ADVOCATES' EXPERIENCES WITH VICTIMS OF DOMESTIC VIOLENCE: AN

EXAMINATION OF PERSONAL BIASES AND ATTITUDES AND THEIR IMPACT ON

SERVICE DELIVERY

by

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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. Phenomenological inquiry was chosen, as it was most suited to answer the stated research questions. Seven core themes were identified throughout the research. Many advocates are simply burned out, and not providing adequate services to their clients. Advocates do not feel valued and they do not feel as though they are given proper, continuous training on topics relevant to their job. The identified themes are important in the development of training initiatives, improving management / advocate relationships, as well as strengthening organizational soundness.

Dedication

This tremendous accomplishment is dedicated to my family; my mother and father, Bruce and Roxanne Grant – without their encouragement, guidance, and persistence I would not be the person I am today. Thank you mom; for playing school with me when I was younger and pushing me to my full potential- it is because of you that I am the woman I grew to be . To my dad, I admire you for so many reasons. You are my strength and driving force- thank you for always sacrificing so your family could have the best things life offers. To my son, Jordan, the love of my life, my world, my everything- you are the reason why I breathe, strive for greatness and exist today- you were the blessing I have always needed and so badly wanted- thank you for being there for mommy, I love you more than words can ever describe. To my daughter Mia, never could I have imagined that I would be blessed with such a beautiful baby girl. You have completed our family and I am so grateful for the love you have brought into my life. Finally, to my husband Nicholas- this work is the culmination of the many years I sat and waited for you to come home-I never want to live another day without you. Thank you so much for your encouragement, praise and unconditional love – now it is time for us to sit back and enjoy our family together!

A special dedication goes to my loving grandparents, Margaret and Angelo Santucci. Even though they are no longer physically with me, I know they have guided me through this journey. My life has been so fulfilled by their existence and not a day goes by that I don't miss them.

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CHAPTER 1: INTRODUCTION

Introduction to the Problem

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 public of the United States, 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 changed insignificantly 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.

Agencies, hotlines, and shelters in the community that serve victims of domestic violence are an invaluable resource. These services provide support, advocacy, and education about domestic violence, which are important in empowering victims to end violence in their relationships. Despite their availability, many victims of domestic violence never choose to take advantage of these social services (Dunn & Powell-Williams, 2009).

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.

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).

The victims of domestic violence studied by several researchers (Wolf, Ly, Hobart, & Kernic, 2003; see also Allen et al., 2004; Hartman and Belknap, 2003; Bennett, Riger, Schewe, Howard, & Wasco, 2004; Dunn & Powell-Williams, 2009) have reported that advocates were more sympathetic or helpful than other service providers (e.g., police officers, nurses, and mental health practitioners). Despite this finding, advocate scholars in domestic violence literature point out concerns about advocates' inabilities to control their personal beliefs and, more specifically, to provide services appropriate for each individual victim.

Overall, research has suggested that special education and social support have been provided to domestic violence victim advocates working with battered victims to improve their practical knowledge and capacity to continue working with this population. Specialized training would also refine the readiness of advocates assessing and intervening with battered victims (Danis & Lockhart, 2003;see also Bennett Cattaneo, Stuewig, Goodman, Kaltman, & Dutton, 2007; Eastman, Bunch, Williams, & Carawan, 2007).

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.

From volunteers and paraprofessionals to master's-level social workers and advocates, there is little consensus about who is qualified to work with battered victims. Professional social

work practitioners must continue advocating for developing programs for battered women. These programs must meet the diverse structural and psychological needs of victims of intimate partner violence, which include the unique perspectives contributed by survivors, paraprofessionals, volunteers, and other advocates (Bybee & Sullivan, 2002; see also Dasgupta, 2004; Haviland, Frye, & Rajah, 2008).

Background of the Study

Domestic violence is a pervasive social issue requiring a comprehensive response from agencies across various sectors (Payne & Gainey, 2005; see also Hines & Malley-Morrison, 2005; Clark, Burt, Schulte, & Maguire, 1996; Hart, 1995; Shepard & Pence, 1999). Increasingly, professionals are recognizing that whether or not communities respond effectively to domestic violence has direct consequences for each victim's safety and well-being. Domestic violence shelter programs continue to be the cornerstone of services offered in many communities. These programs typically offer crisis intervention services and may or may not also provide immediate shelter, long-term counseling, and support (Sullivan & Gillum, 2001).

Meadows (2004) defined intimate partner violence as "actual or threatened physical or sexual violence or as psychological/emotional abuse by a spouse, ex-spouse, boyfriend or girlfriend, or recent dating relationship" (p. 44). This definition encompasses both male and female victims of family and intimate partner violence. However, the Bureau of Justice (2007) reported that 85 percent of victimizations by intimate partners have been committed against women.

Supportive services are identified as a vital aspect in successfully ending an abusive relationship (Few, 2005; see also Humphreys, Lee, Neylan & Marmar, 2001; Itzhaky & Porat, 2005; Roberts & Lewis, 2000). However, various barriers may prevent victims of intimate

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partner violence from utilizing support services. These barriers may include: lack of awareness of available services, dependence on the abuser, fear of the unknown, psychological abuse, lack of resources such as transportation, and lack of social support (Shim & Hwang, 2005).

Statement of the Problem

The accumulated research concerning service providers' perceptions of domestic violence has mostly relied on studies of vignettes based on information gathered in previous wife-battering cases (Davis and Carlson, 1981; see also Davis, 1984; Ross and Glisson, 1991; Harway and Hansen, 1993; McKeel and Sporakowaski, 1993). These vignette studies have quantitatively measured service providers' assessments of domestic violence circumstances (for example, attribution of the battering and decisions for relocations of victims). Even though the vignettes have included some relevant contextual causes, they have not been sufficiently complex to accurately reflect the domestic violence cases that providers encounter in their day-to-day practices.

Moreover, there have been additional studies conducted (Neidig, 1985; see also Dutton, 1988; Kurz, 1987; Harway and Hansen, 1993) which examined the perceptions of a diverse range of professionals involved with domestic violence cases (for example, police officers, therapists, medical professionals, and shelter workers). Little previous research has attempted to understand the domestic violence work of direct service advocates from the perspectives of those whose primary clients are battered victims.

Research on domestic violence is extensive. However, little research has been conducted specifically on domestic violence advocates' experiences of their interactions with victims and whether advocates' attitudes and perceptions impede victims' responsiveness to services. This study helps to further examine this concept.

Purpose of the Study

Research (Home, 1994; see also Clements et al., 2006; Baker, O'Brien, 2007) has shown that personal biases and attitudes concerning domestic violence have impeded services provided to victims. The purpose of this study was to explore advocates' lived experiences about their personal biases and attitudes regarding domestic violence and their effect on the services they provide. An examination of these areas will increase society's understanding of what additional training and support is needed for advocates to be successful.

Rationale of the Study

The field of criminal justice benefits from research into pressing social concerns such as domestic violence. An increased understanding of the perceptions and attitudes related to the work of domestic violence victim advocates can help provide better screening tools before offering employment and increased training opportunities for advocates who have been in the field for long periods of time. In addition, gaining more information about these perceptions and attitudes can make it possible to offer more supportive networks for advocates who find themselves struggling to find a balance between their personal beliefs and the focal foundation of the work they take part in.

Research related specifically to the perceptions and attitudes of the professional providing direct services to victims of domestic violence is limited. This study extended the knowledge base surrounding this topic area.

Significance of the Study

Murray and Welch (2010) state that intimate partner violence directly affects approximately 22 percent of women in the United States, a significant percentage of the female population. However, this study described the use of supportive services for victims of domestic

violence, as well as addressed the day-to-day struggles and adjustments advocates must go through while taking part in such important work. Increased understanding of service utilization among victims of domestic violence facilitates knowledge needed to improve service delivery (Bennett Cattaneo, et al., 2007; see also Bosch & Bergen, 2006; Wolf, et al., 2003). The results of this study explained victim awareness and utilization of supportive services.

