Bringing My Whole Self to Work: A Grounded Theory Investigation of Survivor-advocates in Domestic Violence Agencies

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BRINGING MY WHOLE SELF TO WORK: A GROUNDED THEORY INVESTIGATION OF SURVIVOR-ADVOCATES IN DOMESTIC VIOLENCE AGENCIES

Dissertation
by

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Abstract

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Recent research suggests that half or more of today's domestic violence (DV) advocates are survivors of intimate partner violence (IPV) or other forms of abuse, consistent with the survivor-led early stages of the DV movement. Advocates who are themselves survivors (survivor-advocates) are at risk of experiencing vicarious trauma and other negative outcomes in response to their challenging work. Emerging research has also identified the possibility of deriving personal growth and healing from the work of advocacy, which bolster survivor-advocates against the stressors in their work. However, the processes by which survivor-advocates navigate their work and cope with its challenges are poorly understood. To date, only one qualitative study has asked survivor-advocates about their experiences. This study began illustrating some of the ways that survivor-advocates approach and experience their work; however, it is vital that we develop a richer understanding of how survivor-advocates experience their work as both healing and harmful, in order to maintain the sustainability and effectiveness of the services they provide.

This study used grounded theory methodology to explore how survivor-advocates apply their survivorship to their work, and how their work influenced their well-being and recovery. The theoretical model that emerged was anchored by a central process called *bringing my whole self to work,* which participants described as consisting of four interrelated components: 1) constructing a personal narrative about how their identity connects to their work, 2) applying those connections to shape their work in numerous ways, 3) experiencing healing as an outcome of the previous two components and 4) the organizational contexts that shaped the process through validating or invalidating the survivor identity. Successfully engaging in this process helped survivor-advocates feel a greater sense of connection and integrity to their survivor identity and work, as well as possibly enhanced well-being. This process suggests numerous ways for DV organizations to encourage and support survivor-advocates to engage more openly, meaningfully, and effectively in their work and points toward new directions in understanding vicarious trauma.

Dedication

To Mark

For teaching me how to heal

May my work be a testament to you.

Acknowledgments

This dissertation is more than the conclusion of my graduate education; it is the culmination of all the support, guidance, and love that I have been shown by so many people over the course of my life. I am so grateful to have been surrounded by such an amazing community. You deserve more thanks than I have room here to provide, but I hope that what follows suffices.

First, I would like to extend my gratitude to the twelve survivor-advocates who shared their stories with me. I am beyond humbled and inspired by the work that you do and the deep sense of purpose that you bring to it. The lessons I learned from you will stick with me long beyond completing this dissertation. I hope that everyone who reads this, especially other survivors, are as inspired by you as I am. I would also like to express my gratitude and appreciation to the larger DV community in and around Boston. Nearly all of the research I have been involved with in my graduate training has involved you. Thank you so much for taking time out of your important work to help me in this endeavor. I would not have chosen this topic if I didn't think that it could be helpful for you, and I hope that it is.

My dissertation committee consists of some of the most brilliant and compassionate women I know. Lisa, you have shaped my life and career more than any mentor I have ever worked with. I knew from the moment I met you at my interview for BC that I wanted to learn everything I could from you. You introduced me to the world of DV and trauma, modeled how a passion for social justice can infuse every aspect of a psychologist's work, and consistently pushed me to be the best version of myself (that last one is a nice way of saying that your generous constructive criticism of my writing

has hardened me against any critique I could possibly receive in the future). Usha, the balance between theoretical rigor and compassionate empathy that you bring to your clinical work, especially with regard to trauma, has been a template for my own work as a psychologist. I am especially grateful for the insights and articles you shared with me early on in the conception of this project, which I hope are evident in its DNA. Elizabeth, I am so grateful that you stepped up to join my committee when I was in especially dire need. Although we did not directly interact much throughout the course of my training here, I'm sure that the ways your legacy and your work as our Dean has shaped my experience of this program in countless ways that I'm not even aware of.

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As much as this dissertation is a testament to the scholarly mentors I've had throughout the years, it is a love letter to everyone in my personal life who has supported and shared joy with me throughout the past 7 years. I would first like to express my gratitude to the Boston swing dance community. Swinging out with you every Friday night felt like a celebration of every week of grad school that I completed. I can't wait to celebrate what's coming next!

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Chapter 1: Introduction

Throughout its history, the work of the domestic violence (DV) movement has largely been carried out by survivors themselves (Wood, 2016). Recent research suggests that as many as half or more of today's DV advocates are survivors of intimate partner violence (IPV) or other forms of abuse (Bemiller & Williams, 2011; Slattery & Goodman, 2009). This proportion may have been even higher in the beginning of the movement, which originated as a grassroots campaign for social change and has evolved over time to emphasize a more professional, social service approach, with significant implications for how DV advocates experience their work (Mehrotra, Kimball, & Wahab, 2016; Wies, 2008). While the nature of DV advocacy has shifted over the past 40 years, it remains as crucial as ever for meeting the complex needs of a diverse population of trauma survivors (Warshaw, Gugenheim, Moroney, & Barnes, 2003).

The fact that so many DV advocates are also survivors (sometimes referred to as "survivor-advocates") (Wood, 2016) raises significant questions about the experiences of trauma survivors and of DV advocates. One question that speaks to the intersection of these identities is: to what extent does the work of DV advocacy contribute to survivors' own recovery and well-being? In her landmark work, *Trauma and Recovery*, Judith Herman observes that "giving to others is the heart of the survivor mission, those who practice it recognize that they do so for their own healing. In taking care of others, survivors feel recognized, loved, and cared for themselves" (Herman, 1997). Although this possibility of mutual healing is inspiring, the reality is complicated by the challenges of trauma recovery and the intense demands of DV advocacy, to which survivor-advocates may be particularly vulnerable (Brown, Kallivayalil, Mendelsohn, & Harvey, 2012; Kulkarni, Bell, Hartman, & Herman-Smith, 2013).

As survivors of trauma, survivor-advocates must negotiate multiple mental and physical health challenges along their path to recovery. For the purposes of this research, I will focus on IPV as well as other forms of related interpersonal violence, including sexual assault, childhood physical abuse, and childhood witnessing of violence (Kulkarni et al., 2013; Slattery & Goodman, 2009). Survivors of these traumatic experiences can develop multiple mental health disorders including PTSD, depression, anxiety disorders, and substance abuse (Dillon, Hussain, Loxton, & Rahman, 2013). Alongside these risks is the possibility of positive changes, meaning making, and enhanced relationships resulting from successfully coping with trauma (Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2012; Ulloa, Hammett, Guzman, & Hokoda, 2015). Indeed, recovery from trauma is often not a linear or unidimensional process; significant struggles may coincide with coping and resilience (Brown et al., 2012). Empowering social and community support are crucial facilitators of trauma recovery and growth (Charuvastra & Cloitre, 2008; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2017), but how survivors experience these supports are under-researched (Kallivayalil, Levitan, Brown, & Harvey, 2013; Tummala-Narra, Kallivayalil, Singer, & Andreini, 2012).

On the other hand, as DV advocates, survivor-advocates engage in challenging work that may place them at greater risk for a number of negative outcomes. DV advocates provide a broad range of short term crisis-intervention services that expose them to vivid stories of trauma as they witness their clients in ongoing struggles to seek safety, in a context characterized by limited resources and a broad culture that minimizes and blames victims of violence (Kulkarni et al., 2013). DV advocates have also noted the possibility of deriving personal growth and meaning as a result of witnessing their clients' growth, which may help to bolster them against the stressors inherent in their work (Bemiller & Williams, 2011; Frey, Beesley, Abbott, & Kendrick, 2016). However, the processes by which advocates navigate their work and cope with its potent stressors are poorly understood and demand further research (Wood, 2016).

It is vital that we develop a rich understanding of how survivor-advocates experience their work as both healing and harmful, not only for their own sake, but also to maintain the sustainability and effectiveness of the help that they provide to other survivors (Bemiller & Williams, 2011; Kulkarni et al., 2013; Wood, 2016). To date, only one study has asked survivor-advocates directly about their experiences (Wood, 2016). This study provided preliminary accounts of the ways in which survivor-advocates experience their work as healing and harmful, which will be reviewed in more detail below. Nevertheless, there remains an urgent need to ask survivor-advocates about their experiences, especially among DV advocates. It is likely the majority of DV advocates are survivors of at least one form of interpersonal violence, which confers greater emotional vulnerability as well as greater potential for growth—but this crucial aspect of their experience is often silenced and decentered from their identity as advocates (Wies, 2008; Wood, 2016; personal communication with a survivor-advocate, October 2016), which may stifle our efforts to support them through their work. Thus, this dissertation focuses particularly on the question, "How does the work of survivor-advocates shape their recovery and well-being?"

Literature Review

Questions about both the nature of recovery from trauma and the experience of DV advocacy have captured scholarly attention for decades. However, the research and theory pertaining to these issues has rarely addressed the unique intersecting identity of survivor-advocates. Research on the experience of advocacy, the impact of trauma, and the environmental and interpersonal factors that contribute to recovery will thus serve as sensitizing frameworks for this project shaping the foundation of the interview questions without rigidly imposing an analytical framework, as concepts that are not perfectly captured by these existing theories are likely to emerge from the understudied voices of survivor-advocates.

The Experience of DV Advocates

DV advocates provide a wide range of services, including emotional support, safety planning, case management, psychoeducation, legal and economic support, shelter and transitional housing, and more (Davies & Lyon, 2013). Scholars and practitioners in the field have noted the short-term, crisis-oriented nature of the work, noting that DV advocates are often first responders who are exposed to vivid stories of victimization and revictimization (Frey et al., 2016). Furthermore, this work often takes place in an organizational context characterized by limited resources that can contribute to a normalization of constant crisis (Schow, 2006), as well as a sociocultural context that minimizes and blames victims of violence (Kulkarni et al., 2013). These contextual factors are often exacerbated by the ways in which DV culture has become increasingly professionalized (Mehrotra et al., 2016). This combination of role demands and challenging contexts poses an enormous emotional strain on DV advocates, which puts them at a high risk for experiencing burnout and vicarious trauma (Kulkarni et al., 2013).

A large body of literature has explored the impact on helpers of doing trauma work, focusing on the constructs of vicarious traumatization (VT) (Slattery & Goodman, 2009) and vicarious resilience (VR) (Frey et al., 2016). Vicarious traumatization describes a syndrome of negative cognitive and emotional reactions that result from repeated work with trauma survivors, manifesting as symptoms that often mirror post-traumatic stress symptoms (Cohen & Collens, 2013). A parallel research body examines vicarious resilience (VR), which represents positive changes and personal growth that result from witnessing clients' resilience and recovery (Killian, Hernandez-Wolfe, Engstrom, & Gangsei, 2017), including increases in self-awareness and self-care, resourcefulness, capacity for remaining present while listening to trauma narratives, and satisfaction with and commitment to the work (Frey et al., 2016).

Recent research that explored the relationship between VT and VR revealed that growth can occur alongside or as a result of coping with the negative impacts of trauma work (Cohen & Collens, 2013). In addition, survivor-advocates have been found to be more vulnerable to VT (Cohen & Collens, 2013; Dunkley & Whelan, 2006) and, paradoxically, more capable of developing VR (Frey et al., 2016). Thus, survivorship appears to play a key role in moderating both positive and negative responses to trauma work, but there has been minimal effort to build a theoretical explanation for this inconsistent relationship (Ludick & Figley, 2017). The present study prioritized asking survivor-advocates about experiences of stress as well as positive adaptation to the work, and about the role their survivorship plays in their experience of these outcomes.

