

Domestic Violence Workers: Effects of Repeated Exposure to Trauma

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Abstract

In contrast to research on domestic violence victims, this article encapsulates the perspective of several professionals who work with victims of domestic violence (DV) by examining how their repeated exposure to hearing traumatic domestic events impacts their personal and professional lives. Data stems from qualitative in-depth interviews, which reveal diverse work experiences traversing the roles associated with the justice system; domestic violence lawyer, volunteer court advocate, certified domestic violence advocate, probation officer, first responder counselor, and police social worker. Secondary Stress and Vicarious Traumatization symptoms were examined. Four themes emerged that portray: compassion, coping, job demands and physical symptom--the difficulties of interacting with victims of domestic violence.

Keywords: domestic violence advocate, vicarious traumatization, secondary trauma

Introduction

Domestic violence (DV) is a complex societal issue, which has gained recent heightened awareness due to several high profile professional athletes arrested for domestic violence. What has not garnered much attention are those who work in domestic violence advocacy. What is domestic violence advocacy? The term advocate can be viewed in a very broad sense meaning anyone who directly assists family members who have been victimized by domestic abuse through a state/county justice system or non-profit agency setting. An advocate can include domestic violence “shelter staff and volunteers, medical, legal, social service, law enforcement, or other institutional systems that respond to domestic violence” (Davies & Lyon, 2014 p..xix-xx). Advocates may have some formal education associated with victimization; however typically they develop skills and knowledge through experience, training associated with their role within the organization/agency and their personal ongoing compassion and efforts to improve. There are different theoretical approaches to family violence, which can conflict with the agency goals, nevertheless advocates must not only assist victims they need to be cognizant of their own personal wellbeing to be effective. The developing partnership between victim and advocate brings strength to the victim and hope during times of despair. Victims have experience violence that requires a customized and sensitive response from those working in the domestic violence advocacy field. Victims develop a life path that cannot be carelessly dismissed.

Domestic violence is a pattern by the abuser using techniques to control the behavior and activities of their victim. Some techniques perpetrated on another are: physically harm, fear, prohibits the victim from doing what they wish or forces the victim to behave in ways they do not want. These techniques may include degrading remarks, cruel jokes face to face or through social media, excessive or threatening texts, economic exploitation, false imprisonment, sexual abuse, disfiguring assaults and homicide (NCADV, 2015). “Domestic violence is a pattern of coercive control one person exercises over another person. It can arouse fear, may prevent the victim from doing what they wish, or forces the victim to behave in ways they do not want” (Atkinson Tovar, 2016, p.70). Statistics in the United States indicate approximately one in every four women will experience domestic violence (DV) or intimate partner violence (IPV) during their lifetime (NCADV, 2015). Domestic violence and abuse occurs between family household members, those sharing a common dwelling, same-sex partners and children.

Many victims cope with the violence while others seek assistance through various networks: family, church, friends, police, civil court, social media sites or community social services including shelters and domestic violence advocates (Glenn & Goodman, 2015) (Goodman, Dutton, Weinfurt & Cook, 2003) (Rose, Campbell, & Kub, 2000). Often there are barriers to leaving a domestic abusive relationship; economic dependence, parenting, no place to go, survival, learned helplessness, fear the partner will commit suicide, religious and extended family pressure to stay in the relationship and keep the family together, denial, love, duty, responsibility, shame and humiliation from extended family, friends or the community, self-identity and the internalization of the abuser's words (NCADV, 2015).

The impact of domestic violence in the home on children is profound. Understanding the domestic violence etiology of treating current conditions and in preventing future problems is the role of those who work with domestic violence victims. Domestic violence workers; counselors, case workers, police officers, judges, attorneys and volunteers are exposed to abused women and children on a daily basis. Society is concerned about domestic violence, however we must not forget those who work with the abused. Do we ever consider the people who work with domestic violence victims? Is there an impact on domestic violence worker's professional and personal lives? Can those who help victims become victims themselves by the sheer devastation and sorrow they encounter on a daily basis?

There is a collective awareness from literature associated with the social worker profession that accumulative exposure to working with victims of violence can impact their own lives often with negative consequences. Various studies have examined three predominant affective theories associated with repeated exposure to violence; secondary trauma stress disorder, vicarious traumatization and compassion fatigue. This study attempts to fill the gap in literature by using a qualitative narrative descriptive research method to explore how DV advocates experience, make sense of, and are affected by their repeated exposure to victims of domestic violence. To set the context of the study, I will describe domestic violence, the characteristics of secondary trauma stress disorder, vicarious trauma and how the various roles of advocates' experiences have affected their lives. Compassion fatigue will not be discussed in this article because it is more often associated with "sympathy, or a feeling of pity and sorrow, for the sufferings of someone else with an urge to help" (Henke, 1994 p.9), which doesn't accurately address the contextual relationship between professional advocate worker and victim.

Three reasons why this research is important, first, secondary and/or vicarious traumatization can affect advocate/crisis workers because domestic violence and abuse are painfully real and part of our society. If domestic violence advocates are to help, they cannot protect themselves from acknowledging this reality as they listen to the victims' stories. Secondly, domestic violence advocates are left with the powerful impressions aroused as they face this reality on a daily basis. Domestic violence advocates realize violence can happen to anyone, at any time; however, it is almost inexcusable to accept the fact that lives can be permanently changed in a moment when a traumatic event occurs. Finally, the third reason is domestic violence advocates often go into this specialization because they were victims of trauma, such as witnessing abuse between their parents, or victims of domestic violence; physical, sexual, or emotional abuse, and it is a reminder of their own painful experience(s) (Atkinson Tovar, 2002).

