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## **In the (Radical) Pursuit of Self-Care: Feminist Participatory Action Research with Victim Advocates**

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In the (Radical) Pursuit of Self-Care:  
Feminist Participatory Action Research with Victim Advocates

by

Robyn Leigh Homer

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Arts  
Department of Women's and Gender Studies  
College of Arts and Sciences  
University of South Florida

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## **DEDICATION**

I dedicate this thesis to all of the victim advocates who work toward social justice on a daily basis. You touch so many lives with the work you do. Thank you for your care work and dedication to the domestic violence movement.

I also dedicate my thesis to the millions of survivors of abuse and to those who are no longer with us today due to abuse. Namaste.

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## **ABSTRACT**

Despite victim advocates' missions of helping survivors of abuse, advocacy work takes a toll on workers. Advocates perform a multitude of tasks in their jobs including care work, emotional labor, and empowerment counseling which may subject them to consequences such as burnout, compassion fatigue, and compassion satisfaction. As such, this thesis details the work I conducted with the Butterfly Domestic Violence and Sexual Assault agency shelter advocates. The purpose of my thesis was to (1) document and review advocates' self-identified work-related needs and to (2) co-construct an educational intervention with the advocates using feminist participatory action research that would help them manage these aspects of their work. I argue that advocacy work impacts the Butterfly advocates across relational and wellness dimensions which inspired advocates' need to implement individual and organizational self-care practices. Furthermore, I contend that the process of feminist participatory action research constructed sustainable individual and organizational self-care interventions with the shelter advocates. The findings have implications for employees in advocacy work and for the larger discourse regarding the relationship between women and care work. Furthermore, findings reveal that creating a culture of self-care may serve as a way to reinforce and resist hegemonic Western notions of work culture in trauma related and non-trauma related fields.

## CHAPTER ONE:

### INTRODUCTION

*Snapshot One:* Isabella, a victim advocate, takes out a CD and puts it into her computer. A picture slide show begins. Every year, the Butterfly Domestic Violence and Sexual Assault agency<sup>1</sup> holds a vigil where survivors of abuse write and draw powerful messages on tee shirts. We watch the slide show together, as she makes commentaries on certain people and events in the pictures. A picture of white tee shirts comes across the screen. Isabella gets quiet, looks in my direction and says, “The white shirts represent the women who were killed by their abusers.”

*Snapshot Two:* Luckily, the shelter is expanding from 24 beds to 40, but this also means the ongoing presence of construction and a rearranging of shelter furniture. In an effort to clear out part of the kitchen, I help Lisa move the bread cubby. Suddenly, a bunch of roaches crawl out from underneath the cubby. Lisa starts smashing them with her high heels, sighs, turns to me and says, “Just another day in the life of a victim advocate here.” She jokes around with me and explains, “We are also great at fixing doors, toilets, walls, you name it.”

*Snapshot Three:* The Encourager works as a family service advocate. Today, there is a shelter intake. I watch as she debriefs a new participant. “I am here to empower you on your journey,” she says. “Events in your story will not shock me and I will not judge you. Being here will not define you as a person. You will get to close this chapter in your book of life. I believe in you.”

*Snapshot Four:* I knock on Alexis’ door to see if she is ready for her interview. She has a participant, or a woman from the shelter, in her office to file an emergency Domestic Violence

<sup>1:</sup> I changed the name of the agency to protect confidentiality. The advocates collectively chose the pseudonym Butterfly.



Injunction<sup>2</sup>. I gain permission from the participant to sit in on the two-hour process of filling out legal paperwork. It is not until I take a seat next to the participant that I notice her black eye.

These four snapshots describe the larger picture of victim advocacy work at the Butterfly Domestic Violence and Sexual Assault agency. The job descriptions may label these women as shelter advocates, legal advocates, or family service advocates, but they are simultaneously volunteers, maintenance workers, and care workers. In this way, advocacy work for the Butterfly advocates involves more than providing direct services to survivors.

As such, advocacy work is not free of consequences for advocates. Due to the disturbing content and graphic nature of domestic violence work, advocates often experience high levels of job burnout (Bemiller & Williams, 2011), compassion fatigue, (Choi, 2011; Slattery & Goodman, 2009), and handle emotional labor (Powell-Williams, White, & Powell-Williams, 2013). Furthermore, advocates also experience positive aspects to their work. For example, advocates report feelings of satisfaction when assisting survivors with healing and growth (Martin, 2005; Pearlman & Saakvitne, 1995), counteract job strain in positive manners by debriefing with staff and co-workers (Iliffe & Steed, 2000), implement self-care routines, (Wasco, Campbell, & Clark, 2002), and use humor in the workplace (Clemans, 2004). Together, with the consequences of advocacy work and the additional workload placed on advocates, framing advocacy work as both challenging and rewarding is appropriate.

Illustrated by the current literature, victim advocacy work impacts advocates in a variety of ways. Indeed, advocacy work influences advocates' personal well-being as well as their work performance. For example, burnout and compassion fatigue can lead to stress and emotional exhaustion as well as high employee turnover rates (Maslach, 1982). Coupled with these prevalent problems in the field of victim advocacy, victim advocates of domestic violence are an understudied

<sup>2</sup> A Domestic Violence Injunction (DVI) is a type of restraining order.

population (Powell-Williams et al., 2013). Past research extensively highlights the experiences of survivors and seldom concentrates on the experiences of the victim advocates (McMahon & Schwartz, 2011). While survivors' voices are important, the voices of victim advocates are equally important as, "gender-based violence<sup>3</sup> harms all women, to greater and lesser degrees" (Wasco et al., 2002, p. 758). The literature that centers on victim advocates discusses topics such as the aforementioned mental health consequences (e.g., burnout, compassion fatigue) and personal experiences of advocacy (Clemans, 2004; Curtis-Fawley & Daly, 2005; Nichols, 2013). Many of these studies use a qualitative exploratory approach to answer research questions (e.g., semi-structured interviews, participant observation), while others assess advocates using quantitative methods (e.g., burnout scales, workplace support ratings). However, to my knowledge, the current literature fails to go beyond interviews, observations, or assessments with victim advocates about their line of work.

Victim advocates have their work cut out for them in the current cultural climate. Tjaden and Thoennes (2006) estimate that 17.7 million women are raped in their lifetime. Furthermore, 1 in 4 women are victims of domestic violence (Tjaden & Thoennes, 2000). As gendered violence continues, it is imperative to acknowledge the ways victim advocates are affected by their work and to create improvements in their working conditions so they can continue their missions of eradicating domestic violence and sexual assault. Documenting victim advocates' work-related needs has the potential to increase the quality and consistency of care given to clients while benefiting the advocates on various levels (Figley, 1995; Martin, 2005; Wies & Coy, 2013). Moreover, addressing advocates' needs may reduce employee turnover due to the effects of working with trauma and highlight risk factors of working with victimized populations (e.g., Baird & Jenkins, 2003).

<sup>3</sup>. Choosing appropriate terminology is challenging. Here, I use "gendered violence" instead of "violence against women." Jackson Katz notes that using the phrase "violence against women" creates the perception that violence is a "women's issue." Therefore, using "gendered violence" attempts to shift, linguistically, the perception that violence is a women's issue to the perception that violence is everyone's issue, regardless of their sex. Throughout this thesis, I have also chosen to use the term "domestic violence" instead of "intimate partner violence." I chose to use "domestic violence" because the Butterfly agency used this term. "Intimate partner violence" is generally more accepted as the "correct" term since "domestic violence" gives the impression that violence occurs in the home rather than in multiple places (Nichols, 2014). Finally, I mostly use the term "survivor" instead of "victim" because I believe "survivor" is more empowering than the term "victim." However, in a non-academic context, I consider it the decision of the people who experienced abuse to choose the best term that fits their experience.

Therefore, the purpose of this thesis is to address advocates' self-identified work-related needs and to co-create an educational intervention to manage these aspects of their work.

Based on the consequences of advocacy work and the epidemic of gendered violence, in this study, I aimed to answer the following questions using feminist participatory action research: (1) how does advocacy work impact the Butterfly victim advocates and (2) in what ways can the process of feminist participatory action research facilitate change in the Butterfly agency? After implementing this action research project with the Butterfly shelter advocates, I argue that advocacy work impacts the Butterfly advocates across relational and wellness dimensions which, in turn, inspired them to implement individual and organizational self-care practices. Furthermore, I contend that the process of feminist participatory action research facilitated change in the Butterfly agency by successfully employing sustainable individual and organizational self-care interventions with shelter advocates.

I begin with an overview of the history of advocacy work in the United States and outline the study setting in order to contextualize the Butterfly agency within the larger domestic violence movement. Next, I justify the use of feminist standpoint theory as the theoretical framework of the study, which acknowledges women's voices and experiences as authentic ways of knowing (Harding, 1991). From here, I review the literature on individual and organizational self-care practices, as the Butterfly advocates chose self-care as their work-related need. Then, I discuss how I implemented feminist participatory action research throughout the investigation, intervention, and evaluation phases of the study. Afterward, I reveal the findings from my research with the Butterfly advocates regarding how advocacy work affects the shelter advocates and how the process of feminist participatory action research has the potential to facilitate agency wide change. I conclude with a discussion on the major findings, limitations of the current work, and implications for future research and action.

## **CHAPTER TWO:**

### **VICTIM ADVOCACY WORK: HISTORY AND SETTING**

#### **Introduction**

The domestic violence movement in the United States paved the way for the creation and recognition of victim advocacy work. Here, I historicize victim advocacy work and the Butterfly Domestic Violence and Sexual Assault center within the larger frame of the domestic violence movement. First, I focus on the history of the mainstream domestic violence movement. Then, I discuss the history behind victim advocacy work including the definition, tasks, effectiveness, and the implications of professionalization. Next, I review the literature on rural victim advocates. I conclude this chapter by describing my study site. The purpose of this section is to contextualize advocacy work, including Butterfly advocacy work, within the broader domestic violence movement and to illustrate the contemporary aspects of advocacy work specific to rural areas, where my study was located.

#### **The United States' Domestic Violence Movement**

The domestic violence movement in the United States resulted from the changing cultural and institutional climates of the 1960's. Through the emergence of the second wave women's liberation movement, the civil rights movement, and the anti-rape movement, feminists via consciousness raising, began to question women's status in society (Dobash & Dobash, 1992). During this time, feminists explained the "invisible" topic of violence against women, including wife battering and domestic violence (Murray, 1988). With the assistance of the media, grass root feminist collectives and professional services, domestic violence, once considered a private acceptable

practice, surfaced as a major social issue (Tierney, 1982). Social services, organizations, and policies followed suit, as the first domestic violence shelters opened in 1973, the National Coalition Against Domestic Violence formed in 1978 (Dobash & Dobash, 1992), and the Violence Against Women Act passed in 1994 (Panzer, Philip, & Hayward, 2000).

Since its inception, goals, ideologies, and values were not shared among members of the domestic violence movement. Rather, multiple identities, missions, and contexts worked in various capacities to shape facets of the movement (Richie, 2000). For example, the mainstream movement often modeled its goals off of white, middle-class, heterosexual feminist concerns which failed to take into account race, class, sexual orientation, and cultural differences (Arnold & Ake, 2013). In turn, these exclusions prompted women of color<sup>4</sup>, women who identify as lesbian, bisexual, pansexual, or queer<sup>5</sup>, and women who were working class to form goals that addressed their concerns.

Although the goals and identities of the domestic violence movement continue to shift, a fundamental goal across the movement is to assist victims of domestic violence through advocacy and community response (Rodriguez, 1988). The coordinated community response (CCR), which entails crisis hotlines, domestic violence shelters, public education, police, and legal interventions, was designed to help victims of domestic violence (Muftic & Bouffard, 2007). Not only are victim advocates active in all stages of the CCR, they serve as the crux of the domestic violence movement for both social change and survivors of abuse.

## **Victim Advocacy Work**

**Definition.** While a universal definition of a victim advocate does not exist, Davies, Lyon,

<sup>4</sup> Racial terms are problematic. I use the term “women of color” throughout this thesis for two reasons. First, “women of color” is a historical term used by American women who identified as African American, Black, Latina, Native American, etc. Second, a few of the Butterfly advocates identified as women of color. I recognize “women of color” is problematic because it groups racially marginalized women into a monolithic category, and, as Kim Golombisky states, “white is both a color and racial category” (2006, p. 102). However, in my opinion, using the term “nonwhite” is more problematic. The term “nonwhite” constructs a binary in which white is the “norm” and “nonwhite” is the deviant. Furthermore, the term “nonwhite” ignores the historical significance of the term “women of color.”

<sup>5</sup> The term “queer” in this context refers to people who do not label their sexual identity. For a definition of the term “pansexual” see footnote 13 on page 43.

and Monti-Catania (1998) describe an advocate as “anyone who responds directly to help abused women in an institutional context” (p. 2). Additionally, Pence (2001) notes, “the term advocate means mouthpiece; it connotes one who speaks for or takes up the cause of another. The other in this context were women who were being beaten by their husbands, lovers, or partners” (p. 2).

Advocates also create their own definitions regarding their line of work. For example, in a sample of 379 advocacy centers, a majority of advocates defined an advocate as a person who empowers women, ends violence, and provides services for women such as education and representation (Peled & Edleson, 1994). Taken together in this context, these definitions position an advocate as one who works on behalf of victims in a multitude of ways.

**Description of advocacy work.** In the beginning of the domestic violence movement, victim advocates were not trained professionals. Indeed, many of the advocates constructed knowledge about domestic violence based on their collective experiences as victims and from the stories they heard from battered women (Dobash & Dobash, 1992). Grass root advocates believed their jobs were to engage women’s voices outside of existing systems (e.g., the criminal justice system), and therefore, did not want to associate their jobs with professionals or social workers (Pence, 2001). The mentality that advocacy should be separate from professional work and existing structures stemmed from some advocates’ positions as radical feminists and from the fear that the existing systems would speak *for* battered women rather than with battered women (Nichols, 2013). With a need for a unique space to address domestic violence and protect battered women, these grass roots advocates started the first domestic violence shelters in the early 1970’s. These shelters served as refuges for survivors of abuse and allowed advocates to both engage directly with survivors and implement advocacy work on a community level.

More recently, in addition to shelters, domestic violence agencies tend to include 24/7 crisis hotlines, counseling, and legal advocacy. Victim advocates work to help victims of abuse navigate

systems such as education, housing, childcare, finances, and other community resources (Peled & Edleson, 1994). Furthermore, advocates in this field primarily assist survivors with legal, medical, and social support after abuse (Bennett, Riger, Schewe, Howard, & Wasco, 2004). Advocates viewed their role as empowering other women through survivor-defined advocacy by assisting women in regaining power, control, and their voices after such abuse (Nichols, 2013). Advocacy services and job descriptions vary depending on the locations and existing contexts of domestic violence shelters.

**Effectiveness of advocates.** Victim advocacy services are vital to the domestic violence movement and have made a difference to survivors and communities. Survivor-centered, or woman-defined advocacy, tend to be the most effective services in terms of survivor empowerment and overall change (Goodman & Epstein, 2008). In survivor-centered advocacy, the survivor is privileged as the expert of her<sup>6</sup> situation and capable of creating change. Therefore, the advocate's role in survivor-centered advocacy is to provide the survivor with individualized resources and to uphold the survivor's agency and strength-based qualities. One successful form of advocacy is the Community Advocacy Project (CAP), which uses a survivor-based advocacy design to work with survivors (Allen, Bybee, & Sullivan, 2004; Bybee & Sullivan, 2002). Survivors in Allen, Larsen, Trotter, and Sullivan's (2012) study found that the CAP approach provided emotional and educational support while focusing on their comprehensive needs. Other studies reveal that advocacy interventions can be beneficial to survivors by increasing self-efficacy and knowledge of domestic violence (Bennett et al., 2004), improving their quality of life and social support (Bybee & Sullivan, 2005; Sullivan & Bybee, 1999), and reducing the chances survivors will return to their abusers (Bybee & Sullivan, 2002; Moe, 2007). Thus, advocacy services provide survivors with resources and have the potential to improve aspects of their lives. However, not all advocacy services are beneficial or empowering to survivors. McDermott and Garofalo (2004) found that

<sup>6</sup> I use the pronoun "her" here because women are statistically more likely to be survivors of domestic violence than men.

working within the system could disadvantage survivors by favoring social change over individual choices. For example, survivors may not want to press charges against their abusers, but this option may be enforced by advocates and other community response members.

**Professionalization.** One contemporary issue with advocacy work is the shift from a grassroots organization to a bureaucratic organization, commonly referred to as professionalization<sup>7</sup> (Lehrner & Allen, 2009). Professionalization of services may disregard a survivor-centered approach to advocacy for one that reflects “professional” expertise (Kasturirangan, 2008). Grassroots victim advocates historically refrained from identifying with social workers or professionals in order to maintain their position as people working outside of the systems that often are oppressive to survivors. However, as the domestic violence movement grew, the increased need for funding followed suit (Tierney, 1982). In turn, when government and private funding became available, domestic violence shelters were required to follow regulations in order to receive grants, which usually involved resorting to a hierarchical organizational structure (Finley, 2010; Nichols, 2014; Rodriguez, 1988). Feminist collectives shifted to hierarchical structures losing their radical feminist roots by becoming “co-opted” and institutionalized (Campbell, Baker, & Mazurek, 1998; Matthews, 1994; Nichols, 2013). Pence (2001) contends that the shift to professionalization hurt the effectiveness of victim advocates by failing to focus on women’s needs. The shift in professionalization may cater more to the funders’ needs and treat women as clients rather than active participants in the domestic violence movement (Pence, 2001; Macy, Giattina, Parish, & Crosby, 2009; Nichols, 2014). For instance, one of the hallmark ideologies of early shelters was that women’s oppression stemmed from structural inequalities rather than personal deficits (Martin,

<sup>7</sup> Professionalization is often synonymous with institutionalization in the literature. That is, professionalization does not just refer to the manner in which services are provided (e.g., expanding services in organized, effective, and professional ways), but refers to the structural shift from a collective to a bureaucratic structure. Professionalization is not inherently negative, as it helped to expand services to survivors and to provide consistent, quality services to survivors. However, professionalization had implications for the type of services provided to survivors and for who was hired to conduct these services. For example, Lehrner and Allen (2009) note, “The expansion of direct services necessitates more staff hired specifically to provide individual-level services as well as an increased need for bureaucratic structures to manage larger staff...one result is the hiring of staff with mental health or business administration training and credentials” (p. 666). In this way, the domestic violence movement was viewed as co-opted since professionalization shifted the focus to “fixing” individual survivors rather than society *and* staff (with business or mental health degrees, for example) were dissociated with the feminist grassroots ideologies and missions of the domestic violence movement.



1990). As a result of professionalization, the focus on empowerment may be too individualized and fail to take into account structural inequalities (Finley, 2010). Consequently, this shift in organization turned the structural problem of domestic violence into an individual problem (Dobash & Dobash, 1992; Murray, 1988). Pence (2001) writes:

Advocates must offer absolute confidentiality, a clear commitment to the safety needs of a woman, and the ability to speak out on behalf of women without risking reprisal—conditions that do not exist when we merge with the institutions that we are committed to changing. (p. 9)

Although the shift from grassroots to professionalization opened up opportunities for more funding and growth as Pence (2001) notes here, the cost may be a lack of change outside of the institutions “we are committed to changing.” Arnold and Ake (2013) warn that the professionalization of the movement and advocacy work is not the final story and that scholars wish for “a nostalgic image of a feminist utopian movement” (p. 558). In this way, the changes occurring from professionalization are not completely negative. Professionalization may have limited advocates in certain respects, but on the whole, the domestic violence movement continues to change and succeed in various capacities across local and global communities.

**Rural advocacy.** The geographic locations of domestic violence shelters shape the type and breadth of advocacy services available. Compared to urban areas, rural areas have unique barriers to victim advocacy services, on both cultural and geographical levels (Eastman & Bunch, 2007; Lanier & Maume, 2009; Yun, Swindell, & Kercher, 2009). Rural is defined as “a sparsely populated region with low population density” (Sanberg, 2013, p. 352). The advocates at Butterfly worked in a rural environment, which played a significant role in advocates’ ability to serve the community and participants.

Cultural ideologies present one barrier to victim advocacy services in rural areas. Rural environments typically embrace conservative values, such as traditional views on religion, family, and gender norms (Logan, Evans, Stevenson, & Jordan, 2005). Furthermore, a “rural patriarchy” may

exist in these areas, which not only emphasizes traditional roles for women, but also deems domestic violence as an acceptable private family matter (Pruitt, 2008, p. 357; Websdale, 2002). These pervasive cultural attitudes in rural areas can deter victims from seeking help and delay the response rate of local community members such as police officers, judges, and lawyers, due to the decreased concern for violence against women (Logan et al., 2005). Moreover, these beliefs have the ability to make the work of victim advocates more difficult, as their job of raising awareness about domestic violence to the rural community may not be taken seriously (Pence, 2001).

In addition to these cultural beliefs, the geographic isolation of rural areas poses challenges for victim advocacy services—namely a lack of resources and a lack of anonymity.

First, community resources are scarcer, including funding, the number of victim advocates on staff, and services, such as transportation (Sanberg, 2013). Often times, advocates in rural areas are short staffed and service multiple surrounding communities (Donnelly, Cook, & Wilson, 1999). Funding is an issue for rural shelters, as they rely more heavily on grants and are not monetarily supported by their economically disadvantaged communities (Annan, 2011; Sudderth, 2006). The lack of transportation services and options makes it difficult for women to reach shelters and for police to take victims to the shelters (Logan et al., 2005; Yun et al., 2009).

Second, the isolation of rural areas creates a space where members have close connections to each other, and thus lack anonymity (Johnson, McGrath, & Hughes Miller, 2014; Sandberg, 2013; Sudderth, 2006). Consequently, advocates, women in the shelter, women's abusers, and criminal justice personnel may all be acquainted through friendship or family ties. These relationships complicate victim advocacy services. For example, Johnson et al. (2014) found that advocates who know certain women in the shelter in rural areas may build more rapport and go above and beyond regular duties. Additionally, police personnel may know the abusers and try to convince victim advocates that the abusers are good people and, in effect, victim blame (Johnson et al., 2014).

Therefore, advocates may have a difficult time taking on additional duties and navigating the victim blaming attitudes of law enforcement.

In sum, the geographic isolation and cultural ideologies of rural communities challenge victim advocacy services. Although the marginalization of rural areas contributes to these challenges, advocates successfully continue to carry out their jobs.

### **Study Setting**

The Butterfly agency was created as a result of the domestic violence movement. Butterfly is located in a southern state in a rural community. A domestic violence survivor opened the agency in the mid 1980s. At first, Butterfly was placed in a city hall office and was staffed with women volunteers. The victims were offered a place to stay for three days in the homes of the volunteers. In 1987, Butterfly leased a house to serve as the shelter and leased an office to conduct administrative duties and counseling services. As funding increased, the shelter expanded from 14 beds to 24 beds and Butterfly was able to build an administrative building and a counseling building. Today, Butterfly operates as a nonprofit agency with about 35 staff members. Butterfly offers a range of services including an emergency shelter, emergency hotline, counseling, legal advocacy, community education, prevention, and community referrals.

**Study site: The Butterfly shelter.** I specifically conducted fieldwork at the Butterfly shelter instead of the administration or counseling sites. Due to confidentiality, the shelter was placed in a separate location from the administrative building, counseling building, and thrift store. The shelter area consisted of two buildings, the front office and the shelter. These buildings were about 50 feet away from each other and were monitored by security cameras and protected by an electronic gate. Between the shelter and the front office, a total of 13 advocates worked on-site at the time of the study (see demographics on page 47). All of the advocates were professionals. The number of advocates fluctuated during the study, as three left and one was released from her job. The three

legal advocates, director of shelter, three family service team advocates, and data analyst all worked in the front office. Staff in the front office worked from 9:00am to 5:00pm and traveled back and forth between the two buildings depending on which shelter participants needed services. The shelter was home to the women and children survivors of domestic violence. Within the shelter, there was an office for the current advocate on staff. Usually only one advocate worked in the shelter during the separate shifts (e.g., 12:30am-8:30am; 8:30am-4:30pm, 4:30pm-12:30am). After 5:00pm, the front office closed and the shelter remained open. The shelter was the only building in the Butterfly agency that remained open 24-hours a day, seven days a week, and 365 days a year.

When I started research at Butterfly, the agency was undergoing a couple of salient changes. First, the organization changed CEOs for the second time since the agency was founded. Second, the shelter received funds to expand from 24 beds to 40 beds. During this time, construction was an ongoing process in the shelter. Together, these transitions Butterfly was undergoing heavily influenced the research process. For example, the new CEO was receptive to the study and viewed it as valuable input to include with other agency changes she was trying to implement. By granting me access to work with the advocates and by being open to the advocates' suggestions, we were able to accomplish more with the study. The shelter construction also created extra tasks for the advocates, as parts of the shelter were closed off and the advocates had to move the shelter participants accordingly. Under these circumstances, the extra workload may have exacerbated worker stress and influenced the desire to focus on implementing self-care strategies. Moreover, the additional tasks the advocates had to complete due to construction made it challenging at times to conduct interviews or to observe the advocates completing routine tasks.

### **Job descriptions.**

*Shelter advocate.* The shelter advocates were primarily responsible for on-site care of the domestic violence and sexual assault survivors in the shelter. Care included providing crisis

intervention and empowerment for shelter participants, answering the 24-hour crisis hotline, and conducting shelter intakes and exits. Shelter advocates were also responsible for providing transportation to shelter participants, coordinating with the legal advocates and family service team advocates, and providing shelter participants with access to community resources (e.g., housing, welfare, medical needs).

***Legal advocate.*** Legal advocates worked with shelter participants and with counseling participants to navigate the judicial system. For example, legal advocates assisted in filing domestic violence injunctions, creating safety plans for survivors after police reviews, and educating survivors about their legal options. Legal advocates did not practice law. These advocates were also responsible for attending monthly fatality review meetings and domestic violence task force meetings.

***Family service advocate.*** Family service advocates worked with shelter participants and their children. These advocates provided crisis intervention and empowerment to both adults and children who were affected by domestic violence or sexual assault. Family service advocates facilitated psycho-educational groups for parents and children, assessed the needs of these populations, and worked on the 24-hour crisis hotline.

***Shared responsibilities.*** Regardless of the position, advocates worked in conjunction with one another and many of their duties overlapped. For instance, all advocates were responsible for answering the hotline during working hours and all were required to complete 16 hours of domestic violence training and six hours of sexual assault training annually. Furthermore, advocates were required to (1) fill out statistics based on their caseloads on a monthly basis; to (2) attend a monthly shelter meeting, and; to (3) attend a monthly agency meeting. Advocates needed to be knowledgeable about community services, counseling referrals, and the judicial system. In addition to these similarities between positions, advocates had unofficial job requirements, as they

provided care to the shelter participants and conducted maintenance work when needed (e.g., fixing doors, fixing leaks) due to the lack of funding to hire maintenance personnel.

