist wave, concerned

with the intersection of issues of oppression and drawn to celebrating a new realm of

femininity (Snyder, 2008). The wave theory is not a comprehensive look at the nuances

of American feminism. Though criticized for failing to include the work of women of

color (Snyder, 2008), it provides an important way to look at modern issues in domestic

violence advocacy.

As part of the second wave, the movement of the 60s and 70s was born largely of

the larger feminist women's liberation effort that insisted there is no separation between

the personal and political (Goodman & Epstein, 2008). This approach drew on an

essentialist perspective that called on a common bond of womanhood (Sokoloff &

Dupont, 2005). Early advocates summarized partner violence in a radically different

context than the prevailing cultural norms of the 60s and 70s. Rather than blaming survivors for the abuse, advocates sought to hold perpetrators accountable for their actions. This form of abuse was viewed as a product of a patriarchal culture that allowed and even celebrated the domination of women by men. The violence experienced by women at the hands of their partners was viewed as part of a culturally sanctified effort by men to control women (Hunnicutt, 2009). Rather than pathologize women, second wave feminists sought to lift survivors up by empowering them to make choices and have control of their own lives (Goodman & Epstein, 2008). At the heart of early services were the tenets of radical feminism: collective grassroots efforts to end the male domination of women. This approach emphasized peer support from other battered women and empowerment-based philosophies (Wies, 2008).

Not all early contributors to the movement claimed feminist orientations. Erin Pizzey, who opened the first UK shelter, attributed abuse to a more psychodynamic philosophy. She theorized that women who were in abusive relationships enjoyed the excitement and drama (Walker, 2009). Much psychoanalytic thought supported the notion that women subconsciously provoked the abuse (Goodman & Epstein, 2008). The psychiatric community continued to shun a feminist orientation to the cause of violence. The authors of the DSM introduced diagnostic categories that blamed victims for the abuse they suffered, such as Masochistic Personality Disorder, for consideration in the manual (Kutchins & Kirk, 1997).

Feminism and critical theories continued to influence the growth of the movement, despite these oppositions. The third wave of American feminism is marked from the mid-1980s to the present and had substantial influence on the progression of the

movement. Some third wavers see second wave ideas of unity among women as rigid

and judgmental. They embrace the shades of grey in feminist identities and oppose

gender binaries of male or female (Snyder, 2008). Rejected are the ideas of essentialism

and commonalities among women. Much of third wave thought is a postmodern

approach that highlights the unique experiences of all women in their personhood

(Kinser, 2004; Snyder, 2008). This has brought a greater focus on partner violence

services for women of color, older females, men, and LGBT survivors. Third wave

feminists have called on second wavers to integrate the diverse experiences of survivors,

a call that has been somewhat ignored in practice by a movement that has been

dominated by white, middle class values (Lehrner & Allen, 2009; Sokoloff & Dupont,

2005). Advocates over the last decades have begun to focus on the intersections of race,

class, and gender. This approach has gained prominence in the field over the last 20

years and is sometimes called an intersectional framework (Bogard, 2001; Crenshaw,

1993; Danis & Bhandari, 2010). During this evolution of feminist thought, practice and

services offered to survivors has changed.

**Evolution of Services to Domestic Violence Survivors**

As a result of increasing awareness, advocates, allies, and people formerly in

violent relationships sought ways to offer protection to those needing to flee abusive

homes (Ferraro, 1981). This took the form of an underground network or safe house

approach, but grew quickly into free-standing shelters (Ferraro, 1981). The shelter and

non-residential domestic violence agencies are the primary sites of IPV services (Walker,

2009). The first known shelter devoted to domestic violence in the United States is

thought to have opened in California early 1970s (Goodman & Epstein, 2008), though

shelters were open in the United Kingdom as early as 1971 (Walker, 2009). By 1978, there were nearly 200 shelters nationwide and 1982 saw the start of the first national hotline for survivors of intimate violence (Ferraro, 1981; Goodman & Epstein, 2008). In addition, the National Coalition Against Domestic Violence formed in 1978, and the first major federal level funding stream was opened in 1984 with the Family Violence and Prevention Services Act (FVPSA) (Goodman & Epstein, 2008).

In the beginning of the movement, great attention was focused by many shelters on the participation of victims of violence in developing services. The notion was that shelters would be for survivors, run by survivors and their allies. This partially contributed to a theory of service delivery that sought to empower first and avoid pathology in the form of viewing battering a result of a woman's mental deficiencies (Goodman & Epstein, 2008; Schechter, 1982; Walker, 2009). In a 1980 survey of shelters, Roberts and Roberts (1981) found that of 300 shelters, over 50% had been open a year or less. Almost half of all shelters employed formerly battered women and many survivors served on the boards of these new organizations (Roberts & Roberts, 1981). Some shelters specifically prioritized hiring survivors, and expected equal participation from staff and residents in running services (Schechter, 1982). A key feature of early shelters was services from peers who had also experienced violence. Some shelters did not follow this model and were closer to the Pizzey example in the UK of being social service directed (Walker, 2009).

Shelters and advocates struggled to remain feminist grassroots organizations and find sustainable staffing and funding sources. Throughout the late 70s, informally trained peer advocates were sifted out and mental health professionals were brought in to provide

services and leadership (Ferraro, 1981; Walker, 2009). Much of the tension between the

social work profession and the advocates in the anti-domestic violence movement came

from this professionalization crisis (Danis & Lockhart, 2003). As shelters opened, they

were overwhelmed by the need for services, like job training, food assistance, counseling

and educational aid. The drive for increased funding caused many shelters to move

towards a more mainstream style of service delivery that would open the door to receive

government and foundation dollars (Ferraro, 1981; Goodman & Epstein, 2008; Wies,

2008). By 1984, funding streams offered by FVPSA offered stability to shelters, but at

the cost of a more radical orientation to services (Goodman & Epstein, 2008).

The move away from the grassroots model also stemmed from the

acknowledgement by advocates of the real needs of survivors in regards to housing, jobs,

counseling and other traditional social services. Many shelters were absorbed by larger

agencies and the focus shifted from peer advocacy to mental health service delivery

(Wies, 2008). Larger agencies were not always interested in the feminist model. In

addition, the concern about the narrowing of services to the model or compliant client

threatened the ability of agencies to help diverse populations (Goodman & Epstein,

2008). This transition continued through the 1980s and into the rise of third wave

feminism. Despite the shift, the feminist grassroots model born from the liberation

movement of the 60s and 70s remains a major influence on the movement today (Damant

et al., 2008; Lehrner & Allen, 2009), though modern service delivery and the work of

domestic violence advocacy has changed.

In their study of 21 shelter advocates across a Midwestern state, Lehrner and

Allen (2009) found that younger advocates lack knowledge of the movement's history

and ideological roots. They did not identify their work as part of a social change movement. Older advocates tended to lament the rise of professionalization (Lehrner & Allen, 2009). Success at work was often defined as getting a woman to leave her abuser for good. Tensions were revealed about the lack of cultural diversity in movement goals (Lehrner & Allen, 2009). With services becoming more fragmented, demand for shelter rooms staying the same or growing, and prevention programs added as a goal, advocates face much hard work ahead (Goodman & Epstein, 2008; McCue, 2008). Advocates working with survivors face not only the challenge of practice with this population, but also the tension within the field.

**Paradigm Rifts**

In many ways, the movement to end domestic violence parallels the evolution of the history of social work. Both faced paradigmatic shifts that altered the course of work with people. A paradigm shift is necessary when the current model of operating ceases to work, and the subsequent crisis creates a need for new ways of functioning (Franklin, 1986). Social work has early roots in separate modes of practice centered on cause or function, and these camps have never been completely unified. Through the 1980s, postmodern thought grew more popular in social work practice (Margolin, 1997). Radical thought gave way to structural theory, attributing many personal problems to social construction (Howe, 2009). Even feminist social work embraced postmodern thought, focusing on discourse, deconstruction, and the celebration of diversity (Sands & Nuccio, 1992). At the same time, the evidence-based practice (EBP) movement was growing in popularity in social work. In the EBP movement, evidence from empirical research is used to make decisions about client services (Gambrill, 2003). Intuition alone

does not suffice for evidence and information must be gathered to serve the needs of the individual client (Gambrill, 2003). Gray, Plath and Webb (2009) describe that the hierarchy of evidence begins with randomized control trials, which are the gold standard for EBP.

The concurrent rise of radical and postmodern thought with EBP movement, which is largely focused on models that produce individual change, indicates a difference of opinion that created two frameworks, with much variation in the middle. One might call this a paradigm rift instead of a shift. The same can be said for the anti-domestic violence movement. Wies (2008) describes this as a shift from "women helping women" to professionalization of services with a focus on helping "victims" (p.221). This involves the creation of more boundaries between service providers and those receiving help (Wies, 2008). A focus on mental health and individual level issues became the norm, and created a league of advocates providing specialized services (Goodman & Epstein, 2008). Dutton and Corvo (2006) argue that the rigidity of the movement in acknowledging only women as survivors needs to be altered. The same argument has been made by LGBT groups (Duke & Davidson, 2009). At the same time, some advocates have sought to keep the focus on the gendered and political nature of the social movement to end violence in intimate relationships, arguing the shelters are inherently gendered organizations (Nichols, 2011). Goodman and Epstein (2008) cautioned that a shift away from a feminist analysis will lead to victim blaming and service fragmentation. In addition, Danis and Bhandari (2010) emphasize the unique experience of violence for each survivor and child witness depending on the intersection of identity positions. Thus, domestic violence service, much like social work, has an unresolved, active identity crisis

that shapes the form of practice.  Practice in services to domestic violence survivors has traditionally been influenced by not only this paradigm rift, but also theory and perspectives that shape responses.

### Brief Overview of Theory Connected to Domestic Violence Advocacy

Some advocates may use a human service model that is atheoretical and based in more of a case management approach (Wies, 2008).  The tension between philosophical viewpoints mirrors the similar phenomenon in social work.  Should services be guided by established practices or theory (Simon & Thyer, 1994)?  To delve deeper into this question, it is important to look at what theories are typically applied to advocacy (direct services as usual) for domestic violence survivors.  Theories more often used in clinical applications or therapeutic interventions with survivors will be addressed as a point of contrast and reference because they also influence advocacy practice.  Individualist theories such as crisis, psychodynamic, and cognitive-behavioral theories will be explored, as well as structural theories from a critical and feminist perspective.  These theories are used in social work, but also the supporting disciplines of counseling and guidance and nursing.  The strengths-based approach and empowerment perspective will be discussed as they relate to domestic violence advocacy.

Several theoretical frameworks have influenced interventions with survivors of partner violence and provided insight into the etiology and experience of abuse.  Feminist and critical theories are most prevalent in academic literature as models for advocacy interventions with survivors of IPV (Lockhart & Mitchell, 2010), along with empowerment approaches and the strength perspectives (Black, 2003; Busch & Valentine, 2000), but by no means provide an exhaustive list.  Other brief forms of

intervention have been used successfully (Petretic-Jackson et al., 2002), including clinical therapeutic models such as crisis intervention and cognitive-behavioral therapy (Petretic-Jackson et al., 2002; Roberts, 2007).  Psychoanalysis has also influenced practice with domestic violence survivors (Haakin, 2008).  It is important to note that domestic violence advocacy is not therapy.  While psychoanalysis, crisis intervention, feminist, and CBT models have provided important frameworks for clinical work, practice traditions rooted in critical theory, feminism, empowerment and the strengths perspective may be a better fit for direct service workers in domestic violence, mainly advocates. Feminism and crisis theory has been used in both therapeutic and advocacy models. Among these frameworks, there are core concepts that offer connective elements for intervention among the theories and perspectives for domestic violence advocacy.

Feminist and critical theories encourage advocates to look at the broader structural issues, such as patriarchy, oppression, and privilege that promote or address IPV (Payne, 2005; Tutty & Rothery, 2002).  Survivors need assistance with navigating multiple systems after the experience of violence, requiring macro and micro approaches to intervention (Allen et al., 2004).  Crisis theory and intervention encourages the use of advocacy through multiple systems to address immediate needs (Roberts, 2007).  This may involve working with law enforcement, child protection, or hospitals to help survivors directly after an act of violence.  While psychodynamic and cognitive-behavioral theories are individually based clinical interventions, they do account for some of the experiences people have in their environments as being impactful.

The centrality of empowerment to partner violence advocacy is rooted in the idea of undoing the abusive partner's quest for power and control.  While empowerment

approaches are closely linked to feminist and critical interventions (Dominelli, 2002;

Freire, 1970) crisis intervention models also emphasize personal agency and decision-

making (Roberts, 2007). CBT uses desensitization and skill-based methods that involve

client-driven approaches (Payne, 2005). Even psychodynamic theories emphasis on

insight and catharsis (Strean, 1996) may lend itself to empowering interventions with

survivors of IPV. Empowerment is more than a focus on self-determination. It is an

advocacy concept that seeks to give power to those who have been oppressed. This

occurs by letting them guide the intervention by their own needs (Adams, 2008; Petretic-

Jackson et al., 2002) and this approach seems to be shared in many theoretical

frameworks for domestic violence advocacy practice. Qualitative interviews with women

staying in a shelter have suggested that interventions are more meaningful when they

seek to empower survivors through mutual power-sharing, information-giving, and

advocacy (Haj-Yahia & Cohen, 2009).

Intervention with IPV survivors may also need to be immediate, accessible, and

offer venues to seek safety. Crisis intervention lends itself well to establishing quick

rapport with survivors of violence and establishing safety. Immediate interventions can

save lives of women and children (Roberts, 2007). In addition, CBT models work as

modes of brief therapy to treat symptoms of PTSD that occur as a result of traumatic

violence (Iverson, Gradus, Resick, Suvak, Smith, & Monson, 2011). Addressing

symptoms related to trauma and possible PTSD may be another important aspect of the

advocacy intervention. The experience of domestic violence can certainly cause PTSD

and even complex PTSD, which is marked by intense flashbacks, intrusive thinking,

hyper vigilance, dissociation and numbing, among other symptoms (Jones. Hughes, &

Unterstaller, 2001). Crisis intervention seeks to prevent disorders like PTSD from occurring (Payne, 2005) and CBT has the premiere evidence-base in treating PTSD (Lowery, 2008). Psychodynamic theories may not be a good fit for immediate services (Payne, 2005), but both crisis intervention and CBT have brief modalities. Feminist interventions may or may not be brief, but have some success when merged with CBT methods (Tutty & Rothery, 2002). Feminist theories may offer insights to enhance trauma interventions by reducing victim-blaming and keeping a focus on structural issues (Tutty & Rothery, 2002). Psychodynamic theories espouse the use of catharsis and analysis to address previous traumatic events (Payne, 2005; Strean, 1996) and may offer some insight into skills with trauma survivors.

The milieu of theory and perspective for domestic violence advocacy offers a framework by which academics have offered explanatory and exploratory ways to intervene when people are abused in an intimate relationship, as well as perspectives on how to view practice with this population. It is important to note that these theories, gleaned from the multi-disciplinary research on domestic violence, are prominent in other social work interventions as well (Howe, 2009; Payne, 2005; Saleeby, 2002). At the risk of theoretical relativism, all of these ideas have the potential to be impactful or harmful in the life of the survivor. The empirical evaluation of various models and framework demands more exploration as it relates to the day-to-day practices in shelters. What happens when these theories are applied to practice? In the next section, closer attention is paid to the evaluation of various applications of advocacy.

**Practice**

**The Needs of Survivors**

Survivors of domestic violence have a diverse set of needs. These needs may be mental, physical, spiritual, or economic in nature, and reflect a large range of experiences. In a sample of 548 survivors in a medical setting, increased aggression in the relationship from a battering partner was related to decreased mental functioning for the survivor (Straus et al., 2009), indicating the need for mental health services. For some women, services seem inaccessible because it means leaving the abusive partner. A goal of service has been the cessation of the violent relationship, which for some women, means alienation from potentially life-saving advocacy (Pennington-Zoellner, 2009). Fear of separation violence can keep women from seeking services, as abusive partners tend to be more violent at the termination of the relationship (Oths & Robertson, 2007). An evaluation of over 3000 crisis calls to a domestic violence shelter illustrated that women tend to call shelters during the summer when their children are out of school and during the weekdays when their partners are at work. This speaks to the assessment skills of women to avoid and predict danger and potential separation violence (Oths & Robertson, 2007).

Shelters and advocacy centers provided critical services to survivors when they choose to use them. These services generally fall under the umbrella of advocacy or counseling and therapeutic services. Roberts, Robertiello & Bender (2007) found in their national survey of over 100 shelters that hotlines, advocacy-related interventions, and referrals were among the most common services. Advocacy generally entails assistance and information related to legal, medical, housing, financial or child-related needs (Allen

et al., 2004; Ramsey et al., 2009).  Advocates provide referrals and education about

domestic violence and act as a link to community support (Bennett, Riger, Schewe,

Howard, & Wasco; Camacho & Alarid, 2008).  Advocacy interventions often help

survivors gain skills to care for themselves and make important decisions (Tiwari, Fong,

Yuen, Yuk, Pang…& Bullock, 2010).  In other social service models, this would be akin

to a case manager.  Some shelters and domestic violence agencies provide clinical

counseling services.  Shelters and other domestic violence agencies increasingly offer

services aimed at financial literacy and economic empowerment (Kok, 2001; Wettersten,

et al., 2004), which is largely attributed to the increasing concern of correlated issues.

For example, a large scale survey of over 3000 shelter residents found the most common

needs to be safety, affordable housing, and learning about options and choices (Lyon,

Lane, & Menard, 2008).

Domestic violence advocates make up the work force of most shelters, and

provide the bulk of direct services to survivors of violence (Schow, 2006).  Advocacy,

which can occur on an individual or institutional level (McMahon & Pence, 2003), is

"services as usual" for many entering a domestic violence shelter or agency.  Given the

importance of these services, it is critical to know what the expected outcomes are, what

works for survivors, and how and why it is that that services help.  A recent study of

focus group of 30 survivors and 24 advocates focused on what the perceived essential

services were for domestic violence intervention (Kulkarni, Bell, & Rhodes, 2012).  Four

themes emerged from the data: providing empathy, individualizing care, supporting

empowerment, and maintaining boundaries.  Deterrents to receiving essential services

included a lack of staff and volunteer training, staff burnout, paucity of resources, and

inadequate integration with other community services (Kulkarni et al., 2012). These findings were echoed in Roberts et al. (2007) study of shelters that found the main limitations for most shelters were a lacking of funding, staff, or housing.

While this gives practitioners and researchers some knowledge about the essential service needs, it is not enough. Domestic violence advocacy occurs on micro, mezzo, and macro levels. More needs to be discovered about what evidence supports or refutes advocacy intervention for female survivors of intimate abuse. Not enough is known about the effectiveness of front line work with survivors of domestic violence in shelters and advocacy centers. There is a lack of information about the process services are presented and delivered. These advocacy or direct services are among the most accessed by survivors, especially those staying in shelters short term (Allen et al., 2004; McWhirter, 2011).

**Alternative types of intervention.** Shelter is not the only form of intervention service for survivors of partner violence. Survivors fearing violence and retaliation have sought to go "underground" or undergo a transformative process of escaping violence and changing identities (Walker, 2009). This is captured in the novel *Black and Blue* (Quindlen, 1998) where the main character, Fran, escapes with her son from New York to a new life in Florida, switching identities to leave her violent husband. Due to the life-altering and secretive nature of this type of intervention, little is known about how it works and its effectiveness at increasing safety. Shelters do use more secretive means to transfer women in particularly violent situations from one location to another (Walker, 2009). This practice has come under fire in recent years. An Iowa domestic violence agency both sheltered and employed an abused woman, Beth George, who lacked legal

custody of her two children. The staff at the Iowa shelter may or may not have been aware of her custody situation, which led to allegations that the advocates were harboring a fugitive (Kenney, 2005) and brought scrutiny to the practice of transferring families to shelters in other states.

One of the most controversial interventions with abused women is couples or conjoint counseling. This practice has come under fire from social workers, advocates, and counselors for batterers (Bancroft, 2002; Danis & Bhandari, 2010; Golden & Frank, 1994). Couples counseling models are frequently based on models of respect, accountability, and problem-solving. Abusers are inadvertently validated by the therapist for their behaviors when the other partner is asked to be accountable for actions they had no control over (Golden & Frank, 1994). Bancroft (2002), a seasoned batterer's counselor, notes that couples counseling allows the abuser to assert further control over the other partner and to make the therapist an ally in the quest for power. The use of family systems models in counseling asserts that everyone has a role in family events. The untrained social worker conducting couples counseling often results in the victim taking accountability for the abusers action. Because of this, couples entering counseling should be interviewed separately and screened for incidents of violence (Danis & Bhandari, 2010). Couples counseling may be requested by some survivors and can be appropriate after batterers' intervention (Danis & Bhandari, 2010). This form of counseling for IPV intervention has a limited base of empirical research, and disappointing evidence marked by high dropout rates. Behavioral couple's therapy has had some significant positive results, though it is important to note this model involves

individual and couples counseling for the battering partner (Stover, Meadows, & Kaufman, 2009).

Several other interventions have gained attention for use with partner violence survivors, including distributive justice models borrowing from career counseling (Chronister & Davidson, 2010). In this model, diminished opportunities are restored via the increased ability to access supportive and economic resources. Groups such as INCITE! (Women of Color Against Violence) have worked to develop distributive and restorative justice programs based on perpetrator and community accountability. This process involves using community groups to empower the victim and hold the batterer accountable for their actions while offering support to both parties. These movements are gaining some traction, especially in native communities (INCITE!, 2012). Similarly, community-based interventions are used by faith groups. This involves spiritual counseling and religious teachings. Faith leaders have been criticized for a lack of intervention, support and accountability when instances of violence have occurred. This has led to some caution from advocates in secular models to involve religion in domestic violence services (Nason-Clark, 2004). There is a growing movement among places of worship to become savvier about the elements of abuse and offer support to survivors.

Despite variations in practices, services to survivors remain dominated by advocacy and clinical models. Social workers follow a professional and ethical mandate to demonstrate competency in their work with and on behalf of clients. Part of maintaining this core professional value is knowing which practice models are best suited for work with a particular client population (NASW, 2008). In order to assess the

evidence-base for advocacy services in domestic violence, a variety of disciplines were surveyed and will be presented in the following section.

**Evidence-Based Practices: A Systematic Review**

Domestic violence advocacy is a broad subject, and criteria are needed to hone down massive search results. Systematic reviews are a hallmark of evidence-based practice and involve the review of all available evidence, and then judgments about best practices based on the quality of that evidence (Gray, et al., 2009). In a systematic review, a specific hypothesis or research question is pursued and rigorous criteria are used to select and analyze literature. This is followed by possible statistical analysis (Gray et al., 2009). This review is a modified version of this systematic undertaking. Evidence-based reviews normally privilege randomized control trials and other quantitative, positivist forms of research (Jack, 2006). This review is extended to qualitative and naturalistic studies to further examine the issue of domestic violence advocacy effectiveness by addressing the "why" and "how" that is often uncovered in quantitative reviews (Jack, 2006). Further, there are substantial ethical concerns with randomized control studies that might omit potentially life-saving services to domestic violence survivors (McFarlane, Groff, O'Brien & Watson, 2006). This may limit the research pool that has a true randomized control trial framework.

To better incorporate the variety of evidence, a modified systematic review technique was employed. This was developed from Jack (2006) and consists of four major types of evidence: quantitative (general), quantitative (personal), qualitative (general) and qualitative (personal). The general category applied to more macro or broader range focuses and the personal category on the micro concerns, perceptions,

beliefs, and attitudes (Jack, 2006). These guidelines provide an outline for what kind of literature were to be included. The research question was *what are the best practices in domestic violence advocacy?* This review was instrumental to sensitizing the researcher to the different types of advocacy interventions and their effectiveness.

**Search method.** The method employed by the researcher was a search of electronic databases available through Google Scholar and the Indiana University Purdue University- Indianapolis (IUPUI) websites (IUPUI Libraries, 2012). The IUPUI Library website boasts a large collection of electronic journals and meta search options across discipline-specific databases (IUPUI Library, 2012). The meta search option was used with all collections and then modified with search engines related to the social sciences, medicine, communication, culture, and law, among others. Due to the cross-cutting disciplinary issues in domestic violence advocacy, it was important to look beyond social work literature. Psychology, counseling, sociology, criminal justice, and nursing are some of the main contributors to IPV research. Search terms were selected carefully to reflect the broad range of names given to this social problem. Every search term combination was completed with both the phrase "intimate partner violence" and "domestic violence." The search terms included: Advocacy, Intervention, Counseling, Safety Planning, Evidence-Based Practice, Best Practice, Effective, Evidence, Research, Epistemology, Ethics, Research Methods, Random Control Trial, Intervention, Survivor Intervention, Female Survivors, Treatment, Trauma, Shelter, Services, Aid, Help Seeking, Agencies, Screening, Assessment, Theory, Feminist Theory, Empowerment, Crisis, Cognitive, Practice Theory, Theory and Intervention, CBT, Strengths, Psychoanalysis.

**Inclusion and exclusion criteria.** Articles were included in this review if they were relevant to the topic of domestic violence advocacy. This included some counseling and medical literature for comparison, even though this review specifically looks at direct service practice that is not clinical in nature. Article publication dates from 2000 to 2013 were included. A broad range of dates was used due to the relative limited availability of titles on this topic. A few seminal articles from the 1990's were included in the analysis. Upon further reading, the 90s research appeared to have offered a foundation to the evaluation of partner violence advocacy. Articles about domestic violence perpetration were excluded, as well as articles that focused only on child witnesses of violence. Articles that focused on intervention in the setting of a domestic violence agency or unit of an organization devoted to partner violence advocacy were primarily included. In addition, articles that detailed why women did not seek services were included for contrast. It is important to note that the research reviewed conceptualized advocacy as a form of direct client services to survivors of violence, meant to address their concerns related to abuse. This review does not include clinical or therapeutic interventions.

**Who receives services?** The first element of the review focused not on the efficacy of services, but on who receives advocacy interventions. Fugate, Landis, Riordan, Naureckas, and Engel (2005) conducted a secondary data analysis of a large scale health survey in the Midwest. From this quantitative and qualitative data, the researchers were able to glean reasons women did not access advocacy services from a shelter, or enlist the support of medical, law enforcement, or friends in dealing with violence. The least used interventions were those in the agency or shelter setting, followed by medical, law enforcement and talking to a friend. The major reasons for not

accessing services were: not needed or useful, barriers, such as isolation, language or time, protection of partner, or privacy and confidentiality. Further, many women mentioned that they felt that pressure to leave the relationship would follow services or disclosure. This illustrates that survivors make their own assessments about danger that guides the decision to access services. Informal sources of help, including friends and family, may be the most important (Fugate et al., 2005).

Clevenger and Roe-Sepowitz (2009) found similar findings that indicate several factors go into the decision to use services. Domestic violence survivors were more likely to use services if they had an order of protection, called from a location other than their home, or had children. Having a support system was not predictive of entering a shelter, which complements findings by Fugate et al. (2005). Social support may be the type of assistance most frequently used by survivors, who choose shelter after having used other options. These findings help guide advocates as they prepare interventions by increasing understanding of barriers and motivating factors for service use.

In another secondary data analysis of potential service users, Grossman and Lundy (2011) compared two sub-samples of 2500 women who did and did not use onsite shelter services. The region the survivors lived in impacted their access of services. Those in a major urban area were more likely to access services, as well as younger women, and those with less than a high school education. In addition, those using shelters were more likely African-American and single. Referral from a hotline or social service was more likely to result in a shelter stay, and those who entered shelters received more services (Grossman & Lundy, 2011). This conflicts with the findings of Henning and Klesges (2002) who found that older women were more likely to use shelter services.

In an analysis of outcomes of over 1,700 women with multiple assaults from the same partner involved in pretrial diversion because of domestic violence victimization, only 14.9% had used supportive or counseling services.  In addition, in this sample Caucasian women were more likely to seek supportive services.  Similar to Clevenger and Roe-Sepowitz (2009), women who had children at home were more likely to access services. Married women and those who had experienced increased levels of physical violence were also more likely to access supportive or counseling services (Henning & Klesges, 2002).

**What services are most used?** Once women access domestic violence services, which ones do they use the most? Grossman, Lundy, George, and Crabtree-Nelson (2010) found in their analysis of service use in one Midwestern state that women use a variety of available services.  Of 819 women included in secondary data analysis from a service user database, over 95% used counseling services.  Over 70% of women used other advocacy services and group interventions.  More than 60% used legal advocacy and 50% used case management (Grossman et al., 2010).  Once women access services, it may be that they require multiple forms of assistance to address their experience of violence and subsequent needs.  Roberts et al.  (2007) found that the average shelter served over 1500 women a year, and the average hotline helped over 2100 females annually.

There is no single profile of women who use domestic violence services or shelters.  Age may be an indicating factor, as well as race and ethnicity, though this seems to vary by service location.  Having children and experiencing multiple acts of violence may be predictors of entry into services, though location of assistance and

referral source may also be imperative.  Once women enter domestic violence services, many of them receive advocacy.  Lyon et al.  (2008) surveyed over 3000 residents and 215 domestic violence programs in 8 states.  They discovered that 52% of residents were white, 22% African-American, 12% Latina, 5% Native American, 1% Asian and 6% multiracial, with 2% being in another category.  The average age of shelter residents was between 25 and 50 and over 99% of adult residents were female.  The average shelter stay was 33 days.  More than 24% of women had been in shelter before, and 9% had been turned down for admission in the past.  Only 74% of people surveyed answered questions about children, with 20% of the total sample having kids with them in shelter (Lyon et al., 2008).

   **What kinds of advocacy do they receive and how well does it work?**  The first work referenced is a review published on the Cochrane Collaboration website.  While not peer-reviewed, the Cochrane Collaboration is considered to be an established standard bearer in the method of systematic review (Gray et al., 2009).  The review of advocacy interventions details the efficacy of services to domestic violence survivors in 10 studies with 18 publications and over 1500 participants (Ramsey et al., 2009).  Though the interventions were different from each other, they tended to share an empowerment approach.  Overall, there was only weak evidence to support advocacy as a means for reducing physical and emotional abuse.  Women may experience an increase in quality of life and safety-promoting behaviors, but these results were inconclusive.  The reviewers warn that the evidence available about advocacy interventions for domestic violence is not strong enough to confirm or deny that the intervention works (Ramsey, et al., 2009).  It is important to note that the outcome the review was looking for was the reduction of

abuse, which indicates an exit of the relationship, and omitted other factors which may be important to survivors seeking services.