The Impact of Trauma

IPV and other forms of interpersonal traumatic stress can have powerful and long lasting effects on survivors' mental and physical health (Dillon et al., 2013). Survivors experience high rates of mental health disorders, including PTSD, depression, substance abuse, dissociative disorders, and more (Kallivayalil et al., 2013). Among the most devastating effects of trauma are the ways in which it can disrupt the self and relationships—across diagnoses, trauma survivors often struggle with difficulty trusting others and forming close relationships, a fragmented sense of self, and chronic feelings of disempowerment and vulnerability (Herman, 1997; Kulkarni et al., 2013; Tummala-Narra et al., 2012). For those survivors whose traumatic experiences were repeated and prolonged in an interpersonal context (i.e., complex trauma, Herman, 1994), these disruptions can be even more profound (Tummala-Narra et al., 2012). The experience of IPV and other traumatic stressor can also be compounded by identity-based oppression such as racism and sexism (Sokoloff & Dupont, 2005; Tummala-Narra, 2007).

Healing in the aftermath of trauma is an arduous, multifaceted process. As noted above, the trajectory of recovery is rarely a straight line from symptoms to thriving. The emotional and relational disruptions of trauma are likely to coincide with the development of coping skills and the establishment of safety in a cyclical process (Brown et al., 2012; Herman, 1997). Numerous scholars of trauma recovery have noted the necessity of healing relationships, trauma-specific treatments, and organizations designed to promote emotional safety (Banks, 2006; Bell, Kulkarni, & Dalton, 2003; Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005). Functioning can vary widely with the quality of the social and contextual support that survivors receive (Harvey, 2007; Kallivayalil et al., 2013; Tummala-Narra, 2007). Survivor-advocates likely vary in the ways that they have experienced and coped with trauma, which will in turn significantly shape their experience of their work as their recovery continues.

Qualitative Research on the Experiences of Survivor-Advocates

While the number of studies focusing on the experience of DV advocates is growing (Lehrner & Allen, 2009; Merchant & Whiting, 2015), only one qualitative study to date has explicitly focused on survivor-advocates' experiences (Wood, 2016). Leila Wood conducted a grounded theory analysis of data drawn from a larger study of DV advocates' experience of their work as a whole, in part due to the fact that 18 of her sample of 22 advocates had experienced interpersonal trauma (Wood, 2016). Wood identified a number of concepts that help to inform future investigation of survivor-advocates' experiences, while also raising numerous new questions. Participants reported that their survivorship served as their "calling" to enter this field, echoing Judith Herman's words regarding "survivor mission" (Herman, 1997). Survivor-advocates also noted that they often use their experiences as survivors to enhance their ability to empathize with and provide hope to clients, in turn bolstering their own sense of competence in the work. These findings were balanced by stories of survivor-advocates' struggles with navigating boundaries and managing their own triggers, which sometimes impaired their ability to remain present with clients. One coping strategy that participants reported using was to reference their own healing journey to remind themselves of the coping and resilience they had already accomplished.

Despite the richness of this data, these findings were limited for a number of reasons. Only a small portion of the interview protocol was dedicated to the experiences of survivor-advocates, and in particular did not include detailed questions about survivor-advocates' relationships with their coworkers and supervisors or perceptions of their organization. The data focused almost entirely on advocate-client relationships, with minimal mention of coworker support or supervision, despite what we know about how the organizational context of DV agencies can be emotionally taxing (Schow, 2006; Slattery & Goodman, 2009). Furthermore, the study was not focused on how advocacy work furthered survivor-advocates' ongoing recovery—Wood observed that some of her findings were consistent with the phenomenon of post-traumatic growth, but noted that future research should explore this in more detail (Wood, 2016).

The present study aimed both to extend and elaborate on Wood's original findings, and to investigate in more depth the unanswered questions about survivor-advocates' relationships with their clients, supervisors, peers, and agency as a whole. The role of interpersonal relationships and institutions in together creating an environment that helps survivors heal is emphasized in multiple bodies of literature (Brown, 2004; Charuvastra & Cloitre, 2008; Elliott et al., 2005; Harvey, 2007). Thus, the current gaps in the emerging literature on survivor-advocates' experiences as well as long-standing theory both point to the need for sensitizing frameworks that emphasize an ecological understanding of trauma and the healing power of relationships.

An Ecological Model of Trauma and Resilience

Harvey's ecological model of trauma (Harvey, 1996, 2007) posits that transactions between the survivor and their social environment are crucial for understanding both the impact of trauma and the process of recovery. The notion of transaction means that an individual's traumatic symptoms have an impact on their environment, which in turn impacts the ways in which the environment responds to the individual, in ways that either heal or exacerbate the individual's functioning. Thus, recovery and well-being depend in part on enhancing the individual's relationship with their environment. The environment is characterized by multiple levels, including individual relationships, community relationships, and larger sociocultural constructs that shape the meaning of traumatic events (Harvey, 2007). Thus, this dissertation explicitly considers survivor-advocates as embedded in a social environment and paid close attention to relationships at multiple levels of the DV agency, including relationships with clients, coworkers, and supervisors, and how reciprocal interactions in these relationships shape survivor-advocates' recovery and well-being. In addition, it asks survivor-advocates about how their organization's culture and policies, as well as sociocultural forces such as sexism, stigma, and other forms of oppression, shape the meaning that survivor-advocates make of their trauma and recovery.

Relational-Cultural Theory

Due to the importance of relationships inherent in other research on the experiences of DV advocates (Frey et al., 2016; Slattery & Goodman, 2009; Wood, 2016), particular attention was paid to the *quality* of the relationships with clients, coworkers, and supervisors from the standpoint of relational-cultural theory (RCT). RCT posits that relationships characterized by authenticity and mutuality contribute to healing for all involved (Banks, 2006). Authenticity refers to both participants in the relationship being able to access and accept multiple parts of their identities, while mutuality refers to the ability for both participants in the relationship to feel understood and to understand each other; both of these constructs tend to entail a more equalized power dynamic than in traditional therapeutic relationships (Banks, 2006). RCT also describes how individuals respond to the threat of invalidation or rejection by employing strategies of disconnection, which serve to distance from and protect particular facets of identity (Comstock et al., 2008). Thus, this study includes questions about how survivors experience connection and disconnection in their relationships across levels of the organization. It also explores the role that authenticity and connection to their own survivorship plays in their attempts to negotiate these experiences.

Research Design

This study uses a grounded theory approach to qualitative research for two primary reasons: 1) the phenomenon of survivors' experiences of doing advocacy work is relatively unexplored, so it is uncertain if extant theory will adequately explain it, and 2) the goal of this study is to provide a substantive theory of survivor-advocacy that will be meaningful, relevant, and useful for advocates and agencies (Glaser & Strauss, 1999; Wood, 2016). Grounded theory refers to an overall approach to research as well as multiple specific methodologies, such as Corbin and Strauss's approach (2007) and Charmaz's more recent constructivist grounded theory (Charmaz, 2014). This study utilizes a hybrid of these two approaches in order to construct a grounded theory that explains survivor-advocates' experiences while also remaining attentive to subjective and unstated meanings in the data.

Sampling

Participants for this study were selected from a broad range of DV agencies in a major urban area of the Northeast, reflecting the various settings that DV advocates do their work. Initial eligibility criteria required that participants be over the age of 18, have been working in the field of DV for at least 6 months, and have experienced at least 1 form of interpersonal violence, including IPV (physical and emotional), sexual assault, childhood physical or sexual abuse, or childhood witnessing of violence, in line with previous research that has conceptualized such experiences as closely related to IPV (Kulkarni et al., 2013; Slattery & Goodman, 2009). Recruitment ended when additional interviews no longer contributed data that develop existing concepts (i.e., the data have reached saturation) (Charmaz, 2014).

Theoretical Sampling. Theoretical sampling is considered a hallmark technique of grounded theory that refers to targeted data collection intended to address questions raised by the data as it is being analyzed, in order to fill gaps, extend and develop concepts, and test emerging hypotheses (Charmaz, 2014). Theoretical sampling can take the form of recruiting participants on the basis of their ability to contribute theoretically relevant information, or re-interviewing participants to address emerging issues in the data. For this study, theoretical sampling became necessary in the following domains. The extent to which survivorship is identified, discussed, and applied to the work of advocates varies across agencies, with implications for organizational culture and stigma. Some agencies in the sampling region are explicitly and exclusively survivor-led, while others are more silent on the topic. It was necessary to seek sites with complementary and contrasting organizational cultures to fully capture the role that organizations play. In addition, experiences of trauma, IPV, and doing helping work vary greatly with social location (Tummala-Narra, 2007). It was important to recruit participants from a wide range of social locations and add specific questions regarding social location to the protocol as these questions emerged in the data.

Recruitment Procedures. Participants were recruited through a targeted selection strategy using e-mail and in-person solicitation through state and local DV organizations. Mailing lists for the organizations were obtained from directors of the organizations and a flyer (Appendix A) or recruitment letter (Appendix B) were e-mailed to all participants, which explained the basic purpose of the study, procedures involved, compensation ($20 gift card), and a screening questionnaire (Appendix C) to determine eligibility. Interviews were scheduled directly with participants at a time that was convenient for them, either in a space of their choosing, or in office space at Boston College. Participants were sent a full consent form prior to scheduling the interview, which they signed before completing the interview.

Data Collection

Interviews were semi-structured and subject to revision throughout data collection. Indeed, there are no circumscribed "data collection" and "data analysis" phases of a grounded theory research project; data analysis begins with the first interview and shapes future data collection (Charmaz, 2014). The initial interview (Appendix E) assessed several content areas based on the theoretical frameworks described above, but ample time was devoted to allowing participants to identify and elaborate on topics and questions that they deem most important. The interview began with open-ended questions such as: 1) what is it like for you, as a trauma survivor, to do the work of DV advocacy? 2) how is it challenging? and 3) how is it rewarding?

Consistent with the ecological model of trauma, questions focused on how survivor-advocates experience distress and healing through their work in the context of 1) their relationships (with clients, coworkers, and supervisors), 2) their organization's policies and culture, and 3) in the broader contexts of sexism, poverty and classism, and other forms of social oppression that contextualize IPV. In accordance with relational-cultural theory, the interview asked about the quality of their interpersonal relationships in the organization, including questions such as 1) when do participants feel particularly connected or supported in their relationships (with clients, coworkers, and supervisors), and 2) when do participants feel vulnerable or disconnected in their relationships, 3) how do they cope with those feelings, and 4) how is their survivorship linked to each of these connections and disconnections?

Data Analysis

Grounded theory emphasizes the development of theory across multiple levels of coding (Charmaz, 2014; Corbin & Strauss, 2008). The goal of the data analysis is to produce a set of concepts and hypotheses that explain how participants interpret their experience, built up at the most basic level from an intimate understanding of participants' subjective experience (Charmaz, 2014; Corbin & Strauss, 2008). Coding of interview transcripts occurred as data was collected, beginning with 1) initial coding, which generates concepts and categories that serve as labels for chunks of similar data 2) axial coding, which specifies relationships between and within concepts and categories, and 3) selective coding, which generates statements that identify theoretical relationships between the most central categories (Charmaz, 2014; Strauss & Corbin, 1998). I served either as first coder or as the reviewer of a research assistant's coding for all interviews.