## **Summary**

From the beginning of the domestic violence movement, victim advocates have served numerous people and communities. The movement has shifted identities, ideologies, and missions, but what has remained the same is the dedication of empowering survivors through advocacy work. While the outcomes of professionalization on advocacy services are contested, the contemporary services advocates provide *are* effective in educating and helping survivors of abuse. Whether advocates are located in urban or rural settings with the respective challenges that come with each social location, they continue to press on for social justice.

Emerging from the domestic violence movement in the early 1980's, the Butterfly agency and its advocates continue to carry on the missions of advocacy work today. Located in a rural area, Butterfly struggles with a lack of funding and a lack of anonymity. Consequently, government funding enabled Butterfly to expand, but at the expense of implementing professionalization (see findings on page 61). I conducted my research at the shelter under the context of shelter construction and a new CEO. Among the recent agency changes, rurality, and professionalization, the agency location mattered and affected advocacy work in the Butterfly agency.

In the next chapter, I introduce feminist standpoint theory. Feminist standpoint theory guided the Butterfly advocates' experiences as victim advocates and influenced their self-defined needs in their work environment.

## **CHAPTER THREE:**

### **THEORETICAL FRAMEWORK: FEMINIST STANDPOINT THEORY**

#### **Introduction**

I use feminist standpoint theory as the foundational theoretical framework for the study. Feminist standpoint theory privileges women's experiences and constructs these experiences as new and valuable forms of knowledge (Brooks, 2007). Additionally, feminist standpoint theory is an alternate research and epistemology paradigm that rejects the androcentric bias in research and values the lived experiences of women as legitimate knowledge (Swigonski, 1994). Consistent with feminist standpoint theory, the first research question, *how does advocacy work impact the Butterfly victim advocates*, relies on the advocates' expert knowledge regarding their experiences as advocates. My objectives in this chapter are to outline feminist standpoint theory as a construct and to explain how I incorporated feminist standpoint theory in my research with the Butterfly advocates.

#### **Feminist Standpoint Theory**

In her speech, *The Day the Props Began to Move*, Patricia Hill Collins (2013) notes the current state of knowledge production in the West. Using a play metaphor, she outlines how mainstream stories and knowledge are based on the same character— a “white, elite, male, heterosexual star” (p. 6). “Props” (read: people of color, women, people who do not identify as heterosexual, people who are not from the West, etc.) bolster the star's story. These props are in service to the star, as some “are beautiful objects to be admired, collected, and enjoyed,” and others “do our star's dirty work—they provide his physical needs, typically without being asked, thanked or paid” (p. 4). Together, the star and the props construct a similar narrative, which places the star center stage and normalizes the

props as outsiders. Knowledge production and ways of knowing exclude the props' stories and perpetrate social inequalities by reflecting the monolithic views and perspectives of the star. However, once the star's story is de-centered, the props' multitude of voices can participate in knowledge production. Indeed, Collins (2013) states:

The plethora of new stories challenge not just the truthfulness of stories that turned these groups into props but also the process of knowledge production that made the star's stories seem natural, normal, and inevitable. (p. 6)

As explained by this quote, knowledge production shifts and challenges traditional epistemologies once new stories and standpoints emerge. I reference Collins' speech to introduce feminist standpoint theory, the way social location has an effect on knowledge production and epistemologies, especially for women. The following sections provide a trajectory of feminist standpoint theory, illustrating several theorists and their stances on the construct.

**Marx.** Feminist standpoint theory derives from the Marxian theory of class-consciousness and class positionality. The division of labor in a capitalistic society between the two classes—the ruling class and the proletariats—creates material experiences and epistemologies that differ among both classes (Hartsock, 1983). For example, the proletariats learn not only to navigate power structures and ideologies of their own class, but they are forced to participate in the daily activities and ideologies imposed on them by the bourgeois. These resulting positionalities of the two classes structure social relationships, lived experiences, and knowledge production within specific historical contexts. However, the positionality of the proletariats places them in an advantaged position, as their knowledge is contingent on navigating power structures from both divisions, whereas the ruling class only focuses on maintaining hegemonic knowledge and power. Marx argued that in order to create class-consciousness, the proletariats would need to achieve a standpoint, or a “powerful vision of both the perverseness and reality of class domination” (Hartsock, 1983, p. 288). In this way, the dominant ideologies set forth by the bourgeois could be unveiled by raising a



collective class-consciousness with the hopes of challenging predominant social relations and oppressions.

**Hartsock.** Hartsock (1983) was the first theorist to extend the Marxian proletarian standpoint to a feminist standpoint theory. Just as a capitalistic society is divided by a two-class system, Hartsock (1983) argued that capitalistic societies are divided by two sexes (men and women) and through this division, a “sexual division of labor” (p. 284) occurs. The sexual division of labor creates a unique position for women, as they are expected to bear the burden of extra work in capitalistic societies. For instance, as workers and mothers, women are “institutionally responsible for producing both goods and human beings” (Hartsock, 1983, p. 291). Furthermore, Hartsock (1983) claims that women work more than men and often have more repetitive work tasks (e.g., cleaning, cooking). The lived experiences of women as workers and as mothers in Western society, along with the institutions that reinforce the sexual division of labor affect women’s epistemologies. Because of the possibility to have children and the extra work pushed on women, the sexual division of labor places women in a distinctive, subordinate structural position compared to men. With this context, women are capable of achieving a feminist standpoint. Similar to the proletariat standpoint, a feminist standpoint is achieved through collective consciousness where new views are created which critique “patriarchal institutions and ideologies” (Hartsock, 1983, p. 284) rather than solely class domination. Hartsock (1983) does not intend for the feminist standpoint to be individually based from woman to woman. Instead, she examines “institutionalized social practices and ...the specific epistemology and ontology manifested by the institutionalized sexual division of labor” (Hartsock, 1983, p. 289). Therefore, she focuses on the *collective* struggles and knowledge production constructed by the division of sexual labor that, in turn, becomes reinforced through social practices and women’s daily life activities within a specific historical context. Due to women’s collective

experiences as workers and mothers, women can achieve a feminist standpoint that seeks to critically examine their roles in resisting and reinforcing existing inequalities under a capitalistic patriarchy.

Hartsock (1983) acknowledges the limitations to her articulation of a feminist standpoint theory. One limitation is her tendency to universalize women's collective experiences, which assumes differences can be set aside to benefit the larger community. Furthermore, Hartsock's theory does not elaborate on the intersectional oppressions women of color, women who identify as lesbian, bisexual, or queer, and women not living in the West experience in addition to their placement in the sexual division of labor. Since Hartsock's work, scholars such Harding, Collins, and Narayan have expanded this theory's meaning, implications, and limitations. Although there are a multitude of scholars who have supported and critiqued Hartsock's theory, I focus on the aforementioned scholars to illustrate diverse areas of focus within this theoretical construct.

**Harding.** Harding (1998) extended feminist standpoint theory to encompass methodological practices in addition to knowledge production from a privileged positionality. Feminist standpoint theory as a method critiques the androcentric bias in Western research by calling attention to "internalist epistemologies" (Harding, 1998, p. 332) and to Western scientific "objectivity." Traditionally, dominant groups have used scientific, male-centered discourse and frameworks to construct knowledge that continues to benefit the powerful. These dominant discourses have provided no room in the knowledge production process for marginalized populations' voices or epistemologies. Harding (1998) argues that knowledge production should begin with borderlands epistemologies<sup>8</sup>, or the lived experiences and daily activities of marginalized groups. Borderlands epistemologies "challenge some of the most fundamental assumptions of the scientific worldview and the western thought that take science as their model of how to produce knowledge" (Harding, 1998, p. 335) by asking new questions derived from the skills and daily

<sup>8</sup>. The concept of borderlands epistemologies originates from Gloria Anzaldúa's (1987) *La Frontera: The New Mestiza*.

experiences people on the peripheral encounter. While there are limitations to how one experiences the world based on his or her location, Harding (1998) mentions that through a historical collective consciousness, “liberatory standpoints” (p. 338) can be achieved to change the way natural and social relations are viewed politically, discursively, and materially by dominant and marginalized groups. As a result, borderlands epistemologies challenge knowledge production *and* the notion that knowledge is only valid if derived from an objective, scientific, Western location.

**Collins.** Along with Harding, Collins (2000) crafted her theory on Black feminist epistemology from feminist standpoint theory, which integrates a deeper focus on racial politics and intersectionality. Collins (2000) posits that throughout the knowledge production and methodology processes, Black women intellectuals are excluded and invalidated. In order for knowledge to be validated, (1) it must go through academic gatekeepers, who are mostly white heterosexual men, and (2) it must be deemed credible by reinforcing, rather than resisting, the status quo (Collins, 2000). Consequently, knowledge created by Black women intellectuals faces scrutiny, as few Black women are in elite positions in the knowledge production process (e.g., academe) and Black women often critique the status quo with “oppositional knowledge” (Collins, 2013, p. 68). In this way, knowledge production, or Black feminist thought, created by Black women intellectuals is “subjugated knowledge” (Collins, 2000, p. 247) and Black women intellectuals become “outsiders-within” (Collins, 1986, p. 308). That is, in this context, even as Black women intellectuals are a part of the institution, they are simultaneously outsiders, as they encounter exclusionary practices within the ivory tower. At the same time, Black women intellectuals occupy a unique position where they can understand the dynamics of race, class, sexuality, and gender as intersecting oppressions contributing to their outsider-within status (Collins, 2000). Historically within the United States, Black women have shared experiences and alternative ways of knowing based on slavery, work, communities, and daily life activities. Based on the shared historicity, Black feminist epistemology becomes a way to

honor the “collective wisdom of a Black women’s standpoint” (Collins, 2000, p. 249). A Black feminist epistemology centers on four tenets (Collins, 2000, p. 254): (1) lived experience as a criterion of meaning; (2) the use of dialogue in assessing knowledge claims; (3) the ethics of caring; and (4) the ethic of personal accountability. Despite being devalued by mainstream society, the four tenets of Black feminist epistemology create new forms of knowledge from a variety of methodologies that Black women *themselves* construct, instead of dominant groups creating knowledge *for* Black women. Collins (2000) cautions that a Black feminist epistemology is not a matter of privileging Black thought over other forms of thought or a matter of claiming that Black women are the most oppressed population. Instead, Black feminist epistemology serves as “a social location for examining points of connection among multiple epistemologies” (Collins, 2000, p. 256) while moving away from the Western dualistic thinking that re-creates hierarchies of oppression. Additionally, Black feminist epistemology characterizes knowledge production as a process that aims to find multiple truths while challenging interlocking oppressions and power dynamics (Collins, 2000). Furthermore, Western positivist research attempts objectivity by dissociating from the researcher’s positionality and emotionality. Thus, the social location and experiences of the researcher are regarded as irrelevant to the research process. However, experiences, emotions, and positionality are central to Black feminist epistemology. All in all, Black feminist epistemology critiques Western positivism, knowledge validation, and methodologies by placing Black women’s experiences at the forefront of research as authentic ways of knowing.

**Narayan.** Finally, Narayan (1989) critiques the Western perspective of feminist standpoint theory by questioning feminist standpoint’s concept of “epistemic advantage” (p. 336). Versions of feminist standpoint theory contend that women have an advantaged position compared to men since they must direct the struggles and activities within their own lives *and* navigate the ideologies placed on them from dominant groups in societies. Thus, being a part of these two worlds, or

having this “double vision” (Narayan, 1989, p. 338), allows women to construct unique knowledge as a marginalized group. Developing an epistemic advantage is contingent upon *living* as a member of the oppressed. Even though dominant groups can *have knowledge* of the oppressed, they do not have the lived experiences of the oppressed, and therefore, do not have the knowledge of these marginalized groups (Narayan, 1989).

Based on these tenets of feminist standpoint theory, Narayan (1989) critiques double vision and epistemic advantage by problematizing “the disadvantages, of being able to or of having to inhabit two mutually incompatible frameworks that provide differing perspectives on social reality” (p. 339). Specifically, she troubles how these two frameworks work against, rather than for, marginalized groups. For instance, even if women have double vision, they may not be able to situate themselves within two social locations and may move back and forth between positions. Moreover, marginalized individuals may associate with the dominant groups’ ideologies rather than with their group of origin’s ideologies. With these two examples of how navigating two views can disadvantage marginalized groups, Narayan (1989) believes that context *and* culture must be taken into consideration when framing epistemologies. Framing epistemic advantage as a priori component of life for marginalized groups not only privileges a Western standpoint, but also runs the risk of glorifying oppression (Narayan, 1989). Therefore, Narayan (1989) asks that Western feminists rethink epistemic advantage in terms of context and culture. While in some contexts marginalized groups may hold epistemic advantage, this claim does not hold true for all marginalized groups, especially women living outside of the West. For example, reaching a standpoint based on two contexts may be *inaccessible* for women living in Third-World locations. What is more, the focus on epistemic advantage of Western women may neglect the larger structural issues that perpetrate knowledge production politics (Narayan, 1989).

Regardless of her critique on epistemic advantage, Narayan (1989) argues that feminist epistemologies are feasible due to the lack of women's voices incorporated in knowledge production. Still, these epistemologies, although not monolithic, are often rooted in Western thought. To illustrate, feminist epistemologies challenge the roles women play in families and in marriage (Narayan, 1989). However, these roles are central to the lives of many women in cultures outside of the West. Furthermore, feminist epistemologies tend to position Western positivism as the enemy of knowledge production. Narayan (1989) notes that positivism can be problematic but it is "not our only enemy" (p. 335), as non-positivist frameworks such as religion and liberalism also work to limit knowledge production. Nevertheless, feminist epistemologies allow for a re-writing of knowledge from women's standpoints based on lived experiences, but must be culturally and contextually appropriate. Thus, with its attempts to critique positionality and methodology, as a construct, standpoint theory may best be articulated by Harding (1998, p. 339) such that:

[Standpoint theory is] a philosophy of knowledge, a philosophy of science, a sociology of knowledge, a moral/political advocacy of the expansion of democratic rights to participate in making the social decisions that will affect one's life, and a proposed research method for the natural and social sciences.

### **Feminist Standpoint Theory and Victim Advocacy Work**

Using Swignoski's (1994, pp. 390-391) components of feminist standpoint for social work, which weaves together feminist standpoint's privileged knowledge production and alternative methodologies, I emphasize how the following points are pertinent to victim advocacy work and to the Butterfly advocates:

- 1) Life experience structures one's understanding of life;
- 2) The perspective of those outside the dominant group develops from their daily activities;  
and
- 3) The appropriate perspective for research activities is everyday life.

First, Swignoski (1994) contends, "for a position to count as a standpoint, an objective

location is required, such as beginning with the life experiences of a particular group” (p. 391). That is, lived experiences form from certain positionalities and are critical to constructing new knowledge. In this way, I observed the positionality of the Butterfly shelter advocates individually and collectively, although I interacted with other parts of the agency (e.g., administration).

Victim advocates are considered a marginalized group due to their position as social workers and care workers educating the public on the devalued topic of domestic violence (Clemans, 2004). Specifically, the Butterfly shelter advocates are women, women of color<sup>9</sup>, mothers, and some are survivors of domestic violence and other traumas. As women, women of color, mothers, care workers, and potential survivors, the lived experiences gained through these positions allow the advocates to create privileged knowledge on individual and collective levels. Individually, the experiences of intersecting oppressions informs their perspectives on the world, which they bring into the workplace. Collectively, advocates may use their lived experiences as women and advocates to construct knowledge on domestic violence in a way that is inconsistent with the dominant discourse. Advocates’ views are not monolithic, static, or universal, but are formed within a historical context from their marginalized positions and work to create new ways of knowing (Pilcher & Whelehan, 2004). In this way, feminist standpoint theory privileges the lived experiences of the Butterfly shelter advocates in their work context. Even though there is not a universal experience encountered by all of the Butterfly advocates because of their individual positionalities, they work together in the same location in a certain historical period. Collectively, the Butterfly advocates voiced their concerns regarding how their work affected them through their relationships with other advocates, with the agency, and with the shelter participants. Furthermore, the Butterfly advocates collectively chose the work-related need of self-care. Therefore, in this study, we used their voices and expertise as domestic violence victim advocates to expand on their experiences as

<sup>9</sup>. When I first started research at Butterfly, the majority of the shelter advocates were women of color. Over the course of this study, the race dynamics shifted in the shelter. Furthermore, the participating advocates were mostly women of color. Thus, in later chapters, the claim I make regarding women of color and care work is based on the participating advocates and on the initial race dynamics of the shelter when I started research.

victim advocates and to guide the self-care intervention.

Second, victim advocates form perspectives relative to their work based on their daily activities. Historically, women's oppositional views on domestic violence began to form in conjunction with their activities of helping victims in the first shelters. The activities of providing a safe space for women along with education informed what would become the domestic violence movement and best practices of victim advocacy work. Therefore, feminist standpoint theory informs this study by observing the Butterfly advocates' daily work activities. The Butterfly advocates' direct involvement with survivors allows them to educate the community on the realities of domestic violence. For instance, the advocates teach the community that domestic violence is not an acceptable private practice that happens to a few women, but rather, a societal problem affecting a wide range of women. The Butterfly advocates perform activities such as interacting with domestic violence survivors, taking training courses, answering hotlines, and educating the community on domestic violence. As such, advocates' practices become a way not only to demystify domestic violence, but also to generate new knowledge regarding appropriate responses to domestic violence. Furthermore, the Butterfly advocates' empowerment of survivors of abuse facilitated their own empowerment as women and as advocates. As evidenced by our interviews, the Butterfly advocates believed their role of empowering survivors through daily activities enabled them, as advocates, to become more cognizant of how their work affected them (see findings on page 79). Thus, the activities of advocacy work were significant for Butterfly advocates to produce knowledge about themselves as individuals and about survivors.

Third, research must start with marginalized groups' daily lives to ask new questions and to find new answers. Swigonski (1994) noted, "Beginning with the everyday lives of marginalized groups reveals the ways in which the public world structures the private, everyday lives of marginalized groups in ways that are not immediately visible as those lives are lived" (p. 391). By



observing the everyday practices of advocacy work, research can uncover the experiences and voices of advocates and demonstrate how they form new epistemologies. For instance, my research revealed the experiences and voices of the Butterfly advocates through feminist participatory action research (FPAR) in conjunction with participant observation and field notes. Together, these research methods encouraged a co-construction of knowledge between the advocates and myself. With FPAR, the advocates controlled most of the research process by identifying their work-related needs and by implementing feasible solutions to these needs for their context (see methodology on page 41). Starting with the advocates' thought processes on their work context, in particular their experiences and activities, constructed new knowledge and presented new ways to address their expressed needs. Moreover, listening to advocates' voices based on their everyday realities opposes androcentric research paradigms by privileging their lived experiences in the invalidated field of domestic violence work. Additionally, beginning research with victim advocates has the potential to bring the private aspects of the understudied victim advocacy population and the importance of their work into the public. In this way, new questions and knowledge is created via taking the time to understand advocacy work from the perspectives of the advocates themselves.

Taken together, the knowledge constructed by the Butterfly victim advocates, which is based on their lived experiences and work activities, serves as a starting point for forming a feminist standpoint in this study. Consequently, research, such as this study, that starts with the advocates' perspectives challenges the male-centered research methodologies and authenticates women's voices and experiences within advocacy work and within the broader domestic violence movement.

## **Summary**

Feminist standpoint theory is one way we can de-center the hegemonic narrative to integrate a multitude of voices in knowledge production. In this way, feminist standpoint theory places women's voices at the forefront of knowledge production to resist androcentric methodologies.

Consistent with feminist standpoint theory, my study focuses on the lived experiences of the Butterfly advocates. As women and shelter advocates, these advocates form individual and collective outlooks on their work experiences and work related-needs. Moreover, through their activities, advocates construct new knowledge about themselves and about domestic violence survivors. Using feminist participatory action research, the advocates were centered in the research as experts in their work context capable of constructing change based on their needs. Taken together, feminist standpoint theory informs victim advocacy work, as advocates are a marginalized group with distinctive standpoints gained through their lived experiences, daily job activities, and collective voices.

Feminist standpoint theory and FPAR informed my first research question on how victim advocacy work affects the Butterfly advocates and the second research question which centers on how the process of FPAR can facilitate change in the Butterfly agency. Part of the FPAR process included conducting a needs assessment with the victim advocates. Accordingly, the advocates chose self-care as their work-related need. Therefore, I review the literature on self-care in the following chapter.

## **CHAPTER FOUR:**

### **LITERATURE REVIEW: SELF-CARE**

#### **Introduction**

In this study, the Butterfly advocates requested implementing individual and organizational self-care strategies as a way to help alleviate the effects of working with trauma and to bring attention to their efforts as care workers. Burnout, compassion fatigue, and compassion satisfaction are all potential outcomes of trauma work (e.g., Figley, 1995; Maslach, 1982). These outcomes may take a toll on workers' mental health, job performance, and quality of care (National Association of Social Workers [NASW], 2009). Based on the advocates' needs assessment and desire to apply self-care to their work context, I review self-care in this chapter. First, I discuss common consequences on workers that result from engaging in trauma work such as burnout, compassion fatigue, and compassion satisfaction. Next, I define self-care as an ethical practice for workers and I disclose the significance of self-care practices within the workplace in coping with trauma. Then, I explain the connections among women, care work, and self-care, as victim advocacy is a form of care work that would benefit from self-care. Finally, I examine how employees and employers, through individual and organizational techniques, create a culture of self-care. The objective in this chapter is to provide an overview on self-care and to construct a framework for understanding the self-care based educational intervention the Butterfly advocates and I implemented over a one-month period.

#### **Consequences of Engaging in Trauma Work**

Burnout, compassion fatigue, and compassion satisfaction are possible consequences of advocacy work (e.g., Figley, 1995). In our interviews, the six participating Butterfly advocates all used

different terminologies regarding the levels of workplace stress they experience. For example, some used the terms burnout, compassion fatigue, vicarious trauma, or stress. I am more concerned with how the advocates conceptualize their experiences and work-related needs than defining their experiences by textbook definitions. However, I review the constructs of burnout, compassion fatigue, and compassion satisfaction as they pertain to domestic violence work in the literature. Moreover, the intervention phase of the educational intervention measured the advocates' levels of these three constructs (see methodology on page 51).

**Burnout.** The term burnout was coined by Freudenberger (1974) to highlight the negative physical and psychological experiences of clinic workers such as fatigue, depression, anger, and emotional exhaustion. As burnout became widely studied, multiple definitions were created to comprehend the phenomenon. I use Maslach's (1982) definition of burnout: "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (p. 3). Burnout typically encompasses (Kahill, 1988):

- 1) Physical symptoms (e.g., headaches, immunity issues);
- 2) Emotional symptoms (e.g., depression, anxiety);
- 3) Behavioral symptoms (e.g., substance abuse, aggression);
- 4) Work-related symptoms (e.g., decreased work performance, frequent quitting); and
- 5) Interpersonal symptoms (e.g., dehumanizing clients, withdrawing from clients).

Burnout among domestic violence staff is highly probable on both individual and organizational levels (Bemiller & Williams, 2011). Causes of burnout include heavy caseloads, long hours, lack of training, and job isolation (Iliff & Steed, 2000; Sprang, Clark, & Whitt-Woosley, 2007). Additionally, the lack of organizational support and the lack of supervisory support are factors that play into increased burnout (Grant, n.d.), although a correlation between the two factors

is not always found (Ben-Porat & Itzhaky, 2011). Other studies reveal that advocates have high levels of emotional exhaustion due to low self-efficacy and high time pressure constraints, but do not meet the criteria of burnout according to Maslach's definition (Baker, O'Brien, & Salahuddin, 2007; Baird & Jenkins, 2003; Brown & O'Brien, 1998; Dekel & Peled, 2000). Moreover, Johnson and Hunter (1997) noted that sexual assault counselors report more stress compared to other counselors. Together, these findings support that victim advocates may experience some form of burnout in their work.

**Compassion fatigue.** Along with burnout, compassion fatigue, also referred to as secondary traumatic stress, has implications for trauma workers. Figley (1983) first identified compassion fatigue in response to the lack of attention given to people who work with trauma survivors. Compassion fatigue is defined as:

The natural consequent 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. (Figley, 1995, p.7)

Indeed, compassion fatigue is considered an “occupational hazard” for individuals working with trauma (Figley, 1995). Effects of compassion fatigue include (Figley, 1995, p. 8):

- 1) Re-experiencing a trauma event (e.g., dreams of the event, recollections of the event);
- 2) Avoidance/numbing of reminders of the event (e.g., efforts to avoid thoughts/feelings, diminished interest in activities); and
- 3) Persistent arousal (e.g., difficulty concentrating, difficulty falling asleep).

In this way, compassion fatigue is similar to posttraumatic stress disorder (PTSD) but results from secondary exposure to trauma as opposed to primary exposure (Choi, 2011; Figley, 1995).

The construct, vicarious trauma, is often studied among trauma workers. Vicarious trauma is “the transformation of the therapist's or helper's inner experience as a result of empathetic engagement with survivor clients and their trauma material” (Pearlman & Saakvitne, 1995, p. 31).

This “transformation” is accumulative and is related to disruptions in cognitive schemas, or ways in which people view the world (McCann & Pearlman, 1990). Effects of vicarious trauma include disruptions in dependency/trust, safety, intimacy, power, independence, and esteem (McCann & Pearlman, 1990).

Both compassion fatigue and vicarious trauma relate to a form of change for a therapist/counselor after exposure to clients’ traumatic stories, but vicarious trauma tends to result in more permanent cognitive changes (Baird & Jenkins, 2003). However, due to vicarious trauma’s close similarities to compassion fatigue and effects on trauma workers, these terms are often used interchangeably in research (Craig & Sprang, 2010). Therefore, unless another term is used in the literature, for the purposes of this study, I use the term compassion fatigue to encompass the changes workers undergo as a result of secondary traumatic exposure.

Similar to burnout, compassion fatigue affects workers in domestic violence work. In a study on social workers, including domestic violence advocates, Bride (2007) found that 70.2% reported symptoms of secondary traumatic stress including intrusive thoughts and numbing responses. Other studies yielded similar findings pertaining to increased secondary stress symptoms in rape-crisis workers (Clemans, 2004), sexual assault nurse examiners (Wies & Coy, 2013), and social workers of domestic/family violence (Choi, 2011). Slattery and Goodman (2009) found domestic violence advocates were more likely to have increased secondary traumatic stress levels if they were abused in the past and less likely to have secondary traumatic stress if their workplace shared power between members.

In addition to secondary traumatic stress symptomology, the personal trauma history of advocates, experience working with survivors, and the amount of exposure to survivors affects levels of compassion fatigue (Baird & Jenkins, 2003; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995). For example, advocates who had a personal history of victimization were found to have more

stress working with clients (Pearlman & Mac Ian, 1995). Moreover, advocates with more experience working with trauma tended to have decreased stress levels (Pearlman & Mac Ian, 1995). Studies are inconsistent regarding the amount of exposure to traumatized clients with Baird and Jenkins (2003) finding lower rates of vicarious trauma for domestic violence advocates working with more clients and others finding the opposite effect (McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995).