Nature of the Study

This study employed a qualitative phenomenological approach investigating the role domestic violence advocates play in the lives of the victims they serve. Furthermore, the study investigated if the advocates' personal beliefs impede service delivery.

The basic assumption of phenomenology is to understand an experience from the participant's viewpoint, specifically, the lived experiences of human beings that hold meaning and value; thereby increasing understanding through the meaning of the process or experience (Benton & Craib, 2001; Sadala & Adorno, 2002).

This research, a qualitative research methodology that incorporated in-depth unstructured or semi-structured interviews, observations, and participation, was used to validate and build knowledge about victim advocates' experiences associated with service delivery to victims of domestic violence (Benton & Craib, 2001; Sadala & Adorno, 2002).

Understanding the participants' experiences from their viewpoint offers the opportunity to capture the thoughts and describe the experiences of those studied within a common theme or pattern (Benton & Craib, 2001). Furthermore, it is possible to collect and analyze specific observations that lead to common themes or generalizations. And it is these common themes or generalizations which suggest the meaning itself for participants. Through the utilization of cross

checks and triangulation, such themes have greater weight, which in turn helps to determine whether an explanation is true or false (Mertens, 2005; Taylor & Bodgan, 1998).

Theoretical Framework

Two theoretical platforms contributed to this study — feminist perspective and the notion of burnout. Both conceptual platforms strengthened the foundation of the study and provided a background of the historical and modern day theories responsible for the footprints of domestic violence advocacy.

Feminist Theory

The feminist perspective provided the theoretical framework for this study and influence its methodology. Advocating for an end to violence against women has been feminism's main goal (Hooks, 2000). Feminist theory postulates that victims of violence need comprehensive care; practitioners are providing this service in the form of advocacy. Listening to the experiences and points of view of these advocates allows for a better understanding of the context and realities of their job. The present study utilized the feminist perspective outlined as a loose framework for creating a safe and sympathetic environment for participants to share their experiences and for the conceptualization of the data.

Burnout

Scholars and criminal justice practitioners conceptualize burnout as an internal state involving negative changes in attitudes, feelings of incompetence, emotional detachment, decline in motivation, and apathy resulting from excessive demands made on energy, strength, or resources (Freudenberger, 1977; see also Cherniss, 1980; Maslach, 1982). Maslach's (1982) idea of burnout, based on her phenomenological analysis of service providers' experiences, reflects a general phenomenon wherein the helper wants the receiver to cope, to survive, and to

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succeed. Several studies (Daley, 1979; see also Zastrwo, 1984; Sowers-Hoag & Thyer, 1987) have indicated that social workers (or advocates), in general, and workers in protective services, in particular, are susceptible to emotional burnout.

Research Questions

The research questions informed the data collection for this study were:

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?

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).

Domestic Violence Victim Advocate. For the purposes of this study, any person working with the State of Connecticut and employed by one of the 18 domestic violence agencies acknowledged by the Connecticut Coalition Against Domestic Violence shall be deemed a Domestic Violence Victim Advocate.. The person must not hold a court-related position, such as a Family Violence Victim Advocate, but must provide direct service to domestic violence victims.

<div align="center">Assumptions and Limitations</div>

Several assumptions were employed in this study. The first assumption was participants were willing to participate in the study and were able to comprehend the questions presented to them. Another assumption made was the participants answered each question truthfully. However, because the subject matter is sensitive, participants may have been inclined to provide socially appropriate, but not entirely truthful, responses. Although, the fact that the researcher

approached the participants as a colleague rather than as a researcher may permit the participants to have felt more comfortable, thus making them more likely to speak their true thoughts.

A number of limitations are inherent in this study. The first limitation is that the population of advocates working in domestic violence agencies only includes those in the State of Connecticut. Only domestic violence advocates are included in this population; there was no outreach to other advocate populations who may deal with domestic violence as a secondary form of victimization. Furthermore, advocates working in the field encompass a wide variety of experience levels; some advocates have been doing this work for decades, while others may be new to the field. There was no use of a filter regarding experience in this study; therefore, it was difficult to rationalize a correlation between experience and attitudes and perceptions.

In pursuit of the qualitative tradition of phenomenology, the role of the researcher is an important aspect and limitation of the research. A qualitative researcher uses his or her self to observe, experience, and engage with research participants to gather information; this process inevitably influences the research. In fact, researchers have "subtexts," or concealed references, that "position" the material within a historical or specific time (Creswell, 1998). In qualitative inquiry, the researcher exposes his or her biases, values, and context, which cannot help but influence the final research narrative through epilogues and interpretive commentaries or by including the role of the researcher (Creswell, 1998). The method is a process where the researcher strives to filter out his or her initial assumptions and attend to the data to capture the meanings of experiences (Giorgi, 1997).

The researcher was a 35-year-old Caucasian female from a middle-class family background who has worked within the domestic violence arena for ten years. The researcher has her own personal perceptions and biases working in this field and may carry these feelings into

the study. Even though the researcher has predominately director-level experience and minimum direct service experience, the need to address this limitation was crucial to the outcome of the study.

<div align="center">Organization of the Reminder of the Study</div>

Chapter 2 presents the literature review in support of the phenomenon. Chapter 3 reviews the research design, the specific population targeted for this study, the data collection method, and data analysis procedures. Chapter 4 presents the data analysis in conjunction with the analysis procedures discussed in Chapter 3. It also provides the reader with contextual excerpts of participant interviews to accentuate the various themes that were rendered through the data analysis. Chapter 5 speaks directly to the implications of the study and reflections made by the researcher regarding the overall study.

CHAPTER 2: 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 were 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 is 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.

Dating Violence: An Overview

Dating violence is a general term used to capture three forms of violent behavior that may occur in dating relationships: emotional and psychological abuse, physical abuse, and sexual aggression. The term dating violence is often employed to describe violence among adolescents (Teten, Ball, Valle, Noonan, & Rosenbluth, 2009).

Often cited as a precursor to spouse abuse, dating violence and acquaintance rape have received considerable national attention. In a study of "courtship violence," Makepeace (1981) surveyed 202 male and female students from a medium-sized mid-western state university. This particular research yielded startling data on dating violence. Approximately three in five college students had personally experienced dating aggression. Until that point, it was assumed that violence among intimate partners was limited to married couples. The acknowledgment that violence emerges in relationships among adolescents and young adults sparked the last two decades of research in this area. Although the actual rates for youth having suffered violence in dating relationships is not definitively known, studies report between 20 and 46 percent of youth have been abused by a relationship partner (Varia, 2006).

Recent studies, following the work of Makepeace (1981), have examined the prevalence of violence within dating relationships. Harned, 2001, stated that women and men reported equivalent amounts of overall aggression from dating partners but different types. Harned found that the rates of physical violence were similar for men and women and that women were more probable to use physical force in self-defense, a finding that has been confirmed in numerous

earlier studies. Although both genders experienced similar amounts of aggressive acts from dating partners, the impact of such violence was more severe for women. Moreover, in 2007, the National Crime Victimization Survey stated that approximately 23 percent of all violent crimes against adolescent and adult women were committed by a current or former spouse or dating partner.

According to McWhirter, McWhirter, McWhirter, & McWhirter, 2007, the pattern of assault by a boyfriend or girlfriend, which occurs during the dating phase, may be carried over into later relationships unless there is a therapeutic intervention. Furthermore, other conditions may be associated with dating violence several years after adolescent victimization and may take the form of medical disorders or health risks (Teen Research Unlimited, 2008).

