



**Resilience for
Advocates through
Foundational Training**

**The Advocate Experience: Risk Factors, Protective Factors, and
Recommendations in the Field of Domestic and Sexual Violence Work**

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Executive Summary

Domestic and sexual violence advocates face various stressors and exposure in their work with clients while in the field. These stressors and exposure can result in experiences of burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress. Certain characteristics of an individual and an organization can create increased risk and protective factors for the likelihood of negative experiences. This paper reviews relevant literature by exploring risks and protective factors at an individual and organizational level. Recommendations given can be applied in various aspects of an organization: organizational administration, support and supervision, education and training, culture and work climate and leadership.

Section One: Terms and Definitions

Advocate

The literature reviewed in this paper covers various fields including social work, psychology, mental health, and counseling. Some of the literature reviewed is focused on the specific fields of domestic and sexual violence. Due to the lack of research focusing on domestic and sexual violence advocates specifically, we have chosen to broaden our search and utilize literature from across helping professions. Because of the varying definitions and roles described in the literature, we define advocate as those in anti-violence work in all roles of an organization. Whether clinical, service-providing, or administrative, all roles in domestic and sexual violence work are exposed to stressors and trauma.

Survivor and Victim

This term is used interchangeably in the literature, depending on context and field. We have selected to use the term survivor in an effort to be strengths-based. We also recognize that individual clients may identify in different ways throughout their experience.

Burnout

Burnout can be described as a psychological syndrome of emotional exhaustion, depersonalization, and reduced sense of personal accomplishments (Maslach, 1993). Emotional exhaustion is when an individual has drained and depleted their feelings and resources. Depersonalization can take the form of negative or detached responses to other people, especially those who usually receive the individual's services or care. Burnout is often seen in the workplace setting, often with diminished feelings of self-efficacy in the work (Pearlman & Mac, 1995). Burnout can improve with positive changes in the work environment or personal life (Branson, 2018).

Vicarious Trauma

Vicarious trauma is defined as the “negative effects of caring about and caring for others” (Pearlman & Mac, 1995). It is often directly related to working with “client disclosures of trauma” which can often be detailed and vivid (Branson, 2018). The changes and negative effects from vicarious trauma can be physical, mental, sexual, and spiritual and can vary in symptomatology. It can lead to imagery intrusions, hyperarousal to the environment and one’s own safety, avoidant behaviors, and negative changes in thinking and cognition (Pearlman & Mac, 1995; Branson, 2018).

Utilizing empathy is both an asset and skill of an advocate in this work, but also creates a vulnerability to vicarious trauma and its effects (Branson, 2018). As empathy is an essential part of working with clients and their trauma, vicarious trauma is seen as an inevitable and normal reaction to the work and should be treated as a hazard of the work in this field (Branson, 2018).

Secondary Traumatic Stress

Secondary traumatic stress (STS) is the “natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experience” (Figley, 1995). It is the stress that can result from helping or wanting to help a person who is traumatized or suffering. Individuals can be traumatized without actually being physically harmed or threatened with harm- the act of learning about the traumatic event has the ability to have a traumatic potential (Figley, 1995). Secondary traumatic stress has symptoms that are very similar to post-traumatic stress disorder except for it is from exposure to a traumatic event, instead of experience of the traumatic stressor (Figley, 1995). Mental health and other helping professionals are vulnerable to secondary traumatic stress disorder, as well as family members or loved ones of those who suffer from trauma (Figley, 1995).

Compassion Fatigue

Compassion fatigue is a “combination of physical, emotional and/or spiritual depletion” associated with caring for individuals in significant pain or distress (Figley, 1995). Compassion fatigue can often involve “a feeling of helplessness, as sufferers are overwhelmed by the quantity of need and their lack of comprehensive and/or meaningful resources (Branson, 2018)”. It is a predictable outcome for compassionate, caring professional advocates. Using empathy creates a vulnerability to the suffering of clients and those around you. The ability to feel and show empathy makes an advocate vulnerable to the suffering of their clients and those around them (Figley, 1995). Some research indicates that compassion fatigue can be used interchangeably with Secondary Traumatic Stress (Branson, 2018).

Compassion Satisfaction

Compassion satisfaction is a level of fulfillment helping professionals obtain from their work (Bae et al, 2019). This can be associated with feelings of motivation, success, and sense of accomplishment that one may obtain from helping and supporting their clients (Bae et al, 2019). Compassion satisfaction can mitigate the experiences of compassion fatigue, burnout and secondary traumatic stress individuals may experience.

