Domestic violence victims: An examination of advocates' experiences and impact on services

Tanya M. Grant
Sacred Heart University

ABSTRACT

This qualitative study examines advocates' phenomenological experiences with victims of domestic violence, specifically whether advocates' personal biases impede the delivery of services to victims. Agencies and shelters in the communities that serve victims of domestic violence are an invaluable resource; however, if advocates are not providing appropriate services, victims can often find themselves in a more traumatic state. Ten domestic violence advocates throughout the State of Connecticut were interviewed and asked a series of questions pertaining directly to their day-to-day roles. The study also examined their attitudes about domestic violence, their perceptions of the work they do, and whether or not they feel they are making an impact. To add to the much-needed literature base on the lived experience of domestic violence victim advocates, this study utilized a qualitative phenomenological methodology. Seven core themes were identified throughout the research. Many advocates are simply burned out and not providing adequate services to their clients. Many advocates do not feel valued or as though they are given proper, continuous training on topics relevant to their job. The identified themes are important for developing training initiatives, improving management / advocate relationships, as well as strengthening organizational soundness.

Keywords: domestic violence, victims, advocacy, phenomenological methodology, service delivery

Copyright statement: Authors retain the copyright to the manuscripts published in AABRI journals. Please see the AABRI Copyright Policy at http://www.aabri.com/copyright.html.

INTRODUCTION

Only recently have criminal justice practitioners realized the human suffering that takes place within families and intimate relationships. Gradually, this internal domestic strife is becoming more recognized in communities across the country. Society is finally starting to recognize the issue of family violence, referred to as "domestic violence," as a major public health hazard, as well as a major public safety concern. Macy, Giattina, Parish, and Crosby (2010) agreed that this issue is serious; they also indicated that domestic violence is becoming a public health concern. The United States public, including military services, also seems to concur with the above statement, as cited in McCaroll, Castro, Nelson, Fan, and Rivera's (2008) study on characteristics of domestic violence incidents reported on scene by volunteer advocates.

Data from the Bureau of Justice Statistics' National Crime Victimization Survey, 1993 to 2008, and the Federal Bureau of Investigation's Uniform Crime Reporting Program's Supplementary Homicide Reports, 1993 to 2007, speak to the magnitude of this epidemic. The rate of intimate partner victimizations for females was 4.3 victimizations per 1,000 females age 12 or older. The equivalent rate of intimate partner violence against males was 0.8 victimizations per 1,000 males age 12 or older. In 2007, intimate partners committed 14 percent of all homicides in the United States. The total estimated number of intimate partner homicide victims was 2,340 in 2007, including 1,640 females and 700 males. Females comprised 70 percent of victims killed by an intimate partner in that year, a proportion that has not changed significantly since 1993. Furthermore, Silverman, Raj, Mucci, and Hathaway (2001) stated that one in five high-school girls were already reporting violence in their dating relationships.

Domestic violence gained public recognition as an expanding social problem in the 1970s in the United States. Since then, social services have been developed for victims of domestic violence and their families. However, researchers (Bass & Rice, 1979; see also Davis and Carlson, 1981; Davis, 1984; Hansen, Harway, & Cervantes, 1991; Danis & Lockhart, 2003) have noticed that the victim-blaming attitudes of social service providers hurt, not help, the victims of domestic violence who seek assistance. More recently, some authors of domestic violence literature have paid particular attention to the question of how service providers view and respond to battered victims. These authors have focused on the ways in which service providers' perceptions and attitudes about domestic violence can impede their responsiveness to battered women (Clements, Brannen, Kirkley, Gordon, & Church II, 2006; see also Bosch & Bergen, 2006; Allen, Bybee, & Sulivan, 2004; Danis, 2003). Perhaps it is not surprising that, due to service providers' overall history of bias and blame, the relationship between the practitioners (the advocate, counselor, or social worker) and the grassroots battered women's movement has been antagonistic and practitioners have been seen as barriers instead of allies (Kanuha, 1998).

Advocacy has been a core component of the women's movement to end domestic violence. Davies, Lyon, and Monti-Catania (1998) described advocates as "anyone who responds directly to help abused women in an institutional context" (p. 2). This inclusive definition encapsulates various approaches to advocacy but, most importantly, captures the essence of its purpose, which is to help survivors of domestic violence navigate the systems involved in the community response as they attempt to acquire needed resources.

In the State of Connecticut, domestic violence advocates must undergo 20 hours of battered women certification training (C.G.S.52-146k) before they are permitted to provide services to any victim of domestic violence. Advocates receive significantly more training than other direct service providers who may be working with domestic violence victims (e.g., police

officers, nurses, and mental health practitioners), yet there continues to be a lack of knowledge related specifically to advocates' perceptions and day-to-day work-related struggles.

This study examines advocates' phenomenological experience with victims of domestic violence, specifically whether advocates' personal biases impede service delivery.

Definition of Terms

The following section provides definitions of terms that are uncommon or unique to the study.

Domestic Violence. An act of domestic violence shall be considered to have been committed when the following factors are involved: (1) "Family violence" means an incident resulting in physical harm, bodily injury, or assault, or an act of threatened violence that constitutes fear of imminent physical harm, bodily injury, or assault between family or household members. Verbal abuse or argument shall not constitute family violence unless there is present danger and the probability that physical violence will occur. (2) "Family or household member" means (a) spouses or former spouses; (b) parents and their children; (c) persons 18 years of age or older related by blood or marriage; (d) persons 16 years of age or older, other than those persons in subparagraph C, who are presently residing together or have resided together; (e) persons who have a child in common regardless of whether they are or have been married or have lived together at any time; and (f) persons in, or who have recently been in, a dating relationship with one another. (3) "Family violence crime" means a crime as defined in section 53a-24 of Connecticut General Statute which, in addition to its other elements, includes an act of family violence to a family member, but shall not include acts by parents or guardians disciplining minor children, unless such acts constitute abuse (Connecticut General Statute, 46b-38a).

LITERATURE REVIEW

The review of the literature analyzed the central topic of domestic violence from a social and historical perspective. A thorough review of the feminist theory sets the foundational structure associated with the domestic violence advocate's mission and purpose. Furthermore, an examination of burnout and whether it has a direct impact on advocacy efforts was investigated. Lastly, the limited and major research that has been conducted regarding victim advocates' perceptions and beliefs was appraised.

Overview of Domestic Violence: Scope of the Problem

Over the past decade, domestic violence has increasingly been defined as a serious crime by a growing number of state criminal codes and family court statutes (Slattery & Goodman, 2009). Controversy continues concerning the appropriate response of society in general, and the criminal justice system in particular, to domestic violence.

Traditionally, the persistent neglect of the government to perform the "societal" responsibility of controlling family violence was not viewed as a causal factor of domestic violence. Rather, it was believed that if society intervened, incalculable harm would come to the family, the basic building block of society (Garland, 2001). Only the most egregious cases were considered worth the risk of societal intervention.

Domestic violence varies in forms, extending from mild verbal abuse to severe physical abuse and including various behavioral patterns of physical, emotional, psychological, sexual, and economic abuse used to perpetuate fear, intimidation, power, and control (Roberts, 2002). It is difficult to separate mental and verbal abuse from the portrayal of a domestic violence victim. The power and control exercised in the relationship are part of the battering syndrome. Mental and verbal indignities are the signs and symptoms of an abusive relationship. They are the tools used to break the spirit and overcome the will of a victim (Macy, Giattina, Parish, & Crosby, 2010).

The Bureau of Justice (2007) statistics for the year 2005 found that 18 percent of all victimizations of females were committed by an intimate partner. The home is a dangerous place for females due to the risk of abuse by a partner (Ridley & Feldman, 2003). Domestic violence is the leading cause of injury and death to American women, causing more harm than vehicular accidents, rapes, and muggings combined (Gosselin, 2005). Approximately 1.5 million women are raped and/or physically assaulted each year by an intimate partner, according to the National Violence Against Women Survey (Tjaden & Thoennes, 2000).

Many researchers (Clifford, 1999; see also Harned, 2001; Knauer, 2001) suggest that the incidence of male battering may be as high as female battering, a contentious position. The examination of female-perpetrated domestic violence has been met with much less enthusiasm. Most skilled practitioners accept the incidence rate of male battering by females to be approximately 15 percent of domestic violence. The full magnitude of violence by females against males is not known and some males do experience substantial injury because of victimization. In fact, following mandatory arrest policies implemented across the United States, community studies have found the number of women arrested for perpetrating domestic violence has risen 10- to 12-fold (Hamberger, Lohr, Bonge, & Tolin, 1997). Current reports of an increase in the arrest rate of females for domestic violence are explained by police officers as an unintended effect of police training and legislation that seeks to identify the “primary aggressor” in cases of domestic violence. In spite of such findings, there appears to be much skepticism about the potential for females to be violent in their intimate relationships (Arias & Johnson, 1989; Berlinger, 2004; Harway & Hansen, 1993). As a result, less scholarly attention and a lack of resources have been directed towards this population. This is an area requiring much more research in order to better understand and effectively treat both female offenders and male victims.

Domestic Violence as a Social Problem

Only recently has society come to realize the human suffering that takes place within families. Gradually, this internal domestic strife is becoming more exposed to the public view. Society is finally starting to recognize the problem of family violence as a major public health hazard and safety concern. In particular, intimate partner violence (IPV) constitutes a major public health problem in the United States. According to the Center for Disease Control, 2009 Fact Sheet (www.cdc.gov/violenceprevention), each year women experience about 4.8 million intimate partner related physical assaults and rapes. Men are the victims of about 2.9 million intimate partner related physical assaults.

The goal is to stop IPV before it begins. Strategies that promote healthy dating relationships are important. These strategies should focus on young people as they learn skills for dating. This approach can help those at risk from becoming victims or offenders of IPV. Men

and women can work with young people to prevent IPV. Adults can help change social norms, be role models, mentor youth, and work with others to end this violence. For example, by modeling nonviolent relationships, men and women can send the message to young boys and girls that violence is not acceptable (Max, Rice, Finkelstein, Bardwell, Leadbetter, 2004).

Woman battering takes place in all social classes, religions, races, and ethnic groups, and the public seems to be aware of this fact. The All State Foundation survey of 2004 found that 83 percent of respondents strongly agreed that domestic violence affects people in all racial, ethnic, religious, educational, social, and economic backgrounds. Of course, within these populations certain trends exist. For example, the risk of violence is often compounded by the social and geographic isolation of those being abused (Few, 2005). And although violence against women appears to be more visible in the lower economic class (where it has a higher rate of reporting to the authorities), it is increasingly being recognized as a problem in middle- and upper-class households as well. Women who reside in affluent communities hide the abuse they endure more so than women residing in the inner cities. Whether this is because of the proximity of neighboring apartments in the cities versus the large amount of space between homes in small towns is unknown; but, whatever the reason, the abuse rarely gets reported. Financial status and dependence also play major roles in why abuse is not reported as much in higher social classes (Ferraro, 1989). Furthermore, as previous literature suggests (Heater, Walsh, & Sande, 2002; see also Overholser & Moll, 1990; Wandrei & Rupert, 2000), attitudes towards victims are notably diverse across raters' demographic variances such as gender, age, and professional status.

In 1969, the National Commission on the Causes and Prevention of Violence concluded the United States was the world's leader in rates of homicide, assault, rape, and robbery. Like the Commission, most Americans believed that their greatest risk of injury and harm came from causes outside their homes; they were sadly mistaken. According to the Center for Disease Control, Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence – United States Survey (2005), each year intimate partner violence results in an estimated 1,200 deaths and 2 million injuries among women and nearly 600,000 injuries among men. Moreover, violence by an intimate partner accounts for about 21 percent of violent crime experienced by women and about 2 percent of the violence experienced by men (U.S. Department of Justice, 2003).

In the past three decades, research and social action have increased the public's awareness of the extent and seriousness of domestic violence. Consider the following facts: victim surveys record millions of violent crimes each year, and it is known that approximately 40 percent of these violent incidents are between family and friends. The National Domestic Violence Hotline has received more than 900,000 calls for assistance since February 1996 (National Domestic Violence Hotline, 2004).