Rigor and Validity

I took numerous steps to ensure that my methodology demonstrated rigor and validity (Morrow, 2005). Throughout the process, I took analytical memos in order to document, in a narrative form, my thinking about the emerging data and the analytical decisions I made, which enabled me to demonstrate that my data collection and analysis unfolded in a consistent, systematic manner. I also used memos as an opportunity to document my thoughts about how my own personal experiences shaped my interpretation of the data, demonstrating reflexivity (Morrow, 2005). As a form of member checking, I brought the finished data analysis back to participants to allow them to give feedback on the theory. Peer reviewers, including my dissertation chair and one to two graduate research assistants, also provided regular feedback on my data analysis as it unfolded.

Chapter 2: Literature Review

Introduction

When Judith Herman wrote about the "survivor mission" in the groundbreaking *Trauma and Recovery*, she noted that those survivors who do the work of healing others often "do so for their own healing" (Herman, 1997, p. 209). This observation is an integral part of the history of the DV movement and the focus of this study. Many of those on the front lines of DV advocacy are themselves survivors of violence and may be engaged in such a mission of mutual healing (Jenkins & Baird, 2002; Slattery & Goodman, 2009; Wood, 2016). The work of DV advocacy, while potentially rewarding and healing, may also take a significant toll on advocates (Kulkarni et al., 2013; Slattery & Goodman, 2009). In addition, recovery from trauma is a complex process that is fraught with emotional and relational challenges (Brown, 2004; Herman, 1997). While much is known about the complexities of being an advocate and of being a survivor, very little research has been devoted to the intersection of these experiences, including only one qualitative study (Wood, 2016). The purpose of this chapter is to synthesize these separate bodies of literature and identify the most salient gaps in the literature regarding survivor-advocates, in order to answer the question, "how does the work of survivor-advocates shape their recovery and well-being?"

This literature review begins with an exploration of the roles that survivors have played in the DV movement from its origins to the present, paying particular attention to how shifts in the nature of the movement have obscured the formerly central role of survivors. Second, it describes literature on how DV advocates experience their work, with particular focus on the constructs of vicarious trauma and vicarious resilience. Third, it provides an overview of the nature of trauma, including the mechanisms that promote resilience and post-traumatic growth. Fourth, it discusses the unique experience of being both a survivor and an advocate, drawing on common themes and unexplored tensions in the literature on trauma and on advocacy. The literature review concludes with a discussion of two frameworks for thinking about trauma recovery that serve as sensitizing frameworks for the initial interview questions.

Survivors as Advocates: Past and Present

Intimate partner violence (IPV) affects roughly 1 in 3 women in their lifetime (Black, 2011), constituting a major public health issue with pervasive adverse consequences (Dillon et al., 2013). The now vast body of research, policy, and practice designed to identify, prevent, and address IPV can be traced back to grassroots activism of the 1970s. As part of a burgeoning feminist praxis, survivors and other women in their communities banded together to talk about violence in their homes, provide emergency shelter, and engage in outreach, education, and direct action aimed at large-scale social change (Goodman & Epstein, 2008; Lehrner & Allen, 2009). Although some organizations continue to emphasize survivors as central agents, today's mainstream DV movement has largely adopted a social-service orientation that positions survivors as recipients, rather than providers of support (INCITE! Women of Color Against Violence, 2016; Lehrner & Allen, 2009)

Nevertheless, it remains common for survivors to work as advocates. For the purposes of this study, a *DV advocate* is defined as any direct service staff member working in an agency dedicated to addressing the needs of IPV survivors (Macy, Giattina, Sangster, Crosby, & Montijo, 2009), excluding professionals who respond to survivors in other organizational contexts, such as medical, legal, and mental health services. Furthermore, this paper defines survivor-advocates as advocates who have experienced some form of interpersonal abuse (e.g. IPV, sexual assault, childhood witnessing of family violence, and childhood physical abuse). Although survivor-advocates may not be as core to the mission of DV programs as they once were, research suggests that they continue to constitute a large proportion of the workforce, with several studies from the past decade reporting roughly fifty percent prevalence (Bemiller & Williams, 2011; Frey et al., 2016; Kulkarni et al., 2013; Slattery & Goodman, 2009).

Survivor-advocates in the early stages of the movement. Survivors were central participants in the early stages of the DV movement as pioneers of many of the services offered by advocates today. This can be seen in the first emergency shelters, which initially took form as underground, survivor-run safe houses that often emerged directly from feminist consciousness-raising groups (Ferraro, 1981). Although these quickly developed into more formal, dedicated shelter spaces, they continued to be run by and for survivors (Schechter, 1982). Three of the earliest shelters dedicated to IPV survivors were Haven House, formed through the initiative of survivor members of a women's Al-Anon group, Women's Advocates, which originated as a consciousness raising group, and Transition House, which was established largely through the initiative of two survivors (Schechter, 1982). Although few formal statistics are available, anecdotal evidence from early advocates suggests that survivorship among advocates was extremely commonplace, and the movement was characterized by a sisterly community of fellow survivors and their friends, bonded by a common mission (Goodman & Epstein, 2008; Mehrotra et al., 2016; Pence, 2010; Schechter, 1982).

Early tensions in the DV movement: social service and social justice.

Throughout its history, debate regarding the mission and most effective strategies for the DV movement has contributed to complementary but often conflicting approaches, each with different implications for the role of survivor-advocates (Arnold & Ake, 2013; Schechter, 1982). These perspectives cluster into two major strands: a mainstream, social-service oriented approach, and a more radical, social justice oriented approach. The social service strand of the movement prioritizes direct service and reforming existing systems in order to provide a comprehensive and effective response to the needs of individual survivors of violence, whereas the social justice strand prioritizes transforming or dismantling oppressive social structures based on a broader analysis of how such structures inextricably link IPV with other forms of violence against women (Schechter, 1982). These differences led to several tensions that are still felt today.

One area of tension is the role of survivor-advocates themselves. Although many of the first shelters were established by survivors, as shelters proliferated, shifts in their attitudes toward hiring survivors became apparent. Susan Schechter illustrates this in her comparison of two early shelters, noting that one shelter that was characteristic of the social service strand had a policy that stated that "ex-victims can sometimes be effective workers but they must be screened very carefully to be sure that they have worked through all their conflicts and problems related to abuse," while another shelter, created by survivors, encouraged "every woman, both while she is at the house and after she has left, to become part of the collective" (quoted in Schechter, 1982, p. 104). While many shelters maintained that survivor-advocates were essential to the movement's viability, others began to make compromises to this vision, separating the tasks of recovery and supporting others (Goodman & Epstein, 2008; Pence, 2010; Schechter, 1982).

A second area of tension was between professional structures and non-hierarchical structures. Formal funding enabled DV agencies to expand their services, initially through state-level grants or absorption into larger agencies (Schechter, 1982; Wies, 2008) and eventually through federal funding following passage of the Violence Against Women Act (Lehrner & Allen, 2009). For some, this was a welcome change, but for others, it was a compromise that was necessary in order to maintain shelters that were operating on dwindling budgets (Fleck-Henderson, 2017; Pence, 2010). As services expanded, many shelters began to reorganize their agencies into hierarchical models in order to streamline service delivery, doing away with the collective, task-sharing structures that characterized earlier shelters. This also entailed a cultural shift that positioned advocates as experts and survivors as passive recipients of services (Davies & Lyon, 2013; Mehrotra et al., 2016). As veteran advocate Ellen Pence put it, “Women coming into shelters became clients, advocates became counselors, and the distinction between the shelter programs and the institutions that regulate women’s lives became far less pronounced” (Pence, 2010, p. 9). By contrast, this tendency was fiercely critiqued by many radical feminists as antithetical to the DV movement’s goal of transforming traditional power relations (Arnold & Ake, 2013; Schechter, 1982). Organizations that have remained committed to nonhierarchical structures and social justice approaches to the work also tend to emphasize survivor participation (Rodriguez, 1988).

The third and largest area of tension involves the overall shift toward professionalization of the movement. Increased funding often came with the requirement of advanced education and training, typically in fields such as clinical social work and mental health counseling, which increasingly applied a medicalized lens to survivors (Wies, 2008). Critics pointed out how credentialing requirements limited who could become an advocate, as many survivors often did not have the financial means to pursue advanced degrees, and ultimately de-emphasized the importance of personal experience with violence for becoming an advocate (Mehrotra et al., 2016; Wies, 2008). These fields also emphasized professional boundaries, characterized by maintaining emotional distance from clients and separating one's private and professional identities. The purpose of such boundaries was to establish the objectivity necessary to provide quality professional services (Wies, 2008) and to reduce staff burnout and vicarious trauma (Arnold & Ake, 2013; Wies, 2008). However, the relationships created by these boundaries have been critiqued as contradicting the sense of solidarity and sisterhood that characterized the beginning of the movement, discouraging advocates from connecting with survivors on the basis of shared experience (Mehrotra et al., 2016; Wies, 2008).

Tensions between social service and social justice remain present in the movement to this day (Fleck-Henderson, 2017). Many accounts of the history of the movement assert that professionalization and a shift away from social justice approaches now prevail across programs (Lehrner & Allen, 2009; Mehrotra et al., 2016; Wies, 2008). However, the social justice strand and its emphasis on the centrality of survivor-advocates persists in many alternatives to mainstream DV services.

Alternatives to mainstream DV services. Multiple organizations have continued to reject professionalization and utilize non-hierarchical and community-based approaches to addressing violence. Alternatives to the mainstream have existed since the beginning of the movement, developed by activists acutely aware of the ways in which mainstream DV services prioritize white, middle class survivors (Schechter, 1982). Such organizations were committed to community organizing against IPV and intersecting forms of oppression that they identified as the root causes of violence against their communities. For example, in their influential statement, the Cohambee River Collective noted that their agenda included direct action regarding labor rights, welfare, healthcare, and more, as all of these were "struggles in which race, sex, and class are simultaneous factors in oppression" (Smith, 1983, p. 217). For such organizations, the notion of who is a survivor-advocate broadens beyond the experience of IPV, as one early member of the Cohambee River Collective stated, "We are all damaged people merely by virtue of being Black women…we might use our position at the bottom, however, to make a clear leap into revolutionary action" (Smith, 1983, p. 215).

More recently, innovative community-based approaches to addressing violence against women have been developed by new generations of survivors and activists. For example, INCITE! Women of Color Against Violence was born out of a conference hosted in 2000 by antiviolence activist women of color whose goal was "to advance radical analyses of violence developed by women of color while re-igniting a radical social justice movement to end violence against women" (INCITE! Women of Color Against Violence, 2016, p. 2). Many of the organizations that participated in this conference presented innovative approaches to addressing violence against women, such as Sista II Sista's leadership development program for young women of color in Brooklyn, NY (Sista II Sista, 2006). Casa de Esperanza, a Latin@-focused organization that provides direct services and engages in national social change efforts, has developed leadership development curricula and facilitated the implementation of the *promotora* model of community outreach, which focuses on training survivors to serve as outreach workers in their communities (Serrata, Hernandez-Martinez, & Macias, 2016). Perhaps inspired in part by these innovations, many more mainstream agencies are increasingly adopting similar approaches (Arnold & Ake, 2013; Fleck-Henderson, 2017). These non-hierarchical, peer-led, community-focused models have created new possibilities for what it means to be a survivor-advocate, grounded in a shared understanding of the potential of community intervention for meeting the needs of marginalized survivors.

Summary. The DV movement began under the leadership and initiative of survivors of IPV (Schechter, 1982), and while the culture of professionalization has decreased the explicit centrality of survivor-advocates (Fleck-Henderson, 2017; Mehrotra et al., 2016; Wies, 2008), the fact remains that much of the work continues to be carried out by survivors (Slattery & Goodman, 2009). This study explores the roles that survivor-advocates continue to play in the DV movement and how their experience of their roles as personally healing or harmful are influenced by dimensions of their organizational setting, including its embrace of a social service versus social justice approach.