Likewise, Wathen and MacMillan (2003) reviewed interventions available for referral from primary care physicians and found a total of 11 articles describing 4 interventions. This small amount of available information about the efficacy of advocacy interventions led the authors to conclude it was an understudied area. They found that advocacy interventions could significantly decrease the rate of re-abuse and improve quality of life for at least up to two years post-shelter stay (Wathen & MacMillan, 2003). Both reviews found only tepid results for advocacy interventions. It also important to note that neither review included qualitative research. While there is a dearth of evidence on advocacy interventions, both reviews excluded non-experimental and quasi-experimental evidence in multiple forms of settings where advocacy takes place. This limited their potential results due to the ethical concerns with experimental models in domestic violence shelters. The review in this examination had broader definitions of what counts as evidence, but more limited time frames for included manuscripts, which may alter findings.

The most common services provided to domestic violence survivors in the agency or shelter settings are hotlines, advocacy, counseling, and shelter. A Midwestern state interested in evaluating domestic violence services implemented standard outcome measures for use by program staff in 54 state-funded agencies (Bennett et al., 2004). These measures were collaboratively created with researchers and advocates and included questions assessing the feminist measure of the extent to which the advocate helped to make the personal political. Counseling measures were taken pre and post services,

hotline and advocacy after services and shelter once during the first two weeks of a stay. Ratings for advocacy services were taken for over 5,000 people and were overwhelmingly positive. Those surveyed reported development of important skills, resources, and decision-making. Counseling offered the only pre and posttest measure, which illustrated significant improvement on measures after services. Outcome data from all programs, shelter, counseling, advocacy and hotline services reported positive impact in the way of safety and resources for domestic violence survivors (Bennett et al., 2004). Complementing these findings, Lyon et al. (2008) found in matched pre and posttests of 565 survivors receiving services an overall increase in perceived needs after shelter exit. This occurred as residents became more aware of their rights, services and options. Over 90% of survivors surveyed felt that services in shelter made them feel more able to achieve goals, increased safety, do things on their own, and learn more about resources. Those who stayed in shelter longer were more likely to report positive outcomes (Lyon et al., 2008).

Critical evidence was drawn from the work of Sullivan and colleagues from two quasi experimental studies. The first study used a sample of 141 women gleaned from a domestic violence shelter. Women were eligible for the study if they had stayed at shelter for more than 24 hours. The participants were randomly assigned to a control or experimental group. The control group received no intervention after leaving shelter. The experimental group received a 10 week advocacy intervention. Undergraduates in a counseling psychology course were trained extensively to provide 10 weeks of follow-up services focused on accessing resources and achieving goals. The advocates spent an average of 4-6 hours a week with participants. The advocacy intervention was

community-based and had five stages: assessment, initiation, monitoring, secondary advocacy strategies, and termination. Measurements were taken before and after the intervention to assess depression, resources used and goals met, self-efficacy, social support, locus of control, and experience of intimate violence. Both the experimental and control group report several resources, chief among them material goods and services, social support, and education. Women who received the advocacy intervention were more likely to have accessed resources they listed as needed. Women in the experimental group were significantly more likely to have achieved their goals. Both groups improved significantly on measures of depression, levels of violence, and anxiety. The intervention group significantly increased more than the control group on measures of social support and quality of life (Sullivan, Tan, Basta, Rumptz, & Davidson, 1992).

This study was extended with a larger group of women sometime later (Sullivan & Bybee, 1999) with an increased time of follow-up post-intervention. A group of 278 women who had stayed at least one night in a shelter were divided into control or intervention groups. The advocacy intervention used the same protocol as before, with average participants spending over six hours a week with her advocate. During this time, they worked on safety planning, accessing resources, and linking with others in the community. Similar measures to the first study were taken, and both groups were followed for up to two years post-intervention. Women who expressed an interest in leaving the relationship were more likely to have done so in the experimental advocacy group than the control. Both groups progressed on major outcome indictors, but those who received the advocacy intervention significantly improved on every measure but psychological abuse as compared to the control group. The experimental group

experienced less violence over the 24 months than the control group (Sullivan & Bybee, 1999). A subsequent article based on data from these studies suggests that advocacy works best when it has multiple foci and is individualized to the needs of that particular survivor (Allen et al., 2004). Women in abusive relationships need a wide variety of community resources, and rarely did a survivor attempt to access only one sort of resource. The data suggested that resources sought are based on the needs of the individual survivor, and not the advocate. This has important implications for safety planning. Safety planning, like resource access, should be highly individualized (Allen et al., 2004). This sequence of research has provided some of the most methodologically sound and convincing evidence for advocacy interventions (Ramsey et al., 2009).

Studies have sought to discover the impact of interventions offered at shelters. A social support intervention in a shelter setting was evaluated with a control and intervention group (Constantino, Kim, & Crane, 2005). The study sought to understand the ability of an eight week intervention geared towards social support to improve quality of life and health measures. A total of 13 women were in the intervention group and 11 in the control group. Quantitative measures indicated that the intervention, conducted by a trained nurse, significantly increased quality of life and health measures as well as social support. This suggests that social support may have an important impact on the health of battered women (Constantino et al., 2005). Likewise, Perez, Johnson and Wright (2012) measured the possible attenuating effect of empowerment on PTSD symptoms of shelter residents. Measures of empowerment, resource access gain, PTSD symptoms, and severity of violence were taken from a sample of women who had been in a shelter an average of 17 days. While the study did not evaluate a specific aspect of

shelter programming, increased empowerment levels decreased intensity of PTSD

symptoms in the sample of over 200 women.  Gaining resources also reduced abuse for

women who experienced lower levels of violence.  Women who had experienced higher

levels of violence did not experience any lessening of PTSD symptoms with higher levels

of empowerment (Perez et al., 2012).  Future evaluation should focus on the extent to

which empowerment is gained through the shelter and advocacy intervention.

One of the most important processes undergone in the advocacy relationship is

safety planning.  Roberts et al.  (2007) found that safety planning ranked as one of the

most often used interventions in shelters.  Goodkind, Sullivan and Bybee (2004) surveyed

161 women about their safety planning strategies.  No one approach was endorsed

significantly over others and women tended to use a variety of strategies, ranging from

emotional placating to active resistance and avoiding violence.  While fighting back

physically was the approach that most often made the violence worse, help from a

domestic violence agency made the violence lessen for 72% of the women who used this

strategy.  Women who received services at domestic violence shelters, 68% of the

sample, were more likely to use escape plans, formal support, and active resistance to

escape violence.  Domestic violence services were attributed to lessening the violence

more than any other measure.  Women experiencing higher levels of violence were more

likely to use active strategies and formal support.  These findings indicate that while no

one solution exists for safety planning, advocacy may improve skills and provide

opportunities, especially for women who experience higher levels of violence (Goodkind,

et al., 2004).

Qualitative inquiry has illuminated important information about the experience of living in shelters and receiving services from a domestic violence agency. In interviews with 18 Israeli women, Haj-Yahia and Cohen (2009) revealed that shelter residents experienced their stay as a form of institutional control and support. While many women felt supported by the institution, they also felt stifled by the rules and lack of privacy. Relationships with other women were more often a concern and source of stress for women at the shelter. Most respondents viewed their time at shelter as a period of immense personal growth that was often facilitated by the efforts of staff. Staff was overwhelmingly considered positive in personal growth and help in providing empowering and individualized services for residents. It is important to note that a handful of respondents felt that staff was coercive in their efforts to have residents complete certain tasks (Haj-Yahia & Cohen, 2009).

Zosky (2011) also used qualitative interviews to ask women at domestic violence shelters what they would have done if there were no services for survivors. The interviews were conducted by shelter staff at 52 agencies with 161 participants. Three core themes emerged from the data. The first was resilience, indicating women would have found help elsewhere, or used different supports to leave the relationship. The second theme was uncertainty, marked by comments that survivors would not be able to cope or know what to do. The third theme indicated fear and staying in the abusive relationship, possibly leading to injury or even death. These findings indicate the dire importance of advocacy and shelter services to women who choose to use these means to seek safety (Zosky, 2011). It supports Haj-Yahia and Cohen's findings that women are

both resilient and independent while in shelter, but also deeply appreciate the supportive services and staff.

Further follow-up investigations of women who have stayed in domestic violence shelters have also revealed promising results (Ham-Rowbottom, Gordon, Jarvis, & Novaco, 2005). Women who exited a shelter or transitional living were surveyed at least six months after they had exited services. The sample of 81 women who agreed to participate was not significantly different on demographic measures from those who did not participate and received services during the same time. The life satisfaction measures, which assessed domains of housing, finances, relationships and other core components, were taken in field interviews with participants, including depression, experience of violence, and trauma measures. The sample overwhelmingly agreed about the importance of the services at the shelter, including advocacy from staff, and 84% maintained contact with the domestic violence agency. A large majority, 96% of women, were no longer in violent relationships. Financial stressors were common among the sample. Over 50% of women were receiving public assistance and only 23% felt satisfied with their financial life. Other life satisfaction measures were higher, including 84% satisfaction with parenthood and 63% satisfied with family. However, over 40% of the sample still struggled with clinical levels of depression (Ham-Rowbottom et al., 2005).

Legal advocacy interventions were also evaluated by Camacho and Alarid (2008). A secondary analysis of over 380 cases with the same domestic violence advocate and judge was conducted to assess the impact of the advocacy intervention on court outcomes. In this situation, the advocate is located in the prosecutor's office and works

in a special domestic violence court. Outcome variables assessed included sentencing, cooperation from the victim, and conviction of the assailant. Additional variables of interest were if the victim filled out an impact statement or was sent a letter about the upcoming court date. This was considered in addition to six advocacy service variables. Legal and domestic violence education were the most common services received, followed by referrals. Services from the shelter advocate were strong predictors of filling out an impact statement and cooperating with the court. In addition, white females were more likely to cooperate with the prosecution. These findings indicate the importance of advocacy to increase victim participation.

Additional research has focused on medical settings. A study of a 12 week advocacy intervention in Hong Kong using a control and intervention group revealed some reduction in depression (Tiwari et al., 2010). Participants were recruited from a community health setting. Measures were taken at baseline, and at several follow up points up to nine months. The advocacy intervention was brief and included an empowerment element and phone support. Participants received no more than 12 hours of advocacy. The control group received services as usual. Though the intervention group had a statistically significant reduction in depression, the difference in the two groups was not found to be clinically significant (Tiwari et al., 2010).

Brief advocacy intervention in a hospital setting had more promising results from Kendall and associates (2009). People at an emergency department were screened for experiences of partner violence and then referred to an onsite advocate if the answer was positive. Over 350 participants agreed to the advocacy intervention, which included an assessment, safety planning, and referrals to services. Follow-up measures were taken

with the participants at three intervals up to 12 weeks after the intervention. Of the 157

people located for follow up, 96% were significantly safer than before and had completed

an average of 59% of their safety plan. In addition, participants accessed important

resources, such as law enforcement and domestic violence services outside of the hospital

(Kendall et al., 2009). This study highlighted the potential of onsite advocacy

interventions in improving safety for survivors using medical services.

**Evaluating the evidence.** The panoramic view of evidence concerning the

efficacy of advocacy interventions for domestic violence survivors needs to be focused.

The state of the evidence is fragmented by different theoretical and epistemological

views. Methodological variety is important to establishing diverse views, but also

revealed gaps and weaknesses in the data currently available. The above studies

comprise much of the available peer-reviewed evidence about domestic violence

advocacy. This evidence needs to be evaluated and merged to lead to a best practice.

The rooting of domestic violence interventions in a social movement, as well as

the very term advocacy, suggests the highly political nature of the evidence. The most

prevalent service model for working with people who have experienced domestic

violence is not called case management, it is called advocacy. Even more post-positivist

evidence, like Sullivan and colleagues' (1992, 1999, 2004) randomized control trial,

tested an intervention that was born in part from critical and feminist movements.

Bennett et al. (2004) even included measures to assess the extent to which the advocate

followed the feminist credo of making the personal experience of violence political, or

external to the victim to reduce blaming. Evidence about partner violence may be

political by definition when it evaluates these interventions because the very term

advocacy evokes institutional and individual sea change (McMahon & Pence, 2003).

In light of the inherent political nature of the evidence on advocacy effectiveness,

other angles help to form the view. Jack (2006) classifies some evidence as personal,

meaning individual perception or experience. This can be quantitative or qualitative.

Ham-Rowbottom et al.'s (2005) exploration of quality of life after shelter is personal in

nature, as well as pragmatic. Zosky's (2011) examination of the importance of domestic

violence services is both personal and postmodern as is Haj-Yahia and Cohen's (2009)

exploration of views of shelter stay. Goodkind et al., (2004) also sought information

about personal experience in measures that were also pragmatic and political. Secondary

data was used in articles focused on the personal reasons people use or do not use

services. The decision to use services depends on the unique needs of an individual

survivor.

The remaining studies included in this review were more what Jack (2006) would

call general in nature, testing interventions. Kendall et al. (2009) and Tiwari (2010)

tested interventions in medical settings, but Kendall used a pragmatic approach while

Tiwari favored a more positivist application of the RCT. The intervention testing by

Sullivan et al. (1992) and subsequent publications were meant to test an intervention

using the positivistic RCT. Constantino et al. (2005) followed a similar approach. Perez

et al. (2012) used a pragmatically available sample of women in shelter to test the

possible connection between quantitative variables. Lyon et al. (2008) relied on a cross-

sectional survey design to assess services outcomes for over 3000 women in shelters.

Finally, Bennett et al. (2004) and Camacho and Alarid (2008) used the pragmatically

available secondary data analysis through case files and data bases to determine the outcomes of advocacy interventions.

The nature of the evidence is eclectic to the point of bordering on scattered. There is no established evidence-based practice or best fitting theory. The influence of crisis, feminist, and even psychoanalytic theory has contributed much to intervention methods, as well as the empowerment and strengths-based perspectives. Yet, these theoretical avenues have not merged together to map best practice for this population. This is surprising considering the extensive scholarship about partner violence over the last 40 years.

**Gaps in the evidence.** The small body of evidence, and lack of relative consensus about best practices for front-line, or advocacy, work with survivors is troubling. Little is known about the training of advocates and how they experience their work, as well as what theories are actually practiced in advocacy, and not just applied in academic literature. Other holes have emerged in the evidence-base, mostly focused on underserved populations. hooks (2000) argued that women of color in particular have been underrepresented in the movement to end violence. She further asserts that anti-domestic violence efforts need to be more focused on interlocking forms of violence caused by other discrimination. Inquiry into advocacy methods used with underserved populations, or those experiencing multiple forms of violence, is lacking. Bent-Goodley (2005) expanded these ideas by highlighting the need for inquiry in the movement and cessation of its "faulty generalizations" about the needs of survivors (p.197). She called for the inclusion of cultural competency measures in domestic violence services. Duke and Davidson (2009) stated that a paucity of research extends to the efficacy of

interventions used with LGBT individuals.  In addition to other forms of oppression, Ehrensaft (2008) notes that inquiry about interventions addressing multiple forms of family violence is lacking.

**Synthesis about Practice Effectiveness from Research**

The existing research does shed some light on what constitutes effective advocacy practice, even though it is lacking.  The first goal of practice effectiveness may be to be able to serve and access the group in need of services.  Many domestic violence survivors do not access services for a variety of reasons: they were not needed, privacy and confidentiality, use of other support systems, and lack of knowledge of service availability (Fugate et al., 2005, Grossman & Lundy, 2011).  Further, women use important assessment skills when deciding whether or not come into shelter, including the time of day help is available, factors related to children, accessing a safe time and place to call, and legal support.  Women who experienced higher levels of physical violence were more likely to use services (Clevenger & Roe-Sepowitz, 2009; Grossman & Lundy, 2011; Oths & Robertson, 2007).  Women without social support, those experiencing physical violence, and individuals able to plan a path to access services, seem to be the mostly likely consumers of domestic violence advocacy.  It is important to note who is not accessing services: those with barriers, geographic, linguistic or otherwise, women who do not wish to exit the relationship, those who are unaware services exist and women experiencing violence that is not necessarily physical (Clevenger & Roe-Sepowitz, 2009; Fugate et al., 2005; Grossman & Lundy).  Not only do domestic violence services need to continue outreach to teach communities about abuse, and about the services they offer, they need to be more explicit about the way they

operate. Potential service users need to understand if the environment is friendly to them, and what kinds of confidentiality measures exist.

There is a possibility of theoretical synchronicity for advocacy interventions. Crisis theory, modeled in intervention and safety planning, contributes important skills for initial contact with survivors (Clevenger & Roe-Sepowitz, 2009, Goodkind et al., 2004). Many of the evaluations located for this review used an empowerment based model (Bennett et al. 2004; Haj-Yahia & Cohen , 2009; Perez et al., 2012; Tiwari et al., 2010; Zosky, 2011) which speaks to the efficacy and influence of this approach for survivors of violence. Strengths-based models fit nicely with feminist empowerment models (Black, 2003). While not named explicitly in the evaluations, critical theory was represented in feminist theories. Feminist theory was a strong influence in the design and implementation of advocacy interventions, ranging from consciousness-raising to collaborative decision-making with survivors (Bennett et al., 2004; Sullivan et al., 1992). Empowerment, feminist, and strengths-based theory all share important core beliefs of being survivor-focused and minimizing blaming, which may explain some of the overlap. These theories, along with crisis intervention, seem to be the best fit for advocacy practice. Being theoretically diverse can cause dangerous issues with fragmented services, such as competing therapy models and group interventions, but can also offer important opportunities to build evidence-based models to work with survivors.

Overall, the evidence on advocacy interventions highlights areas of strength and places for potential growth. While reviews from Ramsey et al. (2009) and Wathen and MacMillan (2003) found minimal evidence to support advocacy interventions, with time and expansion of goodness criteria, it seems that there is some research that supports

advocacy interventions.  Advocacy may be the most used services for survivors (Bennett

et al., 2004) with 72.5% of Grossman et al.'s (2010) sample using this service.  Advocacy

played an important role in increasing social support, limiting future violence, providing

resources, safety planning, empowering survivors, aiding in complex legal and court

systems, and saving lives (Bennett et al.  2004; Black, 2003; Constantino et al.  2005;

Haj-Yahia & Cohen , 2009; Lyon et al., 2008; Perez et al., 2012; Sullivan, 1992; Tiwari

et al., 2010; Zosky, 2011).  These services impact survivors before, during, and after their

stay at shelter or after they received services (Allen et al., 2004; Clevenger & Roe-

Sepowitz, 2009; Ham-Rowbottom et al., 2005).  Advocacy does not necessarily alleviate

depression (Ham-Rowbottom et al., 2005; Tiwari et al.  2010).   The amount of time

spent with the advocate may be important.  Sullivan et al.  (1992; 1999) tested

interventions with an average of 40-60 hours spent with survivors with significant results

while Tiwari et al.  (2010) tested a 12 hour advocacy intervention with less significance.

Lyon et al.  (2008) found that positive outcomes increased with longer shelters stays.

More information is needed about the possible impact of time on advocacy interventions.

This body of knowledge confirms that domestic violence advocacy needs further

investigation  into *how* it functions as a tool to aid survivors of violence.  The results of

the review are promising enough to suggest that a best practice model could be created to

turn into an evidence-based model.

  While there is no existing evidence-based model for partner violence advocacy,

the literature suggests several core components of an emerging model.  The first goal of

advocacy is normally safety for the woman and any children she may have (Kenney,

2005; Kulkarni et al., 2012).  In this regard, crisis theory and the emphasis on early

intervention help to guide the first steps of advocacy (Clevenger & Roe-Sepowitz, 2009).

As Goodkind et al. (2004) asserted, this takes on many forms depending on the needs of

the particular survivor and their family. Safety planning is important in the advocacy

intervention. Safety planning must be survivor driven and individualized (Davies et al.,

1998) Safety planning can offer skills for survivors to work on and mediate against future

violence (Goodkind et al., 2004; Kendall et al., 2009). Given the prevalence of the

empowerment approach in the literature and the ability of this theory to mesh with other

practice models for domestic violence, an empowerment approach should be the base of

intervention. This model uses a survivor-centered, survivor lead template (Kulkarni et

al., 2012) and may mediate against depression and PTSD (Haj-Yahia & Cohen, 2009;

Perez et al., 2012).

Advocates should focus on resource acquisition for survivors, as well as providing

information and referrals for a variety of individualized needs (Allen et al., 2004; Bennett

et al., 2004; Kulkarni et al., 2012). Just as partner violence researchers are exploring

more multi-systematic causes of abuse, advocates can provide information to reach a

broad spectrum of needs. Camacho and Alarid (2008) illustrated this by documenting the

importance of legal and resource education with a group of women in a legal advocacy

setting. While Sullivan et al. (1992, 1999) established a quantitative evidence base for

the important impact of resources in shelters, Kendall et al. (2009) established resource

giving as important in medical settings. Zosky's (2011) qualitative work highlights the

multiple needs of survivors in accessing services through a domestic violence shelter that

would not be met in other locations. Thus, advocacy should focus on survivor requested

referrals, resources, and information, including legal and financial, and also focusing on raising consciousness about domestic violence.

None of the evaluations mentioned in this review specifically tested an economic empowerment intervention. However, both Kok (2001) and Wettersten et al. (2004) found promising results for their economic empowerment intervention. This is important considering Ham-Rowbottom et al. (2005) found that 50% of shelter graduates are on public assistance and only 23% are satisfied with their financial situation. This provides information that leads to a pressing direction for further advocacy interventions.

Advocacy interventions should also be rooted in growing and promoting social support. Fugate et al. (2005) found that friends and family are the most important support for survivors. Further, some women may not need shelter services if they have adequate social support (Clevenger & Roe-Sepowitz, 2009). Haj-Yahia and Cohen (2009) found that social relationships with other residents are a source of anxiety for some women staying in shelter because of feuding and gossip. This illustrates the importance of focusing on support for future growth and strength of survivors and their children. Constantino et al. (2005) also highlighted that social support interventions may improve health. Advocacy interventions then should focus on existing social support networks for survivors and growing relationships with other people.

Lastly, advocacy interventions may be of more benefit in longer term situations and when continued after people leave shelter. Longer shelter stay stays have been associated with positive outcomes (Lyon et al., 2008). Both Sullivan et al. (1992; 1999) and Ham-Rowbottom et al. (2005) illustrated the potential need for advocacy after people have left services. Sullivan et al.'s (1992, 1999) findings of significant lasting

changing after people left shelter and Ham-Rowbottom et al. 's (2005) emphasis on the remaining struggles survivors face indicate that longer term advocacy may help survivors continue to have violence-free lives. While short-term solutions and strategies to address crisis are always needed, survivors may see more benefit from longer term interventions.

Many women do not seek services because they fear they will have to leave the relationship (Fugate et al., 2005). More needs to be discovered about the impact of safety planning and advocacy measures on the safety of women planning to stay with their partners. Some survivors, including women of color, may be interested in alternative forms of advocacy interventions, such as restorative or distributive justice (Barner & Carney, 2011; hooks, 2000). More research is needed into these methods to explore their efficacy and application. Advocates also need to appreciate the boundaries of help seeking for individual women (Kulkarni et al., 2008). There is also indication that policy, at the federal, state, local and agency level may impact how and why survivors use or do not use services (Fugate et al., 2005). The relationship and impact of policy on domestic violence advocacy will be discussed in the following section.

**Policy**

Social work practice and domestic violence advocacy are micro, mezzo, and macro in nature. Domestic violence advocates, their allies and critics all have histories of policy practice and advocacy, which has helped to shape the response to domestic violence over the last four decades (Sack, 2004). At the core of policy impacting advocates and survivors is the issue of what causes violence; how it should best be addressed, and who should receive services. While criminal justice interventions and legislation, are an influence on domestic violence advocacy, agency policy and procedure

most closely impacts practices and service philosophy.   For the purpose of this study, a brief review of agency level policies was helpful to understand the agency level impact of service delivery.

**Agency Policies**

Historically, shelters were run by survivors for survivors, but as the professionalization of services increased, so did agency rules and accountability measures (Haaken & Yragui, 2003).  Some domestic violence shelters and other agencies serving survivors of abuse have been criticized for disempowering policies and rigid rules. Rules, such as curfew, food requirements, and limits on sheltering males and older children, and conduct requirements are some of the most frequently cited issues for survivors (Lyon, et al.  2008). A multi-state evaluation of services found that agency policy, particularly admission criteria, was one of the largest obstacles for survivors accessing and staying in shelter (Lyon et al., 2008).  One of the most controversial subjects is the issue of location.  Many shelters have confidential locations in order to protect survivors from abusive partners.  This means a level of disengagement from the community, which can be particularly limiting for women of color (Haaken & Yragui, 2003).  Some agencies use hetero-normative practices that discourage LGB people from using services (Duke & Davidson, 2009).  Facility accessibility for disabled and elderly women also impacts the ability of survivors to access services.  It is possible that some of these normal shelter practices limit services for some groups, such as a policy banning certain foods or one that denies entry to a male child over 12.  These kinds of policy may defy the social work value of service and the ethic of commitment to clients (NASW, 2008).

Rules are necessary to the organizational function of the shelter, but should not impact advocacy service. Advocacy on behalf of abused women has been seen as a source of disempowerment (McDermott & Garofalo, 2004). Instead of acting as a resource, advocates act as another authoritarian body, replacing the abusive partner as a wielder of power and control (Haaken & Yragui, 2003; Hague, et al., 2003; Lyon et al., 2008) and rules are part of the act of control. This has been an ongoing concern since the start of the movement. Schechter (1982) noted that rules in shelter begged the question of who really had ownership in the movement and created unneeded power hierarchy between the role of "professional" and "victim." Qualitative inquiry has illuminated survivors' experience of controlling behavior from the staff and feelings of powerlessness over shelters rules and regulations (Haj-Yahia & Cohen, 2009). Hague et al. (2003) argues that even professionals who are survivors themselves justify imposing agency rules. Safety and accountability are primary reasons why advocates make shelter rules, though some regulations, such as the occasional ban on male children over a certain age, are based in fear and discrimination.

Rules serve a protective purpose as well. One the major concerns of women staying in shelters is confidentiality in order increase personal safety and minimize others knowledge of their abuse. Social workers have an ethical responsibility to uphold their clients' rights to confidential services (NASW, 2008). Confidentiality is one of the hallmarks of advocacy practice. Advocates are protected under federal law to keep client location and information confidential in most circumstances. This ensures that the safety of shelter residents and those seeking other services is aided by the advocate's ability to

keep information about survivors private.  These confidentiality protections extend in

most cases to record keeping and releases of information (NNEDV, 2012).

There are solutions to address agency level policy challenges.  Addressing the

concerns of Duke and Davidson (2009) shelters can strive to make policy that makes

them more accessible to LGBT individuals.  Haaken and Yragui (2003) conducted a

national survey about private versus public shelter locations and concluded that public

locations offered similar levels of safety, as well as increased local engagement and more

access to residents' own communities.  Shelter residents can be engaged in the process of

rule-making for the experience to be more empowering (Hague et al, 2003).  Goodman

and Epstein (2008) argued that advocacy must renew and expand its critical feminist

roots while embracing mental health innovations.  This means honoring the voices of

survivors in rule-making and agency regulations.  "In short, the battered women's

movement must revisit its roots: it must focus on supporting and empowering women and

incorporating individual responsiveness into government and community programming"

(Goodman & Epstein, 2008, p.94).  This is a challenge for advocates who face multiple

and often conflicting demands from state and federal agencies that fund their work

(Goodman & Epstein, 2008).  In addition, there is the issue of accountability and rules

that promote an atmosphere of safety in shelters.  It is not necessarily easy for advocates

to determine the best route forward.  A similar trouble exists with advocates working in

the intersection of criminal justice and domestic violence, where there is a lot of

controversy over ethical issues and no easy answers.  These controversies include

concern over mandatory arrest, protective orders, and variety in the criminal justice

response.

**How Do Policies Shape The Advocacy Response?**

These policy responses have been shaped in large part by advocates, members of congress, and other interested parties. Despite the relative agreement that violence in the family is unacceptable, lots of controversy exists about the best approach in agency, criminal justice, and federal and state level policy. Danis (2003a) argued that most criminal justice policy is based in competing and complementary theoretical frameworks of social learning and social exchange, feminisms, and ecological models. These theories are similar to the ones used to describe the etiology of domestic violence. We see again what people believe about the cause of violence affects their response.

The federal level policies include allocations for funding dollars and directions for best practice (NNEDV, 2012). As Goodman and Epstein (2008) argue, this colors the approaches to advocacy that are sanctioned by the state. Advocates must adhere to funding criteria to keep their jobs, which shapes practice. For example, a greater focus on mental health issues has led to more clinical interventions and less feminist and critical activism (Goodman & Epstein, 2008). The controversy over criminal justice measures have created divisions among advocates themselves, as well as those critics of the movement who think it has been too feminist focused (Sack, 2004). A majority of the response is shaped by legislative allocation, meaning what is funded and what is not. Funding is directed by congressional bodies that use lobbyists and researchers to make decisions about practice models endorsed for funding. These decisions have influence on the work and life experiences of people working in the field.

**The Experience of Being a Partner Violence Advocate**

Too little is known about the group of people that make up the advocate workforce. Without a census of characteristics of this population, it is hard to know exactly what kind of person is mostly likely to work in direct services with domestic violence survivors. Small scale studies using survey techniques online and face to face with people working in domestic violence shelters reveal some trends in the demographic makeup of advocates. The average domestic violence advocate appears to be a white female between the ages of 22 and 55, with a college degree. The average annual income is between $20,000 and $50, 000 dollars. The mean tenure ranges from 6 to 13 years among full-time workers (Babin, Palazzolo & Rivera, 2012; Baird & Jenkins, 2003; Bemiller & Williams, 2011; Lehrner & Allen, 2009; Slattery & Goodman, 2009). The majority of fulltime employees have at least a bachelor's degree, and the most common advanced degree is an MSW (Roberts et al., 2007). One survey of 193 advocates revealed that 51.5% of their sample had personal experience with victimization (Bemiller & Williams, 2011), while Slattery and Goodman (2009) found in their sample of 148 domestic violence and sexual assault workers that 55.4% had previous victimization experience.