The sexual climate on college campuses has been identified as precarious for women. Fisher, Cullen, and Turner (2000) found that victimization rates for female college students were 27.7 rapes per 1,000 females and that nearly 5 percent of college women are victimized in any given calendar year. For a campus with 10,000 women, this would mean the number of rapes could exceed 350 in a given academic year. Dating violence threatens the health and well-being of adolescents, and although considerable amounts of work have been done, much more is still needed.

Domestic Violence in Gay, Lesbian, Bisexual, and Transgender Relationships

Conceptions of what it means to be a family have expanded in recent decades in the United States. The nuclear family, consisting of a mother, father, and children, is no longer the majority family form in our country. Despite strong resistance from the religious right, one family form that is gaining increasing recognition and acceptance is the same-sex couple. Researchers examining same-sex domestic violence have voiced concerns about viewing this phenomenon

solely from a heterosexual perspective (Hassouneh, & Glass, 2008; see also Swahn, Simon, Arias, & Bossarte, 2008; Knauer, 2001).

According to McKenry, Serovich, Mason, & Mosack (2006), the few epidemiological studies examining rates of domestic violence in gay and lesbian relationships show they are at least as high, if not higher, than heterosexual couples. Even though society is aware that these types of relationships exist, there continues to be a lack of resources and appropriate responses when working directly with this population in general, as well as specifically within the domestic violence arena.

Although there are similarities between same-sex and opposite-sex victims of domestic violence – for example, the professed cyclical nature of abuse (Coleman, 1994), its eventual escalation over time (Pattavina, Hirschel, Buzawa, Faggiani, & Bentley, 2007), and the behavioral characteristics of batterers (Coleman, 1994; Younglove, Kerr, & Vitello, 2002) – there are many aspects that distinguish incidents of same-sex domestic violence. The most commonly cited differences in the literature between heterosexual and same-sex domestic violence involve "outing" one's partner (Cruz & Firestone, 1998; see also Ristock, 2005; Rohrbaugh, 2006), homophobia (Heintz & Melendez, 2006; Rohrbaugh, 2006), and HIV and AIDS (Heintz, & Melendez, 2006; NCADV, 2007).

"Outing" one's partner's sexual orientation to family, friends, employers, or the general community is a unique option available to perpetrators of same-sex intimate partner violence. It has been argued that "outing" is used in an attempt to keep the victim from reporting acts of violence and to force them to remain in an abusive relationship (Aulivola, 2004). A partner can use the threat of "outing" to manipulate their significant other to remain in an unwanted relationship out of fear of the potential loss or separation from family and friends, isolation and

rejection from the community, or risk of losing their employment when their sexual orientation is disclosed.

Homophobia is employed as a tool of control in same-sex intimate partner violence, often producing feelings of self-hate (internalized homophobia) or instilling fear in the victim (emotional blackmail) (Burke, 1998). Homophobia often isolates the victim from their family or friends who may not agree with or accept their sexual orientation. Cultural homophobia and internalized homophobia can add additional stress on same-sex relationships, with each partner bringing their own issues regarding homophobia to the relationship. As a result of homophobic attitudes within society, victims of same-sex domestic violence often encounter barriers when seeking help, such as ill-equipped and untrained staff at domestic violence agencies, lack of legal protections, police and institutional biases, and limited knowledge of and education on issues surrounding same-sex domestic violence (Ristock, 2005; Toro-Alfonso, & Rodriguez-Madera, 2004).

Another factor that plays a unique role in same-sex domestic violence relationships is HIV and AIDS. Research by Merrill and Wolf (2000) identified that one of the major reasons for a partner staying in an abusive relationship was because of his own, or his partner's, HIV status. An HIV-positive abuser may rely on guilt, threats to infect their partner, deliberate infection of their partner, feigning illness, their partners' fear of dying alone, and/or financial and physical dependency to trap their partner in an ongoing abusive relationship (Heintz & Melendez, 2006).

Lobel (1986) and Island and Letellier (1991) were pioneers who exposed the idea that domestic violence not only exists in the gay and lesbian community, but that it is alarmingly prevalent (Toro-Alfonso & Rodriguez-Madera, 2004). In their groundbreaking book, *Men Who Beat the Men Who Love Them,* Island and Letellier (1991) extrapolated from the rates of intimate

partner violence and the number of gay men in the United States to provide the first prevalence estimate of gay male intimate partner violence, stating that it occurs in 11 to 20 percent of all gay male relationships. With no additional data support systems, Island and Letellier (1991) approximated that between 350,000 and 650,000 gay men in the United States were victims of intimate partner violence. These values equated to approximately 1 in 5 gay men experiencing intimate partner violence in their lifetime, documenting this form of domestic violence as a serious health concern within the lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI) community.

Given current interest, there are a growing number of studies (National Coalition of Anti-Violence Programs, 2004; see also Ristock, 2002; Hardesty, Oswald, Khaw, & Fonseca, 2009) providing estimates of the prevalence of violence within same-sex relationships. All of these studies have serious methodological limitations, however, thereby compromising efforts to obtain precise estimates of gay, lesbian, bisexual, and transgender intimate violence. However, most of the research studies conducted concentrate on violence in lesbian relationships.

Studies of physical and verbal aggression in lesbian samples have yielded a broad range of estimates of abuse. More than half of the population recruited, through various types of convenience sampling, say that they have been abused, either physically or verbally by a female partner (Lie & Gentlewarrier, 1991; see also Lockhart, White, Causby, & Isaac, 1994; McClennen, Summers, & Daley, 2002). Reports of psychological abuse are sometimes as high as 80 or 90 percent (Turell, 2000).

Nancy Knauer has demonstrated that lesbian violence is a significant problem, noting, in particular, the reluctance by both lesbians and conventional society to recognize violence between women for fear of validating negative stereotypes of same-sex relationships (Knauer,

2001). No significant differences in prevalence rates were found in cases of lesbian, gay, bisexual, and transgender domestic violence by the National Coalition of Anti-Violence Programs (NCAVP, 2004). The rate of violence in these communities is approximated to the estimates found in heterosexual communities. Furthermore, gay, lesbian, bisexual, and transgender violence is especially complicated to reconcile due to societal preconceptions about a battered victim. Issues in alternative relationships are forcing us to re-conceptualize domestic violence (Duthu, 1996). There is some evidence that within intimate relationships, lesbians are abused at higher rates than gay men. Turell, 2000, reported that among a large and diverse gay, lesbian, bisexual, and transgender sample, lesbians reported more physical abuse, coercion, threats, shaming, and use of children for control than gay men, and bisexuals reported less abuse than gay men or lesbians.

Moreover, only a small amount of data on intimate aggression in transgendered relationships exists. This may, partially, be simply because there are a small number of transgendered individuals compared to other populations. According to one source (Rohde, 2002), "There are no actual statistics on the numbers of transvestites, transsexuals, or intersexuals in the world at large. The estimated ratio of male to female transsexuals to genetic males is between 1:2,000 and 1:80,000. The estimated ratio of female to male transsexuals to genetic females is between 1:2,000 and 1:125,000" (Rohde, 2002, section 1.15). Obviously, the limited and uncertain statistics regarding transgenderd relationships make it difficult to obtain significant and verifiable amounts of data on aggression within this population.

Relying on limited empirical data, the picture created is simply that policies and programs are lacking in their ability to provide protection and services for same-gender individuals experiencing domestic violence, thus creating further social injustices to this oppressed

population. Further research is needed to provide extensive evidence of these injustices and to dismiss existing myths about this severe social problem (McClennen, 2005).

Elder Abuse

According to the U.S. Census (2009), in the year 2000 the population of adults age 65 and above was approximately 35 million and was projected to increase to approximately 71 million by 2030. As our nation's demographics change, issues related to aging are coming to the forefront of social and political discussion, as will the demand for services for older adults.