Domestic Advocate

The movement to end family violence has enhanced awareness and research contributing to new knowledge on the impact of violence on the family, community and society in general. There is also "evidence that violence can be experienced differently across culture, race/ethnicity, social class, gender, and sexual orientation, while demonstrating shared pain and resilience" (Davies & Lyon, 2014 p.xvii). Advocates' experiences have contributed to some of these new understandings of the needs victims require to navigate resources to become safe in their own home. Advocates bring who they are and what they have experienced to the process of helping victims. "Advocates cannot be seen as a "cog in the wheel" of service provided" (Davies & Lyon, 2014, p.235) nor taken for granted. The environment in which victims are offered advocacy must be a place that victims can flourish and be nurtured.

According to a recent study by Globokar, Erez, Gregory (2016), addresses the literature gap linking the scope and nature of victim service roles by encapsulating the range of victim-related professions and introducing the term *victim work* to describe "any effort to address the legal, financial, emotional, relational, informational, and, in some cases, safety needs related to victimization" (Globokar et al, 2016 p. 6).

This current study is similar in that a variety of participants with roles that are enmeshed with interacting with victims of domestic violence and the justice system were interviewed. Victims' rights and services have increased in recent years to reform the criminal justice system to be more inclusive, thereby, "increasing the diversity of occupations and volunteer positions" (p.2) in victim services associated with domestic abuse. An important aspect of working with victims is that it goes beyond organization and agency restrictions and specific job descriptions to address the needs of the victim by providing support throughout the whole legal process. Those who work with domestic violence victims may have different job duties and the frequency and contact with the victim may differ, however their commitment, pride and willingness to serve victims can result in unexpected personal and professional consequences.

Domestic violence court

For the purpose of this research study domestic family violence advocates associated with the criminal justice system were interviewed. Domestic family violence is considered a crime. States have legislated statutes to address different forms of domestic violence covering intimate partner abuse, child abuse and elder abuse. The justice system in each state understands the complex phenomenon surrounding family violence, thereby designating specific domestic violence court rooms, judges, state or district attorneys and victim assistance advocates to strengthen the services for victims. One measure of protection from abuse is for a victim to obtain an order of protection or restraining order, which is granted by a judge in a domestic violence court after hearing testimony from the petitioner. The parties listed on an order of protection are the petitioner (victim) and the respondent (offender/suspect). An order of protection or restraining order is a legal document, which prohibits the respondent from specific actions. These prohibitions are called remedies. Common remedies granted on an order are: prohibit further abuse, exclusive possession of the residence to the petitioner and temporary legal custody of children, while the order is active. Most states offer two types of orders of protection; criminal and civil. A criminal order of protection is associated with an arrest while a civil order of protection can be granted to the petitioner without a criminal case or in conjunction with a divorce. Minors are eligible for an order of protection, however a parent or legal guardian must apply for the order on their behalf. Domestic violence advocates will assist victims in obtaining orders of protection, offer support in court, counseling services, legal resources and shelter if necessary.

Secondary Trauma Stress Disorder

Sporadic attention has been given in the literature to some of the less recognized caring professions—domestic violence advocates, law enforcement, DV judges, attorneys and probation officers—to the phenomenon referred to as secondary trauma stress disorder (STSD) or vicarious traumatization (VT). The field of traumatic stress studies, has become a focus of interest in the mental health fields most commonly associated with social workers (Figley, 1995). The term secondary trauma "focus on the negative implications of working with trauma victims" (Ben-Porat and Itzhaky, 2011, p. 96). Studies have describe the emotional turmoil as a result of forming an empathetic relationship with trauma victims, which can result in adverse functioning of the social worker or therapist. Working as an advocate for domestic violence victims rarely involves long term therapeutic relationships but rather short term crisis intervention on a daily basis with multiple victims. According to Figley (1995) the concept of secondary traumatization refers to "the natural consequence behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person"(p.7). Figley (1995) believes this exposure may infect the helping professional who can exhibit similar symptoms as the victim. There is a cost to those who are in the caring profession. "Professionals who listen to clients' stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care" (Figley, 1995, p. 1). These emotion may not necessarily be a problem for all advocates, but more likely a byproduct of caring for traumatized people (Atkinson Tovar, 2002) (Figley, 1995).

A wide range of STSD symptoms has been documented in first responder and social workers associated with child abuse and sexual assault victimization. "The literature exemplifies diverse occupational samples, differences in measurements, differing traumatic event factors, and degrees of proximity to harm, as well as mediating contextual variables and workers characteristic" (Atkinson Tovar, 2002, p. 39) (Pearlman and Saakvitne, 1995) (Beaton, 1990) (Stamm, 1989) (Piaget, 1971). Overwhelming emotions are usually suppressed during the period they are providing assistance so that counsel can be rendered effectively. Domestic violence advocates may perceive a role conflict when they themselves must seek help.

They can feel defenseless, helpless, and weak, not in control of their own emotions or fear their “professionalism” may be in question. There are several noted barriers which may prevent advocates from acknowledging they may need help. Those in advocacy consciously and/ or unconsciously may use denial, repression, gallows humor, and suppression to deceive themselves and others that they are not well (Atkinson Tovar, 2002)(Beaton & Murphy, 1990). Another barrier is often family members cannot detect the signs of secondary trauma because they are purposefully concealed and are subjective in nature. Family and friends trust the advocate understands what they are getting themselves into working with domestic violence victims.