Even less research has investigated the motivation behind entering the career of domestic violence advocacy. Qualitative interviews with 21 advocates revealed that while some were invested in their work as being part of a larger social movement, others were concentrated on improving the lives of individuals. Bemiller and Williams (2011) explored the phenomenon among partner violence advocates of what they called "good soldiering". While they noted that many workers expressed a calling to domestic

violence work, they expanded this by stating "…soldiering is more than motivation; it involves staying on the job, doing the dirty work (so to speak) that others will not do, and dealing with a population (and other agencies) that may be difficult, confrontational, and, at times, unappreciative" (Bemiller & Williams, p. 94). Their study of 194 advocates indicated that despite moderate levels of burnout, people enjoyed their work, felt passion about their jobs, and were able to adapt to the stress levels. Interestingly, advocates were sensitive to the perceived burnout of coworkers, indicating an externalization of stress to others and a high level of empathy. Quantitative measures supported the findings that the rewards of advocacy work outweighed stress (Bemiller & Williams, 2011). Since some samples indicate that 50% or more of advocates have experience with victimization, it is conceivable that personal history is a motivating factor. Some may be following the old credo of helping another survivor to heal themselves (Bass & Davis, 1988).

Emerging research indicates the great rewards, but also the present challenges of work with survivors. The National Network to End Domestic Violence (NNEDV) originally formed in 1990, reported some of these struggles in their annual day census for 2010. In their survey of 1746 of the 1920 domestic violence programs in America, NNEDV reported almost 10,000 service requests were unmet because of lack of space, funding, or staff. In addition, programs had to let go or not replace over 2000 people in 2010. An astonishing 6,092 people volunteered at programs over the one day the count took place (NNEDV, 2011). While programs have impressive volunteer bases, they still lack the workforce and space to meet all of the service requests from survivors. A survey of over 100 shelters found that the vast majority of shelters are nonprofits with relatively small budgets, ranging from $100,000 to over a million dollars a year. Financial support

comes from grants and donation dollars (Roberts et al., 2007). Financial concerns contribute to some of the challenges of domestic violence work.

Advocates face stressful work conditions, where fear of danger and injury is omnipresent, and the chances to interact with clients to help are limited (Babin et al., 2012). Lehrner and Allen (2009) found advocates were challenged by the rate of survivors returning to abusers, agency collaborations, and the demands of funders. Supporting these findings, another study of advocates established increased work hours and working with outside agencies may lead to increased occupation stress, including burnout (Bemiller & Williams, 2011). Slattery and Goodman (2009) found that being a survivor of past violence predicted higher levels of occupational stress. Staff experienced higher rates of burnout than board members or volunteers, supporting hypotheses that time at work and exposure to trauma content increased levels of occupational stress (Babin et al., 2012). While boundaries are viewed as a protective factor for some advocates, others feel that organizational boundaries create an "us and them" between client and worker (Wies, 2008). Social workers in the domestic violence field interviewed for a phenomenological study reported trouble finding the right balance of boundary and engagement, in particular due to the desire to connect with clients while distancing themselves from the reality of violence (Goldblatt, Buchbinder, Eisikovits, & Arizon-Mesinger, 2009). These troubles combine to produce occupational stress for some advocates.

**Types of Occupational Stressors for Advocates**

In recent decades, helping professionals and researchers have struggled to name phenomena related to their occupational stress. Those working with survivors of IPV and

sexual assault have been highlighted as some of the most at-risk groups for occupational

stress (Baird & Jenkins, 2003; Bride, 2007; Busch-Armendariz, Kalergis, & Garza, 2010;

Slattery & Goodman, 2009; Wies, 2009).  So what do we call these occupational

stressors? A review of research from nursing, counseling and career psychology, as well

as social work, identified three different phenomena.

    **Burnout.**  Burnout is associated with helping professions and is often marked by

exhaustion.  It may lead to the dehumanization of clients (Baird & Jenkins, 2003).  The

emotional content of work is associated with a need to withdraw and may result in

decreased job performance.  Burnout may stem from increased workloads and lack of

support on the job.  Decreased experience and younger worker age are associated with

burnout (Baird & Jenkins, 2003).  Hopelessness and difficulty working are markers of

burnout (Craig & Sprang, 2010).  Burnout is thought to be influenced by organizational

structure and marked by the long term impact of workload (Busch-Armendariz, et al.,

2010).

    **Vicarious trauma.**  Vicarious trauma has become a common term for severe

occupational stress that often disrupts cognitive schema (Baird & Jenkins, 2003; McCann

& Pearlman, 1990).  Images and other disturbing content from the traumatized client

become intrusive to thought and functioning.  Vicarious trauma is a transformation that is

neither the fault of a client or reflective of mental illness in a worker (Pearlman & Mac

Ian, 1995).  Some researchers have questioned the use of the word vicarious.  "Vicarious

trauma is a lie.  The label pathologizes compassion and political struggle" (Graham,

2006, p.  19). Graham (2006) argues that there is nothing vicarious about the trauma felt

by frontline workers.  She argues that hearing and witnessing the content is in itself a

trauma. Vicarious trauma is thought to be a reaction not so much to organizational structure, but to the need to be empathic to clients over and over again (Busch-Armendariz et al., 2010). Vicarious trauma can alter the worker's feelings of personal safety and security, which may injure their interactions with clients (McCann & Pearlman, 1990).

**Secondary Traumatic Stress and Compassion Fatigue.** Perhaps the most accepted term for occupational stress is Secondary Traumatic Stress, or STS. Much of the information on STS is underdeveloped and conceptual (Bride, 2007). STS is conceived of being a sort of parallel to PTSD, with the bulk of the trauma content being secondary. This includes re-experiencing the client's trauma, persistent thoughts, arousal, and numbing (Bride, 2007; Figley, 2002; Slattery & Goodman, 2009). STS is meant to encompass the real traumatic symptoms resulting from working with survivors and is a result of providing services to people who have experienced trauma (Bride, 2007). Compassion fatigue is a result of STS and is marked by preoccupation with trauma content and tension (Figley, 2002). The worker feels like they are reliving the trauma (Baird & Jenkins, 2003). Risk factors for STS have been explored. Among them, survivor status, lack of clinical supervision, and an unsupportive work environment emerge as some of the most influential factors (Baird & Jenkins, 2003; Bride, 2007; Slattery & Goodman, 2009).

Though many names have been given to occupational stress, it appears that advocates working in the IPV movement are at heightened risk, particularly those who are survivors (Baird & Jenkins, 2003; Busch-Armendariz et al., 2010; Slattery & Goodman, 2009). Despite the risk to those with survivor status acting as advocates, the

literature is desolate in regards to describing the experiences of advocate-survivors, who make up a substantial portion of the workforce (Slattery & Goodman, 2009). Evidence from interviews suggests that advocates who share their experiences of violence are encouraged to develop better boundaries (Wies, 2008). A survey of child welfare and IPV shelters in one state revealed that only one-third of agencies had self-care initiatives in place for employees and volunteers (Busch-Armendariz et al., 2010). In addition turnover is reported to be higher among those that are facing occupational stress (Busch-Armendariz et al., 2010). Occupational stress can contribute to turnover, which interrupts client services and decreases the quality of help received, in addition to being costly to workers and agencies (Barak, Nissly, & Levin, 2001). Addressing the needs of advocates is not just a human resources issue: Advocates need support as well in order to best serve their clients and maintain self-care.

**Directions for Improvement**

Studies have indicated some directions for improving workplace conditions for advocates. Survey data from a group of over 100 shelter directors identified main agency strengths as being a strong workforce, range of programs, and networks and collaboration with other agencies. Slattery and Goodman (2009) found that support from coworkers, supervision, and shared power were significantly negatively correlated with STS. Increased tools and resources at work were associated with decreased levels of burnout (Bemiller & Williams, 2011). Advocates may benefit from more flexible schedules and increased communication skills (Babin et al., 2012; Bemiller & White, 2011). While increased exposure to trauma may increase levels of STS, it also increases satisfaction with work, indicating the more advocates work with clients the more satisfied they feel

(Baird & Jenkins, 2003). Advocates may benefit from more social support from friends and coworkers in the course of their work (Babin et al., 2012). In addition, more research is needed about the motivation, adaptation, and overall experience of partner violence advocates.

Motivation to enter the field and endurance to remain are important protective factors to guard against occupational stressors (Bemiller & White, 2011). However, other environmental factors are important. Organizations must promote structures to support advocates and increase self-care (Bell, Kulkarni, & Dalton, 2003). Lehrner and Allen (2009) discovered that racism within the agency is a source of stress for some advocates in the movement. Increased focus on hearing the voices of advocates who are part of underserved populations would lessen workplace stress and also serve as a positive factor for survivors in shelters. Populations of survivors that are not white, middle class women have been traditionally more vulnerable to violence and have been left behind by services, creating a double or triple jeopardy. This makes increased understanding of direct service for domestic violence survivors essential to the social work response.

Like much of social science research, domestic violence inquiry is influenced greatly by paradigmatic lens. Gray and colleagues (2009) describe these different epistemological approaches as positivist, pragmatic, political, or postmodern. Positivist evidence attempts to provide definitive answers. Pragmatic evidence is used to make practice decisions. Political evidence is used to influence, while postmodern evidence contributes to discourse (Gray et al., 2009). This is similar to the more conventional terms positivist, post-positivist, critical, and constructivist. Research and education in the

social sciences, including social work, has been influenced by three dominant

paradigmatic lenses in the last 50 years:  Positivism and post-positivism, critical

approaches, and constructivism, which is rooted in postmodern traditions (Graham,

1997).  Positivism is a reaction to the Enlightenment era take on science, while critical

and constructivist, or postmodern approaches, are reactions to positivism (Delanty, 2005).

These paradigms represent a general set of beliefs that influence action and ways of

knowing (Guba, 1990) and have impacted the epistemologies of domestic violence

advocates by guiding inquiry and practice models.

Positivism has roots in natural sciences and is a perspective which claims truth

can be found through objective observation.  The first wave of positivism assured that

there was a unifying scientific reality that could be observed (Delanty, 2005).  Post-

positivism, or pragmatism as noted by Gray et al.  (2009), is rooted in more modernist

positivism and asserts that there is an objective reality, but that it cannot be fully

understood (Graham, 1997).  Objectivity in science can never be totally obtained due to

human error and experience, but neutrality and transparency can increase the legitimacy

of claims to knowledge.  Experimental science methodology is preferred to test and

verify theory (Guba, 1990).  In the post-positivist lens, belief does not equal truth, though

inquiry can confirm social beliefs.  Research is guided by theoretical and hypothesis

testing resulting in evidence that contributes to the pursuit of seeking the truth (Phillips,

1990).

As a result of reactions to positivism, several paradigm shifts have occurred in the

20th century.  A paradigm shift, first conceptualized by Thomas Kuhn, occurs when a

generation experiences a shift in cultural values that leads to creation and adoption of a

new paradigm (Delanty, 2005). Critical paradigms for research are an example of this kind of shift. The critical paradigm looks at issues of power, privilege, and oppression with the goal of emancipation. With origins in Marxist thought and the Frankfurt school, critical theories were a reaction to positivism's assertion of value-free science (Delanty, 2005). While critical theorists also believe in the possibility of an objective reality, they are concerned with the inherent influences of values on research. Research has a subjective nature because of this value base. Inquiry is a political act focused on emancipation and transformation (Guba, 1990). Hegemonic claims by those in power can be challenged by the oppressed through increased consciousness (Kilgore, 2001). Critical research and practice seeks to challenge hegemonic truth claims and focus on emancipation of the oppressed. In this vein, research is a political action (Guba, 1990; Kilgore, 2001). Research focused on emancipation works on the pursuit of objectivity and social justice.

The third influential paradigm is constructivism. This represents a more postmodern turn in paradigmatic views, and has roots in the hermeneutics movement, which explored the documentation and understanding of experience (Delanty, 2005). The twist on the constructivist paradigm is that science is not passively observed, but is a social reality in which we all partake (Delanty, 2005). In this view, reality is a subjective experience, a construction of the individual person within the context of their historical location and world view (Guba, 1990; Neuman & Blundo, 1997). Scientific inquiry cannot be value-free because it is seen through the individual lens of the researcher and is subject to their beliefs. Constructivists believe in multiple realities and truth claims. Inquiry is guided by trying to provide the most accurate depiction of the phenomenon

under study at that point in time (Guba, 1990). The validity of knowledge claims are determined by levels of usefulness and not in contributing to a universal truth (Neuman & Blundo, 2000). This paradigm represents perhaps the most radical shift from modernistic positivism.

**Paradigmatic Influences on Domestic Violence Advocacy**

Paradigmatic views on research have impacted partner violence advocacy work. Advocates working with partner violence survivors often use a feminist framework to explain domestic abuse (Schechter, 1982; Wies, 2008). Feminisms, with a concentration on gendered issues of power, privilege, and equity, are sometimes in line with a critical perspective. For some feminists, there is realist ontology and a push for stronger objectivity, which involves inquiry beginning from the standpoint of those oppressed to illuminate truth. Other feminists believe in multiple truths and take a relativist stance that is more akin to constructivism (Harding, 1991). Feminism, as an extension of a critical perspective, uses the additional lens of gender to analyze issues of power and privilege. It is important to note that more postmodern forms of feminism may differ from the critical paradigm.

Those working with survivors of domestic violence and their children have strongly preferred an advocacy approach where the empowerment perspective is used to encourage people to make decisions without the coercive control of the abusive partner or service providers (Davies et al., 1998; Lehrner & Allen, 2009; Schechter, 1982; Wies, 2008). In this view, there is substantial focus on systems level change as well as individual (Danis, 2003b). This is similar to the critical paradigm's focus on raising consciousness, questioning hegemonic views, and giving power to those who have been

oppressed through emancipating practices (Graham, 1997; Kilgore, 2001). Since the most recent incarnation of the movement to end domestic violence in the 1960s and 1970s, continued tension has existed between feminists who lean towards a more critical paradigm and others working with survivors who practice with a human service approach focused on individual change. Advocates have been challenged by critics who believe that their work is too focused in a critical paradigm and not on psychological and scientific evidence (Dutton & Corvo, 2006). Qualitative research with domestic violence advocates has documented the tension between those interested in using evidence-based empirical information focused on mental health and the systems level change of a feminist approach (Lehrner & Allen, 2009; Wies, 2008). This division may be a case of professional identification: some may identify as advocates, while others as workers at a domestic violence shelter. Through a series of interviews with advocates Lehrner and Allen (2009) found a tension between advocates. There were those concerned with mental health outcomes, reducing the number of women who return to abusive partners, and grant funders. There goals were often in conflict with advocates focused on personal empowerment and changing oppressive societal structures. In an ethnographic study, Wies (2008) noted the schism created by the push for professional credentials and formal education in a movement that had been primarily built on a peer-to-peer model. The focus on broader change may be important to career satisfaction. Recently, Bemiller and Williams' (2011) quantitative exploration with advocates indicated that workplace stress of advocates was reduced by belief in being part of a movement to end domestic violence.

These tensions mirror the challenges in reconciling the critical and post-positivist perspectives. Knowledge claims in a post-positivist approach can never absolutely be truth, but can strive to provide evidence that works towards a greater understanding of objective facts (Graham, 1997). In the field of domestic violence, this means scientific evidence established through rigorous testing can work towards a more objective understanding of the causes of partner abuse and the best way to intervene and prevent it (Dutton & Corvo, 2006). Critical perspectives assert that there is an objective reality as well, but that the goals of inquiry are more directed towards emancipation of the oppressed (Graham, 1997), in this case survivors of partner violence and their children. In a critical feminist view, traditional scientific inquiry has privileged the position of men and white people, so it cannot be emancipating (Harding, 1991). For some advocates, interventions that are not rooted in this understanding of a feminist analysis looking at issues of power, privilege and gendered domination are incomplete, evidence or not (Black et al., 2010; Dutton & Corvo, 2006; Johnson & Ferraro, 2000; Lehrner & Allen, 2009; Schechter, 1982; Wies, 2008). In this critical feminist perspective, advocacy, interventions, and research should be focused on liberation from hegemonic truth claims that promote partner violence. Evidence is used to further promote the movement's agenda to end violence and challenge structural inequities (Sokoloff & Dupont, 2005).

An emerging view of domestic violence advocacy and intervention is focused more in a constructivist paradigm. Out of concerns that research on domestic violence was too heavily focused on the experience of white, middle-class, heterosexual women, researchers and advocates alike began to focus on the multiple forms of violence and oppression experienced by those who had been abused (Bogard, 1999; Sokoloff &

Dupont, 2005). This approach to partner violence advocacy asserts multiple realities, where the experience of the survivor is created by identity positions such as race, class, ethnicity, geographic location, and education that interact with the experience of violence (Bogard, 1999). Empirical evidence has supported that there is not a "one size fits all" predictor of domestic violence victimization. Many factors with small effect sizes, such as age, income, race and ethnicity, ability status, and violence in family of origin, serve as risk factors. In addition, protective factors vary in concert with these risk factors (Campbell, Alhusen, Kub, & Walton-Moss, 2011). This perspective supports a more constructivist view that there is no objective cause or effect for domestic violence victimization and perpetration, but rather multiple socially constructed realities that contribute to the experience.

In addition, the experience of abuse may not be the worst form of violence in the survivor's life (Sokoloff & Dupont, 2005). In this view, advocacy services then should be directed by the individual and not by systematic agency protocol (Davies et al., 1998). A view of domestic violence advocacy from a constructivist paradigm *might* then shun the idea of a universal experience of violence and a standardized protocol for intervention. Incorporating a constructivist paradigm means assessing the individual's experience in historical context and moving away from a pursuit of objective reality. Thus, inquiry cannot be neutral (Neuman & Blundo, 2000). This may even mean supporting people who choose to stay in violent relationships for other social and cultural reasons that cannot be fully understood by the advocate (Yoshoka & Choi, 2005). This approach differs from both a critical and post-positivist paradigm in its lack of adherence to the notion of objective truth and reality. This perspective is less focused on numerical

evidence. As Fook (2003) noted, the meeting of critical and the more postmodern constructivism is complicated. Advocates and partner violence researchers may be hard-pressed to honor difference and diversity and minimize essentialism while also advocating against acts of violence they believe are wrong. It short, it may be hard for advocates to be relativists about their position on partner violence, but they must abandon ideas about the perfect victim to serve all survivors.

Social work and other helping professions were traditionally concerned with mental health approaches and did not embrace the critical feminist approach (Danis & Lockhart, 2003), which led to the use of more post-positivistic models. Johnson and Ferraro (2000) argued that the movement is coming away from a strict critical feminist approach and instead, making distinctions about the difference in experiences of violence. Advocates have been pressed to better account for and address the needs of multiple types of survivors in their work, including males and those in same-sex relationships (Bogard, 1999; Dutton & Corvo, 2006; Hester & Donovan, 2009). It seems that advocates are torn, or at least juggling, these three major paradigmatic lenses in their work, addressing structural and individual issues. They are striving to secure funding and use evidence-based practice, adhering to a post-positivist model, but also are part of a movement rooted in a critical feminist perspective of domestic violence, all the while trying to acknowledge the multiple realties of survivors. This is a confusing paradigmatic mash-up that is both vulnerable to the politics of research and woefully devoid of continuity. Social science research devoted to domestic violence has contributed to this issue. While research has illuminated the experience of abuse, it has also increased tension among those interested in domestic violence. In order to explore issues and

process in advocacy work in a more open fashion, this research project uses qualitative methods to explore the processes related to providing direct services to survivors of intimate partner violence.

**Consideration for research methods.** Moving forward with domestic violence inquiry, there are several ways to make the research more ethical, inclusive of all survivors, and increase rigor, regardless of paradigmatic persuasion. In addition, methods for domestic violence research can be improved in order to increase advocate buy-in to research, lessening the research-to-practice gap. Below are a few key considerations for domestic violence research.

- *Begin with a strong and ethical design considerate of the population.*

- *Collaborate with agencies for ideas and logistics.*

- *Offer incentives to participants.*

- *Pay attention to safety concerns and offer referrals to services.*

- *Ensure the study is relevant to the agency and participants.*

- *Assess the best time to collect the data.*

- *Ask about context and intent when exploring experiences of violence.*

> (From Clark & Walker, 2011; DeKeseredy and Schwartz, 1998; Ellsberg & Heise, 2002; Hamberger & Ambuel, 2000; Hester and Donovan (2009); Murray, et al., 2010 and Sullivan & Alexy.)

Following these guidelines gleaned from the research about partner violence inquiry will help to ensure a more ethical and rigorous response. While most of these findings are applicable to research with survivors of violence, they also provide a foundation for the dissertation study. The qualitative design best meets the goals of

answering the research question: *what constructs and practices inform the delivery of direct services to survivors of domestic violence from shelter and non-residential advocates?*

Our research agenda in the social work profession, regardless of what epistemological belief about inquiry we ascribe to, must include a focus on partner violence. Intervention testing is important, but so is gathering information on the lived experience of violence and dynamic interplay on abuse within and among different identity positions (Pyles & Postmus, 2004). In addition, we need to discover more about the process of domestic violence advocacy to reveal practices and theoretical constructs that fit and those that need to be removed from the advocacy intervention. We have quite a bit of information about the experiences and needs of survivors, but not enough about the services we encourage them to receive. What happens when someone comes into shelter or calls a crisis line? What does an advocate do and why does she use certain approaches over others? In the next chapter, the methodology of the dissertation project aimed at increasing knowledge about domestic advocacy practices is presented.

## Chapter Three: Methods

### Qualitative Research

Qualitative research represents an inductive, open and holistic way to conduct inquiry about human issues (Padgett, 2008). Qualitative methods have been associated with critical and feminist theories (Finch, 2004). This has been because of shared goals of making personal experiences political by using raw data, like quotes (Finch, 2004). Grounded theory is the method most suited to answer the research question for this dissertation study: *what constructs and practices inform the delivery of direct services to survivors of domestic violence from shelter and non-residential advocates?*, especially because of the focus of the question on the advocacy process.

**Grounded theory.** Grounded theory is one of the most accessible and popular methods of qualitative research in the social sciences, mainly because of the systematic directives and explicit analysis process (Birks & Mills, 2011; LaRossa, 2005). In addition, grounded theory is thought to be complementary to quantitative research and requests for external funding (LaRossa, 2005). Grounded theory is a good match for the study of social process, structure, and interactions (Annells, 1997b). The major theoretical foundation of the grounded theory method is symbolic interactionism (Charmez, 2006; Corbin & Strauss, 2008). Symbolic interactionism is rooted in the works of George Herbert Mead and other members of the Chicago School of Sociology (Becker & McCall, 1990). Blumer (1969) suggested that research in the symbolic interactionist framework steps away from more quantitative measures, as they do not explore the premise, problems, or concepts of social life. Blumer (1969) advocated for a more naturalistic method that entails looking at what takes place and analyzing it.

Blumer laid a framework from which research should be conducted, highlighting that

there should be a focus on the process of meaning development (Jeon, 2004). Similar to

Blumer (1969), Glaser and Strauss (1967) supported the use of qualitative data collection

as a means to highlight the "structural conditions, consequences, deviances, norms,

processes, patterns and systems" (p.18) that may be part of sociological theory. A

grounded theory is imbedded in the context in which it was created, and thus is subject to

the fluid nature of social phenomenon (Wells, 1995). Borrowing from symbolic

interaction, the goal of a grounded theory study is the development of explanatory theory

about a social process (Charmez, 2006; LaRossa, 2005; Starks & Trinidad, 2007).

     **Basic tenets of grounded theory.** A grounded theory research question is one

based in studying the process of social phenomenon (Glaser & Strauss, 1967). This

means that the literature is not used directly to shape ideas, but rather as a means to

sensitize the research to key issues and that the data creates the theory (Charmez, 1983).

This is called comparative analysis (Glaser & Strauss, 1967) or the constant comparison

method (Wells, 1995). Data analysis begins with coding. Coding is a process by which

data is separated and sorted into categories (Charmez, 1983). Coding occurs in several

steps: Open or initial coding, in vivo, intermediate or axial coding, and advanced coding

(Birks & Mills, 2011; Charmez, 1983). Categories emerge in this later stage of coding,

when large amounts of codes are compared and synthesized (Charmez, 2000).

     Memo writing is a central feature to grounded theory. Memos help to further data

analysis by serving as a written elaboration of ideas (Charmez, 1983). Sampling methods

in grounded theory are based on the idea of asking people to participate who may be

experts on the social process under study. Theoretical sampling means that as data is

collected, the sources of data may change based on emerging theory (Charmez, 2006;

Corbin & Strauss, 2008). For many grounded theory studies, this means there is not a set

number of participants when data collection begins, and that sampling sources will vary

until a substantive theory is developed (Hoare et al., 2012). Theoretical sensitivity is the

ability of the researcher to extract relevant pieces from data to construct emerging theory

(Birks & Mills, 2011). It is associated with the level of insight the researcher has in the

area of study. If the study is conducted in a person's field of interest, they may have

already read literature that will increase sensitivity. Personal experience, assumptions,

and knowledge are also a part of theoretical sensitivity. The final product in a grounded

theory study should be a theory that examines a social process. This dissertation study

uses the constructivist method of grounded theory as outlined in the work *Constructing*

*Grounded Theory: A Practical Guide Through Qualitative Analysis* by Kathy Charmez

(2006) as the primary guide for the project. The constructivist method fits best with the

researcher's epistemological views and pursuit of understanding the many realities of

domestic violence advocacy. In addition, the work of Corbin and Strauss (2008), which

is situated in what some suggest is a more interpretive paradigm (Charmez, 2000; Mills,

et al., 2006) will be referenced to enhance the methodology of the study.

## Constructivist Grounded Theory

Grounded theory evolved as a method through a second wave of researchers who

better reflected the epistemological shifts of qualitative inquiry in the last decades of the

20th century (Annells, 1997a; Rupsiene & Pranskuniene, 2010). In particular, the work of

Kathy Charmez (1983; 2000; 2006) detail constructivist methods in grounded theory

focused on construction of theory about social processes (Rupsiene & Pranskuniene,

2010). Charmez (2000) advocates for grounded theory situated in natural settings that acknowledges multiple realities, and offers interpretive constructions of theory. A grounded theory in this incarnation is flexible, open to change, and is not generalizable, but may be applied with some variation to other settings (Charmez, 2000). This differs from an objectivist view that seeks to discover truth, and verify a grounded theory through hypothesis testing (Charmez, 2000). Theory is focused on meaning-making rather than truth-seeking (Mills et al., 2006).

Data is the result of the interaction between the researcher and the participant, and in this manner, data is produced from a relational act (Mills et al., 2006). In constructivist grounded theory, data is collected and analyzed intimately in order to make meaning of both the participant and the researcher roles (Charmez, 2000). Coding looks at the unstated assumptions voiced by the participants, and searches for understanding of in vivo statements. Coding is a circular process in many ways. The data is coded; new questions are asked; the data is coded again and still more questions are asked. The emergent theoretical framework does not have to be defined by a single core concept, as advocated by Glaser and Strauss (1967) or Corbin and Strauss (2008), but may involve several overlapping processes. Data analysis and the construction of theory are reflective of the researcher and participant and the context in which they live (Mills et al., 2006). Theory in an interpretive light is an understanding of a phenomenon that allows for patterns, connections, and multiple realities. Following symbolic interactionism, constructivist grounded theory sees social life as a process of meaning and action. Theories are rhetorical and meant to offer insight and convince the reader (Charmez, 2006). The final product of constructivist grounded theory is a more literary style of

writing, focused on thick description from the words of participants.  There is a careful

balance between bringing these voices to light and making a conceptual analysis from the

data (Mills et al., 2006).  In order to stay with the epistemological views of the

researcher, the study will be focused on this branch of grounded theory techniques,

positioning, and methods.

**The Researcher's Role**

Constructivist grounded theory sees the researcher as part of the data, rather than

separate from it (Charmez, 2000).  This is different from a more post-positivist view of

the position of the researcher in grounded theory.  Some grounded theorists support the

idea of bracketing (Starks & Trinidad, 2007).  Bracketing is a process by which the

researcher attempts to shed previous knowledge and belief to achieve a more open view

of a phenomenon (Lopez & Willis, 2004).  More interpretive methods of research do not

employ the technique of bracketing, asserting that is not possible to escape the subjective

stance of the researcher (Finlay, 2009).  Instead of possible bracketing, the researcher is

part of the experience of interpretation and cannot be separated from their previous

knowledge and beliefs, but can become aware of them and be more transparent in how

they have impacted their interpretation (Benner, 1994; Charmaz, 2006; Finlay, 2009).

Charmez (2006) describes grounded theory as not so much a rigid method, but a set of

guidelines that are influenced by the position of the researcher.  "How researchers use

these guidelines is not neutral; nor are the assumptions they bring to their research and

enact during the process" (p.9).

Given this researcher's previous history as a partner violence advocate,

transparency over how historical context may impact the research process, rather than an

attempt to bracket it, seems to be a better fit.  As Charmez (1983) noted, all researchers

bring their preconceptions to data analysis.  Life and work experience, personal events,

research studied and a number of other factors influence the researcher and the

construction of the grounded theory (Charmez, 2006).  In the post-positivist framework

of this method, the theory emerges.  In the constructivist branch, it is believed that theory

is co-created between the researcher and participants (Annells, 1997b).  This is what

Charmez (2006) explains as the construction process of theory.  The researcher in this

study will strive for neutrality about past experiences and knowledge that informs beliefs

about domestic violence advocacy.  A neutral position means that the researcher in this

dissertation study is listening to the words of participants and not seeking to confirm her

own opinions and hypotheses, but constructs new ones from the data.  She also

acknowledged the impact of past experience, research, and context on the process by

keeping memos to document reactions, thoughts, feelings, and influences to increase

transparency.

**Data Sources**

The unit of analysis is domestic violence advocacy, or rather, the process of what

happens in direct services for survivors and *how* it happens.  In grounded theory, it is

important to specify the unit of analysis, especially if participants are being used as

informants on a sociological process (Hoare et al., 2012).  In order to construct theory

about the process of advocacy, the direct service staff (or advocates, as they were called

in this study) will be asked to describe and explore their work.  Asking advocates is an

important first step. Later research studies past the dissertation process may direct this

researcher towards asking survivors how they experience services and what they identify

as best practices.  As indicated by constructivist methods of grounded theory, the researcher looked at how and maybe even why participants construct meaning around the advocacy process (Charmez, 2006).