Finally, in a meta-synthesis, Cohen and Collens (2012) reviewed 20 qualitative articles related to the effects of trauma on trauma workers. Among the findings they found emotional consequences such as sadness, anger, helplessness, and feelings of detachment. Moreover, their results revealed cognitive changes of workers including feelings of mistrust towards others and tainted views of the world (Cohen & Collens, 2012). As an “occupational hazard,” these findings of compassion fatigue among workers in the domestic violence field warrant attention.

**Compassion satisfaction.** Not all consequences of care work and trauma work are negative. Less studied is the concept of compassion satisfaction. Compassion satisfaction refers to “the pleasure you derive from being able to do your work well” (Stamm, 2005, p. 4). Compassion satisfaction is characterized by resiliency and the rewards helpers gain from their work. Workers can experience compassion satisfaction despite having burnout or compassion fatigue (Conrad & Kellar-Guenther, 2006).

Compassion satisfaction is rarely studied in relation to domestic violence advocacy work. Kulkarni, Bell, Hartman, and Herman-Smith (2013) conducted a study on domestic violence advocates and the prevalence of burnout, compassion satisfaction, and secondary traumatic stress. Using a person-environment fit theoretical framework, they found that higher levels of compassion satisfaction resulted from increased supervision, longer tenure working in the domestic violence field, and workers’ shared collective values of the agency (Kulkarni et al., 2013). Furthermore,

research on compassion satisfaction is evident in sexual assault work. Studies show sexual assault counselors enjoy various aspects of their work including watching clients grow and heal (Martin, 2005; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995). Indeed, Martin (2005) found “a victim advocate experiences an emotional *uplift* when she helps rape victims ‘grow’ and ‘turn from victims into survivors’” (emphasis in the original, p. 202). Additionally, in a sample of therapists who work with trauma, social support, workload, and the ability to voice opinions within their organizations were shown to have an effect on compassion satisfaction (Killian, 2008). For example, higher levels of compassion satisfaction resulted from increased social support and contributions to the organization whereas higher levels of workload resulted in decreased levels of compassion satisfaction. Finally, a study on hospice workers measuring self-care, compassion satisfaction, compassion fatigue, and burnout demonstrated that higher levels of compassion satisfaction occurred when hospice nurses practiced emotional, spiritual, and personal-professional balance practices of self-care (Alkema, Linton, & Davies, 2008).

### **Self-Care**

**Definition.** Self-care is considered both an ethical and critical practice for counseling, victim advocacy, or trauma related professions (Barnett & Cooper, 2009; Williams, Richardson, Moore, Gambrel, & Keeling, 2010). Self-care pertains to the “proactive strategies, or routines, that professionals use to offset the negative aspects of working with trauma victims and promote their own well-being” (Wasco et al., 2002, p. 734). Baker (2003) conceptualizes self-care practices as ways for professionals to practice self-awareness, self-regulation, and work-life balance. According to the Green Cross Academy of Traumatology (2009, para. 1), which sets professional standards of self-care, the purpose of having self-care guidelines are as follows:

First, do no harm to yourself in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services [to those] who look to you for support as a human being.



Based on the purpose of the self-care guidelines, self-care practices promote well-being for professionals over time “in the face of professional and personal stressors” (Coster & Schwebel, 1997, p. 5). Self-care strategies are typically categorized around the macro-themes of physical, psychological, emotional, spiritual, relational, and workplace practices and take place on individual and organizational levels (Butler, n.d.; Green Cross Academy of Traumatology, 2009). Additionally, an important distinction between self-care and pampering exists (Barnett, Johnston, & Hillard, 2006). Self-care is “not a narcissistic luxury to be filled as time permits” (Norcross & Guy, 2007, p. 14). Instead, self-care is a “human requisite, clinical necessity, ethical imperative” (Norcross & Guy, 2007, p. 14) and is “an essential part of...professional identities” (Barnett et al., 2006, p. 263). Thus, self-care practices are necessary to defuse the negative effects of trauma work in order to promote worker wellness and professionalism.

**Significance of self-care.** Due to the graphic, emotional, and personal nature of trauma work, practitioners may use self-care to cope with the exposure and effects of their daily work (Stamm, 2005). Incorporating self-care practices on individual and organizational levels is important in order for workers to continue being effective in their work and to limit spillover from the professional life to the personal life (Barnett & Cooper, 2009). The foundational idea behind professional self-care is that workers must care for themselves before they can care for others (Williams et al., 2010). If workers are equipped with adequate self-care resources, they not only can maintain professional guidelines, but also can provide better services to clients (Skovholt & Trotter-Mathison, 2011). Self-care is also needed in trauma fields to recognize how challenging the work is (NASW, 2009). Mathieu (2012) argues that self-care practices are not a matter of preventing negative work effects that result from trauma, since these are bound to occur at some point. Instead, self-care strategies are ways to transform the negative effects into beneficial outcomes for care workers. Recognizing the effects burnout, compassion fatigue, and compassion satisfaction have on workers

should become normalized rather than stigmatized in the workplace and should be used to justify self-care implementations in work culture (Awa, Plaumann, & Walter, 2010; Barnett & Cooper, 2009; Shakespeare & Lafrenière, 2012).

### **Women, Care Work, and Self- Care**

Care work has several different meanings depending on the context. For example, care work can pertain to “feminized” tasks such as mothering or nurturing (Ruddick, 1989). Furthermore, care work may refer to jobs where the workers “are supposed to provide a face-to-face service that develops the human capabilities of the recipient” (England, Budig, & Folbre, 2002, p. 456). Additionally, care work may be categorized as a form of emotional labor, or the management of emotions in certain contexts (Hochschild, 1983; Wharton, 2009).

Across societies, women are expected to engage in care work more than men (Wharton, 2009). While caring is a necessary part of society, care work is heavily divided among race and class lines in addition to gender, with women of color and working class women performing care that is the most underpaid and devalued (England et al., 2002; Glenn, 1985; Kittay, Jennings, & Wasunna, 2005). In general, care work is devalued, underpaid, or unpaid (England, 2005). One explanation for this trend is the devaluation thesis, which posits that care work and women are associated in capitalistic patriarchal societies, and in turn, are both devalued (England, 2005).

Victim advocacy is a form of care work due to working directly with survivors and to the emotional labor performed at the job (Powell-Williams et al., 2013). Advocates manage their emotions according to employer expectations, expectations for women in shelters, and their own roles as victim advocates (Powell-Williams et al., 2013). Often times these roles conflict. For example, advocates are bound by professionalism to empower survivors of abuse. However, empowerment may mean supporting the choice for women to return to their abusers. Over time, this may become frustrating as advocates want to care for survivors of abuse, but find their role as

care givers difficult since “returning” women to their abusers seems counteractive to the act of caring (Powell-Williams et al., 2013).

The gendered aspect of care work constructs a narrative that claims women should be self-sacrificing to serve others (Fisher & Tronto, 1990). This hegemonic narrative may be problematic for implementing self-care practices. For instance, self-care may be neglected within caregiver fields since women comprise most of these jobs and are essentially associated with nurturing. Thus, caring *for* others is expected of women. Self-care, then, may become viewed as a selfish practice for women to partake in. Nonetheless, the gendered, raced, and classed aspects of care-work are important to challenge in order to create a culture of self-care within victim advocacy. Indeed, the demands of advocacy work in terms of care work, emotional labor, and the aspects of working with trauma, made self-care salient for the Butterfly advocates (see findings on page 67).

### **Creating a Culture of Self-Care**

A culture of self-care is necessary for ongoing worker wellness, yet self-care practices are often an overlooked component of care workers’ and trauma workers’ jobs (Barnett & Cooper, 2009). Individual techniques can only go so far, and research has primarily focused on individual remedies in self-care (Barnett, Baker, Elman, & Schoener, 2007). Research indicates that combined with individual self-care, organizational self-care is critical to reduce, or prevent negative effects of working with trauma (Awa et al., 2010; Bober & Regehr, 2006; Coles, Dartnall, & Astbury, 2013; Kulkarni et al., 2013; NASW, 2009; Wasco et al., 2002). Below, I describe individual and organizational practices of self-care noted in the literature.

**Individual techniques.** On an individual level, self-care is typically clustered around physical, psychological, emotional, spiritual, relational, and professional practices (Butler, n.d.; Green Cross Trauma Society, 2009). The literature focuses on individual implementations more than organizational implementations (Maltzman, 2011). In particular, one noted effective self-care

strategy is the Eastern practice of mindfulness based-stress reduction (MBSR) (Campbell & Christopher, 2012; Bercei & Napoli, 2006; Kearney, Weininger, Vachon, Harrison, Mount, 2009; Shapiro, Brown, & Biegel, 2007; Williams et al., 2010). MBSR involves learning how to live in the moment with self-awareness through a variety of techniques such as sitting meditation, body scanning, Hatha yoga, and loving kindness meditation (Mathieu, 2012). As a self-care method, MBSR is successful in reducing worker stress, burnout, and compassion fatigue with lasting effects over time (Campbell & Christopher, 2012; Shapiro et al., 2007). In conjunction with MBSR, other individual self-care practices are relevant in the literature such as conducting Reiki on nurses (Brathovde, 2006), engaging in reflective writing and reading (Jones, 2005; Kearney et al., 2009; Sommer, 2008), and learning about the effects of trauma through education (NASW, 2009). Furthermore, practicing a form of spirituality has shown to assist with self-care in caregiver professions (Brady, Guy, Poelstra, & Brokaw, 1999; Williams et al., 2010; Trippany, White Kress, & Wilcoxon, 2004) along with an understanding of work-life balance<sup>10</sup> (Skovholt, Grier, & Hanson, 2001; Williams et al., 2010). Listening to music (Williams et al., 2010), conducting guided imagery/breath work (Sommer, 2008), and getting physical exercise (Barnett & Cooper, 2009) are also routine self-care techniques. Mathieu (2012) argues that self-care is a critical part to four steps to wellness: (1) tracking stressors at home and work; (2) managing work-life balance and self-care; (3) developing resiliency through relaxation training and stress reduction; and (4) making a commitment to change. Importantly, self-care practices vary depending on the person and context, but they should be implemented on an individual level in order to “replenish” workers (Baker, 2003).

**Organizational techniques.** In addition to individual techniques, the implementation of

<sup>10</sup>. Achieving work-life balance is difficult, if not impossible, in a Western context. However, the literature described above does not discuss the gendered aspect of work-life balance. Women often raise children and conduct housework tasks (e.g., cooking, cleaning) in addition to managing their careers (also known as the “second shift”). In this way, work-life balance has different implications for women and men and is argumentatively more challenging for women to achieve.

organizational self-care practices facilitates in constructing a culture of self-care. At an organizational level, self-care has the power to influence individual actions and practices of self-care (Maltzman, 2011; Wasco et al., 2002). Individual coping factors alone are usually not enough to decrease burnout or compassion fatigue, but should be encouraged on an organizational level (Bober & Regehr, 2006; Killian, 2008; NASW, 2009). In a meta-analysis of burnout intervention programs, Awa et al. (2010) concluded programs on individual *and* organizational levels are effective. Therefore, organizations need to make room for self-care on a holistic level. For example, organizations can provide vacation time, schedule flexibility for workers, and provide resources on self-care, including continuing education on self-care (Bell, Kulkarni, & Dalton, 2003; Bober & Regehr, 2006). Researchers suggest that organizations should go as far as including self-care in their mission statements or within organizational policy (Bell et al., 2003; Coles et al., 2013). Furthermore, debriefing weekly with workers on difficult cases is considered a best practice along with supervision that is empowering rather than micromanaging (Shakespeare & Lafrenière, 2012). Normalizing the effects of working with trauma on an organizational level is another self-care technique that does not place the onus on individual advocates to feel ashamed or weak due to these hindering effects (Maltzman, 2011; Shakespeare & Lafrenière, 2012).

One program highlighted in the literature focuses on organizational interventions of self-care. Maltzman (2011) developed a context specific organizational self-care model for child protective services advocates. The goal of the self-care program was “to modify agency culture and climate” (Maltzman, 2011, p. 308) by implementing self-care on individual and organizational levels with a specific focus on vicarious trauma and secondary traumatic stress. Several assumptions were made regarding the self-care model including, but not limited to (Maltzman, 2011, pp. 308-309):

- 1) The self-care model must be built into the organizational structure to be successful;

- 2) The self-care model must be organizationally supported, from top management on down, to be successful;
- 3) The self-care model has two primary goals: supporting staff and supporting the continuity of organizational functioning; and
- 4) The experience of secondary trauma or vicarious trauma is an inherent risk in the workplace.

Maltzman's (2011) self-care model featured an hour educational training on vicarious trauma and secondary traumatic stress for new staff in addition to self-care suggestions for the advocates (e.g., leaving work at work, practicing self-awareness at work, trying stress management). Supervisors incorporated self-care on policy levels along with practices within the workplace (e.g., five minute breaks for walking or stretching). Maltzman (2011) did not use scales to measure the success of the intervention, but reported subjective "positive shifts in organizational culture and climate" (p. 314) over a four-year period.

Both organizational and individual self-care techniques work together to create a culture of self-care. In addition to creating a culture of self-care, implementing self-care strategies may also transform the nature of care work by shifting the care burden from sole women advocates to the agency as a whole (see findings on page 73). Regardless, self-care is a vital practice in the field of victim advocacy work due to the effects of working with trauma, the little attention given to advocate well-being, and to acknowledge advocates' care work efforts.

## **Summary**

Wasco et al. (2002, p. 735) sum up self-care routines and the interplay between advocates and their involvement with larger structural organizations in the following statement:

Advocates' self-care routines are viewed as interactive processes between persons and the systems in which they are embedded; the strategies draw upon individual resources and are enacted in the context of organizational supports and structures.

As evidenced by the literature review in this chapter, self-care strategies are considered an ethical component to trauma related fields to increase worker well-being and to acknowledge the challenge of engaging in care-work. Burnout, compassion fatigue, and compassion satisfaction are all outcomes of advocacy work that deserve attention. Despite the gendered, raced, and classed implications of care work, women, including the Butterfly shelter advocates, continue to work in caregiving fields void of a culture of self-care. Therefore, a culture of self-care must be integrated in individual and organizational contexts in order to help workers and organizations alike. In this way, these practices of self-care informed my research with the Butterfly advocates and the self-care educational intervention we co-constructed. Next, I discuss how feminist participatory action research guided the advocates' implementation of individual and organizational self-care practices.

## **CHAPTER FIVE:**

### **METHODOLOGY: FEMINIST PARTICIPATORY ACTION RESEARCH**

#### **Introduction**

In order to answer the research questions and to meet the study's objectives, I used feminist participatory action research (FPAR) as the methodological framework. The purpose of this section is to detail how FPAR was integrated throughout the study<sup>11</sup>. First, I outline the design of the study by defining FPAR as a research method that focuses on improving women's lives and facilitates a co-construction of knowledge between researchers and participants. Next, I present the research questions and purposes of the study, which question how advocacy work affects the Butterfly advocates and how FPAR guides the process of addressing advocates' work-related needs. Then, I describe the advocates' demographics including sex, race, age, length of time at Butterfly, and education level. Afterwards, I describe the implemented four-part procedure such as the study timeline, preliminary measures, data collection, and educational intervention. Finally, I explain how I analyzed the data via interpretive phenomenological analysis. The process of FPAR is argumentatively the most important part of the study, as it empowered the Butterfly advocates to reflect upon workplace issues and to take collective action to change their work environment.

#### **Design**

I implemented a feminist participatory action research (FPAR) design. Feminist research and participatory action research (PAR) converge in several ways. In the following, I discuss both

<sup>11</sup> I grappled throughout the thesis write-up with choosing among the phrases "our study," "my study," and "the study." The phrase "our study" is appropriate, as FPAR is a collaborative process between the researcher and the participants. However, I questioned the extent that some of the items (e.g., theoretical framework, objectives, design) were really "ours." The phrase "my study" sounded too colonizing and exclusive. Therefore, I chose to use the phrase "the study."



feminist research and PAR separately. After, I link both research methods together and explain why FPAR was a valid methodology to use for the study.

**Feminist research.** Feminist research critically examines the ways sex, gender, race, class, sexuality, age, culture, (dis)ability, religion, and other intersecting oppressions operate in societies that work to produce social injustices and maintain the status quo of power relations (Frisby, Maguire, & Reid, 2009; Maguire, 1987). In an effort to move toward social justice and to address these overlapping oppressions, feminist research seeks to challenge individuals, institutions, and the research process. Feminist research is more concerned with using a critical perspective than using a universal methodology (Reinharz, 1992). The topics of study are poignant to feminist research and typically focus on historically marginalized populations such as indigenous groups and women (Bootinand, 2008). Feminist research is cognizant of power relations between researchers and participants, as well as the power dynamics involved in knowledge production (Frisby et al., 2009; Taylor, Braveman, & Hammel, 2004). Reinharz (1992) outlined key criteria of feminist research and feminist researchers such that both (p. 3):

- 1) Share a perspective, not a method;
- 2) Use multiple research methods creatively;
- 3) Participate in an ongoing critique of nonfeminist scholarship;
- 4) Engage feminist theory;
- 5) Exhibit transdisciplinarity;
- 6) Work for social change;
- 7) Recognize diversity;
- 8) Involve the researcher as a person;
- 9) Involve the people being studied as individuals; and
- 10) Involve the reader as a person.

Thus, feminist research strives to critically examine existing social formations, works to incorporate feminist theories and ideologies into the research process, and aims to achieve social change—all components aligned with feminist standpoint theory. Another important tenet of feminist research, as noted above, is involving the researcher as a person. Involving the researcher as a person means disclosing the researcher's positionality or standpoint in relation to the research process (Golombisky, 2010). That is, researchers practice self-reflexivity to illustrate how their social standing has an effect on knowledge production and the actions they take in their research. Disclosing positionality is a way to acknowledge that no research or researcher is truly objective or unbiased (Bootinand, 2008). Situating the researcher in the study process and within the larger matrix of society enables the researcher to take ownership of knowledge claims, address limitations to the research based on her or his positionality, and to practice reflexivity throughout the research process. To honor this aspect of feminist research, I position myself as a Western white cis-gendered<sup>12</sup> pansexual<sup>13</sup> young able-bodied middle-class feminist woman graduate student with prior experience working with victim advocate populations.

**Participatory action research (PAR).** In addition to feminist research, PAR guided the current study. The history of PAR is outside the scope of this work (see Greenwood & Levin, 2007). Although there are numerous definitions of PAR, I use Kemmis and McTaggart's (2006) definition:

Participatory action research is a social process of collaborative learning realized by groups of people who join together in changing the practices through which they interact in a shared social world in which, for better or worse, we live with the consequences of one another's actions. (p. 563)

As a research method, PAR allows participants to have a stake in the research project, to analyze problems on a community level, and to take action to solve these problems. PAR projects

<sup>12</sup> Gender identity where the gender expression (e.g., femininity, masculinity, androgyny, trans\*) and sex (e.g., female, male, intersex, trans\*) align with societal expectations. I identify as cis-gendered because I am a female (sex) who preforms femininity (gender), which is reflective of Western hegemonic expectations for women. In describing these terms in this footnote and below, I realize scholars may disagree with my use of sex, gender identity, and sexual identity.

<sup>13</sup> Sexual identity where the potential partner's sex, gender identity, and sexual identity are irrelevant to a relationship. Partnership is based on "hearts, not parts." Thus, my potential partner can identify as a male, a female, a person who is intersexed, or a person who is trans\* (sex), masculine, feminine, androgynous, queer, or trans\* (gender identity), or lesbian, bisexual, pansexual, asexual, or queer (sexual identity).

typically aim to (1) create knowledge and encourage activism that is directly beneficial to the people who produce it and (2) “to empower people at a second and deeper level through the process of constructing and using their own language” (Reason, 1994, p. 328). Other critical characteristics of PAR involve (McIntyre, 2008, p.1):

- 1) The active participation of researchers and participants in the co-construction of knowledge;
- 2) The promotion of self and critical awareness that leads to individual, collective, and/or social change; and
- 3) The building of alliances between researchers and participants in the planning, implementation, and dissemination of the research process.

Based on these criteria, the PAR process must include the participation of both researchers and participants in a manner that is equalitarian, reflexive, and inclusive at every level of the research process (McIntyre, 2008).

As a result of this framework, PAR offers an alternative paradigm to research where the researcher/participant hierarchy is more diminished (Sommer, 1987), lived experiences are viewed as valid forms of data (Baum, MacDougall, & Smith, 2006), traditional positivist science is critiqued (Baum et al., 2006), and the production of knowledge is both questioned and co-constructed (McTaggart, 1991). Due to the involvement of participants in several levels of the research process and the focus on a participant-centered/participant driven research method, there are multiple ways to conduct a PAR study (Gatenby & Humphries, 2000). Indeed, McIntyre (2008) noted, "no two PAR projects are the same" (p. 49). However, there are usually four recursive steps to a PAR study, as outlined by McIntyre (2008, p. 6):

- 1) Questioning a particular issue;
- 2) Reflecting upon and investigating the issue;
- 3) Developing an action plan; and

- 4) Implementing and refining said plan.

**Feminist research and PAR.** Taken together, feminist research and PAR overlap by critiquing power and traditional research methods while simultaneously striving for collective action. For example, both research methods question *who* has the power to produce knowledge. By including the participants in the research process as experts in their own contexts and in knowledge production, these methods challenge traditional Western, androcentric, positivist paradigms that assert the researcher knows best. Furthermore, these research methods argue that participants' lived experiences are credible and valuable forms of data. Both feminist research and PAR seek to create and sustain individual and collective changes *with* communities. Involving the researchers and participants in a partnership demystifies the research process by giving the participants an opportunity and access to engage in research beneficial to their communities. Through consciousness raising and action, participants' goals are not only to "describe and interpret social reality, but to radically change it" (Maguire, 1987, p. 417). In this way, participants are able to challenge the status quo and make the invisible, visible (Frisby et al., 2009). Perhaps one aspect that sets feminist research apart from PAR is the explicit focus on improving *women's* lives, with the perspective that societies will improve once women's oppressions and resistances are brought into awareness (Bootinand, 2008). Nonetheless, feminist research and PAR share similar components and ideologies. These similarities between feminist research and PAR, such as challenging androcentric research and incorporating lived experiences of marginalized groups align with feminist standpoint theory.

**Current study: Feminist participatory action research (FPAR).** I used FPAR as the methodological framework for the study. Reid, Tom, and Frisby (2006) merge feminist research and PAR together to define FPAR as a:

Conceptual and methodological framework that enables a critical understanding of women's multiple perspectives and works toward inclusion, participation, and action, while

confronting the underlying assumptions researchers bring into the research process. (p. 316)

FPAR was an appropriate methodology to use for several reasons. First, the FPAR method is designed to empower participants to self-identify problems and needs based on their experiences and contexts. With this method, the researcher does not assume certain needs of participants. Even though the literature on advocates extensively discusses burnout and compassion fatigue, as a researcher, I did not assume the advocates at Butterfly had these experiences. The process of FPAR helped the advocates at Butterfly to gauge their needs and experiences as *they* defined them. Second, FPAR is an effective method which expands knowledge and implements change with communities, as evidenced by its success across several disciplines such as nursing (Wilson, Ho, & Walsh, 2007), psychology (Kidd & Kral, 2005), and public health (Ehde et al., 2013). The FPAR method guided the advocates at Butterfly to work with me to share their experiences and needs in their current context. Additionally, the advocates examined advocacy work in new ways, were able to question their needs as workers, and came up with solutions on how to incorporate change based on these needs. Third, FPAR honors feminist standpoint theory where women's voices and experiences are viewed as authentic ways of knowing. The staff at Butterfly were all women and had diverse viewpoints based on their positionalities in society and at work. Thus, FPAR was an appropriate method to garner these voices and experiences in a way that was reflective of the women's language and experiences at the Butterfly agency.

### **The Current Study**

**Purpose.** The main goal of the study was to examine the overall experiences of domestic violence advocates at the Butterfly Domestic Violence and Sexual Assault Center. Specifically, there were two aims:

- 1) Document and review advocates' self-identified needs regarding various aspects of their work; and

- 2) Based on the particular needs of the advocates, co-create an educational intervention with the advocates using feminist participatory action research that would help them manage these aspects of their work.

**Research Questions.** In turn, these aims generated two overarching questions:

- 1) How does advocacy work impact the Butterfly victim advocates?
- 2) In what ways can the process of feminist participatory action research facilitate change in the Butterfly agency?

## **Participants**

**Demographics.** A total of six advocates decided to participate in the study<sup>14</sup>. All advocates identified as women, two identified as Hispanic, one identified as African American, one identified as Puerto Rican, and two identified as white. The advocates were between the ages of 23 and 53. Length of time working as a victim advocate for Butterfly varied from six months to six years. One advocate had a high school education, four had a college level education, and one had a Master's level education. Three participants were supervisors, one participant was a family service team advocate, one participant was a legal advocate, and one participant was a shelter advocate (see job descriptions on page 13).

## **Procedure**

**Timeline.** We engaged in the project over a period of ten months from July 2013 to May 2014. Due to Institutional Review Board (IRB) regulations, I originally mapped out stages for the FPAR project based on Wilson et al.'s (2007) PAR study on nursing handover. However in FPAR, the researcher and the participants construct the project together, instead of relying on a pre-determined structure. For organizational and written purposes, I divided the study into three phases—an investigation phase, an intervention phase, and an evaluation phase. These phases often

<sup>14</sup>. Due to the small number of participants and to protect anonymity, more specifics about each respondent will not be provided.

merged with each other and did not have clear-cut timelines. Again, for organizational purposes, I outline relative time frames for each stage.

***Investigation phase.*** The investigation phase ran from July 2013 to March 2014. The purpose of this phase was to enter the work context of the Butterfly advocates and to establish rapport with the advocates. The investigation phase helped me to understand a sense of who the advocates were, what their working conditions entailed, and how the shelter operated as a whole. In alignment with feminist standpoint theory, the investigation phase was also necessary in order to conduct a needs assessment with the advocates from their points of view to gain a clearer understanding of the work-related needs they wanted to address.

***Intervention phase.*** The intervention phase lasted from March 2014 to April 2014. The purpose of the intervention phase was to implement a context specific educational intervention with advocates based on their chosen work-related need of self-care. The intervention provided resources to the advocates pertaining to individual and organizational self-care practices.

***Evaluation phase.*** The evaluation phase ran during the month of May 2014. The purpose of the evaluation phase was for advocates to assess the study as a whole. During this phase, advocates took a reflective survey on the project (Appendix I). I also met with the CEO to discuss the findings of the study and to share a potential agency action plan for implementing self-care practices (Appendix J). Furthermore, I met with the three supervisors in the shelter and shared the notes from my meeting with the CEO. We also discussed ways to keep the organizational level of self-care continuous in the shelter. Additionally, I presented the findings of the study and future directions of my involvement with Butterfly to staff at the monthly shelter meeting.