The Experience of DV Advocates

The work of DV advocacy today takes myriad forms across diverse settings. What is common across manifestations of DV advocacy, however, is emotionally challenging work that brings advocates in close relationship with survivors and their stories. Following a review of the roles that DV advocates play in their work with survivors, this section examines the challenges and rewards associated with performing this work.

DV Advocate Roles

A recent review of the practices that fall under the advocate umbrella identified five core service areas: crisis hotline services, advocacy services, support groups, counseling, and shelter (Macy et al., 2009). Hotline and shelter services are often the entry point to receiving longer term services, and are focused on addressing the immediate physical and emotional safety planning of survivors (Davies & Lyon, 2013). Within a shelter, advocates may be responsible for administrative tasks such as conducting intakes, enforcing rules, or reporting outcomes to funding agencies, in addition to providing counseling and support group services. Advocacy services, the broadest umbrella of services, are dedicated to meeting the wider range of survivors' needs in domains such as employment, education, housing, childcare, legal assistance, and more, with the advocate focusing on helping survivors identify and access resources, and interacting with those systems with and on behalf of survivors (e.g., Burnett, Ford-Gilboe, Berman, Wathen, & Ward-Griffin, 2016). Advocacy work can also be focused on social change and community outreach in the form of training other service providers, educating community members in schools and other settings, disseminating information about IPV, and lobbying or writing legislation (Fleck-Henderson, 2017; Peled, 1998). Counseling and support groups serve similar functions of safety planning, providing social and emotional support, increasing survivors' understanding of IPV, and empowering survivors. The majority of these roles are predicated on the advocate working to build an individualized relationship with each survivor they work with (Davies & Lyon, 2013; Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016; Kulkarni, Bell, & Rhodes, 2012).

The Emotional Impact of DV Advocacy

Being a DV advocate means engaging in complex, demanding, and vitally important work that can often pose a significant emotional strain. The work is often short-term and crisis-oriented, with advocates often serving as first responders to survivors who have recently escaped violence or are still in danger (Frey et al., 2016). Advocates repeatedly listen to vivid stories of victimization or witness survivors returning to their abusers, which sometimes means bearing fears about their own and their clients' safety (Frey et al., 2016). Agencies vary widely in the amount of training and supervision available, which can leave advocates feeling underprepared and overwhelmed (Kulkarni et al., 2013; Macy et al., 2009; Slattery & Goodman, 2009). Further, this work often takes place in a stressful organizational context characterized by high workloads, limited organizational resources and training, poor integration with community resources, and demands from funders that take time away from direct service, each of which can contribute to a normalization of constant crisis (Bemiller & Williams, 2011; Kulkarni et al., 2013; Merchant & Whiting, 2015; Schow, 2006).

On a broader level, the work of DV advocacy occurs within a sociocultural context that undervalues, minimizes, stereotypes, and blames victims of violence, and perpetuates sexism, racism, classism, and other forms of social oppression (Kulkarni et al., 2013). For some advocates, encounters with systemic oppression are not new and may trigger past experiences; for others, serving in the role of advocate may mean gaining a visceral understanding of such oppression for the first time (Burnett et al., 2016; Gilfus, 1999; Wood, 2016).

Given this combination of emotionally taxing experiences and contexts, it is no surprise that DV advocates experience high rates of occupational stress, to which significant study has been devoted (Bemiller & Williams, 2011; Frey et al., 2016; Kulkarni et al., 2013; Merchant & Whiting, 2015; Slattery & Goodman, 2009). These stressors are likely to present formidable barriers to the potential for survivor-advocates' work to be mutually healing. The next section reviews the various constructs that have operationalized advocates' responses to the stress involved in their work.

Vicarious Trauma, Secondary Traumatic Stress, and Burnout

The outcomes of chronic occupational stress in helping professions share some symptoms, but maintain key differences in the extent to which they implicate the trauma of the helper and the client. Burnout is most broadly applied, in part because it is conceptualized as a response to any stressful work conditions, not as a response to working with survivors per se (Bemiller & Williams, 2011; Slattery & Goodman, 2009). Burnout consists of emotional exhaustion, decreased job motivation and commitment, and depersonalization (e.g., feelings of detachment or negativity toward clients) (Maslach, Schaufeli, & Leiter, 2001). Its consequences include decreased job performance and satisfaction, increased turnover, depressive symptoms, and relationship problems (Baker, O'Brien, & Salahuddin, 2007; Bemiller & Williams, 2011). In one study of burnout, Bemiller & Williams (2011) compared burnout rates in jobs such as nursing, law enforcement, teaching, and advocacy, noting that advocates experience only moderate burnout compared to these professions (2011). However, studies focusing on constructs more directly involved with trauma have found higher rates of distress for advocates and are the primary focus of this study.

Vicarious Trauma and Secondary Traumatic Stress. Secondary traumatic stress (STS) and vicarious trauma (VT) both describe negative responses to working with trauma survivors, and are particularly relevant for DV advocates, given that they work exclusively with survivors. These constructs have been used in overlapping and interchangeable ways across numerous studies (Baird & Kracen, 2006; Cohen & Collens, 2013; Ludick & Figley, 2017; Molnar et al., 2017). STS is a syndrome of negative cognitive and emotional reactions that mirror post-traumatic stress symptoms that result from prolonged empathic engagement with survivors of traumatic stress (e.g., re-experiencing symptoms, numbing and avoidance, and feelings of hypervigilance, anxiety, and hopelessness) (Baird & Kracen, 2006; Ludick & Figley, 2017; Slattery & Goodman, 2009). On the other hand, VT refers to transformations in the helper's way of experiencing themselves, others, and the world, emphasizing a process of schematic change that mirrors the way that trauma shapes survivors' belief systems (Baird & Kracen, 2006; Cohen & Collens, 2013; Jenkins & Baird, 2002). Thus, on a theoretical level, VT emphasizes internal, cognitive changes in the helper, and STS emphasizes behavioral and emotional symptoms; however, in practice, it has been difficult to separate these two types of responses to trauma work (Molnar et al., 2017; Newell & MacNeil, 2010). From the perspective of intervention and prevention, it may be most efficient to treat the two syndromes interchangeably due to their shared risk and protective factors (Cohen & Collens, 2013; Ludick & Figley, 2017; Molnar et al., 2017). For the purposes of this study, the schematic shifts attributed to VT and the behavioral symptoms attributed to STS will be considered equally important for understanding survivor-advocates, and will be collectively addressed under the single term of vicarious trauma.

Evidence is mounting that suggests that a significant portion of DV advocates experience VT. One recent study found that almost 50% of their sample of advocates met clinical criteria for PTSD, although this approach to assessing VT may be confounded by participants reporting on their own trauma; indeed, 50% of this sample were survivors themselves (Slattery & Goodman, 2009). Other large studies have found more moderate rates of VT (Baird & Jenkins, 2003; Kulkarni et al., 2013), while some qualitative samples have reported that all of their participants experienced some VT symptoms (for a review, see Cohen & Collens, 2013). Regardless of its prevalence, scholars argue that VT is a natural response to trauma work that must be addressed in order to improve the sustainability, well-being, and effectiveness of helpers, including DV advocates (Molnar et al., 2017; Slattery & Goodman, 2009).

Risk and Protective Factors for VT. The growing literature on VT has identified several risk factors that compound the inherently challenging nature of DV advocacy. One of the most commonly discussed predictors of VT is the helper's own trauma history (Dunkley & Whelan, 2006; Hensel, Ruiz, Finney, & Dewa, 2015; Molnar et al., 2017). For example, the 50% of advocates in Slattery & Goodman's (2009) sample who experienced interpersonal violence, including IPV and sexual assault, were more likely than non-survivors to report VT symptoms. This finding has been supported in recent meta-analyses focusing on multiple helping professions, but theoretical accounts of this finding have been lacking (Hensel et al., 2015; Molnar et al., 2017). In addition to personal trauma history, greater exposure to traumatic material in the form of frequency of contact, caseload proportion, and caseload size has been shown to increase the risk of VT (Hensel et al., 2015), which is important given that DV advocates work exclusively with survivors, and often with higher caseloads and more frequent contact than other helping professionals (Bemiller & Williams, 2011; Burnett et al., 2016).

In light of the unique vulnerability of advocates to VT, researchers have devoted significant attention to strategies to prevent and mitigate VT and burnout in recent years. Adequate clinical supervision, trauma-informed training, support for self-care, a culture that openly acknowledges the impact of VT, and social support both within and outside of the workplace have been found to be broadly protective against VT (Cohen & Collens, 2013; Hensel et al., 2015; Kulkarni et al., 2013; Lipsky & Burk, 2009). Slattery & Goodman (2009) found initial evidence that survivor-advocates' perception of shared power within an organization (i.e., the degree to which agencies promote advocates' autonomy and adhere to nonhierarchical structures) is a critical protective factor against VT. In their sample of 148 DV advocates, advocates' perceptions of shared power emerged as the only significant protective factor against VT when controlling for workload, social support, and supervision quality, leaving personal trauma history as the only remaining risk factor (Slattery & Goodman, 2009). Research using different measures of shared power also found that advocates who reported feeling more control over their work also reported fewer VT symptoms (Kulkarni et al., 2013). The experience of shared power may be particularly important for preventing VT in DV advocates to counter the feelings of powerlessness and strict hierarchy that sometimes contribute to the stress of their work (Slattery & Goodman, 2009; Schow, 2006).

Another prominent protective factor against VT is the quality of interpersonal relationships between advocates and others in the agency, termed workplace social support. This construct describes how coworkers, supervisors, and the organization as a whole are engaged and invested in relationships characterized by mutual support, empathy, and emotional safety (Frey et al., 2016; Kulkarni et al., 2013). Slattery and Goodman (2009) found that advocates who reported high levels of workplace social support reported fewer VT symptoms. Qualitative research focusing on DV advocates has also stressed the importance of workplace social support, characterized by sharing emotional reactions with coworkers and having supervisors who are highly involved and available (Cohen & Collens, 2013; Gil & Weinberg, 2015; Merchant & Whiting, 2015).

Some research has been devoted to individual-level variables that may also play a role in protecting against VT, including coping strategies and motivational factors. Self-care, broadly defined, is increasingly encouraged as an integral part of DV work, and has been linked to diminished VT symptoms (Bell, Kulkarni, & Dalton, 2003; Lipsky & Burk, 2009; Wood, 2016). Qualitative studies have documented a wide variety of individual coping strategies, including engaging in activism, exercising, meditation, and personal therapy (Cohen & Collens, 2013). However, the number of studies investigating particular coping strategies within the field of DV advocacy remains small (Hensel et al., 2015; Molnar et al., 2017), and the most effective approach may be to consider individual and organizational factors in tandem (Kulkarni et al., 2013; Slattery & Goodman, 2009).

A smaller area of research revolves around motivational factors as protective against VT. One study of 194 advocates, half of whom were also survivors, found that a sense of dedication to the mission of DV work, which the authors termed the “good soldiering” phenomenon, was itself protective against burnout (Bemiller & Williams, 2011). Research on motivation as a protective factor against VT is extremely rare, but the few studies that address this relationship focus specifically on survivor-advocates, which will be reviewed in more detail below.