Robinson (2003) asserted the number of those who report domestic violence is only two-thirds of those who actually experience it. He also stated that these victims have been kicked, punched, almost beaten to death, or attacked with a weapon that caused serious injury. Berlinger (2004) added that each year over 500,000 women seek medical attention for these injuries.

Planned social change and a sharp reduction in a serious social problem such as woman battering usually takes place after legislators, human service administrators, prosecutors, and judges become aware that the problem affects a large number of people and is life-threatening. Only then is collective action taken by large organizations, interest groups, and statewide coalitions to alleviate the problem.

The Domestic Violence Victim Advocate

Despite a sizeable body of literature about advocacy for victims of domestic violence, there remains a great amount of confusion regarding how to define advocacy and what activities constitute advocacy services. It seems that definitions differ, in part, depending on who is providing the information and whether advocacy is occurring at an individual or systemic level.

Advocacy has been a core component of the women's movement to end domestic violence since the movement's inception. Davies et al., 1998, described an advocate as "anyone who responds directly to help abused women in an institutional context" (p. 2). A common approach to providing advocacy services is to focus on single, particular areas that are viewed as critical to survivors of domestic violence (i.e., legal advocacy, supportive services, and shelter services).

Moreover, in 1994, Peled and Edleson noted that literature defining advocacy was almost nonexistent and, within that which did exist, there was no systematic research on the parameters of advocacy. So, Peled and Edleson conducted a national survey which asked service providers to define advocacy and to describe the nature of the services they performed for battered women. They discovered most domestic violence service providers identified themselves as engaging in some form of "advocacy." They also found that definitions were framed by the following: providing direct services, representing battered women and acting as liaisons for them, and performing community education and policy work. Advocacy activities are categorized as either individual-based (i.e., working specifically with or on behalf of individuals to ensure access to resources and opportunities) or systems-based (i.e., advocating to change and improve institutional responses).

Activities identified as individual-based advocacy employ a variety of services, often including helping victims safely move their belongings out of their residence or accompanying a victim through the court process (Sullivan & Keefe, 1999). Facts about domestic violence, medical assistance, and emergency shelters and transportation to shelters are also frequently provided to the victim (Gwinn & O'Dell, 1993).

Systems-based advocacy, or class advocacy, targets the criminal justice system, the health care system, the welfare system, and other similar institutions (Sullivan & Keefe, 1999). Systems-based advocacy is a collective effort to reform institutional responses to battered women, whereby their experiences are taken into account, leading to greater safety for victims and greater accountability for batterers. Kutchins and Kutchins (1987) see advocacy as that which takes place within an adversary forum. They trace the origin of advocacy to the activity of lawyers working in the 1960s for *Mobilization for Youth* and in the *War on Poverty.* For Kutchins and Kutchins, advocacy has a more adversarial meaning and can be defined as "helping his or her client when there is a conflict."

Many authors have noted that advocacy involves varying degrees of both assisting individuals and working to change systems. Herbert and Mould (1992) wrote, "Advocacy is not primarily concerned with providing a service, but rather with assuring the availability and relevance of the service provided. It implies a pro-active step beyond the mandated delivery of service." (p. 117).

Beyond assisting a victim of battering in escaping immediate danger, advocates should also help the victim to explore the roots of the crisis and develop adaptive coping skills for the future. Roberts' model advocates focusing on the client's strengths as a positive way of developing new coping techniques. This strength-based model of "crisis intervention utilizes

empowerment, resilience, healing and wholeness, collaboration, and suspension of disbelief" (Roberts, 2000, p. 184).

Questions about the effectiveness of advocacy services have also received some attention in the literature. Potential limitations of victim advocates are always a subtopic within the literature. Advocacy has important implications for both service providers and those who fund such services. Considering the importance of the topic, there have been relatively few studies on the outcome of advocacy for survivors of domestic violence or sexual assault. One exception was a study by Sullivan and her colleagues on advocacy for battered women (Sullivan et al., 1994). Sullivan and her colleagues conducted an experimental study in which a group of battered women were provided with the services of an advocate for four to six hours a week for ten weeks post-shelter. In the follow-up study six months later, they found no significant differences in the physical abuse suffered by the experimental group compared to the controls. They did find, however, that those women who had advocates reported they were more satisfied with their overall quality of life.

While earlier studies (Bass & Rice, 1979; see also Hilberman, 1980; Walker, 1984; Davis & Carlson, 1981) addressed service providers' attitudes of victim-blaming in general, subsequent studies (Davis, 1984; see also Dutton, 1994; Hilton, 1989, Home, 1994; Maynard, 1985; McKeel & Sporakowski, 1993) illuminated attitudes and beliefs of specific groups of professionals (shelter counselors, nurses, family therapists, and social workers). These attitudes and beliefs are related to domestic violence, the differential attitudes within and among diverse groups of providers, and their impact on intervening actions.

Based on an analysis of battered women's appraisals about the use of professional services, Hamilton and Coates (1993) quoted the major elements of helpful intervention reported by battered victims as "listening sympathetically" and "believing my story." They also noted harmful interventions reported by battered victims as minimizing or disregarding the seriousness of the situation, criticizing women for staying in the relationship, suggesting couple counseling, and questioning the battered victim's story. Their study, for the first time, presented clients' perspectives on professionals' responsiveness to battered women, including battered women's own identification of the needs they hoped would be met by service providers.

Furthermore, Eisikovits and Buchbinder (1996) conducted a qualitative analysis of battered women's views of social workers in particular. The researchers pointed out that battered women's needs in their interactions with advocates were often not met by social workers in an empathetic and trustful manner. For example, battered women reported that social workers avoided making direct reference to violence and its consequences, restructured and distorted clients' definitions of their situations, and suggested couple interviews before women felt safe to do so.

These studies showed that battered women clients, at heart, expected advocates' authentic responses to be attentive and sensitive to their imminent needs. However, victims of domestic violence reported that these expectations were not fully met and were sometimes even ignored by advocates. The studies above also pointed out that the advocates' insufficient responsiveness to the needs of victims negatively affected the prevention of further victimization, as well as their clients' subsequent decisions to seek further services (Hamilton & Coates, 1993; see also Eisikovits & Buchbinder, 1996). Overall, the studies presented agreed upon the significance of education and retraining of professionals involved with victims of domestic violence.

In response to the dearth of information about the effectiveness of advocacy for women with abusive partners, Sullivan (2000) developed the Community Advocacy Project, an approach

to advocacy that would extend services typically provided by shelter programs. Of particular importance, these advocacy services were provided after women exited shelters and were focused on meeting survivors' self-defined needs and wants throughout the advocacy process. Sullivan and her colleagues have demonstrated that women who received their intensive advocacy services were more effective in acquiring needed community resources than were women in a control group (Sullivan, 1991; Sullivan & Bybee, 1999).

However, Edleson (1993) stated that "few studies have shown that advocacy can reduce the violence to which women are exposed" (p.4). Edleson's national survey of advocacy services for battered women found continued gaps in research, including a lack of knowledge about victims' views of advocacy. A study of the provision of paraprofessional advocacy services to women leaving shelters showed that, after ten weeks, the women who received intensive advocacy services were more effective in becoming connected to resources than those who did not receive advocacy (Sullivan, Basta, Rumptz, & Davidson II, 1992).

Nevertheless, a disconnect exists between advocates who are clearly unfamiliar with the feminist movement and those advocates who are deeply embedded in the movement, using it as a foundation for their work. With no foundation in the history of the movement or its analysis, this first type of advocate frames the work and goals of domestic violence agencies by service provisions (Dutton, 1994). This conceptualization of the work is quite different from the movement argument that "battered women's lack of empowerment is not due to low self-esteem or masochistic tendencies. It is due primarily to interpersonal and social conditions. Therefore, a major component of empowerment includes modifying structural conditions to redistribute power and resources" (Sullivan, 2006, p. 28).

In a study conducted by Lehrner and Allen (2009), advocates agreed that despite their many challenges, movement leaders spoke with eloquence about their visions for a reenergized and refocused movement. The crucial challenge, advocates argued, was in creating room for innovative ideas and collaborations, without compromising core values and goals. This foundation provides a "big picture" sense of advocates' goals and objectives.

A major dilemma, however, posed by advocates is how to engage with communities and organizations that may have different understandings of the problem. Overwhelming pressures and constraints of providing services to women in crisis are bound to emerge, especially considering the restrictions from those providing funds on how grant money is spent and the increasing distance of agency management and staff from movement history analysis and activities.

Feminist Theory

Feminist theory presents one of the most prominent socio-cultural perspectives on domestic violence (Gelsthrope & Morris, 1990; see also Smith, 1990; Miller, 2005). In the 1960s and 1970s, activism was at its height, and the women's movement transformed domestic violence from a private issue to a distinct social problem. Since the early 1970s, the feminist perspective has been one of the predominant theoretical models in the domestic violence field, undergirding many programs, interventions, advocacy efforts, and legislative agendas (McPhail, Busch, Kulkarni, & Rice, 2007).

Critical and/or radical feminists have argued that domestic violence constitutes one of the main social manifestations of patriarchy, whereby the ideology of gender relations creates and maintains male dominations of women in the nuclear family and, thus, in society (Gelsthrope &

Morris, 1990; see also Messerschmidt, 1993; Millet, 1970). The cause of woman battering is rooted in male domination in a patriarchal system (Dobash & Dobash, 1979; Schecter, 1982). Such traditional gender-role attitudes, enforced by formal and informal control systems, embody the belief that males have the right to use physical force against their intimate female partners as a social instrument of intimidation to control them, consequently to sustain unequal power in intimate relationships (Dobash & Dobash, 1979; see also Smith, 1990; Straus et al., 1980; Yllo & Straus, 1990).

Women have been victims of violence perpetrated by men throughout the ages (Brownmiller, 1975; Dobash & Dobash, 1979). Since the advance of the women's liberation movement in the 1960s and 1970s and the formulation of feminist theory, the social definition of intimate personal violence, which includes serious criminal offenses such as rape and murder, has undergone a gradual change. As a result of this shift, intimate partner violence is increasingly perceived as a pervasive social problem (Dobash & Dobash, 1979; see also Greenblat, 1985; Straus, Gelles, & Steinmetz, 1980).

Feminist interventions have their roots in critical theory, which calls for social action in changing existing social structures that oppress subordinate groups. According to this theory, eliminating violence against women would require redistributing the power imbalances between men and women (Heise, Raikes, Watts, & Zwi, 1994; Kurz, 1987). Feminist-based interventions seek to empower women to step out of their pre-socialized roles, to teach them that they have a choice, and to provide them with adequate resources and viable pathways to overcome economic barriers.

Feminist theories on dealing with domestic violence emphasize values of empowerment and self-determination; and these very values are the backbone of advocacy work. Advocates of this perspective define domestic violence as one of many forms of violence in the family system. The emphasis on family and its hierarchical structure provides a context for understanding domestic violence in the family system. Advocates struggle with finding a common ground between providing safe and secure resources for victims, while keeping family needs and ties in mind.

"Giving voice," a term meaning speaking on behalf of victims, has become a defining characteristic of the feminist standpoint that focuses on gender differences in social situations (Bui, 2007). However, the dilemma facing advocates today, for which there is no clearly perfect solution, is whether the process (giving the battered woman a choice about how to proceed) or whether the outcome (pursuing domestic violence cases to the full extent of the law, regardless of the victims' wishes) is more important (van Wormer & Roberts, 2009).

Over the years, the feminist framework has been a primary target of criticism for academics, practitioners, and others. Paradoxically, the domestic violence movement has, in some ways, become a victim of its own legitimization as the latest round of criticisms has focused on a perceived overreliance on the criminal justice system to aggressively intervene in such cases (Maguigan, 2003; see also McDermott & Garofalo, 2004; Mills, 2003).