**Preliminary measures.** My journey as a researcher began in June 2013. I originally contacted another community domestic violence agency about this study, but unfortunately the agency closed due to funding. In July 2013, I contacted the Butterfly agency asking if I could

conduct research at their center. After the initial contact, I was invited to present my research ideas to the senior management team, which consisted of the CEO, supervisors from the counseling center, the shelter, and other members of the administrative board. At the meeting, I presented a handout outlining aspects of the study (Appendix A) and gave members a copy of my resume. The CEO contacted me a week later approving the study. The administration felt that it was best if I worked with the shelter advocates as opposed to the counseling advocates due to the construction the shelter was undergoing and due to the difficulty of the 24/7-shelter schedule.

In September 2013, I met with the shelter advocates during their monthly meeting. I distributed a handout on the study to the advocates, which was similar to the handout I gave to the administration (Appendix A). I asked the advocates to contact me by email within a week if they were interested in participating in the study. I informed the advocates that because of FPAR, they were able to participate at any stage in the project. After the meeting, one advocate orally agreed to participate in the study. From September 2013 to November 2013, five advocates contacted me requesting participation in the study. Before I could start research at Butterfly, due to agency regulations, I was subject to a background check. Additionally, I waited until I received IRB approval to move forward (Appendix B).

**Data collection.** During the study, I collected data via fieldwork, interviews, surveys, and literature reviews.

**Fieldwork.** I officially started the research process at Butterfly in October 2013. From October 2013 to May 2014, I spent a total of 130 hours on-site. As part of the on-site data collection, I conducted participant observation and took extensive field notes. In this context, I define fieldwork as the combination of participant observation and field notes. When I came home after conducting fieldwork, I typed up narratives based on my notes for the particular day in order to remember what happened during my visit. I also wrote down questions and my reflections about the



day in an effort to practice reflexivity. At first, in the investigation phase, the participant observation and field notes were geared towards the work tasks, work-related needs, and the work environment of the advocates. In the intervention phase, these forms of data collection focused on the advocates' work context and feedback after the implementation of self-care techniques. Although I primarily spent time with participating advocates in their offices, over this time period, I also attended two monthly agency meetings, one shelter meeting, a hotline training, and an annual donation planning meeting with the administration. Consistent with feminist research methods, advocates were able to review my notes at any time and were able to request a copy if desired. None of the advocates requested to look at my notes.

***Interviews.*** I used semi-structured interviews to gather in-depth interpretations of victim advocates' experiences of advocacy work. Before we started the interviews, advocates created pseudonyms. Rather than invoking a structured interview guide, the advocates and I engaged in a free-flowing conversation. I initiated topics based on past questions and themes from the literature and from my previous research with victim advocates in a different location. First, I asked advocates demographic information. Next, we discussed their experiences of working as victim advocates, positive aspects of their jobs, what they learned about themselves since starting the work, why they continue to work as advocates, challenging aspects of their jobs, how religion/spirituality played a role in their work, if they identified as feminists, and what they hoped to gain from the project (Appendix C).

I conducted two interviews in November 2013 and four between March 2014 and April 2014. Five interviews were audio-recorded and transcribed verbatim. One interview in November was not tape-recorded due to time constraints in the advocate's work schedule. In fact, we were not able to answer all of the questions on the protocol. However, I took extensive notes on the questions we had an opportunity to cover. In April, I asked her if she wanted to interview again and

possibly tape record the conversation. Unfortunately, time constraints did not allow us to have a full interview. In line with feminist research methods, I offered the advocates a copy of their transcripts and gave them the opportunity to provide feedback and changes if desired. None of the advocates made changes on their transcripts, but three advocates requested copies.

*Advocate defined work-related needs survey.* After conducting fieldwork over a three-month period from October 2013 to January 2014, the advocates chose via a survey to implement self-care strategies as their work-related need. I discuss the survey process in more detail in the findings section (see page 84).

*Literature review.* From February 2014 to March 2014, I reviewed literature on self-care. During my visitations to Butterfly in this time frame, I asked the advocates (1) what forms of self-care strategies they would like to implement; (2) what self-care techniques they currently practice; (3) how they define self-care; and (4) how they believed their workplace could create a culture of self-care. Once I completed the literature review on self-care and compiled the advocates' input on self-care, we designed the educational intervention.

### **Educational intervention.**

*Preliminary self-care survey.* Based on the advocates' feedback on self-care strategies and the literature review on self-care, I created a preliminary self-care survey (Appendix D). The survey listed suggestions for organizational based self-care strategies, individual based self-care strategies, and options for evaluation. There were opportunities on the survey for advocates to provide their own suggestions within each of the aforementioned survey sections.

*Pre-assessments.* According to the preliminary self-care survey, the advocates chose quantitative and qualitative evaluation methods. In early April 2014, I gave each of the participating advocates an envelope containing (1) a cover letter explaining the current status of the study; (2) The Professional Quality of Life Scale (ProQOL) (Stamm, 2009); (3) The Self-Care Assessment (Butler,

n.d.; Saakvitne & Pearlman, 1996); and (4) an open-ended qualitative question related to their working conditions (i.e., *write a short description of current working conditions, self-care practices, what you hope to get out of our educational intervention, etc.*).

The ProQOL measures levels of compassion satisfaction, burnout, and compassion fatigue among workers in helping professions (Stamm, 2009). Advocates rated 30 statements (i.e., *my work makes me satisfied*) on a five point Likert scale (where a “1” meant *never*, a “3” meant *sometimes*, and a “5” meant *very often*). The purpose of using the ProQOL as an evaluative tool was to provide a quantitative baseline for both the advocates and the agency to view how the work was affecting the workers in regards to these three constructs.

The Self-Care Assessment measures individual self-care practices across physical, psychological, emotional, spiritual, relational, workplace/professional, and balance domains (Butler, n.d.; Saakvitne & Pearlman, 1996). Advocates rated statements from each category (i.e., *write in a journal*) using a four point Likert scale (where a “0” meant *I never do this*, a “2” meant *I do this occasionally*, and a “3” meant *I do this frequently*). This assessment also had a “?” option which meant, *this never occurred to me*. The purpose of evaluating individual self-care practices across these areas was to help the advocates examine areas in their own lives pertaining to self-care that they could improve upon. Furthermore, assessing the advocates’ individual areas that were lacking in self-care provided an opportunity for them to make suggestions on how the organization could intervene to foster their individual practices.

**Post-assessments.** The packets advocates received earlier in April 2014 with the ProQOL, Self-Care Assessment, and open-ended qualitative question were all returned to me by the end of April 2014. Depending on when individual advocates filled out their surveys, I met with them on a one-on-one basis to discuss their scores on the ProQOL and Self-Care Assessment. For the ProQOL, I attached two additional sheets that outlined (1) their scores on compassion satisfaction,

burnout, and compassion fatigue; (2) where their scores fell on the ProQOL scale (e.g., low, average, or high); and (3) how to calculate their scores. Furthermore, I worked with the advocates to formulate ideas on how to improve low scoring areas on their Self-Care Assessments. For example, we discussed ways to enhance one category a month (e.g., psychological self-care) by spending 10 minutes a day working on one subsection (e.g., write in a journal). Once all of the advocates' surveys were turned in, I gave all of the advocates a personalized handout comparing their scores on the ProQOL and Self-Care Assessment to the average scores of all participating advocates. On the handout, I explained how advocates could utilize their scores. I reiterated that their scores reflected levels of compassion satisfaction, burnout, compassion fatigue, and self-care. However, I argued that in addition to the numerical scores, their lived experiences with work, these constructs, and self-care practices were equally significant to their wellness as workers.

Accompanying the handout of the advocates' scores, I gave the director of shelter, family service team supervisor, shelter supervisor, and CEO copies of three articles that describe best practices for workplace self-care and workplace prevention/transformation of vicarious trauma, burnout, and compassion fatigue (Bell et al., 2003; Maltzman, 2011; Shakespeare & Lafrenière, 2010).

## **Analysis**

I used interpretative phenomenological analysis (IPA) in conjunction with semi-structured interviews, fieldwork, and surveys to analyze and answer the two research questions of the study. Since the goals were to focus on both the effects of advocacy work on the Butterfly advocates and how the process of FPAR impacted change in the current agency, IPA in addition to these mixed approaches were ideal tools of analysis to use. Together, these forms of analysis focus on the participants' viewpoints, which aligns with feminist standpoint theory. Indeed, "IPA is concerned with trying to understand what it is like, from the point of view of the participants, to take their

side” (Smith & Osborn, 2008, p. 53). In addition to analyzing these two research questions, a significant piece of the analysis required me to reflect upon my role and positionality as a feminist researcher (Brocki & Wearden, 2006).

**Interpretative phenomenological analysis (IPA).** IPA stems from philosophical movements that aimed to find “a way of returning to and exploring the reality of life and living” (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013, p. 18). The overall goal of IPA is to contextualize individual and collective experiences relative to a certain phenomenon (Berg, Skott, & Danielson, 2006). IPA focuses on the lived, personal experiences of participants and seeks to draw meaning from their experiences (Smith & Osborn, 2008). Furthermore, IPA posits that, “human experience is based on participating in linguistic and cultural practice” (Berg et al., 2006, p. 42). IPA takes a “person-in-context” approach, where the meanings and experiences of individuals are constructed in relation to certain contexts, spaces, and times (Larkin, Watts, & Clifton, 2006; Starks & Trinidad, 2007). IPA is not limited to individuals’ experiences, but can be used to find commonalities between individuals without homogenizing the participants’ experiences (Smith & Osborn, 2003). With IPA, the researcher’s role is just as important in the analysis as the participants’ roles. Furthermore, conducting IPA is a flexible process, as “there is no single, definitive way to do IPA” (Smith & Osborn, 2008, p. 54). However, a couple of general standards include using a small, homogenous sample and incorporating semi-structured interviews (Smith & Osborn, 2008).

**Analyzing research question one.** To answer the first research question, *how does advocacy work impact the Butterfly advocates*, I analyzed data from the six interviews, fieldwork (i.e., participant observation and field notes), and surveys (i.e., ProQOL, Self-Care Assessment, and the open-ended qualitative question). Consistent with IPA and feminist analysis approaches, participants had the opportunity to read over their transcripts and my notes before I began to analyze data. After checking transcripts against the original recorded data, I analyzed the transcripts using IPA with a

two-step process (Smith & Osborn, 2008). First, I read the transcripts multiple times to identify common themes, objects of concern, and experiential claims (Larkin et al., 2006). Second, I combined major themes into one table (see Table 1 on page 59). While identifying themes in the interviews, I reviewed the fieldwork narratives and notes from the day of the interviews in order to grasp the complete context of the working conditions during the interview. Together, based on the data from the fieldwork and interviews, I separated common themes using thematic analysis. Additionally, I used the advocates' scores on the ProQOL and Self-Care Assessment to support the findings in the interviews and fieldwork.

Interpretations between interviews, fieldwork, and surveys followed the dialectical process outlined by Berg et al. such that, “interpretation moved back and forth between the whole and the parts in a dialectic process” (2006, p. 44). That is, meaning was created by constantly comparing each of these data to each other and to the larger research question. The dialectic process reflects the adapted chart (see Figure 1 on page 55) from Berg et al. (2006, p.45).

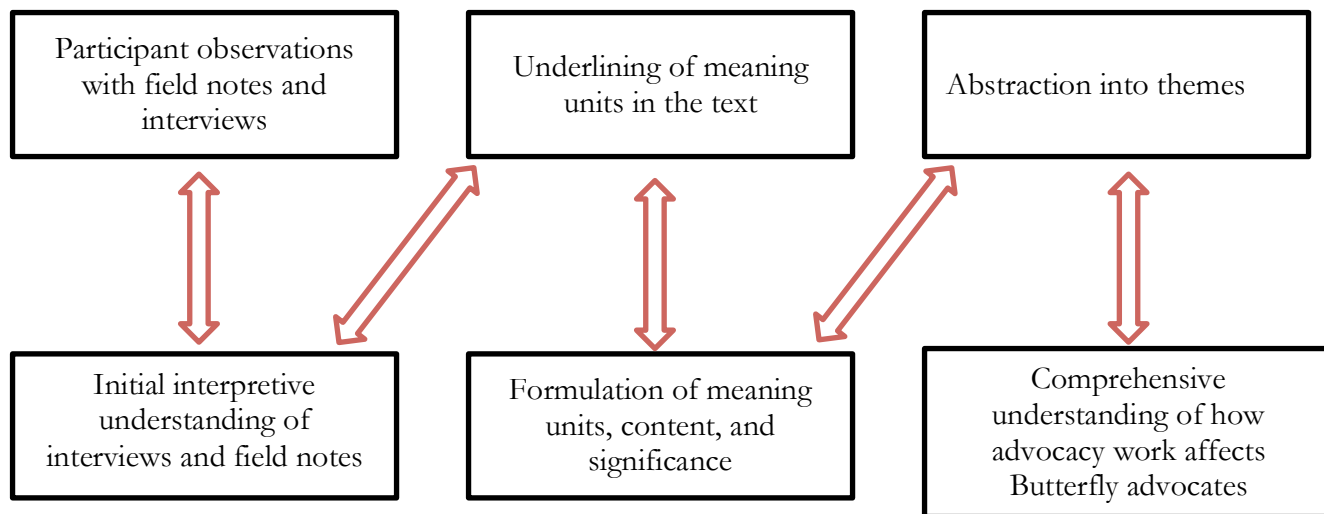


Figure 1: Dialectic Interpretive Process.

**Analyzing research question two.** The second research question asked, *in what ways can the process of FPAR facilitate change in the Butterfly agency?* For analysis purposes, it is important to define how change *can be* facilitated through the FPAR process. According to Kidd and Kral (2005), “the success of a PAR project is best measured by changes in the lives of the participants and the larger group represented by the participants, resulting from the project” (p. 189). Thus, change in the FPAR process here refers to fostering some degree of difference in the lives of the participants and their communities. Change can also derive from taking action. Within a FPAR framework, Reid et al. (2006, p. 317) define action as a:

Multifaceted and dynamic process that can range from speaking to validate oneself and one’s experiences in the world to the ‘process of doing something,’ such as taking a deliberate step toward changing one’s circumstances.

Taken together, the change facilitated through the FPAR process can be categorized as (1) the degree to which the process created immediate change for the individual advocates and the Butterfly agency as a whole and (2) the degree to which these changes may be sustainable over time. To answer the second research question, I synthesized data from (1) the reflective survey advocates filled out (Appendix I); (2) fieldwork; (3) interviews; (4) meetings; and (5) the current outcomes of the individual and organizational self-care interventions. This analysis was divided by the two categories noted above and, consistent with feminist standpoint theory, heavily drew upon the advocates’ feedback and voices.

## **Summary**

In short, feminist participatory action research served as the guiding methodology of the study. As outlined in this chapter, feminist research seeks to improve the lives of women in their current contexts and relies heavily on women’s voices in the process, which aligns with feminist standpoint theory. Thus, FPAR and IPA were appropriate to use in order to answer the research questions regarding the effects of advocacy work on the Butterfly advocates and how change

occurred in the Butterfly agency as a result of the FPAR process. Through FPAR, the Butterfly advocates were empowered to express their needs and in turn, took action to address and change these needs. In the next chapter, I expand on the findings with the Butterfly advocates that surfaced as a result of the FPAR process.



## **CHAPTER SIX:**

### **FINDINGS AND DISCUSSION**

#### **Introduction**

The purpose of this chapter is to answer the study's two questions: (1) how does advocacy work impact the Butterfly advocates and (2) in what ways can the process of FPAR facilitate change in the Butterfly agency? My goals are to expand on each research question and describe the findings relevant to these objects of analysis. First, I outline how advocacy work impacts the Butterfly advocates across relational and wellness dimensions by detailing the relationships among advocates, the agency, and the shelter participants while simultaneously linking how aspects of wellness, such as compassion fatigue, burnout, and compassion satisfaction, impact the advocates. Second, I answer the question about how the FPAR process facilitates change in the Butterfly agency by expanding on the process of FPAR, including the investigation, intervention, and evaluation stages. Furthermore, I illustrate the current changes adapted as a result of the FPAR process, such as establishing monthly shelter on-site self-care events and creating an Advocate Wellness Fund. After I discuss the findings relevant to these main research questions, I reflect on my role as a researcher throughout the FPAR process in order to situate myself within the study and to honor feminist research methods.

#### **How Does Advocacy Work Impact the Butterfly Advocates?**

I argue that advocacy work impacts the Butterfly advocates across relational and wellness dimensions, which, in turn, inspired them to implement individual and organizational self-care practices. The relational and wellness dimensions are not mutually exclusive. Indeed, the relational and wellness dimensions often overlapped with each other such that the advocates' wellness was

affected by their relationships with each other, the agency, and shelter participants and *vice versa* (see the summary to research question one on page 81). For the purpose of this thesis, I divided the aforementioned two themes into subthemes (Table 1). In this section, I elaborate on the themes in order to answer how advocacy work impacts the Butterfly advocates.

Table 1: Themes: How Advocacy Work Impacts the Butterfly Advocates.

Theme	Subthemes
Relational Dimension	<ol style="list-style-type: none"> <li>1) Advocate-to-Advocate Relationships</li> <li>2) Advocate-to-Agency Relationships <ol style="list-style-type: none"> <li>a. Hierarchies across and within job positions</li> <li>b. Discrepancies in resources, wages, and recognition</li> </ol> </li> <li>3) Advocate-to-Shelter Participant Relationships</li> </ol>
Wellness Dimension	<ol style="list-style-type: none"> <li>1) Compassion Fatigue and Burnout</li> <li>2) Compassion Satisfaction</li> </ol>

**Relational dimension.** The relationships advocates established between other staff, the agency, and shelter participants affected their working conditions and influenced their need for self-care strategies. Below, I discuss (1) advocate-to-advocate relationships; (2) advocate-to-agency relationships; and (3) advocate-to-shelter participant relationships.

*Advocate-to-advocate relationships: “If we succeed, we succeed together.”*<sup>15</sup> The relationships advocates formed with each other were critical to accomplishing daily work tasks and in recognizing the need for implementing individual and organizational self-care practices. Among the shelter advocates, there was a general agreement that their work environment was one of empowerment and dedication that fostered collective work efforts. Rachel<sup>16</sup> and The Encourager commented on the supportive work environment:

It’s an all women environment which is extremely different...it’s very comfortable...we hug each other...there’s a lot of love...[It’s] nonjudgmental and everyone’s really open. (Rachel)

I hope you see that we have camaraderie. We couldn’t do this work without support. We can agree to disagree, but we work together. (The Encourager)

<sup>15</sup>. Quote by Ruth.

<sup>16</sup>. As a reminder, all names are pseudonyms.

In addition to the comforting “all women environment” and “camaraderie” shared between advocates, several advocates compared their roles in the workplace to the roles of family members. Ruth noted, “We sort of act like we’re all sisters and in a family. Everyone has sort of like a role to play in the family.” Along with Ruth’s comment, Isabella added:

We do have a lot of different personalities here ... I think that’s what makes it a good family. A dysfunctional family, but it’s our family here.

The supportive work environment enabled the advocates to work as a “family” to accomplish work tasks and goals. Although the blend of personalities did not always allow for advocate agreement, the advocates relied on each other. Indeed, Isabella commented, “Even when you know we’re going through a hard day, we know that we can count on each other.” In this way, the empowering environment led to a strong sense of dedication among the advocates. Lisa and Ruth described the passion the advocates had for the work that allowed them to better serve survivors:

Thank God with all of these women around me. These strong women, strong advocates who are valuable and who feel fulfilled with the work that we do. They’re in it for the long run and I respect them for that...I think that’s why we’ve been able to improve so much on this shelter... on the quality of service that we give to our women. (Lisa)

Our respect and the love we have for the work that we do is what really binds us together. (Ruth)

Taken together, the love and fulfillment derived from their work fostered a culture of dedication among advocates. The advocates were comfortable in their workspace as “sisters” even if they “agreed to disagree.”

The relationships the advocates had with their co-workers created an environment that was open, productive, and supportive. Within this context, advocates were able to provide more efficient services to survivors of abuse while receiving support from co-workers. The relationships advocates had with each other enabled them to collectively come to a consensus on which work-related needs they felt were the most poignant to address. For example, even though the work environment was a

place of empowerment and dedication, the advocates recognized that their supportive relationships to each other were not enough to improve their working conditions or to mitigate the effects of working with trauma. Furthermore, advocates felt comfortable in their environment sharing their work-related needs with me and with other staff. Consequently, the solidarity among advocates empowered them to have a “if we succeed, we succeed together” mentality which, in turn, granted advocates the opportunities to (1) collectively choose self-care as their work-related need and to (2) take action to address this need by co-designing and participating in the educational intervention.

*Advocate-to-agency relationships: “We’re trying to keep the peace.”*<sup>17</sup> The relationship the advocates had with the Butterfly agency as a whole was reflective of the domestic violence movement’s shift from a feminist collective to one reflective of professionalization. This shift in structure affected the Butterfly agency by creating changes such as hierarchies across and within job positions and discrepancies in resources, wages, and recognition. I do not claim that the agency was at fault for these changes, as the shift to a hierarchical structure was imperative in order for agency survival and to receive government funds (Finley, 2010; Nichols, 2014; Rodriguez, 1988). I also do not claim that these changes were inherently negative or intentional. Instead, I argue that the shift in the organizational structure affected the shelter advocates’ work and relationships to the Butterfly agency. Moreover, this shift in the structure and resulting consequences may have influenced the shelter advocates’ desire to implement self-care practices. Here, I discuss the advocates’ perspectives on their relationships with the agency within the framework of the changes—the creation of hierarchies across and within job positions and the creation of discrepancies in resources, wages, and recognition—which resulted from professionalization.

*Hierarchies across and within job positions.* The Butterfly agency follows a non-profit business model with a CEO, senior management team (directors), supervisors, and varying

<sup>17</sup> Quote by Ruth.

levels of staff. Additionally, there are three buildings to the agency that house the administration staff, counseling staff, and shelter staff. The administration and counseling buildings are located next to each other while the shelter is located a few miles up the road in an undisclosed area. I describe the set up of these buildings to point out how the physical disconnect between the sites makes it difficult for the shelter advocates to maintain working relationships with administration and counseling staff. Aside from the monthly agency meetings, an annual Christmas party, an annual staff retreat, and miscellaneous correspondence, the shelter staff are separated from the rest of the agency. Consequently, this sense of disconnect is shared among shelter advocates in a way that advocates feel placed in an inferior position to the administrative and counseling jobs. Rachel, Isabella, and Alexis voiced their opinions about their job position standings in relation to the rest of the agency:

We're all very dislocated...It's frustrating because, you know, we're not on the same boat with everything. (Rachel)

There's friction between us...Administrative workers and counselors used to work back here in shelter, but they forget what it's like back here. (Isabella)

We are at the bottom of the totem pole and we take shit. (Alexis)

As demonstrated by the advocates' responses, there is a general agreement that the shelter advocates are placed in a subjugated job position. In our discussions, advocates felt the shelter was stigmatized by other parts of the agency. This perception of shelter as the outcast of the agency was thought to create a "friction" between sites. Accordingly, the hierarchies across agency jobs created a sense that (1) the agency was not functioning as a cohesive unit and (2) the previous shelter workers who moved on to the other sites of the agency dismissed and "forgot" the realities of working in the shelter. These collective insights among the shelter advocates illustrate the disconnect between their relationships to the rest of the agency.

In addition to the hierarchies created across job positions, there were hierarchies created

within job positions in the shelter. These hierarchies had consequences for advocate and supervisor relationships. Due to the shift to professionalization, the shelter incorporated a director of shelter position and three supervisor positions, one for the family service team, one for the shelter, and one for the legal team. Even though the shelter advocates felt they worked in a supportive, open environment, unavoidable power differentials still existed among members of the staff. For instance, there still was a “chain of command” in the workplace. Advocates had monthly and annual supervisions<sup>18</sup> with their supervisors and the supervisors had the same periodic assessments with the director of shelter. However, the advocates in superior positions were cognizant of these power differentials and shared their thoughts with me on this topic<sup>19</sup>:

For the purposes of funding, they have to have what they call supervisors...For the purposes of paper work, I'm a supervisor but...we're just a team, you know? Everything we do, we do together. If we fail, we fail together [laughs].

I never want them [her staff] to feel that I'm above them and they can't come to me.

Yes. I have to supervise people... I have to support numbers for grant reporting purposes... It's my obligation...[Just] because they [her staff] are fulfilled with this work doesn't mean that we can't keep trying to give them raises...or value them as individuals.

As supervisors, these three advocates acknowledged that they have power over their workers. Furthermore, two of the advocates commented that although they were in superior positions, these positions were created as by-products to obtain funding and entailed tasks that were obligatory, such as “supporting numbers.” All three women favored management styles that positioned them as a part of a collective “team” rather than separate and superior members, as evidenced by their support and concern for their staff.

Despite their intent to be viewed as members of a team, supervisors' actions were not always perceived in this way by their staff. For example, one supervisor introduced a report in her staff's

<sup>18</sup> Supervisors evaluated advocates on a monthly basis on their ability to effectively perform job tasks (e.g., monitor the alarms, clean the shelter area, maintain case notes). The annual supervision was more detailed regarding advocates' strengths, weaknesses, and capabilities to perform the job.

<sup>19</sup> Advocates' pseudonyms are not revealed in parts of this section in order to further protect anonymity.

monthly supervision that asked them to keep track of their hours. This report included documenting their time spent with shelter participants and documenting their time spent on other work-related activities. The intent was to bring the staff together to create an awareness of how they were spending their time in order to help them make an easier transition from the 24-bed shelter to the soon-to-be 40-bed shelter and to see which participants needed services. Unfortunately, some staff perceived the introduction of the report as a form of micromanagement. The staff believed the report was a way for the supervisor to monitor and critique the use of their time, rather than collectively fix an issue. Indeed, the supervisor commented, “the staff were offended.”

Along with this example, two advocates often disagreed about management styles. One advocate recognized that her boss was under a lot of pressure to maintain a schedule and “to put out the numbers.” However, maintaining a schedule in the shelter was difficult because of the constant flow of shelter participants and the unpredictability of events. This advocate shared her concerns regarding management with me:

We come from two different worlds when it comes to management...She [her boss] wants me to be more aggressive with my staff. I worked in the union for 18 years and I saw how that kind of boss works and what that does to people...I was traumatized by my old boss.

This advocate’s quote on management illustrates a hierarchy present between shelter workers. As noted earlier, both women seem to favor management styles that are collaborative rather than individualistic and recognize that their positions have power over workers. In this case, the quoted advocate viewed her boss’s management style and comments as forms of micromanagement. That is, her perceived best practices of management with her staff as a collective were ignored in favor of following her supervisor’s individualistic approach. I touch upon this example along with the others in this section to demonstrate how complex the hierarchies are within the jobs at the shelter and how the relationships between workers are cooperative, but simultaneously contested.