Vicarious Resilience

DV advocates have noted the possibility of deriving personal growth and meaning as a result of witnessing their clients' growth, which may help to bolster them against the stressors inherent in their work (Bemiller & Williams, 2011; Frey et al., 2016). Vicarious resilience (VR) refers to personal benefits and growth that can result from witnessing clients' resilience and recovery (Killian et al., 2017). VR, like VT, is best understood as an umbrella term that encompasses the related constructs of vicarious post-traumatic growth (VPTG) and compassion satisfaction (CS), although its use in this regard is relatively recent (Frey et al., 2016). VPTG refers to positive changes in self-perception, relationships, and worldview as a result of exposure to others' recovery (Arnold, Calhoun, Tedeschi, & Cann, 2005; Cohen & Collens, 2013), whereas CS refers to the state of valuing, enjoying, and deriving personal meaning from helping work (Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015). VR also includes competencies such as increases in self-awareness and self-care, increased resourcefulness, capacity for remaining present while listening to trauma narratives, increased consciousness about power relative to social location, and client-inspired hope (Killian et al., 2017).

VR emerged from grounded theory research on the experience of trauma therapists, not merely as a response to VT literature (Engstrom, Hernandez, & Gangsei, 2008). Nevertheless, VR is often studied alongside VT due to their conceptual parallels and potential for shared predictors (Cohen & Collens, 2013; Cosden, Sanford, Koch, & Lepore, 2016; Manning-Jones, Terte, & Stephens, 2017). Cohen and Collen's (2013) meta-synthesis of qualitative research on VT also investigated VR, and found that the majority of participants across the 20 articles they surveyed reported some degree of simultaneous VR and VT. Research on predictors of VR specific to DV advocates has begun to emerge out of previous work on VT. Indeed, many of the protective factors against VT have been found to be promotive of VR in separate research; for example, within a sample of 222 DV advocates, peer relational quality and perceived organizational support were both linked to higher VR (Frey et al., 2016). Another sample of 236 advocates found that higher quality of supervision and the sense that one shares the values of their workplace predicted greater VR (Kulkarni et al., 2013).

Personal trauma history has also been studied in relation to VR, with initial evidence suggesting that it may promote resilient responses to trauma work. Frey and colleagues (2013) found that advocates with a trauma history were more likely to report VR, speculating that integrating their own experiences with their clients' helped to promote positive changes. However, this conclusion has only been investigated in a handful of other studies, reviewed below (Jenkins et al., 2011; Wood, 2016).

Despite overlap in risk and protective factors for VT and VR, most theory and data suggest that the two constructs, while highly related, are not merely two sides of the same coin. Based on their qualitative metasynthesis, Cohen and Collens (2013) proposed that some of the growth of VR is partially attributable to successfully coping with the distress of VT, but some growth can independently occur even as distress persists. Quantitative data have supported both of these possibilities: a survey of 51 substance abuse counselors working with trauma survivors found a positive relationship between VT and VR (Cosden et al., 2016), while others find a curvilinear relationship, suggesting that there is an optimal level of VT than can contribute to VR, but higher levels of VT may be too overwhelming (Manning-Jones et al., 2017) Thus, although research on the link between these two outcomes of trauma work is still in its early stages, it is likely that advocates can experience both harmful and healing responses to their work with other survivors, and that some of those positive responses will depend on their ability to successfully cope with the stress inherent in their work.

Summary. The work of DV advocacy asks advocates to juggle multiple emotionally draining tasks as they repeatedly bear witness to others' trauma, often in a context characterized by high work demands, limited resources, and systemic barriers. These stressful conditions put DV advocates at risk for occupational stress outcomes such as VT; however, witnessing and facilitating survivors' recovery can also spark positive responses in advocates. Personal trauma history may be positively related to both of these outcomes, but theory directly addressing these somewhat contradictory findings has yet to be sufficiently developed. This study will contribute to theory regarding how personal trauma history shapes simultaneous experiences of VT and VR, based what survivor-advocates themselves have to say about how their reactions to their work with other survivors is intertwined with their well-being.

The Nature of Trauma

Throughout this paper, I will use the term "trauma" to refer to the psychological and physical reactions that often result from exposure to particular kinds of injurious events (i.e., traumatic events). The modern understanding of trauma was first codified with the addition of post-traumatic stress disorder to the DSM (Burstow, 2003; Herman, 1997; Van der Kolk, 2015). This generated an explosion of research as well as critique, which sought to expand the original definitions of trauma and traumatic stress to explain more varied and complex experiences of violence (Brown, 2004; Burstow, 2003; Herman, 1997; Tummala-Narra, 2007). As understanding of the harms that accompany traumatic experiences deepened, so too did our knowledge of how individuals adapt, recover, and grow following those experiences (Anderson, Renner, & Danis, 2012; Brown et al., 2012; Tsai et al., 2017).

Feminist theorists understand trauma as a normative coping response to traumatic stress, emphasize social and contextual factors that determine vulnerability to violence, and highlight the individual and community strengths that survivors display when coping with trauma (Brown, 2004; Burstow, 2003). Others have called specific attention to the ways that the experience of IPV and other forms of violence are shaped by cultural identity and compounded by intertwined experiences of racial, gender, sexual, or class oppression (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998; Sokoloff & Dupont, 2005; Tummala-Narra, 2007). Indeed, people of color, women, LGBT people, and other marginalized groups are subject to more severe, frequent, and pervasive forms of violence, and their ability to seek help and cope with such violence is shaped by their experiences of identity-based oppression as well as culturally specific strengths (Swadhin, 2017; Tummala-Narra, 2007). This study will take a feminist approach to trauma, as I am interested in the ways that survivor-advocates build strengths by empowering others and working against systems that perpetuate violence. This section will describe the burdens that trauma imposes on survivor-advocates as well as the paths that are available for growth and resilience through their work.

Mental Health Consequences of Trauma

While there is broad agreement on the core symptoms associated with trauma, scholars of developmental psychopathology increasingly view traumatic events and their sequelae as risk factors that contribute to a wide range of mental and physical health issues, rather than being specific to PTSD (Luyten et al., 2017).

Post-traumatic stress disorder symptoms. The symptoms that comprise PTSD are summarized in the DSM under four categories: intrusion symptoms, avoidance symptoms, hyperarousal symptoms, and other negative alterations in mood and cognition (American Psychiatric Association, 2013). Intrusive symptoms include memories, dreams, and dissociative flashbacks, and intense or prolonged reactivity to stimuli that are related to the original traumatic event (commonly referred to as “triggers”) (e.g. Van der Kolk, 2015). Avoidance symptoms refer to persistent attempts to avoid thoughts and feelings related to the event or the triggers that can bring them about. Hyperarousal symptoms include irritable outbursts, hypervigilance, sleep disturbance, and more. Negative alterations in mood and cognition include negative beliefs about the self, world, other people, and causes of the event, sometimes resembling depressive symptoms.

These experiences of intrusion, hyperarousal, avoidance, and altered mood are the core of simple PTSD; together they represent dysregulation of the fight or flight response resulting in “enduring vigilance for and sensitivity to environmental threat” (van der Kolk, 1997, p. 16), a conceptualization that has been increasingly supported through neuroscience research (Van der Kolk, 2015). This experience of vulnerability to and avoidance of threat, especially in the form of reminders of one’s traumatic experiences, may be one of the ways in which trauma poses a barrier to survivor-advocates’ ability to connect with other survivors in a mutually healing way (Wood, 2016). However, critics of the DSM definition of trauma have also pointed out that these symptoms do not tell the full story for many survivors (Burstow, 2003; Luyten et al., 2017; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

Complex trauma. Mainstream trauma discourse tends to focus on single, discrete traumatic events. However, even before PTSD was formalized as a diagnosis, feminist scholars and activists campaigned to draw attention to the experience of survivors of sexual assault and IPV (Walker, 2016), noting that the original definition of trauma, with its focus on events "outside the range of normal experience," did not take into account the nature and prevalence of violence against women and children (Burstow, 2003). The notion of complex trauma is one result of this critique.

Complex trauma was famously brought to light in Judith Herman's *Trauma and Recovery* (1997), in which she described a unique syndrome, distinct from PTSD, which results from prolonged, repeated traumatic experiences that occur in the context of an intimate interpersonal relationship. Herman's definition of complex trauma gave particular emphasis to violations more frequently experienced by women, such as childhood physical and sexual abuse, prolonged and coercive IPV, and human trafficking (Brown, 2004; Burstow, 2003; Courtois, 2008). Herman and others have outlined the key domains that are impacted by complex trauma, including fundamental alterations in the experience of emotion and consciousness, relationships, identity/self-perception, and meaning-making (Herman, 1997; van der Kolk et al., 2005). While these alterations often include classic PTSD symptoms, they are also frequently absent, or present in much more severe forms (Cloitre et al., 2009; Ford, 2017). Complex trauma and parallel concepts, such as disorders of extreme stress (van der Kolk et al., 2005), have gained significant empirical support as a qualitatively distinct phenomenon from simple PTSD, although they are still left out of the DSM (American Psychiatric Association, 2013; Ford, 2017; Kallivayalil et al., 2013).

Disruptions of identity and relationships. Some of the most devastating effects of both simple and complex trauma are the ways they disrupt identity and relationships. Disruption of the self and identity are noted among some of the negative alterations of cognition captured by PTSD, but they are especially pronounced in complex trauma. These disruptions include a sense of fragmented identity or severe dissociative symptoms; chronic feelings of disempowerment; self-blame, guilt, and shame; personal defilement or permanent damage; loss of faith or spirituality; and a sense of being completely different and isolated from others (American Psychiatric Association, 2013; Herman, 1997; van der Kolk et al., 2005). Disruption of the self can also take the form of a sense of disconnection from one's bodily and emotional states (Van der Kolk, 2015).

Relational disruptions are also represented in a range of trauma reactions. The negative alterations in cognition associated with PTSD include beliefs about others being untrustworthy or to blame for the traumatic event (American Psychiatric Association, 2013). When the traumatic stressors are complex, survivors can experience a much more profound difficulty with trusting others, forming close relationships, and deriving satisfaction from intimate relationships (Ford, 2017; Herman, 1997; Tummala-Narra et al., 2012). These relational disruptions take multiple forms across diverse relational contexts, including parenting stress (Ammerman et al., 2013), perpetration of IPV (Birkley, Eckhardt, & Dykstra, 2016), and difficulty engaging in therapeutic relationships

(Courtois, 2008; Herman, 1997; Saakvitne, 2017). Disruptions of identity and relationships, while often a feature of simple PTSD, are considered central to complex trauma (Ford, 2017; Herman, 1997; van der Kolk et al., 2005).

These profoundly painful experiences are indicative of the ways in which trauma can interfere with capacities for connecting with oneself and with others that are formed and maintained in the context of close relationships (Charuvastra & Cloitre, 2008; Fonagy, Campbell, & Luyten, 2017; Herman, 1997). Indeed, reforging an empowered and cohesive sense of self and reconnecting with others have been described as crucial tasks of recovery from trauma (Brown, 2017; Charuvastra & Cloitre, 2008; Herman, 1997), and may be at the heart of the mutually healing "survivor mission" Herman described (Herman, 1997, p. 209). From this perspective, survivor-advocates will likely be sensitive to the intense relationships they encounter in their work, including with their clients, their coworkers, and their supervisors. The extent to which survivor-advocates can connect with and receive support from others in their work is likely to be related to their experience of trauma.