**Sampling.**  The sampling approach for this study is a purposive one, based on who might be closest to the domestic violence advocacy process, and who can provide information that will lead to theory construction (Charmez, 2006).  To this end, advocates working in a domestic violence shelter, non-residential agency, or housed in a legal setting but working specifically with survivors of intimate partner violence, were asked to participate.  An example of someone working in a non-residential service setting may be a person at a rural outreach office or a hotline advocate.  In legal settings, a person may be designated to serve all domestic violence victims.  To ensure participants are well-versed in their roles at the agency, people who had been working in direct domestic violence services a year or more were eligible to participate.  Participants needed to be currently working in a direct service role with domestic violence survivors.  The researcher has been a practitioner in the field in the state where primary data collection is to take place.  In order to maintain neutrality and safeguard against bias from previous relationships, the researcher did not interview anyone she has previously worked with in the same agency to provide direct services.  The researcher conducted primary data collection in one Midwestern state, and secondarily in one Southwestern state.

**Data Collection**

The data collection method for this study was in-depth, face-to-face interviews. Charmez (2000) writes that interviewing means listening to stories with a sense of openness to their potential meaning.  This may entail more than one interview per participant in order to gain rapport and allow them to express uncomfortable feelings and ideas.  The interview process is not neutral, and may require asking intimate details.  It is important for this reason to pay attention to power differences (Charmez, 2006).  The researcher believed that her past practice experience as a social work practitioner helped as a knowledge base to draw on for interview skills.  The data sources for this project were the transcriptions of interviews conducted with advocates.  The researcher was not able to provide an incentive for participation in the interview.  She offered to share the findings of the study as an act of reciprocity upon completion.

Following the suggestion of Birks and Mills (2011), no further literature review was conducted before data is collected.  In a constructivist framework of grounded theory, the literature can be used to sensitize the researcher to topics and enhance theoretical construction (Mills et al., 2006).  The researcher obtained IRB approval for this study from her institution, Indiana University.  The interview method was that of a guided conversation, that explored topics and gathered participants' interpretations of their experiences (Charmez, 2006).  Broad, open-ended questions are best to have stories emerge, followed by prompts designed to get deeper into the exploration and process. The researcher made a digital recording of all but one interview after seeking participant permission.  The researcher transcribed some of the interviews herself, and hired a professional transcription agency for the remaining interviews.  All completed

transcriptions were compared to the audio recording by the researcher to ensure correct

documentation.

**Recruitment.** The recruitment plan for this dissertation study solicited

participation from advocates across the two states identified through a list of domestic

violence-focused agencies available through the Indiana Coalition Against Domestic

Violence (ICADV) and the Texas Council on Family Violence (TCFV). Both ICADV

and TCFV maintain a list of all shelters, transitional housing units, and non-residential

centers on their website (ICADV, 2013; TCFV, 2013). The researcher focused efforts on

recruitment through phone calls to the agencies, the use of email-based recruitment, and

asked for permission to attend staff meetings to discuss the project. The executive

directors were contacted first by phone or email and asked to forward information about

the study to their staff. The researcher requested to promote the study onsite, but all

agencies opted for email recruitment. Later in the study, the researcher requested

permission from the IRB to use snowball sampling to send a recruitment email to other

advocates referred to the study. The researcher also asked the agency to hang recruitment

fliers in staff areas at the agencies. The researcher provided a telephone number and an

email for potential participants to contact her. The data collection took place primarily in

Indiana, where the researcher lives and works. However, the researcher also collected

data in Texas, a state where the researcher has also worked, in order to increase the

chance of reaching theoretical saturation and to increase the potential pool of advocate

participation.

Once advocates agreed to participate, the researcher arranged to meet them at a

location determined by the interviewee. The interview was conducted using the guide

found in the appendix of this proposal. The researcher asked participants if they were willing to be contacted again to clarify points or answer future questions. There was no minimum or maximum sample size for this study. A small sample size is appropriate in constructivist models of grounded theory because the method does not seek to generalize, but to develop conceptual categories (Charmez, 2006). The researcher aimed to gather participant interviews until theoretical saturation has been reached. Saturation occurred when the concurrent data analysis and collection process failed to lend new insights (Charmez, 2000).

     **Ethics.** While the IRB provides a framework for ethical conduct in social science research, it is necessary to take extra precautions to strive for an ethical study in the field of domestic violence advocacy. Drawing on Clark and Walker (2011) and Sullivan and Alexy (2001), this study was conducted not just to fulfill the dissertation requirement, but to improve services to survivors of violence and workplace conditions for advocates. Care was taken to honor participant voices through the interview process, and also assure them of the confidential nature of the study through the consent procedure. The researcher was careful to address disclosures of abuse or harm that would necessitate breaching confidentiality. A breach of confidentiality would only take place when the safety of a child or vulnerable adults was disclosed, and had not been reported to the proper authorities. Luckily, this did not occur. Shaw (2008) noted that it is important for researchers to prepare participants with good communications about the code of conduct they plan to follow. It is also important for the researcher to be aware of power dynamics (Shaw, 2008). To ease any possible tension, the researcher was careful to take the position of the attentive listener, asking questions without inserting her own opinions. To

ensure some level of control over the process, participants were able to select an

interview location that was comfortable to them, and able to control the level of privacy

desired (Shaw, 2008). Research participation should feel useful to interviewees (Shaw,

2008; Sullivan & Alexy, 2001). In order to express the importance of the study, the

researcher asked participants if they would like an electronic copy of the dissertation

findings when completed, or as a second option, a presentation for staff at the agency

about the findings. The collected data and transcripts were numbered and assigned with

pseudonyms and stored on a password protected computer.

**Data Analysis**

The data analysis process began after the first interview was conducted. Using

the transcribed interviews, the researcher began the coding process with a line by line

method to sensitize to the data (Charmez, 2000). The coding process was conducted

using the Atlas.ti software, which allows for multiple layers of coding and memo writing

(Muhr & Friese, 2004). Corbin & Strauss (2008), acknowledging concerns with software

programs and qualitative analysis, promote their use as tools to organize data. Atlas.ti

cannot analyze data the way that statistical software can perform tests, but it provides a

format to code data and make it available in a paperless format. In addition, Atlas.ti

offers a method for the organization and integration of memos, which is essential to the

grounded theory analytical process. Memos taken after interviews were written by hand

or electronic copy via the computer. The concurrent analysis and collection is an

important hallmark of grounded theory designed to enhance theoretical sampling and

sensitivity.

**Coding.** Charmez (2006) puts coding into two categories: initial and selective coding. To begin the coding process, the researcher loaded the transcriptions into the Atlas.ti program and following Charmez (2006), coded initially with words that stayed close to the data and indicate action. This coding process began after the first interview. By coding at the same time as data collection, the researcher was able to see what was lacking in the data (Charmez, 2006). The coding process in the initial stage was line-by-line coding, concurrently used with the constant comparison method. This means comparing incidents and meanings across and within transcripts. The researcher looked for implicit and explicit meanings and actions that comprise domestic violence advocacy, as well as any possible underlying theoretical foundations influencing methods. The researcher used an axial or relationship building level of coding favored by Corbin and Strauss (2008) to ensure saturation had been reached. The final selective code phase revealed the process-based story line, the core categories, the substantive theory, and the needed theoretical framework (Birks & Mills, 2011; Charmez, 2006; Corbin & Strauss, 2008). During the data analysis and theory construction process, another review of literature was needed to reflect the emerging issues revealed through the coding process (Birks & Mills, 2011). This aided in the process of deepening the theory.

**Use of dissertation committee.** Throughout the data collection and analysis process, the researcher called on the dissertation committee in order to help with potential challenges and conflicts as they arose. The data set was available to the committee in the form of an Atlas.ti file. In addition, transcripts, memos, and analysis were discussed to explore potential meaning and theory construction. The committee also acted as part of the verification and quality criteria process.

**Verification and Quality Criteria**

Qualitative methods also come with their own criteria for collecting data and establishing rigor. High quality qualitative inquiry establishes rigor by carefully describing the data, the method, and documenting decisions along the path of inquiry (Tracy, 2010). Higher levels of rigor are established by use of a theoretically fitting method that is transparently presented (Tracy, 2010). In their seminal work, *Fourth Generation Evaluation,* Guba and Lincoln (1989) outline two major constructs of quality criteria that are applicable to qualitative research: authenticity and trustworthiness. These criteria established standards for documentation, honoring the voices of participants, checking interpretations with members of the group under study, and assessing the possible transferability of findings (Guba & Lincoln, 1989). Rather than strive for objectivity, qualitative researchers aim for neutrality and present findings in order to represent the voices of the people under study. In addition, qualitative work focuses on credibility, rather than validity. Credibility can be increased by use of thick descriptions, triangulation with other data, and reflection (Tracy, 2010). The concept of validity is replaced by the presentation of interpretations that make sense with the descriptions provided by participants (Sloan, n.d.). Qualitative findings are not generalizable, but assessed for their usefulness and authenticity. Does the interpretation shed new light on an experience? (Sloan, n.d.). Usefulness begins at the study design. Qualitative research explores worthy topics in a sincere manner (Tracy, 2010). These alternative evaluation frameworks are paralleled to some extent by other concepts in quantitative work, but are modeled in the paradigmatic tradition of constructivism (Guba & Lincoln, 1989).

**Grounded theory quality criteria for the dissertation study.** Traditionally, grounded theory has used criteria for rigor matching a post-positivist epistemology more than other forms of qualitative research. This has included theory verification through hypothesis testing (Hall & Callery, 2001). Post-positivist criteria for rigor are problematic for grounded theory because they assume that theory is created from data and ignore symbolic interactionist emphasis on co-created meanings. Constructivist grounded theory makes use of reflexivity to increase theoretical sensitivity, seeing the researcher as part of data construction and reviewing their place in data collection (Hall & Callery, 2001). Reflexivity is defined by Mays and Pope (2000) as "…sensitivity to the ways in which the researcher and the research process have shaped the collection of data, including the role of prior assumptions and experience, which can influence the most avowedly inductive inquiry" (p. 51). Reflexivity is an important aspect of quality criteria for this study, especially in light of the researcher's history of domestic violence advocacy. To increase awareness in this process, regular memo writing and discussion of analysis with committee members helped to uncover implicit assumptions. As another way of increasing reflexivity, the researcher borrowed from Charmez (2006) and Corbin and Strauss (2008) and asked herself: *How do I know this? Is this similar to other events I have experienced? How are my perceptions and beliefs impacting this analysis?*

Grounded theory as a method does not verify data in the same way a quantitative study might. Verification occurs through the process of comparing and refining coding categories (Charmez, 1983). Trustworthiness of the grounded theory study is enhanced when the theory is clear and rooted in data (Wells, 1995). Charmez (2006) details the four criteria of a grounded theory study: credibility, originality, resonance, and

usefulness. This dissertation study made use of memoing to serve as an audit trail of the process of theory construction and development, as well as a sounding board for the impact of the researcher's positioning on data collection. This helped to establish credibility. The study sought to answer a question about domestic violence advocacy that would contribute an original piece of research to the knowledge base, and be useful in its approach to enhancing services for survivors and work conditions for advocates, Charmez (2006) stresses the importance of being reflexive. In order to be reflexive, the researcher used the writing process and the dissertation committee to explore personal connections as they emerged. This resulted in data that was grounded in participants' words, and helped to establish resonance.

It is important to let the words of the participants guide analysis, and to present their dialogue verbatim to ensure a level of thick description, ensuring that theory construction matches the voice of participants (Corbin & Strauss, 2008). This occurs throughout the coding process, but also in the presentation of findings. This helps to establish resonance (Charmez, 2006). Some qualitative studies make use of member checking to ensure participants verify interpretations. Member checking involves the review of transcript, and sometimes analysis, of participant data by the individual participant (Birks & Mills, 2011). This dissertation study did not use a traditional member-check. Instead, this study made use of verification of interpretations through the use of the dissertation committee. Grounded theorists including Charmez (2006) and Birks and Mills (2011) imply the traditional member checking is not necessary in the constructivist grounded theory method because participant experiences and descriptions are not static and the constant comparison method uses some verification processes.

**Final Product of the Dissertation Study**

After analysis had begun, a revisiting of literature was needed to pursue newfound aspects of the domestic violence advocacy. Reviewing the literature may also increase credibility by establishing a theoretical framework for the emerging theory (Charmez, 2006). The theory construction was verified through a review of the literature. The memos provided an important connection between analysis and writing the narrative. After the analysis and memos were integrated, the findings are presented in the next section, with a storyline, outline of constructs and practices, and theoretical framework. This will describe the original nature of the theory construction. The researcher made use of participant quotes to increase the credibility of the study. Given the lack of evidence-based practice, or even suggestion of a best practice model of direct services to survivors of violence, this study will be an important first step. This inquiry offers an early answer to the research question: *what constructs and practices inform the delivery of direct services to survivors of domestic violence from shelter and non-residential services advocates?*

**Chapter 4: Findings**

A total of 22 people completed 21 interviews in two states. Two advocates requested to be interviewed together. The interviews took place at domestic violence agencies in one Southwestern state and one Midwestern state. The majority of advocates worked in an agency that completely focused on domestic violence work, while a small number of participants worked in co-located legal or housing advocacy programs. Seventeen advocates identified their work as being part of a domestic violence shelter program, while two worked in non-residential settings, and 3 advocates came from transitional or permanent housing programs. Seven advocates indicated they worked in programs in rural locations, and the remaining 15 in urban areas (See table 1). The advocates represented a total of 13 different agencies.

All 22 participants identified as female gendered. Their ages ranged from 22 to 62. Fourteen participants classified their racial or ethnic background as White; 5 as Latina; and 3 as a person of color. The advocates who participated in interviews came from a large range of educational backgrounds. Two participants had a high school diploma as their highest level of completed education. Four advocates had an associate's degree or some college, while 11 had completed a bachelor's degree. The five remaining participants held a graduate degree. Degrees ranged from disciplines such as business, journalism, social work and psychology. Graduate degrees were in social work, law, or counseling. An advocate's time in a current position ranged from three months to 20 years, and overall time working with survivors of intimate partner violence was from 1.5 to 32 years. One advocate had been in the field of domestic violence work for less than two years; six for less than five years; six had been working the domestic violence field for five to ten years; 7 participants had been working in the field for 10 to 20 years; and

finally two participants had been in the field for over 20 years. A total of four advocates had never experienced intimate partner violence, while the remaining 18 participants identified some history of abuse. This included child witnessing of violence, sexual assault, and some form of intimate partner abuse as a teenager or adult. Six participant advocates disclosed more than one type of violence in their personal history. See table two for details.

Table 1: Agency Characteristics

| **Worksite** | |
| --- | --- |
| Shelter | 17 |
| Non Residential | 2 |
| Transitional and Permanent Housing | 3 |
| **Geography** | |
| Rural | 7 |
| Urban | 15 |
| **State Location** | |
| Southwestern | 5 |
| Midwest | 17 |

Table 2: Advocate Characteristics

| Advocate Characteristics | |
|---|---|
| **Age** | |
| 22-30 | 6 |
| 31-40 | 5 |
| 41-50 | 7 |
| 51-60 | 3 |
| 61-70 | 1 |
| **Race/ Ethnicity** | |
| White | 14 |
| Latina | 5 |
| Other | 3 |
| **Education** | |
| High School Diploma | 2 |
| Some College or Associates Degree | 4 |
| Bachelor's Degree | 11 |
| Graduate Degree | 5 |
| **Time Working in Domestic Violence Field** | |
| Less than 2 years | 1 |
| 2-4 years | 6 |
| 5-10 years | 6 |
| 11-20 years | 7 |
| 21 or more years | 2 |
| **Advocate Experience of Violence** | |
| Yes | 18 |
| No | 4 |

Data analysis to answer the research question: *What constructs and practices inform the delivery of direct services to survivors of domestic violence from shelter and non-residential service advocates?* revealed both theory and action influential to domestic violence advocacy. Grounded theory allows for the construction of a conceptual framework to describe a process, and also the emergence of a dominant story line to answer a research question. First, the storyline of the common themes in advocacy career entrance and maintenance will be presented, with notable deviations (otherwise known as negative cases). Secondly, the common constructs and practices

described by advocates will be detailed, including the role of personal experiences of violence among participants.  Finally, a constructed grounded theory of the process of domestic violence advocacy as provided by the study participants will be outlined.

## Storyline

Domestic violence advocacy is a process of providing services and support to survivors of intimate partner violence, a social justice calling, and an occupation. Advocates in this sample described various paths of entrance into the realm of services to survivors.  Advocates were called to service often through a personal experience, either of their own or someone close in their life.  These experiences were some sort of intimate violence, including sexual assault.  The dominant storyline embodied what will be called a *social justice orientation* to advocacy.  These social justice-based advocates imagined their work as part of a movement to end violence.  The motivation to enter the field often stems from these personal experiences, as Ana described.

> I, well, I started volunteering at (this agency) to work with survivors of sexual assault because our agency serves domestic and sexual assaults, stalking and I did that because a number of my friends had been sexually assaulted over the past few years and I have a history of sexual assault from a long time ago and it was a population that I understood being a sexual assault survivor.

Personal experiences gave motivation to enter the field, and to challenge the societal response to intimate partner violence.  Witnessing a loved one being hurt and being unable to receive help was a motivating factor for entrance.  Once in the field, the continued exposure to survivors of violence helped to maintain the drive to work towards social justice.  Justine shared about her interest in this line of work and the passions that motivated her.

> Both of my grandmothers experienced domestic violence. My mother was married and experienced domestic violence with her first husband before she met my dad; experienced domestic violence with my dad. And when I was growing up I just remember thinking, "This is nuts! This is not okay!" [laugh] And "somebody needs to do something about this! Why are people not on fire about this? Why aren't people enraged that people are going through this?" And it's not just my family, you know. Growing up, a lot of my friends came from homes where there was domestic violence and when I was a young woman a lot of my friends experienced sexual assault. It permeates everything and it just always blew my mind that our society's not on fire, trying to address this. And it still blows my mind, every day!

Childhood experiences often served as a motivation, whether abuse, neglect, or witnessing violence. Advocates' in the sample reflected on the power of these early experiences in shaping how they approach their work with people, but also how it established a base of empathic connection. Gretchen expressed how her childhood experiences not only motivated her to enter this line of work, but also helped her to understand her clients.

> I had a troubled childhood. It wasn't really horrible, but it – there was alcoholism in the family, there was anger, there was over-discipline, you know there wasn't over-violence, but the threat of violence was kind-of in the air, so I grew up afraid with a lot of uncertainties, 'is Dad in a good mood today? What the heck's gonna happen?' and even though he never did really overtly bad things, the fear was there, the unpredictability was there so – and I can remember very clearly not feeling safe as a child and that being a really big issue so as I got older then it was kinda like, well, you have a lot of sympathy for people who are trapped in that and you kinda want to figure out what is a good way to assist people out of that, so it was kinda motivating factor, it was kinda interesting because nobody also talked about it and my parents ended up getting divorced when we were all adults and when we were talking about it, it was funny – all the kids and my mother even admitted that they had lived for years going to bed at night and not knowing if they would get up in the morning because would he go nuts? Would we all be killed that night?

Several of the advocates themselves shared their own history of victimization in an intimate dating or marriage relationship as adults. Advocates entered the field in part to work with survivors of violence, but also to improve services in the hope of making

things better than they were for themselves or a loved one.  Bianca talked about the

differences between what was available to her and what her agency provides now.

> Yeah, when I was a teenager I was a victim of dating violence and it
> definitely shaped my world.  When I was in high school I had a boyfriend
> that was physically abusive, sexually abusive, and I don't remember
> getting help.  I don't remember being able to talk about it.  I remember
> telling my friends and being scared of him and it was just kind of a joke or
> there wasn't a lot of help like there is now.  There's posters and hotlines
> and "Love is Respect" all over the place and there's legal programs that
> work just with teens and at the time I don't remember that being available.
> And so I think that did shape my point of view when I entered college and
> wanted to pick a career and do something that I felt passionate about and I
> came into this field--which I guess we call social services or social work--
> just by chance because I had been interning so many places and really liked
> what (agency) was doing and got a job.

The entrance to work in a domestic violence agency often occurred first by

becoming a volunteer and then beginning a paid position.  Advocates mainly found

agencies either through local reputation or a desire to work with women, on social justice

issues, or more specifically, other people who have experienced intimate violence.

Several advocates described a new level of awareness and consciousness-raising about

the scope of violence once they joined an organization, as Renee described.

> It turns out, you know, I was a good fit for the job and interestingly, as I
> started the job, I started to realize, well, I have a background in domestic
> violence or experience in domestic violence, but I hadn't identified it as
> such until then.

For a few women interviewed, the entrance to the movement began a personal journey of

self-awareness about their own experiences of violence.  Emily discussed her journey of

gaining awareness about the scope of domestic violence through her work.

> I think that in a lot of ways I was just pretty unaware of domestic violence,
> back when I first graduated high school.   It was kind-of one of those
> things just on the side of my mind and I think back then I would have
> thought causes would be more just like a completely evil person or just
> anger issues, I guess, as opposed to actually trauma or the need for control,

but I think one of the things that's been pointed out to me a lot just in working here is if it was an anger issue, it would be directed everywhere and they would have battery against some guy at the gas station, not just battery against this woman and this girlfriend and this wife because that's clearly a directed kind of violence as opposed to just general assaults because they can't control their anger.

Advocates who had been in the field for a long time talked about some of the cultural changes that had increased awareness of domestic violence and needed services during their tenure. They told stories about the landscape of services and the societal attitudes at the time they were entering the work force. These narratives often revealed the personal or hidden nature of intimate partner violence, especially in the past, and how that made services difficult to access or unknown. Advocates described that once they became aware of work in the movement, they felt called, often by personal experiences or faith to do advocacy work. Shelby told her story of leaving one career to become an advocate.

> Well, I'm a survivor of domestic violence and so, oddly enough, what I started doing here 27 years ago as a hair stylist, I met so many women sitting in my chair that, I didn't even know what it was called. I didn't know it had a name. I didn't know it was called "domestic violence," even when I was in it because it was in the 80s and nobody talked about it. Law enforcement didn't recognize it. And so as I got out of that situation and I was a hairstylist all those years, I met so many different women who had been abused in every way you could imagine and I knew in my heart I wanted to do something to help them but I didn't even know what that was or what that would look like and so one day I would literally get a phone call from someone who was a pastor and he said, "Hey, I would love for you to be our youth pastor, would you be interested?" And I'm thinking, "Okay!" So I became a youth pastor and then I started working with teens who had been in teen dating violence situations or abusive situations at home. So I feel like God was preparing me all these years for this position because from there, my neighbor—we were sitting out on the swing one day—and she hands me a newspaper clipping that was a flier and it was for a job opening here.

Once they have entered this line of work, advocates outlined a plethora of roles they fill in agencies, from counseling, support in legal and medical settings; case management; coordination of outreach services; transitional housing advocate and residential coach or life skills educator. While these many roles have their own nuanced meanings, they have common constructs and shared practices, which are outlined below. Advocates shared in the interviews histories of challenge in the early years of their career. These struggles included maintaining boundaries, avoiding secondary trauma, triggering of their own past, and receiving enough agency support that made continuing in the job possible. Bianca shared her struggles early in her career.

> I think I came into this field from college and I knew I wanted to work in the domestic violence field and I wanted to help people and I had this green mentality [laugh] that everybody was a victim and all they needed was to be safe and I didn't even factor in—when I was a children's advocate—homelessness and all the other things that go along with being in a shelter and what that does to children and what that does to parents. And I remember just feeling so overwhelmed and helpless at times when I was working with kids and their parents were stressed out or abusive themselves to their children and that was one of the hardest things to learn in my professional career; that you don't just stop at the title "victim." You also are a mom, you also can be abusive yourself, you also are going through legal stuff, you're also homeless, you're also looking for a job, you're also…. It's the titles and things that our clients go through.

Social justice-based advocates stay in this line of work because of intensive motivation to serve the population and to end violence. To mediate these challenges, advocates may sometimes change roles among and within an agency during their career span, to fill an administrative role, work in a different area of support, or minimize their exposure to late night hours and on-call shifts once they have established some rank at the agency. This role change helped them maintain a foothold in their perceived role as a

change agent while allowing a better work-life balance.  Laura sketched her timeline

within the field and her transition to administration.

> I have been a supervisor at (agency) since 2001, but we switched to a dual
> training model in 2010, I think – we combined the sexual assault program
> with the domestic violence and now the advocates can respond to anything
> and I became the supervisor over all of them back here whereas before
> there was a supervisor in this position that supervised the girl next door
> and I was in that position and I supervised the other sexual assault person
> so was doing primarily sexual assault services from 2001 until I did this…
> I haven't done on-call since I switched over into this new role, but I did
> on-call for years and years and years.

In the dominant story line constructed through the interviews, direct service

providers in domestic violence agencies have entered what they consider a social change

movement to end intimate partner violence.  The majority of advocates in this sample

viewed their work as part of a social justice movement, either as part of a feminist or

human rights aim to end violence in general, or a specific call to eliminate intimate abuse.

Social justice-oriented advocates have motivations based in personal experiences, and

often had an interest in feminism and human rights.  There were early hiccups to find a

balance between the work and personal experiences, but advocates in this majority

sample group were driven by their passion to end partner violence and a desire to raise

awareness and provide support to survivors.

An important deviation, or negative case, from this dominant storyline was the

handful of advocates who did not have personal experience with intimate partner violence

or did not express feelings motivated by their experiences to stay in the field.  For some

advocates, domestic violence work was another social service job where they are able to

help people in crisis and gain satisfaction from work well done.  These advocates were

motivated to help a population in need, and happened to work with survivors of partner

violence.  *Social service-based* advocates like Rachel were motivated by their career

interests and gaining experience.

> I think I was interested – I was very young, I don't think I was 22 yet
> when I started and I knew that I wanted to work with women.   I didn't
> really think, I found that – I want to do something and this sounds
> interesting, so I was kind-of in that spot.   I just want to try this and see
> what it's like and as I have learned more and gained more experience, it's
> something that has become a passion rather than just a specific population
> that I want to work with.

Advocates like Thelma came into the work from other social service agencies, and often

because of the reputation of the domestic violence agency as a good place to work.

> …I had worked at (another agency) for 25 years, 20-something years.   I
> think like 22½ years, so they (the staff at the domestic violence center)
> knew me, they knew me from the community, they knew me from just
> seeing me out and the clients and stuff like that.   I had talked to them in
> the past about 'I'm really interested in what you guys do and if you ever
> have a job or something like that, they actually – I hadn't filled out a
> resume, I hadn't done anything – they knew I had left the other agency, I
> just needed to leave the other agency, so the director here called me at
> home and said, "Would you be interested and I have a position open?"

More social service driven advocates also struggled to maintain work and life balance,

but experienced fewer personal triggers that impede boundary setting.  These advocates

found a good fit between their personality and the constant change and busy pace of

working in a domestic violence shelter.  Laura discussed the fit between helping

survivors with complex problems and her personal view of the world and approach to

addressing challenges.

> I think it feels a little sheepish when other people have these fantastic back
> stories and I'm like, 'no, I stumbled into it,' I mean, I loved it once I got
> started – I would have never, ever – and I can't even say that I'm the type
> of person – because a lot of people are like, 'well, I did this because I'm
> the type of person that helps everybody,' I'm not – I'm not – my friends
> did come to me for that, I mean after a problem got to such a level because
> I come from a family of accountants – that's my parents – my parents are
> business people, I'm the black sheep of the family to be doing this…when

a problem would come up with my friends, they would all talk amongst themselves and then they would come to me to make a plan because that's what I do – I make plans…I have to interact with you, I have to walk away and I have to analyze the whole process and then I can bring it back around to the emotion, I don't come from an intuitive standpoint, but my family never did.

These social service-oriented advocates described feelings of connection and empathy with their clients, but did not necessarily identify themselves as part of a social justice movement.  In the negative cases from the dominant storyline, advocates were called to domestic violence work by a need for employment, experience in social services, or enjoyment of the varied schedule of work with a population in crisis.  These advocates tended not to be survivors themselves and place a high level of importance on boundaries between work and life experiences.  Social service-based advocates often joined this line of work because of the strength of the local agency and positive experiences with coworkers.  Despite these differences in motivations and career paths, social service-based advocates and those oriented by social justice are united by several linking constructs and common practices that directly or indirectly influence how they approach their work with survivors.

## Constructs

Common constructs shared by advocates include the theoretical, philosophical, spiritual and ideological beliefs that influence practices in direct services to survivors of partner violence.  Advocates centered their constructs by explaining first what they interpreted their role to be, and what place it should have in the lives of survivors of domestic violence.  Defining advocacy revealed what many advocates consider the meaning, or credo, given to their work.

**Meaning given to the work.**

*What is an advocate*? A core part of how advocates decided to approach their

work was by the meaning given to it. As discussed previously, while some advocates

were motivated by social justice and others by a desire to engage in a helping career, the

philosophy of services came first from how they defined their own roles. Sophia

succinctly defined "good" advocacy to survivors of violence.

> A good advocate is not judgmental. A good advocate listens actively.
> And is able to connect what the person needs and connect the person with
> the resources to access what they need.

Use of the label "advocate" in itself was special. Participants had several types of titles

given to their jobs: case manager, advocate, peer counselor, and life skills educator, to

name a few. Despite these title, the goals of the work related in most part to advocacy,

defined loosely through the sample as a person who acts on behalf of a disempowered

person as a witness, a guide and supportive presence. The term "advocate" was preferred

in the partner violence field for philosophical reasons. Bianca outlined the philosophical

reasons that direct service providers in her agency and others are not called case

managers, but advocates.

> We always say "advocate" here because we want to make sure that we are
> working with the client alongside them in their goals and not managing
> them. I think the title is different than "case worker"; you'll hear some
> agencies use "case worker," "case manager." We are advocates and we call
> our services "advocacy services" and "case management services." I think
> when we're talking with other professionals like yourself, we can use
> "advocacy", "advocate," and it doesn't skip a beat. Everybody knows what
> you're talking about; you're there to work alongside the client and work
> with the client and in a lot of cases be that voice in the community when
> asking for resources and help that maybe the client doesn't have at that
> point or needs the tools to develop.

The idea of being "alongside" of a survivor of violence emerged in several interviews, in

particular in connection to the empowerment model of client services and was an

indicator of a philosophical approach to advocacy. The idea of being alongside implied

that the advocate was a collaborator and not the primary decision-maker. Goals were

made by the survivor, and the advocate worked to help navigate systems, provide

information, and offer affirmations. Morgan described the meaning of alongside

advocacy.