*Discrepancies in resources, wages, and recognition.* In conjunction with hierarchies in the shelter jobs and across agency jobs, the discrepancies in resources, wages, and recognition impacted Butterfly advocates' working conditions and their relationship to the agency.

First, shelter advocates often felt they had to "beg for resources." Isabella shared how difficult it was to receive resources for the shelter participants:

We have to jump through hoops to get stuff for the shelter...Why do I have to, you know, beg and plead for something that you [administration] said they could have and then when we need it, it's like pulling teeth?

Lisa was also frustrated by an unintentional mistake made in a contract by the former CEO, which allotted a budget for three cameras instead of five cameras in the shelter. This slight overlook in detail caused the shelter to sacrifice safety and added the pressure to find alternative funding (or perhaps use already diminished internal funding) to buy more cameras.

Second, the shelter advocates noticed a discrepancy in wages. There was reason to believe among advocates that shelter staff got paid the least out of all of the staff in the agency. Several advocates remarked that the shelter staff made less than employees working at McDonalds and did not receive raises in over three years. In our interview, one advocate<sup>20</sup> expressed her aggravation with the pay dynamics:

I didn't understand coming in how prevention gets paid more than people that actually are doing the work getting people back on their feet. I know prevention is one of the biggest things...I don't know.

This concern with the pay dynamics revolved around the fact that shelter workers did the direct work with shelter participants on a 24/7 schedule. Not only was this work physically draining, it was emotionally draining without the ability to clock in and clock out at the same time every day.

In a similar vein to wage and resource discrepancies, the shelter advocates sensed a lack of recognition for their work. Advocates noted that a pay raise would serve as a valid form of

<sup>20</sup> Advocate's pseudonym is not revealed in this quote in order to further protect anonymity.



recognition, but knew this was not a possibility. Instead, Isabella and Lisa offered alternative ways to receive adequate recognition from the agency:

I think announcing that you know, we don't want a gold medal or an annual raise, it would be nice to have one, but I know we can't but, you know, just say, 'Hey been there done that. I know how that is.' (Isabella)

I don't wanna be the only one valuing my advocates. I want our other programs to value our advocates. I want other agencies to value them. (Lisa)

Both Lisa and Isabella believed that simple validation of their work efforts was a valuable form of recognition. In an earlier conversation with Lisa, she disclosed that it was helpful when the CEO checked in on the shelter staff on occasion. For example, one day the shelter had problems with the sewer and the CEO made an on-site visit to see if the advocates needed assistance. Lisa was shocked by the new CEO's kind gesture, as the old CEO assumed the shelter staff would just "figure it out." Furthermore, Isabella recommended that the staff from the administration and the counseling centers swap jobs with the shelter advocates when they were short staffed in order to "give [her] staff a break."

The advocates' intent in expressing recognition, wage, and resource discrepancy was not to create an "us vs. them" dichotomy, with the shelter advocates in opposition to the agency. Rather, the advocates reflected on their own standings and questioned (1) why, in comparison to other jobs that required what they perceived as less work, were they making less on the agency scale; and (2) how could they work together with the agency to address these discrepancies. Furthermore, the advocates acknowledged that the lack of resources including pay was a manifestation of society's failure to take domestic violence seriously and to fund prevention and sustainable agencies in the field. On the whole, the advocates understood that Butterfly was a non-profit agency that was fighting an uphill battle with limited funding and resources, especially in a rural community. Rachel and Lisa brought these points together in their statements:

This is a very materialistic society...If you sell me something good and pretty then I'll pay \$600, \$700 for that...If you give me a weeping woman, a broken down woman, a broken down child, a raped child, they don't deserve \$600 out of your pocket...It doesn't even make sense to me. (Lisa)

We could be funded this week but next week they could take it away. It's like the state doesn't really want this [victim advocacy services] to work, you know? (Rachel)

Together, their statements reveal the lack of an investment society has in acknowledging the larger problem of domestic violence. In turn, these attitudes help to shape the current discrepancies the shelter advocates face.

Still, resource, wage, and recognition discrepancies impacted advocates' jobs, relationships with the agency as a whole, and their desire to implement self-care practices. For example, requesting self-care on an organizational level was one way for the advocates to receive recognition from the agency. Integrating self-care into the policies and culture of the agency was a method to change the relationships between the shelter and the agency and to recognize that advocates' work is challenging, yet underpaid. While advocacy work at the Butterfly agency is a job immersed within hierarchies, addressing the power differentials both within and between jobs is one way to call attention to unintentional, reproduced inequalities while "trying to keep the peace" throughout the agency.

*Advocate-to-shelter participant relationships: "There's always going to be somebody that's going to touch your life."*<sup>21</sup> Finally, in the relational dimension, the shelter advocates' relationships to the shelter participants influenced their work and need for self-care practices. From our time together, it was evident that the advocates participated in various forms of care work and emotional labor with the shelter participants.

Care work for the advocates encompassed a variety of face-to-face services that empowered participants (England et al., 2002). Advocates actively worked to empower survivors of domestic

<sup>21</sup> Quote by Isabella.

violence, including women and their children. The care work with participants started the moment they entered the shelter. For example, in one of my visits to Butterfly, I observed The Encourager conduct an intake interview. I watched closely as she calmly explained the ground rules to the new participant and offered a few words of advice:

Be honest and straight with me... Things will not shock me and I will not judge you... I believe in you and will empower you on your mission.

Establishing rapport with incoming participants was normalized in the agency, as demonstrated by The Encourager's words. Advocates, through their body language, words, and actions, created an ethics of care<sup>22</sup> in the shelter for the participants. In particular, I observed separate intake interview in the shelter. On this occasion, the shelter advocate spent an hour listening to the participant tell her story despite having a checklist to go over with the woman about the shelter living arrangements and protocol. In this way, the advocate provided care to the participant, as she actively listened to the woman's story and engaged with her until the participant felt grounded.

The advocates, through case staffing meetings and holiday events, also conducted care work with the shelter participants. The purpose of the case staffing meetings was to ask participants about their current progress in regards to finding a job, locating alternative housing, and other concerns specific to the individual participant. Case staffing meetings were optional, but highly encouraged for the participants. These meetings provided another opportunity for the advocates to practice empowerment with the participants and to guide them along their journeys. In addition to case staffing, advocates conducted care work by making sure the participants were included in holiday festivities. For instance, advocates catered a Christmas dinner for the shelter participants and

<sup>22</sup> "Ethics of care" is a term from Carol Gillian's (1982) *In a Different Voice*. Gilligan critiqued Kohlberg's theory on moral development. Kohlberg believed that the highest level of morality a person could achieve was objectivity through abstract reasoning. Additionally, he claimed that few women reached this stage of morality due to having poor reasoning skills. Gilligan opposed Kohlberg's view and believed that women engaged in a different, not inferior, morality process. In this sense, Gilligan claimed that women incorporated an ethics of care in moral development, which prioritized relationships over objectivity and abstract reasoning.

provided toys for the women and children in the shelter. Moreover, on Valentine's Day, the advocates handed out balloons, make-up, and chocolate to the shelter participants. Together, the holiday planning and case staffing meetings demonstrated how advocates took extra time to incorporate an ethics of care into the shelter environment.

Empowering participants and conducting care work were not always uplifting tasks for the Butterfly advocates. Managing the challenges of communal living and providing comprehensive care to all participants could be painstaking tasks at times for shelter workers. For example, since the shelter was open 24/7, the participants had the option of seeking assistance from the advocates on duty at any time. Sometimes, the advocates felt the participants were "too needy." Even though Butterfly operated from an empowerment model, the advocates provided basic resources to participants (e.g., medicine, laundry detergent). Thus, the constant flux of participants in the shelter advocate office combined with the various needs of the shelter participants forced the advocates to extend their care work duties. Furthermore, managing communal living created other unique and challenging scenarios for advocates. Advocates had to monitor conflict between participants, contain the spread of sickness, treat bug infestations, and clean while simultaneously tending to the hotline and performing other job related tasks. The direct services, varying needs, and unpredictability of shelter life created more work and responsibilities for shelter advocates. Due to the "different hats" advocates wore and the various job tasks shelter advocates faced, Ruth stated, "You're not only an advocate. I'm sorry."

Not only did the advocates have extensive knowledge about community resources, they were cognizant of the comprehensive care needs of incoming women. For example, during my time at the shelter, there were participants who were undocumented, participants who identified as lesbians, and participants who were intersexed<sup>23</sup>. Advocates had to implement comprehensive care

<sup>23</sup> A person who is born with both male and female genitalia or chromosomes. See Anne Fausto-Sterling's (2000) *Sexing the Body: Gender Politics and the Construction of Sexuality*.

that was sensitive to the intersections of race, class, sex, gender identity, sexual orientation/identity, (dis)ability, age, and culture. Lisa shared a story with me pertaining to the challenges of attending to the comprehensive care needs of a woman who was elderly and disabled:

We had bunk beds...the only bunk bed available at that time was a top bunk and I remember having to tell this lady, 'Oh, you know, this is your bed. It's a top bunk' and logically thinking, how the heck can she get up there? Knowing that I can't care for her. I can't be her nurse...Two nights later she fell off her top bunk bleeding all over the place.

As illustrated by Lisa's story, the shelter at the time (when she started 14 years ago) was not conducive to the needs of the woman who was elderly and disabled. Lisa told me that it took six months for her supervisors to change this participant's bed. Thus, while important, implementing comprehensive care creates an additional burden on the advocates to provide resources to the participants and to receive training on a variety of needs and issues.

Care work performed by the advocates also included regulating their emotions and attachments to participants in accordance to agency rules (i.e., emotional labor; Hochschild, 1983). Due to professionalization, advocates could not touch the shelter participants and were encouraged not to form friendships with the participants. Returning to the story regarding the woman who was both elderly and disabled, Lisa informed me that she could not "even touch her to help her because those are the expectations that are placed on us." Furthermore, Isabella commented on the challenges of agency expectations and providing care to the participants:

Our directors expect us to have that boundary where you have no personal relationship and no bond, but that's impossible...I will embrace that person because that person has to feel that they're important. That they are not another number... They have a name. They have feelings. They have needs. They're in crisis. They have a story.

Isabella's comments on agency expectations and the care giving attachment are reflective of the emotional labor the advocates must perform to successfully conduct their jobs. Although the agency tried to make shelter women "feel at home," (e.g., women in the shelter were referred to as "participants" instead of "clients") the advocates still provided a service within a job context to the

participants and were bound by the rules of the agency. Even so, it was difficult to avoid bonding with the participants since the advocates “work where they live.” Isabella elaborated on this point:

My biggest challenge, I think, is my heart. It is easy to become attached and emotionally drained from this...Know your boundaries with the participants here but not so much that they're going to feel you're not approachable...You have to be friendly with them but always know that they're not gonna be your friend.

The advocates recognized the rules were there to protect them as workers and learned how to adapt to the rules, but still felt they were “unreasonable” in this line of work. Lisa and Isabella expressed their feelings about the rules and performing advocacy work:

I had to do more than just accept the rules. I felt like as a victim advocate, I had to stand up not only for my rights, but for the rights of the victims...People around me weren't trying to take my rights away...They were just doing what they knew had to be done for liability purposes...to protect you as a victim advocate...Knowing all of that, I just learned how to say things. (Lisa)

I could see the pros and cons [of the rules]...I don't think there's any way around it [bonding] unless you're cold hearted and then this is not the job for you. (Isabella)

In addition to the emotional labor performed by shelter advocates in regards to forming bonds with the shelter participants, advocates also performed emotional labor when participants were not complicit with the services given. Rachel conducted an exit survey with a participant who was extremely unhappy with the services provided in the shelter. Rachel told the participant to be honest with the questions on the exit survey and even mentioned, “Anything you say won't hurt my feelings.” Rachel calmly and professionally responded to the participant's difficult answers to the exit survey questions. In this scenario, Rachel managed her emotions during the exit interview to reflect professionalism despite the participants' negative feedback that minimized Rachel's care work efforts as an advocate. With the empowerment model, advocates actively tried to assist all of the women in the shelter, but knew realistically that they could not meet everyone's needs and expectations.

Advocates' performances of care work and emotional labor continued once the shelter participants left Butterfly. Often times, the participants maintained a relationship with the Butterfly agency and with the advocates. For instance, some of the shelter participants attended the same churches as the advocates or volunteered for Butterfly. This continuity of relationships between advocates and participants was not surprising, as the community was rural and future contact with participants was likely to occur (Sudderth, 2006). Still, there was a level of concern among advocates regarding the participants who did not maintain contact with the agency. Ruth mentioned that the hardest part of her job was asking what she "could have done better" after the participants left.

Isabella also commented on the challenges when participants left the shelter:

When they leave...we will miss the person...we worry [about] where they are going or if they went back to the abuser.

Ruth and Isabella's ongoing concerns for the shelter participants demonstrate an ethics of care coupled with emotional labor. Both women worried about what they could have done better as advocates or felt concern regarding the women's futures. However, they remained professional (e.g., they did not contact these participants) and adjusted their emotions by telling themselves "it's out of our hands."

By participating in advocacy work, the advocates managed emotional labor and engaged in care work through their relationships to shelter participants. As evidenced by the previous situations, the relationships advocates formed with participants created additional work on behalf of the advocates, whether this was through providing care or managing emotions. During the study, the shelter was under construction. In this context, advocates had to complete more care work with the shelter participants such as moving the participants to different rooms and being extra sensitive to their needs when certain amenities became unavailable (e.g., the laundry room).

Part of the additional workload placed on advocates is a consequence of professionalization. For instance, professionalization requires that advocates do not form personal relationships with the

shelter participants and act professional in situations that are challenging to the advocates. Providing care to the shelter participants becomes more difficult because the advocates must navigate a fine line between being a friend to the participants and being a professional helper to the participants. Furthermore, in situations such as negative shelter exit interviews and participant-to-participant conflicts, the advocates must remain professional despite the ways shelter participants treat them and each other. Together, managing emotions with shelter participants and being cautious about crossing professional boundaries (e.g., cultivating friendships with shelter participants) placed a strain on advocate-to-shelter participant relationships while simultaneously increasing advocates' workloads.

Thus, the increased workload influenced the advocates' request for choosing self-care as their work-related need. To the advocates, self-care on an individual level was a way to "refuel" from managing care and emotional labor. Incorporating self-care on an organizational level provided a way to transform advocacy work by shifting the burden of care work traditionally solely placed on individual women, from the advocates, to the agency as a whole. Since, "there's always going to be somebody that's going to touch your life" in advocacy work, in addition to care work and emotional labor, creating ways to manage these aspects is critical to advocate and agency functioning.

*Relational dimension summary.* In short, the relationships shelter advocates formed with shelter participants, with the agency, and with co-workers had implications for both their work and their desire to incorporate self-care strategies. For example, shelter advocates worked efficiently together as a team to provide effective and transformative services to survivors. As disclosed in our interviews, the advocates' relationship to the administration reflected tenets of professionalization by constructing hierarchies across jobs and within jobs and by creating a perceived gap in resources, pay, and recognition. Moreover, the advocates performed empowerment, care work, and emotional labor with the shelter participants in an effort to establish



rapport and an ethics of care with the survivors of abuse. The relationships shelter advocates had with the shelter participants and the agency required them to conduct more work, whether this was managing emotions and their relationships with the shelter participants in accordance to professional regulations or navigating the disconnect between shelter workers and the rest of the agency. The empowering relationships the shelter advocates had with their co-workers enabled them to mitigate the relational strains of both the agency and the shelter participants. Overall, aside from the aforementioned relational strains, the relationships between the shelter advocates and the agency and between the shelter workers to each other enabled empowering relationships to form with shelter participants.

Interestingly, the relationships shelter advocates had to the larger agency and to the shelter participants constructed a narrative reflective of the literature on care work and women (England et al., 2002; England, 2005; Glenn, 1985; Kittay et al., 2005; Ruddick, 1989). Specifically, within the Butterfly agency, shelter advocates conducted care work by providing forms of nurturing and direct services to the shelter participants and by engaging in emotional labor. Furthermore, shelter advocates felt underpaid and felt their work was devalued by the agency. Additionally, all of the shelter workers were women, with a majority of the participating advocates identifying as women of color. Consequently, the Butterfly agency replicated the classed, gendered, and raced dynamics of care work on an agency scale<sup>24</sup>, as the shelter advocates conducting care work (1) were potentially underpaid in comparison to the rest of the agency; (2) were women; and (3) were (mostly) women of color.

As the chosen work-related need, self-care became a way for advocates to improve their working conditions and relationships across these three relational dimensions. Thus, self-care served

<sup>24</sup> According to the literature, counselors also engage in care work and emotional labor with clients (e.g., Powell-Williams et al., 2013). Thus, it is likely that both the shelter advocates and the counseling staff performed care work and emotional labor with shelter participants. However, I would argue that the shelter staff performed higher degrees of care work and emotional labor, as they worked with participants on a 24/7 basis rather than by appointment. Since I did not conduct research with the counseling staff, I cannot make claims about their sexes, races, or classes. I am aware that the pay discrepancies across the agency may be due to level of education and experience, although there were a few advocates with Master's degrees in shelter who believed they made less than counselors. Consequently, pay dynamics are complex, especially across sex and race lines.

as a tool for advocates (1) to form solidarity and to work as a collective to change their working conditions; (2) to obtain more recognition from the agency regarding the challenges of their work; and (3) to structurally shift the burden of care work from individual advocates to dividing the work among the agency as a whole.

**Wellness dimension.** In addition to the relational dimension, advocacy work impacted advocates on a wellness<sup>25</sup> dimension that promoted their need for individual and organizational self-care interventions. I divided the wellness dimension of advocacy work into the categories of (1) compassion fatigue and burnout and (2) compassion satisfaction. The wellness dimension intersects with the relational dimension such that both entail emotion work, care work, empowerment, and aspects of professionalism (see research question one summary on page 81).

*Compassion fatigue and burnout: “I’m not Superwoman.”*<sup>26</sup> The shelter advocates experienced elements of compassion fatigue and burnout, which in effect, impacted their working conditions. According to the ProQOL survey, compassion fatigue and burnout rates were low among advocates (Table 2).

Table 2: Advocates’ Average Scores on the Professional Quality of Life Scale (ProQOL).

Measure	Score
Compassion Fatigue (Secondary Traumatic Stress)	21.8 (low)
Burnout	21.6 (low)
Compassion Satisfaction	41 (average)

Furthermore, the average psychological self-care score on the Self-Care Assessment was the lowest scoring self-care category among all advocates (Table 3). Both of these measures are based off of universal statements and do not take alternative, individual experiences of the advocates into account. However, the data from the questionnaires coupled with my interviews and fieldwork notes

<sup>25</sup> I originally used the phrase “emotional dimension” since the nature of advocacy work affected the advocates on emotional levels. However, “emotional” is a complex term with gendered implications. Therefore, I chose to use the term “wellness.”

<sup>26</sup> Quote by Ruth.

suggest that some form of job stress, whether reflective of compassion fatigue or burnout, was present among shelter advocates and thus, impacted their wellness as workers. In turn, these constructs related to job stress had ramifications for advocates' jobs and for the self-care intervention.

Components of compassion fatigue surfaced in advocates' narratives regarding listening to traumatic stories and watching staff become affected by the stories. Rachel and Isabella commented on the emotional aspect of listening to other people's stories:

It's a lot emotionally and physically...I feel like we [shelter advocates] get more of the emotional part of it... dealing with other people's problems and hearing them all the time...gets overwhelming. (Rachel)

I've lost sleep thinking about some of the participants here or a call that I have gotten and they didn't come in. (Isabella)

Both Rachel and Isabella experienced a degree of the persistent arousal effect of compassion fatigue by the constant inundation of traumatic stories and loss of sleep (Figley, 1995). Due to these heightened emotional aspects of the job, Ruth felt concerned when compassion fatigue affected the staff. She explained this concern to me:

The signs that you see [of compassion fatigue]...they [the staff] can see it on everybody else. It's themselves they can't see it in. When I hear them [the staff] talking...there's certain things you listen for, and [if] I have to question you losing your compassion for these women... I'm gonna ask you.

According to Ruth, staff were unable to recognize the warning signs of compassion fatigue in their own lives, but easily saw the signs in their co-workers. As Ruth mentioned, the workers may start to "lose compassion" for the survivors via compassion fatigue. In this way, compassion fatigue had the power to affect not only the advocates, but to affect their services provided to shelter participants.

Along with compassion fatigue, elements of burnout were evident in advocates' comments pertaining to emotional exhaustion. For example, one day after a week away from the shelter, I

Table 3: Advocates' Average Scores on the Self-Care Assessment.

Measure	Score
Spiritual Self-Care	2.20
Emotional Self-Care	1.95
Balance	1.92
Workplace/Professional Self-Care	1.90
Relationship Self-Care	1.56
Physical Self-Care	1.55
Psychological Self-Care	1.28

returned and found Isabella more overwhelmed than usual. She explained how frustrated she was with the work:

Monday was just fire, after fire, after fire! It was chaos in here with violence, drugs, and random room inspections. I ended up staying extra hours to deal with it all... I wanted to quit for the first time in three years! I get so tired of putting up with everything.

Isabella's frustrations with the dynamics of shelter work were common experiences among the shelter staff. As mentioned previously, navigating communal living in addition to completing expected job tasks took a toll on the advocates' physical and mental health. In Isabella's case, the events of the week's work combined with the long hours almost pushed her to quit.

The fast pace of the work in conjunction with long hours and low pay subjected advocates to some degree of burnout. For instance, Rachel mentioned, "working here longer...I could feel myself getting more tired." Additionally, in our interview, The Encourager told me, "We're busy, but we keep moving." Although the advocates did not label their experiences as burnout, parts of their experiences, such as emotional exhaustion, meet the textbook definition of burnout. Interestingly, Ruth believed that advocates did not experience burnout. She shared why she felt this way regarding burnout:

People in our field...they don't suffer from burnout. People that work with money...corporate America suffers from burnout. I say we suffer from vicarious trauma...Vicarious trauma is not something that may happen to you. It's something that will happen to everyone involved in these kinds of careers.

In her explanation, Ruth believed that advocates “suffered” from vicarious trauma rather than burnout. Vicarious trauma centers on the cognitive changes people in helping professions experience about the self, others, and the larger society as a result of working with trauma (Pearlman & Saakvitne, 1995). Regardless of how advocates labeled job stress (e.g., compassion fatigue, vicarious trauma) or how their experiences incorporated elements of job stress (e.g., burnout), the nature of advocacy work affected advocates’ wellness.

Taken together, these experiences explain how engaging in advocacy work influences advocates’ wellness. These feelings of compassion fatigue, burnout, and vicarious trauma are normal by-products of conducting work in trauma-related fields (Figley, 1995). Indeed, Ruth noted, “I am touched like I should be touched by somebody else’s pain and sorrow.” Even though aspects (e.g., compassion fatigue, vicarious trauma) of advocacy work are “occupational hazards” (Figley, 1995) for advocates a culture of secrecy surrounding these aspects of work existed at the Butterfly shelter. That is, speaking about these consequences of advocacy work was stigmatized in the workplace.

Rachel and Ruth offered their insights these aspects and advocacy work:

We all know we’re struggling, so we’re all extra nice to each other...It’s [the struggles advocates face] kinda unspoken. (Rachel)

I don’t want anyone to think that my job is getting to me...I don’t want my supervisor or director to think that, you know, I’m burned out...freaking women shelter staff can’t get their shit together type of thing. (Ruth)

Here, both Rachel and Ruth acknowledged that advocacy work had an effect on the workers, but these effects remained “unspoken” even if the advocates were “extra nice to each other.” Furthermore, Ruth pointed out that speaking about the burnout or the consequences of advocacy work would make her look unfit to perform her job. Ruth also worried that disclosing the stress in the workplace may make the shelter staff look weaker in comparison to the rest of the agency, which would further stigmatize the shelter and further potentially strain relations between agency sites.

However, the failure to address the effects of working with trauma resulted in a high turnover rate in the Butterfly shelter. Due to the turnover rate and the effects of working with trauma, Ruth was enthusiastic about the agency incorporating training on vicarious trauma and compassion fatigue. She said, “I think we just need to start talking about it [vicarious trauma]...We need training on vicarious trauma... if you’re not addressing that [vicarious trauma], you think your turnover rate is high now? It’s gonna get worse.”

Seeing that working with trauma impacted advocate wellness to a degree, the advocates chose to implement self-care strategies to alleviate the effects of working with trauma. Employing self-care on individual and organizational levels had a two-fold function. First, it normalized, rather than stigmatized, the effects of working with trauma. Advocates created a dialogue on why self-care was important to practice on an organizational level and began to talk about compassion fatigue, burnout, and vicarious trauma. Second, incorporating self-care into the organizational culture provided opportunities and resources for advocates to engage in on-site and individual self-care practices. In acknowledging the effects of working with trauma and normalizing them in the workplace, self-care became one way to bolster worker wellness and organizational functioning while recognizing that shelter advocates were not, and did not have to be, “Superwomen.”

*Compassion satisfaction: “You are working for the underdog.”*<sup>27</sup> The Butterfly advocates felt a great sense of enjoyment from the work they engaged in with survivors. Several of the advocates commented that they “loved” their jobs. Compassion satisfaction was evident via advocates’ average compassion satisfaction scores on the ProQOL (Table 2). In fact, their average score was only one number below the “high” category on the ProQOL. The advocates primarily found strength in helping others and in learning about themselves through partaking in this line of work.

<sup>27</sup> Quote by The Encourager.

One way advocates exhibited compassion satisfaction was through their experiences of working with survivors. Specifically, advocates thrived when shelter participants found their voices and gained strength after being in abusive relationships. Lisa and Isabella commented on their enjoyment of watching women grow:

I like seeing the people succeed. Not because of me. Not because of anything I did, but because I might have been a little grain of sand in their pile. (Lisa)

When we see the women here that came in that never did anything for them because they were in a relationship of control...to see them bloom here...to see them find their voices...It's like wow. Okay. This is what I do and why I do what I do. It is amazing. (Isabella)

Lisa and Isabella enjoyed their role as advocates in assisting survivors of abuse by being “a little grain of sand in their pile” or by using the empowerment model. These advocates acknowledged that while their roles as advocates were important in guiding the women, they were not fully responsible for the transformation of the women. That is, the survivors empowered *themselves* with encouragement from the advocates.

The Butterfly advocates also found compassion satisfaction in recalling what they learned on personal levels since beginning advocacy work. Isabella and Lisa spoke strongly on this aspect of compassion satisfaction:

I've grown as a person...It has made me a better person as far as listening skills... and caring and not being judgmental...definitely been a very humble experience, you know? (Isabella)

Being a woman, being a Hispanic woman of a different language coming into this world...I thought that's the role that I had to play in this society... When I came here, I not only was taught how to empower women, I was taught how to empower myself.... I learned that I could be a strong woman. I had power...What I said had power. I started believing in myself. (Lisa)

Both Isabella and Lisa grew as people from advocacy work. For Isabella, the work humbled her and taught her how to become a more caring, “better person.” Advocacy work also allowed Lisa to grow as a “strong woman.” In our interview, Lisa disclosed that her first job was in a retail store with “elder white females” who called her “the brown little girl.” Due to this experience, she felt

“pessimistic as to what [her] future was going to hold.” Advocacy work enabled Lisa to believe in herself and empower other women, rather than remain confined to playing a gendered and raced role in American culture.