Elder abuse, originally referred to as "granny bashing," was first recognized as a problem in the 1970s (Baker, 1975; Ogg & Munn-Giddings, 1993). Suzanne Steinmetz, a well-known elder abuse researcher, introduced the concept during a congressional hearing in 1978. However, it was not until 1987 that more systematic research into its prevalence and dynamics began with the work of Anetzberger. Currently, there is no uniformly accepted definition of elder maltreatment. In part, the variability of the concept definition is due to the relative newness of the examination of the problem.

During this time, Title XX, amending the 1974 Social Security Act, was passed creating Adult Protective Services (APS) as a state mandated program covering adults 18 years of age and older (Wolf, 2000). While this was viewed as a positive step, some criticized APS because it was modeled after Child Protective Services, which allowed the state to step in and assume parental authority over children whose parents were deemed unwilling to provide, or incapable of providing, adequate care or protection (*parens patria*) (Nerenberg, 2000). From this beginning and throughout the 1980s, states began to pass laws furthering protections for seniors. During the 1990s, new research and information regarding the forms and consequences of elder abuse, offender profiles, and the relationship to family violence brought this issue to the attention of the

criminal justice system (Heisler, 2000).From this point forward, many have come to believe only the criminal justice system is capable of stopping elder abuse, protecting the victim, and holding the offender accountable. Furthermore, it is believed that only the criminal justice system can remove the societal stigma of elder abuse and allow it to move out of the shadows and into the national spotlight of awareness, concern, and assistance.

There are several situations under which elder abuse may occur. These circumstances include spousal elder abuse, elder abuse by a care-giving relative, and elder abuse by an adult dependent child. Although numerous researchers agree that family members sometimes maltreat older members of families, there have been numerous debates over the definitions and dynamics of elder abuse (Bergeron, 2001; see also Pillemer, 1985; Steinmetz, 1993). Consequently, research on the effects of elder abuse and ways to protect or intervene in it is still limited.

A study of findings from the National Violence Against Women Survey (2006) found that 6.9 percent of women aged 60 and older, or 1 in 15, had been victims of sexual assault in their lifetimes. This is considered to be an underestimation, as prior studies of sexual assault, marital rape, and stalking had found that elder victims were less expected than younger women to define themselves as victims of such conduct. Furthermore, the National Center on Elder Abuse reported in 2004 that as many as 84 percent of elder abuse incidents were not reported and, of those who did report abuse, one third of the abusers were spouses (Lundy & Grossman, 2004). Of other types of elder abuse that were substantiated by APS agencies, the largest percentage was for neglect (48.7 percent of all cases), followed by emotional or psychological abuse (35.4 percent), financial exploitation (30.2 percent), physical abuse (25.6 percent), abandonment (3.6 percent), sexual abuse (0.3 percent), and other types (1.4 percent).

By 1991, all states had elder abuse statutes in their laws and/or had amended their existing APS laws to bring elders under APS protection. Advocates argue that to deal effectively with elder abuse APS must educate the public about the problem, increase the availability of respite care, increase the supports available for families caring for elders, and encourage counseling and treatment for the problems that contribute to elder abuse (American Psychological Association, 2003). The use of shelters for intervention and strategies fostering empowerment of the elder victim (such as support groups, information about rights and resources, and volunteer buddies or advocates) are the most successful victim-oriented designs, whereas referrals to community activities and programs are the least successful (Nahmiash & Reis, 2000).

Historical Perspective

Although domestic violence has been recognized as an enveloping social problem only recently, its cultural base is deeply embedded in Western history and culture. A brief review of that Western history reveals the extent to which law and society have traditionally served to support the subordination of women to their partners. Various cultures and societies have allowed, or even encouraged, some degree of family violence as a means of maintaining that subordination. Demographic analyses of domestic violence offenses reported to the police confirm the observation that domestic violence is most frequently perpetrated by males against their female partners and that males constitute only a small fraction of the total number of victims in domestic violence cases (Roberts, 2002).

Women have been battered by their partners for centuries. Indeed, in most societies, brutal whippings and beatings have been the most salient ways of keeping spouses from leaving their husbands. History reveals that, until recently, men were legally permitted to employ relatively

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unrestrained physical force against their wives and children to maintain family discipline (Buzawa & Buzawa, 2003).

Over the years, women and animals were treated as chattel in many societies. In England, there arose some concern about injuries to women. This reputedly prompted a judge to rule that husbands could beat their wives with a stick no wider than a thumb, hence, the "rule of thumb." Although scholars debate the origin of this expression, such anachronistic English Common Law formed the basis for many of the laws in the United States (Buzwa & Buzwa, 2003), thus illustrating how women were beaten and treated as property.

When considering responses to abuse, there needs to be some consideration of how Ecclesiastical law treated domestic violence. Throughout recorded history, deeply held religious beliefs have governed political and social attitudes. The impact of religious experience on domestic violence is significant. Many passages in the Bible have repeatedly been interpreted to justify man's primacy and his right to exercise authority over women. In many religions, such interpretations are coupled with a strong belief that marriage is a sacred institution, even if physical abuse is present. Hart (1995) noted that, historically, abuse in marriage was not recognized as violence at all but, instead, was simply one of the religious duties of the husband.

For the past 10 to 20 years, most religious denominations have undertaken great efforts to eliminate (or at least address) inferences tolerating the domination of married women. This phenomenon, however, does not involve rewriting the scriptures themselves, is of recent origin, and has not fully penetrated popular culture. As a result, even today's batterers often quote the scriptures as justification for their actions (Buzawa & Buzawa, 2003).

The Massachusetts Body of Laws and Liberties, enacted by the Puritans in 1641, were the first laws in the world that expressly made domestic violence illegal. This statute provided that

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"every married woman shall be free from bodily correction or stripes [lashing] by her husband, unless it be in his own defense upon her assault" (Pleck, 1987, p. 21-22). Similarly, in 1672, the pilgrims of Plymouth Plantation made wife beating illegal and punishable by fine or a whipping (Pleck, 1987). These are two examples of the various types of legislative efforts put into effect so long ago, and today legislation continues to be written to work towards a society of nonviolence.

Waves of unprecedented statutory changes, beginning in the 1970s, have altered the official response to domestic violence. Although differing in their scope and limitations, the new statutes strive to make profound structural changes in how government agencies handle domestic violence. Statutory mandates, both at the state level and through the federal Violence Against Women Act (VAWA), have also led to funding for domestic violence shelters and other direct forms of assistance for victims.

Domestic Violence as a Social Problem

Only recently have we 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 when they are learning skills for dating. This approach can help those at risk from becoming victims or offenders of IPV. Men and women

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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 we know 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.

Guiding Theories

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 women 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 victim's 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 co-workers 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).

<center>Victim Advocacy</center>

Social Services as a Vehicle for Support

Victims of domestic violence rarely have adequate support systems and frequently are alienated from relatives and friends. Individuals with whom victims do have contact are often incompetent in offering support and encouragement (Loy, Machen, Beaulieu, & Greif, 2005).

The social service system has had a much broader perspective on domestic violence than the medical or legal systems, traditionally viewing maltreatment within family settings as a symptom of family crisis and a need for services. The social service system has been more concerned with ameliorating conditions that give rise to maltreatment than with promoting the prosecution of offenders or providing medical treatment to the victims. Workers within the field have often emphasized the role of external forces – for example, poverty and discrimination (Beckett, 2003) – in contributing to family maltreatment.

However, victim advocacy and concern have been examined in the context of altruistic behavior. For example, Laner, Benin, and Ventrone (2001) found women were more concerned about and more likely to help child victims, while men were more expected to show concern for female victims. The field of domestic violence advocacy services predominately employs

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females and provides most of their services to female victims; therefore, burnout may be related to a lack of empathy associated with an advocate's direct clients.