> Being alongside somebody – that has a lot to do with empowerment – not
> doing things for somebody and not – also recognizing that I can't do
> things for somebody, in many ways in that that's not what's best for them.
> Again, going back to the housing thing – I could call (agency) or whoever
> and get that person an appointment right away, but if they have to work
> that day or if they don't have child care, or if etc., etc., etc. – that's not
> what's best for them, I'm just pushing my values and my goals on them,
> so I need to be alongside them with what they want. You know, maybe in
> about three and a half weeks, they're going to come back and they're
> gonna want that appointment and that's great. Ok – let's do that together.
> I have to be alongside them with each of their goals.

Being alongside not only meant that survivors made the goals of the collaborative work,

but that services are directed by their expressed needs. Central to this idea is the issue of

self-determination. While survivors had many goals, they may prioritize them in a way

that differs from the advocate's personal preference and comfort. Part of being alongside

is a reflexive process where advocates addressed value conflicts and difference in

viewpoint in client-driven work. At its core, advocacy, and the concept of being

alongside, indicated that the advocate's role was one of a supportive and active

collaborator who also championed the survivor in different (and potentially oppressive)

systems.

Emphasis on collaboration was in part to work towards undoing some of the

power imbalance of the abusive relationship. Inherent in the label "advocate" was the

idea that this work is done with a population that is experiencing oppression and has not

been able to have the voice it needs.  Abuse is connected with a lack of power, and

advocacy services are meant to help survivors gain power lost from the violent partner.

Thelma summarized the reoccurring concept that part of the advocacy title and umbrella

of services was helping to navigate systems that can be potentially disempowering in

order to help the survivor have her needs met.

> I think advocate's just one of those huge words that means everything.
> But if somebody says 'advocate,' what I think is you're advocating for
> something or somebody.   I am here for them, so being there for somebody
> can be – they just need somebody to talk to and I am there for them to talk
> to me.   Or it could be they're going through say it's domestic violence
> and their perpetrator has been arrested and they're having to deal with the
> court system and the police and maybe the hospital and whatever, and they
> are overwhelmed.   So I am there as an advocate to help them deal with all
> those other people, too, so it's very important as an advocate to have those
> good communication skills and relationship skills with your clients, you
> have to have that with the community, too, so for you to be able to
> advocate for that client, you have to have those relationships with those
> police and those prosecutors and all those other people, too, and I'm
> talking the trust and communication skills and all those kind of things that
> you have to have with them.

The meaning given to work in a domestic violence agency was that of a role of

representation, witnessing, and action alongside and on behalf of survivors of violence.

The philosophical idea that many advocates shared in the sample was that their work is

collaborative and should be power sharing was a dominant theme in the sample, even

among the advocates with more of a social service-based approach as opposed to a social

justice motivation.  While some advocates were motivated to work in the agency because

of an interest in social service work and other because of a drive for social justice, the

women interviewed overwhelmingly considered their role as advocacy in micro, mezzo

and macro climate to survivors of violence.

**Theoretical or philosophical approach guiding services.**

Several, and often overlapping, philosophical or theoretical approaches guided advocacy work with survivors of violence. Advocates in this sample were asked about guiding influence of their practice at work and some participants named specific theoretical models. Others described beliefs that matched, to a large extent, existing frameworks. The most commonly referenced guiding philosophy or theories for practice were empowerment and strengths-perspective. Feminism, power and control, and an intersectional approach to interlocking oppressions were most often articulated as the cause of domestic violence.

*Empowerment.* Far and away, the empowerment model was the most used perspective for advocacy practice. Empowerment meant that the advocate provided support for the client, but survivor is "in charge" of the types of services they used and when they use them. The empowerment approach was primarily endorsed by social justice-oriented advocates. This is guided by the idea that survivors are the experts on their own lives and understand what they need when they present for services. Rachel emphasized this perspective when discussing her client-driven approach.

> Yeah, is that you're – that the whole word "help" to me is – I try to take that out of staff's vocabulary and – because it's not about us doing something for someone else – it's about us doing it with them and being a resource to them when they're taking on – living their life and it's just like nobody can help me achieve something I want to do, I have to be the driver in the seat and doing it, so for me, I think that's the most important reality check.

Advocates referenced the certain ways they go about facilitating empowerment. These included offering resources, education, providing information, listening, reflecting, raising awareness, and avoiding judgment. Importantly, advocates using an

empowerment perspective did not make choices for someone else, but supported them

where they are at, as Alma outlined.

> I think I see our role, and this is consistent with my training, that I think, is
> a little bit lacking for the new people coming in, that our job is to expand
> options.  Our job both internally and helping the person heal and have
> more of themselves available and helping the person, not to empower
> them, that's kind of a nitpicky point.  Technically, we don't empower
> them.   We help them find their own empowerment and help them
> empower themselves to see that they have choices and to expand those
> choices.   If we've done that and they choose to stay with an abusive
> person, then they've made that choice or they choose to keep using drugs
> or whatever.

Since advocates did not empower people personally, but rather helped facilitate

empowerment, there were a number of different ways participants in the sample

approached this skill.  The approach taken by the advocate to empower the survivor

changed with the setting and the timing of the intervention.  Characteristics of the

survivor also helped the advocate determine what information to offer, and how to best

provide an empowering perspective.  Rita talked about her goals using the empowerment

perspective, and how they changed depending on the individual client.

> Well I want to empower them.  I want them to know that there are shelters
> out there, that there are people who care.  Even just educating them, that a
> lot of people feel that they have no rights.  Especially with the
> undocumented population; you know, batterers will sometimes use that
> against them like, "If you leave me, I'm going to deport you or I'm going
> to deport your family and I know where you live" and it's just fear.  You
> know, and just letting them know that fear is very valid and real but there
> are different resources that they can access to try to get their documents in
> order and do things legally.  Again, just being able to help them and meet
> them where they're at.

Many advocates expressed a deep motivation to offer the support that would lead

to personal empowerment, often in part to help negate some of the impact of their

abuser's power and control over the survivor.  An empowering, client driven-approach

can be difficult for advocates to implement, especially when the survivor does not have

the same goals as the advocate might wish for them, does not want to use a potentially

helpful resource, or moves at a pace that is uncomfortable for the rest of the people

working with her. Advocates drew on personal reflection to mediate against desires to

interject their thoughts on the best course of action. As Ana noted, advocates specifically

used the skill of patience and embraced a lack of control to continue using an

empowering approach.

> Being patient and I think that that is crucial to empowerment. A lot of
> times I will, in the back of my head, I'll just be, "Let me just do this, I can
> do this, I can do this faster than you," but that is just the absolute wrong
> approach for a survivor. They need to do this themselves, they are
> perfectly capable, they know that, they can do it and I'm not there to make
> things move faster or make everything to be just right. Patience and also
> just kind-of embracing not being in control, that's another very important
> thing.

> ***Strengths perspective.*** As a second theory closely linked to empowerment,

advocates overwhelmingly endorsed a strengths-based perspective in their work with

survivors. The strengths perspective was endorsed equally among social justice-oriented

and social service-based advocates. Justine described how this perspective fits nicely

with other models in the assessment of client needs.

> We really need to follow their needs. So there's lots of feminist theory
> that goes into the work that we do. We've just been influenced by so
> many different philosophies. I think a lot of our work is focused on
> strengths-based work; finding out the strengths that the clients have and
> kind of building on that.

This construct helped the advocate to see the abilities, skills, resources, and success of the

survivor. The advocate begins assessing and using survivor strengths at the start of

services and continues throughout their work together. Embedded in this perspective was

the notion that everyone has unique strengths and was capable of using them. Advocates

were invited participants in the lives of survivors, and as such, they were there to affirm

people and offer a different perspective.  In addition, people benefit when they become

aware of their strengths and are able to use them in goal-setting.  Renee explored the

connection between strengths and goals in her workshops with survivors.

> With folks who start up in the first evening where I can do kind-of a
> foundational workshop, for me it's really important outside of explaining
> what the program is and all that, it's really important to – how should I say
> this – to welcome them and to how, really how honored I am that they're
> there, how – I try to share some praise with them about being brave
> enough to (A) come to seek help at our agency, to realize that they deserve
> more, to have left whatever situation they left or that whatever reason
> they're here and to have taken that extra step to come to this workshop and
> to say that "I deserve more and I want more" – whatever that looks like.

> Advocates indicated that survivors sometimes struggle to find their own strengths.

The advocates in the sample explored ways they had helped identify strengths, including

art projects, goal setting, craft nights, affirmations, client interviewing,  and support

groups.  Participants like Shelby noted how even reaching out for services can be

identified as a strength when working with clients.

> We've had a lady once that talked about being agoraphobic and you know,
> just leaving, she didn't think that she was strong.  "You left! You left your
> home" and I am one, I used to be there! So I know what she went through
> and I said, "That's huge!" You know? And just to see the difference in just
> a couple days and even in the kids.  You know, the kids, they're sleeping
> better, they're more relaxed.  We still have some, I would say, behavior
> problems sometimes from it, but that's expected.  But just to see the
> changes.

The strength perspective was a way for advocates to reflect on actions that the survivor

has taken and reflect on them in a new way.  This was done in part because of the

potential influence of the abusive partner and any emotional abuse, but also in order to

honor the dreams that the survivor has for the future, as Ellen elaborated.

> Or it's about telling them, you know, "I see how strong you are and I see
> that you have the strength to make it through this; I see creativity in you

and I want to encourage you to dream and to believe in your own self and believe in those dreams. And if you want to share them with me, I'm here to listen." It's kind of just taking the steps that the client wants you to take with them, and going with them on that journey.

***Feminism and interlocking oppressions.*** Interest in feminism, and "women's issues" acted as a motivating factor to enter domestic violence work. Participants attributed in large part the inequalities experienced by women in the world and their time in services receiving support to experiences of violence. This was especially true of more social justice-oriented advocates. Advocates who wanted to work on women's problems were called to working in partner violence often by the agency's reputation, but also to fulfill personal beliefs about the roles of women and girls in society. Justine explained how this motivated her.

> So when I came to (agency) I had a little bit of experience from a different angle regarding domestic violence and I feel like I got really lucky with this job. I had always wished for a job where I could support myself kind of promoting feminist issues working with women, working in a non-violence area, but I didn't know exactly what that would look like until I came here and got this position here, and I've never left.

Belief in social change and eliminating oppression was a guiding belief for practice in some agencies, as Renee stated, "*Well, the philosophy at our agency is very much one of social change, social justice and empowerment of survivors.*" Participants endorsed feminist beliefs, especially in relationship to perceived causes of partner violence. Overwhelmingly, participants attributed the cause of domestic violence as, in part, a desire for power and control. Many participants, mostly those with a social justice orientation, expressed that violence stemmed from cultural gender roles that contribute to a need for power and control, or at least allow it to thrive. Morgan outlined the connection she saw between patriarchy and domestic violence.

So, and of course, I've read a lot of books and things like that and done my own studying and all that good stuff, but at first I really felt like it was about male domination – the fact that men still make more money today than women do and all those things and I believe that's a huge factor, and maybe that is, maybe that has everything to do with it, we've never had a female president in this country – all of those kinds of things I think definitely plays a role in the world of male power and control.

The role of power, privilege and oppression, through a gendered lens and in connection with other forms of oppression come together to create a culture where violence in intimate relationships can thrive, according to social justice-oriented participants. Sophia attributed the cause of violence to an all-consuming "rape culture" that is fed by other forms of oppression.

I am not a top-down or a bottom-up kind of person. I believe that the best way to understand is through an intersectional approach where we are looking at all of these different axes of identification like race, class, gender, sexuality, religion, ability, on and on. All of these things come together to form an individual or whatever. And all of these things are being fed by the rape culture we live in. We can't escape it. I don't think. And really, when I think about it like that on the big picture I get really overwhelmed and just feel stuck, you know? I suppose that I would say that the cause is rape culture and patriarchy.

Gendered views are not always part of a sociopolitical context. Especially for advocates in rural settings, religion and faith played a role in shaping the climate for survivors. Thelma talked about religious value struggles in her community.

Oh, gosh – we're in the south part of the state, good ole' boy, she's my woman, do what I say kinda thing. Religion wise, we have a lot – this community right here is a pretty Catholic community, but moving out into the county and the surrounding counties, that's where you get into the Amish, you get into the 7th Day Adventists, the Jehovah's Witness, we struggle a lot with Jehovah's Witness and the whole mind-frame of 'we keep everything in the church, don't you dare go out and talk to those people because we deal with everything here in the church,' ya know and stuff. So that's a huge struggle – dealing with the religion and the values.

In addition to attributing gendered and patriarchal views to the cause of violence,

advocates such as Justine imagined addressing power and control and inequality as a

potential way to ending violence.

> And then also, another thing would be to just kind of change the paradigm
> of our society. You know, how women and girls are viewed. To just
> wave my wand and just make… wow, that's just so complex because it's
> so intertwined with racism and all the other isms. So I mean, I would have
> to say you know, eliminate racism, eliminate sexism, eliminate
> homophobia; eliminate all these isms that feed into each other and that just
> really allow someone to see someone as "other" or as less deserving, or as
> "less than." I think the inequality, that power and control, that white
> privilege; all of that feeds into the violence in our society and into
> domestic violence.

While gendered oppression was one of the primary concerns of advocates, the

economic oppression of partner violence survivors was a major focus to advocates in the

field. While advocates endorsed beliefs that violence can happen to anyone, women

experiencing poverty were especially vulnerable. The constructs advocates have about

the ways in which poverty and domestic violence intersect shaped the way they deliver

services and the approach they used with clients. Veronica talked about her frustrations

with these intersecting oppressions.

> I think it's mainly economic barriers.  Honestly, it's mainly economic
> because like you said with the demographics, the majority will be low-
> income families and families that need some public assistance or make
> $10.00 over the amount, or $1.00 over the amount of what you can make
> in order to get some services, but they need the services so bad, but they
> can't get it. It's frustrating sometimes, frustrating for them, for me, for
> everybody.

Advocates also envisioned that part of ending partner violence would be a focus on

economic hardship. The structure of support in domestic violence services has the ability

to help some survivors, but as Alma noted, they still have to navigate the outside world.

> So we get that woman started, but then we send her out there into a very
> hostile economy. So we're really also talking about economics here and to

be able to provide that, I mean the bigger stroke of the wand makes it a more equitable economy that's based on supporting the needs of everybody in that society and not making a few people rich…

Advocates such as Sophia expressed concerns about the potential barriers to services for oppressed populations. Asked about underserved populations, she identified an inability of agencies, including her own, to effectively and warmly service people of color, male and transgendered survivors.

I think people of color. We don't-I've not seen-I've been here for two years in my office is located in the shelter so while 75% of my time is spent on prevention, I am still in the midst of this intervention stuff and what I've noticed is I know that a great deal of our community is Caucasian or white, but I also know that domestic and sexual violence is across all spectrums of society whether rich or poor, black or white or in-between, but I don't see people from communities of color or other than heterosexual communities. I don't see a lot of people coming here for services who are part of these communities who might be quote "othered." Now, this is problematic, this is just me doing observations. I've never asked somebody "Hey are you a black women?" or "Hey are you, what kind of genitals do you."

Participants also expressed motivations to enter the field and work with a particular oppressed population of survivors. Often, this was a group that they had a personal connection to or membership in. Rita connected her passion for working with Latina women to her approach to practice and social justice.

I try to tell them that they do have rights, and a lot of them don't believe you [laugh] when you start talking about it. Like "No, that's my husband, I should have sex with him" or you know, "He's the man of the house and I should do whatever he tells me to do." And just discussing what a healthy relationship is like and what equality is like. It's kind of an eye opener for them and I think the more they hear that they have rights and things like that, they shouldn't be abused, and call it abuse, because some of them don't, because like I said, I didn't know it was abuse until I came to the States.

The interlocking forms of oppression faced by some survivors provided an opportunity for advocates to shape their practice. Advocate's belief and concern with intersecting

forms of oppression faced by survivors guided their work, sometimes creating pathways

for advocates to discuss other ways in which survivors have been disempowered or

controlled on the societal level.  Renee ran a support group for women and used the

experience of oppression both inside and beyond the abusive relationship as a topic for

the group.

> So bringing in intersections of you know, race and ability and other
> impressions and getting women to talk.  They seem, they were open to
> talking about it and then talking about so where are women in this and
> what I was trying to get at is that there are certain things that are within
> our control and other things that are not.   And being on the oppressed side
> of things is not something that we have much control over and so if you
> are a person in an oppressed group, there might be reasons why you're
> struggling to get further along, so I wanted to put that out there and
> acknowledge that I understood that and I'm hearing – because people of
> color and other people who are oppressed know this.

Power and control, as well as gendered and oppressive views were the main

factors attributed to the cause of violence.  Other factors included in participant responses

were: mental health problems, learned behavior from childhood witnessing or abuse,

anger, drugs and alcohol, and lack of communication.  Advocates typically endorsed

several connected causes of violence rather than one factor.

Participants shaped their approach to practice in part by their belief about the

causes of partner violence.  Advocates who were motivated by social justice to work in

the field endorsed feminist and power and control-based motivations for violence, while

other participants drew on childhood experiences and personal factors as causing one

partner to be violent to another.  Advocates who believed in a cultural or societal

influence to the perpetuation of domestic violence also emphasized the importance of

multiple oppressions in the survivor experience.

Strengths perspective and empowerment theory were the dominant practice theories used in this sample. They were not, however, the only approaches to work with survivors that were mentioned. Other theories and perspectives endorsed by advocates included Motivational Interviewing and the stages of change, cognitive-behavioral techniques, and the emerging paradigm of trauma-informed care. One important theoretical construct that guides practice was the concept of hope, especially as it relates to survivors of domestic violence.

**Hope.**

Hope has many dimensions in domestic violence advocacy. Hope or desire for change was perceived as a major reason why people stay in violent relationships, and served as a way to endure when the relationship becomes abusive. Advocates reflected on the stories of survivors, and particularly the ways in which abusive partners manipulate, charm, control, and connect with their victims in order to maintain a hope for change. Participants identified this as part of a cyclical process of abuse, as Kim described.

> But it's just important to understand that there's a cycle that they go
> through and they don't necessarily want these relationships to end, they
> just want the violence to stop. The person's not abusive 24 hours a day,
> seven days a week, so if he shows her the sliver of hope that things are
> going to change, there's a good chance she's going to try and I think that's
> important for new advocates to know, that you can't take it personally,
> you can't take it as a failure because like I said before, when they come
> back again knowing that they obviously trusted you enough and respected
> what you told them, that they've come back when they realize that it
> didn't work because I don't anyone to ever leave here and think, 'oh, I'm
> too embarrassed to go back and talk to her because I went back to him,' I
> think it's real important that they understand that we're there to support
> them no matter what decision that they make.

Advocates' belief in a cycle of violence contributed to taking an approach to the work

guided by the knowledge of how hope for change in the abusive partner may cause a

person to return to the violent relationship.  Advocates in the sample largely anticipated

that a person might leave services to return to the relationship.  When people leave

services, participants discussed having a sense of hope for the outcome.  Hoping for a

better outcome for clients is a frustrating experience for some advocates, as Michelle

discussed.

> I mean, I guess sometimes I'm sad for them, depending on how severe the
> abuse has been, sometimes I'm scared for them, like, are you really sure
> you're going to go back, because they always think it's going to be
> different and I think very rarely is it different and so I just get scared for
> them and I always try to make them feel like, just know that you don't
> have to feel embarrassed ever, the door's always open, you can come back
> at any time if something happens again or whatever.  Don't feel like just
> because you left three times that you can't come back, no – you can keep
> coming back as many times as it takes, so – but yeah, I don't know, it's
> hard because I worry about them and there's some people that even stick
> with you in your mind a lot, like you think, 'where are they now?  I hope
> they're ok and that they haven't been hurt or anything else has escalated or
> anything else bad has happened,' but …

Advocates sometimes experienced a lack of hope about the potential for abusive partners

to change, as Morgan discussed.

> I don't know where it stems from and how it continues and if individuals
> can truly change – if batterers can truly change – those are all things that
> I'm really trying hard to learn about and trying hard to I guess not put it in
> a box.  Me as a person – I don't want to believe that nobody can ever
> change, but I know the research, of course, on domestic violence.  So
> that's a challenge for me.

> Hope is also something that advocates attempted to instill in survivors of violence

in order to help them mediate the impact of abuse and act as a buffer for trauma.

Gretchen outlined the power of abusive relationships in harming the ability to hope and

provided a vision for how advocates helped to build a sense of positive desire and

expectation about the world by making a "hope structure."

> A hope structure is when I get up in the morning I think it's gonna be an ok
> day and I'm gonna be able to do stuff and I've got confidence that this is
> gonna work out and if I can figure out a way to solve this, by God, it's gonna
> work… My clients are vulnerable – they don't have that, ok? Because you
> have to have had some positive experiences that led you to believe that you're
> capable and that things work out for you to have that hope structure. Abuse
> kills it, ok? So most of our clients don't have that, you have to build that in
> them that it will work and that they're capable. They have to have the
> experiences and they need a lot of reassurance and then they will, it will grow,
> but that's really important, but a lot of it has to do with you have to be
> nurtured so you feel safe enough to try, see, so I think that's what we try to do
> and our counseling center has always told us that we're a very therapeutic
> environment because we work with affirmations and we work with self-
> esteem building and we try to give them positive feedback when they're
> making little steps because that does matter because it builds the hope
> structure. It builds it up.

Advocates' belief in hope motivates their approaches to practice. This was true for

many of the women in the sample, and was not connected exclusively to a social justice

or social service orientation to the work. Building hope allows survivors to imagine

their lives as free of abuse and oppression, and with reduced stress. Advocates with

victimization histories were particularly motivated to instill hope in their clients that

healing and change is possible, as Ellen stated.

> And I think now that the way it affects my work with clients is probably in
> the most positive way. I truly can identify with the idea that anybody can
> become a victim and that it's not their fault and that what we are fighting to
> end every day is domestic violence and sexual assault because it in itself is
> the problem and an epidemic I think, especially in our society right now.
> And so I think I have clients that are, throughout our work together, they
> get to a point where there is shame or guilt or blame or whatever, and just
> realizing that I can say to them "It can happen to anybody. It can happen to
> you now and ten years from now you may be helping somebody else." And
> just kind of giving them my hope.

Hope served as a core belief that helped advocates stay in the work even when it was challenging.  Survivors may hope that abusive partners will change, but some advocates hoped that the clients that they work with would change, as Thelma expressed.

> Life's too short to be miserable, ya know?  So if you're not happy, I don't care if you're sitting there with broken bones, black eyes or if you're sitting there, 'I'm just not happy,' the whole different extremes to domestic violence, life's too short.   Figure out what is making you unhappy and make a change because we are here to give you your options.  One of your options is you can go home and continue with things the way they are.   That's your option – you can do that.   What do you want?  That's where I go into the 'what do you want?'  Well, I just wanna be happy.   Well, what does that mean to you? and then let's work towards that.   The goals and the dreams and steps to get you there and stuff like that.

Advocates often had to reconcile their hopes for the future of the individual survivor and a client-driven model.  Sometimes, this contributed to a sense of helplessness or lack of control in the work.  Advocates also try to anticipate that in a model based on empowerment, working with survivors will not be simple, as Renee put it.

> It makes you very humble.   And as you come out of it, you're like, ok I get it now.   So anyway, so hope keeps me going but there are those sometimes stark reminders that it's not so simple.   And that's actually taught me a lot because when I'm training volunteers and talking, I do some volunteer training, I will tell people kind-of the stark truth, I mean, it's wonderful that you're here, you are going to help people, but we don't make miracles here.

**Goals of the work.**

Advocates' hope for healing, change, growth, and safety contribute to personal and agency goals for work.  Client-driven work was largely endorsed by advocates in this sample.  Belief that survivors should control the interaction shaped many advocate's beliefs, as Rachel noted, saying "*My goal is that each and every time they come in that they reach whatever goal they had for themselves.*" Advocates have motivations to enter

and sustain themselves in their work, but also goals that influence their practices. These

goals are shaped by philosophical and theoretical beliefs about not only the cause of

domestic violence, but the experience of survivors. These aspirations were both personal

to the client situation, and for social justice-oriented advocates, also part of more macro

societal and cultural aims, as Rachel shared.

> I think for me, I think it's really what I was talking about is that I want for
> everyone that comes and seeks services with us to – and my goal is for it
> to be a process for them – is that we're not a one-time fix-it situation or
> we're not going to get this all done on my time frame or that I want to
> extend that support to them so that as they grow and develop and that it's
> an exchange of information back and forth, a working relationship, is that
> they begin to have change in their life – positive change in their life and if
> that means we are able to eliminate all violence from their life, then I think
> that is fabulous, but understanding that there's a spectrum there.

The concept of change was linked to goals of the advocacy work, but often in a client-

defined way. Advocates acknowledged that some survivors will return to their abusive

partners for a number of understandable reasons. Some advocates, particularly social

service-based participants, do have the goal that their clients will leave an abusive

relationship. Thelma talked about the struggles of working with people who might return

to the abusive partner, and how that influences the direction of her interaction with

survivors.

> But still we try to help them, so that's kinda all the extra stuff that we get,
> but as a victim advocate the things that we do is counseling with us not
> being a shelter here, we do do counseling with clients either crisis
> intervention clients, you know where you see them once or whatever, but
> we always try to encourage when people come in with a crisis, we try to
> encourage them to continue coming in, because let's deal with your crisis
> now, I know you need help right now, but also let's look why your
> relationship is at the point to where it is, so maybe we can work on that
> and fix that and if they're getting out of that relationship, let's try to work
> on you to build your self-esteem and stuff to where you don't end up in
> the same kind of relationship afterwards.

Other advocates, like Justine, explicitly worked with the expectation that a survivor may

return to an abusive relationship as part of her goals of work.

> Even if that means them going back to their abuser. Success for that client
> could mean that for a few days she felt cared for and she felt safe and she
> knows that we're here for her and she has a better sense that her partner
> abusing her is illegal and it's not okay.

> Goals for advocacy work depend on views about client self-determination and

safety issues, but also on the timing of the intervention. Advocates may change the goals

of their interactions based on where the survivor is at in terms of the relationship, or what

the direction of services are when they enter. The collaborative goal-making process

with a woman with a job versus a woman with no income was different. As a shelter

advocate, Justine related how the short-term nature of that intervention shaped her goals.

> And so it's hard for us to see the longer term movement that a client
> makes. Really, here in shelter our top priority is just to get folks out of
> crisis and increase their level of safety, help them get just a little bit of
> stability where they can just start thinking about what they want to do next
> because a lot of people haven't been able to make choices for themselves
> in the situations that have happened, and so I think that's mostly the piece
> that we do see. We don't really see folks here beyond that.

Longer-term advocacy interventions allowed for some broader goals. Bianca, an

advocate working with clients in a longer-term capacity, offered her personal goals for

her work.

> Seeing people succeed and seeing people go from their lowest point and
> needing help and having the patience and having the dedication to be with
> them while they reach their goals and become healthy and happy and
> independent again.

> The construct of hope emerged as a major goal for advocates in their work.

Instilling what one participant called "a hope structure" was a goal for some advocates

the broadly defines their work. Alma described her hopes for survivors leaving services.

> …we've been able to kind of shift out of that into more positive or resourced feelings, hopefully they're going to leave with something to think about, but also feeling hopeful.

In terms of goals of the work, a sense of hope was linked to client empowerment. Participants suggested that when survivors have more hope about their future, they feel more equipped to mediate the obstacles ahead. Part of how this happens was from support from the advocate, as Veronica described.

> I think my goal for being here is to empower them. I want to push so much love and self-esteem and whatever I can inside of them as long as I can. As long as they're here with me, my main goal is – I just want you to feel like you can do whatever you wanna do – anything and I guess that's my goal.

The main constructs supporting work done by advocates were shaped by beliefs about the cause of violence, adherence to certain theoretical frameworks for practice, personal motivations, and also the individual advocate and agency goals for their work. These constructs vary in influence based on the orientation the advocate had to her work- whether she was motivated by social justice goal to end violence or a desire to help people in need in a social service role. While constructs varied, practices were more consistent among advocates. These practices are outlined and discussed in the section below.

## Practices

### Assessment.

The assessment process, like many aspects of work with survivors, depended on the type of services survivors were trying to access and their individual needs. Advocates in this sample varied their assessment techniques based on the timing of the interaction. Survivors who were in immediate danger, needed shelter, or had pressing medical concerns had different needs than those who are seeking longer-term solutions.

Temporal factors shaped survivor needs, services requested, concerns and challenges, and

the level of support. They also shaped the emotional condition of the survivor, as Justine

explained.

> We have to I think always be looking at this spectrum of where clients are
> when they come to us. It could be the first time they've ever left; it could
> be after a life of abuse. And so what one person needs, another person
> might not need. So there has to be a full spectrum of services so when
> folks come, they can sort of plug themselves in to whatever they're
> needing at that particular time.

Shelter-based advocates assessed for basic human needs at the first interaction, as Rachel

indicated.

> What I train my staff to do and what I would do if I was downstairs
> handling the crisis which happens sometimes is that whether it be through
> our crisis line or a walk-up or they've been referred and now they're
> coming in for an intake, is the first thing we want to assess any immediate
> needs whether it be medical treatment, they need to eat, drink, just make
> them feel comfortable and then we work from kinda where they're at to
> gain information about them and their situation and exchange information
> about our program.

Advocates who work in shelters with time limits in particular felt the crunch to assess

client goals in order to have action taken towards leaving services. Veronica explained

that setting clients up for the short nature of the work begins at the assessment, or intake,

process.

> I assess the situation, I find out their goals, I find out their needs. My
> thing is I usually – I'll set three goals and we'll say, because we are a 30-
> day shelter, and the 30 days sometimes you look up and the 30 days is
> gone. I assess the things and I always tell them your short-term goals.
> When I say those short term goals would be within the next two weeks.
> Your long-term goals won't be in the next five years as you know most
> people say long-term goal. For here, this is going to be the next 30 days
> will be your long-term goal.

In order to facilitate goal-making and timing of interventions, advocates

sometimes used tools to help the process. Assessment tools were often provided by the

agency or state coalitions. These in part served to gather statistical data needed for

funding, but also as a guide for continuing work together. Shelby regularly used an

assessment conducted at the start of work with clients, but also to track progress over

time.