Vicarious Traumatization

“Vicarious traumatization (VT) refers to the cumulative effect of working with survivors of traumatic life events, or perpetrators, as part of everyday work” (Osofsky, Putman, Lederman, 2008, p. 91). Professionals who engage empathically with victims or survivors of domestic violence can be particularly vulnerable to risk factors associated with STSD or VT. Vicarious traumatization includes the symptoms of STSD along with profound changes in the domestic violence advocates’ sense of meaning associated with self-identity, personal values and beliefs about themselves and others. The DV advocate exhibiting VT symptoms will measure their confidence and commitment by how much they help others. They fear others will judge them if they show any sign of weakness or seek help. They tend not to seek emotional support and will overextend themselves letting work bleed over into their personal lives (Figley, 1995). There is some overlapping between STSD and vicarious traumatization. Vicarious traumatization, refers to a transformation in the advocate’s inner experience resulting from empathic engagement with the victims’ trauma (Pearlman & Saakvitne, 1995). Through exposure to graphic accounts of domestic violence and abuse experiences, the realities of peoples’ intentional cruelty to one another, and the inevitable participation in traumatic reenactments, domestic violence advocates are vulnerable through their empathic openness to the emotional and spiritual effects of vicarious traumatization (Pearlman & Saakvitne, 1995). Domestic violence advocates acknowledge they entered this type of work by choice and continue because of their commitment to others and the tremendous rewards of helping others and recognize that it affects them personally. It is an occupational hazard that must be acknowledged and addressed. By definition, “the effects of vicarious traumatization on an individual resemble those of traumatic experiences. They included significant disruptions in one’s affect tolerance, psychological needs, beliefs about self and others, interpersonal relationships, and sensory memory, including imagery” (Pearlman & Saakvitne, 1995, p. 151).

Various studies have documented the effects on counselors or social workers who are exposed to tragic stories told by victims. In 2002 Orltepp & Friedman (Bober, Regehr, Zhou, 2006) conducted a study of “173 child welfare workers who were exposed to traumatic imagery through their clients stories”(p.72), therefore exposing them to violence indirectly. Fortysix percent of the respondents reported traumatic secondary stress symptoms, which caused a considerable impact on these individuals’ lives. Vicarious trauma symptoms can include an instant reactions of disturbing imagery such as nightmares and flashbacks. Hypervigilance may emerge due to an increase fear for safety of their love ones. They may begin to have difficulty listening to “clients” accounts of events, experience irritability and emotional numbing. Regardless of the profession associated with domestic violence advocacy long-term reactions may include emotional and physical exhaustion, a sense of hopelessness, and a change in their personal world-views. They may become cynical and suspicious of others. With repeated exposure to traumatic imagery, domestic violence professionals can begin to have an accumulative effect to victims’ trauma to their personal views of the world and self (McCann & Pearlman, 1990). For example an advocate may have began their career believing in family, marriage and love, however after years of hearing domestic abuse stories they no longer have those same beliefs. Their views have shifted due to their experiences. These shifts can cause professionals “to question their competency and to feel helpless to relieve the suffering of others” (Bober et al, 2006, p.72) (Astin, 1997).

Research Questions

This study attempts to provide an understanding through a qualitative exploration of domestic violence professional workers’ experiences of repeatedly hearing traumatic stories of abuse. Given that domestic violence professionals’ experiences are inextricably connected to their own personal histories, interactions with victims, and the judicial system and structure which influences their work environment, you begin to understand the secondary stress or vicarious trauma implications. Therefore, it is important to address the following questions:

1. To what degree does repeated exposure to domestic violence/abuse victims affect those professions which assist domestic violence victims?
2. How does vicarious trauma/secondary stress trauma manifest itself in domestic violence professionals who respond to the needs of a domestic violence victim?
3. To what extent and in what ways does repeated exposure to domestic violence victims precipitate life-affecting transformations in those who dedicate themselves to working with this special population?

Methodology

The study used a qualitative descriptive approach to address the research questions. The researcher felt this method was the best approach because “qualitative method allows for an exploratory and inductive approach which is useful for examining phenomena about which little is known” (Glenn & Goodman, 2015 p.1485) (Hage, 2006). Interviews allow for curious discovery of another person’s feelings, thoughts, and experiences, however it is critical the right questions are asked. You can’t assume if you merely ask questions then the other person’s “reality” will be revealed (Holstein & Gubrium, 1995).

Participants

After receiving Institutional Review Board (IRB) approval, prospective participants from two counties in Illinois who have various roles associated with advocating for domestic violence victims; police social worker, domestic violence advocates, domestic court attorney and probationary officer were represented. The study included a total of seven participants whose age ranged from thirty-one to sixty-four. Six females and one male were interviewed. Respondents all had college degrees, several with advanced degrees. All except two were single. Years of advocacy experience range from one year to twenty. Interviews average 1-1/2 hours in length conducted at the respondents’ choice of location consisting of field notes or transcriptions of recordings dependent on the respondent’s preference. Interviews began with a full review of the Informed Consent and were semi-structured open-ended interview questions. At the end of the interview each respondent expressed no harm from the interview process and were delighted in participating and contributing to the awareness about domestic violence and its insidious impact.

Analysis

Since both recorded transcribed interviews and field notes contributed to the qualitative data the decision was made to analyze the narratives using manual coding.

Manual Coding

This researcher read through the information several times to begin sorting the data by labeling keywords and phrases organizing them into emerging themes. This allowed for summarization and synthesis of the data. During the coding process a bigger picture began to formulate into a storyline told by the respondents. The true purpose of this research and analysis is to tell a story about domestic violence workers and how their lives both professionally and personally may change due to their repeated exposure to trauma stories.

Saturation

It was the intent of the research to conduct between ten and twelve interviews. However, an unexpected outcome occurred; three court district presiding judges in two different counties declined to participate nor allow states attorneys and victim assistance advocates to be interviewed. This outcome is examined and addressed in the findings. The data collected from the seven interviews did reveal several themes resulting in an early saturation point.