Domestic Violence Services

In the roughly 30 years since the domestic violence movement first began, we have seen massive shifts in policy, funding, and scope of services. Considered one of the successes of the women's movement, domestic violence services are funded in every state. Furthermore, state and federal laws have criminalized domestic violence and made a range of remedies available to victims (Lehrner & Allen, 2009).

Programs for victims of domestic violence are an integral part of community approaches to prevention of violence. Evaluation of these programs, however, is both recent and limited in scope (Bennett, Riger, Schewe, Howard & Wasco, 2004). In addition to a variety of preventive and educational services directed at the community at large, domestic violence agencies typically provide some combination of the following services to victims of domestic violence: (a) crisis 24-hour hotline, (b) one-on-one advocacy counseling, (c) emergency shelter, (d) legal advocacy, and (e) supportive housing. Sullivan and Bybee's (1999) research reported the importance of an advocacy program for battered women's safety and quality of life.

Although numerous programs for battered women exist, few have been evaluated and those evaluations conducted have been weak methodologically. Evaluations that have been carried out to assess the effectiveness of treatment programs for battered women have typically relied on small samples, lacked control groups, and been based on a weak overall research design. In addition, findings from these program evaluations have revealed mixed results (Abel, 2000; Roberts, 2002).

Utilization of available support services has been identified as a key factor in successfully ending an abusive relationship (Few, 2005; see also Humphreys et al., 2001; Itzhaky & Porat, 2005; Roberts & Lewis, 2000; Bennet Cattaneo, Stuewig, Goodman, Kaltman & Dutton, 2007). An increased comprehension of service utilization among victims of domestic violence facilitates the knowledge needed to improve service delivery (Bennett Cattaneo et al., 2007; see also Bosch & Bergen, 2006; Wolf et al., 2003).

Victims are at risk for severe violence or death when leaving an abusive partner (VanNatta, 2005). Domestic violence shelters are operated throughout the country to facilitate protection for victims of domestic violence who choose to leave an abusive relationship. Nevertheless, countless battered women do not make the most of shelter services. The reasons for their inadequate usage of the available services vary and may include the victims not being aware that shelters are available, not having information to contact a shelter, or not fitting the "profile" mandated by the specific shelter (VanNatta, 2005).

Support networks can be an important factor in a woman's ability to recover from abuse by a spouse or intimate partner. The type, source, amount, and quality of support received by women in abusive partner relationships influence their behavior as well as their mental health (Tan, Basta, Sullivan, & Davison, 1995). The association between social support and psychological wellness of women with abusive partners has long been recognized. Social support reduces the isolation that many abusers enforce and is a major factor in helping women become safe and free from abuse (Stark & Flitcraft, 1996; Sullivan & Bybee, 1999).

Many services and supports are available to women in abusive relationships; however, services may be either unknown to individuals, inaccessible, or inadequate in helping women become free from abuse. Practitioners and others who have contact with women must ask

questions about partner abuse, validate women's experiences of abuse, and encourage women to access resources (Bosch & Bergen, 2006). Practitioners can work to strengthen the supportive network of persons who assist in providing information and advice to women, in addition to emotional and physical support. Working together, advocates for women (including the individuals, agencies, organizations, churches, and workplaces in the community) can provide nonjudgmental support to help women fully access available resources. Advocates can also help victims decrease their levels of isolation, whether the isolation is experienced because of the abuse, living in a rural area, or a combination of both factors.

Bennett, et al. (2004) concluded in their study that qualitative and contextual information would greatly enhance a researcher's ability to understand domestic violence agency outcomes. It is unlikely that the effects of domestic violence services can be greatly enhanced without a large-scale government and social commitment to issues such as child abuse, employment transportation, affordable housing, and social justice.

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 its 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 the literature defining advocacy is almost nonexistent and there is no systematic research on the parameters of advocacy. They conducted a national survey which asked service providers to define advocacy and to describe the nature of the services they performed for battered women. Peled and Edleson 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). System 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 victims 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 Eisikovists & 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 survivor's 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.

CHAPTER 3: METHODOLOGY

Introduction

Chapter 3 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 the completion of the epoché process, the interview process began.

Researcher's Philosophy

Qualitative research is a methodological approach that develops and expands quickly, and, if a researcher does the job well, the results can yield a complex and accurate discovery (Morse & Richards, 2002). Qualitative research is particularly useful when seeking to understand areas either where information is present but more depth is needed or where little information exists and further investigation is necessary (Tashakkori & Teddlie, 2003). The qualitative researcher is the tool to deep exploration; therefore, the researcher is responsible to find the meaning in the interactions and observations of the subject under study (Creswell, 2006). Similar to the human experience, qualitative research has no rules, and the researcher must sift, sort, ask, and search for information (Strauss & Corbin, 1998). A researcher's job is to make sense of the complexity that is reality. Because of this, a qualitative study must be conducted by a person who is comfortable with not knowing the answers and respectful of finding the answers through exploratory research.

Qualitative paradigms emphasize social action, socially-construed meaning, and value relativism. Qualitative studies place strong emphasis on processes and meanings. The researcher thoroughly examines the processes and meanings that create a wealth of detailed data. The epistemological assumptions guiding the qualitative paradigm are that people active in the research process must socially construct knowledge and that researchers should make an effort to understand lived experience from the viewpoint of those living it. The paradigm emphasizes that research is a product of the values of researchers and is not independent of them (Creswell, 2006; Mertens, 1998).

When a research participant has expressed his or her own meaning of the topic being explored, ideally, the researcher will understand and be able to express to others the essence of the phenomenon as experienced by the participant. Phenomenology is essentially about the person's subjective experience, and that goes directly against the traditional scientific method (Giorgi, 1997).

The goal of the current study was to explore domestic violence victim advocates' personal biases and attitudes towards domestic violence and whether these attitudes and beliefs impede their ability to deliver services to victims. The ontological assumption guiding the research was the social construction perspective of reality that recognizes multiple realities (Crotty, 1998; Mertens, 1998). The paradigm offers an in-depth account or description, but limited abstractions, about a social situation or setting. Mertens, 1998, proposed that axiological assumption is value relevance rather than value neutrality. The goal is the discovery of patterns, thus, allowing themes to emerge from the data, locating deeper meanings in the lived experiences of the participants, and validating data collected through triangulation.

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Theoretical Framework

Two theoretical constructs contributed to this study: feminist perspective and the concept of burnout. Both conceptual platforms strengthen the foundation of the study and provide a background of the historical and modern day theories responsible for the footprints to domestic violence advocacy.

Feminist Theory

The feminist perspective provided the theoretical framework for this study and influence its methodology. Advocating for an end to violence against women has been feminism's main goal (Hooks, 2000). Feminist theory postulates that victims of violence need comprehensive care; this care is provided in the form of advocacy. Listening to the experiences and points of view of these advocates allows for a better understanding of the context and realities of their jobs. The main feminist principles guiding the methods that were used in this study are that participants are experts on their own lives and that their subjective experiences are sources of valid data (Chatzifotiou & Dobash, 2001; Reinhartz, 1992).

Burnout

Burnout is conceptualized as an internal state involving negative changes in attitudes, feelings of incompetence, emotional detachment, decline in motivation, and apathy resulting from excessive demands made on energy, strength, or resources (Freudenberger, 1977; see also Cherniss, 1980; Maslach, 1982). Maslach's (1982) idea of burnout, based on her phenomenological analysis of service providers' experiences, reflects a general phenomenon wherein the helper wants the receiver to cope, to survive, and to succeed. Several studies (Daley, 1979; see also Zastrwo, 1984; Sowers-Hoag & Thyer, 1987) have indicated that social workers

(or advocates) in general, and workers in protective services in particular, are susceptible to emotional burnout.