> We have what's called a matrix and it's really neat because it's a good
> tangible tool for the women to see too and it basically has all their life
> skills from education, income, health and nutrition, support services,
> parenting, things like that. And when they first come in we do an
> assessment so they're scored. Most of the time they come in in crisis, you
> know, but we have some that come in and they have great jobs and they
> have money and they have their own transportation. So their scores are
> going to be higher than others. And every week when they meet with a
> case manager and they set goals, and it could be something like to sign up
> for TANF or food stamps or whatever.

During the assessment process, advocates also wanted to gauge where the

survivor is in her thinking process about the status of her relationship. While advocates

had a variety of opinions about if their work should be focused on the termination of the

relationship, nearly all participants working in emergency-based settings wanted to

explore the survivor's thoughts about staying or leaving the abusive partner. Michelle

talked about how she uses her listening skills to determine the status of the relationship.

> Just getting to know them, talking to them. You sorta start picking up a
> little bit like if they're really, really ready – like, this is it, it's over and
> then people change over time, too, because sometimes they come really
> mad the first day, but then after four or five days, they kinda calm down,
> they maybe have talked to the person again and then they're sorry, so
> they're kinda – but I don't know, I think it's just a lot of talking and
> allowing them to tell you their stories and you kinda start figuring out
> where they are if they're thinking about going back or if they're really
> done. And especially, we've had a lot of clients in the shelter because
> now that I've been here for three and a half years, we've had a lot of
> repeat people and some of it, it's just going to take like that fourth or fifth
> time where they're finally going to notice it because now it's really
> serious, like he could kill me or whatever, and then they're like, no – and
> it's good, I mean, I'm glad that some people finally get to that point, but it
> just takes some people longer.

Advocates also wanted to be sensitive to the experiences of survivors and their needs

when they first arrive.  This often meant giving space to de-escalate, get accustomed to

new surroundings, and learn the expectations of services.  Advocates waited to gather

extensive information until more time has passed and the survivor has been able to reach

a sense of stability.  Implicit in this idea is that people who have experienced violence

may be traumatized, and therefore should not be rushed into sharing information or asked

questions before they have had time to rest, physically and emotionally.  Rachel

elaborated on how she shaped the work to be sensitive to time.

> And then on the third maybe fourth day is when we're diving a little bit
> deeper into case management and we do a (name of) assessment and a
> (name of assessment) to again assess some of those needs that may be
> there that we don't address because we don't have therapy available when
> we don't do any type of substance abuse treatment here, so – but we
> partner with agencies in the community that do.  And then looking at what
> are some of the immediate goals that that person would have for the
> upcoming week – what are we going to work on, what are they going to
> work on and then that evolves over the 30-45 days that they are here.

*Goodness of fit.*  An important element of the assessment process was to

explore the goodness-of-fit between the survivor and the agency.  This was done through

an exploration of survivor needs often by listening to people present their story and

picking out aspects that either the advocate or survivor identified they would need

assistance with first.  This happened by asking questions.  Advocates described the

services offered by the agency in order to orient the survivors to services and see if their

needs would be met.  Alma summed up this process.

> If I'm the first person meeting them, obviously we have a bunch of
> paperwork, and they have to sign, and I have to explain policies, and find
> out what they're needing, and make an assessment of what's the best match
> in our services for what they, where they're at.

Part of the reason the goodness-of-fit assessment is important is because it helps establish

what the survivor needs, and what services they should be matched to in order to make

the best use of time with survivors when possible, as Laura described.

> When you're dealing with mental health issues or an extreme response to
> the trauma that you've been having, then I need to draw in a therapist into
> that team approach with me to make sure that everybody's kind-of
> together and we're all working to make sure that this person is getting all
> of the necessary services in order to come out on the other side of this in a
> better position than where they started during the whole process.

Some agencies are unable to provide the services the survivors may need before

they can engage with work related to domestic violence, or any services in the agency's

umbrella.  Many advocates described situations where their agencies lacked services

needed by more vulnerable survivors, such as drug and alcohol treatment or mental health

counseling.  Mental health concerns that agencies felt unprepared to manage included

more chronic issues like bipolar disorder, major depression and schizophrenia.  Substance

abuse is another area in which advocates felt ill-equipped to help.  When faced with an

inability to serve a pertinent survivor issue, advocates often collaborated with other

agencies, as Rachel detailed.

> And because we don't provide mental health or counseling or substance
> abuse services, then we'll make good referrals for you so we can all
> collaborate, so that you can reach your goals in the program.

The majority of advocates sought to provide services to survivors that fit their

needs.  During the assessment process, goodness-of-fit between the agency services and

survivor needs was important, but also where the individual survivor is in terms of their

lives and goals.  The assessment process occurred in part to discover the needs of the

survivors when they present for services.  Assessment did not end after a few days of

services. It was an ongoing process that evolves as the survivor's needs change over the course of services.

**Survivor needs.**

Survivors have a vast variety of needs when they present for services. The needs range from basic survival requirements of food, water, and sleep; medical attention and treatment; emotional support and counseling; services for their children and help with individual challenges. Advocates used the practice of intake and ongoing assessment to explore needs. Rachel described the range of needs that may emerge in the initial assessment.

> So when we're doing these, we have the conversation and then we do both of those kinda simultaneously so we can look at the big picture and say, "Ok, here's your physical needs and your needs for safety and we understand that you don't have a safe place to stay right now and you may want to get a job and do all these things, but we also want to pay mind to this, these needs as well," because what we know and what our experience has been is if we address all of those simultaneously, you'll be set up for more long term success in reaching your goals.

There was some difference of opinion about which needs should be addressed first. Most advocates agreed that basic survival and safety comes first. There was a division of opinion about whether resource acquisition or focus on emotional and psychological support should come next. Gretchen was of the mind that emotional issues come first.

> That's priority, so the reality is that there's just so many people that need help and it takes longer, so while we're there, some of our clients can't work on a lot of real practical goals because their therapeutic issues are so big. So I have a couple where the therapeutic issues were so big, they really couldn't work on a huge amount except those, so that's what we would focus on. So if you can't work because you're really struggling, then let's work on making you feel better then. It's like let's work on the health, let's work on the mental health, maybe education, you know, we will put something in its place because if we give you something productive to work on, that's also going to help how you feel.

Justine approached her work in shelter as more focused on resource acquisition and

"basics."

> **…**the ability for folks to go around in the community and get what they
> need. And I'm not talking about frivolous stuff, but just basic things that
> people deserve. Good quality housing, you know. Safety for their kids
> when they go to school. The ability to have enough food in their home to
> feed the family. The ability to make a wage that allows them to live in a
> reasonable way. The ability for folks to go to school who want to go to
> school. For folks to have quality childcare. Folks to have quality access
> to law enforcement when they reach out. You know, we serve people who
> call 9-1-1 and they get a response from someone who doesn't even speak
> their language. So, for folks to have quality resources in the community to
> meet their basic needs. So many folks don't even have their basic needs
> met, and that's just… that's not right.

One of most common needs identified by advocates was support, particularly from peers.

Advocates reflected on the isolation experienced by survivors and the power of

friendships to help address some needs. While there were many headaches associated

with the communal living experience in shelter, one of the main types of needs of

survivors may be met in the support of the community of other women. Dawn described

the kind of support survivors can get in shelter.

> We call it a sisterhood and you know, that's what's we would like to see
> happen. Let's all support one another. We all have different situations but
> let's be supportive and not disrespectful with this and there are going to be
> lifelong relationships that come out of the shelter. We've known past
> residents that are still friends today from ten years ago, and they met here.
> So it can be a good positive thing. They work together and cook their
> meals together.

The needs of survivors range from basic resource-driven help, to emotional

support, and access to supportive others. Many of these needs are centered on the

experiences of survivors who are also experiencing economic hardships, and poverty.

While advocates worked with survivors at all ranges of economic status, many of the

most pressing needs were due to a lack of funds or resources. This shaped the landscape

of services to survivors and put an emphasis on safe housing. One agency had a

specialized housing advocate to help survivors navigate the different government systems

and local programs. Resource and emotional support, coupled with a focus on safety,

made up the bulk of survivor needs. Alma summed this up as the "DV basics". Along

with supports and resources, another core survivor need in DV basics was education.

Participants like Alma described the educational needs of the survivors to be ones that

helped them to learn about different programs and services, but also about domestic

violence in order to increase personal awareness.

> They need information. They need access to services. Sometimes they need resources. They need to be able to pay their rent and find out how to get food so they don't return to the batterer. So all of those hard core DV basics are still on the line here and they also ... that may or may not be what the person is presenting with. What everybody also needs is, help ... So I throw in lots of psycho education. I throw in lots of information. Sometimes people are coming in in crisis and what they really need more than anything is information on protective orders, safety planning, you know, your DV basics, so that's one thing people need.

More social justice-based advocates were concerned with offering education that is

empowerment-based, and assumes that survivors have skills and experiences that can

provide a base for change. Renee described a moment of awakening about "educating"

survivors.

> It reminds me of an anecdote – I was at a training about a year ago amongst people who do financial education programs and we were talking about this and that and trying to figure out how to get people to save and blah, blah, blah – finally somebody said, "you know, we're talking about these people, our students, as if they had no skills. I challenge anybody in this room to live on $1,100 a month and get everything paid and not be in debt." And we all went, "yep, ok." So who's got the skills? And who doesn't? So, again this – I said this in the beginning – I think it's really important for us as advocates and myself to say to people, "You have skills – you clearly have survival skills. You would not be here, but if you are here, it means that you are feeling like you want to improve and gain some other skills."

The practice of assessing survivor needs and perhaps providing "DV basics" means a

series of activities aimed at addressing needs, ongoing goal-setting and assessment, and

above all else, safety planning.

**Safety Planning.**

Safety planning was referenced by virtually all of the participants in this sample

as a technique used not only in assessment, but in order to guide work with survivors and

help to set goals for the future. The goal of most safety planning is to increase attention

aimed at physical and emotional protection and to anticipate potential lethality. Safety

planning also includes an analysis of the abusive partner's behavior. Advocates with a

more social service orientation to domestic violence approached safety planning with a

list of tasks to be achieved by the survivor to work towards safety. In addition, safety

was a concern that motivated shelter policy and procedures. Safety planning embodied

the work done by the advocate and survivor to anticipate possible set-backs and

challenges, especially in leaving the relationship. Gretchen described one style of safety

planning.

> Ok, we do that kind-of individualized. One of the things we're gonna
> look at is was there stalking in the relationship? We're gonna kinda go –
> there's a questionnaire we do, I think all the shelters do a danger
> assessment and says, 'was there attempted strangulation? Were there
> death threats? Were there weapons used? How serious had the violence
> progressed? What was the level of fear?' and then you kinda base the
> safety plan on that. Most of us start out with a real basic one that says,
> 'ok, we have a sign-out book for safety. You tell us where you're going,
> where you're going to be, the address, the phone number, when you're
> going to be back. If you're not back, then we're gonna start calling and
> looking for you and then you give us a list of emergency contacts, if we
> can't get ahold of you, we'll probably call the police department and say
> that we're missing one of our clients, we're not sure they're safe, but they
> have a history of domestic violence and this is the abuser's address and
> you know, maybe we have a reason to believe the client is there and can't

> leave, could you check on them?  Could you just have a look-out, if the
> officers see them, they contact us.

In a more social justice-oriented model, safety planning is individualized, particularly in

regards to the tactics used by the abuser.  This includes what some advocates called a

lethality or danger assessment, as Gretchen described.  Safety planning also includes a

component focused on survivor behavior, and an expectation that the agency helps to

monitor their safety by keeping track of their whereabouts.  The approach to safety

planning differed based on the service philosophy of the advocate.  Rachel described a

gentle deviation from this model that is based in more of a social justice perspective of

"meeting."

> We do different levels of safety planning because when someone's in
> crisis, we want them to be able to hear us and kinda meet them where
> they're at.   So if we have somebody – and our initial planning sheet is
> pretty short because the intake is a lot of paperwork, it's overwhelming.
> The first 72 hours are   just exhausting, especially if you have young kids,
> so we do a brief at our recommendation is that they stay at least 48 hours
> in shelter, especially if there is any recent violent incident because of the
> risk of them returning and things escalating again is higher during that
> time frame and we go over some basic initial – here's how to keep
> yourself safe in shelter and when and how you would keep yourself safe if
> you returned.

Safety planning is a dynamic and evolving process based on the idea that steps can be

taken to work towards a life with reduced incidents of violence.  This practice occurs in

an assessment phase, but is ongoing based on survivors' needs as they grow and change.

Safety planning is guided in part by belief about the personal agency and level of control

the survivor should have over her actions, especially when she is in shelter, and the status

of the relationship.  Safety planning may include preparing a bag for leaving, gathering of

important documents, or accessing legal support.  As both Rachel and Gretchen noted,

may be influenced by exploring the history of violence in the relationship and the

behavior of the abusive partner. Safety planning is a preparatory and preventative measure that may mean tracking the movement of the survivor, but also can be a more collaborative tool based on information gleaned from the assessment, as Rachel indicated. Safety planning as a common practice emerged from the participants as one of the most common tasks of advocacy work.

**Reaching out.**

A common practice used by advocates and domestic violence agencies was to reach out to the community to help address a survivor need. Outreach is in part a function of advocacy work that serves to educate the community about domestic violence and the experiences of survivors. It is also a means to partner with the community around increasing capacity for serving survivors. Justine outlined several of the important aspects of outreach work.

> Recognizing where the gaps are, and then a willingness to collaborate with folks on filling those gaps or finding a way to get funding to create a program or service that doesn't exist; that kind of forward thinking about where you're going so you don't become stagnant. It's such a big question, you know. The agency has to be really dedicated to these issues and toward educating staff and not just thinking that staff should be working all the time with clients but this agency really believes that we have a lot of information and it's important to go out into the community and share that with other agencies and you know, it's really important to be collaborative. So I'm sorry, it's just such a big question and there are so many…

Outreach can take the form of collaboration between the agency and a community partner, often to meet a need that the domestic violence services cannot. Gretchen described a collaboration started to address the mental health needs of survivors in her area.

> So, I know, I think that is absolutely awesome and this started in like ten years ago. When the counseling center was new and needed customers,

right?  They had this great deal where you sent them people and the majority of our people are probably going to qualify for Medicaid at some point in time or some kind of insurance so then they'll be able to bill through that, but then there's also a significant number of single adults who come in who don't quality for any of that so it really helps them, but we've had this agreement for ten years and it just keeps getting renewed and it's benefiting us, I don't think they need the agreement anymore, but we do and we send them lots of customers, so there's a lot more people that need help that are getting connected to it and it does cost us, but we try to factor it into the budget.

Outreach happened in part to make the environment more friendly to the specific needs of survivors, but also to help them gain access to inaccessible resources.  Many resources, such as professional services, are not possible due to financial reasons.  Michelle talked about an outreach collaboration to help survivors get legal assistance.

...we recently, like at the end of last year, got a grant for and so they kinda created this position because we never used to have this, we used to just sort-of give people a list of like, here's some legal services, go out there and find them.  But they kind-of got a special grant just to be able to provide legal services for people and they look at it and for us to have our own attorneys would have been astronomically expensive, I think, and so they didn't think it would work that well, so they got another partner into the grant with them – so they already have attorneys at that agency, so then that way it just worked out.

Collaboration with other agencies, like the pro-bono legal clinic Michelle described, helped to gain access to services for survivors that might otherwise be off-limits, but also secure grant dollars aimed at outreach work.  Other important outreach activities referenced by advocates included partnerships with schools aimed at violence prevention, community education, and healthcare.

**Innovations.**

Advocates engage in ongoing education, training, and evaluation practices aimed at innovations in their practice.  Innovative practices in this sample of advocates represented practices that were evaluated, altered, changed or ended in order to better

serve agency goals, survivor needs, or work towards the advocate's personal goals.

Laura's agency recently embraced a new practice model advocated by the state coalition

that aimed to better serve survivors with traumatic responses to abuse.  She explored how

she will marry her empowerment perspective and this new theoretical framework,

trauma-informed care.

> Well, early in my practice, before I worked here I was taught to use an empowerment model that the entire time we're with a client, we're looking for ways to positively empower them so they can begin to take back their power and feel like they have more of a sense of self to take back from that situation than they did, but now is a movement we're moving towards trauma informed care.   I think that's the new buzz word that they're using and I've found the neatest chart that one of the coalitions put together that demonstrates where empowerment model and trauma informed cross over into each other so that was kind-of neat because all of my education came early on from the training I got in (another state) on the empowerment model when I first started doing counseling which is all about drop the self out of it and look at this person and recognize that the choices and decisions that they make help them survive the circumstances that were thrown at them.   So do we think substance abuse is a good thing?  No.   Did this person have to do what they did in order to survive the moment they were standing in?  Absolutely.   So in that matter, they were empowered by making that choice.   Today, we have the opportunity to teach you some other tools that would help you replace that behavior with something – if you're ready to replace it.   If you're not ready to replace it, then we probably need to focus on something else before we focus on that because you're not ready to replace that.

Advocates in both states in this sample mentioned the importance of the state domestic

violence coalition in helping to bring practice innovation to the agency and increasing

advocate education.  In one state, a major movement by the state coalition to reduce the

amount of rules in shelters had been mounted.  Justine discussed the reflexive process the

agency staff underwent to analyze their own use of power and control with the help of the

state coalition.

> And we began to identify so many things that weren't as client focused as they should be. Things about curfew, things about rules here in the shelter and stuff like that, and so I'm really feeling that the time I've been here we've gone from having really good intentions and also being "controlling" of the clients and our expectations of them, to an empowering place. You know, our clients are adults, they are in charge of their lives, and we need to be respectful of that in every action, to make sure that we're not replicating some kind of power control thing that they came from, even though we have good intentions! So I've seen us on that journey, as an agency, going from doing that to doing much better, in my opinion.

Moving away from mandated services to a voluntary model was a theme in practice in both states. Bianca discussed a switch from a model where services were mandated and survivors must partake to a voluntary approach where clients access what they need, when and if they need it.

> I try to get with them as soon as they've decided they want a case manager; an advocate. It is voluntary now, beginning January 2013 Agency made the decision to change the model a little bit for advocacy services from where it was required for a shelter to work with an advocate and have goal sheets and service plans and work on something while they were here. Now they kind of have that choice; they put it back on the client's hands where they can choose to say, "I really just need to take this time to be safe and heal, think about what my next step is," or "I don't need help, I can go back home, I can go live here, I'm re-locating, this is just a transition space I need to live in" versus "Yes, I don't know what I'm going to do, I lost my husband or partner, I'm scared to go home" or whatever and "I've got to start all over again" and that can be really scary. So for those clients, our program can come in if they're referred and we'll meet with them and just kind of see where they're at.

Advocates also undergo evaluative practice aimed at better understanding and meeting the expressed needs of the people they work with, often times in order to assist them in meeting their goals. Laura discussed the reticence of some survivors to broach topics with advocates for a variety of reasons including shame, lack of awareness, or personal protection. In order to conduct a more rounded assessment, her agency created "topic sheets".

> So it's really all about assessing somebody where they are in that moment. For domestic violence victims and sexual assault victims, we usually have a topic list and the second time that we meet with them, we get them to kind-of discuss with us what they want to see happen next.

Topics sheets are used by the survivor. The survivor circles items from a list of topics provided to them by the advocate shortly before they meet. The topics come from advocate experience about the most commonly asked questions and are updated regularly by the agency.

Another method aimed at gaining better understanding was rapid engagement with the client centered on building rapport, as Ellen described.

> So we try to get them in as quickly as possible. During the interview process we're not just talking about how much income you have, where are you living, we're not just talking about those things. We're talking about, "What kind of goals do you think you might want to start working on?" So we want to start working with that client as soon as we determine they are eligible for our program.

Some transitional and permanent housing agencies, like Ellen's, begin case or advocacy work with clients not when they enter residence, but the minute they are placed on the waitlist. Waitlisted clients, especially in transitional housing, can experience a lag in services of 3-6 months, so one agency addressed this time by beginning work with the survivors right away. The impact, as reported by advocates, was that survivors were able to obtain supportive services in the community.

Advocates used many other innovative strategies to engage with survivors and better meet their needs, including art and craft projects; training on new methods of client interviewing; programming based in expressed client needs or desired skills; and collaboration with other agencies and systems. Many of these innovations were introduced through practice evaluation or the coalition. Advocates expressed a desire to

have increased access to resources and research about best practices working with this population, especially survivors with alcohol and other drug addictions and severe mental health.

**Reflection: in her shoes**

A final practice referenced in the sample by advocates was the use of personal reflection and empathy building to imagine the experiences of the survivors. This technique helped participants to "walk in the shoes" of the survivor to understand needs and concerns, but also the client experience in services. Michelle talked about how she used this kind of reflection.

> I don't know if I have a particular approach, but I mean, I guess, I just try to put myself in their shoes a little bit and I have been at some point, so I kinda understand that – that a lot of them are really fragile in the beginning and you just have to sort of tread lightly and I try not to ever give anybody any ideas about what I think they should do because I'm like, 'I know what I think,' but you need to make these decisions for yourself and – I don't know – I mean, I always try to have a gentle nature with them, I guess, because so many of them are really fragile in the beginning – they don't even know what they want to do, they're just kinda all over the place so I just try to listen and kinda be patient and stuff like that.

"Treading lightly" meant avoiding judgment in an attempt to understand why people made certain decisions. Refraining from judgment helped to build understanding, as Veronica remarked.

> To me, empathy is the biggest thing because you have to be able to put yourself in that same position in order to kinda like understand it if you – I don't know – and don't be judgmental. Golly, now that irritates me – I don't like the judgmental – I don't and everybody around here knows that it makes me mad, but you know – I just don't like it. Be patient, non-judgmental and be kind.

Reflection on the survivor experience helped to not only build empathy, but increased patience about progress that was slower than the advocate would move on her own.

Patience was ranked as a critical skill by this sample for new advocates coming in to the work, as well as a lack of judgment about the actions of survivors. Participants reflected on these services and expressed concerns about how survivors feel about what the advocate does in the interaction, and how well services fit with their personal values.

Reflective practices also meant that the advocate considered her own personality. Contemplating their personality traits and approach to work helped advocate's assess their strengths and weakness. Ellen examined how her personality was embodied in her work.

> That's a good question. I think when we sat down for this interview I told you that I'm very open and that's how I approach every client that I work with. So I kind of feel like I'm a very intuitive person and I'm a feeler. I feel everything. So sometimes that's good, sometimes it's not. But it keeps things real and I like that. So when I talk to my clients, I kind of meet them in that space and sometimes I share where I've been and that I've been in their shoes because I think that helps them understand and know that I'm not just some person that has no clue about what they've been through.

While reflection helped to better understand survivors and evaluate the use of self, it also helped advocates to create empathic connections by "meeting in their space" as Ellen stated. This established rapport, but also helped the advocate to understand and monitor personal boundaries and triggers. Boundaries and triggers emerged as a critical topic when members of the sample discussed advocates that had histories of violence and were themselves survivors.

## Advocates as Survivors

While not a practice or a construct that determines service delivery, survivor status, or any history of intimate violence was revealed as a major factoring influencing philosophy and approach to advocacy work in the domestic violence agency setting.

Eighteen members of the sample of 22 women disclosed they had either witnessed domestic violence as a child in their home, been abused as a teen or an adult in the context of an intimate relationship or experienced a sexual assault. Many of these participants had experienced two or more forms of violence. Survivorship by advocates was highlighted in many cases and increased identification and ability to empathize with clients. Veronica saw her experience as a major asset.

> I can connect, I can relate, I can – I have the empathy because I know, you know what I mean? Sometimes I'm not gonna lie – I look across from me and I see me. I see me. And I know about all the transfers, the counter-transfers and all that stuff. It's hard not to when you look at somebody and you see yourself ten years ago or 15 years ago, you know what I mean? And I think it makes me better at this position because I don't just – I don't just know the things that I've learned in school. I don't just know the things that I've read about. I actually do know firsthand some things about the whole situation and what could possibly be going on and ok, I relate to that.

A few participants were called to the job because of an interest in social justice or woman's work, and became aware of their history of violence through their advocacy work. Renee shared the evolution of her thinking.

> And there's been an evolution over the years because like I said in the beginning, I barely identified myself as a survivor. Now I do, but depending on who I'm talking to, I don't – well, I don't make a big deal out of it and depending on who I'm talking to, I may even throw in, "Yes, I'm a survivor, but it was a short-lived experience," which it was and I found it interesting because I realize that as short-lived as that experience was how much it impacted me, so sometimes I will say that even to survivors when it's appropriate and say, "I can relate on a certain level because this happened to me, but mine was short-lived and not terribly violent and I know how much of a toll it took on me, so I can only begin to imagine what you're going through. And you know – that it might take awhile to heal," so I, so there was that process and then over the years of doing these workshops and doing, and continuing to heal myself, I realize how long it takes to heal. Because it took me years to really, really regain my self-confidence, my sense of self-confidence which I've had most of my life until right around those years.

Connection with the issue on a personal level was seen as both helpful, and hurtful to

advocates who were survivors.  Advocates struggled, especially early in their career, to

create boundaries from their personal experience and their clients and to avoid being

triggered by client stories.  Rita, a survivor of dating violence and an advocate, talked

about her experience with triggers.

> Oh yes, definitely.  In the beginning, you know, years ago I was very
> scared because I guess it did just bring up a lot of the emotions that I had
> and I knew I had to heal from what I had experienced.  So it was hard and
> I used to cry with the victims and I don't know…  Not that I don't do that
> anymore, because some cases are very touching, even on the hotline when
> I've talked to someone and I hang up and I'm crying because I really want
> to just get in my car and go save someone! [laugh]  I think we all go
> through that! But you know, just being able to offer more and more
> resources and really know what I'm talking about because I was a survivor
> and I've been doing this for so long that I guess it comes natural.  And I
> guess people, clients, do sense that, when you're not being honest and
> you're just doing a job versus "oh, you really care about me and you do
> want me to be in a better place."  I don't know, I just feel that way.

Coworker and therapeutic support was one of the major resources used by advocate

survivors to manage triggers and hardships associated with their work.  Bianca reviewed

her thought process on working in domestic violence advocacy and taking care to be

mindful of her survivorship.  Coworker support acted as a buffer to some of the triggers

particular clients may bring.

> I think there is a difference.  I think that maybe the compassion level is a
> little different or in some cases the opposite.  "Well I overcame that and I
> left and I started all over and if she really wanted to, she could."  So in
> certain areas as an agency we're very sensitive to that.  Anytime that
> someone identifies as a survivor that's definitely a question that can come
> up.  "Is this going to be a good fit?  Are you ready to work?" Because on
> the flip side, when it comes to self care as a person you can be triggered by
> stories and you can feel like all you do is talk about something that
> happened to you too and that can be traumatic! So I think I'm really
> careful to process whenever I need to with my manager or co-worker if
> there's a really tough story and I know that maybe I'm reacting to it more

than someone else might.  It's good to check in with someone and just kind of share that.

Along with possible triggers, boundary problems were a concern for some, especially among those in sample who stated that they did not have personal experience with domestic violence.  For example, Brenda simply stated "*Workers (here) should not be survivors.  They have too many boundary issues.*" While advocate-survivors voiced concerns about their ability to mediate the possible challenges of working with other women who had experienced violence, more concern was voiced by non-survivor advocates.

While triggering and boundaries were raised as a concern for survivor-advocates, there were some perceived benefits.  Benefits included identification and empathy with survivors and the ability to provide a model of success in gaining and maintaining a sense of freedom from the violent relationship.  Rita viewed her survivorship as a strong asset to her work with clients.

> I do identify with them.  I think it's… being a victim of domestic violence and sexual assault is a very difficult thing to deal with.  You feel very isolated and hopeless, I think and I do identify with them.  I was a teen mom, had three kids by the age of 16, so I had a very rough upbringing.  I feel that if they have the right resources necessary, most of them will move on and try to be in a better place.

Survivorship was viewed as potentially helpful to being able to link clients with the right resources.  In addition, it offered a perspective that was rapport-building, especially if the advocate had received services herself in the past.  Ellen was once a client of the agency she currently worked for, and talked in depth about how she used this experience in her work.

> But I kind of developed this little visualization exercise. Like I would share my story and I would talk to them about the metamorphosis that took place in my life, and I referred to myself as a caterpillar and that, when I moved into (agency), I was the caterpillar and (agency) was the cocoon and just that safe environment that allowed me to change into this butterfly, and when I moved out of (agency) I had wings but I really didn't know what to do with them. I really wasn't in a place where I could soar as soon as I moved out of the agency. It wasn't instantaneous, but it was part of the process. And so I shared that visualization process with them, that exercise, and had visualize themselves right where they're at and then meeting them there. Just, you know, one thing that was really important to me was really creating a connection with those women. So I had everyone stand up and hold hands and you know, I just looked at each one of them and told them the things that we shared in common and how connected we are and how you know, we all should be there for one another.

Advocates shared their victimization experiences in order to make connections or help dismantle power differences between the "client" and "worker" in order to build commonality, as Ellen suggested.

Survivorship provided a motivating factor for entering and staying in the field. The work was described as difficult, low-paying, and physically and emotionally stressful. Agency conditions varied greatly, but advocates reported some lack of resources and supports to get the job done. Despite these challenges, survivor-advocates expressed motivation to work in the field because of their personal history. Nearly every single person in the sample who had been in the field for 10 years or more was a survivor or child witness. Camila disclosed her motivation for continuing the work as being rooted in her experience watching her mother.

> I wanted to be, my dream goal, my dream job was to be a bilingual advocate and to help and be out there more for the Spanish speaking population because there's not a lot and I'm thinking about a lot of my mom because she had to struggle and I know if somebody that spoke her language that could relate to her, I feel like she could have seeked help

more and so that was one – that was one of my many passions, I have a lot.

Rita described almost a sense of duty to provide support to other survivors.

> You know, I guess when you kind of get a little sidetracked and you see women and how they struggle with being independent and getting all the assistance they need, it kind of makes me realize how far I've come along and just reminds me to remember where I was at one point and it helps me to understand that I have healed and that I'm in a better place now. And it also motivates me to try to help them so they can one day feel the same way that I do now. That's my goal.

Michelle, a survivor-advocate working in the field, acknowledged that even with these motivations, burnout and "hardening" was still a concern.