Burnout

The term burnout was first coined by Freudenberger (1974) to describe a state of emotional and physical depletion that resulted from pressures in the work environment of mental health practitioners. One of the most accepted definitions postulates that burnout is comprised of

three main factors: emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Maslach & Jackson, 1986). Emotional exhaustion describes a state of being emotionally overextended and experiencing a lack of energy or dread of going to work. Depersonalization occurs when workers treat clients in detached, unfeeling ways, which can result in the objectification and dehumanization of clients. A diminished sense of personal accomplishment is evident when workers experience reduced feelings of competence and achievement in their work with people and can also include negative self-evaluations. The cost of burnout to human service agencies is twofold: workers can be debilitated and, in turn, services provided to clients are detrimentally affected (Shinn, Rosario, Morch, & Chestnut, 1984).

According to Schaufeli, Maslach, and Marek (1993), the core of developing a better understanding of the concept of burnout lies in the prolonged nature of a stressful element in the workplace. The authors explained that burnout can be seen as a process starting with prolonged levels of job tension that escalate to emotional exhaustion, depression, and job dissatisfaction. This process culminates with employees feeling detached from their work environments, which subsequently affects their mental and physical health.

Maslach (2003) explained that job settings create conditions for burnout when employees feel that their work and environment are out of control. The author posited that this leads to feelings of entrapment, since they cannot take breaks from their work, nor influence their environment to improve it. The author also affirmed that when employees are in the process of getting burned out, they will trust their coworkers less and will be more prone to engage in situations of conflict. Maslach (2003) added that these conflicts lead to breakdowns in relationships, with people then preferring to work in isolation.

A vast body of research has concentrated on burnout among mental health professionals (Casas, Furlong, & Castillo, 1980; see also Cherniss, 1980; Etzion & Pines, 1986; Farber, 1983; Freudenberger, 1974; Van Auken, 1979), who often experience a significant amount of stress in their jobs. As the amount of stress on the job increases, the likelihood of experiencing emotional exhaustion and depersonalization also increases (Brown & O'Brien, 1998; Ross, Altmaier, & Russell, 1989). Sources of this stress might include the need to fulfill multiple roles, work overload, and, particularly in domestic violence work, exposure to potentially dangerous clients (Epstein & Silvern, 1990; Ross et al., 1989). Human service providers often enter their jobs with high ideals, believing they will be successful in helping their clients, be autonomous in their work, and have personal control over their work environment. Oftentimes, they also believe that their work will be meaningful and stimulating and that clients will be grateful and cooperative (Shinn et al., 1984). The failure of some jobs in human services to live up to these ideals may contribute to burnout.

Brown and O'Brien (1998) studied stress, social support, coping, and burnout in battered women's shelter workers. They found that shelter workers exhibited moderate amounts of stress and exhibited work-related distress, but did not meet Maslach and Jackson's (1986) definition of burnout (i.e., high levels of emotional exhaustion and depersonalization and low feelings of personal accomplishment). They identified two important sources of stress experienced by shelter workers: having too much work to do and an inadequate amount of time to successfully complete their work.

Social support has been well-documented as a factor that may help people cope with stress (Newcomb, 1990; Ross et al., 1989) and, therefore, may help reduce susceptibility to job-related burnout. Boscarino, Figley, & Adams' 2004 study defined social support as perceptions of assistance and encouragement available from others at work. Among shelter workers and

crisis intervention personnel, perceived social support has been related to the use of adaptive coping strategies and to lower levels of burnout (Boscarino et al., 2004). Researchers have consistently reported that increased social support factors are associated with lower perceived experiences of burnout. Furthermore, Brown and O'Brien (1998) stated that increased perceived social support from supervisors, friends, and/or family was associated with less emotional exhaustion and depersonalization among a sample of shelter workers. Support from coworkers was also associated with lower rates of depersonalization toward clients in a sample of domestic violence shelter workers (Epstein & Silvern, 1990).

Moreover, others have reported that the absence of social support was associated with higher levels of burnout among counselors (Ross et al., 1989). Similarly, McKenna (1986) reported that a significant source of stress among shelter workers was an overall feeling of lack of support. Some shelter advocates described the lack of community recognition for the work being done in shelters as a significant source of stress, whereas, others found the lack of support and appreciation from administration most disturbing. Most advocates also identified lack of support from other staff members as a problem. More recently, feelings of isolation for advocates providing services to domestic violence clients was described as a contributing factor to the experience of burnout, secondary only to direct service hours with a high percentage of domestic violence clients (Iliffe & Steed, 2000).

METHODOLOGY

This section describes the research method that was employed in this study of domestic violence victim advocates' personal attitudes and biases regarding domestic violence and the effects these factors have on service delivery. Phenomenology involves examining individuals' experiences by looking for the essence of meaning in their descriptions of their lived experience (Moustakas, 1994). In phenomenology, epoché, or bracketing, is a crucial step in conducting a successful research study. It is an opportunity for personal preconceived attitudes pertaining to the experience to be reflected upon. It is also essential to separate any biases or assumptions to preserve the validity of the study. Moustakas (1994) defines epoché as:

> A process of setting aside prejudices or predispositions and allowing events, things, and people to enter a new consciousness, to look and see them again, as if for the first time. This is…the opportunity for a fresh start, a new beginning, not being hampered by voices of the past that tell us the way things are or voices of the present that direct our thinking. (p. 85)

Hein and Austin (2001) characterized the epoché process as a return to a "natural attitude," where researchers take the world for what it is in relation to perceived reality. Moustakas (1994) noted that the achievement of epoché requires high levels of concentration on and self-reflection into specific instances in order to identify potential personal biases and develop the necessary receptiveness to interpret a phenomenon as it is, without bias or prejudice.

As the phenomenological reduction process considered epoché as a preliminary action in seeing things as they truly are without bias or prejudice, this research approach then moved into the act of bracketing where "we suspend our beliefs, and we bracket the world and all the things in the world" (Sokolowski, 2000, p. 49). In this research study, the use of bracketing allowed for concentration on certain perspectives, as applicable, while simultaneously allowing for the isolation of other perspectives that, while still in existence, are restricted from the evaluative process (Sanders, 1982). In the end, the process of bracketing enabled the identification,

assessment, and isolation of personal views to facilitate an impartial, objective collection and review of participant data.

Any personal biases pertaining to domestic violence victims or the work that advocates perform were identified and analyzed. Next, these personalized accounts were noted and acknowledged so that any prior understandings were released and the experiences of the participants would reign evident over those of the researcher. Upon completion of the epoché process, the interview process began.

Research Questions

For this study, the population was domestic violence victim advocates working in domestic violence programs throughout the State of Connecticut. Using a purposive sampling method, three research questions have been answered.

1. How do domestic violence victim advocates' perceptions and attitudes impede their responsiveness to battered victims? What are the mitigating and aggravating factors that contribute to the advocates' lack of responsiveness?
2. What types of training, if any, are provided to advocates to assist with minimizing personal biases and attitudes about domestic violence and assuring quality services for victims regardless of advocates' personal feelings?
3. How do advocates see burnout affecting the services they provide to battered victims?

Sampling Design

Utilizing a qualitative paradigm, purposeful sampling (Patton, 1990) was employed with the goal of discovering participants enriched with information, thereby providing the researcher with enhanced cases for study. Purposeful sampling was carried out from lists of volunteers who met verifiable criteria of domestic violence victim advocates. Moustakas (1994) recommended participants be selected according to two criteria: (a) whether they are experiencing the phenomenon being studied, and (b) whether they are willing to participate in the study and be interviewed. Accordingly, the advocates were purposefully chosen to participate in this study because of their experience working with domestic violence victims and their willingness to share those experiences.

The study sample size was ten individuals. Mertens (1998) wrote that in the qualitative paradigm of phenomenology, samples tend to be small because of the depth of information sought from each individual. An appropriate sample size for a qualitative study adequately serves the research questions; the number of required subjects usually becomes obvious as the study progresses, as new categories or themes stop emerging or become repetitive, or when saturation is met. Therefore, ten individuals was the intended sample size; although the final number was determined as the study progressed.

Procedure for Obtaining Participants

The purpose of data collection was to describe and understand the lived experiences of each participant. The participants in this study were recruited via email. An email was sent to

executive directors of local domestic violence agencies describing the nature of the study and the criteria for involvement in it. Once potential candidates were identified, they were asked to contact the researcher directly in order to discuss the study in detail. At this point, the study was fully explained and, if the advocate decided to participate, they were sent a demographic survey to complete and return. Once the demographic survey was received, a face-to-face interview was scheduled.

Demographic Information

Demographic information was collected prior to starting the face-to-face interviews. The participants ranged in age, years of experience, level of education, and race/ethnicity, as indicated in Table 1 (Appendix).

Procedure for Interviewing Participants

The informed consent document was presented in written form and its purpose was discussed orally with each participant prior to the facilitation of each interview. It was important to let the participants know that their participation was voluntary and they were free to leave or not answer any of the questions being presented. Face-to-face interviews, lasting approximately one hour, were conducted at the identified domestic violence agencies. In addition, the participants were informed that with their permission, the interviews would be audio taped, allowing dialogue to be analyzed verbatim. Each interview was scheduled at the convenience of the participant and conducted at the domestic violence agency. Each participant was provided a small gift (each valued at approximately $20.00) as a token of appreciation.

The interview was an interactive process between the participant and the researcher. The questions were open-ended, and follow-up questions were used to assist in clarifying and understanding the information presented. The interview questions posed to the participants were intended to bring forth the personal biases and attitudes commonly found in domestic violence victim advocates. It was assumed that domestic violence victim advocates have very strong personal connections to the work that they do; this assumption has already been well noted in the relevant research (Flinck & Paavilainen, 2010). Most advocates know someone personally who has been a victim or they have been a victim themselves of domestic violence. The interview questions were posed to the participants in such a way that this information could be easily shared. It was hoped that this critical background information might be drawn from the participants, thereby gaining a stronger sense of their personal connections, as well as biases and attitudes regarding their work.

This study utilized a feminist perspective during the interview process. Reinhartz, 1992, states that feminist researchers have turned to interviewing as their primary data collection method for the following reasons:

1. Interviewing allows for a free interaction between the researcher and the interviewee and includes opportunities for clarification and discussion.
2. The researcher can explore people’s views of reality and make full use of differences among people.
3. Interviewing provides access to people’s ideas, thoughts, and memories in their own words.

4. The researcher is able to verify emerging themes and interpretations and can incorporate new questions as needed.

Participant Coding

The protection of participants' anonymity, privacy, and security was accomplished through the use of coded designators, which were assigned to each participant for the duration of the research study. Each participant was assigned one of the following codes: DVA1, DVA2, DVA3, DVA4, DVA5, DVA6, DVA7, DVA8, DVA9, and DVA10. These codes were used to identify, retrieve, and analyze associated interview results for each participant. These coded designators were deciphered using a code key maintained in one secure location. The assigned coded designators remained static for each participant throughout the data collection and analysis processes and were periodically re-verified through transcript checks to ensure their continued stability. In the end, none of the actual participants expressed concerns about the security of personal identifying information, nor did they subsequently decline any interview questions or terminate participation during an interview.

DATA COLLECTION AND ANALYSIS

The data analysis took place through a course of steps utilizing the van Kaam method of analysis by Moustakas (1994). Each step represents part of the journey taken to gain a better understanding of the lived experience of domestic violence victim advocates and the work they do with victims.

Step 1

The first step in the analysis process included manually transcribing the audio-recorded interviews. Next, the demographic information obtained through the questionnaire (Appendix A) was compiled and highlighted in Table 1. Lastly, NVivo 8 qualitative software was utilized to manage and consolidate the data gathered through the victim advocates' interviews. Although the initial plan was to use NVivo 8 in a more in-depth manner, the software turned out to be very cumbersome. Due to this difficulty in working through the software training, NVivo 8 was only employed for this portion of the data analysis. The remaining analysis was performed manually through hand analysis (Creswell, 2005). Creswell (2005) states that even though hand analysis can be a lengthy process, it provides the researcher with a heightened awareness regarding the identified phenomenon. So, even though more time may be required, the end results have the potential for a higher quality, making what initially seemed like a technological setback an actual positive gain.