Compassion Resilience

Compassion resilience is defined as the ability to maintain our physical, emotional and mental well-being while compassionately caring for those who are suffering (Ebinger, 2020). It is a protective characteristic that can support effectively partnering with clients as well as identifying, preventing and minimizing compassion fatigue (Ebinger, 2020).

Section Two: Risk Factors

Individual

The reviewed articles looked at various individual risk factors that may make an individual more likely to experience burnout, compassion fatigue, or secondary traumatic stress. Other articles reviewed individual characteristics that may be associated with resilience, particularly compassion resilience and compassion satisfaction.

Kulkarni, Bell, and Hartman (2013) explored both individual and organizational factors. They found that advocates with higher levels of work experience and with the same values as the organization had a positive association with compassion satisfaction. Higher levels of work experience being correlated with higher levels of compassion satisfaction can suggest that individuals have found resiliency strategies that have helped them cope and thrive despite their challenging and traumatizing work (Kulkarni, Bell, & Hartman, 2013). These more experienced workers can be a source of mentorship and support for those advocates who are less experienced and more vulnerable (Kulkarni, Bell, & Hartman, 2013).

Dworkin, Sorell, and Allen (2016) conducted research at a rape crisis center to examine characteristics that correlate with higher levels of secondary traumatic stress. The researchers found that younger employees, along with those with personal history of sexual assault correlated with higher levels of secondary traumatic stress. Often less experienced advocates are younger staff members who may have personal trauma, so organizations can be conscious of providing additional support to these advocates (Dworkin, Sorell, & Allen, 2016).

Benuto et al (2018) found that victim advocates with repeated and ongoing exposure to trauma often led to the development of secondary traumatic stress. They also found that victim advocates that worked with adult survivors of childhood sexual abuse had higher rates of STS than those who worked with adulthood sexual abuse.

The VOICE (Victim Services Occupation, Information, and Compensation Experiences Survey) study (Wood et al, 2017) was conducted among Texas state stakeholders in victim services organizations. They conducted a cross-sectional survey among Texas-based victim services professionals about their occupational experiences. The survey assessed factors at position, individual, and organizational level that contribute to turnover, job satisfaction, burnout, secondary traumatic stress, and resiliency. From the 530 participants that completed the survey, results found that higher levels of burnout were found among those having experienced personal trauma, lower use of coping skills, and those supervising others (Wood et al, 2017). Higher scores on secondary traumatic stress were found with advocates of a lower age, increased time (over 41%) providing direct services to clients, witnessing or experiencing microaggressions at work, childhood trauma experience, and mismatch with workload (Wood et al, 2017).

Organizational

When assessing organizational risk factors, Kulkarni, Bell and Hartman (2018) found that higher workloads, low autonomy, and a lack of supervision were associated with a higher level of burnout in domestic violence service providers. They also assessed person-environment fit, which is the connection between a person and the environmental characteristics that contribute to a particular work outcome. When there is “good” fit, there is job satisfaction, and when there is “poor” fit, the outcome is stress, strain, and the intention to quit (Kulkarni, Bell, & Hartman, 2018). The researchers found that mismatch emerges as a significant risk factor for burnout and secondary traumatic stress, especially when having less manageable workloads. When looking at domestic violence service providers, they found that they “ experience high levels of cumulative stress from direct and indirect exposure to trauma while working closely with trauma survivors in a culture that tends to minimize/deny the existence of DV and provides limited resources” (Kulkarni, Bell, & Hartman, 2018).

Supervision and client load can also have an impact on STS (Dworkin, Sorell, and Allen, 2016). Staff members who worked in settings with less supervision and larger client loads on average tended to have higher levels of STS. High levels of STS can interfere with the ability to effectively provide or attain supervision and can lead advocates to take on more clients than they can handle (Dworkin, Sorell, and Allen, 2016). Providing direct services increases risk for secondary traumatic stress, but it can also increase compassion satisfaction. Quality and regular supervision can be a way to mitigate these effects (Wood et al, 2017).

Section Three: Protective Factors

Individual

There are certain traits that make individuals more resilient to compassion fatigue. Advocates with a higher level of emotional intelligence experienced more compassion satisfaction (Bae et al, 2019). Fostering emotional intelligence can not only support greater impact with clients but can be a protective factor that can increase longevity in an advocate's career (Bae et al, 2019). Having more insight into one's own and client's emotions can support the management of stress that comes from working with distressed clients (Bae et al, 2019).

Halevi & Idisis (2017) assessed differentiation of self as a resilience factor protecting against vicarious trauma. They defined differentiation of self as the ability to "maintain both clear and flexible boundaries" through a combination of both emotional and mental resources that gives them the ability to "uphold an effective separation between the patient's emotional world and their own" (Halevi & Idisis, 2017). Differentiation of self can be utilized as a resilience factor protecting against vicarious trauma and has the potential to contribute to the development of tools for efficiently and accurately assessing predisposition toward vicarious traumatization among therapists (Halevi & Idisis, 2017).