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?

Research Design

The impact of personal biases and attitudes of domestic violence advocates towards domestic violence was studied using a phenomenological design (Denzin and Lincoln, 1994). Phenomenology is essentially about the person's subjective experience, and that goes directly against the traditional scientific method (Giorgi, 1997). It gives the participants the opportunity to voice their opinions through face-to-face semi-structured interviews. To accomplish a fuller understanding of the current research problem, in-depth confidential interviews were conducted with domestic violence victim advocates who have made a commitment to providing services to

victims of domestic violence. An in-depth interview is an essential method for the qualitative researcher to understand the participant's life experiences, including their voice and feelings (Fontana & Frey, 1994). The goal of this study, then, was to obtain a rich, subjective, detailed narrative of a person's experience, or the meaning of a phenomenon as described by the participant.

Moustakas (1994), who was in part influenced by Edmond Husserl and his love of discovering the essence of an individual's experiences, was drawn to phenomenology for similar reasons, the love of philosophy and the desire to understand another's meaning of life experiences. Unlike other phenomenology approaches, Moustakas preferred to focus on descriptive experiences rather than the researcher's interpretation (Creswell, 2006).

Appropriateness of Design

Because of the intricacies of social phenomena and the human experience, qualitative inquiry is profoundly useful in the field of human services. Considered to be naturalistic inquiry because it seeks to understand a phenomenon in its natural state, qualitative inquiry emphasizes a need to study the subject holistically or, at a minimum, with deep understanding on many levels (Strauss, 1987). Although there are many methods of qualitative research, including grounded theory, heuristics, ethnography, phenomenology, and case study (Creswell, 2003), this study utilized phenomenological design.

Phenomenology, unlike positivistic inquiry that traditionally focuses on the objective data, focuses on the participant's awareness and subjective experience (Giorgi, 1997). The result is an attempt to understand how personal experiences have shaped a participant's worldviews (Patton, 2002; Creswell, 2003). The goal of the study was to grasp the participant's subjective

experience to better understand the phenomenon of attitudes and biases about domestic violence as expressed by domestic violence victim advocates.

Research on domestic violence has been conducted for decades. However, mainstream research connected to advocacy efforts, advocates' work environments, training and protocols for working with domestic violence victims, and personal attitudes and beliefs experienced by advocates is limited. Although research on domestic violence has become popular surrounding pro-arrest policies, court interventions, and domestic violence dockets, there is still a major deficit of rich, in-depth information. Since qualitative research was designed to explore a topic with limited information (Leedy & Ormrod, 2005), qualitative inquiry is the best possible design for this study.

Population

Although no right or wrong number of participants in qualitative inquiry exists (Patton, 2002), phenomenological research typically utilizes a small number of participants in gathering this rich, detailed information (Leedy & Ormond, 2005). Interviews were conducted until saturation was reached. Ten domestic violence victim advocates working within the State of Connecticut were interviewed. The criterion for selecting participants is based on their positions within the domestic violence agencies. Court-based advocates will be excluded from this group, largely because their struggles and frustrations are predominately due to inadequacies within the legal system. This study specifically focuses on advocates who provide direct services to victims in a support group or one-on-one advocacy setting. Each participant met the following criteria:

1. Employed as a domestic violence advocate in a domestic violence agency in the State of Connecticut.

2. Employed for a minimum of six months.

3. Court-based advocates were excluded from the population.

4. Permission for inclusion was obtained through their agency

Currently, there are 18 domestic violence agencies that provide services to various catchment areas within the State of Connecticut. Ideally, this study would have obtained a population that is representative of each catchment area; however, since advocates were asked to volunteer, this type of generalization was not possible.

The executive directors of each of the identified agencies were contacted by email to request participation. Those agencies that have been identified and were willing to participate in the study provided letters of authorization. The directors helped to broadcast a standard email requesting participation for the research study. The email contained information about the study and a way for the interested advocates to respond. Interested advocates then received the following information through the United States Postal Service: (a) a description of the research, (b) an invitation to participate, (c) the description of the incentive for participating, (d) a demographic and program questionnaire (Appendix A), and (e) a self-addressed, stamped envelope for returning the demographic and program questionnaire.

The demographic and program questionnaire was designed to provide descriptive information about the prospective participants and their respective programs and were used to determine if the prospective participants met the eligibility criteria (e.g., whether they are a direct service provider and not a court advocate). The demographic questionnaire was also used to select participants who represented a range of multicultural diversity (e.g., age, gender, race, ethnicity, and geographical location) and program types (e.g., rural, urban, and dual agency — meaning working with both domestic violence and sexual assault victims).

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Moustakas (1994) and Giorgi (1997) both offer insight on the number of participants in phenomenological inquiry. Since the goal is in-depth, rich data collection, they recommend selecting a number of participants that allows for the attainment of such data while considering the time and means available to do so.

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 were the intended sample size; although the final number was determined as the study progressed.

Setting

This phenomenological study took place in local domestic violence agencies throughout the State of Connecticut. The rationale for conducting research in the identified agencies was based on three considerations: (a) agency size, (b) the availability of access to resources needed, and (c) willingness of the agency's executive director and advocates to participate in the study.

Data Collection Procedures

Dissertation mentor and committee approval at Capella University was obtained. IRB (Institutional Review Board) approval followed. The primary method of data collection for the study was semi-structured interviews conducted with each of the study participants. The interview process is the heart and soul of phenomenological inquiry. DiCicco-Bloom and Crabtree (2006) described semi-structured interviews as personal encounters utilizing open and direct questions to elicit information.

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 the executive director 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. Table 1 highlights this compiled information.

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

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 will 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 may have been easily shared. It is hoped that this information may have been drawn from the participants, thereby gaining a stronger sense of personal connections, as well as biases and attitudes regarding their work.

This study utilized a feminist perspective during the interview process. Reinharz, 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.

Data Analysis Plan

Moustakas (1994) and Creswell (2007) explain in detail the critical steps in analyzing data:

1. The interviews and field notes were transcribed.

2. The narratives were organized into specific themes.

3. Structural and textural descriptions of the participants' experiences are coded to establish the overall essence of the events.

In accordance with these steps, the researcher manually transcribed the interviews, and then the transcripts were validated by the participants. During each interview, the domestic violence victim advocates were asked to describe their experiences as an advocate working with domestic violence victims. The accounts were reviewed as many times as needed to discover any emergent themes.

Coding Methods

A combination of manual and electronic methods were used to organize and analyze data generated from the ten interviews. First, transcribed interviews were manually coded. Next, interview transcriptions were uploaded into NVivo, a computer-assisted qualitative data analysis software package, and organized into categories (referred to as "nodes" in NVivo). Second-level coding involved organization of nodes into themes; these are referred to as "trees" in NVivo.

A code is an abstract representation of an object or phenomenon (Strauss & Corbin, 1998) or, more prosaically, a mnemonic device used to identify themes in a text (Ryan & Bernard, 2000). Codes range from being purely descriptive, through labels for topics or themes, to more interpretive or analytical (Richards, 2005).

Raw field notes and verbatim transcripts reflect "the undigested complexity of reality" (Patton, 2002; 463), needing classification to make sense of them and to bring order out of chaos. In qualitative analysis, applying a code is seen as a way of linking data to ideas and ideas back to supporting data (Richards & Morse, 2007). This type of linkage facilitates data retention rather than data reduction, as access to the data is retained (Richards, 2005).

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.

<div align="center">Limitations of Methodology</div>

Phenomenology does have some limitations that must be acknowledged and addressed. Some knowledge and background of the philosophy should be included to ensure a solid research foundation. Miles and Huberman (1994) speak a word of caution to the qualitative researcher. Specifically, they encourage caution in summarizing across themes or variables (p. 205). The essence of the application of the findings in qualitative research lies within the boundaries or context of the study, its participants, and the data provided. Misapplied findings or the misallocation of validity must be a constant concern.