Findings

Throughout the oral narratives presented by the respondents there were several reoccurring themes of compassion for the victims, the stress and demands of the job, and frustration with the justice system. There was a subtle disclosure through analysis that the respondents struggled with symptoms of secondary trauma/vicarious traumatization at an unconscious level of realization. It is important to recognize the selflessness of these advocates to serve victims of abuse and in doing so compromise their own wellbeing. By focusing on each theme in relationship to the research questions connects the narratives on how domestic violence advocates are affected by repeated exposure to violence in their own words.

Compassion

Participants spoke with passion and conviction as they told how they work with victims and the desire to help. Advocacy work can be a mystery for those not familiar with domestic abuse and victimization. The significance of “a heart for the job” is too seldom addressed while attending college courses or certification training programs for advocates and volunteers. Narratives on their most memorable case clearly expresses the anguish over their victims’ abuses and how dedicated they remain.

“We got a call for an injured baby which later turned into a homicide. She was just shy of her 2nd birthday when she was injured. I was completely consumed in the case for 10 days, dealing with the injury, going to the hospital. They took her off life support after a couple of days. I worked with DCFS who ended up taking the other kids away from the mom for a year and she wasn’t the perpetrator. It lasted a good 10 days nonstop.

Dad got mad at her (infant victim child) for not eating, so he bent her over his knee and punched her in the stomach with what he said was the same force he would punch an adult and then twisted her spin which relocated her organs. He put her down and she actually took a couple of steps then she fell. She was brain dead but they put her on life support. In a couple of days she was going to be two and the mom didn’t want her dying on her birthday. So we waited to the day after her birthday. They wanted the mother to donate her organs, so when the mom decided to do it and I went into the room it was packed with all these people and the baby was on a wooded board with the mom holding her. She asked if I wanted to hold the baby. It was just horrible. She was an incredible women...she is an incredible women” (Respondent #2).

“It just ended last summer. It was an attempt murder case which lasted 4 years. I went through the whole 4 years with the client from the first day when she was in a coma to the final day in court. He beat her so bad. It was terrible” (Respondent #5).

“The worst one was when I was working at the hospital. There was a women who was so badly burned by her husband. I stayed with her alongside her bed while they worked on her burns. It was terrible, I can’t believe I did it. She was sitting on the toilet when her husband came into the bathroom and threw gasoline all over her and then lite her on fire. She had to jump out of the window to live” (Respondent #7).

Job demands

To understand some of the effects on the advocates, examining job responsibilities was significant to presenting them in the context of their daily work environment. Domestic violence advocate workers can encompass many areas of discipline; court advocate, volunteer, attorney, and social worker/therapist. The prevailing theme amongst the advocates was the feeling of never ending demands and revolving victims. The severity of the abuse and longevity of the case enhanced the vicarious trauma symptoms. The roles and responsibilities of the advocates’ job were clearly defined, which offered some form of comfort, even knowing it could change dramatically at any time during the course of their work day. A study conducted by Brown and O’Brien (1998) studied workers at a domestic violence shelter. They showed the workers had a “high level of emotional exhaustion and depersonalization and low feelings of personal accomplishment” (Baker & O’Brien, 2007 p. 466) (Brown & O’Brien p. 383-385) due to job demands and not enough time to successfully complete their work. The majority of the respondents in this study expressed a very satisfying and supportive relationship with their supervisor. Good supervisors understand the stress of the job and make concessions when they feel the advocate is under a lot of stress.

“This is easily the most nurturing supportive place I have ever worked. It goes back to the work we do. You can’t have interoffice nonsense and give your full attention to the work we do and stay in the right frame of mind. I have known my supervisor my entire time here. She is definitely are biggest cheerleader” (Respondent #4).

“Sometimes it is so overwhelming the amount of work that needs to be done. So I reach out to people, other police social workers, or other people in my network that aren’t police social workers, but still in my line of work. I also like to get out of the office. I don’t feel obligated to be in my office, so I will schedule meetings outside of my office. I don’t mind driving some place and go back and forth. If I am meeting with someone I will always go to them. I need to leave the environment, it makes it better. I am an organizer, so whether it is organizing something with the other social workers or other people I get together I am always the one doing the organizing...It works better for me” (Respondent #2).

“One of the worst days was when I had a victim who was definitely a victim in front of the judge and the judge didn’t want to grant the order of protection. I was so upset and angry at the judge. I really considered quitting as I drove home. I asked myself why am I doing this if I can’t help any longer. I went home and thought more about the case and realized this was my calling and if I quite then I won’t be able to help anyone. Another time the judge was going to deny an order of protection and I slowly pushed the victim closer to the judge’s bench so he could see the bite mark on the victims lip...once the judge saw the bite mark he granted the OOP. I know this is where I am meant to be” (Respondent #7).

This study supports the relationship between feeling overwhelmed by the amount of work and successfully advocating for the victim with stress. Respondent #4 who works for a non-profit organization helping victims of abuse with legal issues said he is often overwhelmed especially working on domestic violence divorce cases:

“Especially divorce work and the immediate crisis incident has been dealt with and the order of protection we worked on is in place, and whatever the court is going to do to place safety concern is in place. Compared to a straight forward divorce which can be tedious. A lot of paperwork a lot of typing to work things out. I understand the macro level problem this person (victim) might never asked to run their life. They might have gone from their parents to their spouses house and now 20 years down the line they now have to run their life and they are being told they have to do it now and do it well and then since they have never done that they then pour it back on me. They will ask...what should I do? And I say, I have no idea. There is this perception that we will just go in and they will say...can’t you just write a letter and I say, well, sure, maybe. Some clients need more hand holding then others...this goes beyond the trauma side of things which is its own thing. A reasonable healthy and secure person can be overwhelmed by this process. And they try to pour this all out on you to fix because they have lived their whole life for better or worse with someone who has been in charge of their life. It can be a little daunting to deal with. They may get a bill that is a month past due and I know intellectually it is going to ding their credit rating, but since everything is a crisis everything becomes an emergency and just managing what really is an emergency and in the back of your head you ask “is this really an emergency?” or no it is not. So at those times you are second guessing yourself or debating when is this a problem? It is like being an ER doctor ...is this test result something I should follow up or not, because I can’t follow them all up, so I have to pick one and in your head...this is fine and it is 99% fine. That kind of bothers me. I am the son of a worrier and I am a worrier so I tend to be like...what if this happens or this happens? Then I think in my head ...it is okay” (Respondent #4).