Organizational

Slattery and Goodman (2009) reviewed protective factors in the workplace of domestic violence advocates. In particular, they found that workplace social support, clinical supervision, and access to power were all significant factors and inversely correlated with secondary traumatic stress. Access to power was more significant than any individual factors assessed (Slattery & Goodman, 2009). Access to power or work empowerment was operationally defined as the ability to make choices and decisions at the workplace (Slattery & Goodman, 2009). Other studies have also found that work autonomy (Bae et al, 2019) and increased control at work mitigate burnout and increase resilience (Wood et al, 2017).

Work-life balance also supports greater compassion satisfaction among advocates (Bae et al, 2019). Organizations can create supportive work environments that promote balance between personal life and work demands (Bae et al, 2019).

Bell, Kulkarni & Dalton (2003) assessed the organization's ability to prevent vicarious trauma. They stated that organizations can either promote job satisfaction or contribute to burnout. The supports they provide can be effective in buffering or mediating vicarious trauma. The researchers considered vicarious trauma a type of occupational hazard in settings with highly traumatized clients. Agencies that provide services to trauma survivors have a practical and ethical responsibility to address the risks the work creates for their staff (Bell, Kulkarni, & Dalton, 2003).

Section Four: Recommendations and Implications

Reviewed research culminated in either individual or organizational recommendations to decrease risks regarding the field of domestic and sexual violence, as well as increasing protective factors for both individuals and organizations. Due to the variety of recommendations given, any organization can find ways to implement changes to better the well-being of their staff and overall organization.

Organizational Administration

Organizations could firstly begin by acknowledging that serving trauma survivors impact individual workers and the organization. Support begins with the organization, and staff self-care impacts client self-care (Bell, Kulkarni, & Dalton, 2003). Occupational stress can come from the content of the work and exposure to client experiences but can also come from organizational stressors (Wood et al, 2017). Advocates are often experiencing high levels of stress from both direct and indirect exposure to trauma while working with survivors in an overall culture that “tends to minimize and deny the existence of domestic violence, while providing limited resources” (Kulkarni, Bell, & Hartman, 2013). Organizations can take the lead to create a culture of support for their staff and their clients. Supportive organizations can look like allowing for vacations and time off, variety in the workload and client case load, taking sick-time, and allowing time for continuing education (Bell, Kulkarni, & Dalton, 2003).

The VOICE study (Wood et al, 2017) in particular collected survey responses around compensation, turnover intention, organizational climate, and job satisfaction. The findings indicate that workers are less likely to have turnover intention when compensation is higher. Open-ended comments indicated that the number one factor to increase job satisfaction would be to increase pay (Wood et al, 2017). Flexible schedules, providing childcare, creative benefit and leave packages, student loan repayment are all ways to provide improved compensation beyond increased pay (Wood et al, 2017).

Support and Supervision

Effective supervision is an essential component of the prevention and healing of vicarious trauma (Bell, Kulkarni, & Dalton, 2003). Organizations can actively build opportunities for support, whether peer or formal supervision while being conscious of client loads of advocates (Dworkin, Sorell & Allen, 2016).

Quality supervision can increase the emotional well-being of advocates, particularly when supervisors value the advocate as a whole person, are able to share their personal and professional experience, and are open to the opinions and concerns of their supervisees (Slattery

& Goodman, 2009). Supervision should also be separate from staff evaluation, to ensure supervision conversations do not impact the evaluation process (Bell, Kulkarni, & Dalton, 2003). Supervision that creates an environment of respect, safety, and trust may help to minimize secondary traumatic stress among advocates (Slattery & Goodman, 2009). Advocates with higher levels of STS can interfere with their ability to provide or attain supervision, which can additionally lead them to take on more clients than they have capacity for (Dworkin, Sorell & Allen, 2016). Creating manageable workloads can be a way to reduce burnout and compassion fatigue (Kulkarni, Bell, & Hartman, 2013). Job sharing or shared leadership tactics could also be options for highly stressful positions (Wood et al, 2017).

Group support can also be a method for staff to support each other but should not be a substitute for formal supervision. Groups can be used to process and debrief traumatic experiences of clients and their personal effects on the staff (Bell, Kulkarni, & Dalton, 2003). Organizations can create purposeful and intentional time for staff to connect around shared work experiences, debriefing, and supporting team-work and accountability (Wood et al, 2017). Coworkers that support and advocate for each other through cooperation, effective communication, and conflict resolution are a key aspect in the well-being and resilience of all staff (Slattery & Goodman, 2009).