Other health impacts of trauma. The vast majority of those who have survived traumatic stress meet criteria for other mental health difficulties including depression, anxiety, substance abuse, dissociative disorders, eating disorders, and more (Dillon et al., 2013; Luyten et al., 2017). For example, some estimates of the prevalence of depression in IPV survivors are as high as 67%, and this risk is especially strong for those whose trauma history includes multiple and/or early exposures to traumatic stressors such as sexual assault (Dillon et al., 2013; Warshaw, Brashler, & Gil, 2009). Similarly, research consistently demonstrates that the majority of women who experience substance use problems have also experienced some form of interpersonal trauma (Trickett, Noll, & Putnam, 2011; Wilsnack, Vogeltanz, Klassen, & Harris, 1997). In fact, the pervasive impact of trauma extends even beyond mental health symptoms, and includes a wide range of somatic complaints and physical health problems (Luyten et al., 2017). For example, a recent review found that a wide range of physical health problems including chronic pain, HIV risk, cardiovascular problems, gastrointestinal problems, and more are associated with a history of IPV (Dillon et al., 2013). Traumatic stressors such as IPV also contribute to poverty, unemployment, homelessness, and other forms of economic strain, sometimes mediated through their impact on mental health, but also often as a direct result of the abuse itself (Goodman, Smyth, Borges, & Singer, 2009).

Resilience and Post-Traumatic Growth

Although most research on trauma focuses on its negative health effects, a smaller, but growing wave of research is concerned with positive responses to traumatic stress, in particular, resilience and post-traumatic growth. Although both constructs are the subject of much controversy regarding their validity and clinical applications (Brown et al., 2012; McCleary & Figley, 2017; Tsai et al., 2017), they are important to consider as part of the broader question of how survivors cope with and recover from trauma. These constructs are distinct from VR, described earlier, as many survivors who are not helping professionals nevertheless experience positive growth after traumatic stress. Thus, the ways in which survivor-advocates experience well-being by giving back to other survivors could possibly reflect both *vicarious* resilience (Frey et al., 2016; Killian et al., 2017) and their *personal* trajectories of resilience and post-traumatic growth.

Resilience. Resilience has had multiple definitions across different research paradigms, referring to the maintenance of healthy functioning, quick recovery, or positive adaptation after a traumatic event, all while withstanding or never experiencing the harmful effects of such adversity (McCleary & Figley, 2017; Tsai et al., 2017). Although it was initially viewed as a static and all-or-nothing phenomenon, more recent conceptualizations of resilience describe a developmental transaction between individuals and their contexts, such that individuals may demonstrate significant pathology in one setting and resilience in another (Brown et al., 2012; Harvey, 2007; Tummala-Narra et al., 2012). For example, qualitative research has documented simultaneous experiences of pathology and resilience following traumatic stress, as well as vulnerabilities gradually being reforged into strengths over time—that is, survivors' active attempts to cope with and harness something useful from their trauma can constitute resilience (Brown et al., 2012; Kallivayalil et al., 2013; Tummala-Narra et al., 2012).

Among the many factors studied in relation to resilience, social support and various processes of meaning-making appear to be especially powerful. Social support has been classified into emotional, instrumental, and informational forms, each with important roles in promoting well-being after adversity (Goodman & Smyth, 2011; Tsai et al., 2017). Multiple meta-analyses of risks for PTSD have found a robust negative association between social support and PTSD across multiple trauma types (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2008). Social support may be especially crucial for survivors of IPV and other forms of interpersonal or complex trauma, given their association with social isolation and other forms of relational disruption (Goodman & Smyth, 2011; Suvak, Taft, Goodman, & Dutton, 2013; Tummala-Narra et al., 2012).

Meaning-making refers collectively to strategies for altering one's perspective and understanding of traumatic experiences in ways that reduce the impact of trauma and bolster resilience (Tsai et al., 2017). Qualitative studies of survivors' narratives of recovery from trauma often identify "turning points" that enable new and adaptive understandings of their experiences (Harvey, Mishler, Koenen, & Harney, 2000). Indeed, a recent review of narrative perspectives on trauma and resilience notes a strong relationship between resilience and narrative styles that are flexible, coherent, and more fully integrated with survivors' entire lives, perhaps due in part to ways in which they restore a sense of agency to survivors (Meichenbaum, 2017). Meaning-making and social support are likely to be highly intertwined according to attachment and ecological theories of trauma and resilience, such that supportive social contexts provide safe environments for survivors to develop and relationally enact new meanings of their trauma (Fonagy et al., 2017; Harvey, 2007; Schore, 2017; Tummala-Narra et al., 2012).

Post-traumatic growth. Post-traumatic growth (PTG) refers to positive changes to personal identity, belief systems, relationships, and other significant psychological domains as a result of enduring trauma (Triplett et al., 2012; Tsai et al., 2017). Although PTG has been studied alongside or interchangeably with resilience, they are distinct in that PTG tends to emphasize cognitive changes as well as the development of strengths that were absent or less pronounced prior to the traumatic event (Tsai et al., 2017; Ulloa et al., 2015). PTG has been linked to increases in self-esteem, life satisfaction, sense of purpose, greater sense of altruism, and improved relationship quality and satisfaction across multiple trauma types, including IPV and sexual violence (Elderton, Berry, & Chan, 2017; Triplett et al., 2012; Ulloa et al., 2015; Ulloa, Guzman, Salazar, & Cala, 2016). Most accounts of PTG suggest that an optimal level of distress or shock related to trauma must be experienced and processed in order to enable growth (Elderton et al., 2017; Shakespeare-Finch & Lurie-Beck, 2014; Triplett et al., 2012; Tsai et al., 2017). Estimates of the prevalence of PTG vary widely based on trauma type and assessment strategy, but recent reviews of PTG in general (Tsai et al., 2017), IPV (Ulloa et al., 2015), and sexual assault (Ulloa et al., 2016) suggest that roughly half of survivors experience growth in at least one life domain.

Consistent with resilience, prominent predictors of PTG are social support and various forms of meaning-making. Efforts to cognitively process and reappraise the meaning of traumatic events, for example, have been linked to more cohesive, adaptive, and hopeful worldviews that are in turn associated with PTG in other domains (Tsai et al., 2017; Ulloa et al., 2016; Valdez & Lilly, 2015). Participating in acts of altruism and providing social support to others also appear to spur PTG (Tsai et al., 2017), and these are often grounded in survivors' spiritual and religious beliefs (Ulloa et al., 2015). Receiving social support is also linked to PTG, and can take many formal and informal forms, including from friends and family, counselors, and spiritual or religious leaders (Elderton et al., 2017; Tsai et al., 2017; Ulloa et al., 2015). One unique form of social support linked to PTG is contact with another person who has experienced PTG; one survey of 61 survivors of IPV found that those who reported having known someone who experienced positive change following an abusive relationship were more likely to report growth themselves (Cobb, Tedeschi, Calhoun, & Cann, 2006).

Summary

The effects of trauma on mental and physical health, identity, and relationships can be devastating and pose formidable challenges to survivors' well-being. At the same time, in the context of a community that provides social support and facilitates making meaning of traumatic experiences, survivors may be able to transform their vulnerabilities into strengths and demonstrate resilience and growth. The next section applies this understanding of trauma to existing research on the experience of survivor-advocates in order to identify the aspects of their work that may most directly contribute to these recovery processes.

The Experience of Survivor-Advocates

The literature on the experiences of advocates and the literature on the experiences of trauma survivors, respectively, have provided useful windows into how survivor-advocates might experience their work in DV programs. However, research that has focused explicitly on the intersection of these two identities is exceedingly scarce. Further study is needed in order to elucidate the ways that survivor-advocates experience VT and VR and the role that their own personal trauma and resilience play in these experiences. As a theoretical place to start, this section discusses parallels between the experiences of DV advocates and survivors. Then, it describes the findings and limitations of existing research devoted specifically to survivor-advocates in order to identify the most salient gaps in the literature that this study will aim to fill.

Parallels in the Experiences of Advocates and Survivors

The experiences of advocates working with DV survivors and individuals with direct exposure to traumatic experiences are overlapping in that social support and meaning-making processes are particularly effective promoters of well-being for both groups. For both advocates and survivors, receiving social support (Charuvastra & Cloitre, 2008; Hensel et al., 2015), especially support characterized by shared power (Slattery & Goodman, 2009; Herman, 1997; Saakvitne, 2017), mitigates the harmful effects of the stressors they contend with. In fact, both receiving and providing social support are positively associated with growth and resilience in survivors (Elderton et al., 2017; Ulloa et al., 2016) and in advocates (Frey et al., 2016). Efforts to make meaning of traumatic experiences are also associated with resilience for survivors (Harvey et al., 2000; Kallivayalil et al., 2013), just as advocates who view their work as a "calling" are less vulnerable to VT (Bemiller & Williams, 2011). For both survivors and advocates, meaning-making processes and social support are highly intertwined, such that supportive relationships and communities provide a safe environment in which meaning-making can occur (Harvey, 2007; Tsai et al., 2017; Tummala-Narra et al., 2012).

In light of these parallels, and the fact that survivors make up a significant proportion of the advocate workforce, it is surprising that so few studies have directly examined the experiences of survivor-advocates. In fact, most research on VT and VR treats the experience of being a survivor as simply an additional risk factor for advocates, rather than exploring the possibility that the intersection of these identities leads to a qualitatively distinct experience of the work. Indeed, somewhat paradoxically, survivor-advocates are more likely than non-survivor-advocates to experience both VT (Hensel et al., 2015; Slattery & Goodman, 2009) and VR (Frey et al., 2016). Theoretical accounts of these findings are scant and somewhat contradictory. For example, some suggest that survivor-advocate's traumatic memories are triggered when exposed to their clients' stories of trauma, thereby increasing their experience of VT symptoms (Ludick & Figley, 2017; Slattery & Goodman, 2009). However, this explanation overlooks the fact that such a reaction is simultaneously both vicarious and personal, suggesting that VT and personal trauma may be less distinct for survivor-advocates than for non-survivors. In contrast, others have suggested that advocates with a trauma history may be better prepared to manage the shock of others' stories of trauma due to having coped with violence themselves (Gilfus, 1999), or may be able to derive greater resilience from their work than non-survivors by comparing and integrating their personal stories of recovery with those of their clients' (Frey et al., 2016). Regardless, these postulations about survivor-advocates' experiences have not been explored in the literature, with the exception of two studies (Jenkins et al., 2011; Wood, 2016).

Existing Research on Survivor-Advocates

To date, one mixed-methods study and one qualitative study have looked explicitly at survivor-advocates' positive and negative reactions to their work. A mixed-methods survey of 101 sexual assault and DV advocates (Jenkins et al., 2011) sought to clarify the relationship between survivor status and VT by asking participants to report on their motivation for entering the field. They found that those who reported having entered the work due to their experience of IPV or sexual assault (i.e., survivor-advocates) were more likely to report VT symptoms than those who reported other motivations, such as personal reward or a more general desire to help others. However, these survivor-advocates also reported more *positive* changes as a result of the work, including increases in self-awareness, self-esteem, capacity for self-care, empowerment, and processing of their own trauma. These results lend credence to the notion that survivor-advocates' experience of VT and VR is influenced in part by the meaning they make of their experiences of violence in relation to the work.

This study was constrained by several limitations that point to the need for further research with survivor-advocates. Survivor status was inferred entirely from participants' open-ended description of their motivation to enter the field (Jenkins et al., 2011), leaving open the possibility that there were some participants in this sample who were survivor-advocates but did not report that this was a primary motivation for them to enter the work. Indeed, only 20% of this sample reported such a motivation, despite the fact that survivors typically make up closer to 50% of the advocate workforce (Bemiller & Williams, 2011; Slattery & Goodman, 2009). Thus, survivor-advocates who were not motivated by their experiences of violence were obscured in this research and may report other ways of making meaning of their work that are helpful or harmful. Furthermore, the authors note that it is unclear how these motivations play out in the day to day experiences and relationships of survivor-advocates. Qualitative research on survivor-advocates' experience of their work would help to illustrate how motivations and other forms of meaning making influence their well-being.