An interesting data result was the marital status of the respondents. Only two respondents were married. When asked about relationships the unmarried respondents indicate they are interested in a health relationship, but a lack of trust and the ability to communicate openly about their work day is difficult.

“I don’t have one. It seems like I am way to busy and don’t spend enough time on myself. I am focusing on being the therapist now” (Respondent #3)

“Not at this time, actually that is why because there was a lack of understanding my job” (Respondent #5).

“I broke up with my boyfriend of 5 years this past August. He was a nice guy, but he wasn’t there for me emotionally. He did what he could; like lay my floor, but talking about my work was “off the table”. He was a serene and peaceful man, but didn’t want anything to do with my work” (Respondent #1).

It should be noted the researcher made several attempts to interview judges and state court advocates without success. Three separate judicial court presiding judges overseeing domestic violence court and state victim assistance declined to participate. There was consistency from the participants associated with non-profit agencies experiencing tremendous support from their agency and especially their immediate supervisor. It is the assumption of the researcher the presiding judges who declined to participate maybe concern about their employees' candid communication about agency lack of support and confidentiality. Respondent #1 who is employed by the criminal justice system provided the following response in regards to agency support:

"I don't get any support from my work. They are diametrically opposite to what we are doing. I have to take it upon myself for self-care. I meditate, workout, develop friendships outside of work, I seek quiet time, I will screen my friends. I don't want to be around people who are negative or will cause me more upset, so if someone isn't right for me then I don't have them as friends any more. I can't have negative friends. I don't get any support from my administrator! (very emphatic). Where I work, it is an old and strong dynasty of political power. They are oligarchs. They control by force. Most are usually connected to someone in power. They undermine us and are disinterested in what we do and how to help us" (Respondent #1).

Physical Symptoms

Exhibiting signs of secondary trauma stress disorder or vicarious traumatization can manifest physical symptoms differently. Physical symptoms can include flashbacks, headaches, hypervigilance regarding safety concerns, crying, and a loss of previously held beliefs and values to name a few. "Signs of traumatization can be troubling to advocates' supervisor and co-workers because it reminds them that it could also happen to them" (Atkinson Tovar, 2002 p. 40) (Beaton & Murphy, 1990). Statements made by several of the respondents acknowledge they have experienced physical symptoms as a result of their repeated exposure to victims.

"I have thought about it more than ever. I tear up more often now. I will tear up for little things like a TV commercial if it's sad. I am more emotional now. I watch other people to see if they are paranoid. I am becoming numb to it. I feel pain more than ever" (Respondent #5).

"There are times I get stressed. I will have trouble sleeping, no appetite, sometimes when I am really stressed I will only eat chocolate and diet coke. When I am craving chocolate and diet coke then I know I am really stressed" (Respondent #2).

"I will clench my jaw. I get involved in extra activities because I realize I can't fix the big problem....poverty issues. I know when I feel strung out and have two cocktails I will dial it back. Our director is really good about taking time off. We don't have to make up a sickness to take a day off. We just call in say we aren't coming in. We need those mental health days. Sometimes I will just stay at home in PJs and not go out. I feel like I am always hurrying up to go to court and then the paperwork piles up. People think lawyers just have to Google their paperwork. My worst days I don't sleep well for sure. Taking a mental health day is really good so you can take care of yourself. I also like to be outside when it is nice. Realizing emotions don't make them go away. I am an overachiever so I beat myself up. It's the volume of work which is the worst for me. Learning to recognize, take a breath and work through it" (Respondent #4).

"I use to be a police officer and dealt with DV and child abuse victims. During my previous career I had trouble with nightmares, flashbacks. Sometimes, now after volunteering at the shelter it will bring an old case to the forefront of my memory, which results in flashbacks. I also will grid my teeth when I am under a lot of stress" (Respondent #6).

Coping

"Coping is defined as the efforts an individual uses to manage stress" (Baker & O'Brien, 2007 p. 466) (Lazarus & Folkman, 1984). Embarrassment and fear may prevent advocates to seek assistance when under stress. Domestic violence workers enter the profession with an understanding they will be exposed to victims' pain and suffering as a result of domestic abuse. They chose their career path for many reasons all with good intentions. As a result of their experiences listening to victims' stories of abuse and the pain and suffering apparent love ones can inflict upon another human being may cause life altering transformation.

The idea that someone working in the justice system assisting victims requires help themselves is unsettling. Men and women who gravitate to this career feel they need to stay strong for the victim and can't show emotion. The respondents in this study demonstrated a conscious level of awareness related to stress and the necessity for positive coping strategies.

“Every day I meditate. I prioritize what needs to be done. And I realize it can be pushed to tomorrow, but that isn't the way I want to do it. It would be really nice to get it done, but I need to be realistic. I eat healthy, I don't drink, I don't smoke, and I don't have risky behaviors. I am very mindful of what helps me to cope and what does not. I am aware of what is going on around me. I meditate in the morning and before I go to bed in the evening....when I am craving tootsie rolls and diet coke I know I am stressed and have to do something. So, sometimes I meditate during the day in my office. I draw more into myself to find the answers. I have evolved with my meditation. I can't really say when I started it” (Respondent #2).