> I've seen some advocates and some people just in general that work in domestic violence programs get hardened over time, but I try so hard not to let that happen even if you get frustrated or whatever with one particular client, I don't want to let that pan out to ever other client because everybody's different and I just try not to let that happen. I don't ever want to get to the point where I'm hardened like I don't care if you're crying or whatever. I don't want to be like that.
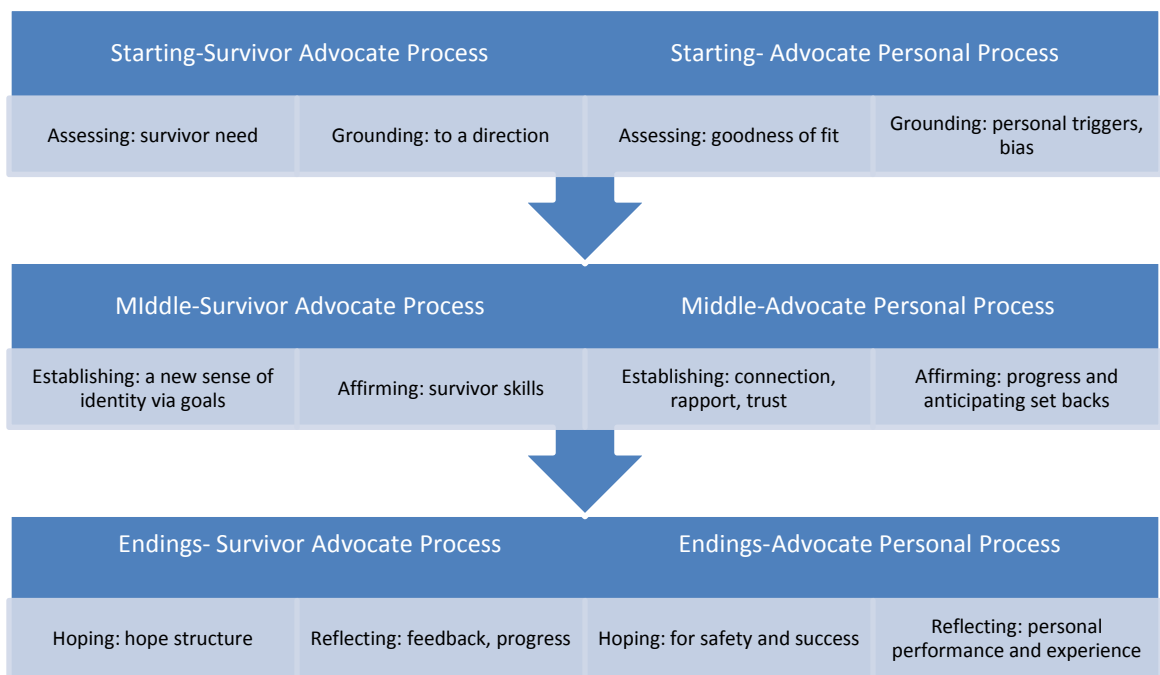
> Survivorship influences practice, both positively and in more challenging ways.

Non-survivors expressed concerns about boundaries. Survivor-advocates disclosed problems with triggering and occupational stress, or hardening. However, the positive impact of survivorship on work practices was reported by much of the sample. Increased identification and motivation, as well as positive modeling of success and healing all were cited as pluses contributed to the field by survivor-advocates. In addition, especially among social justice-based advocates, a history of domestic violence or sexual assault was seen as a joining factor that helped to reduce power and increase connection. While potentially both positive and negative, survivor status of advocates did have some influence on the constructs and practices guiding direct services work in domestic violence agencies.

**The Process of Domestic Violence Advocacy**

In the constructed grounded theory emerging from the data, the process of providing domestic violence advocacy emerged as a parallel process. The advocate provides services to survivors with a set of practices and constructions while also undergoing a personal progression of events and ideas that prepare, inform, and maintain her work, as well as safeguard against disappoints and personal triggers (See Figure 1).

Figure 1. Advocacy Parallel Process

| Starting-Survivor Advocate Process | | Starting- Advocate Personal Process | |
|---|---|---|---|
| Assessing: survivor need | Grounding: to a direction | Assessing: goodness of fit | Grounding: personal triggers, bias |

| MIddle-Survivor Advocate Process | | Middle-Advocate Personal Process | |
|---|---|---|---|
| Establishing: a new sense of identity via goals | Affirming: survivor skills | Establishing: connection, rapport, trust | Affirming: progress and anticipating set backs |

| Endings- Survivor Advocate Process | | Endings-Advocate Personal Process | |
|---|---|---|---|
| Hoping: hope structure | Reflecting: feedback, progress | Hoping: for safety and success | Reflecting: personal performance and experience |

In one process, the **advocate and survivor collaborative** process, the advocate acted in collaboration with the survivor on her self-determined goals and challenges. In the concurrent process, the **advocate personal** process, the advocate undergoes a reflective process aimed at her feelings and performance at work. Both of these processes are marked by a flexible, temporal structure of beginning, middle, and endings.

The start of the work was marked by assessing and grounding.  The middle of the work involved establishing and affirming.  The end of the work included hoping and reflecting.

**Beginning.**  The start of work is marked by assessment.  In the assessment phase, the advocate is not only **assessing** the survivor's needs, but also the goodness-of-fit between the agency and those individual people in need of service.  The advocate wants to help the survivor inventory her needs and assess if the agency will be able to meet them.  Thelma shared how she uses a needs assessment process to assess for goodness of fit.

> Even when people call me on the phone and they spurt out all this information and you're trying to figure out, "what do you really want?" And I think that's a good question to ask them because as soon as I know what you want, not what I want, but what they want, then we can work towards that.  Now, if we go back to the people that want the hotel rooms for the weekend, that may be what you want, but that's not necessarily like attainable, so let me figure out some other things for you.

If the fit between needs and agency services is a positive one, grounding may occur next in the starting part of advocacy work.  The **grounding** phase allows the advocate to set a sense of direction and goal setting for the survivor, and also oriented herself to the particular person and reflect on any triggers or individual bias or concerns with the particular survivor.  Veronica uses the needs of her clients when they first come into services as an illustration of grounding.

> First thing I do is let them breathe.  Usually when a lady comes, it's a learning process.  It's – they need a break.  Usually within the first week, we're not pressing our rules and of course, we do have rules – we have policies and procedures, but we're not in their face, like you have to do this, you have to do that.  We're trying to give them a little resting period because of – sometimes they come from very, very traumatic situations, they're traumatized, and usually on our initial encounter- when they meet me face to face – anything I say to them – they don't hear.

**Middle.** The middle of the work is marked by establishing and affirming. In the **establishing** phase, the advocate is actively assisting a survivor-driven process to gain and maintain a sense of physical security, emotional safeguards and ultimately a new sense of personal identity. Emily remarked on the power of reestablishing a sense of self.

> A lot of times just helping the women rediscover who they are because they've spent "x" amount of years depending on their history with someone who has demanded that they be a certain way for them and so we do a lot of that, I guess, rediscovering self.

During this process of advocacy, the advocate is personally seeking to establish a mutual connection for a lasting working relationship while also creating boundaries. While this happens between the advocate and survivor, the advocate may view it as part of her work role to instigate the connection. In the **affirming** phase, the advocate reassures, encourages and aids in the empowerment of survivors to achieve goals, establishing a new sense of self free from the abusive partner. Veronica talked about her use of affirmations.

> I like to empower them in any kind of way possible that I can make them feel better or to make them feel – I'm like you can do this – yeah, it's hard, it's always gonna be hard, but you can do this. You got this – put your head up, you got this. I build these relationships with my ladies and I love it because all of them are comfortable and come in and so far I haven't had any issues.

The survivor collaborates with the advocate through work on emotional and mental health, to increase her resolve to work on her goals. The process occurs as the advocate highlights survivor strengths to meet her goals. Renee talked about how rewarding this transformation can be.

> It's not a miraculous change, but she – you know, "I feel more confident," "I feel like I have some goals," "I know where I'm going," and then so there's that sense and then the other biggest thing I hear is "I can say no," and even more so amongst our immigrant, Spanish speakers, I should say

because I do a group in Spanish and one in English.  I have immigrants in
the English group as well, but consistently amongst the Spanish speakers,
so Latin/American immigrants, I hear one of the biggest things they
learned was how to say no.

The advocate in this phase is also anticipating potential setbacks to the service goals and

plans and using the support of coworkers, agencies and community partners to help her

clients.

**Ending.**  The ending parts of advocacy are marked by hope and reflection.  In the

**hoping** stage, the survivor and advocate are at work building a hope structure and

preparing for a change or termination of services.  Renee reflected on how she used hope

to focus her work.

It's the hope that something's changing and in my personal case, I think
the hope is because I'm working with women on the looking-forward
future, looking into the future so they're in my program because they have
left, at least for now, and they're moving forward and it's a very positive
thing.

 The advocate is also using hope to wish for better or best outcomes for survivors, and

wondering about those who returned to dangerous or unknown situations.  Rita shared

how it is hard to sometimes not know the outcome of interactions, especially in the face

of crisis.

I love what I do at the hotline because they are in crisis and I love being
that person that gets to talk to them and say, "You do have options" and
"You don't have to have sex with your husband because you're just
legally married, that's called rape."  And just educating people, you can
hear them just absorbing that information and just saying, "You know
what, I can do this.  There are resources, there are options."  It might not
be easy.  Sometimes I hear people that are crying and they're really in
crisis, and then they hang up the phone and I don't know what happened at
the end.  So that's something I still deal with.  But just trying to make that
call as if it were the last call, and just always trying to give them as much
information as I can.

In some cases the advocacy process reaches the **reflecting** stage, where survivors provide feedback about the services they received and the impact of advocacy. Advocates reflect on their own practice, teasing out areas for potential growth, and shed light on their own personal journey in the field. Gretchen elaborated on the sustaining impact of feedback and success from survivors in her work.

> I feel like I have a great deal of empathy for the clients that we have and I'm really motivated to assist them, but I also celebrate their little steps, the progress they make, they don't have to make really big ones to impress me, the little ones are good, too, because they matter. So I'm getting positive feedback, but I think that that really had something to do with the longevity here, that in a way it was training for how to handle trauma.

While not every advocacy interaction discussed among participant interviews directly mirrors this process, these steps are taken by many advocates to conduct their work, especially among those with a more social orientation to their job. The process of providing advocacy services does indeed, involve both personal reflection and skills, as well as use of collaborative measures to meet a variety of goals.

**Chapter Five: Discussion**

This study examined the process of direct services, or advocacy activities, for survivors of domestic violence by exploring the constructs, practices, and experiences of people working with survivors of violence. Twenty-two women in two states participated in recorded interviews with the researcher. The recordings from these interviews and memos written by the researcher became the data that produced the findings to answer the research question, and produce a constructed grounded theory. The findings emerged in three categories: A storyline of careers in domestic violence advocacy, theoretical and philosophical guiding principles, and actions and behaviors connected with this kind of work.

The sample in this research is similar to other demographic data collected about advocates. Previous research indicates the typical domestic violence advocate is a white female, between the ages of 22 and 55, with a college degree. The average time in the field is from 6 to 13 years among full-time workers (Babin, Palazzoo & Rivera, 2012; Baird & Jenkins, 2003; Bemiller & Williams, 2011; Lehrner & Allen, 2009; Slattery & Goodman, 2009). Most employees have at least a bachelor's degree (Roberts et al., 2007). In this sample, the majority of workers had an advanced degree. While a majority of participants indicated their race as white, 8 did not. All 22 participants were female, and their ages ranged from 22-70. The majority had been in the field for five years or more.

**Motivations**

The storyline of entrance to the work of direct services for domestic violence survivors had two major themes. The most prevalent was a social justice orientation to advocacy. Advocates motivated by social justice described feeling called to the work by

either an interest in feminist or human rights-based work. Often this was coupled with a history of abuse, either for the advocate personally or of a family member. Advocates typically entered the line of work for these personal and political reasons and sustain their sometimes stressful work lives by their motivations to end violence, increase services to survivors, and perhaps change cultural norms. The prominent negative case in the sample was the storyline of a social service-based advocate, who does not necessarily feel drawn to the work by political or personal reasons, but is motivated to help people in crisis. These advocates are usually drawn to domestic violence work through the individual agency reputation or by empathy for the population. Neither storyline is mutually exclusive. While advocates may enter for personal motivation, they might develop clinical skills along the way that professionalizes their work. Likewise, advocates who enter with the intention of taking a social service job in a domestic violence agency may also become aware of the problem of violence in their lives once they learn more about abuse.

The literature review undertaken before completion of the dissertation study revealed that advocacy practice was complicated by a lack of agreement about the motivations of the work. Wies (2008) and Lehrner and Allen (2009) noted that the driving factors and goals of advocacy work differ by the orientation to the issue of domestic violence. Both Lehrner and Allen (2009) and Wies (2008) found tension in the field about the rise of professionalization, practice models, and thoughts on the focus of the movement. As work in domestic violence has moved away from a collectivist feminist model, the focus on a mental health and case management-based approach has increased. This has created some division among people working in the field concerning

what should motivate the work of domestic violence advocates. Are domestic violence services an extension of social work and social services? Should they occur in criminal justice, health, mental health, and child welfare? Is it a feminist movement? Is it a human rights movement? (Goodman & Epstein, 2008; Lehrner & Allen, 2009; Wies, 2008). This conflict was evident in the current research. Advocates tended to be oriented to a quest for social justice for survivors of partner violence, or much more rooted in a social service model of helping people. This research enhanced the existing literature by offering insight into the importance of motivations in shaping the advocate's ability to stay in the field long term, and navigate the impact of providing services and changing treatment models. Motivation to enter the field may extend from both a personal and political position, but motivation to stay stems from belief in the importance of providing advocacy services and the possibility that one day, the advocates would be "out of the job," as Alma said, because there would be no partner violence. Hope to end violence on a personal and societal level transcends these tensions and is a force keeping advocates in their jobs.

Motivations also provide important guards against stressors of work life in the shelter setting (Bemiller &White, 2011). Arnold and Ake (2013) bemoaned the continued focus on division between grassroots or professionalized advocates in the movement as contributing to additional work stressors for advocates. They argue that these divisions, while very real, undermine the progress that has been made in contemporary services. This research illustrates the importance of motivations in sustaining the work, but also highlights the important commonalities in the field. While orientation to the work may differ, advocates are providing critical services to survivors

of violence.  More attention should be focused on how these services are meeting the

needs of survivors, and can be improved.  As Ullman and Townsend (2007) note, there is

a difference between professionalizing and professional behavior.  A social justice-

oriented advocate can maintain a grassroots or feminist perspective while providing

quality services.  The field must move beyond these divisions, and the conceptualization

that being oriented to social justice is mutually exclusive to professionalization, to truly

focus on survivor-driven services.

## Constructs Influencing Practice

Several participants indicated that they work at agencies with an expectation of

practice models that are linked to empowerment and have the mission of ending domestic

violence.  Organizational perspective was important to survivors in shaping practice.

Mirroring what Lehrner and Allen (2009) found, advocates who had been in the field

longer, like Alma, Justine, and Gretchen, were concerned about the emphasis on clinical

training and lack of experience of new advocates coming in.  This was presented as a

solvable tension, however, and not a deal-breaker.  Advocates both new and old

expressed a desire for training, for themselves and for volunteers and other new workers.

Part of training is being able to work with survivors with intersecting health and mental

health concerns, especially addictions issues.  Training is also needed to increase

understanding about an empowerment approach and what the experience of violence is

like.  Advocates endorsed training for new workers and support during the early years of

the career as a major way to increase the focus on the structural issues that cause

violence.  In studies assessing work challenges of domestic violence and rape crisis

advocates (Macy, Giattina, Parish, & Crosby, 2010; Ullman & Townsend, 2007) and

child welfare workers (Yoshihama & Mills, 2003), the need for training was also expressed. This study echoed the sentiments of Macy et al. (2010) that training about innovative practices is helpful, but new advocates especially need assistance in their early career to learn the ropes and implementation of practice models. Motivations are imported to entering and sustaining the work, but training and education is critical to advocacy. The emphasis on training as a support for continued growth was evident in this research. State coalitions may provide important links between the research and practice world according to participants in this sample. In light of the need for more training aimed at practice, agencies and state coalitions should consider increasing their education and outreach to new advocates. Partnerships between agencies and local universities are another possible approach for building opportunities for training (Sullivan & Alexy, 2001). Promoting and ensuring opportunities for training not only enhance advocates' understanding of issues, but also may increase their ability to use constructs helpful for survivors in practice.

Several constructs, in the form of theory or philosophy, guide advocacy practices. The first is how participants in the sample conceptualized their work and what was meant by "advocacy." An advocate, as described in this sample, is a role designed to be alongside a survivor. In this role, workers act as a supportive witness to the violence and oppression in the survivor's life, while providing guidance and affirmations free from judgment. Most advocates in the sample designated their approach to work as being survivor-centered or as a collaborative other, indicating the importance of letting survivors have control over services and interactions. It is not surprising then that the most commonly used practice theories are empowerment and strengths perspective.

Other theories influencing practice include the transtheoretical model of change, feminist approach, motivational interviewing, and trauma-informed care. More exploration is needed about the circumstances of application and implementation of these theoretical models, especially those outside of the empowerment and strengths perspective umbrella, to assess their efficacy in practice. One theoretical concept in particular that merits more exploration is Hope Theory.

**The role of hope and hope theory.**

One of the most compelling aspects of the data set was the role of hope, expressed as a sense of expectation and desire, not just as a guiding construct, but as part of advocacy practice. Advocates seek to instill hope in their clients and also try to maintain a personal sense of optimism about their work. Advocates' belief in the ability of the survivor to make a self-driven change, and to possibly even live a life free from violence, was a source of motivation. Advocates envisioning the future of their work and successful outcomes imagined a world free from judgment about the status of their relationship where survivors believed that they were capable and worthy of safety.

There is a dark side to hope. Hoping is also wishing for a different outcome, especially for survivors that may have returned to abusive partners or exhausted their shelter stay length. For many advocates in this sample, following a client-driven model based on empowerment also carried a risk of worrying and wondering about the people who returned to violent homes, called on the crisis line but didn't make it in, or moved away to another shelter. The potential sadness of these stories and lack of information is mediated by sense of hope that the advocate and her agency has done all they can to, as

Rachel suggested, make each interaction count. Advocates attempted to cover important ground in each encounter in order to give potentially life-saving information.

Hope theory and hope therapy have become an aspect of therapeutic practice in the last 30 years (Lopez, Floyd, Ulven, & Synder, 2000). Hope theory asserts that all people have the capacity for hope. Benefits to increasing hope included more agency and motivation to achieve both short and long term goals. In hope theory, time is important because evaluation of both the past and the potential of the future impact present behavior. Many factors influence the amount and capacity for hope an individual has, including experiences, social support, and therapeutic connection. Hope therapy is a brief model using aspects of cognitive-behavioral theory and solution-focused approach that has the aim of increasing positive and goal direct thinking (Lopez et al., 2000). There are two stages of hope therapy: instilling hope and increasing hope. Through storytelling and a strong therapeutic alliance, people begin to identify hopeful thinking in order to form goals. Clients in this model learn how to construct a "Hope House" that is formed by identifying times of hopeful thinking, bonding with the therapist and supportive others, learning skills to maintain and remain hopeful and being able to anticipate and manage setbacks that may occur (Lopez et al., 2000).

The hope house is similar to the study participant Gretchen's notion of a "Hope Structure," or the expectation that even if things don't work out, they can improve in the future. In hope therapy, clients are encouraged to create positive goals, and pursue alternatives if they encounter road blocks (Lopez, et al., 2000). Advocates in this sample helped to build a hope structure or house by affirmations aimed at positive self-perception, increased sense of personal agency and ability to problem-solve, and

importantly, the anticipation of setbacks. Often this is done through safety planning, in which advocates guide the survivor to give them information and make a plan from their own assessments of danger, exploring several different scenarios that could occur with the abusive partner and making plans. Safety planning also means making several small and achievable goals driven by expressed needs.

Safety planning represents one way that advocates seek to instill hope in survivors. Another major method is the use of community outreach and educational programming aimed at promoting life skills, prevention of violence, or offering information about violent relationships. Advocates hope that education, provided in group settings or one-on-one, will raise awareness and give a name to the experiences of people in abusive relationships and give a glimpse of alternatives. Some forms of outreach and education, especially in a social justice model such as the one discussed by the participant Renee, focus on not only understanding the impact of abuse, but other forms of societal oppression. Education and skill building helps survivors to make goals and increase hope of a positive future.

Hope represents something that advocates want to instill in survivors, but also is a motivating factor for staying in the field. In a phenomenological exploration of 6 partner violence advocates, Crain and Koehn (2012) explored the role of feeling of hope in sustaining work. Their findings indicate that hope is visceral and is felt in the body, potentially as excitement, sadness or adrenalin. Hope is contextual, and is entwined with shared experiences between the advocate and survivor. Hope is also mutual. The contagious nature of hope means that survivors benefit from a hopeful advocate, as do co-workers. Finally, hope is a journey that develops over time (Crain & Koehn, 2012).

Similarly, past client successes and examples of positive outcomes were sustaining to advocates. Advocates expressed a desire to share with clients a sense of hope about their ability to achieve goals. One of the main factors that helped bolster advocate hope was societal changes over time (Crain & Koehn, 2012). Several advocates in this study who had been with the movement in the earlier days talked about the changes they had seen in their tenure and the motivating power of the cultural shift about partner violence. Advocates want to instill hope in clients, but also want to feel hopeful about the work they are doing.

Domestic violence advocates are not the only helping professionals that view hope as important for in order to increase motivation and work satisfaction. Westberg and Guindon (2004) surveyed 94 HIV/AIDS healthcare workers about their feelings of hope. They found workers to have higher than average levels of hope, with just 9% feeling hopeless about client outcomes. Workers reported feeling empathic, sympathetic, frustrated, sad and fulfilled when working with patients (Westberg & Guindon, 2004). This is similar to the reports of advocates in this sample. Empathic connection and sympathy about the experience of violence were common emotions expressed by advocates, as were feelings of sadness and frustration about societal norms and expectations, resources, and client outcomes. Much like a health care provider working with people with chronic illness, advocates have very little control over the abusive partner. This makes hope of central importance to maintaining motivation to remain in this stressful line of work, even with little control over outcomes. In light of the emerging evidence that hope is important for work with domestic violence survivors,

greater exploration and application of hope theory in practice may be necessary to further explore the potential benefits, and dynamics of hope.

**Empowerment.**

Hope theory is not the only major construct used in advocacy practice. Empowerment and strengths perspective were the dominant approaches used in practice, especially among social justice oriented advocates. Advocates in this sample viewed an empowering approach as a mediator against the abuser's power and control and necessary to increasing client buy-in for services. When empowerment is partnered with a strong rapport and client-led services, advocates felt that survivors were able to make goals that mattered to them and built a more positive sense of self. Evidence of empowerment-influenced services came from direct links, but also statement of actions undertaken in advocacy practice. In this research, participants discussed their desire to educate clients about societal forms of oppression, provide information gained at increasing personal power and resource acquisition, and encourage clients to build supportive networks with other survivors. These ideas complement the notions expressed by participants Alma and Rachel that advocates do not help or give empowerment to survivors, but rather facilitate a process by which survivors are able to empower themselves.

Use of empowerment and strengths-perspective in advocacy has also been acknowledged in other literature. Black (2003) discovered in an analysis of survivor experiences with court advocates that strengths perspective and feminist approach were most often used. Davies and Lyon (2014) promote the efficacy of "victim-defined" advocacy with the focus of understanding the perspective, experience, and impact of culture and oppression on each individual survivor. With a wide agreement in the

literature about a focus on empowerment and strengths, there needs to be more discussion and clarification about what empowerment is, and how it is done (Kasturirangan, 2008). In this sample alone, there was a vast array of explanations of empowering practice, some of which were empowerment in name only and more closely matched a case management model. Especially among social service-oriented advocates, confusion over the meaning of empowerment was indicated by statements that suggested that clients gained empowerment by following the directives of agency protocol. Further exploration into how empowerment is translated from a perspective to a practice with survivors of violence is needed to enhance the role of this perspective in the field.

Participants shared their thoughts on the causes of domestic violence. No one explanation emerged as dominant. Most advocates endorsed several interlocking explanations. Feminist ideas about violence being produced by patriarchy and gendered positions in society were a major theme. Many advocates also discussed concerns about the forces of interlocking oppressions that may not only cause violence, but allow it to endure. These included racism, ableism, homophobia, and classism. Many advocates stated the intersections of oppressions are not only a cause of partner violence, but a force that keep survivors from being able to escape abuse. Other causes of violence discussed by the sample included social learning or generational transmission; mental health concerns; drugs and alcohol; and a lack of meaningful treatment options for abusive partners. Thoughts on the causes of violence influence advocates in the direction of goals of their work to end abuse and the manner in which they provided services to survivors. Advocates who connected to a feminist model or intersectional approach were more likely to include education and awareness-raising efforts about structural levels of

oppression in their interventions. More exploration of the role of perspective in shaping practice may be helpful, not only to understanding advocate views, but also education about partner violence. Advocates in the sample supported a view of causality that was also intersectional and dependent on not one, but many factors. A multi-causal lens may best fit a variety of perspectives on the cause of violence, and can be developed into educational tools for survivors of violence and in prevention efforts.

## Practices

Just how do advocates provide services to survivors of partner violence? The data collected in this research project revealed several practices, with notable variations, that are undertaken to meet the goals of the work. The goals of most advocacy work are increased safety; personal growth and change; ending violence; and creating connection. Assessment of some sort usually begins the work, whether face-to-face or on the crisis line. The nature of the assessment is determined by temporal factors of where the survivor is at in her life at the time of entrance into services. An intake is usually conducted to assess where each survivor is at this unique point in her life and relationship. At assessment, survivor needs and goals are addressed, as well as the ability of the agency to meet those needs. Immediate survival needs are addressed first. Advocates were divided about next steps. Some participants felt strongly that the emotional world of their clients must come first, while others felt that emotions cannot be addressed without attention to resources, such as housing and economic stability. This assessment process is ongoing and subject to change during the course of the work with the survivor and advocate.

After assessment, much of the practice that guides advocacy work is determined by survivor needs and agency policy. Advocates typically work within the framework of what the agency can provide in order to best address the needs of their clients. As Alma noted, these practices can be referred to as "The DV Basics." Typically, safety planning is undertaken. Advocates often use some sort of individual or group education intervention aimed at increasing awareness of the problem of violence and providing information. Advocates also seek to increase social support among survivors in an attempt to buffer the sense of isolation that can be created by the abusive relationship. One core advocacy practice is working with clients to expand their resources, including housing, employment, and access to mental and physical health services. Advocates also undergo reflection on their own practice, often with the result of engaging in ongoing training, evaluation of their work, and practice growth aimed at innovation.

Many of the findings in this research mirror the existing literature. The analysis of practice effectiveness conducted in preparation for the dissertation research revealed domestic violence services are concentrated on individualized services, safety planning, resource acquisition, a focus on referrals, long term services, growth of social support, and a foundation of empowerment, particularly centered on economics (Bennett et al., 2004; Clevenger & Roe-Sepowitz, 2009; Constantino et al., 2005; Goodkind et al., 2004: Haj-Yahia and Cohen, 2009: Kulkarni et al., 2012; Lyon et al., 2008; Sullivan et al. 1992; 1999 and Wettersten et al., 2004). Kulkarni et al.'s (2012) findings from interviews with advocates and survivors indicated that empathic connection, empowerment, individual care, and maintenance boundaries were critical to providing services are echoed in this research. Through this research, we have more insight into the

application and practice decisions that guide the timing of interventions and the

motivations behind the approach advocates use.

Safety planning was a bedrock of services provided by advocates in this sample,

echoing the findings of Roberts et al. (2007) and Gooodkind et al. (2004) that

assessment of danger and plans for increasing safety were essential to work in domestic

violence services. Survivors of violence experience enormous societal pressure to leave

the violent relationship, which may limit their access to services (Oths & Robertson,

2007; Pennington-Zoellner, 2009). Any essential aspect of safety planning, and

providing services to survivors as described by participants in this sample, is an

exploration of the status of the relationship. Does the survivor hope to stay in the

relationship? Leave the relationship? Leave the relationship but share parenting duties?

All of these questions shape safety planning, and as Davies and Lyon (2014) classify, a

difference between safety and safer. Safety is the absence not only of physical, sexual,

emotional, or financial violence, but also a lack of fear or oppression. Being safer

indicates means less violence and increased resources (Davies & Lyon, 2014).

Advocates may need to reframe their work as focused on safer planning rather than

absolute safety, especially if the survivor wishes to have the abusive partner in their life

in some way or another. Because advocates and survivors cannot control societal forces

of oppression or abusive partners, a focus on safer planning aimed at reducing violence

may be more reasonable (Davies & Lyon, 2014). Safer planning was endorsed by

advocates in the sample, who acknowledge the sometimes hostile climate created by

societal and cultural types of oppression, and the actions of the abusive partner. One way

advocates in this sample approach safety planning was to anticipate setbacks and help

survivors build hope for future successes. Given that previous research has indicated that seeking help from a domestic violence agency increases safety (Goodkind, et al., 2004), safer planning with an ultimate goal and focus on life-long safety should be undertaken, with special attention to the survivor's expressed needs and desires concerning her relationship.

This information suggests that the services should evolve to a DV Basics 2.0. This model of practice can still focus on assessment, safety planning, and a focus on resources, but is highly individualized. DV Basics 2.0 might focus on the intersecting experiences of the survivors in their unique identity positions and experiences of oppression and privilege. In addition, focus on safer planning will allow a variety of survivors to access services, not just those who want to leave. While an intersection lens has been advocated for use in the domestic violence field for many years, there is very little indication about how it can be applied in practice (Arnold & Ake, 2013). The highly individualized nature of the work, in combination of the influence of structural factors suggested by this study begs for a revision of the DV Basics.

**The Advocacy Process**

The process of advocacy is a parallel one, representing the collaboration between the survivor and the advocate, and the individual course of action taken by the worker. The start of advocacy work is marked by a mutual assessment of the survivor's needs and how well the agency and advocate can meet them. Grounding occurs in order to orient the survivor and advocate to each other and the work they will do together, but also to prepare the advocate for any potential triggers or problems that may arise from their work together. The middle part of advocacy involves the advocate establishing connection and

rapport, and also helping the survivor to form a new sense of identity. Affirming progress and anticipating set-backs and disappointments occurs at this stage. In the end of advocacy work, the worker-client relationship is one that is focused on building hope for the survivor. The advocate is wishing for success for the survivor and a life free from violence. The advocate reflects on service delivery, with the help of the survivor's input and reflection on her own process and journey. While this process cannot and does not match every advocacy or service interaction in domestic violence practice, it provides a template for the "how" of advocacy services.