One qualitative study to date has been devoted to the experiences of survivor-advocates. Drawn from a larger grounded theory study on the experiences of DV advocates, Leila Wood found that 18 of her 22 participants were survivors, and devoted several questions to the ways in which this informed their work (2016). Consistent with Jenkins and colleagues' study (2011), Wood's found that many survivor-advocates described advocacy as their "calling," which was experienced as protective against work stress. For many survivor-advocates, occasionally disclosing their status with their clients was experienced as helpful in building a more empathic connection or providing a model of success and hope. On the other hand, many of the participants in Wood's study did not identify as survivors until they began working with other survivors. Regardless, most participants reported that integrating past experiences of violence into their professional identity enabled them to make meaning of their work by reframing their experiences of violence as having increased their ability to provide meaningful support to other survivors. This in turn increased their sense of competence as advocates and contributed to a more holistic and rich sense of themselves (2016).

Survivor-advocates in this study reported actively making use of their identity to cope with work stress. Several participants in this study reported struggling with being triggered by clients' stories and creating appropriate boundaries, which is consistent with evidence that survivors are more vulnerable to VT. However, survivor-advocates also reported unique coping strategies, such as internally referencing their own healing journey and their "calling" in order to maintain their own sense of hope and empowerment (Wood, 2016). For some advocates, this entailed privately comparing their own experiences to their clients' and judging them as less harmful, but for others, this took the form of reaffirming the possibility of healing for all survivors; as one participant put it: "it kind of makes me realize how far I've come along and just reminds me to remember where I was at one point and it helps me to understand that I have healed and that I'm in a better place now. And it motivates me to try to help them so they can one day feel the same way that I do now." Wood also suggested that coworker support was helpful in addressing VT, but there was no data illustrating the forms this support took.

While Wood's (2016) investigation yielded rich insight into survivor-advocates' experiences, there remain several gaps in this nascent literature. As Wood herself noted, the interview for this study was not designed at the outset to focus on survivor-advocates or on experiences of VR, and as such, only a small portion of the questions address these topics. A study that is entirely dedicated to the experiences of survivor-advocates would likely add depth to the concepts identified in Wood's research and identify additional strategies survivor-advocates use in their work. For example, it is not clear from Wood's (2016) data when and how survivor-advocates made decisions regarding disclosing their identity vs. maintaining stricter boundaries with clients, or whether or not similar benefits could be obtained from disclosing to peers and supervisors.

Indeed, no data on participants' interactions with their peers and supervisors, or their perception of their overall organizational culture were reported. These are crucial aspects of survivor-advocates' workplace experiences, based on what is known about how workplace social support, shared power, and quality supervision contribute to VR and protect against VT (Frey et al., 2016; Slattery & Goodman, 2009). Slattery & Goodman's study (2009), which found that shared power reduced VT symptoms, also found that survivors were still more likely than non-survivors to experience VT when controlling for shared power. Although they did not find a significant interaction effect between survivor status and workplace factors, which they attributed to a lack of statistical power, they suggested that shared power may be especially helpful for survivor-advocates by providing the empowerment that is crucial to trauma recovery. On the other hand, Frey and colleagues (2016) found that survivor-advocates were more likely to experience VR and speculated that this may be due to opportunities to process trauma through discussion with coworkers and supervisors.

Qualitative research that asks survivor-advocates about how they experience shared power and other forms of workplace social support is a crucial step in furthering our understanding of how organizations can best support them, which was unfortunately minimally addressed in Wood's (2016) research. In fact, some organizational cultures might discourage survivor-advocates from utilizing their survivorship in healing ways. For example, one qualitative study of DV advocates who worked in an agency characterized by rigid professional boundaries reported that advocates who disclosed personal information to clients or displayed negative emotions were admonished by coworkers and supervisors (Wies, 2008). Relatedly, the three non-survivor participants in Wood's study (2016) expressed concerns about survivor-advocates' ability to maintain boundaries and cope with being triggered by clients' stories, but survivor-advocates' reactions to such attitudes in their coworkers were not explored.

Summary

Existing research on survivor-advocates has identified multiple ways that survivor-advocates manage their past experiences of violence in order to cope with the stresses of their work and build resilience, blurring the lines between vicarious and personal trauma and resilience. However, this research is scarce, and several gaps remain to be filled. In particular, only one qualitative study has been conducted on the experiences of survivor-advocates (Wood, 2016). While Wood's study identified several strategies that survivor-advocates use in their work, these revolved entirely around the survivor-advocates' relationship with their clients, and did not explore how these and other strategies come to play in their relationships with their coworkers and supervisors. In addition, while Wood's study suggested the importance of social support, it did not address in detail survivor-advocates' experience of how they receive support from their coworkers, supervisors, and from their overall organizational culture. Finally, on a broader level, survivor-advocates' experiences and their connections to the constructs of VT and VR have not been adequately explained by existing theories (Ludick & Figley, 2017) and there have been no attempts to develop theory specific to this population.

This study aims to fill these gaps by being the first qualitative study to develop a substantive theory of survivor-advocates' experiences of their work as both facilitating and hindering their well-being, and by paying explicit attention to how survivor-advocates' perceptions of support from their coworkers and supervisors influence these processes. I turn next to a description of the sensitizing theories that will guide the research questions at the heart of this study.

Sensitizing Frameworks

This study used a grounded theory approach, described below, which strives to derive theory inductively from participants' construction of their own experience as much as possible (Charmaz, 2006; Corbin & Strauss, 2007). Nevertheless, the flexibility of grounded theory allows the researcher to use sensitizing concepts as "points of departure" (Charmaz, 2006, p. 17) for developing interview questions and guiding analysis, especially when the goal of the researcher is to develop or extend existing theories to unexplored areas (Corbin & Strauss, 2008). I made use of an ecological framework and relational-cultural theory as sensitizing concepts in this study, as both models speak to the role that interpersonal relationships and culture play in recovery from trauma.

An Ecological Model of Trauma and Resilience

Numerous interpersonal, organizational, and cultural factors influence survivor-advocates' experiences of trauma and resilience. A useful framework for understanding the interactions between these factors is Urie Bronfenbrenner's pioneering ecological model, which states that an individual's development is influenced by dynamically intertwined variables across multiple nested levels, including: 1) the microsystem, which comprises the most proximal relationships an individual engages in, such as a survivor-advocate's friends, family, co-workers, and their supervisors – past and present, 2) the exosystem, consisting of larger social systems that form the backdrop of the microsystems, including, for example, organizations at which the advocate-survivor may have sought help or agencies with which they now collaborate, and 3) the macrosystem, which consists of cultural attitudes and other large social groups and forces, including the forces of sexism, classism, racism, homophobia, transphobia, and other forms of marginalization that many survivor-advocates have always contended with in their personal and professional lives.

Applying this model specifically to traumatic experiences, Mary Harvey noted that trauma and resilience must be understood in terms of transactions between the survivor and their social environment (Harvey, 1996, 2007). Survivors' recovery depends in part on the resources that are available in their micro (i.e., interpersonal relationships) and meso (i.e., organizational culture and resources) systems, as well as on the impact that the survivors' trauma has on those systems. This is in turn constrained by the cultural meanings that the traumatic stressor holds in the survivor's culture (Harvey, 1996, 2007). From this perspective, the extent to which the survivor is able to seek support from their environment and the ability of their environment to actually provide such support together contribute to the survivor's resilience.

Guiding questions from ecological models. For the purposes of this study, it will be crucial to attend to the social worlds that survivor-advocates inhabit on multiple ecological levels, within and outside of the workplace, in order to understand all of the forces that shape their response to traumatic experiences and the resources and relationships that can support their recovery. From this perspective, survivor-advocates' recovery can be fostered through their relationships with their clients, their coworkers, and their supervisors, as well as their organizational and social culture as a whole. As suggested by the literature on vicarious and non-vicarious resilience and post-traumatic growth, these contextual factors are especially helpful to the extent that they offer social support and facilitate meaning-making, but this has only been minimally supported in previous qualitative research on survivor-advocates (Wood, 2016). These same contexts and relationships may also be harmful if they discourage survivor-advocates from openly acknowledging and utilizing their experiences of violence. Ecological models of trauma thus contribute the following questions:

1. How do individual relationships (with clients, coworkers, and supervisors) in survivor-advocates' workplace shape their recovery and well-being?
2. How do the organizational cultures, values, and policies in survivor-advocates' workplaces facilitate and impede their recovery and well-being?
3. How do survivor-advocates' social locations and identities shape their work, and in turn, their recovery and well-being?

Relational-Cultural Theory

Relational-cultural theory (RCT) posits that people are inherently motivated to build growth-fostering relationships, and that such relationships play a central role in promoting health and well-being (Banks, 2006; Jordan, 2009). Relationships are nourished when both parties can engage *authentically* and experience *mutual empathy*—that is, they are each able to engage the other without feeling compelled to hide or protect aspects of their experience and identity, and are able to recognize each other's experience on cognitive and affective levels (Banks, 2006). When these ingredients are in place, each person in the relationship is thought to feel more connected to each other and to their own identity—including pieces of identity that are typically rejected or stigmatized – which, in turn, increase empowerment, self-worth, self-awareness, and a desire for more relationships (Jordan, 2009).

From the perspective of RCT, mental health difficulties, including trauma, both follow-from and contribute to relational disconnection and isolation (Banks, 2006). All individuals are motivated to protect against rejection of particular pieces of their identity that they have come to believe are likely to be rejected based on prior relationships, experiences, or cultural messages; and they use, multiple *strategies of disconnection* to do so (Walker, 2004). When such strategies are employed, people maintain tenuous connection with others while keeping crucial pieces of themselves out of the relationship (and thereby protected), which can perpetuate feelings of shame, isolation, or fragmentation, which are hallmarks of trauma (Banks, 2006). To counter this disconnection, RCT therapists provide a growth-fostering relationship in which the experience of authenticity and mutual empathy gradually enable individuals to bring vulnerable pieces of their identity into the relationship, enabling a deeper connection for both involved and the reduction of trauma symptoms.

Guiding questions from RCT. RCT provides a framework for guiding questions about survivor-advocates' moment-to-moment relational connections and disconnections, potentially illuminating how particular relationships contribute to their recovery. Of primary interest is how the survivor-advocate engages privately and publicly with their own survivorship during interactions with their clients, peers, and supervisors, including but not limited to disclosing their trauma history (Wood, 2016). From an RCT perspective, survivor-advocates' ability to foreground this part of their identity is likely to contribute to feelings of authenticity and mutual empathy, which in turn might foster greater well-being. However, survivor-advocates may also feel the need to maintain professional boundaries and de-emphasize their personal survivorship, which could protect them from being triggered by their work, but could also increase feelings of disconnection and isolation (Fleck-Henderson, 2017; Wies, 2008). Exploring these strategies of disconnection and the relational and organizational factors that make them necessary is thus crucial to identifying barriers for survivor-advocates ability to feel authentically engaged in their work. RCT thus suggests the following questions:

1. What role does survivor-advocates' survivor identity play in their experiences of connection and disconnection in their relationships with clients, coworkers, and supervisors?
2. What strategies do survivor-advocates use to connect and disconnect with others in their workplace, including sharing or not sharing their survivor identity?