“I have always tried to use exercise as a coping mechanism. I work out 6 days a week. It is a time for me to think about myself and it provides a time without stress. If I don't work out, the stress can add up....so I know working out is critical for my wellbeing. I also go to church every week. Church offers me a feeling of being grounded. I need that” (Respondent #6).

“I make eye contact...my office is beautiful. I have a beautiful plant that flows down. I do the festive decorations...not over board. It is clean. I vacuum it myself, so it is a pretty nice place to be. They (supervisors) don't like incense or smells around but I do have my Rikki symbols around my office and crystals and a dream catcher on the window. People come in the office and they feel an energy uplift. There is something in my office which is actually positive and you can start to feel away from the density. I think it is welcoming to people. The eye contact is there and I do care about them” (Respondent #1).

Limitation

There is limited research in regards to the examination of those who work with domestic violence victims, therefore this research promises to be of a significant contribution to the body of knowledge on the totality of victimization surrounding domestic violence. It is important to keep those working with victims of domestic violence emotionally and physically well in order for them to assist countless victims of abuse. Entering this research project there was an assumption participants may be struggling with emotionally painful and possibly horrific experiences that totally disrupt their everyday notion of how marriage, family and relationships should be. There was an assumption they will be confronting personal weakness and struggling with physical, emotional and social manifestation. Therefore, they may have been hesitant to open up completely about their personal experiences working with victims and how those experience affect their professional and personal life.

Discussion and Significance

The purpose of this study was to investigate the presence of secondary trauma stress disorder and vicarious traumatization symptoms in a population seldom studied within domestic violence literature; domestic advocate workers. The significance of identifying the effects on these unique advocate workers is imperative to advance the care to victims of domestic abuse while maintaining continuity of service. “In the United States approximately twenty people are physically abused by their intimate partner every minute, which equates to more than 10 million abuse victims annually” (NCADV, 2015, para 2)(Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, L., Merrick, M. T., Chen, J. & Stevens, M., 2011). The social significance of domestic violence on our communities is becoming increasingly problematic considering the impact it has on the emotional and physical well-being of families. We must come to terms with the prevalence of domestic violence and in doing so, we can't fail to recognize those who work with victims and how their mental and physical well-being can be compromised. Secondary trauma stress disorder and vicarious traumatization symptoms can manifest in professionals working with clients who share their personal life stories and experiences of violence.

Acknowledging the lack of research with domestic workers it is relevant to mention the study conducted by Baker, O'Brien and Salahuddin (2007). They studied burnout in shelter workers examining stress, social support and coping.

Their finding concluded the shelter workers did not meet the definition of burnout by Maslach and Jackson (1986), however their results were similar to other studies of shelter workers (Brown and O'Brien, 1998) (Baird and Jenkins 2003) and (Dekel and Peled, 2000), which indicate the advocate workers maintained a positive attitude about their accomplishments working and helping women and children. There were signs of "some distress such as high levels of emotional exhaustion and high levels of depersonalization" (Baker, O'Brien, Salahuddin, 2007, p. 471). In contrast to burnout, which emerges gradually and is a result of emotional exhaustion secondary trauma stress disorder (STSD) can emerge suddenly with little warning. With STSD there is a sense of helplessness, confusion and a sense of isolation from supporters. There is a strong desire for the advocate to "alleviate the pain or remove the cause" (Figley, 1995 p.15). Figley (1995) states with secondary trauma you are "a step away" from the trauma in contrast to experiencing the actual trauma. By definition vicarious traumatization (VT) is "the ability to sense and understand someone else's feelings as if they were one's own" (NSPCC, 2013 para 3).

The domestic worker is vulnerable due to their empathic openness and continued commitment to their clients. Many professionals who work with domestic abuse victims choose the career because they possess an innate desire to help others and in some cases it arises from their own personal experiences. "Empathy is identifying with or the understanding of another's situation and feelings", which is an effective tool for domestic workers (Conrad, 2011 p4). "Conrad (2011) describes vicarious trauma and secondary trauma stress disorder as the stress and personal damage caused by helping or wanting to help a traumatized person"(NSPCC, 2015 p.2). Both describe the impact of someone helping another who has been traumatized, ultimately resulting in a diminished or compromised wellbeing to themselves. Secondary trauma stress disorder and vicarious trauma is cumulative. Even the small thing like observing hopelessness in a child's eyes while holding her mother's hand in court while attempting to obtain an order of protection can be traumatizing for the empathic worker. Witnessing and listening to abuse and violence over and over can have a negative effect on the most compassionate domestic advocate (Conrad, 2014). Domestic violence advocates can experience incredible rewards and fulfillment with their work and personal connections with the victims but they must also recognize that it affects them personally (Pearlman & Saakvitne, 1995). Similar to burnout both secondary trauma disorder and vicarious trauma results in emotional exhaustion and the feeling of not enough time and resources to do the work necessary to help their victims.

Overall the research findings support that this sample population of domestic abuse advocate workers were not significantly affected by their empathic, caring, compassionate exposure to domestic violence victims. However, they do report some distress with job demands and physical symptoms. In contrast they acknowledge and recognize support from their immediate supervisor is critical for their wellbeing. Only one respondent indicates absolutely no support from her immediate supervisor and in fact the agency appeared to undermine advocates for personal gain. Perhaps the delineation of support lies with the type of agency. Since presiding criminal court judges declined to participate in the study it appears from the data collected in this study the non-profit agencies are substantially more supportive of their employees. The participant employed in a criminal justice court setting was the only dissenting voice on supervisor and organizational support. The lack of judicial participation may be a consequence of politics rather than apathy toward advocates and/or victims. Conceivably the positive and supportive working environment helps diminish the effects of trauma for these participants.