Overall, the Butterfly advocates experienced compassion satisfaction as they learned about themselves personally and derived a sense of joy from helping other women. Compassion satisfaction may have served as a way to diffuse advocates’ levels of compassion fatigue and burnout (Conrad & Kellar-Guenther, 2006). Despite working long hours and receiving low pay, advocates “loved” their jobs enough to continue their work as Butterfly shelter advocates. Thus, implementing self-care strategies was a way for the advocates to continue deriving rewards from their jobs and to foster a culture that continued to make positive contribution to their jobs. After all, the advocates were “working for the underdogs.”

*Wellness dimension summary.* Altogether, advocates’ experiences with compassion satisfaction, burnout, vicarious trauma, and compassion fatigue affected their work. Advocates constantly endured long hours and listened to multiple traumatic stories, yet derived a great sense of internal rewards from their jobs. Under these circumstances, the desire to implement self-care practices was based on (1) normalizing the effects of trauma work in the workplace; (2) holding the organization accountable for providing opportunities to practice self-care and for providing resources on self-care; (3) reducing employee turnover; and (4) maintaining and increasing compassion satisfaction at work.

**Summary: Research question one.** Based on the findings, it is evident that advocacy work impacted advocates across wellness and relational dimensions. Stated earlier, these two dimensions are not mutually exclusive. The relationships advocates formed with each other, the agency, and with shelter participants affected aspects of their wellness (i.e., compassion fatigue, burnout, and compassion satisfaction).



First, the shelter advocates' relationships to their co-workers influenced their levels of compassion fatigue, burnout, and compassion satisfaction. For example, the staff's perceived micromanagement by supervisors may have contributed to higher levels of burnout, which is consistent with the literature on burnout levels and non-supportive supervision (Grant, n.d.). Furthermore, the culture of secrecy among the advocates regarding the negative effects of working with trauma resulted in turnover while the effects of trauma (e.g., compassion fatigue) were visible among the staff. Additionally, the advocates' relationships to each other resembled elements of compassion satisfaction, as they gained empowerment and support from each other.

Second, the shelter advocates' relationship with the Butterfly agency affected their wellness across the three constructs. The strained relationship among the shelter advocates, the administration, and counseling staff caused shelter advocates to experience (1) a sense of inferiority; (2) a lack of recognition; and (3) long hours with low pay. These aspects of the strained relationship are all risk factors for increased compassion fatigue and burnout levels respectively (Iliff & Steed, 2000; Slattery & Goodman, 2009; Sprang et al., 2007). Moreover, the lack of training on compassion fatigue, burnout, and self-care on an agency wide level created a climate where the shelter advocates felt uncomfortable discussing these consequences of their work without it seeming like "shelter staff [couldn't] get their shit together." In conjunction with influencing burnout and compassion fatigue, the relationships the shelter advocates had to the agency also encompassed elements of compassion satisfaction. For instance, the advocates had occasional staff retreats and cookouts with the agency. Furthermore, the shelter staff and the counseling staff had a "words of encouragement" activity where the women drew staff members' names from a hat and wrote down positive qualities about that particular staff member.

Third, the shelter advocates' relationships with the shelter participants affected their levels of compassion fatigue, burnout, and compassion satisfaction. For example, the care work conducted by

the advocates (e.g., managing communal living and comprehensive care needs, planning special events, holding case staffing meetings, and providing empowerment counseling) created an additional workload for the advocates, elevating a risk for burnout (Bemiller & Williams, 2011). Additionally, the shelter advocates' performance of emotional labor with the shelter participants (e.g., maintaining boundaries with the participants, navigating professionalism standards, and managing the physical and emotional consequences of their jobs) echoed components of compassion fatigue. One way emotional labor connected to compassion fatigue was via advocates' loss of sleep over certain participants (Figley, 1995). Compassion satisfaction was evident among the advocates' relationships to participants in the shelter through their love of their work in empowering women and watching the survivors gain strength after abuse.

Taken together, the intersections of the wellness and relational dimensions prompted the advocates to choose self-care as their work-related need. In the next section, I discuss how the process of FPAR addressed aspects of these two dimensions and self-care to create change for the Butterfly shelter advocates.

### **In What Ways Can the Process of FPAR Facilitate Change in the Butterfly Agency?**

I argue that the process of FPAR facilitated change in the Butterfly agency by successfully implementing sustainable individual and organizational self-care interventions with shelter advocates. In this section, I first describe the process of FPAR the advocates and I engaged in. Then, I draw on the advocates' feedback to explain the changes resulting from the interventions. Together, the FPAR process and the intervention outcomes established change for the Butterfly agency.

**Process of FPAR.** Previously noted, I divided the FPAR process into three phases (i.e., investigation, intervention, and evaluation). In this section, I outline the process and findings from the investigation and intervention phases.

*Investigation phase.* During the investigation phase, I worked with the advocates to learn more about their work context and work-related needs. Within this time frame, advocates took the advocate defined work-related needs survey, discussed their current self-care practices, and explained what they hoped to get out of the project relevant to self-care.

*Advocate defined work-related needs survey.* After our discussions over a three-month period, advocates narrowed down their work-related needs to:

- 1) Implementation of self-care strategies;
- 2) Increased recognition from other staff, supervisors, administration;
- 3) Increased communication between the front office and shelter;
- 4) Regular staff retreats/spending more time together as a group; and
- 5) Swap jobs between staff temporarily.

In late January 2014, I approached the advocates and presented them with the previous list of advocate defined work needs. I asked them to choose one or two work-related needs that they wanted to prioritize for the study. Five of the six advocates selected the implementation of self-care strategies while one chose increased recognition from other staff, supervisors, and administration. Since a majority of participating advocates chose the implementation of self-care strategies, this became the work-related need we decided to move forward with for the study.

*Advocates' current self-care practices.* When I first started research at the Butterfly agency, a degree of self-care was integrated on individual and organizational levels. For example, on an individual level, a few of the advocates practiced self-care. Ruth would journal, sketch, paint, and take long road trips. Furthermore, Ruth established a self-care ritual when she came home from work. She shared her ritual with me:

I get in my car here...I drive home...The first 20 minutes to half an hour, I don't wanna have interaction...caz it's too much...so I need to wind down before we get into any family thing...As I park, they'll [her husband or daughter] come out with a cup of coffee. So I'll sit outside. I won't even enter my home with any...feelings still on me.

In addition to Ruth's self-care ritual, other advocates found attending church or involvement with religion or spirituality important to their self-care<sup>28</sup>. Indeed, on the Self-Care Assessment, the highest scoring category was spiritual self-care (Table 3). Advocates were not allowed to talk about religion to shelter participants unless the shelter participants discussed it first, per the rules of the National Coalition Against Domestic Violence. Nonetheless, spirituality enabled the advocates to create an atmosphere of faith and helped the advocates cope with the negative effects brought on by life or work.

One of the first things I noticed when I walked into the advocates' offices was a strong presence of faith and spirituality. For example, Lisa had a framed quote that read:

Just think. You're not here by chance but by God's choosing. His hand formed you and made you the person you are. He compared you to no one else—you are one of a kind. You lack nothing that His grace can't give you and He allowed you to be here at this time in history to fulfill His special purpose for this generation.

Other advocates had crosses and positive quotes (e.g., hope, faith, love) displayed in their offices. Together, these visible elements of spirituality created a serene, welcoming environment. In addition to the physical environment, advocates fostered a spiritual environment amongst themselves. For example, Lisa informed me that Ruth sent morning text messages on occasion to the shelter advocates. One message read:

Ladies, this is gonna be a good day...You're gonna have a smile on your face by the end of the day. We look forward to this beautiful day that we have been given. (Ruth)

This text message does not mention church, God, or religion, but evokes a sense of spirituality through the "beautiful day we have been given" line.

Spirituality also served as a way for advocates to work through despair and to cope with traumatic stories. Isabella, Rachel, Lisa, and Ruth shared how religion/spirituality allowed them to cope with negativity:

<sup>28</sup> Spiritually is defined as "the personal, subjective side of religious experience" (Hill & Pargament, 2008, pp. 3-4) while religion is noted as, "a fixed system of ideas or ideological commitment" (Hill & Pargament, 2008, p. 3). The Butterfly advocates used both terms interchangeably, with some advocates identifying as more spiritual and others as more religious.

I love God...God comes first in my life before anything...That's how I make every day, you know, the air that I breathe and [He] is the person that gives me the energy every day because I'm constantly in pain. (Isabella)

Religion is kinda like a getaway...I feel it does help a lot and like emotionally when things get hard...you can always turn to that. (Rachel)

I believe in God. I am a Christian. As an advocate, I think I'm very spiritual and I think that it helps me through the day. It helps me overcome a lot of frustrations. (Lisa)

When one story is too much, I know that I have to give it up to my God and say...I can't change her past. I can't even touch her future...and I'm gonna allow you to change that...I can't carry her weight...You take it. (Ruth)

These quotes illustrate the ways spirituality guided advocates through difficult times. Isabella and Rachel used religion as a “get away” when life events became difficult to handle. Moreover, Lisa used spirituality to overcome “frustrations” in the workplace. In our interview, Ruth told me that when she first started advocacy work, she left the names of survivors on pieces of paper at the church alter. Thus, for Ruth, spirituality was a way to let go of difficult traumatic stories.

Spirituality became a vital form of self-care for the advocates. Not only did spirituality help the advocates cope with negativity and traumatic stories, it created an upbeat environment. Spirituality as a routine method of self-care is echoed in the literature (Williams et al., 2010). Furthermore, incorporating a sense of spirituality in the workplace and in their own lives was sensitive to the advocates' cultures. Spirituality is often dismissed in Western culture, especially in the workplace (Chilisa, 2012). However, in the case of the advocates at Butterfly, spirituality was incorporated into their self-care and work context.

In addition to spirituality, Rachel shared her current self-care practices with me:

Coming in this work, I didn't know anything about that [self-care] because that's not what I learned about in school... I've always been like a runner. I sleep. I have taken care of myself...I have those kind of like get away times...I try to see friends and go out, but my current schedule prevents me from doing that...A few weeks ago I did get a massage.

Although minor, Rachel's current self-care practices reflected how little the advocates practiced self-care in their own lives.

The Butterfly agency also incorporated self-care on an organizational level—albeit on a small scale. For example, the supervisors filled out a section on staffs’ monthly supervisions labeled “self-care.” On the supervision, staff and their supervisors discussed what practices staff took pertaining to self-care. Moreover, employees had a yearly staff retreat, a Christmas party, a day off during their birthday month, and shopping days off during the holidays. Additionally, Ruth debriefed with her staff after difficult cases and Rachel debriefed with an advocate who worked at Butterfly for over six years. Taken together, there were minimal levels of organizational and individual self-care practices incorporated at Butterfly.

*Advocates’ expectations for self-care.* In our interviews and conversations, the shelter advocates shared their desired project outcomes in terms of self-care with me. When I started research with the advocates, they told me that one of their community partners provided a training on vicarious trauma, burnout, and compassion fatigue with the advocates. Unfortunately, the training was not sensitive to the advocates’ needs and “their messages didn’t get heard.” As a result of the previous intervention, the shelter advocates were both “hurt” and felt that it was a “waste of their time.” Even though the previous intervention “was a flop,” the advocates were enthusiastic and hopeful about this study. For instance, The Encourager recognized the need for self-care by saying, “shelter people have a lack of self-care.” Furthermore, Ruth, Isabella, and Rachel explained what they hoped to gain from the study:

My goal is that they [her staff] all understand that yes, you love your job, but this job has the capability of eating you up. So, let’s learn how to make sure that this doesn’t happen to us...I would also like for my staff to learn techniques on self-care that they will practice on a regular basis...I don’t believe they realize how important self-care is to them. (Ruth)

What I would like to see is...more self-care...that we could implement...self-care as individual, at a different site, and as a whole... I would love to see the staff get a spa day or someone deliver lunch to all of us. (Isabella)

I hope to get more ways to deal with work stress out of this educational intervention. (Rachel).

Ruth, Isabella, and Rachel expressed the need to address self-care in an organizational context. Ruth was focused on the effects of working with trauma that prompted the need for self-care practices while Isabella noted the need for self-care practices on individual and agency wide levels “as a whole.” Rachel was interested in learning stress management techniques from the study.

***Intervention phase.*** In the intervention phase, the advocates and I implemented the educational intervention pertaining to self-care. During this phase, the advocates filled out the preliminary self-care survey, engaged in the individual and organizational self-care interventions, and completed the pre and post assessments (see methodology on pages 51-53). Below, I outline the processes of the preliminary self-care survey and the individual and organizational interventions on self-care.

*Preliminary self-care survey.* The purpose of the preliminary self-care survey was to combine the advocates’ feedback on desired self-care strategies with the literature review on self-care in order to gauge which self-care practices advocates wanted to implement in their workplace (see methodology on page 51).

I placed the survey in the front office kitchen in early March 2014. Accompanying the survey was a handout explaining the survey and a box for advocates to place the survey in after completion. After a few weeks, I collected the completed surveys. On the day I collected the surveys, in the true spirit of FPAR, an advocate took the surveys around the front office to make sure everyone had an opportunity to fill one out. 10 advocates submitted a survey. Even though only six advocates officially agreed to participate in the study, the process of FPAR allows for flexibility in the participation process.

*Self-care: Individual intervention.* For their individual self-care intervention, the advocates asked me to make personalized binders on self-care practices. No advocates offered other suggestions for individual self-care strategies on the preliminary self-care survey. In April 2014, I

distributed the self-care binders to the participating advocates and provided them with a PDF version (Appendix E). The self-care binders were divided into three sections explaining the importance of self-care, outlining self-care techniques, and providing accessible resources on self-care.

*Self-care: Organizational intervention.* In conjunction with the individual self-care intervention, the advocates selected organizational self-care interventions on the preliminary self-care survey. They chose the following strategies listed in order of the most popular to the least popular:

- 1) Every quarter, have one service provided for all shelter staff (e.g., hair cuts, manicure/pedicure, massage);
- 2) Breakfast/lunch catered at monthly shelter staff meeting;
- 3) Once a month at the shelter staff meeting, draw an advocates' name out of a hat; The advocate receives one of the following: gift card, massage, manicure/ pedicure, spa day;
- 4) Create a self-care board for the lunch room (or other room of choice) where staff can post their ideas. Spend 5 minutes of the monthly staff meeting reviewing new ideas or checking in with staff about their routines;
- 5) Coffee service in the morning;
- 6) Ask for staff donations in addition to participant donations; and
- 7) Have a therapist come on-site bi-monthly for staff members.

The goal of the organizational intervention was to implement and sustain an organizational culture of self-care that would, in turn, bolster individual self-care efforts. Furthermore, the organizational intervention was meant to create a way for the agency to acknowledge the effects of trauma work and to provide on-site opportunities for workers to engage in self-care practices. The organizational intervention consisted of three parts. The first part involved seeking services and



donations from local businesses. All of the organizational self-care strategies requested by the advocates, with the exception of the self-care board, required reaching out to local businesses. I contacted local businesses via email or mail and asked if they would like to participate in a victim advocacy project (Appendix G). I contacted a total of 18 businesses. Five businesses responded and three offered their services and donations to the shelter. I emphasized to the participating businesses that their relationship was with the shelter advocates and provided them with the contact information of one advocate who chose to manage the business connections created from the project.

Second, the organizational intervention included creating self-care boards with the advocates (Appendix H). The purpose of the self-care board was to introduce self-care into the workplace as a visible routine practice. Advocates could spend five to 10 minutes reviewing upcoming events or tips relevant to self-care at the monthly shelter meetings and throughout the week. We set up a board in the advocates' lunch room, so it could easily and frequently be accessed throughout the week by both the front office and the shelter. We also set up a self-care board in the shelter office in an effort to provide self-care resources to the night shift advocates and to the advocates who spent more time working in the shelter than in the front office. The shelter office self-care board also helped the shelter advocates to construct their own ideas within their workspace. Both boards were similar (e.g., white magnetic dry erase boards) and contained the same resources. However, the shelter self-care board was smaller due to space constraints. The boards included a monthly calendar, memo pads, tip of the week, individual self-care binder, organizational self-care binder, and motivational quotes (Appendix H).

The calendar displayed upcoming organizational events relevant to self-care. Several of these events were services requested by the advocates on the preliminary self-care survey. For example, Paul Mitchell provided a spa day to the advocates in May and this event was listed on the calendar.

The calendar also served as a visual for the advocates to keep track of events and provided an opportunity for them to incorporate their own events.

In addition to the calendar, the memo pads provided a place for the advocates to write down positive thoughts or self-care tips to share with their co-workers. Moreover, the tip of the week section of the self-care board offered suggestions for on-site self-care strategies for the advocates to practice. I created a list of 25 self-care tips<sup>29</sup> for the advocates to use as guidelines over a six-month period before they started to generate their own as a group.

I left a copy of the individual self-care binder the participating advocates received, along with the organizational self-care binder, by the self-care boards. The organizational self-care binder specified (1) on-site shelter resources; (2) an agency action plan; and (3) organizational self-care recommendations from the literature<sup>30</sup> (Appendix F). The purpose of providing both binders was to give all of the advocates access to the individual and organizational resources on self-care. Furthermore, the binders outline the two levels of self-care the project strove to implement. As such, the binders served as a starting point/guide to facilitate future change once I left the field. Additionally, with the binders in place, new employees joining the agency could easily learn about the individual and organizational self-care practices.

Finally, one of the advocates added daily motivational quotes to the self-care board in the lunch room from the calendar *For Women Who Do Too Much* (Schaeff, 2014).

Third, part of the organizational intervention involved presenting the self-care educational intervention to all of the advocates at their monthly shelter meeting. During the April 2014 monthly shelter meeting, I gave attending advocates a handout that detailed a brief trajectory of the study, outlined the components of the self-care board, and discussed the next steps of the study (e.g., evaluation). At the April Meeting, we conducted our first gift card drawing, which was one of the

<sup>29</sup>. Included in the organizational self-care binder.

<sup>30</sup>. In the appendix, I only included copies of the cover page and the table of contents for the individual self-care binder and for the organizational self-care binder. Contact me for a complete PDF version of the binders.

requested organizational self-care techniques on the preliminary self-care survey. I purchased six months of gift cards for the advocates, so they could start to implement this ritual at monthly staff meetings.

**FPAR changes in the Butterfly agency.** In addition to the processes and findings throughout the intervention and investigation phases, the evaluation phase was critical in facilitating change in the Butterfly agency. To reiterate, change in the study context meant the degree to which the FPAR process created immediate change for the individual advocates and the agency and the degree to how these changes may be sustainable over time. Here, I expand on the findings from the evaluation phase by reviewing (1) the advocates' feedback on the project survey (Appendix I); (2) the current changes implemented as a result of the study; and (3) the future directions of sustaining self-care practices. Together, the findings from the evaluation phase suggest that the FPAR process facilitated change in the Butterfly agency by constructing a viable culture of self-care.

*Advocates' feedback on the project survey.* Four of the six advocates completed the project survey. Overall, the participating advocates felt the educational intervention on self-care was helpful, sustainable, and inclusive.

First, all four advocates agreed regarding how the educational intervention could help them on an individual basis. For example, all of the advocates selected that they "strongly agree" on *the self-care intervention will make a difference for me* survey question. Furthermore, advocates explained how they believed the intervention would help them. Three advocates mentioned the intervention helped them to see how they could change on an individual basis:

Having the binder helps me to look at what I can do and what I'm not doing. I love my job but I will not be good at it if I don't take care of myself.

I have been able to analyze myself and the way I treat myself better. I will be able to acknowledge how much "me" time I need and is ok to take. I don't feel guilty taking that time for me knowing it will improve my function.

Helped me realize the areas in my life that I'm neglecting and shouldn't be. It will show me new ways to escape stresses in my life that are brought on by work.

As these responses indicate, the advocates felt the intervention helped them to take better care of themselves and in effect, perform better at work. In addition to learning more about self-care, one advocate commented on the survey, "this intervention has helped me to remember how important this subject is to us." Thus, the intervention helped her to "remember" how important self-care is to advocacy work and to the advocates.

Second, the advocates had mixed feelings regarding how the intervention would continue on an organizational level. For the question, *the agency will continue the self-care efforts identified in the educational intervention*, two advocates chose "strongly agree," one advocate chose, "agree," and one advocate chose, "neither agree or disagree." Even though the advocates did not reach a consensus on this survey question, a majority of them believed the agency would continue with the self-care efforts outlined in the intervention. In conjunction to this question pertaining to the organizational level, the advocates listed the organizational self-care strategies they wanted to see continue the most:

Doing things for the staff. Making sure my staff are doing self-care often. Having something to give them on a monthly basis.

The training of new and old staff is my concern.

Monthly rewards drawing.

I wish we could swap jobs so people working in administration realize the hard work we do and how understaffed, underpaid we are.

This group of responses among advocates varied from wanting the monthly rewards drawing to continue to making sure the staff were engaging in self-care practices often. Two of the responses (i.e., the training of new and old staff and job swapping) were not listed as organizational implementations for the study. However, the training of staff on compassion fatigue, burnout, and

vicarious trauma was a recommendation from the literature. Moreover, job swapping was an original work-related need addressed in the advocate defined work-related needs survey.

Third, the advocates thought the intervention was inclusive of their voices and needs. On the survey, all four advocates selected “strongly agree” for the, *my ideas and perspectives were represented throughout the study process*. Additionally, when asked *what one aspect of the study or self-care educational intervention would you change*, all four of the participating advocates noted that they “wouldn’t change any of it.” In fact, one advocate wrote, “I don’t think any. This was a team effort.” Based on their responses, the advocates believed the intervention was collaborative, inclusive, and beneficial.

*Current implemented changes.* There were three immediate changes implemented before I left the research site. One of these changes was the incorporation of self-care binders in the front office and the shelter. At both of these sites, I left a binder on individual self-care and organizational self-care. Aside from the participating advocates who received their own self-care binders (i.e., the individual intervention), the advocates who did not opt to participate in the study had access to these resources. In turn, self-care and the effects of working with trauma became topics of discussion within the workplace and the binders served as valuable resources for the advocates. Furthermore, as previously discussed, the advocates believed the individual intervention on self-care was beneficial and empowered them to practice reflexivity regarding their self-care practices.

Another immediate change to the agency was the incorporation of self-care boards in the front office and in the shelter. Similar to the self-care binders, the self-care boards created a dialogue on self-care and on the effects of working with trauma. Additionally, the self-care boards integrated self-care practices on an organizational level, whether this manifested by spending five minutes during the monthly shelter meeting to discuss self-care techniques or by serving as a visual reminder to engage in self-care at work (e.g., the tip of the week).

A third current change to the Butterfly shelter was the introduction of monthly self-care events. For example, beginning in April 2014, the advocates conducted a monthly gift-card drawing at their shelter meeting. Moreover, businesses such as Paul Mitchell and Mary Kay offered their services to the advocates on a yearly basis. In particular, with their Community Outreach Program, Paul Mitchell offered to come in once a year to provide services for the shelter staff.

Taken together, the monthly self-care events, self-care board, and self-care binders facilitated immediate change within the shelter via crafting a culture of self-care specific to the advocates' context and needs.

*Future directions: Sustaining self-care.* A critical function of FPAR not only creates change in a community, but works to sustain the changes after the researcher leaves. The educational intervention the advocates and I co-constructed is likely to remain sustainable in the following ways.

First, I met with the Butterfly CEO, the shelter director, and shelter supervisors to discuss the findings, recommendations, and future directions of the study. Specifically, I gave the CEO a handout detailing the key findings of the study, an "agency action plan," and three articles pertaining to organizational self-care practices (Appendix J). The agency action plan outlined six opportunities to create and sustain an organizational culture of self-care on an agency level. One of the goals of this study was to eventually extend the educational intervention from the shelter to the agency as a whole. In this way, self-care would be easier to maintain in the shelter if self-care practices were supported agency wide. In addition to my meeting with the CEO, I met with the shelter supervisors and the shelter director and provided them with the same resources I gave to the CEO. At my meeting with the shelter director, I reviewed the agency action plan and asked her if she had further recommendations for the shelter. The family service team supervisor offered to take over the self-care intervention for the shelter. Her job as the "self-care coordinator" was to maintain business

contacts, update the self-care board weekly, and make sure both the staff and the shelter were incorporating self-care practices. Based on our conversations, the director of shelter and the family service team coordinator were committed to sustaining the self-care intervention on individual and organizational levels.

Second, one of the recommendations on the agency action plan was to create an Advocate Wellness fund. During my meeting with the CEO, we decided to establish an Advocate Wellness Fund as a way to maintain worker wellness, to recognize workers, and to decrease employee turnover. The Advocate Wellness Fund was going to become integrated into the agency's yearly donation requests. As of May 2014, thanks to private donors, the fund contained \$1250. The self-care interventions implemented at the Butterfly shelter are more likely to be sustainable with the Advocate Wellness Fund. In addition to providing a monetary source to continue the current organizational self-care practices (e.g., the monthly rewards drawing), the fund may be able to implement the advocates' other organizational self-care recommendations the study did not address (e.g., breakfast/lunch catered at monthly staff meetings, coffee service in the morning, therapist bi-monthly for staff).

Finally, at the May 2014 monthly shelter meeting, I presented the study findings to the shelter staff. Here, I thanked the advocates for their time, reviewed the individual and organizational self-care binders, and introduced the Advocate Wellness Fund. Based on this meeting and the positive feedback from the shelter advocates, I am confident that the shelter advocates have the tools they need to preserve a culture of self-care.

In sum, between the final shelter meeting, the Advocate Wellness Fund, and the agency action plan, the educational intervention we created on self-care is viable.

**Summary: Research question two.** The process of FPAR through the evaluation, intervention, and investigation phases facilitated change for the Butterfly agency that was both

immediately available and sustainable. During the investigation phase, the shelter advocates identified their work-related needs, current self-care practices, and their expectations for the self-care educational intervention. In this way, the advocates began to alter the way they viewed their work and were able to choose what aspect of their work they desired to change. Next, in the intervention phase, (1) the advocates filled out the preliminary self-care survey, which was crafted from their experiences and recommendations; (2) we implemented self-care on an individual level via self-care binders; and (3) we incorporated self-care on an organizational level via the self-care board and by contracting with local community businesses specializing in self-care practices. Together, these implementations in the shelter created immediate changes for the shelter workers by furthering the discussion on self-care and by enhancing the practice of self-care on individual and organizational levels. Finally, in the evaluation phase, (1) the advocates completed the project survey; (2) we established current changes in the shelter such as the self-care binders, self-care boards, and monthly self-care events; and (3) the CEO and I founded an agency action plan in addition to an Advocate Wellness Fund. Overall, through the project surveys, the advocates felt the educational intervention on self-care would continue on an organizational level. Furthermore, advocates were adamant about maintaining the current self-care changes to the shelter, with the family service team supervisor offering to take over as the self-care coordinator. Additionally, the agency action plan and the Advocate Wellness Fund provide opportunities to continue self-care on an organizational level by applying new self-care practices to the daily agency culture and by providing a monetary source to uphold worker wellness, maintain worker recognition, and decrease turnover. Altogether, the future directions of self-care, the current changes, and the project survey suggest that the process of FPAR facilitated change for the Butterfly agency via sustainable measures.