There are several limitations in the study. First, differences exist between participants who have worked within the domestic violence arena longer than those who may have just begun their career in the field; in addition, the participants were only from Connecticut domestic violence agencies. Second, participants may have been reluctant to provide honest information, especially when the subject matter pertained directly to their source of income. Third, the advocates chosen to participate work in various agencies; thus, the different workplace climates may be a factor as to why certain advocates were feeling burned out, while other advocates were not. Lastly, as a former domestic violence victim advocate, the researcher has her own personal biases and beliefs.

The researcher was employed in the domestic violence field for approximately ten years. Within that period of time, the researcher has held various managerial level positions including Director of Court Advocacy for The Center for Women and Families of Eastern Fairfield County in Bridgeport, Connecticut, Director of Advocacy Services for the Prudence Crandall Center in New Britain, Connecticut, and, later, the Assistant Director of the Prudence Crandall Center in New Britain, Connecticut. Each role provided day-to-day contact with direct service advocates, as well as the responsibility of supervising those advocates. The researcher's experience lends itself to personal biases and attitudes often encountered while working within the domestic violence arena.

Each interview was audio-recorded for accuracy and consistency, which was another way to decrease researcher bias within the study. Furthermore, the management of this study was monitored through a school-appointed mentor as well as an Internal Review Board.

Reliability and Validity

Merriam (1998) maintains that, "because human beings are the primary instrument of data collection and analysis in qualitative research, interpretations of reality are accessed directly through their observations and interviews" (p. 203). Therefore, the researcher was working more closely with the data than if they were using an instrument as the means to get information. Merriam (1998) uses this point to demonstrate that internal validity is a definite strength of qualitative research.

Patton (2002) states that validity and reliability are two factors that any qualitative researcher should be concerned about while designing a study, analyzing results, and judging the quality of the study. Validity, credibility, and believability were also possible limitations to this

study. In qualitative research, the validity and reliability of the data collection and analysis are largely dependent on the skill-level and integrity of the researcher.

<div align="center">Ethical Issues</div>

It was imperative that ethics be made a priority in research of this kind. Ethics has a definite role in research, and all researchers should hold fast to an ethical way of life. Many times innocent participants were the unsuspecting victims who suffer because of a researcher's unethical behavior.

A major platform in research, as well as domestic violence work, is confidentiality. Confidentiality can be defined as an "explicit or implied guarantee by a researcher to a respondent in social science research whereby the respondent is confident that any information provided to the researcher cannot be attributed back to that respondent" (Jamison, 1999, p.1). Explicit confidentiality is where the participant is supplied with both written and verbal notices to explain what will be done throughout the planned study. With explicit confidentiality, the participant is clearly informed of the many levels of disclosure that can be negotiated. Jamison (1999) stated that the levels can range anywhere from utter and complete disclosure to complete anonymity for the participant.

Domestic violence is a sensitive topic. The probability that participants will be open and honest about their feelings is minimal. Therefore, it is essential to clarify that all the information bestowed be kept in the highest level of confidentiality. There was no defining markers on interview tapes or notes. According to Ellsberg and Heise (2002), a researcher must respect the participants, attempt to minimize harm, maximize the benefits, and seek justice for the participants.

All information gathered during this process were kept in confidence. Interview records and documentation were stored in a locked file cabinet in a locked home office. Records were only kept during the dissertation process and then destroyed. These security measures ensure complete confidentiality and offer participants a strong sense of researcher responsibility.

CHAPTER 4: 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 Textual 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 Textual 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 following overall research questions:

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?

This section presents a summary of the participant data, including themes shared between the domestic violence victim advocates. Provided in the below summary are textual 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 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 presents the frequency of each theme mentioned by advocate.

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 / religious training	Lack of various cultural/religious training as related to norms	3	3 of 10
• Lack of mental health training	Lack of in-depth mental health training	3	3 of 10
Emotional Drain	Reference to emotionally 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

Table 2. Overview of Data

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				

Table 3 Frequency of Theme by Advocate (continued)

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 Support							1	1		
Work/Life Balance Issues	1	1					1			

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 were 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 was 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 increase 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:

Theme 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?

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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 the ten advocates 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 was also a lack of training relating to cultural / religious issues as well as lack of training related to mental health illnesses. For both sub-themes, three out of ten advocates highlighted this concern. Lack of cultural / religious trainings was mentioned by three advocates on three separate occasions, and a lack of mental health trainings were 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:

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

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 correlate to the research question posed, which considers 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 burn out 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 burn out 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 is 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.

<u>Mitigating and / or Aggravating Factors</u>

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 for 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 is 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 highlights the mitigating factors and the frequency with which they appeared in the ten documented interviews.

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 client/s 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		

Table 5. Frequency of Mitigating Factor by Advocate (continued)

Mitigating Factors	DVA 1	DVA 2	DVA 3	DVA 4	DVA 5	DVA 6	DVA 7	DVA 8	DVA 9	DVA 10
Transgression of Violence	1		1	1		1		1	1	
Lack of Education					1		1			
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		

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 was 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 do not feel as though they are 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 impact 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 factors 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 for factors that impeded 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.

<div align="center">Summary</div>

The purpose of this qualitative phenomenological study was to identify themes and

patterns shared among the lived experiences of ten domestic violence victim advocates currently

employed within the domestic violence field. The following research questions guided this qualitative phenomenological investigation:

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?

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 15 open-ended interview questions and the demographic survey, seven core themes emerged. The 10 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.

Conclusion

Chapter 4 discussed the modified van Kaam method of data analysis utilized by this qualitative phenomenological study (Moustakas, 1994). In addition, the chapter also included a review of the measures taken to ensure the validity and reliability of the study. The findings of the study included seven core themes, which emerged through the participants' experiences in domestic violence victim advocacy. Chapter 5 will discuss the relevance of these seven core themes and the significance of this study. In addition, Chapter 5 will also discuss recommendations for further research, which may lead to further understanding of mitigating factors associated with victim advocacy and burnout.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

The purpose of this qualitative phenomenological study was to identify themes and patterns shared among the lived experiences of ten domestic violence victim advocates employed at various domestic violence agencies throughout the State of Connecticut. This study contributes to the limited knowledge on victim advocacy and whether or not advocates feel supported in their work and receive proper training. Specifically, the focus of this study was to examine advocates' personal biases and attitudes and whether they impede service delivery. This exploratory study investigated the rich, lived experiences of domestic violence victim advocates with the intent to identify tangible and intangible factors supporting the concept of burnout as related to direct service workers. 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.

A qualitative phenomenological approach along with a modified van Kaam method analysis by Moustakas (1994) guided this study. According to Moustakas, phenomenology sustains a method of questioning promoting continued interest by the participants and a profound focus on the true meaning of the phenomenon under investigation. Through a series of fifteen open-ended face-to-face interview questions, each participant provided accounts of lived experiences in domestic violence victim advocacy, which led to the identification of a number of core themes. These themes have led to a deeper understanding of the barriers perceived by domestic violence victim advocates.

Chapter 4 reported the results of the data analysis process through the following sections: (a) data collection and organization, (b) data analysis, (c) findings, (d) summary, and (e) conclusion. Chapter 5 includes an interpretation of the findings as guided by the following overall research questions:

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?

Chapter 5 will include the following subtopics: (a) core themes, (b) implications, (c) organizational implications, (d) reflections on the study, (e) recommendations for future research, and (f) summary.

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

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 is because they are unable to simply make the problem go away that victims no longer want 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 believe that the cycle of violence is 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 feel regarding this issue. Not only do they feel as though they are not properly trained in this area, they also believe that this type of violence will 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.