Furthermore most of the participants purposefully developed healthy coping mechanisms to handle their stress and live productive lives away from work and the sorrows of their clients. Whether it was to meditate, exercise, take a day off of work and simply stay in your PJs and watch TV or go out with friends it was a conscious decision. In addition not only did they receive support from their supervisor they felt support from peers and regularly bounced cases or personal concerns off of each other, without fear of judgement. Self-awareness of physical symptoms associated with stress was evident, however it is not clear if their formal education in the law and social work can account for this level of awareness or agency/peer support. Only two participants considered changing careers, otherwise overall the participants have high levels of job satisfaction even if at times they feel emotionally exhausted from the workload. The compassion for the countless victims and the daily grind to help is omnipresent in their whole being. They truly care about the lives they touch and don't consider the stress they feel. They know they are where they are supposed to be.

"Why am I doing this if I can't help any longer? I went home and thought more about the case and realized this was my calling and if I quit then I won't be able to help anyone. I know this is where I am meant to be" (Respondent #7).

Conclusion and Recommendations

The interests in this study is a personal desire to explore secondary trauma stress disorder and vicarious traumatization and the struggles within the domestic advocate workers' lives. How does the victim advocate worker reconstruct their life in order to be psychologically and physically healthy?

The purpose of this qualitative research study was to determine if repeated exposure to domestic violence victims' stories affected the professionals helping these victims and to what degree did the exposure manifest in their personal and professional lives. The study produced valuable information for domestic advocates or for someone interested in pursuing a career in advocacy. Researchers have defined the effects of trauma exposure in various ways; secondary trauma stress disorder, vicarious traumatization, compassion fatigue and burnout. The literature suggests that domestic violence advocates and their agencies may pay a heavy price for neglecting to acknowledge the effects on their personnel, however this study indicates with a supportive work environment, self-awareness, and positive coping mechanism a long satisfying career is possible with limited distressful symptoms.

It is necessary to research domestic violence from a more holistic perspective involving; victims, community members, professional sport teams, advocates, employers, legislators and the criminal justice system to grasp the phenomenon of domestic abuse. Compassion, fortitude, and knowledge is required from all aspects of society to vanquish domestic abuse. The more society learns about the effects of domestic abuse, the "more decision makers and educators may realize the importance of recognizing the needs of the helpers as well as the needs of those victims they try to help" (Atkinson Tovar, 2002 p.125). The effects of secondary and vicarious trauma on domestic advocate personnel may be less apparent to organization decision makers who are more likely to be removed from the horrific stories. These findings suggest that domestic advocate agency supervisors and decision makers must execute different activities to discuss the effects of secondary trauma stress and vicarious traumatization in order to assess and evaluate the advocate. Educators need to focus on coping mechanisms as prevention rather than remedial measures. "Being able to understand the stress, its sources and effects, and the successes of various actions over stress enriches quality-of-life experiences. Learning responses create attitudes and behavior for managing stress and having a more satisfying life" (Atkinson Tovar, 2002, p.128) (McLean, 1991.p34). Support from the agency, peers, friends and family is a critical factor in troubled persons to seek help. Advocates are dedicated individuals and sometimes employers can overlook the difficulties associated with this tough job. Organizations working with victims of abuse need to improve conditions for the advocate. It is important for the supervisor to be more than a "boss", but rather someone who problem solves in unique situations, offers guidance about serving victims, willing to discuss trauma cases "focusing on cultural aspects of a victim's safety plan and provide a safe place for the advocate to vent about a failed system response" (Davies & Lyon, 2014 p. 248). Employee assistance programs and peer support groups can offer a safe environment to vent their feelings and discuss distressing cases in a supportive setting. These support groups whether formal or informal can assist advocates through a traumatic case or prolonged exposure to trauma. Actions toward a healthy and positive work environment communicates to the advocate the agency stands behind them.

Domestic violence workers need to think about self-care. It is okay to take a pause out of your busy day to think about what you would like to do differently. "We gain strength and courage and confidence by each experience in which we really stop to look fear in the face...We must do that which we think we cannot" (Roosevelt, 2015 para 1). Meditation, travel, exercise mentally and physically, establish strong social networks outside of work away from victimization. Develop a mastery of something you enjoy. Select challenges with leisure activity. Conduct team activities at work; write your vision down or make a vision board for your personal future and the agencies future. Think about who is your support? There are individuals who will help you and there are those who do not...they may not be a part of your vision. It will take practice and you may have to take small steps; you don't necessarily need to know all the detail, just take the first step to wellness.

Anyone who works with victims of domestic abuse has a sense of their own set of stress-related problems, therefore it is necessary to conduct research to minimize the stress. Preparation for potential trauma sufferers makes good sense. Advocates and domestic abuse agencies need to take an active role in identifying stress symptoms and encourage a positive healing work environment to ensure long satisfying careers.