Step 2

Transcript and demographic analysis took place during this phase. Reading and re-reading the interview transcripts and questionnaire responses was necessary until general themes became apparent. Manually transcribing the audio-recorded interviews was very time consuming; however, it played a significant part in familiarizing the researcher with the data and,

thereby, facilitating the identification of concepts and ideas shared between participants. It is during this phase of the study that the epoché process exhibited its true value.

Step 3

Following the process of becoming familiarized with the data, horizonalization was conducted. Moustakas (1994) states horizonalization is the process by which the researcher identifies every horizon or statement that is relevant to the topic of question as having equal value. This process of highlighting horizons in the interview transcripts allowed connections to be made directly to the specific research questions being investigated.

Step 4

After identifying the horizons shared between the participants, reduction and elimination of invariant constituents was conducted (Moustakas, 1994). Recognizing invariant constituents facilitates the identification and elimination of overlapping, vague, and redundant statements made by the participants. Moustakas believed a horizon to be an invariant constituent if it fulfilled two requirements: 1) If it contains a moment of the experience that is an essential and sufficient constituent for understanding it. 2) If it is possible to abstract and label it. (p. 121).

Step 5

The invariant constituents were then clustered, which resulted in the identification of core themes shared among the domestic violence victim advocate participants (Moustakas, 1994). Indistinct and unnecessary statements made throughout the interviews were removed, thus providing evidence of core themes. The remaining invariant constituents were processed through another level of analysis in the next step.

Step 6

The validation process of the remaining invariant constituents was concluded by engaging in two specific questions posed by Moustakas (1994): 1) Are they expressed explicitly in the complete transcription? 2) Are they compatible if not explicitly expressed? (p.121). Another round of elimination concluded with those constituents that were not explicitly expressed or compatible with the prevailing themes. Once the themes in the data were identified, it was determined that saturation had been reached and no new experiences added substantive information to the identified themes (Creswell, 2005).

Step 7

Upon validating the invariant constituents and representative core themes, an Individual Textural Description of the lived experience of domestic violence victim advocates was constructed. Verbatim examples taken from the interview transcripts gave rich meaning to each Individual Textural Description.

Step 8

The development of Individual Structural Descriptions was part of the analysis process. The Individual Structural Descriptions were based on the Individual Textural Descriptions and the Imaginative Variation. Imaginative Variation includes a process of reflecting on the data in an effort to recognize the spirit of the experience (Moustakas, 1994) and is very important to this particular study because the analysis process encourages the development of an intimate connection to the lived accounts of the participants, which in turn invites a level of intuition that can lead to the true meaning of the phenomenon.

Step 9

Throughout the last stage of the analysis process, the Individual Textural and Structural Descriptions were integrated into a narrative. The narrative included a synthesis of the meanings and essences of the experiences with the phenomenon. The narrative process acted as a channel whereby the true meaning of the rich lived experiences of the phenomenon could be comprehended.

In every step of the analysis process, a vigilant effort was made to remain cognizant of the potential bias which could possibly compromise the integrity of the study. Through the epoché process, the investigation concluded with an exhaustive imaginative reflective exploration of the phenomenon (Moustakas, 1994).

Findings

The purpose of this qualitative phenomenological study was to identify themes and patterns shared among the lived experiences of domestic violence victim advocates working in the field. This section presents a summary of the data derived from the participants' accounts of their experiences during the face-to-face interview process and their demographic surveys. The 15 open-ended questions asked during the face-to-face interview and the nine open-ended demographic survey questions focused on the previously stated research questions.

Provided in the summary below are textural descriptions supporting the themes. The semi-structured interview process involved a free exchange of information based on fifteen interview questions. To capture the essences of each interview, the structure of the summary below includes themes resulting from the fifteen open-ended interview questions. Table 2 (Appendix) presents the emergent themes derived from the participant interviews as well as the thematic definitions, frequency of each theme, and number of advocates mentioning each theme. Table 3 (Appendix) presents the frequency of each theme mentioned by advocate.

Themes Shared Between Advocates

Questions 1, 11, and 14 generated the following theme and sub-themes shared between advocates:

Theme 1: Personal Interest/Passion for Domestic Violence Work

Questions One, Eleven, and Fourteen

Question 1: Describe how you came to choose domestic violence advocacy as your profession.
Question 11: When you think back on your life, describe your experiences that have shaped who you are today.
Question 14: Do you think that this work satisfies any special need for you personally?

The intent of these questions was to identify possible themes shared between domestic violence victim advocates related to their desire to engage in this type of work. Throughout the literature (Berlinger, 2004) it has been noted that many advocates actively engage in victimization-type work because they have either: 1) been a victim themselves, 2) witnessed violence in their own homes as a child, or 3) been impacted by violence through a friend or acquaintance. These life experiences may lead to a difference in attitudes and perceptions as it relates directly to advocacy work. When there is a personal interest or passion to do advocacy work, there is a likelihood of increased productivity and a strong desire to "help" the client succeed (Bybee & Sullivan, 2002).

The data analysis reveals that throughout the ten interviews, personal interest/passion was mentioned by nine out of the ten participants, 21 separate times. Furthermore, four of the ten advocates interviewed experienced domestic violence in an intimate partner relationship or witnessed domestic violence as a child. This sub-theme was mentioned seven times throughout the ten interviews.

DVA1 stated in her interview:

> I really just fell in love with the work, um, just really started to understand how domestic violence has impacted my family's relationships – um, not necessarily between my parents, but aunts and uncles and my cousins – it's been in my family. So, um, just kind of having a better understanding of that. Um, I was involved in a domestic violence relationship and I was also sexually abused when I was young. So, I knew I wanted to kind of do something around, um, teaching about abuse, 'cause it really could happen to anybody, so I think it's really important that, um… that, you know, that message got out there.

DVA7 also responded:

> I know that I have also experienced, uh, a relationship that was not exactly healthy, um, in my late-teens and early-twenties. And I think that that, in combination with, just, wanting to help people and reach out to people to educate them… kind of, a combination of where I am today and why I continue to do what I do.

Questions 7 and 8 generated the following themes shared between advocates:

Themes 2 & 3: Lack of Training/Academic Training

Questions Seven and Eight

Question 7: Describe any training that you have gone through that has been helpful in your growth and development as an advocate.
Question 8: Do you believe that you have and are receiving adequate training opportunities to enhance your professional skills?

The intent of these questions was to delve inside the preparation advocates receive to handle such difficult work. Even though advocates are required to take part in mandatory, state regulated training before engaging in direct client services, it is unclear whether advocates are receiving training to assist them throughout their tenure. The majority of the advocates studied, six out of ten, stated that they lacked appropriate training. This theme was mentioned eleven times throughout the ten interviews. However, eight out of the ten advocates reported that practical, or experimental, experiences as well as academic training assisted them significantly more. Sub-themes that emerged within this core theme were also a lack of training related to cultural/religious issues as well as a lack of training related to mental health illnesses. For both sub-themes, three out of ten advocates highlighted this concern. Lack of cultural/religious training was mentioned by three advocates on three separate occasions, and a lack of mental health training was mentioned by three separate advocates six times.

Beyond these common themes, it is apparent that advocates also connected training themes to mitigating/aggravating factors on more than one occasion. During their interviews, advocates spoke directly to the connection between these two concepts numerous times. Two out of the three mitigating factors identified were directly linked to two sub-themes identified. DVA9 extrapolated this point in her interview:

> Because none of the trainings… none of the trainings that I've taken that were helpful to me were as a result of the agency I worked for. Because the training that they give you to do the job is, you know, 30-hour domestic violence training, which does not teach you crap. You know, I taught that training and still you realize the fact that that you cannot teach an advocate to be an advocate in 30 hours. And so it's gotta go further than that. And then they only require, you know, six additional hours in the year and it's not enough. So it's about what each person takes advantage of to learn on their own, and our agency was not supportive at all of me taking time away from the job, itself, that they needed me to do to go and learn something, even though it was gonna better me as an advocate and better the agency in the profession. It's just… it's not something that they focused on.

DVA2 also spoke about training and how it related to her longevity at the agency:

> Because I've been here so long, all the trainings are redundant. So yes, they were great in the beginning. Um, but now it's like, there's not enough new things—there's new things happening in the world, but not the—the training is not, you know, at the same speed. Unfortunately, an advocate's role is to do everything. That's really [it], to be honest. You're not the therapist, you're not really a counselor, you're not really working in the court, but you're doing everything anyways. So why are we not getting enough training and support to back all of that up? It makes no sense, you know?

DVA4 piggybacks on the sentiments of DVA2 concerning longevity in the field and training opportunities offered by the domestic violence agencies.

> I think that once you've been working in the field for a little while a lot of the trainings you get to go to seem a little remedial. You know, where it's like… you know, here's the domestic violence wheel again, and you're like, "yeah, I know this by heart. I've taught this to other people." You know, it's kind of, like, this is the surface of it all, um, but I think that speaks to the complexity of the domestic violence problem in general. And that it still is such a problem because, you know, societal organizations – courts, you know, uh, do advocacy work – you know, don't really know how to address it in a way that's going to be effective. And so a lot of the trainings you end up going to are like, you

> know, the overviews of what's available and what the causes are believed to be, and things like that. But, like I said, after you've gone to a few, it's like you've been to them all.

Questions 9, 10 and 12 generated the following theme shared between advocates:

Themes Four through Seven: Lack of Professional Support, Lack of Management Support, Lack of Client Concern, and Emotional Drain.

Questions Nine, Ten, and Twelve

> Question 9: What do you find to be the most professionally challenging about working with battered victims?
> Question 10: Do you know what burnout is? If yes, do you feel as though you have been burned out from this line of work?
> Question 12: What do you find to be personally frustrating about working with battered victims?

The intent of these questions was to get to the root of whether or not advocates are feeling "burned out" from the work they do in the field. Their responses directly correlated to the research question posed, which considered whether advocates feeling burned out will have an impact on their service delivery. Seven of the ten advocates interviewed felt a lack of professional support within their daily routines. This theme was mentioned a total of fourteen times within those seven interviews. Advocates further explained that a lack of management support was also prevalent in their daily routines. Six of the ten advocates expressed a lack of management support. This theme was mentioned a total of eight times within the six interviews.

Advocates further connected this immediate lack of support, both professional support from colleagues as well as managerial, to their lack of concern for their clients. With no support being given to them to aid in the advocacy process, advocates immediately began to feel as though they simply did not care. Four out of the ten advocates interviewed stated that they felt a lack of concern for their clients. This theme was mentioned five times throughout the four interviews. Baker and O'Brien (2007) state that burnout follows a pattern of various phases; once an employee reaches a state of disconnect, their work ethic decreases and becomes less rewarding.

Emotional drain was identified as theme seven. Four of the ten advocates interviewed expressed this phenomenon. The theme was mentioned five times throughout the four interviews. Emotional drain is recognized as a stage within the burnout process. This is significant to the quality of services being provided by domestic violence victim advocates.

Advocates spoke about a variety of themes associated with the concept of burnout. Lack of professional support and lack of management level support were by far the greatest voiced concerns. These results confirm the documented literature and research conducted by Freudenberger (1974), Cherniss (1980), and Maslach (1982). While many advocates spoke on these topics, DVA1's statements were particularly engaging:

> But I have been… I have been burnt out. Burnout, I feel, is when it gets… when the stress of what you're doing gets to such a point where you're kind of taking on the emotions of your clients, and it gets to a point where you can't function in, like, your

regular professional responsibilities. You really can't… you really just can't do it adequately, because you're so emotionally, just, traumatized by all this that you're dealing with, and it just gets to a point where it just bleeds together. And it's hard for you to adequately do your job.