The process of assessing, grounding, establishing, affirming, hoping, and reflecting connects with the important practices revealed in the literature review. Assessment seeks to discover the unique needs of survivors, especially in terms of safety. Grounding helps to gather information to focus referrals and estimate needed resources, as well as set boundaries. Establishing focuses on gaining those resources, particularly economic ones, and also the emotional aspects of building social support. Establishing the relationship also means preparing for longer-term work. A sentiment revisited in many of the interviews for this research was the idea that a survivor must feel comfortable to seek services again and again. Advocates understand that leaving the violent relationship is a process, and one that may take several interactions. Longer-term work might mean a lengthy shelter stay, but it can also mean being able to return to services again and again. Progress is affirmed by use of empowerment to let the survivor determine their needs, and by the advocate in highlighting their strengths. Hoping is connected to the growth of social support and the empowerment-based focus on helping the survivor meet her goals, even if they do not match the ones the advocate may have.

Reflecting on services and listening for feedback from survivors mirrors the evaluative

process that should be undertaken to provide quality work, especially in a long term

capacity.

Quality work comes in part from establishing and affirming a positive relationship

between the survivor and advocate. Participants described attributes that contribute to a

quality relationship as being a non-judgmental attitude, patience, openness, and passion

for the population. Skills needed to build rapport and increase connection included

warmth, listening, analytical assessment, and affirmations of client strengths. Attachment

theory may shed some light on this finding. Adult attachment style, in particular varieties

of insecure attachment, have been linked in some samples with increased risk of partner

violence (Doumas, Pearson, Elgin, & McKinley, 2008). Previous clinical literature

reviews have suggested the strong benefits of a secure attachment relationship between a

therapist and client, including deeper work in therapy and increased ability to manage

upsets (Mallinckrodt, Porter, & Kivlighan, 2005). The importance of trust in the

healthcare provider relationship was explored through interviews with 27 survivors

(Battaglia, Finely, & Liebschutz, 2003). Competency, caring, and promotion of

empowerment and emotional equality were all factors connected with a trusting

relationships and increased disclosure of abuse (Battaglia et al., 2003). In light of the

growing body of research linking attachment style and brain development (Malekpour,

2007) it is important to assess not only the possible connection between violence and

adult attachment, but the potential role of people working with survivors. The

participants in this study asserted the importance of connection, empathy, availability,

and trust in their relationships with survivors. One might be able to draw a parallel

between the advocate's desire to leave an open door to clients who leave and come back to services and the trusting base created in childhood and adult attachment (Malekpour, 2007; Mallinckrodt et al., 2005). Findings from this study indicate that a possible secure attachment relationship between the advocate and survivor may be necessary for quality long-term work. More information is needed about the use of the attachment theory lens and application to the advocacy relationship.

Advocates' assessment of the many needs of domestic violence survivors revealed the influences of both structural systems and of individual's and on survivors' well-being. Advocates follow a modified version of Maslow's hierarchy of needs when conducting assessments of partner violence survivors. Maslow's original pyramid placed physiological needs (food, water, shelter) first, safety next, then belongingness, followed by esteem, and finally self-actualization (Poston, 2009). Advocates in this sample use a revised approach to Maslow's hierarchy, placing safety first, next basic resources for survival, followed by a focus on emotional belonging and connection and then revisiting the resource needs. The modification implies that dealing with emotional trauma needs to come before, or at the very least, alongside working on economic stability and housing. Esteem needs are addressed in the advocate's role in affirming the survivor and helping them with goal-setting processes. The first four levels of Maslow's hierarchy are typically seen as deficit needs, or things a person lacks (Poston, 2009). Advocates imagine these levels as deficits, but they are more aptly described as things taken away because of the impact of experiencing violence. The belief that violence is not the fault of the survivor is the foundation of the modified hierarchy. The final level, self-actualization, was conceived by Maslow as a "being need" to be accomplished after all

deficit levels below (Poston, 2009). Advocates imagined self-actualization for survivors

as being safe from the abusive partner, able to establish a new positive sense of identity,

and free from blame and shame about their experience. Kearney (2001) also found in a

series of interviews with survivors of partner violence that establishing a new sense of

identity was important to healing. Advocates in this study describe a process by which

their clients construct a new sense of self that takes into account past experiences but

celebrates the strength and capacity of what has been accomplished having survived the

abusive relationship.

Figure 2: Modified Hierarchy for Advocates
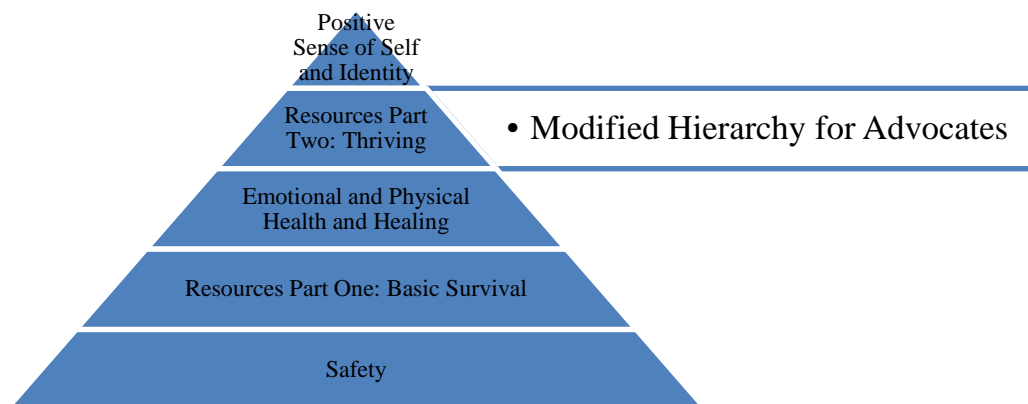


The modified advocate hierarchy is based on the needs of the survivor. A review

of literature indicated that survivors need legal, medical, mental health, housing, financial

or child-related support and referrals (Allen et al., 2004; Bennett et al., 2004; Camacho &

Alarid, 2008; Ramsey et al., 2009). Participants in this research echoed those needs, with

particular emphasis on economic factors and emotional support. Economic concerns

related to the cost of housing, volatile job market, lack of access to education, and paucity

of quality childcare weighed heavily on this sample of advocates. The concern with poverty and social class may indicate that many women entering services are dealing not only with violence and potential trauma, but also economic hardship. Given that 92% of homeless women in one sample had experienced IPV and over 60% of women on public assistance are estimated to be survivors (Josephson, 2005), it makes sense that social class would be a primary concern to advocates. When social class is coupled with racism or immigration status, it becomes a triple oppression for survivors of domestic violence (Sokoloff & Dupont, 2005; Tjaden & Thoennes, 2000). Participants in this sample who have experience racist and classist oppression expressed a desire to work with survivors who are also encountering multiple forms of discrimination. The findings of this research indicate, similarly to Kok (2001) and Wettersten et al. (2004), that economic empowerment should continue to be a major focus of advocacy work. Economic empowerment is a survivor-driven, advocate-supported process by which an increase in financial literacy, improvement in economic self-efficacy, and more economic self-sufficiency occurs (Postmus, 2010). High rates of poverty and financial abuse among survivors have led to the creation of innovative programming in domestic violence programs that increased the survivors' economic skills and literacy. Preliminary data from these programs reveals promising results (Postmus, 2010). This emerging evaluation data and the indications from advocates in this sample indicate the continued need and assessment of economic programs based in a survivor-centered empowerment model. Further, more input from survivors about the order of focus of services they receive is important to managing important temporal factors regarding meeting survivor needs.

Agency protocol, in particular shelter rules, are a source of controversy, especially in connection with an empowerment model. Advocates in a sense walk a tight rope between running a social service agency with protocols to match up grant funding and government regulations and maintaining an empowering stance in their work with survivors. The push and pull between rules and freedom from control is a concern especially for social justice-oriented advocates, who do not want to be another source of disempowerment in the lives of the people they work with. Nationally, concerns over shelter rules are emerging. The Washington State Coalition Against Domestic Violence (WSCADV) and Olson (n.d.) state that the purpose of rules is to create a safe shelter community that protects confidentiality. These rules at their worst can become the driving tools of "advocacy" work and become another form of control. Fears of shelters becoming a force of control, or total institution, have influenced recent research on women's shelters. DeWard and Moe (2010) found that while living in a controlling and rule dominated setting, women develop either a submission or adaptation strategy to survive. A handful of the 20 residents they interviewed totally resisted the control of the shelter, which often led to their exit or dismissal from the program (DeWard & Moe, 2010). These findings are similar to Haj-Yahia and Cohen (2009) who also discovered that rules are a source of disempowerment for women living in a domestic violence shelter. Advocates in this sample emphasized their concern about shelter rules and the impact on survivors, but also expressed hesitation about revising or eliminating rules. In one case, the state coalition offered to partner with the local agency to review the rules. WSCADV and Olson (n.d.) recommend having as few rules as possible, reviewing them regularly with sensitivity to the culture of survivors. As advocates and state coalitions

across the nation increase their evaluation of the role of rules in shelters, it is important to assess how well the rules and protocols fit with the stated agency mission and personal work goals of the advocates, as well as with the needs of survivors.

**Advocates as Survivors**

This research study also sought to explore the role of survivorship in providing services to domestic violence victims. This emerged as influential on the practices of advocacy services. In this sample, 18 of 22 women had experience dating or domestic violence first-hand, were child witnesses of abuse in the home, or had been sexually assaulted. Several participants had experienced multiple forms of abuse. This rate of just over 80% compares to Bemiller and Williams (2011) and Slattery and Goodman (2009) whose samples had just over 50% of advocates had histories of victimization. It is possible that the research focus was compelling to advocate-survivors, and with such a small sample it is impossible to extend these findings to the population of advocates overall. However, it does indicate some important directions and implications for future research on domestic violence practices.

Past experience of intimate violence shaped advocates' motivations, approach and style, as well as experiences on the job. Several participants entered advocacy because of their personal experience, in particular, as children. Watching a mother or close family member experience abuse served as both a motivating factor and prompted a desire for change in the services for survivors. Sexual assault experience also served as a motivation. The co-located nature of domestic violence and sexual assault work (Macy et al., 2010) means that a person could enter an agency hoping to work in rape crisis and then transition to partner violence. Advocate-survivors seemed to have clear motivations

to stay in the field than other participants. They were more likely to have a social justice-orientation to their work and be committed to addressing structural causes of violence. Like Justine indicated, many of them were "outraged" by the lack of response to partner violence and wanted to continue to work to end it.

Practice style was shaped by previous experiences. While advocates who were not survivors also endorsed empowerment, participants who had experienced abuse reflected on their own histories and how it impacted their views on what should be done in practice. For Ellen, being a survivor who had used shelter services shaped her practice approach and helped her to understand the stress, trauma, and hardships of change. Ellen, Shelby and Veronica expressed their desire to share their stories with their clients in order to provide a model of success and freedom from violence. Advocate-survivors saw their experience as bringing empathy, perspective, and understanding to "walk in her shoes" and improve services. Advocate-survivors were concerned with putting too much focus on ending the abusive relationship, and connected to a model of practice that was hopeful and affirming.

Being an advocate-survivor is not always positive. Brenda and Thelma, two participants who did not identify as survivors, both expressed reservations about having coworkers who had been abused. Concerns about boundaries, healing, triggers, and not being ready to hear survivors' stories were voiced as potential problems. Advocate-survivors voiced similar challenges balancing their work and personal experience, especially early in their career. Increased risk of occupational stress has been connected to history of victimization among advocates (Slattery & Goodman, 2009). Bianca and

Rita both struggled with being triggered by stories and facing setbacks in their own healing process. For many advocates, the work was instrumental in their own healing.

Surprisingly, very little exists in the current literature about the experiences of survivors of violence who joined the work force of advocates. Advocate-survivors appear to make up a sizable portion of paid staff at domestic violence agencies, and have since the start of the movement. In the beginning, shelters were run by women who had been abused for women who had been abused, modeled after a peer counseling approach and feminist model of dismantling hierarchies (Goodman & Epstein, 2008; Schechter, 1982). Roberts and Roberts noted in 1981 that half of all shelters had survivors as employees or on the board of directors. Despite the longtime focus of the movement in integrating peer support and survivors as advocates, there is very little research assessing the impact of how this integration works and what the experience is like for those former victims of domestic violence who undertake this line of work.

There is some indication beyond this study that survivor status may impact the direction of work. A study of over 300 child welfare workers explored the impact of partner violence histories and feelings on child removal in domestic violence cases (Yoshihama & Mills, 2003). Over 50% of the sample had histories of partner violence in their past. People with histories of partner violence were more likely to identify with battered women on a quantitative assessment. While history of victimization did not result in being less likely to remove a child from a mother experiencing violence, identification with battered women predicted a worker's commitment to keeping children with the non-violent parent. This research suggests that identification with battered women increases interest in advocating for mothers and children to stay together in the

case of domestic violence (Yoshihama & Mills, 2003). This finding, coupled with the current research, suggests further exploration of the use of reflection and identification in increasing sensitive services to survivors. At the agency level, support and supervision to all workers is needed, though advocates who are survivors may be particularly vulnerable to occupational stress. Increased supervision, self-care activities and programming, higher pay, and community support are all potential ways to bolster support for advocate-survivors and all workers in the movement (Macy et al., 2010; Ullman & Townsend, 2007; Yoshihama & Mills, 2003). Given the potential richness the experiences of advocate-survivors might offer, it is critical that agencies and state coalitions do more to help this highly motivated group of workers thrive in their roles.

The current research highlights many important recommendations for advocates in their personal and professional lives, shelters and programs, and social work education. Advocate experience of violence and oppression is a motivating factor for entering and sustaining work in the field, but may lead to increased risks for occupational stress. Individual and agency level supports should be put into place to help this highly motivated group maintain this difficult work. Likewise, all advocates may experience workplace stress, so emphasis and agency promotion of self-care is important, especially for new advocates. This sample placed high value on the survivor and advocate relationship and connection. The finding, in conjunction with the possible benefits to healing of a therapeutic attachment relationship (Mallinckrodt et al., 2005), suggests the need for coworker, agency, and personal support for advocates in their work to minimize turnover. Turnover, which is connected to occupational stress, also reduces quality of client services (Barak et al., 2001). In the related social service field of child welfare,

turnover has been associated with negative outcomes for clients. Focus groups in one study with "committed survivors" (p.40) or long-term child welfare workers revealed the need for advancement, recognition, mentorship, and agency protocol aimed at self-care to sustain a role in a high stress career (Westbrook, Ellis, & Ellet, 2006). In order to increase advocate and survivor satisfaction, a future push towards self-care with specific supports is needed for all advocates, in particular advocates who are survivors.

**Next steps for research.**

Demographic information is needed about people who work in domestic violence shelters and non-residential agencies to better understand the population of advocates. An evaluation of workplace stressors and adaptation of self-care interventions may also offer insight into improving the work lives of advocates. In light of the high number of advocates who have experience with violence in this sample and others, the impact of survivorship on domestic violence services is an area of study that merits much more attention. This sample indicates that personal experience impacts practice in mostly positive ways, with some potential drawbacks. Both qualitative and quantitative inquiry is needed to learn more about this unexplored area.

There are many areas left for exploration to better understand, enhance, improve, and change services for survivors of domestic violence and their children in the agency context. First and foremost, exploratory work must be undertaken to gain awareness about the survivor experience in services. We will not know what works to help people who have experienced partner violence until we ask. Areas for exploration include goals when entering services, experience in agencies, success and challenges, and suggestions about programming. Further, greater exploration is needed to assess how survivors might

best benefit from the advocacy relationship. Intervention testing and evaluation, especially in light of survivor feedback is a needed step to enhance services. Once more is known about what works for best survivors, survivor- centered models can be implemented and evaluated for success.

Empowerment is considered a gold standard of practice in the field of domestic violence in this sample and the literature. It can be difficult to implement and sustain. In light of the stated challenges working from an empowering perspective while maintaining rules, regulations, and differing practice models, more information is needed to evaluate the use of survivor-driven or empowerment work. More specifically, how faithful are advocates to the empowerment model in complex practice situations? How it is implemented across differing client goals and agency settings? More assessment of the fidelity of empowerment-based practices would garner information about the use in practice. In addition, more application and evaluation of different theoretical models, including hope theory, is needed to enhance the landscape of services to survivors of violence. Many of these theories may be able to be used in conjunction with empowerment.

Gathering information on the limited practice research has illuminated the many ways in which further research can enhance and improve interventions with survivors. Information on practices for survivors must be improved if social work and other helping professions are going to improve their response to social work education. As indicated by this study, training is essential to growth and development of advocacy skills. When social work researchers can gain insight into best practices, those skills can be taught in social work classrooms. More research and information specific to social work education

and practice is needed to better prepare future BSW and MSW students and practitioners to respond sensitively and competently to survivors of violence.

## Limitations

This research has a several important limitations of note. The first is that the small and exploratory nature of the study makes it difficult to extend findings beyond this sample. Larger scale quantitative exploration is needed to understand more about practices and constructs in more diverse settings and samples. The focus of this study is limited to direct service workers in domestic violence agencies, and does not include the potentially critical insights of other people that work with survivors, including therapists, law enforcement, and workers from other agencies. Finally, the sample is limited in what it can reveal about the effectiveness of advocacy services. While advocates may have some insights into the impact of their practices, further exploration and rigorous evaluation is needed to know how well they work in reaching stated goals.

The voices of survivors are critical in the perspective and evaluation of services. This research is limited in scope because of the focus on workers and not on the people receiving services. It is possible that survivors do not perceive the same process of services that advocates do. In addition, it is impossible to gauge effectiveness without asking survivors what works for them. Further insight from people who are currently receiving services and who have used them in the past is needed to understand more about the advocacy process and the experiences of survivors in services.

It is important to note a few methodological limitations. This study collected only minimal demographic information. Further insights into the characteristics of the workforce may offer more insight into practices and constructs. The qualitative nature of

the study limited the ability to draw statistical comparisons between groups that may have helped to better predict advocacy style. Finally, due to the nature of the dissertation process, limited support from additional data analysts was used. The findings are constructed by the researcher, in consultation with her dissertation committee. Trustworthiness could have been increased with additional insights from multiple researchers during the analysis and writing process.

## Conclusions

Despite these limitations, this dissertation study revealed important information about services to survivors of partner violence that are typically labeled advocacy. An initial review of literature highlighted a wide array of practices and theoretical lens applied to direct service in domestic violence agencies and a host of tensions and considerations for workers. The role of advocacy has some evidence to suggest its usefulness in working with survivors of violence, though it was clear that more information was needed. The gaps in the research led to the dissertation study question asking, *What constructs and practices inform the delivery of direct services to survivors of domestic violence from shelter and non-residential service advocates?* The research question guided the project to the grounded theory method and interviews with 22 advocates.

The findings from the study reveal a process to domestic violence advocacy with parallel experiences for advocates in their work with survivors and in a more personal realm. Many of the practices and constructs used by members of this sample mirror the literature. More attention should be paid to intervention testing, supports to advocates, particularly those who are survivors, and the role of hope in providing advocacy. Future

research with survivors will help provide essential insight to the impact and effectiveness of practices.

Social work as a profession, educational track, and research-producing body has much to offer in the way of enhancing our understanding about the best practices for survivors of violence, and how to implement those in organizational settings. Social work educators can bring information about domestic violence to the forefront in their classrooms, not just in practice, but in policy and research course as well. Social workers can offer leadership in enhancing social justice in the field of partner violence, and work towards evidence-based practice. This can also occur through the installation of more training about partner violence. Social work researchers should continue to investigate, explore, and illuminate issues around domestic violence intervention and prevention. It is this researcher's belief that social work, as a valued profession with a strong belief in social justice, is poised to offer sensitive enhancements to the already rich field of advocacy for survivors of violence.

In is the opinion of this researcher that advocates do incredible work. They work long hours, helping people who have experienced violence that they themselves may have encountered. Advocacy work means witnessing crisis, trauma, improper response from systems, and the intersection of many forms of oppression. It also means seeing the power of hope, change, transformation, and safety at work for many that have been previously silenced. Whether they see their work as connected to a larger social movement, or as a function of social services, domestic violence advocates facilitate a process whereby many women, children, and men work towards healing and freedom

from violence. It is this work that directs and inspires the further inquiry of this

researcher, in the hopes of ending intimate partner violence.

## Appendix

Domestic Violence Advocacy: Interview Protocol

Statement of purpose to be read by the researcher before interview begins:

*I am going to ask you several questions about your job, your experience at this position, your thoughts about domestic violence and about the things you do at work. In addition, I am going to ask you some basic demographic questions. You can feel free to pass on any questions and continue with the interview or stop the interview at any time.*

**Demographic Information (To be asked in the beginning of the interview):**

Work site: Shelter          Non-residential          Legal          Other_____

Gender Identity _____

Racial/Ethnic Identity _____

Age _____

What is your educational background?

Years at current job _____

Years in Domestic Violence field _____

**Interview Questions**

1.  What is your job title? What are your primary duties?

2.  How did you come to work here?

3.  How did you become interested in working with survivors of domestic violence?

4.  Take me through your work with a typical client—What do you do first? What steps are taken to work on their goals? What is the most crucial?

5.  If you were going to prepare a survivor of domestic violence for what to expect from your work together, what would you say?

6. What do survivors need when they come to get help?

7. Tell me about a successful day at work?

    What happened? What made it successful?

8. Tell me about one of your most frustrating days at work?

    What happened? What made it frustrating?

9. Do you have personal experience with domestic violence?

10. If you could wave a magic wand and change one thing about your ability to help survivors, what would it be?

11. What is your approach/philosophy in providing services to survivors of domestic violence? How did you come to have this perspective?

12. What do you think is the cause of domestic violence? How has this changed over the course of your work in this field?

13. What are your main goals in your work?

14. What are the most important lessons you have learned about helping survivors of domestic violence?

15. How has your view of helping survivors changed over time?

16. What would you tell a new advocate about doing your job well?

17. Is there anything else I should know about what it takes to be a direct service provider to survivors of domestic violence

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Yoshioka, M.R. & Choi, D.Y. (2005). Culture and interpersonal violence research: Paradigm shift to create a full continuum of domestic violence services. *Journal of Interpersonal Violence, 20* (4), 513-519.

Zosky, D. (2011). A matter of life and death: The voices of domestic violence survivors. *Affilia, 26* (201), 201-212.

**Curriculum Vitae**
**Leila Grace Wood**


**EDUCATION:**

| | | |
|---|---|---|
| Indiana University | PhD | 2014 |
| University of Texas at Austin | MSW | 2008 |
| Indiana University-Bloomington | BSW | 2005 |

**PROFESSIONAL EXPERIENCE:**

Indiana University-Bloomington                                               2009-2012
BSW Field Supervision

Family Solutions                                                                         2009

Middle Way House Inc                                                             2008-2010
Children's Services
Crisis Intervention Services Coordinator

University Medical Center-Brackenridge Hospital                      2008
High Rick Obstetrics Clinic
MSW Internship

Texas Council on Family Violence                                            2007
Internship

The Rise! Transitional Housing                                               2005-2007
Family Services

Middle Way House Inc                                                            2002-2007
Building Healthy Relationships Project Coordinator


**ACADEMIC APPOINTMENTS:**
Visiting Lecturer                                                                   2013-Present
Indiana University School of Social Work
Bloomington Campus BSW Program

Indiana University School of Social Work                               2012
Doctoral Research Assistant, PhD program

| | | | | |
|---|---|---|---|---|
| Indiana University School of Social Work | | | | 2011-2012 |
| Doctoral Teaching Assistant, PhD program | | | | |

Indiana University School of Social Work                                    2010-2011
Doctoral Research Assistant, PhD program

University of Texas at Austin School of Social Work                         2007-2008
Graduate Research Assistant,
Institute on Domestic Violence and Sexual Assault

University of Texas at Austin School of Social Work                         2007-2008
Teaching Assistant


**TEACHING:**
UNDERGRADUATE:
Indiana University, Bloomington, School of Social Work

| S472 | Practice and Program Evaluation | | Instructor | Spring 2014 |
|------|---------------------------------|--|------------|-------------|
| S472 | Practice and Program Evaluation | | Instructor | Spring 2014 |
| S300 | Poverty in the U.S. | Online | Instructor | Spring 2014 |
| S300 | Domestic Violence Elective | Online | Instructor | Spring 2014 |
| S141 | Introduction to Social Work | | Instructor | Fall 2013 |
| S102 | Understanding Diversity in a Pluralist Society | | Instructor | Fall 2013 |
| S102 | Understanding Diversity in a Pluralist Society | | Instructor | Fall 2013 |
| S221 | Human Behavior and the Social Environment | | Instructor | Fall 2013 |
| S472 | Practice and Program Evaluation | | Instructor | Spring 2013 |
| S472 | Practice and Program Evaluation | | Instructor | Spring 2013 |
| S300 | Domestic Violence Elective | Hybrid | Instructor | Spring 2013 |
| S300 | Poverty in the U.S. | Online | Instructor | Spring 2013 |
| S300 | Domestic Violence Elective | Online | Instructor | Summer 2012 |
| S472 | Practice and Program Evaluation | | Instructor | Spring 2012 |

| S300 | Domestic Violence Elective | | Instructor | Fall 2011 |
| S300 | Poverty in the U.S. | Online | Assistant | Spring 2011 |

**RESEARCH:**

| | |
|---|---|
| Shelter Environment Project-Texas Council on Family Violence | 2012-Present |
| Domestic Violence Advocacy (Dissertation Study) | 2013-Present |
| Perceptions on Poverty (Economically Oppressed Cohort)<br>Collaboration with Dr. Carol Hostetter and Dr. Sabrina Sullenberger | 2012-Present |
| Rolling in the Deep: Assessing Higher Cognitive Skills in the Context<br>Of an Undergraduate Research Course<br>Collaboration with Dr. Carol Hostetter and Dr. Sabrina Sullenberger | 2012-Present |
| College Seniors Perceptions on Poverty<br>Collaboration with Dr. Carol Hostetter and Dr. Sabrina Sullenberger | 2011-2012 |
| Social Worker Self-Care and Job Satisfaction<br>Collaboration with Kori Bloomquist, MSW, Kristin Trainor, LMSW<br>and Dr. Hea-Won Kim | 2011-2012 |
| Engaging Undergraduates in Research<br>Collaboration with Dr. Carol Hostetter and Dr. Sabrina Sullenberger | 2010-2012 |
| MSW Student Socialization and Immersion Course<br>Collaboration with Dr. Kathy Lay and Dr. Cathy K. Pike | 2011 |
| Domestic Violence Welfare Portal<br>Collaboration with National Domestic Violence Resource Center | 2011 |
| Adolescents' Perceptions on Poverty<br>Collaboration with Dr. Carol Hostetter and Dr. Sabrina Sullenberger | 2010-2011 |
| Sexually Oriented Businesses and Sexual Assault<br>Assisted Dr. Noël Busch | 2008-2009 |
| Domestic Human Trafficking<br>Assisted for Institute on Domestic Violence and Sexual Assault | 2007-2008 |

**SERVICE:**

| | |
|---|---|
| Monroe County Domestic Violence Study Group | 2012-Present |
| Middle Way House Inc | 2011-2013 |
| Substitute Crisis Line Volunteer | |

**PRESENTATIONS:**

**National:**

Hostetter, C., **Wood, L**. & Sullenberger, S.W. (2014, March). *High-Impact Educational Practices in Teaching Social Work Research.* Workshop Session presented at the Association of Baccalaureate Social Work Program Directors Annual Meeting, Louisville, Kentucky.

**Wood, L**. and Sullenberger, S. W. (2013, November). *Waiting to be Cinderella'd?: Gendered explanations of social class.* Paper Session presented at the Council on Social Work Education Annual Program Meeting, Dallas, Texas.

Sullenberger, S.W. & **Wood, L**. (2013, March). *"Sometimes It's Dirty and Deviant": Understanding Young Adults' Constructions of Social Class.* Presentation at the 30th Annual Association of Baccalaureate Social Work Program Directors Conference, Myrtle Beach, South Carolina.

Bloomquist, K.R., Friedmyer-Trainor, K., & **Wood, L**. (2012, July). *Social Worker Self-care and Rural Practice.* Presentation at the 37th Annual National Rural Social Work Conference, Nashville, Indiana.

**Wood, L**. (2012, July). *Domestic Violence and Rural Social Work Practice: Building Capacity Through Collaboration.* Paper session at the 37th Annual National Institute for Social Work and Human Services in Rural Areas, Nashville Indiana.

Hostetter, C. & **Wood, L**. (2011, October). *Building and Assessing Research Competencies in BSWs: Conducting Research Through Team-Based Learning.* Paper Session presented at the Council on Social Work Education Annual Program Meeting, Atlanta Georgia.

**Regional:**

**Wood, L**. (2011, April). *Adolescents' Perceptions on Poverty.* Poster Session at the Indiana University School of Social Work Annual PhD Symposium, Indianapolis, Indiana.

**PEER REIEWED PUBLICATIONS:**

**Under Review:**

**Wood, L**., Hostetter, C., & Sullenberger, S.W.  (2014) Waiting to be Cinderella'd? Attitudes on Class Differences Among Women.

**Published**:

Hostetter, C., Sullenberger, S.W., & **Wood, L**.  (In Press).  All these people who can do things that I can't":  Adolescents' reflections on class, poverty, and the American Dream.  *Journal of Poverty*.

Hostetter, C., Sullenberger, S.W., & **Wood, L**.  (2013).  The key to learning: Engaging undergraduate students in authentic social work research.  *Journal of Baccalaureate Social Work, 18*

Sullenberger, S.W., Hostetter, C., & **Wood, L**.  (2012).  "Families pass money and opportunities down": Adolescent constructions of social class.  *Journal of Human Behavior in the Social Environment, 22,* 635-652.

**INVITED PUBLICATIONS**

Sullenberger, S.W.  & **Wood, L**.  (2011).  What's the word on the street about poverty?  In C.J.  Black & K.  Khaja's (Eds.) *Seeing Different Views of the Elephant: Appreciating Diversity (pp.)* Dubuque, IA: Kendall Hunt Publishing.