References

- Atkinson Tovar, L. (2002). Transformation of Self: Portrait of Youth Investigators and Forensic Interviewers Exposed to Repeated Trauma. Northern Illinois University, DeKalb, Illinois.
- Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18, 71-86.
- Babin EA, Palazzolo KE, Rivera KD. Communication skills, social support, and burnout among advocates in a domestic violence agency. *Journal of Applied Communication Research*. 2012; 40(2):147-20. <http://www.tandfonline.com/doi/abs/10.1080/00909882.2012.670257>. doi: 10.1080/00909882.2012.670257.
- Baker, L. M., O'Brien, K. M. & Salahuddin, N. M. (2007). Are Shelter Workers Burned Out?: An Examination of Stress, Social Support, and Coping. *Journal of Family Violence*. 2007 22:465-474 <file:///C:/Users/Rafael%20Tovar/Downloads/out.pdf>. doi. 10.1007/s10896-007-9103-1.
- Beaton, R. D. & Murphy, S. A. (1990). *Compassion fatigue: Working with people in crisis: Research implications*. Levittown, PA: Brunner/Mazel.
- Ben-Porat A, Itzhaky H. The contribution of training and supervision to perceived role competence, secondary traumatization, and burnout among domestic violence therapists. *The Clinical Supervisor*. 2011;30(1):95-108. <http://www.tandfonline.com/doi/abs/10.1080/07325223.2011.566089>. doi: 10.1080/07325223.2011.566089.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, L., Merrick, M. T., Chen, J. & Stevens, M.(2011). The national intimate partner and sexual violence survey: 2010 summary report. http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf. Retrieved May 23, 2017.
- Bober T, Regehr C, Zhou YR. Development of the coping strategies inventory for trauma counselors. *Journal of Loss and Trauma*. 2006;11(1):71-83. <http://www.tandfonline.com/doi/abs/10.1080/15325020500358225>. doi: 10.1080/15325020500358225.
- Brown, C., & O'Brien, K.M. (1998). Understanding stress and burnout in shelter workers. *Professional Psychology: Research and Practice*, 29(4), 383-385.
- Choi G. Organizational impacts on the secondary traumatic stress of social workers assisting family violence or sexual assault survivors. *Administration in Social Work*. 2011;35(3):225-242. <http://www.tandfonline.com/doi/abs/10.1080/03643107.2011.575333>. doi: 10.1080/03643107.2011.575333.
- Conrad, D. (2011). Secondary trauma and caring professionals: understanding it's impact and taking steps to protect yourself. *The Link*, 20(2):1-5. http://c.ymcdn.com/sites/www.ispcan.org/resource/resmgr/link/ispcan_link_20.2.pdf. Retrieved May 23, 2017.
- Davies, J. M. & Lyon, E. (2014). *Domestic violence Advocacy: Complex Lives/Difficult Choices* (2nd Edition). Sage Publications, Inc. Los Angeles, Calif. ISBN 978-1-4522-4120-3.
- Dekel, R., & Peled, E. (2000). Staff burnout in Israeli battered women's shelters. *Journal of Social Service Research*, 26, 65-76.
- Figley, C. R. (1995). Compassion Fatigue; Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. *Brunner/Mazel Psychosocial Stress Series No. 23*, Levittown. PA.
- Glenn, C. & Goodman, L. (2015). Living with and within the rules of domestic violence shelters: A qualitative exploration of residents' experiences. *Violence Against Women*. 2015; 21(12):1481-1506. <http://www.ncbi.nlm.nih.gov/pubmed/26242400>. doi: 10.1177/1077801215596242.
- Henke, B. E. (1994). *Coping with Compassion Fatigue*. Concordia Publishing House, St. Louis MO. ISBN 0-570-09434-8.
- Janet, P. (1889). *L'automatisme psychologique*. Paris, France: Alean.
- Maslach, C., & Jackson, S. E. (1986). *Maslach Burnout Inventory* (2nd edn.). Palo Alto, CA: Consulting Psychologist Press.
- McLean, L. H. (1991). *Stress and burnout: An organizational synthesis*. Nashville, TN: Vanderbilt University.

- National Coalition Against Domestic Violence NCADV (2015). Domestic violence national statistics. <http://ncadv.org/images/Domestic%20Violence.pdf>. Retrieved May 23, 2017.
- NSPCC (2013). Vicarious trauma: the consequences of working with abuse, an NSPCC research briefing. <https://www.nspcc.org.uk/globalassets/documents/information-service/research-briefing-vicarious-trauma-consequences-working-with-abuse.pdf>. Retrieved May 23, 2017.
- Osofsky JD, Putnam FW, Lederman JCS. How to maintain emotional health when working with trauma. *Juvenile and Family Court Journal*. 2008;59(4):91-102. <http://onlinelibrary.wiley.com/doi/10.1111/j.1755-6988.2008.00023.x/abstract>. doi: 10.1111/j.1755-6988.2008.00023.x.
- Pearlman L. A., & Saakvitne, K. W. (1995). Treating Therapists with Vicarious Traumatization. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by Figley, C. R., *Brunner/Mazel Psychosocial Stress Series No 23*, Levittown, PA.
- Roosevelt, E. (2015). The Quotations Page. Eleanor Roosevelt Quote #3561. <http://www.quotationspage.com/quote/3561.html>. Retrieved May 26, 2017.
- Slattery, S. M. & Goodman, L. A. (date). Advocates: Workplace risk and protective factors. <http://Vaw.sagepub.com>. doi: 10.1177/1077801209347469.
- Shah S, Garland E, Katz C. Secondary traumatic stress. *Traumatology*. 2007; 13(1):59-70. <http://search.proquest.com/docview/1617949748>. doi: 10.1177/1534765607299910.
- Sommer, C. (2008). A counselor education and supervision; Sept. 2008; 48, 1; psychology database pg. 61. . Consul SC. *Advocacy*. United States: 1967. <http://catalog.hathitrust.org/Record/001625446>.
- Tovar, L. A. (2007). "Vicarious Traumatization: The Impact of Repeated Exposure to Law Enforcement Officers". *Law Enforcement Executive Forum-Police Officer Safety*, Macomb, Illinois. Vol. 7, No. 3 March 2007.