Um… I got to that point… see, it's hard because I go in and out of phases where I get dissatisfied with my job here, and then it kind of, affects my work. I don't know if I ever get to a full burnout stage, maybe partially burn out. Um, a few years ago I got there, and then I kind of – it was only for, like, a month or two – and then I snapped out of it and was fine. When I started school, um, school was really difficult for me. Um, in the beginning everything was great, but it started to get to a point where I got really burnt out, because I was coming from domestic violence to go to marriage and family therapy every day. It was just so much going on for me at that time, um, and I had to make a choice, I felt, between school and here, and I chose here, because, um, I felt that I just wasn't ready to do both. Um, I had a lot of personal things going on at the time, and, you know, deaths and the like. My best friend passed, and… it was just a difficult time for me. I find, like, when difficult things go on in my personal life, then it gets harder for me to cope with things going on at work.

Yeah, it was definitely a lack of support. Um, the stages where I felt most burnt out was when we had no supervisor, the agency was in shambles, um, everyone was out – it was like a free-for-all. You know, so that's when I felt the most burnt out. You know, but if I don't feel supported, like when everything happened… like, a few months ago after my supervisor left, it was just… I hated coming to work every day. Because I never knew what I was gonna get.

DVA2 went on to concur with DVA1 about the frustrations she felt related to her employment.

And, I've been in this field for four or five years now, with my first internship and here, and you kind of just throw your hands up. I'm… I'm actually exhausted. I'm emotionally exhausted. You help those that actually wanna be helped, and actually see a way out and they wanna get out, and they wanna, you know, do better for themselves and for their children. Um, but other than that… [there are] the other ones who just kinda go with the flow.

So, the system doesn't help, but when you have management that also is kind of… [pause] still in that really old-fashioned mentality, it, you know, it doesn't help either. And then you come in and you're so gung-ho to help these clients, and half of them don't want to help you help themselves. So it's like, okay, why are you doing all the work and you're still not getting anywhere?

And that's another reason why we, here, we're burned out so quickly, um, is because for many months —almost a year — we didn't have clinical supervision. Hello? We're carrying this crap home with us! Like… or telling each other. It's one thing to vent; it's another thing to get clinical support and understanding of the situation. Yeah. And now that we have it, it's like, "too little, too late." I've already shut down, and everybody knows it here that I've shut down. And I don't wanna be that person, but you've allowed—you've created this environment to cause a lot of us to just say, "I emotionally can't anymore."

DVA9 highlighted her experience with burnout during her interview as well.

Professionally, I don't think I've ever had difficulty with the actual work – work with the victims; the professional difficulties are the agencies you work for. And so it's the

> support from the people you work for to understand the work itself, and if you don't have support from your, you know, superiors at your agency and that type of thing then you can't do this work. You know, we… you can help victims all day, you know, you can know everything that you need to do, but if the entire time you don't have support and understanding, you don't have clinical supervision, you don't have all of the things you need from the agency, then you are really not helping victims.
> I don't think… I don't think I… I have gotten burned out from the work, um, I think that I've been surrounded with people who have been burned out from the work. And I think that I have made a very… very valid effort to make sure that I was spending my time at home, at home. Like, but the thing is, is that because – like you said, this is piggybacking into the fact that the people that you work for, they, you know, don't allow you to escape. And so, you know, for the type of work that I was doing – I'm working, like, 100 hours a week, when you should really be only working 40 – and there's not enough time in the day to get the amount of work [done] that they put on each individual staff person, so you're doing work, you know, even when you're supposed to be home. So that… if I continued down that path, if I had kept going the way I was going, I would've been burnt out within six more months. Um, and that's… that's how it works. And the good thing about it is I was recognized in the road I was going down, but other people don't! And so, a lot of the people who you work with in the domestic violence arena in many agencies across, at least, our state, they are way burnt out, and you can see it, you can recognize it just by a simple conversation with them. And, automatically, once burnout starts to set in, you start to slowly think that you can't help victims and that it's all the victims' fault.

Question Thirteen

Question 13: What motivates you to keep working with battered victims?

The intent of this question was to explore advocates' reasoning for continuing to do this type of work. As stated above, burnout is a common feeling among advocates. Some advocates get to a point where they know they must move on and find a new career path, as stated in DVA2's interview. However, the majority of advocates continue working with battered victims because of their personal interest in or passion for domestic violence victim services. It was interesting to find that the answer to this question concluded the interview in the same manner it began. Personal interest or passion was highlighted twenty-one times throughout the ten face-to-face interviews. This sentiment was evident in the following excerpts from the interviews of DVA1, DVA3, and DVA10.

DVA1 said:

> I love it. I just… just love it. It's in my blood. I mean, I can't, like, um, I can't describe it… it's like… it's like what I'm meant to do. Like, it's just, like, a calling. I know it sounds weird, but it's just… I just love it. I just love that feeling I get when someone looks at me and says, "You helped me so much." Like, "Thank you, like, you really got me through these hard times." Just that feeling of, like, kind of… I'm giving back to the world. It makes me feel valuable [as] a person. It makes me feel like I'm giving back to society and, like, doing something good.

DVA3 declared:

> So just knowing that the half an hour, that hour, that I'm with a client and giving them my all is probably going to make that-that a total difference to her life and to the life of her children, because I lived through it and-and-and I wish that I had that one advocate at that time. And-and then, you know, I think to myself that I'm passionate—I love to do what I do.

DVA10 spoke about the subject in this way:

> The whole cause in itself. And I think being successful can definitely makes [sic] me feel proud that I am able to help them. I think, definitely, kind of, knowing that people are being educated and people are satisfied with the services I provide, I do take personal pride in the work I do.

Mitigating and/or Aggravating Factors

Questions Three, Four, Five, and Six

> Question 3: Describe your feelings about what you believe to be the causes of domestic violence.
> Question 4: As an advocate, what do you think victims expect from you?
> Question 5: As a professional working in the field, what do you expect from the victims you are working with?
> Question 6: What do you find to be the most difficult part of working with domestic violence clients?

The intent of these questions was to identify any mitigating and/or aggravating factors that contribute to an advocate's lack of responsiveness to their client. Upon completion of the data analysis, it was apparent that no aggravating factors were identified. This notion will be further discussed at the end of this section.

The literature (Danis & Lockhart, 2003; Dutton, 1988; Gosselin, 2005) states the transgression of violence can be prevalent in relationships where one party witnessed violence in their home as a child and subsequently grew up believing that violence was acceptable and necessary in their own relationships. Other issues, such as mental health, substance abuse, cultural/religious obligations, and victims having unrealistic expectations of their advocates, are also major contributing factors. A total of eleven factors were identified by the advocates. Table 4 (Appendix) highlights the mitigating factors and the frequency with which they appeared in the ten documented interviews. The top three factors with the greatest frequency, which illustrated those points with direct narrative from the advocates, were highlighted. These were focused on simply because there was such a vast response to those direct factors, whereas, the remaining factors were not as heavily supported in the majority of advocate responses.

Mitigating Factor 1: Unrealistic Expectations

Unrealistic expectations are common with victims of domestic violence. Laner, Benin, and Ventrone, N. (2001) express the notion of unrealistic expectations in their work. Victims want advocates to simply "fix" their relationships, make everything better. However, as so eloquently stated by the advocates interviewed in this study, there is no quick, easy fix. Seven

out of the ten advocates interviewed mentioned unrealistic expectations in their interview. This factor was referred to a total of eight times.

Emphasizing the factor of clients having unrealistic expectations of their advocates, DVA2 responded:

> To fix it… [laughs]. To fix it, yeah.
> So to have that magic wand and to make it all…
> Yeah, without them leaving the house, without them, you know, making any changes, we're supposed to just fix it, and it doesn't work that way.

This idea was further supported by DVA9 and DVA6 in their interviews. DVA9 avowed:

> To fix it. Well, some victims expect [you] to fix it and make it better and the other victims would just like you to make it go away. So, you know, very seldom… You see, the thing is about the victims, most of the victims that we work with didn't come in by choice. And so, somehow, they've, you know, landed at that agency and so now they're like, "Well, help me make it better." So the…the percentage of people that are actually recognizing that there's abuse in the relationship and are choosing to go and find help for it, those are different victims. Those are victims who really just wanna learn and wanna… to make changes and want to change their future behaviors that, you know, align them to be victims, and they wanna learn how to recognize— that's a very small percentage. The whole rest of the percentage landed there because, either, you know, the criminal justice system put them there or homelessness put them there, and so those people just want you to make it better and fix it, somehow.

DVA6 reported:

> Um, but I think, you know, a survivor comes to us and they really expect us to be able to change the abuser's behavior, which we can't do. There's been many times on, you know, a hotline call or a walk-in and someone will say, you know, "can you talk to him?" "What can I say to him to, kind of, change this from happening?" When that's… that's not our focus and we can't do that because that person would need to be in treatment, of course to change the wrong behaviors, or to address the behaviors, or the cause of behaviors.

Mitigating Factor 2: Transgression of Violence and Cultural/Religious Issues

Advocates expressed their thoughts about the transgression of violence and cultural/religious issues six times throughout the ten interviews. Transgression of violence was mentioned by five of the ten advocates in their interviews, while cultural/religious issues were mentioned in six of the ten interviews conducted.

In regards to the factor of transgression of violence and cultural/religious issues, DVA6 stated in her interview:

> I think, in general, our, kind of, culture and society almost encourages violent activities or behaviors, um, so sometimes it is something that is kind of learned and continued. Um, but the core of it is about power and control, so it is a matter of, kind of, unteaching that.

DVA2 responded in her interview as follows:

> I wanted to help my Latinos, you know. And, unfortunately, it's so big in our community, um, and so a part of me does believe in the whole 'power control' and blah blah blah, but a big thing is that you're—you're born into this culture and, you know, we're not the only ones, obviously, but because it's personal for me I'll talk about the Latinos. You're born

> into this culture and it's okay to be, you know, very submissive, it's okay to be, you know, slapped around – not that I was raised that way, but I know people that were. And it's really sad. It's really, really sad. The difference is that the olders—the older generations believe that that's the way of life. The younger generation pick up on it, and they fight back. You know, each couple fights back with each other. That's why there's so much dual arrest, the majority of them are younger couples, um, because the older woman would not—usually will not hit back [at] her husband. Um… [short pause] but yeah, it's a bad cycle. It keeps on being passed on from generation to generation.

DVA4 stated:

> Cultural ideas about, uh, gender roles and people's roles within the family as well. There are certain cultures that have more of that traditional ideal of the kind of roles that men and women are supposed to have within the family. And even though, you know, women have a lot more opportunity and status now, there's a lot of individual households where that's not necessarily the case.

Mitigating Factor 3: Mental Health Issues

Advocates mentioned mental health issues as a factor in their lack of responsiveness five times throughout the ten interviews. The concept of mental health was also discussed in response to questions seven and eight. Advocates reported not feeling as though they were receiving adequate training surrounding mental health; therefore, it is believed that the lack of training is directly correlated to the lack of responsiveness alluded to by advocates in this category.

DVA1 stated, "And I have a few clients like that – most of them with untreated mental health issues. Um, and it's… it gets difficult. Um, that's, really, the one part of my job that's the most difficult, is trying, kind of, explain to them what our role is, while still being supportive and still being there for them." She further went on to describe how the clients impacted her work environment and how these mitigating/aggravating factors can tie into each other:

> Yeah, they're really draining, especially the ones that have dual-diagnosis, or, um, like mental health and substance abuse. A lot of them have mental health, and I'm not just talking depression… situational depression and anxiety, that's brought on by the abuse. I'm talking, like, severe PTSD, um, schizophrenia, bipolar – which is very common, and bipolar is very common, I think it's just a popular diagnosis these days – so bipolar-borderline. I'm telling you, when we get these clients that – and they don't take their meds regularly or they stop taking their meds – I mean, you can't just stop taking lithium! You can't! I mean, lithium is not a drug! [Laughs] And, then when they come in, and it's like they have these unrealistic expectations, and it's just so hard to work with that. And it's like, we're not the kind of program for that. And we've noticed that… that's actually a huge trend, we've actually been talking about this a lot lately, it's just a trend in like… Our clients, the mental health is really needed… Yeah, it overtakes. So it's difficult to work on the advocacy piece. We have to, kind of, tell them, "You need to be in treatment in order for us to see you, because we can't do this. I can't see you." And it's like I'm meeting with a different person every time: "You need to be in a mental health program in order to see us!" Sometimes it… sometimes it gets difficult, you know, with that piece.