Education and Training

Trauma- specific education can also diminish the potential effect of working with traumatized clients (Bell, Kulkarni, & Dalton, 2003). Training needs can vary and may include wellness strategies, diversity and anti-oppression, and professional development specific to anti-violence work (Wood et al, 2017). Low or no cost professional development is most accessible to advocates and is often available through local universities and non-profits. Agencies can also be creative in obtaining training: partnering with other agencies and “trading” training, sending staff representatives to acquire certain skills and then teach staff (Bell, Kulkarni, & Dalton, 2003), and participating in virtual training.

Culture and Work Climate

The values and culture the organization has sets expectations for the individual staff members (Bell, Kulkarni, & Dalton, 2003). Organizations can create productive and supportive environments through cultivating shared-values and community amongst their staff (Wood et al, 2017). Recruitment and retention of diverse staff, increased representation of diverse identities among leadership, increased dialogue and anti-oppression efforts with leadership are all ways to improve workforce climate (Wood et al, 2017).

Creating a culture of self-care activities that are restorative and intentionally creating time and space to devote to these activities. Simple and intentional practices can create a large impact for

staff. Allowing personal items from home at staff desks and workstations can bring a sense of security for the staff member (Bell, Kulkarni, & Dalton, 2003). Stocking the break room with coffee machines and healthy snacks, music, and even comfortable furniture can make self-care more accessible and part of the culture of the organization (Kulkarni, Bell, & Hartman, 2018). Facilitating wellness and coping on an organizational level can protect an organization from turnover and overall increase job satisfaction. Professionals ways of coping can be stress management training for staff, professional self-care plans, and quality supervision (Wood et al, 2017).

Staff safety should also be of high priority and primary concern for the organization (Bell, Kulkarni, & Dalton, 2003). Paying for security at the physical location of the agency or having a buddy system when staff are visiting client homes and community locations are all ways of creating safety for both staff and clients (Bell, Kulkarni, & Dalton, 2003).

Leadership

Increased communication from leadership is a way to improve and support job satisfaction. By increasing transparency on decision-making, agency needs, and policies, worker understanding, and job satisfaction can be improved (Wood et al, 2017). This can also support autonomy and decrease individual-organizational mismatch (Kulkarni, Bell, & Hartman, 2013). Reinforcement of the shared values between the organization and staff also increases person-environment fit (Kulkarni, Bell & Hartman, 2013) and job satisfaction (Wood et al, 2017).

Shared power in an organization is another option to increase transparency and empower advocates, often the ones with limited power in an organization, to increase their autonomy and thereby increase job satisfaction (Slattery & Goodman, 2009). “Flattening the hierarchy” by adding both administrative and service responsibilities to job descriptions or by creating rotating committees to handle more organizational-level tasks can be ways to create shared power among staff and leadership (Slattery & Goodman, 2009). At minimum, there should be a discussion of the inherent power difference between leadership and staff positions, and the individual identity differences of those in those positions.

Leadership can also create ways to acknowledge and provide recognition to staff on work successes and challenges. Modeling communication can also provide staff with language and skills to support and listen to each other and their clients (Wood et al, 2017). Individuals in the field of domestic and sexual violence are often “called to the work through shared experiences and values” (Kulkarni, Bell & Hartman, 2013). Giving staff opportunities to connect over these shared values with the organization increases their level of connection to the organization (Wood et al, 2017).

Individuals

The VOICE study found that increased use of coping strategies predicted higher job satisfaction and resilience, while decreased use of coping skills was associated with higher levels of burnout. Coping skills can be different for all individuals. Advocates can focus on self-care activities such as engaging in hobbies, creating and making time for social connections, and intentional stress-reduction activities. Individuals have to adapt coping strategies to find those that work for them and support protection from occupational stress (Wood et al, 2017). Advocates and staff are also encouraged to connect with their support system and maintain social connections outside of work.

Advocates can also take advantage of resources available to them within their organization like on-the-job training and resources. Individual workers can also get assistance from local and state coalitions. Training needs may cover wellness and self-care strategies as well as professional development (Wood et al, 2017).

Conclusion

Advocates, just by their daily work responsibilities and activities, run the risk of experiencing a number of negative conditions like burnout, vicarious trauma and compassion fatigue. Often their work environment does not offer much in protection and mitigation of these effects. Through learning more about protective and risk factors for advocates in this field, we can lessen the impact and severity of effects. Those in leadership of sexual and domestic violence service organizations have a responsibility to protect and contribute to the resilience of their advocates, just as they do for survivors. The research findings, implications, and recommendations given can be a resource to begin with.

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