Despite the perceived success of the FPAR process aiding in change for the Butterfly agency, there are a few ways the process did not facilitate change. First, the intervention was only in



place for about a month. This is not a long enough time frame to make definite conclusions regarding the changes for individual advocates or the agency. Second, during the process, only six of the advocates opted to participate. While FPAR may have worked for participating advocates in the short-term, the other seven non-participating advocates did not receive the benefits of going through the process, even if they will benefit from the project. Third, the changes are only sustainable if the advocates have the resources to maintain them. For example, the Advocate Wellness Fund is only sustainable if donations are upheld. Furthermore, integrating self-care into the organizational culture, beyond the shelter, will require the agency as a whole to maintain the changes. For a complete overview of the limitations of the FPAR process, refer to the conclusion on pages 111-115. Next, I focus on the role of researcher reflexivity in the study.

### **Researcher Reflexivity**

A major component of FPAR includes disclosing the researcher's reflexivity. To reflect on my role as a researcher, I draw upon the advocates' feedback on the project survey and on Huisman's (2008) article regarding positionality in feminist ethnographic research.

**Advocates' feedback on the project survey.** On the project survey, I asked the advocates to evaluate my role as a researcher. All of the advocates selected that they "strongly agree" on the questions *Robyn interacted with me as an equal partner in the study* and *Robyn gave me enough time and opportunities to participate in the project*. As part of the FPAR process, it was critical that the advocates felt I was working *with* them rather than *for* them.

Furthermore, FPAR is a flexible process that is more geared towards the participants' schedule rather than the researchers'. Based on the advocates' feedback on these questions, I honored the aforementioned aspects of FPAR as a researcher. In addition to these questions, I asked advocates to *provide other observations about me as a researcher on this project*. The advocates shared the following feedback on the survey:

Robyn always took her time with all of us. She stayed with [us] through all of our work and was not afraid to lend a hand when needed.

Robyn is very observant. At times, there was no need for words. Robyn has been a big support to all shelter advocates.

Very respectful and professional. You were very patient with us and modified yourself to our needs.

You were very easy to open up to. I felt like I could be myself with you and that my opinion and story matters. Thank you ☺

According to this evaluation, the shelter advocates believed I was supportive to their needs and valued their voices. Furthermore, the advocates claimed that I was “easy to open up to” and that I helped them feel like their stories mattered. Consistent with FPAR and feminist standpoint theory, I centered the project on the participants by modifying myself to their needs and by offering support in their journey to action<sup>31</sup>.

Together, through the evaluation, the advocates felt I was helpful to them in the study in a way that respected their context, needs, and voices.

**Reflections on tensions.** A second part of researcher reflexivity is disclosing my relationship and reflections on the study process. To elaborate on this process, I use Huisman’s article which outlines her “discomfort with the research process” (2008, p. 379) as a guide for framing my own experiences. In her article, Huisman (2008) discusses tensions she encountered with herself, academia, and her participants in her feminist ethnographic research study on Bosnian Muslim refugees. Here, I outline the tensions with myself, academia, and the shelter advocates throughout the FPAR process.

*Tensions with myself.* I experienced tensions with myself as a newcomer to fieldwork and as a woman of privilege. Stepping foot in the Butterfly agency marked the first time I

<sup>31</sup>. I tried my best to work with the advocates rather than for the advocates. In retrospect, some of the language I used in the feedback survey (e.g., Robyn *gave* me enough time) and throughout the study was not reflective of these attempts. This language suggests a “scholar as savior”/colonizing tone. My intent was not to position myself as a savior or to deem the FPAR process as “the revolution.” However, at times, my use of language may have unintentionally suggested otherwise.

conducted fieldwork as a researcher. My undergraduate training was based in quantitative, experimental research. Furthermore, I did not take courses on feminist participatory action research or read literature about researching sensitive topics before entering the field. As such, I questioned my competence as a researcher undertaking qualitative fieldwork. Indeed, looking back at my field notes from my first day, I noted, “I’m sure I looked like an intern on her first day: deer in headlights. Nerves.” Questioning my competence also stemmed from the unpredictability of how this work would affect and change me on academic and personal levels. I was unprepared for the emotional labor I had to manage while working with domestic violence survivors and advocates. For example, throughout my research, the shelter participants changed frequently, but there were a few women who stayed there for the entire length of the study. Consequently, I got to know these women on deeper levels. Spending time with some of the shelter participants touched my life in ways I was not expecting. For instance, just like the shelter advocates, I wondered about shelter participants’ well being after they left. Similarly, working with the Butterfly advocates required me to engage in emotional labor. It was difficult to watch the advocates struggle with injustices in their workplace and within their rural community. On one occasion, Ruth shared a story with me about one of their legal community partners. This community partner intentionally did not allow the advocates to enter the room with the survivors while they filled out paperwork and answered questions. During this moment, I was equally enraged as Ruth, but I had to contain my anger.

Nonetheless, as a newcomer to the field, I learned valuable information about myself. Academically, I learned I have the skills to successfully conduct an FPAR study. Personally, I learned that I am extremely passionate about workers’ rights, self-care, and solving the problems of domestic violence and sexual assault. Additionally, being engaged in the FPAR study, “provided me with the opportunity to be a field worker, researcher, collaborator, interviewer, participant,

interpreter, and agent of change” (McIntyre, 2008, p. 69). Thus, participating in this study was an extremely rewarding experience for me regardless of certain tensions.

During this study, I was also cognizant of my privileges. In her article, Huisman (2008, p. 380) states, “As much as I wanted to be on the same plane as my participants, this desire was overshadowed by the reality that I was doing this work in part to elevate my status and career.” Similar to Huisman, I wanted to believe that I was on an equal grounding to the participants. Even if the advocates felt I worked with them as an equal partner, the reality was, I was going to gain a Master’s degree from this research. With FPAR, the advocates still benefited from the project, but not in the same way I was with “elevating my status and career.” Furthermore, I was aware of my privilege as a white, middle-class, educated woman. These privileges became more salient when the advocates discussed their low wages or their aspirations of going back to school.

*Tensions with academia.* Along with tensions with myself, through the research process, I experienced tensions with academia. The academy privileges research and the production of knowledge over service (Huisman, 2008). With that said, there was pressure to complete this thesis in a specific time frame that was conducive to my schedule, rather than to the participants’ schedules. Thus, this study is technically a modified FPAR since I had to designate a time limit (see the conclusion on page 114). Furthermore, I was required to outline the entire study process in order to receive IRB approval. In this way, the study outline was drawn out and technical<sup>32</sup>. When I presented the IRB approved protocol to the advocates at our original meeting, some of the advocates did not want to participate because they felt it would take too much time. This occurred despite my efforts to explain that FPAR was a co-construction of knowledge rather than a formulated plan. Accordingly, I may have lost rich data and insights of advocates due to these university limitations. Additionally, the shelter advocates may have lost an opportunity to learn from

<sup>32</sup>. Refer to Appendix A (Initial Study Handout for the Butterfly Agency) to view how drastically different the original plan for the study was compared to the actual outcome.

the FPAR process.

*Tensions with shelter advocates.* Finally, I experienced tensions with the shelter advocates throughout the research process. As a researcher, I had to maintain professional boundaries with the advocates. I was there as a researcher, not as a friend or as a co-worker. This boundary was often difficult to keep since we spent so much time together. For example, I helped out in the shelter at times (e.g., cleaning, sorting through clothes), ate lunch with the advocates, and brought in food for the advocates. In a way, as a researcher, my relationship to the advocates eerily reflected the advocates' relationships with the shelter participants such that I had to maintain professional boundaries with the advocates despite forming deeper bonds with them. After spending time with the advocates for seven months in a welcoming, open environment, it was difficult not to cross the professional boundary. Indeed, the CEO told me, "Whether or not you want to believe it, you're a part of the Butterfly family now, Robyn."

Another tension I experienced with the shelter advocates regarded our collective roles in constructing the educational intervention. At first, the advocates were resistant to the idea that they were co-researchers in the study. For example, while I was going over the informed consent sheet with one advocate, she said, "tell me what to do and I'll do it." I remember laughing at her remark since it reflects the expectations of mainstream Western research. Namely, the researcher enters the field, gives the participants surveys based on the literature, collects data, and leaves. As the advocates became more comfortable with me and with the FPAR process, they contributed to the project on a collective level. However, in order to move the study along smoothly, sometimes I had to gently remind them to fill out their surveys or to provide feedback. In the end, I tried my best to act as a co-researcher with the advocates, despite advocates' initial resistance and the unavoidable power differentials that existed between us.

## **Summary**

According to the findings discussed in this chapter, advocacy work affects the Butterfly advocates via wellness and relational domains. These aforementioned consequences of advocacy work inspired the advocates to choose self-care as their work-related need for the educational intervention. Indeed, the process of FPAR enabled the advocates to create sustainable changes via implementing individual and organizational self-care practices appropriate to their work environment. Although my role as a researcher guided the advocates in this process, the advocates ultimately empowered each other to design, apply, and maintain the self-care interventions.

## **CHAPTER SEVEN:**

### **CONCLUSION: IN THE (RADICAL) PURSUIT OF SELF-CARE**

Returning to the beginning four snapshots that depicted the multiple hats the Butterfly shelter advocates wear, it is evident from this study that advocacy work for these women involves a combination of care work, emotional labor, volunteering, relational maintenance, and empowerment counseling. Despite their multiple challenging roles, respondents in the study reported that advocacy work is equally rewarding in the areas of personal growth and survivor healing. During the seven months I spent in their world as a feminist researcher, I learned that advocacy work affected the Butterfly shelter advocates across wellness and relational dimensions. The advocates shared their work expertise with me and produced knowledge valuable personally and collectively —both applications of feminist standpoint theory. Through their experiences as advocates and their self-identified work-related needs, advocates decided to implement self-care practices on individual and organizational levels. In turn, feminist participatory action research assisted in the process of cultivating a sustainable culture of self-care in the Butterfly agency by incorporating immediate changes and creating space for future change. Although one purpose of this study was to assist the advocates with a work-related need, through our interviews and fieldwork sessions, the advocates disclosed that this study empowered them to remember why they began advocacy work—to help survivors of domestic violence and sexual assault. In this way, the Butterfly shelter advocates continued the grassroots goal of the domestic violence movement while simultaneously voicing their work-related needs and taking action to address these needs.

## Summary of Major Findings

The purposes of this study were to (1) document and review advocates' self-identified needs regarding various aspects of their work and to (2) co-create an educational intervention with the advocates using feminist participatory action research that would help them manage aspects of their work. Using these purposes and FPAR as guiding frameworks, I was able to answer the two research questions posed in this study.

**Summary: How advocacy work impacts the Butterfly advocates.** Through the data, I found that advocacy work impacts the Butterfly shelter advocates across relational and wellness dimensions. Both dimensions intersected with one another, as they were not mutually exclusive. For instance, the advocates' relationships to each other tended to support compassion satisfaction while their relationships with the agency and to the shelter participants contributed more to compassion fatigue and burnout. This general pattern revealed by the intersections of the wellness dimension and the relational dimension was the most striking, even though compassion satisfaction played a role in the relationships between the shelter advocates and the agency and between the shelter advocates and the shelter participants. Additionally, elements of compassion fatigue and burnout were evident in the shelter advocates' relationships to each other.

Specifically, for the relational dimension, advocates navigated relationships among co-workers, the agency, and shelter participants. Advocates' relationships with their co-workers were framed as empowering, familial, and supportive. The advocate-to-advocate relationships fostered a sense of collectivity and camaraderie among the shelter advocates.

Advocates' relationships with the agency were more contested than their relationships to each other. Due to professionalization, the shift of the Butterfly agency from a grassroots collective to a hierarchical structure created divisions in the agency across jobs and within jobs and formed discrepancies in resources, pay, and recognition. For example, the shelter advocates felt devalued



and disconnected from the administration and counseling staff. Furthermore, supervisors oversaw advocates in the shelter. Despite intending on sharing power and a team mentality, the supervisors were not always perceived by the advocates as fulfilling these goals. Moreover, the shelter advocates' relationship to the agency was strained since advocates believed they begged for resources, received the lowest wages, and were disregarded via a lack of recognition.

Advocates' relationships to the shelter participants were categorized as forms of care work and emotional labor. To illustrate, advocates preformed care work with the shelter participants by navigating communal living, holding special events (e.g., Christmas dinners), engaging in empowerment counseling and case staffing, and attending to the comprehensive care needs of the participants. What is more, advocates' relationships to the shelter participants involved preforming emotional labor such that advocates maintained boundaries with the participants in alignment with professional standards and managed negative feedback from participants.

Taken together, the relationships the shelter advocates encountered in their job setting replicated the larger discourse on care work and women, as shelter work was underpaid, devalued, demanding, and conducted by a majority of women of color.

In a similar vein to the relationships among shelter advocates, advocacy work affected the advocates on a wellness dimension consisting of compassion fatigue, burnout, and compassion satisfaction. Not all of the participating advocates labeled their work-related stress as compassion fatigue or burnout and work-related rewards as compassion satisfaction. Thus, I am careful not to fully claim that the shelter advocates experienced compassion fatigue, compassion satisfaction, or that the advocates were burned out. Instead, I used these three constructs as frameworks for understanding how their work affected them, which often reflected elements of compassion fatigue, burnout, and compassion satisfaction. Regarding compassion fatigue, advocates scored low in this area on the Professional Quality of Life Scale (ProQOL). However, through our interviews and

fieldwork, advocates' stories resembled aspects of compassion fatigue. One example was the loss of sleep one advocate experienced as a result of thinking about a shelter participant's traumatic story. Furthermore, another advocate recognized signs of compassion fatigue in her co-workers and questioned whether they were losing compassion for the participants. Along with elements of compassion fatigue, elements of burnout were present among the shelter staff. Similar to their compassion fatigue scores on the ProQOL, the advocates scored low on the burnout measure. Yet, the fast pace of the work, low pay, and long hours "drained" the advocates and even drove one advocate to contemplate quitting after working as an advocate for three years. Moreover, the culture of silence revolving around the effects of trauma work (e.g., compassion fatigue, burnout) created a climate where advocates were cognizant of each other's struggles, but did not speak of them. Consequently, turnover rates in the agency were high among advocates. Interestingly, one advocate believed that the advocates did not experience burnout, but rather, experienced vicarious trauma. That is, as a result of advocacy work, the advocates experienced more permanent cognitive changes in the way they perceived themselves, others, and the world rather than depersonalization or emotional exhaustion (McCann & Pearlman, 1990). In addition to elements of burnout and compassion fatigue among the advocates, elements of compassion satisfaction were evident in advocates' stories. Most notably, advocates derived personal satisfaction through assisting survivors with regaining their voices after abuse and through empowering themselves as advocates. Indeed, advocates asserted that they became better people and stronger women through advocacy work. All in all, through elements of compassion satisfaction, burnout, and compassion fatigue, the Butterfly shelter advocates' work affected them on a wellness dimension.

Together, the dynamics of the wellness and relational dimensions prompted the advocates to choose self-care as their work-related need. First, with the advocate-to-advocate relationships, the solidarity among the shelter staff empowered them to collectively choose self-care as their work-

related need and to take action to co-design, implement, and participate in the educational intervention. Second, the advocate-to-agency relationships encouraged the shelter advocates to use organizational self-care as a way to receive recognition from the agency regarding their challenging, significant, and underpaid work. Moreover, the incorporation of self-care practices became a way to alter the strained relationships between the shelter advocates and the rest of the agency via bringing the sites together to take action on a salient issue. Third, the advocate-to-shelter participants relationships inspired the advocates to choose self-care in order to re-charge from engaging in care work and emotional labor. Furthermore, self-care was a tool to transform the nature of advocacy work such that the care work burden, traditionally associated with the shelter workers, shifted from their sole responsibility to a collective agency responsibility. Thus, across the wellness dimension, the advocates' choice of self-care as their work-related need became a way to (1) normalize the effects of working with trauma in the shelter; (2) reduce employee turnover; (3) increase and sustain compassion satisfaction; and (4) require that the organization provided opportunities to practice self-care and offered resources on self-care. As the advocates' chosen work-related need, self-care became a critical practice to address based on the wellness and relational dimensions of advocacy work.

**Summary: How the FPAR process facilitated change at Butterfly.** The process of FPAR facilitated change in the Butterfly agency by successfully incorporating a viable educational intervention on self-care with the shelter advocates. Change in this context reflected how the intervention made a difference for the advocates and for the agency in addition to the likelihood of maintaining the intervention over the long-term. Furthermore, change encompassed the degree the advocates took action in their workplace and how they managed to “[speak] to validate oneself and one’s experiences in the world” (Reid et al., 2006, p. 317). The processes of the three phases of

FPAR—the investigation phase, the intervention phase, and the evaluation phase—all guided the degree to which change occurred in the Butterfly agency.

In the investigation phase, the shelter advocates defined their work-related needs, identified their current self-care practices, and stated what they hoped to gain from the study. The advocate defined work-related needs survey opened up a dialogue regarding problems and needs in the advocates' work context. In this way, the FPAR process created a space for advocates to discuss their needs openly and collectively. Furthermore, the participating advocates came to a consensus on choosing self-care as their work-related need. This agreement demonstrated that the advocates were the experts in their work situation (e.g., they knew what improvements were needed in the workplace based on their experiences) and demonstrated that they were ready to take action to address these needs. Moreover, the advocates revealed what they desired to learn about self-care. Through our conversations, the advocates disclosed how they would apply the study to fit their own needs pertaining to self-care practices. For instance, although the Butterfly agency incorporated self-care on a micro level and a few of the advocates practiced self-care, the advocates were cognizant of the gaps in these services and decided to make improvements resulting from these gaps. Based on advocates' experiences of engaging in advocacy work and their current self-care practices (or lack thereof), the process of FPAR initiated change in the investigation phase by working with the shelter advocates to identify their work-related needs and by assisting the advocates to take action to employ these needs.

During the intervention phase, the advocates completed the preliminary self-care survey and we implemented the self-care intervention on individual and organizational levels. The preliminary self-care survey detailed individual and organizational self-care practices, as recommended by the advocates and the literature on self-care. The incorporation of the advocates' feedback in this phase of FPAR provided a way for the advocates to validate their voices by speaking on the topic of self-

care. Furthermore, by completing the survey, the advocates took action to change the status quo. Additionally, incorporating the educational intervention on self-care was a team effort between the advocates and myself. Both the individual intervention on self-care (e.g., the binder) and the organizational interventions (e.g., the organizational binder, the self-care boards, and the business connections) were tailored to fit the needs of the advocates. For example, the individual self-care binder offered a variety of self-care practices, self-care approaches, and resources that could be molded to fit individual advocates' schedules and lives. The organizational self-care practices also offered opportunities for the advocates to alter the practices of the organization to better meet their needs. For instance, the advocates could choose the tip of the week for the self-care board or decide when to have businesses such as Mary Kay and Paul Mitchell come in for the staff. Taken together, the educational intervention and preliminary self-care survey were sensitive to the advocates' context and needs. Therefore, in the intervention phase, the FPAR process facilitated change by centering the voices of the advocates and by guiding them to take action via participation in the educational intervention.

In the final phase of the study, the evaluation phase, the shelter advocates provided feedback on the project survey, several changes were in full swing within the shelter, and we initiated viable plans for the agency. These aspects of the evaluation phase align with the definition of change regarding the degree immediate change occurred for the advocates and the agency and the degree the established intervention was sustainable.

First, the advocates' feedback on the project survey revealed they felt the educational intervention was helpful and sustainable on individual and organizational levels. Furthermore, the advocates expressed that they believed their ideas and perspectives were represented throughout the study. Hence, according to the project survey, the study established a degree of change for the advocates by impacting their lives directly and by fostering a sense of sustainability. Second, the

current changes in the shelter (e.g., the individual and organizational self-care binders, the two self-care boards, and scheduled self-care events) assisted the advocates with their self-care practices on individual and organizational levels. For instance, both self-care boards created a visible reminder to practice self-care in the workplace and on an individual level. Moreover, the advocates incorporated the self-care boards into their monthly shelter meetings. Thus, self-care became a part of the organizational culture in the shelter, and in turn, may remain sustainable. Third, the agency CEO, shelter director, shelter supervisors, and I established an agency action plan and an Advocate Wellness Fund. Together, the plan and the fund successfully created immediate change and sustainability in the agency. For example, the agency action plan outlined ways to create and sustain an organizational culture of self-care, such as incorporating training on the effects of working with trauma and integrating discussion on self-care at the monthly agency meeting. Likewise, the Advocate Wellness Fund created an immediate viable change for the advocates. With a beginning amount of \$1250, these funds are available for the advocates to use immediately. Additionally, the fund is likely to remain viable through Butterfly's yearly donations. In these ways, the evaluation phase of the FPAR process facilitated change for the shelter advocates by establishing self-care practices, which were designed to produce instant changes and to withstand over the long-term.

Despite the current and future changes inspired by the FPAR process, not all of the FPAR processes facilitated change. For instance, the short time period of the intervention phase is not sufficient to claim whether changes occurred or that change will continue. Furthermore, not all of the shelter advocates participated in the FPAR process and thus, the changes are only reflective of certain voices within the agency. Below, I discuss the limitations to the study in more detail.

### **Limitations of the Current Work**

**Measuring success.** One limitation to the current study is the criteria for measuring the success of a FPAR project. Success in participatory action research (PAR) projects is measured by

the participants' experiences. According to Kemmis and Wilkinson (1998, p. 21) success in PAR is not a matter of the participants completing "the steps faithfully, but whether they have a strong and authentic sense of development and evolution in their practices." In this study, the advocates claimed the self-care intervention helped them and would continue to help them in the future. However, the educational intervention was only applied over a one-month period, with the evaluation phase lasting one month. Thus, this time frame is too short to measure success from the participants' subjective experiences. For example, one month is not sufficient time to examine how the individual and organizational self-care practices were maintained or balanced by the shelter advocates.

Since success in FPAR is measured by the participants' "sense of development and evolution in their practices," there is an emphasis on the process of FPAR rather than the outcomes (McIntyre, 2008). Indeed, part of measuring the success in FPAR is focusing on the process of the study and focusing on unsuccessful events (McIntyre, 2008). That is, events during the process may be labeled as unsuccessful, but in terms of FPAR, these events are successful since they still facilitated learning. In this study, I believe three characteristics of the study contributed to the unsuccessful/ successful process. First, only six of the 12 shelter advocates decided to participate. Consequently, a majority of the changes created by the FPAR process were reflective of these six voices. Second, during the FPAR process, a participant dropped out of the study due to being fired by the agency. In this way, I could only use limited data from her perspective and I did not receive her final feedback on the study. Third, tying in with the time factor, viewing the process of the self-care intervention on a long-term basis may have been a more viable measurement of success.

**Lack of inclusivity.** In addition to the limitation of participant attrition and lack of full advocate participation in the project, another limitation was the lack of inclusivity. Inclusivity in this context refers to the degree establishing a collective agreement among participants was successful

and to the degree the self-care measures and practices were comprehensive. With FPAR, the goal is for participants to establish a collective consensus regarding a community need and to create an action plan to address that need. Forming a collective standpoint is a daunting task. Even though the Butterfly shelter advocates who were participants in the study worked in the same context, the advocates all had diverse opinions regarding which work-related need to address. In effect, some of the work-related needs were not addressed (e.g., swapping jobs, increased activities between the sites) due to the majority vote on self-care. Furthermore, in my write up, I looked for commonalities between the participants and these often trumped the individual snippets from the advocates' stories. Thus, in the FPAR process, we excluded voices. However, Maguire (1987, p. 22) noted, "It is by finding ways to work across such differences that enough common ground can be created to form a basis for both individual and collective action."

In conjunction with failing to include all advocates' perspectives in the project, the self-care measures and interventions were not entirely inclusive. For instance, the ProQOL and Self-Care Assessment contained universal statements that were not applicable or conducive to all advocates' situations. Specifically, physical self-care practices were one measurement on the Self-Care Assessment. One advocate did not score high on this measure because she was undergoing chemotherapy. Thus, the Self-Care Assessment does not take certain contexts into consideration (e.g., illness). Additionally, some of the self-care interventions required class privilege. For example, receiving a massage or attending therapy are expensive services. Moreover, although most of the advocates were bilingual, I did not have the skills to translate the material from the binders into multiple languages. Therefore, the self-care binders were only available to English speaking advocates. In these ways, the self-care practices and reaching a collective standpoint were areas of the study which lacked inclusivity.



**Modified FPAR.** Due to recruitment, time constraints, and funding constraints, this study is technically a modified FPAR project. First, in a “textbook” FPAR project, the participants seek out the researcher, rather than the other way around (Maguire, 1987). I reached out to the Butterfly agency first regarding my study. Next, the time constraints I encountered throughout the project shift this study to a modified FPAR category. For example, with “traditional” FPAR, there is no set schedule with the participants, as they guide the process and the researcher supports their efforts. However, with this study, I had to limit the timing due to university protocol for earning a Master’s degree. Interestingly, my intent was to start the FPAR study in June of 2013 with another agency. Unfortunately, this agency closed because of funding and it took me an additional two months to find the Butterfly agency. The extra couple of months may have made a difference with the data and outcomes. Finally, as a graduate student, my funds were limited throughout the project. For instance, I was not funded by grants or by my department and therefore I was responsible for taking on travel expenses and supply expenses. Although I recognize that FPAR encourages the participants to fund themselves, this action often occurs after the researcher leaves the field (McIntyre, 2008). In this sense, my study is modified FPAR due to the limitations of funding. Nonetheless, the dynamics of funding, time, and recruitment suggest that this study is a modified FPAR project.

**Leaving the field.** Another major limitation in this study was making the executive decision regarding when I could leave the field as a researcher. Since success in FPAR is measured by the participants’ experiences, I used this criterion to gauge when it was appropriate and ethical to leave. Based on the project survey advocates completed and our conversations, they believed the educational intervention was both helpful and sustainable. Furthermore, the advocates noted that there was enough time to participate in the project. Because the advocates disclosed that they believed the intervention would continue after I left and believed the intervention was beneficial, I

felt it was reasonable to leave. Leaving was also dictated by my time and funding constraints as a researcher. However, I do not believe that I left without working with the advocates to facilitate and sustain change. Indeed, I trust that the FPAR process “provide[d] opportunities for [the advocates] to insert themselves into the research process as subjects of their own history” (McIntyre, 2008, p. 67). Even so, I experienced tensions leaving the field as a researcher. Because I spent a long period of time with the advocates, it was difficult to say “goodbye.” Moreover, I desired to see how the agency continued the intervention, what problems occurred, and what new ideas the advocates incorporated into their self-care routines. McIntyre offers a solution for these tensions:

As Freire (1971) suggests, “To be a good [participatory researcher] means above all to have the faith in people; to believe in the possibility that they can create and change things’ (p. 62). Believing in possibility creates space for people to reflect on themselves and on the ways in which they engage in their worlds. That reflection process can then lead to change—a change that is the product of people’s knowledge, experience, and practice. (2008, p. 69)

Similarly, as a researcher, I had faith that the Butterfly advocates would continue working on self-care and in effect, would continue to learn, reflect, and succeed within their context. Under these circumstances, I felt comfortable leaving the field.