Aggravating Factors

The current research did not provide any aggravating factors. Through the data analysis process no aggravating factor presented itself through the participant interviews. It is believed that due to the nature of advocacy work, advocates are not looking for factors that can increase the severity of the violence, but rather for factors that can impede the progress of the work they do. The concept of "victim bashing" or "blaming the victim" is not the focus or goal of advocacy work. Most victims believe that they are the reason why the violence occurs, however, advocates work to empower and educate victims so they no longer continue to blame themselves (Overholser & Moll, 1990). This also ties in nicely with the feminist thought process and delivery of advocate services.

CORE THEMES

This section encompasses an interpretation of the research findings, including the core themes shared by domestic violence victim advocates, and their significance to the study.

Themes Shared Between Advocates

Core Theme One: Personal Interest/Passion for Domestic Violence Work

Seventy percent of the domestic violence victim advocates surveyed emphasized a personal interest or passion for domestic violence work. Moreover, sub-themes, including personal victimization or witnessing violence as a child, significantly impacted and motivated advocates in their work. The participants spoke of their own victimization as a catalyst for their strong desire to get involved in the work necessary to serve victims of domestic violence. The participants believed that their own personal experiences aided them in their ability to connect with victims and provide services that they either received when they were victimized or that were missing when they were victimized. Moreover, advocates felt strongly in providing thorough, consistent, and concise services to victims of domestic violence. DVA9 expressed these notions as follows:

> I have personal experience with domestic violence, so it's not something I ever really thought that I would do as a profession, because it was so close to home. But after actually going and doing the internship and realizing that my life experience can be helpful, um, it…it sort of sculpt [sic] the type of advocate I wanted to be and what I wanted to contribute to that line of work. So, I would say that… I think that, um… let me see… what do I want to say? [Laughs.] I would say that, because of who I am, um, it was almost like it was… it was bound to happen eventually. There's… there's basically no other work that I would be as passionate about, rather than domestic violence in some scope of the work that we do, whether it is what I'm gonna be doing now, or was what it was – what I was doing as an advocate. It's just, who I am in experiences domestic violence growing up with domestic violence in my home and choosing domestic violence relationships in my teenage years that really aligned me to this course to… so that all the stars align and have me be in the world of domestic violence.

The remaining thirty percent of advocates interviewed stated that they either "fell into the work" simply because it was available or took a job in the field as a catalyst to future employment opportunities. The participants described the difficulties they encountered trying to secure employment right out of college and how the use of internship opportunities often resulted

in employed positions. In addition, some of these advocates expressed feeling "stuck" in the domestic violence field and finding they had nowhere else to turn for employment opportunities. DVA8 explained:

> I kind of fell into it. Um, I was out of school, I was working up by near my parents' house, when I came back to the area. So I just went online and started to look to see what jobs were open, and they had an advocate position open. So I applied for it, interviewed, and then, they didn't feel that I had the background for the advocacy position, so they put me at the safe house because I had residential experience. And five years later, I'm still here!

This theme of personal interest or passion for domestic violence victim advocacy is significant because it displayed the greatest frequency among answers provided through the ten advocates' interviews. Past studies indicate that there is a heightened sense of personal interest from advocates in domestic violence services when there is a link to a personal experience (Baker & O'Brien, 2007). Thirty percent of the participants interviewed acknowledged having been the victim in a domestic violence relationship, and twenty percent acknowledged witnessing domestic violence as a child. Furthermore, having a history of exposure to violence may significantly impact the attitudes and perceptions of domestic violence victims (Berlinger, 2004).

Mitigating factors that impede an advocates' service delivery were also identified under this core theme. Eleven factors were identified by advocates in their interviews. Seventy percent of the advocates felt that the unrealistic expectations of victims played a huge role in their service delivery. Oftentimes, victims believe that seeing an advocate will make the domestic violence go away; advocates stated that, in these cases, it was because they were unable to simply make the problem go away that victims no longer wanted to engage in services.

Another area addressed under the theme of unrealistic expectations was the mandated client. Clients mandated by the court, child protective services, or both, were more likely not to engage in services than those clients who willingly sought out services. Clients who were mandated to receive services only attended sessions and participated in services for the purpose of a positive disposition in court or the successful reunification with children. These clients often brought a negative attitude and openly stated that they did not want to engage in services. Once services ended, these clients believed that the problem would go away or that there was never a problem at all. Advocates stated that forcing clients to receive services only made clients more resistant and gave the agencies they worked for a bad reputation. This sentiment has also been purported by several research studies completed over the past couple of decades (McDermott & Garofalo, 2004; Peled & Edelson, 1994; Ross & Glisson, 1991; Sullivan & Keefe, 1999).

The second factor that the participants reported to have impeded on advocates' service delivery was the transgression of violence. Sixty percent of the advocates interviewed believed that the cycle of violence was continuing specifically because of cultural/religious norms and lack of education. Kulwicki, Aswad, Carmona, and Ballout (2010) discuss the issues Arab women face because of their strong cultural and religious beliefs. Vidales (2010) highlights the existence of a deep religious connection to domestic violence in Latina communities, and Faizi (2001) explains the powerful religious attachments of women married within the Muslim faith.

The advocates interviewed spoke in depth about the frustration they felt regarding this issue. Not only did they feel as though they were not properly trained in this area, they also believed that this type of violence would not be stopped until cultural norms are changed.

Lastly, the factor of mental health was addressed in the advocates' interviews. They noted that there tends to be a lack of training regarding mental health in particular, as well as a lack of priority to address the issue in general. The advocates stated that their case loads are being consumed with clients who present with mental health diagnoses. If they are not equipped to handle these types of individuals, quality service delivery is unobtainable. An advocate must have the skill set to effectively manage this population and find approaches that work best within the context of domestic violence victim advocacy (Logan, Stevenson, Evans, & Leukefeld, 2004). Moreover, advocates continue to use their own academic training as a platform to attempt service delivery within this specialized population.

Core Themes Two and Three: Lack of Training and Academic Training

Throughout their responses, the participating advocates stressed that they did not receive adequate practical training for their positions and/or they had to rely on their academic training to assist them with their employment duties. Many of the advocates expressed frustration that too much of their time was spent on the repetition of trainings they had previously received or on topics that were not pertinent to their work. If an advocate did attend a helpful training session, it was usually through their own financial means and on their own personal time. Moreover, although the advocates acknowledged that the training they received upon initial hire was helpful, once employed for a lengthy period of time the trainings became very redundant.

Past research indicates that advocates and social workers receive most of their training on the job rather than in an educational setting (Iliffe & Steed, 2000; Kanuha, 1998). DVA1 echoed this sentiment:

> Because I feel like, you know, you can only get so much from books, but you actually have to do the work, and it's like something that I've learned over the years. It's like… so I feel like people that give us these trainings… it's like they could almost read it out of a book. And it's like, well what about… have you been in the work? What are some specific things – like, it's never specific enough for me! It's never, like, um, targeted enough for me. It's always just, like, very general and broad, and it's like, I already know that.

The data suggests that advocates lack training in very specific target areas, as well as in the practical application of such training. Thirty percent of the advocates interviewed stated that they had a lack of practical, hands-on training. In addition, thirty percent of the advocates felt that there was a lack of training regarding cultural and religious issues, and an additional thirty percent felt there was a lack of training related to clients who have mental health illnesses. Extensive research has been conducted regarding the variations of cultural, religious, and mental health impacts on domestic violence and their effect on providing quality, comprehensive services (Toro-Alfonso & Rodriguez-Madera, 2004; Few, 2005; Bosch & Bergen, 2006).

In addition, the data also suggests that advocates, who were hired with an academic degree, utilized their educational resources to further aid and assist their clients. The Connecticut Coalition Against Domestic Violence (CCADV) mandates that any agency using funding through CCADV, which is provided by the federal government, must hire advocates with at least a bachelor's degree. However, this mandate only occurred within the last ten years. Moreover, if an agency spends its own funds to hire an advocate (funds raised by the agency or granted to them through another source), the degree requirement may not be enforced.

There has been a trend in a variety of states to "professionalize" the field of advocacy, whereby mandating that positions are filled by educated, degreed individuals, rather than interested, passionate people who want to do the work. For some advocates who have worked in the field for many years, this poses a problem. Even though their positions are "grandfathered" and will not be affected, older advocates feel that the younger generation simply does not understand the grassroots movement associated with domestic violence work. However, there continues to be a very strong movement for equality among a variety of groups; feminine equality is just one of those movements. It is the hope of domestic violence scholars that the true meaning of the movement does not get lost or misinterpreted (Hooks, 2000; Lehrner & Allen, 2009).

Core Theme Four: Advocate Burnout

The final core theme identified was advocate burnout. Advocates expressed how they felt a lack of professional support, lack of management support, and a lack of financial support from their superiors on numerous occasions. The lack of managerial support resulted in the advocates feeling a lack of concern for their clients, a decrease in their functionality, difficultly in maintaining work/life balances, and extreme emotional drain. Burnout, as researched by Baker and O'Brien (2007), presents in many different forms. The forms identified through this research study correlate with those forms identified in the Baker and O'Brien study (2007). Furthermore, the advocates in this study stated that they felt alone, unsupported, and unimportant in the eyes of their employers. Some of the advocates reported that the agencies they work for gave them little-to-no recognition, praise, or acknowledgement for the services they provide to victims of domestic violence.

There was a strong desire among these advocates to voice the fact that they love the work they do; however, they agreed that their agencies of employment need significant restructuring. DVA3 declared:

> I think that the burnout comes from the lack of communication amongst each other. As I was saying before, sometimes you get into [the] field… and probably that's part of burnout. You know, at this point I feel that, um, the agency as itself is not working as a team; we're working like independent contractors. So not having that team to be able to rely on and communicate with is very… it's very stressful.

DVA4 explained:

> Um, in my experience, I think that some of the… you know, you get burnout from working with some of the clients, you know, in the systems, um, some of the burnout a lot of the times can be attributed to your own experience within the organization that you work in, in sort of, like, an administrative capacity.

Overview of Themes as Related to Past Research

The current study heightened the understanding of the roles domestic violence victim advocates play as well as the struggles they face on a day to day basis. Even though past studies have looked to examine this phenomenon (Ross & Gleason, 1991; Sowers-Hoag & Thyer, 1987; Davis & Carlson, 1981), none have delved into reasons why service delivery is compromised and what needs to be done for advocates to provide quality services to victims.

Furthermore, this study provides executive directors and management supervisors with insights regarding employee satisfaction and the correlation to service delivery. This study presents findings specifically directed to a strong need for additional training in specific topic areas, as well as better advocate/management relationship building.

DISCUSSION

This study involved the exploration of the lived experiences of domestic violence victim advocates through face-to-face semi-structured interviews following a modified van Kamm method by Moustakas (1994).

To maintain the integrity of this qualitative phenomenological study, participants confirmed the accuracy of their interview transcripts through member checking (Crewsell, 2005). Audio-recorded interviews were transcribed and analyzed through hand analysis. This process was necessary to adhere to the scientific integrity and validity of the study. Creswell believed hand analysis caused the researcher to become “close to the data” (p. 234) and truly aware of its essence relative to the purpose of the study.

From the fifteen open-ended interview questions and the demographic survey, seven core themes emerged. The ten domestic violence victim advocates shared seven core themes: (1) personal interest/passion, (2) lack of training, (3) academic training, (4) lack of professional social support, (5) lack of management-level support, (6) lack of concern for clients, and (7) emotional drain.

The results of this phenomenological qualitative inquiry may prove valuable in developing better training techniques and practices supporting a model workplace in domestic violence agencies and in providing victims of domestic violence with more comprehensive, nonbiased services. Moreover, this study may also assist in the implementation of workplace policies that aid in the decrease of workplace burnout.