<u>Themes Two and Three: Lack of Training and Academic Training</u>

Throughout their responses, the participating advocates stressed that they did not receive adequate practical training for their position 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 echoes 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

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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).

Themes Four Through Seven: Lack of Professional Support, Lack of Management Support, Lack of Concern for Clients, and Emotional Drain

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 also 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.

Implications

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,

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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.

Reflections of the Study

The researcher has worked in domestic violence victim advocacy for ten years and currently holds a non-advocacy position. She chose the topic of this study due to the experiences she shared with domestic violence victim advocates while working as a supervisor in multiple agencies. Historically, research on domestic violence victim advocacy, particularly on the lived experiences of such advocates, focused on court advocacy and their impact on social policy. In contrast, this qualitative phenomenological study is a concerted effort to provide a knowledge base of the work domestic violence victim advocates engage in and the impact of any biases or attitudes they may have on their service delivery.

An assumption leading up to the solicitation of participants for this study was that advocates simply were not providing adequate services because of a lack of desire and passion. In order to identify ten domestic violence victim advocates for this study, executive directors of various agencies throughout the State of Connecticut assisted in the advertisement of the study to employees of their respected agencies. While waiting over a month to receive adequate participation in the study, the researcher began to feel that the hypothesis was glaringly true. However, once participants were identified and interviews began, realization of the overworked, lack of supportive environments the advocates came from became obvious and this erroneous hypothesis completely dissolved.

A wealth of knowledge was uncovered during this study. The impressive amount of work a domestic violence victim advocate is responsible for speaks volumes to the importance of their role in a societal context. The social issue of domestic violence continues to grow at a rapid pace, thereby, validating the crucial role advocates play in decreasing the number of incidents of family violence. Table 1 displays the number of years of experience each advocate brings to

their respective agencies. Even though the data analysis performed did not consider any potential correlation between the number of years of experience and any of the identified themes, it is important to note the variations in the advocates' levels of experience. Burnout could be more directly correlated to the number of years of experience and should be evaluated in a more specific study.

The qualitative phenomenological research approach was appropriate for this study, because it effectively facilitated the collection of rich experiences through an exploration of a phenomenon, which created tangible and intangible barriers affecting the services provided by domestic violence victim advocates. During this exploratory study, all of the interviews resulted in a positive experience between the researcher and the participant due to the initial rapport based on honesty and procedural transparency regarding the purpose and intent of the study. The research approach allowed for an interview process where the participants provided their views unconstrained from judgment (Creswell, 2005).

Recommendations for Future Research

By exploring the lived experiences of domestic violence victim advocates, this study involved a unique examination of the factors influencing advocates' biases and attitudes regarding domestic violence and how they impact service delivery. The participants agreed management-level staff provided a limited amount of support to advocates and impeded their service delivery to victims of domestic violence. This qualitative phenomenological study revealed the following mitigating and aggravating factors that contribute to service delivery: (a) unrealistic expectations, (b) cultural/religious issues, (c) transgression of violence, (d) client mental health issues, (e) client/offender substance abuse issues, (f) lack of client boundaries, (g) lack of resources within the criminal justice system, (h) lack of client education and

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responsibility, and (i) trauma-related issues. Domestic violence scholars and social theorists should consider the following for future research:

1. Due to the qualitative approach of this study, the findings cannot be generalized to all domestic violence victim advocates. This study required a qualitative phenomenological approach rather than a quantitative method because the factors or barriers contributing to impeding service delivery were unknown. Future research should conduct a quantitative study examining the identified mitigating and aggravating factors and their direct impact on service delivery.

2. Court based advocates may have a very different take on what they believe is going on within the advocacy arena. There may be very different reasons as to why services are being impeded, if that assumption is true. Employing a study similar in nature, but with court advocates as participants, may give scholars a perspective from their domain. In turn, this may prove useful in providing cross discipline training, professional development, and other educational opportunities.

3. Burnout was identified and extrapolated upon in many of the participant interviews. It became evident that lack of management support is the overwhelming reason why advocates feel burned out; therefore, further research into why management is not supportive of their staff is necessary. Advocates are simply assuming that management has no desire to support the work that they do, however, that may be far from the truth. Management may be feeling just as overwhelmed with their administrative duties and, thus, lack the ability to find time to connect with direct service staff. Perhaps there are ways to build some inclusivity in agencies, which in turn may decrease overall burnout in the entire agency.

4. An essential component for victim advocates' success is having access to sufficient training. Evaluating whether or not training may have a direct impact on burnout is another viable research avenue. How deeply does the concept of burnout tie into the everyday struggles faced by victim advocates? The resulting information may suggest that a strong part of advocates' frustrations and burnout are directly linked to their lack of education and training related to major clients issues (i.e. mental health, religion, culture, and substance abuse).

Summary

The purpose of this qualitative phenomenological study was to identify themes and patterns shared among the lived experience of domestic violence victim advocates employed in any of the twenty-three local Connecticut domestic violence agencies. The focus of the study was to identify any biases and attitudes which may be impeding service delivery. The study contributed to the limited knowledge on domestic violence victim advocacy and the impact that personal biases and attitudes have on their ability to deliver quality services to clients.

This exploratory study investigated the experiences of domestic violence victim advocates employed by local non-profit domestic violence agencies in the State of Connecticut. The experiences provided by the advocates led to the discovery of mitigating factors that apparently impact the way in which they do their work. The results of this study and the recommendations for further research may prove valuable in developing better training protocol for newly hired and tenured advocates and practices for decreasing burnout among advocates in the field of domestic violence.

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APPENDIX A: DEMOGRAPHIC SURVEY

Please complete the following demographical survey and return to the researcher within the next

week. All answers will be kept confidential.

Thanks for your cooperation!

1. What was your age when you entered the advocacy field?
   □18-25
   □26-30
   □30-35
   □35-40
   □40+

2. What is your gender?
   □Male
   □Female

3. What is your race and ethnicity?

   □Caucasian   □Italian
   □African-American   □Irish
   □Latina/Latino   □Hispanic
   □Bi-racial   □Polish
   □Other_____   □Other_____

4. What is your work history (relevant to your current position as advocate)?

5. What is your highest level of education?
   □High School Diploma / GED
   □Some College
   □Bachelors degree
   □Masters degree
   □Post Masters degree

6. What interested you in becoming an advocate in the domestic violence arena?

7. Which domestic violence program do you work for?
   □Center for Women and Families of Greater Fairfield County
   □Safe Haven of Greater Waterbury
   □Prudence Crandall Center
   □The Umbrella
   □Meriden-Wallingford Chrysalis

8. Approximately how many advocates work in your department / program?

9. Does your domestic violence agency have a separate court advocacy program?
   □Yes
   □No

APPENDIX B. INTERVIEW GUIDELINES

1. Describe how you came to choose domestic violence advocacy as a profession.

2. Describe what has shaped your understanding of who you are as a professional.

3. Describe your feelings about what you believe to be the causes of domestic violence.

4. As an advocate, what do you think victims expect from you?

5. As a professional working in the field, what do you expect from the victims that you are working with?

6. What do you find to be the most difficult part of working with domestic violence clients?

7. Describe any training that you have gone through that has been helpful in your growth and development as an advocate.

8. Do you believe that you have and are receiving adequate training opportunities to enhance your professional skills?

9. What do you find to be the most professionally challenging about working with battered victims?

10. Do you know what burnout is? If yes, do you feel as though you have become burned out from this line of work?

11. When you think back on your life, describe your experiences that have shaped who you are today.

12. What do you find to be personally frustrating about working with battered victims?

13. What motivates you to keep working with battered victims?

14. Do you think that this work satisfies any special need for you personally?