### **Contributions to the Literature**

Despite the aforementioned limitations, this study makes valuable contributions to the literature. I situate this study within the literature on domestic violence victim advocates, victim advocacy work, trauma work, care work, feminist participatory action research, feminist research methods, and self-care. First, this study fills a gap in the research on victim advocates, in which previous studies only used interviews or surveys to study advocates’ experiences, with little mind to improving advocates’ work lives. Therefore, this study extends beyond interviews and quantitative surveys to both *assess* and *address* victim advocates’ needs through feminist participatory action research. Furthermore, this study adds to the voices of domestic violence victim advocates using feminist standpoint theory as a theoretical framework. Even though the Butterfly advocates’

experiences are based on a historical context and location, their needs and voices are important to the collective voices of the advocates engaged in the domestic violence movement, and the FPAR process created multiple strategies to ensure their voices were central to the design and implementation of the project. Moreover, this study adds to the growing body of literature on the understudied population of domestic violence victim advocates by illustrating their experiences and needs within a rural context. Finally, this study adds to the literature linking domestic violence advocacy work to the larger discussion of care work.

### **Implications for Future Research and Action**

There are several implications and directions for future research, which result from this study. A major implication of this study is the role self-care plays in maintaining worker wellness, organizational functioning, and providing services to participants. As evidenced by the findings, self-care on individual and organizational<sup>33</sup> levels is critical to alleviate the effects of working with trauma, to provide quality and consistent care to participants, to transform the nature of advocacy work, and to recognize the challenges of advocacy work and in effect, to recognize the advocates as workers. Self-care need not be a confined practice for victim advocate populations. Instead, an ethic of self-care would benefit corporate America, academe, teachers, and other populations working with trauma (e.g., rescue workers, nurses, counselors). Not only should self-care be framed as an ethical imperative in the workplace, it should become integrated among workplaces as a form of worker wellness and as a tool to alter the “workaholic” culture of the West. Namely, self-care can become a way to counter stress, burnout, and compassion fatigue on organizational levels by practicing on-site self-care. In this way, self-care becomes normalized in the workplace rather than cast as a form of pampering. In turn, incorporating self-care into the office may boost worker productivity and job retention while simultaneously challenging the Western work culture.

<sup>33</sup>. “Organizational self-care” is a misnomer because the wording insinuates that self-care is still the individual’s responsibility, rather than the organization/institution. Perhaps a new phrase such as “organizational care” is more appropriate. Future research should address this language issue.

In addition to highlighting the significance of self-care, I argue that FPAR is an appropriate methodology to use for facilitating change in communities. Specifically, the process of FPAR created immediate and sustainable change for the Butterfly advocates in their context. I believe the methodology behind FPAR is translatable to a multitude of settings, particularly domestic violence and sexual assault centers. FPAR is a practical methodology that centers on the participants, seeks to expose social injustices, and takes action to transform these injustices. The beginning outcomes from the FPAR project in the Butterfly agency can serve as a model for surrounding agencies in the area. Furthermore, the methodology of FPAR has the power to expose how care work and victim advocacy work reflect raced, classed, gendered, heteronormative, and cultural ideologies. FPAR, through participant empowerment, has the ability for participants to realize how important their work is to them and to show the community the value of their work.

The study with the Butterfly advocates is a starting point for future research involving self-care and advocacy work. I believe future research should address the relationship professionalization has on self-care practices within domestic violence and sexual assault centers. Furthermore, future research can apply FPAR to victim advocate populations outside of the West and to urban victim advocate populations in order to assess if the FPAR process is translatable cross-culturally or translocally. Next, research should address the ways the self-care practices reinforce whiteness, gender, race, class, heteronormativity, and neoliberal rhetoric. Together, these three suggestions offer directions for future research.

### **In the (Radical) Pursuit of Self-Care**

Incorporating self-care in individual advocates' lives and throughout the Butterfly agency is a radical pursuit because it applies the "personal is political" to the advocates' context. According to Kleinman (2007, p. 65), the personal is political implies:

- 1) We cannot understand our beliefs, feelings, and behaviors without putting them into the larger context of oppression and privilege;
- 2) Any action we take—individually or collectively—has consequences for reinforcing or challenging unfair patterns; and
- 3) “The personal” is not synonymous with “the private,” and can be experienced in realms conventionally thought of as public.

Through the FPAR process and the framework of feminist standpoint theory, the shelter advocates were able to link their “beliefs, feelings, and behaviors” to the oppressions and privileges occurring in their workplace. As shelter advocates conducting care work, they felt underpaid, overworked, and devalued by the larger agency. Furthermore, the actions they took in this study on individual and collective levels via implementing self-care challenged the unfair patterns that were occurring in their agency. Additionally, the shelter advocates’ sense of inferiority did not occur in private spaces, but in the public work environment.

Using the personal is political comparison in the context of the Butterfly shelter advocates meant holding the institution accountable for minding worker wellness and for recognizing that advocacy work is valuable, challenging, and a form of care work. Indeed, the need for self-care did not surface as the result of isolated individual advocate choices or needs. Instead, self-care was a shared need among the advocates that was tied to the larger politics of the Butterfly agency. Therefore, integrating self-care is a radical pursuit because women, who are care workers, advocates, women of color, volunteers, empowerment counselors, mothers, and survivors, through the process of FPAR, asked the agency to examine its reinforcement of social injustices and power dynamics that replicate the dominant discourse on care work and domestic violence work.

On this note, I conclude with the words of Audre Lorde, who articulates the importance of the personal is political in relation to self-care: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.”<sup>34</sup>

<sup>34</sup>. Quote obtained from <http://feminspire.com/on-the-radical-act-of-self-care/>.

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**APPENDIX A:**  
**INITIAL STUDY HANDOUT FOR THE BUTTERFLY AGENCY**



Research Study: Addressing Advocates' Work-Related Needs: Participatory Action Research With Domestic

Violence and Sexual Assault Advocates

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### **Brief Overview**

You are being asked to participate in a research study that focuses on victim advocates' experiences and work-related needs. The purpose of this study is to:

- Explore victim advocates' overall experiences working as advocates.
- Document and assess advocates' self-identified needs regarding various aspects of their work.
- Based on their particular needs, co-create an educational intervention with the advocates using participatory action research that will help them manage these aspects of their work.
- Write and publish my Master of Arts thesis.

### **Tentative Outline of Thesis/Fieldwork Plan\* Date TBA**

#### **Who:**

##### **❖ Robyn Homer, B.S.**

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##### **❖ Michelle Hughes Miller, Ph.D**

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#### **What:**

##### **❖ Main goals:**

- Conduct thesis work at the Butterfly Domestic Violence and Sexual Assault Center
- Document and assess DV/SA advocates' self-identified needs regarding various aspects of their work (e.g., job burnout, compassion fatigue)
- Based on the particular needs of the advocates, co-create an educational intervention with the advocates using participatory action research that will help them manage these aspects of their work

#### **Where:**

- ❖ Butterfly Domestic Violence and Sexual Assault Center

#### **When:**

- ❖ September 2013-February 2014 [probably until May 2014]

#### **Why:**

- ❖ Victim advocacy work is important and is often overlooked
- ❖ Documenting victim advocates' work-related needs and experiences has the potential to increase the quality and consistency of care given to clients while benefiting the advocates on various levels (e.g., mental health, work performance)

### **How:**

#### **❖ Participatory Action Research (PAR)**

- Definition: research method that allows participants to have a stake in the research process; a method which creates knowledge and encourages activism that is directly beneficial to the participants
- Steps of a PAR study:
  - 1) Questioning an issue; 2) Reflecting upon/investigating the issue; 3) Developing an action plan; 4) Implementing and refining the plan

#### **❖ PAR and the Current Study**

- **Preliminary Stage**
  - Informational meeting with the advocates
  - September 2013
- **Stage One: Questioning a Particular Issue**
  - 1 roundtable and/or individual semi-structured interviews (one/advocate~30 minutes)
    - Demographics (sex, age, race, education, etc.)
    - *What are your experiences working as advocates?*
    - *What are your needs as an advocate?*
  - October 2013
- **Stage Two: Reflecting Upon and Investigating the Issue**
  - Individual or group semi-structured interviews (one/advocate~30 minutes)
    - *What are your experiences working as an advocate?*
    - *Questions related to the issue chosen*
  - Participant observation (once-twice/week)
  - 1 roundtable at the end of the month (2-3 key informants attend at minimum)
  - November 2013
- **Stage Three: Developing an Action Plan**
  - Individual or group semi-structured interviews (one/advocate~30 minutes)
  - Participant observation (once-twice/week)
  - 1 roundtable at the end of the month (2-3 key informants attend at minimum)
  - December 2013
- **Stage Four: Implementing and Refining the Plan**
  - Educational intervention (~2 months)
  - Individual or group semi-structured interviews (one/advocate~30 minutes)
  - Participant observation (once-twice/week)
  - 1 roundtable at the end of the month (2-3 key informants attend at minimum)
  - January 2014- February 2014

- **Stage Five: Analysis**

- Open conversations
- Review/Survey
- February 2014

- ❖ **Questions/Concerns:**

- Thesis committee
- Institutional Review Board (IRB)
- Confidentiality
- Time commitment of staff
- Your questions/concerns

\*Thesis plan subject to change depending on you, Institutional Review Board feedback, thesis committee feedback, and/or other unforeseeable life events.

**APPENDIX B:**  
**IRB APPROVAL FORM**



RESEARCH INTEGRITY AND COMPLIANCE  
Institutional Review Boards, FWA No. 00001669  
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799  
(813) 974-5638 • FAX(813)974-7091

October 21, 2013

Robyn Homer  
Women's & Gender Studies  
Tampa, FL 33612

**RE: Expedited Approval for Initial Review**

IRB#: Pro00014578

Title: Addressing Advocates' Work-Related Needs: Participatory Action Research with  
Domestic Violence and Sexual Assault Advocates

**Study Approval Period: 10/20/2013 to 10/20/2014**

Dear Ms. Homer:

On 10/20/2013, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[Protocol.9.29.13.V#1](#)

**Consent/Assent Document(s)\*:**

[Consent Form.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kristen Salomon', followed by a horizontal line.

Kristen Salomon, Ph.D., Vice Chairperson  
USF Institutional Review Board



**APPENDIX C:**  
**INTERVIEW PROTOCOL**

## Interview Protocol

### Explanation of research study to participants:

Thank you for agreeing to take part in this research study.

I will begin the interview by asking you some background questions about yourself. We will then proceed to the research question. I will be audio taping the interview and will later transcribe it, word for word. My research method involves analyzing your interview closely to identify themes that are important to your experience. I will interview and analyze interviews of other advocates. After all of the interviews have been analyzed, I will gather together themes discovered in the interviews to see what common experiences you might have had. I want to remind you that your participation is voluntary in this interview and you can stop at any time.

Date/Time of Interview: \_\_\_\_\_

Participant Pseudonym: \_\_\_\_\_

Reviewed *Participant and Consent Form* with participant: \_\_\_\_\_

### Participant Demographic Information

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Length of time working as a victim advocate: \_\_\_\_\_

Level of education: \_\_\_\_\_

Area of focus/specialty: \_\_\_\_\_

Copy of transcript requested? Yes \_\_\_\_\_ No \_\_\_\_\_

Read over your transcript/final thesis before submission: Yes \_\_\_\_\_ No \_\_\_\_\_

### Interview Questions

1. What are your experiences of working as a victim advocate?
2. What are positive aspects of your job?
3. What have you learned about yourself since you began this work?
4. Why do you continue your work as a victim advocate?
5. What about this work is particularly challenging to you?
6. What role does religion/spirituality play in your professional and personal life?
7. Do you consider yourself a feminist?
8. What do you hope to get out of our project?

**APPENDIX D:**  
**PRELIMINARY SELF-CARE SURVEY**

### **Organizational Based Self-Care Strategies\***

- ☐ **Every quarter, have one service provided for all shelter staff:**
  - Hair cuts
  - Manicure/Pedicure
  - Massage
  - Other:\_\_\_\_\_
- ☐ **Coffee service in the morning**
- ☐ **Ask for staff donations in addition to participant donations**
- ☐ **Breakfast/Lunch catered at monthly shelter staff meeting**
- ☐ **Once a month at the shelter staff meeting, draw an advocates' name out of a hat. The advocate receives one of the following:**
  - A gift card [gas, grocery, etc.]
  - Massage
  - Manicure/Pedicure
  - Yoga class
  - Spa Day
  - Other:\_\_\_\_\_
- ☐ **Create a self-care board for the lunch room (or other room of choice) where staff can post their ideas. Spend 5 minutes of the monthly staff meeting reviewing new ideas or checking in with staff about their routines.**
- ☐ **Have a therapist come on-site bi-monthly for staff members**
- ☐ **Other Suggestions:**

\*My job is to make community connections, so do not worry about cost/fees.

### **Individual Based Self-Care Strategies**

- ☐ **I'll put together a binder with self-care tips, articles, etc. for each of you**
- ☐ **Other Suggestions:**

### **Evaluation**

Robyn L. Homer, Addressing Advocates' Work-Related Needs: Participatory Action Research With Domestic Violence and Sexual Assault Advocates, IRB Study #14578

In order to see if the educational intervention is successful, some form of evaluation should take place. Remember, I want you to be able to continue this once I leave!

**❑ Pre & Post “Tests”—Mix of Quantitative and Qualitative Measures**

- The Professional Quality of Life Self-Test (PROQOL): On a scale of 1-5, you rate 30 short statements (e.g., *I am proud of what I can do to help*)
- Self-Care Assessment worksheet: On a scale of 1-5, you rate categories of self-care (physical, psychological, emotional, spiritual, professional, balance; e.g., *I have a peer support group*)
- Write a short description of current working conditions, self-care practices, what you want to get out of the educational intervention, what you actually got out of the educational intervention, etc. [this is open-ended]

**❑ Pre & Post “Test”-Qualitative Measures Only**

- Write a short description of current working conditions, self-care practices, what you want to get out of the educational intervention, what you actually got out of the educational intervention, etc. [this is open-ended]

**❑ Other Suggestions:**

**THANK YOU!**

**Questions?**

robynhomer@mail.usf.edu  
814-603-1322

**APPENDIX E:**  
**SELF-CARE: INDIVIDUAL INTERVENTION BINDER**





# *Self-Care*

## Part One: Individual Intervention



# SELF-CARE MENU

## *Why Self-Care?*

On the Radical Act of Self-Care.....	1
Professional Self-Care and Social Work.....	3
Green Cross Academy of Traumatology Standards of Self-Care.....	8

## *Self-Care Techniques*

4 Steps to Wellness.....	12
100 Self-Care Tips.....	13
Sample 1-Month Self-Care Plan.....	17
Assess Yourself: Self-Care Assessment.....	18

## *Resources*

Websites.....	21
Books.....	22
References.....	23

Robyn L. Homer  
IRB #14578  
Spring 2014



**APPENDIX F:**  
**SELF-CARE: ORGANIZATIONAL INTERVENTION BINDER**



# *Self-Care*

## Part Two: Organizational Intervention





# TABLE OF CONTENTS

## *Section One: On-Site Shelter Resources*

- Organizational Self-Care: Past Recommendations, Current Implementation, & Future Directions
- Self-Care Board 101
- Assessments: Professional Quality of Life Scale & Self-Care Assessment

## *Section Two: Agency Action Plan*

- Meeting Handout: Executive Summary of Study Findings & Recommendations

## *Section Three: Literature Recommendations*

- Executive Summary & Article: *Contexts of Best Practices for Addressing Vicarious Trauma in VAW Work: A Review of the Literature*
- Executive Summary & Article: *An Organizational Self-Care Model: Practical Suggestions for Development and Implementation*
- Executive Summary & Article: *Organizational Prevention of Vicarious Trauma*

Robyn L. Homer  
IRB #14578  
Spring 2014

**APPENDIX G:**  
**SAMPLE BUSINESS LETTER**

### **Business Letter**

Dear \_\_\_\_\_:

My name is Robyn Homer and I am a graduate student in the Women's and Gender Studies Department at the University of South Florida. Currently, I am working on my Master's Thesis which entails addressing victim advocates' work-related needs. Since October, I have been working closely with the shelter victim advocates at the Butterfly Domestic Violence and Sexual Assault Center. The advocates requested implementing individual and organizational self-care strategies to help alleviate the effects of working with trauma. The advocates provide many services to the community. Through this research, I hope to improve their working conditions so they can continue to carry out their missions of ending domestic violence and sexual assault.

I am reaching out to you, along with other local businesses, to ask if you are willing to contribute to the project. I would appreciate the opportunity to talk to someone about potentially becoming involved in this project. Involvement would entail providing donations, serving as a community resource for the Butterfly agency, or any other suggestions on behalf of your business.

Please contact me at [814-603-1322](tel:814-603-1322) or [robynhomer@mail.usf.edu](mailto:robynhomer@mail.usf.edu) if you are interested in contributing. I acknowledge the fact that you already support the community and thank you for these efforts. I look forward to hearing from you and hope to work with you to continue benefiting our community. Thank you for your time and consideration.

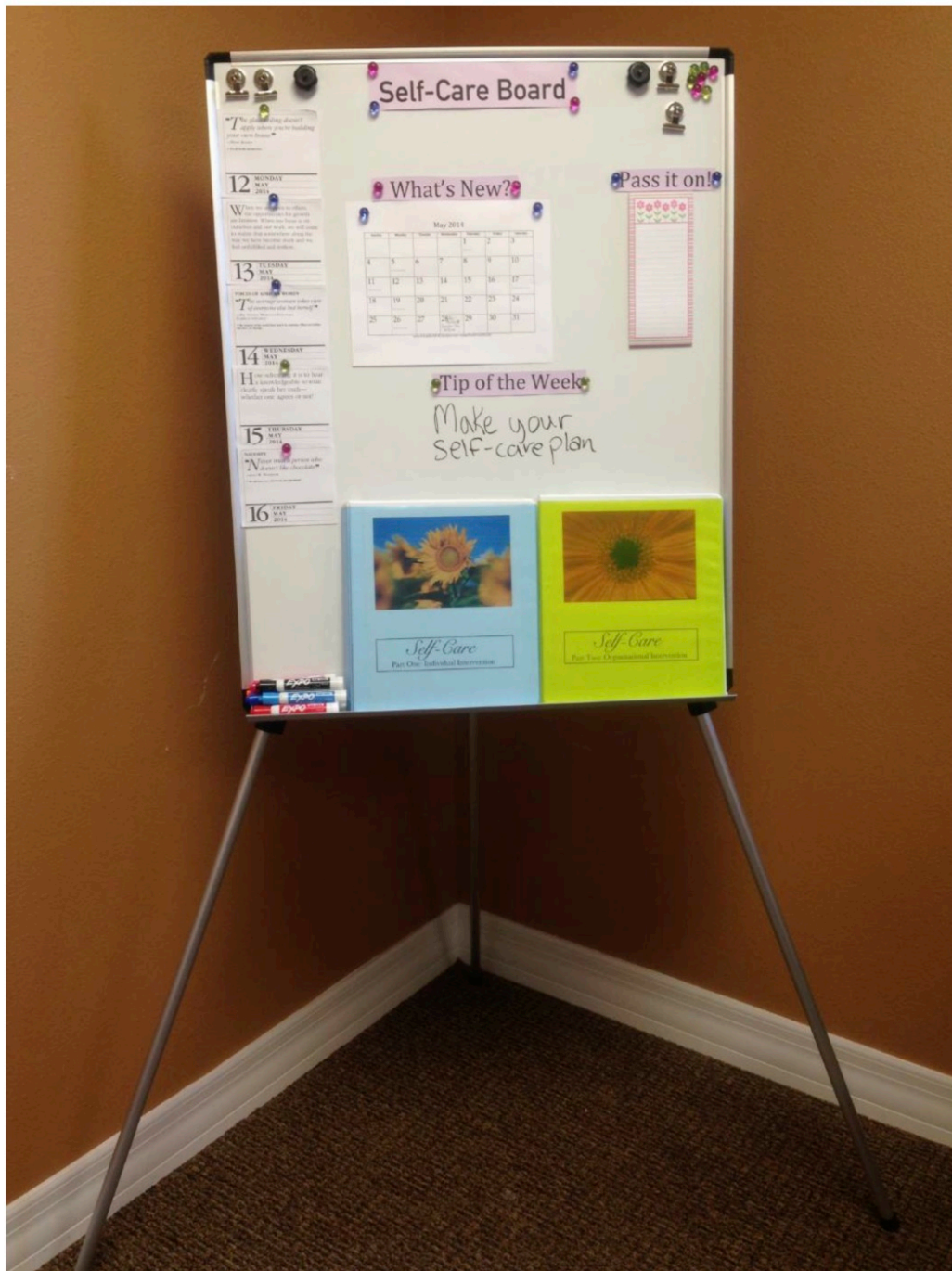
Sincerely,

Robyn L. Homer

## **APPENDIX H:**

### **PICTURES: FRONT OFFICE AND SHELTER SELF-CARE BOARDS**





Self-Care Board in the Front Office



Self-Care Board in the Front Office



**APPENDIX I:**  
**REFLECTIVE SURVEY**

### Evaluation

Please answer the following 8 questions regarding our educational intervention on self-care.

**1. The self-care intervention will make a difference for me.**

- a. Strongly Agree
- b. Agree
- c. Neither Agree or Disagree
- d. Disagree
- e. Strongly Disagree

**2. Provide one example of how the intervention will help you.**

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**3. The agency will continue the self-care efforts identified in the educational intervention.**

- a. Strongly Agree
- b. Agree
- c. Neither Agree or Disagree
- d. Disagree
- e. Strongly Disagree

**4. Which organizational self-care strategy would you like to continue the most?**

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**5. My ideas and perspectives were represented throughout the study process.**

- a. Strongly Agree
- b. Agree
- c. Neither Agree or Disagree
- d. Disagree
- e. Strongly Disagree

**6. What one aspect of the study or self-care educational intervention would you change?**

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**7. Evaluate my (Robyn) role as a researcher:**

**a. Robyn interacted with me as an equal partner in the study.**

- i. Strongly Agree
- ii. Agree
- iii. Neither Agree or Disagree
- iv. Disagree
- v. Strongly Disagree

**b. Robyn gave me enough time and opportunities to participate in the project.**

- i. Strongly Agree
- ii. Agree
- iii. Neither Agree or Disagree
- iv. Disagree
- v. Strongly Disagree

**c. Provide other observations about me as a researcher on this project:**

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**8. Please share any other feedback on the self-care educational intervention or the study.**

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**Thank you!**

Robyn L. Homer  
IRB #14578  
Spring 2014

**APPENDIX J:**  
**CEO MEETING HANDOUT**

**Addressing Advocates' Work-Related Needs: Participatory Action Research with DV Advocates**  
**Executive Summary: Findings, Recommendations & Future Involvement**  
**May 8<sup>th</sup>, 2014**

**Findings**

- **Purpose:** To co-design an intervention to address work-related needs of shelter advocates
- **Advocate Expressed Work-Related Needs**
  - Implementation of self-care strategies
  - Increased recognition from staff, supervisors, administration
  - Increased communication between the front office and shelter
  - Regular staff retreats/spending more time together as a group
  - Swap jobs between staff temporarily
- **Current Levels of Compassion Satisfaction, Burnout, Compassion Fatigue**
  - Professional Quality of Life Scale (ProQOL)
    - Average scores of participating advocates:
      - Compassion satisfaction: 41 (average)
      - Burnout: 21.6 (low)
      - Compassion fatigue: 21.8 (low)
  - Self-Care Assessment
    - Average scores of participating advocates:
      - Spiritual self-care: 2.20
      - Emotional self-care: 1.95
      - Balance: 1.92
      - Workplace/Professional self-care: 1.90
      - Relationship self-care: 1.56
      - Physical self-care: 1.55
      - Psychological self-care: 1.28
- **Advocate Expressed Organizational Self-Care Strategies**
  - Every quarter, have one service provided for all shelter staff (e.g., haircuts, manicure/pedicure, massage)
  - Breakfast/lunch catered at monthly shelter staff meeting
  - Once a month at the shelter staff meeting, draw an advocates' name out of a hat. The advocate receives one of the following: gift card, massage, manicure/ pedicure, spa day
  - Create a self-care board for the lunch-room (or other room of choice) where staff can post their ideas. Spend 5 minutes of the monthly staff meeting reviewing new ideas or checking in with staff about their routines
  - Coffee service in the morning
  - Ask for staff donations in addition to participant donations
  - Have a therapist come on-site bi-monthly for staff members
- **Individual Self-Care Strategies**
  - Binder detailing the importance of self-care, self-care techniques, and self-care resources



## **Recommendations (Agency Action Plan)**

- **Opportunities to Create & Sustain an Organizational Culture of Self-Care**
  - **Training**
    - Acknowledge the effects of working with trauma
      - Provide training on compassion fatigue, burnout, vicarious trauma once a year (I recommend *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma* by Francoise Mathieu)
      - Provide resources for new workers on who to contact if they had a previous trauma (e.g., counselors in the area)
    - Ask an intern or a staff member to monitor and research organizational self-care strategies; incorporate these strategies into existing training and monthly agency meetings
  - **Job Description & Job Interview**
    - Include a statement in the job description (e.g., “Must be aware of the potential effects of working with trauma including compassion fatigue, vicarious trauma, and burnout”)
    - Disclose the potential effects of working with trauma in job interviews
  - **Monthly Agency Meetings**
    - Discuss self-care for 5-10 minutes in your monthly meetings
    - Normalize and recognize the effects of working with trauma in the workplace
      - Praise the staff for their efforts in working with trauma
      - Have outreach, shelter, or administration share how they handled a recent problem, disclose a story, etc.; rotate who shares at every meeting
  - **Events & Donations**
    - Provide quarterly events/services for all staff
    - Ask for donations for the staff (e.g., create an Advocate Wellness Fund)
  - **Regularly Schedule Assessments**
    - Give the ProQOL to staff annually or bi-annually
    - Distribute the Self-Care Assessment annually or bi-annually
    - Ask for worker feedback quarterly
      - To make this feedback more constructive, after asking a question, provide a space for workers to include how to elaborate on their answer/ detail what they would do differently
  - **Resources**
    - Articles on organizational self-care practices