The implications of this qualitative phenomenological investigation relate to domestic violence victim advocates and what biases and attitudes may impede their service delivery to victims. Lack of training, management, and supervisory support all contribute to an environment that is not conducive to a positive, healthy work ethic. The findings of this study imply that advocates are burned out and in desperate need of supervisory support to continue the work they do. The findings further suggest that advocates are not receiving proper on-the-job training or the opportunities to receive specialized trainings that would aid in their advocacy function.

Domestic violence agencies may be able to correct their errors by offering advocates the ability to procure trainings that meet their needs and by finding ways to financially cover the costs associated with specialized trainings. Even though financial struggles are common among non-profit agencies, particularly in a broken economy, agencies can find creative ways to set aside funds for advocate professional development. In a study conducted in 2007, researchers (Bass, Arons, Guinane, & Carter) found that many not-for-profit agencies were being highly creative and reinventing the wheel. Stepping out of the box and attempting new initiatives to strengthen their agencies and build better working environments seemed to be the top priority among agencies that were included in this study. While these agencies acknowledged hardships, both financial and structural, the main objective was to decrease employee turnover and increase employee buy-in. The overall change documented through the study was not simply organizational change, but also public policy change. This was a major accomplishment for non-profit agencies.

Aside from the concrete idea that advocates do not feel supported by their managerial level staff, a greater concern comes from the idea that advocates do not feel supported by other professionals who work within the domestic violence arena. Many advocates spoke about not having strong relationships with colleagues and, therefore, another potential avenue of support was nonexistent. Domestic violence agencies do not work in isolation and must build good relationships with each other, besides having strong relationships within their immediate organization. Many advocates expressed frustration about dealing with other practitioners working in the criminal justice system. There needs to be better cooperation among the multiple agencies and entities that encompass the available system for victims. If this resolution is not tightened and simplified for victims, there may be a grave epidemic of victims no longer seeking services.

Organizational Implications

Through investigating the lived experiences of domestic violence victim advocates, this exploratory study is significant to organizational development due to the identification of multiple areas of concern for advocates. These specific areas of concern are contributing factors to high levels of burnout among domestic violence victim advocates, high levels of frustration regarding the lack of necessary training for advocates, and the disconnection felt between advocates and management-level staff. Management must address the significant lack of support felt by advocates in order to provide a safe, comfortable, and supportive environment. If these issues are not properly addressed, advocates will continue to feel the same way and services will continue to suffer.

This study is significant due to its exploration of the lived experiences of domestic violence victim advocates who have worked in the field for various periods of time. Whether advocates were newly employed (six months) or tenured (ten plus years), the feelings they expressed were mutual. In addition, the advocates interviewed were employed by various agencies, thus indicating that this is a problem across agencies. However, the irony is that ninety percent of the advocates interviewed expressed that their personal interest or passion is the reason why they continue doing the work, regardless of the organizational flaws. Therefore, it stands to reason that agencies should be embracing the employees who truly love what they do and providing them with a great environment in which to do such work; only management can do these things.

The findings of this study indicate organizational leadership has much progress to make before advocates will feel appreciated and valued. A study conducted by Cherniss (1980) speaks to the overwhelming burnout among professionals employed in the human services sector and how management can aid in decreasing the symptoms of burnout. Simply acknowledging an employee’s efforts and commitment to their job signifies an understanding of thanks and gratitude. Most employees are aware of the budget restrictions faced by many not-for-profit organizations, and they acknowledge their desire to do the work for personal interest or passion, not for high paying salaries. However, an act of gratitude can take many different forms and does not require a monetary figure, thereby, leaving an open door for praise and encouragement from management-level staff.

REFERENCES

Arias, I., & Johnson, P. (1989). Evaluations of physical aggression among intimate dyads. *Journal of Interpersonal Violence, 4,* 298-307.

Baker, L.M., & O'Brien, K.M. (2007). Are shelter workers burned out?: An examination of stress, social support and coping. *Journal of Family Violence, 22(6),* 465-475.

Bass, G.D., Arons, D. F., Guinane, K. Carter, M. F. & Rees, S. (2007). *Seen but not heard. Strengthening non-profit advocacy*. Washington, D.C.: The Aspen Institute.

Bass, D., & Rice, J. (1979). Agency responses to the abused wife. *Social casework, 60,* 338-342.

Berlinger, J.S. (2004). Taking an intimate look at domestic violence. *The Journal of Nursing, 34,* 42-47.

Boscarino, J.A., Figley, C.R., & Adams, R.E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health, 6(2),* 57-66.

Brown, C., & O'Brien, K.M. (1998). Understanding stress and burnout in shelter workers. *Professional Psychology: Research and Practice, 29(4),* 383-385.

Brownmiller, S. (1975). *Against Our Will: Men, Women and Rape*. New York.

Bui, H. (2007). *The limitations of current approaches to domestic violence*. In R. Muraskin (Ed.), It's a crime: Women and justice (4th ed., pp. 261-276). Upper Saddle River, NJ: Prentice Hall

Bureau of Justice. (2007). Criminal Victimization, 2007. Retrieved on December 2009 from http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=764.

Bybee, D., & Sullivan, C. (2002). The process through which an advocacy intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, *30(1),* 103–113.

Casas, J. M, & Furlong, M. J., Castillo, S. (1980). Stress and coping among university counselors: A minority perspective. *Journal of Counseling Psychology. 27(*4), 364-373.

Center for Disease Control. (2009). Fact Sheet. Retrieved on September 21, 2010 from www.cdc.gov/violenceprevention.

Center for Disease Control. (2005). Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence - United States. Retrieved on December 12, 2011 from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.

Cherniss, C. (1980). *Professional burnout in human service organizations.* New York: Praeger.

Clements, C.B., Brannen, D.N., Kirkley, S.M., Gordon, T. & Church W.T. (2006). The measurement of concern about victims: Empathy, victim advocacy, and the Victim Concern Scale (VCS). *Legal and Criminological Psychology, 11*, 283-295

Clifford, J.O. (1999). Spouse Abuse Crackdown, Surprisingly, Nets Many Women. Associated Press, November 23. http://www.fact.on.ca/newpaper/ap99112a.htm. 2009.

Connecticut General Statute, *46b-38a.* (1988). Family Violence Prevention and Response Definitions. Retrieved on September 2010 from http://www.womenslaw.org/statutes_detail.php?statute_id=4817#statute-top.

Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research (2nd ed.).* Upper Saddle River, NJ: Pearson

Daley, M.R. (1979). Burnout: Smoldering problem in protective services. *Social Work, 12,* 375-380.

Danis, F.S. (2003). Social work response to domestic violence: Encouraging news from a new look. *Affilia, 18,* 177-191.

Danis, F.S., & Lockhart, L. (2003). Domestic Violence and Social Work Education: What Do We Know, What Do We Need to Know? *Journal of Social Work Education, 39(2),* 215 224.

Davies, J., Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices.* Thousand Oaks, CA: Sage.

Davis, L.V., & Carlson, B.E. (1981). Attitudes of service providers toward domestic violence. *Social Work Research Abstracts, 17(4),* 34-39.

Dobash, R.E., & Dobash, R.P. (1979). *Violence against wives*. New York: Free Press.

Dutton, D.G. (1988). *The domestic assault of women: Psychological and criminal justice perspectives.* Boston: Allyn & Bacon.

Dutton, D.G. (1994). Patriarchy and wife assault: The ecological fallacy. Violence and Victims, 9 (2), 167-182

Eisikovits, Z., & Buchbinder, E. (1996). Pathways to disenchantment: Battered women's views of their social workers. *Journal of Interpersonal Violence, 12(3),* 425-440.

Epstein, S. R., & Silvern, L. E. (1990). Staff burnout in shelters for battered women: A challenge for the 90s. *Response to the Victimization of Women and Children, 13,* 9-12.

Farber, B. (Ed.). (1983). Stress and burnout in human service professions. New York: Pergamon.

Few, A.L. (2005). The voices of black and white rural battered women in domestic violence shelters. *Family Relations, 54(4),* 488-500.

Ferraro, K.J. (1989a). 'Policing Woman Battering.' *Social Problems*, 2, 13-25.

Freudenberger, H.J. (1974). Staff burn-out. *Journal of Social Issues, 30,* 159-165.

Freudenberger, H.J. (1977). Burnout: Occupational hazard of the child are worker, *Child Care Quarterly, 6,* 90-93.

Garland, D. (2001). The culture of control: Crime and social order in contemporary society. Chicago: University of Chicago Press.

Gelstrophe, L. & Morris, A. (1990). *Feminist Perspectives in Criminology.* Open University Press, Buckingham.

Gosselin, D.K. (2005). *Heavy Hands: An Introduction to the Crimes of Family Violence. (3rd ed.).* Upper Saddle River, NJ: Prentice Hall.

Gwinn, G.G., & O'Dell, A. (1993). *Stopping the Violence: The Role of the Police Officer and the Prosecutor.* Retrieved on September 23, 2009 from http://www.ncdsv.org/images/StoppingViolence.pdf.

Hamberger, L.K., Lohr, J.M., Bonge, D., & Tolin, D.F. (1997). An empirical examination of motivations for domestic violence. *Violence Against Women, 3,* 401-423.

Hamilton, B., & Coates, J. (1993). Perceived helpfulness and use of professional services by abused women. *Journal of Family Violence, 8(4),* 313-324.

Harway, M., & Hansen, M. (Eds.) Battering and family therapy: A feminist perspective (p. 42-53). Newbury Park, CA: Sage.

Heater, J., Walsh, J., & Sande, G. (2002). Sex and attributions on reactions toward alleged spousal abuse victims. *Psychological Reports, 91(1),* 243-254.

Heise, L.L., Raikes, A., Watts, C.H., Zwi, A.B. (1994). Violence against women: a neglected public health issue in less developed countries. *Social Science Medicine, 39,* 9.

Herbert, M. D. & J. W. Mould (1992, March-April). The Advocacy Role in Public Child Welfare. *Child Welfare, 71*(2): 114-130.

Home, A.M. (1994). Attributing responsibility and assessing gravity in wife abuse situations: A comparative study of police and social workers. *Journal of Social Service Research, 19(1/2),* 67-84.

Hooks, B. (2000). *Feminist Theory: From Margin to Center* (2nd ed.). South End Press, Cambridge, MA.

Iliffe, G., & Steed, L.G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence, 15,* 393-412.

Kanuha, V. (1998). Professional social work and the battered women's movement: Contextualizing the challenges of domestic violence work. *Professional Development: The International Journal of Continuing Social Work education, 1(2),* 4-18.

Kutchins, H. and Kutchins, S. (1987). Advocacy and the adversary system. *Journal of Sociology and Social Welfare, 14*(3), 119-133

Laner, M., Benin, M., and Ventrone, N. (2001). Bystander attitudes toward victims of violence: who s worth helping? *Deviant Behavior*. 22, 23–42.

Lehrner, A., & Allen, N.E. (2009). Still a movement after all these years? Current tensions in the domestic violence movement. *Violence Against Women, 15(6),* 656-677.

Macy, R.J., Giattina, M.C., Parish, S.L., & Crosby, c. (2010). Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence, 25(1),* 3-32.

Maguigan, H. (2003). Wading into Professor Schnieder's "murky middle ground" between acceptance and rejection of criminal justice responses to domestic violence. *American University Journal of Gender, Policy, and the Law, 11,* 427-226.

Maslach, C. (1982). *Burnout: The cost of caring.* New York: Prentice Hal Press.

Maslach, C., & Jackson, S.E. (1986). *Maslach Burnout Inventory* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.

Max, W., Rice, D. P., Finkelstein, E., Bardwell, R. A., & Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the United States. *Violence and Victims, 19*(3), 259–272.

McCaroll, J.E., Castro, S., Nelson, E.M., Fan, Z., Evans, P.K., & Rivera, A. (2008). Characteristics of Domestic Violence Incidents reported at the Scene by Volunteer Victim Advocates. *Military Medicine, 173(9),* 865-870.

McDermott, M.J., & Garofalo, J. (2004). When advocacy for domestic violence victims backfires. *Violence Against Women, 10,* 1245-1266.

McKenna, L.S. (1986). Job stress in shelters. *Response to the Victimization of Women and Children, 9(4),* 21-23.

McPhail, B.A., Busch, N.B., Kulkarni, S., & Rice, G. (2007). An Integrative Feminist Model. The evolving feminist perspective on intimate partner violence. *Violence Against Women, 13(8),* 817-841.

Mertens, D.M. (1998). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches.* Thousand Oaks, CA: Sage.

Messerschmidt, James W. (1993). *Masculinities and Crime: Critique and Reconceptuatlization of Theory*: Rowan & Littlefield Publishers, Inc.

Miller, S.L. (2005). *Victims as offenders: Women's use of violence in relationships.* New Brunswick, NJ: Rutgers University Press.

Mills, L.G. (2003). *Insult to injury: Rethinking our responses to intimate abuse.* Princeton, NJ: Princeton University Press.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

National Crime Victimization Survey. Washington, DC: Bureau of Justice Statistics. Retrieved on January 30, 2009 from www.ojp.usdoj.gov/bjs/pub/pdf/cv07.pdf.

National Domestic Violence Hotline. (2004). Abuse in America. Retrieved on March 1, 2011 from http://www.thehotline.org/get-educated/abuse-in-america.

Newcomb, M.D. (1990). What structural equation modeling can tell us about social support. In B.R. Sarason, I.G. Sarason, & G.R. Pierce (Eds.), *Social support: An interactional view (p. 26-63).* New York: Wiley.

Overholser, J.C., & Moll, S.H. (1990). Who's to blame: Attributions regarding causality in spouse abuse. *Behavioral Sciences and the Law, 8,* 107-120.

Patton, M. (1990). Qualitative evaluation and research methods (pp. 169-186). Beverly Hills, CA: Sage.

Peled, E., & Edleson, J.L. (1994). Advocacy for battered women: A national survey. *Journal of Family Violence, 9,* 285-296.

Reinhartz, S. (1992). *Feminist Methods in Social Research*. New York: Oxford University Press.

Ridley, C.A., & Feldman, C.M. (2003). Female domestic violence toward male partners: Exploring conflict responses and outcomes. *Journal of Family Violence, 18(3),* 157-170.

Roberts, A.R. & Lewis, S.J. (2000). Giving them shelter: National organizational survey of shelters for battered women and their children. *Journal of Community Psychology, 28(6),* 669-681.

Roberts, A.R. (2002). Handbook of Domestic Violence Intervention Strategies: Policies, Programs and Legal Remedies. Oxford University Press.

Robinson, G.E. (2003). Violence against women in North America. *Archives of Women's Mental Health, 6,* 185-191.

Ross, M., & Glisson, C. (1991). Bias in social work intervention with battered women. *Journal of Social Service Research, 14(3-4),* 79-105.

Ross, R.R., Altmaier, E.M., & Russell, D.W. (1989). Job stress, social support, and burnout among counseling center staff. *Journal of Counseling Psychology, 36(4),* 464-470.

Sanders, P. (1982). Phenomenology: A new way of viewing organizational research. *The Academy of Management Review, 7*, 353-360.

Schechter, S. (1982). *Women and male violence.* Boston, MA: South End Press.

Shinn, M., Rosario, M., Morch, H., & Chestnut, D. E. (1984). Coping with job stress and burnout in the human services. Journal of Personality and Social Psychology, 46, 864-876.

Silverman, J., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association, 286,* 572-579.

Slattery, J., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association, 286,* 572-579.

Smith, D.E. (1990). *Texts, Facts, and Femininity: Exploring the Relations of Ruling.* Psychology Press.

Sokolowski, R., 2000, *Introduction to Phenomenology*. Cambridge and New York: Cambridge University Press.

Sowers-Hoag, D.M., & Thyer, B.A. (1987). Burn-out among social work professionals: A behavioral approach to causal and interventive knowledge. *Journal of Sociology and Social Work, 14,* 105-118.

Straus, M.A., Gelles, R.J., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family.* Garden City, NJ: Anchor.

Sullivan, C. M. (1991).The provision of advocacy services to women leaving abusive partners: An exploratory study. *Journal of Interpersonal Violence*, *6*(1), 41-54.

Sullivan, C. M. (2000). A model for effectively advocating for women with abusive partners. In J. P. Vincent & E. N. Jouriles (Eds.), *Domestic violence: Guidelines for research informed practice* (pp. 126-143). London: Jessica Kingsley Publishers.

Sullivan, C. M., Tan, C., Basta, J., Rumptz, M., & Davidson, W. S. (1992). An advocacy intervention program for women with abusive partners: Initial evaluation.

Sullivan, C.M. & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology, 67(1),* 43-53.

Sullivan, C., & Keefe, M. (1999). *Evaluations of advocacy efforts to end intimate male violence against women.* National Resource Center on Domestic Violence.

Sullivan, C. M. & Rumptz, M. H. (1994). Adjustment and needs of African American women who utilized a domestic violence shelter. *Violence and Victims*, 9, 275-286.

Tjaden, P., & Thoennes, N. (2000). Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey. *United States Department of Justice.* Retrieved July, 20, 2009 from http://www.ojp.usdoj.gov/nij/pubs sum/181867.htm.

Toro-Alfonso, J. & Rodriguez-Madera, S. (2004). Domestic Violence in Puerto Rican Gay Male Couples: Perceived Prevalence, Intergenerational Violence, Addictive Behaviors, and Conflict Resolution Skills. *Journal of Interpersonal Violence, 19*(6), 639-654.

United States Census. (2009). Retrieved on January 22, 2012 from http://www.census.gov/main/www/cen2000.html.

United States Department of Justice. (2003). Intimate Partner Violence Statistics. Retrieved on March 2, 2010 from http://www.ojp.usdoj.gov/bjs/abstract/ipva99.htm.

Van Auken, S. (1979). Youth counselor burnout. *Personnel and Guidance Journal, 58,* 124-144.

van Wormer, K., & Roberts, A. R. (2009). *Death by domestic violence: Preventing the murders and murder-suicides*. Westport, CT: Greenwood

Wandrei, M.L., & Rupert, P.A. (2000). Professional psychologists' conceptualizations of intimate partner violence. *Psychotherapy*: Theory, Research*, Practice, Training, 37, 270-283.*

Yllo, K., & Straus, M. (1990). Patriarchy and violence against wives: The impact of structural and normative factors. In M. Straus & R. Gelles (Eds.), *Physical violence in American families.* New Brunswick, NJ: Transaction Publishers.

APPENDIX

Table 1. Participants' Profile

Participant Code	Age	Years of Experience	Education Level	Race
DVA1	23	6 years	BSW Currently working on MFT	Caucasian
DVA2	25	2 years	BS Currently working on Masters	Hispanic
DVA3	33	14 years	BA	Hispanic
DVA4	25	3 years	MS CJ	Caucasian
DVA5	24	3 years	BS	Caucasian
DVA6	35	11 years	MSW	Caucasian/Hispanic
DVA7	33	6 years	BS Currently working on Masters	Caucasian
DVA8	24	8 years	BS	Caucasian
DVA9	27	3 years	BS	Caucasian/Hispanic
DVA10	25	2 years	BS Currently working on Masters	Hispanic/African American

Table 2. Overview of Data

Theme	Definition	Frequency of Each Theme	Number of Advocates per Theme*
Personal Interest/Passion	Personal interest in domestic violence advocacy	23	9 of 10
Victim of DV	A person who has suffered violence within their family or intimate relationship.	5	3of 10
• Witnessed Violence as a Child	From a family of domestic violence.	2	1 of 10
Academic Training	Training obtained in an academic setting related to bias and attitudes about DV	7	6 of 10
Experiential Training/Learning	Training/learning from experience	3	2 of 10
Lack of Training	Lack of training to assist with various issues that arise	11	6 of 10
• Lack of Practical Training	Lack of practical hands-on training	4	3 of 10
• Lack of Cultural/	Lack of various cultural/religious	3	3 of 10

Religious Training	training as related to norms		
• Lack of Mental Health Training	Lack of in-depth mental health training	3	3 of 10
Emotional Drain	Reference to emotional drain from working with clients	5	4 of 10
Decrease in Functionality	Inadequate functioning on the job because of burnout	4	3 of 10
Work/Life Balance Issues	Problems balancing work and other responsibilities contributing to burnout (and thereby impeding the providing of services)	4	3 of 10
Lack of Professional Social Support	Lack of social support from colleagues (re: burnout)	14	7 of 10
Lack of Management- Level Support	Lack of support from administration/management-level staff	8	6 of 10
Lack of Concern for Clients	No desire to work with client population	5	4 of 10
Lack of Financial Support	No funding to provide coverage when advocates are sick or wish to attend trainings	2	2 of 10

*Number of advocates who mentioned the theme at least once during their interview.

Table 3. Frequency of Theme by Advocate

Theme	DVA 1	DVA 2	DVA 3	DVA 4	DVA 5	DVA 6	DVA 7	DVA 8	DVA 9	DVA 10
Personal Interest/Passion	2	2	4	2	2	2	2		4	3
Victim of DV		1					1		2	
*Witnessed Violence as a Child									2	
*Academic Training	2	1		1		1	1			1
Experiential Training/ Learning	2		1							
Lack of Training	1	2		2	3	1		2		
*Lack of practical Training	2							1	1	
*Lack of Cultural/ Religious Training	1					1	1			
*Lack of Mental Health Training	4			1		1				
Emotional Drain	1	2				1	1			
Decrease in Functionality	1	2				1				
Lack of Professional Social Support	2	6	2	1			1		1	1
Lack of Management-Level Support		2	1	1			1	1	2	
Lack of Concern for Clients		2							1	1
Lack of Financial							1	1		

Support										
Work/Life Balance Issues	1	1					1			

Table 4. Mitigating Factors that Contribute to Domestic Violence Victims Advocates' Lack of Responsiveness

Mitigating Factors	Definition	Frequency	Number of Advocates per Theme*
Lack of Client Commitment	Perception that clients are not engaged in advocacy efforts	2	1 of 10
Lack of Client Boundaries	Perception that clients do not recognize professional boundaries and roles	3	1 of 10
Client Mental Health Issues	Clients with unaddressed mental health issues	5	3 of 10
Unrealistic Expectations	Clients with unrealistic expectations	8	7 of 10
Cultural/Religious Issues	Cultural/religious norms	6	5 of 10
Transgression of Violence	Violence that spans across generations	6	6 of 10
Lack of Education	Clients with limited education	2	2 of 10
Lack of Responsibility	Clients who evade their personal responsibility	2	2 of 10
Trauma-Related Issues	Clients with trauma specific symptoms (i.e. PTSD or co-dependencies)	2	2 of 10
Lack of Resources within Criminal Justice System	Having advocates in courts (Department of Children and Families - judges, prosecutors, etc.)	3	3 of 10
Client/Offender Has Substance Abuse Issues	Clients using substances	4	4 of 10

*Number of advocates who mentioned the theme at least once during their interview

Table 5. Frequency of Mitigating Factor by Advocate

Mitigating Factors	DVA 1	DVA 2	DVA 3	DVA 4	DVA 5	DVA 6	DVA 7	DVA 8	DVA 9	DVA 10
Lack of Client Commitment	2									
Lack of Client Boundaries	3									
Client Mental Health Issues	4					1		1		
Unrealistic Expectations	1	1	1	2		1		1	1	
Cultural /Religious Issues		2	1	1		1		1		
Transgression of Violence	1		1	1		1		1	1	
Lack of					1		1			

Education										
Lack of Responsibility	1				1					
Trauma-Related Issues						1	1			
Lack of Resources within Criminal Justice System	1				1				1	
Client/Offender Has Substance Abuse Issues	1	1			1			1		