3. How do survivor-advocates' experiences of connection and disconnection shape their recovery and well-being?

The Present Study

Survivor-advocates contend simultaneously with their own experience of trauma and that of the survivors they work with, both of which impose numerous threats to well-being as well as opportunities to foster growth and greater connection. Although VT and VR are primarily studied as phenomena distinct from the helper's own trauma and resilience, for survivor-advocates, these experiences are inextricably intertwined. Indeed, many of the same factors impact vicarious and non-vicarious trauma and resilience, including social support (Frey et al., 2013), shared power (Slattery & Goodman, 2009) and opportunities to make meaning of trauma by integrating it into a calling to help others (Bemiller & Williams, 2011; Jenkins et al., 2011; Wood, 2016). Nevertheless, the perspective of survivor-advocates themselves has too often been inferred from parallels in the literature on survivors and on advocates. To date, only one study has exclusively examined survivor-advocates, which has raised several questions about how survivor-advocates navigate and experience the relationships in their work (Wood, 2016).

This study aimed to extend the findings of Wood (2016) and address gaps in our knowledge of the experiences of survivor-advocates. I used a grounded theory approach to ask survivor-advocates directly about the following broad research question:

1. How does survivor-advocates' work in DV programs shape their recovery and well-being?

The primary research question was elaborated with questions that were suggested by the sensitizing frameworks of ecological models of trauma and RCT. As described above, the ecological model contributes the following guiding questions:

1. How do individual relationships (with clients, coworkers, and supervisors) in survivor-advocates' workplace shape their recovery and well-being?
2. How do the organizational cultures, values, and policies in survivor-advocates' workplaces shape their recovery and well-being?
3. How do survivor-advocates' social locations and identities shape their work, and in turn, their recovery and well-being?

In addition, RCT contributes the following guiding questions:

1. What role does survivor-advocates' survivor identity play in their experiences of connection and disconnection in their relationships with clients, coworkers, and supervisors?
2. What strategies do survivor-advocates use to connect and disconnect with others in their workplace, including sharing or not sharing their survivor identity?
3. How do survivor-advocates' experiences of connection and disconnection shape their recovery and well-being?

The ultimate goal of this study was to develop a substantive theory of how prior traumatic experiences shape survivor-advocates' work and in turn, their recovery and well-being. Although some existing quantitative research speaks to the role that trauma history plays in shaping one's experience of trauma work, these studies have not emphasized developing a rich theoretical understandings of that experience. Furthermore, only one qualitative study has focused specifically on survivor-advocates' unique experiences, but this study focused primarily on how their past experiences shape their work, with recovery given relatively less attention (Wood, 2016). Indeed, qualitative exploration of survivors' recovery from trauma in general remains a large gap in the literature (Kallivayalil et al., 2013), and is crucial for understanding trauma and resilience in a non-pathologizing, survivor-centered way (Gilfus, 1999). For these reasons, a qualitative research design was used in this study.

Chapter 3: Methodology

The purpose of this study was to learn from survivor-advocates about the ways that their work shapes their recovery and well-being. It utilized grounded theory methodology for several reasons. First, grounded theory is an approach to qualitative research that emphasizes both rich description and interpretive theory building (Charmaz, 2014; Corbin & Strauss, 2008). It was necessary to take a theory-building approach, rather than merely a descriptive one, in order to clarify how the experience of survivor-advocates is related to but also distinct from existing constructs such as vicarious trauma and resilience. In addition, because Leila Wood’s study (2016) provided rich descriptions of several categories, but left open multiple theoretical questions, this study sought to develop theoretical accounts of survivor-advocates. Nevertheless, the experience of survivor-advocates remains heavily understudied, so it is crucial that any theory developed from their experiences remains grounded in their own words as much as possible. This was accomplished by adherence to multiple grounded theory techniques and principles, which will be described next.

Grounded Theory

The goal of grounded theory research is to generate a substantive theory that enables understanding and explanation of a social phenomenon (Charmaz, 2014; Corbin & Strauss, 2008). This is accomplished by identifying concepts that represent the basic problems encountered and processes employed by the people involved in that phenomenon, grouping concepts into categories, and specifying theoretical relationships between categories (Charmaz, 2014; Corbin & Strauss, 2008). Grounded theory is distinguished by several characteristic techniques of data analysis and collection that serve as systematic, but flexible guidelines (Charmaz, 2014; Corbin & Strauss, 2007; Glaser, 1978). Common to all grounded theory approaches is a foundation in symbolic interaction (Corbin & Strauss, 2008). Symbolic interactionism states that people behave based on the meanings they make of their social world, and that those meanings are formed and continually shaped through interpersonal interactions and cultural messages (Corbin & Strauss, 2008). This guides grounded theory research by directing analytic attention to the processes of interpretation, decision making, and action that people employ in response to the situations and problems they encounter.

Recent developments in grounded theory have moved it beyond its original positivistic assumptions (Glaser & Strauss, 1999) toward a constructivist approach that emphasizes both the researcher and research participants' socially constructed beliefs, values, and assumptions, and how these interact to shape the research process (Charmaz, 2014; Corbin & Strauss, 2008). The data and resultant theory do not reflect an external, objective truth, but rather are an interpretation constructed by the researcher and the participants, and are therefore also constrained by the social and historical context of both parties (Charmaz, 2014). This study draws on Charmaz's constructivist principles in its attention to sociohistorical context, unstated meanings in the data, and the researcher's role as an active participant in the process. It also incorporates elements of Corbin and Strauss's (1998, 2008) approach to coding in order to make clear and precise theoretical statements, balancing postivist and constructivist approaches.

In grounded theory, construction of concepts and categories is facilitated by two primary techniques: constant comparison and theoretical sampling. Constant comparison, a data analysis strategy that was popularized with the earliest articulation of grounded theory (Glaser & Strauss, 1999), involves comparing each new segment of data to existing data to identify similarities and differences between them (Charmaz, 2006). As comparisons are made, concepts are tentatively constructed, which are then compared to incoming data to determine if they continue to represent the data well, or if new concepts must be constructed. Theoretical sampling is a hallmark of grounded theory that refers to targeted data collection intended to address questions raised by the analysis in order to fill gaps, further develop concepts, and test emerging hypotheses about relationships between concepts (Charmaz, 2006). Theoretical sampling can take the form of recruiting participants on the basis of their ability to contribute theoretically relevant information, or re-interviewing participants to gain their perspective on concepts that emerged after their interview. This cycling between constant comparison and theoretical sampling enables the hypotheses and conclusions that emerge throughout a grounded theory project to be continuously tested and refined against the data, ensuring that the concepts are richly developed and fit the data well (Corbin & Strauss, 2008).

Sampling

Participants for this study were selected from a broad range of DV agencies in a major urban area of the Northeast, reflecting the various settings that DV advocates do their work. Initial eligibility criteria included that participants be over the age of 18, have been working in the field of DV for at least 6 months, and have experienced at least 1 form of interpersonal violence, including IPV (physical and emotional), sexual assault, childhood physical or sexual abuse, or childhood witnessing of violence. Recruitment ended when additional interviews no longer contributed data that developed existing concepts (i.e., the data have reached saturation) (Charmaz, 2014). Due to the emergent nature of the central process in grounded theory, saturation was a moving target; however, we decided that we had reached saturation after 12 interviews.

Theoretical Sampling

As data analysis and recruitment progressed in the tandem, we targeted recruitment and data collection toward particular cases that would test and refine the emerging theory. One area where this emerged was the extent to which survivorship was identified, discussed, and applied to the work of advocates varies across agencies, with implications for organizational culture and potential stigma (INCITE! Women of Color Against Violence, 2016; Wies, 2008). Some agencies in the sampling region were explicitly and exclusively survivor-led, while others were more silent on the topic (personal communication with a survivor-advocate, October 2016). I sought to recruit additional participants from more survivor-advocates agencies in order to capture important variation. In addition, experiences of trauma, IPV, and doing helping work vary greatly with social locations such as race, immigration status, and sexual orientation (Sokoloff & Dupont, 2005). I focused recruitment on advocates of color later in the data collection phase in order to capture this important variation.

Recruitment Procedures

Participants were recruited through a targeted selection strategy using e-mail and solicitation through local and regional DV organizations and coalitions. As part of my doctoral research assistantships, I am connected to a collaborative of DV agencies that participate in joint research projects organized by my dissertation chair, Dr. Lisa Goodman. In previous projects, I have collaborated with staff from several of these organizations, including advocates and directors. I began recruitment by contacting these agencies and other DV advocates with whom I have personal and professional relationships and asking them to forward recruitment materials to their teams. I also cold called a number of organizations that we're not a part of this research collaborative. After obtaining permission from agency directors or other relevant staff, I sent a letter of announcement and flyers (Appendix A) to the agency via email, depending on the agency's preference. The announcement contained a brief letter (Appendix B) explaining the purpose of the study, procedures involved, eligibility criteria, and compensation ($20 gift card). Participants were asked to contact me directly via email or telephone to enroll in the study. At this point, I emailed them a copy of the eligibility screening questionnaire (Appendix C) or administered it over the phone (Appendix D). After determining eligibility, we scheduled interviews at a time that was convenient for participants, either in a space of their choosing, in office space at Boston College, or remotely.

Data Collection

Informed Consent

Participants were sent an electronic or paper copy of the informed consent document immediately after scheduling the interview. Before the interview began, I read through the informed consent document with them, emphasizing their rights to confidentiality as well as the benefits and risks involved in participation. Each participant was assigned a pseudonym and explicitly ensured that details about their organization would be removed or altered in the final manuscript, in order to address potential concerns about their survivor status being revealed to their organization. I informed participants that the interview would be audio taped and transcribed, and that both tapes and transcripts would be stored separately from identifying information in a secure location at Boston College.

Regarding risks and benefits, the recruitment materials and informed consent documents informed participants ahead of time that they would not be required to discuss the details of their experiences of violence, but if they did choose to and became markedly distressed for this or any other reason, I would work with them to identify appropriate supports. I also informed participants that the process of reflecting on how their survivorship informs their work and well-being may yield insights that could benefit them. When I checked in with participants after their interviews, none of them reported such distress, and in fact many confirmed that they had gained some insight as a result of participation in the study.

Interview Procedure

Interviews were semi-structured and subject to revision throughout data collection, and lasted 60 to 120 minutes. See Appendix E for the Interview Guide that lists the open-ended questions and probes that guided the interview. The interview assessed several broad content areas based on the sensitizing frameworks described above, but priority was given to allowing participants to identify and elaborate on topics and questions within these areas that they deemed most important, in order to allow new concepts to emerge. The interview began with background and demographic questions, before proceeding to questions about survivor-advocates' experience of the work.

More focused questions covered the following topics in accordance with the sensitizing frameworks for this study. Consistent with the ecological model of trauma, I asked survivor-advocates about how they experience distress and healing through their work in the context of 1) their relationships (with clients, coworkers, and supervisors), 2) their particular agency's policies and culture, and 3) in the broader contexts of sexism, poverty and classism, and other forms of social oppression that contextualize IPV. In accordance with relational-cultural theory, I asked about the quality of their interpersonal relationships in the organization, such as 1) when do participants feel particularly connected or supported in their relationships (with clients, coworkers, and supervisors), and 2) when do participants feel vulnerable or disconnected in their relationships, 3) how do they cope with those feelings, and 4) how is their survivorship linked to each of these connections and disconnections?

In accordance with theoretical sampling, the interview protocol was subject to revision as data was analyzed. Concepts that emerged from early interviews that were particularly common or meaningful were incorporated into subsequent interviews. For example, when the concept of *bringing my whole self to work* first emerged, I described it in subsequent interviews and asked subsequent participants if it resonated with them, which helped to flesh out the concept and eventually develop it into the central process.

Participants

Twelve survivor-advocates working in and around a major city in the Northeast part of the United States participated in the interviews for this study (11 face-to-face, 1 over the phone). Recruitment began with targeted emailing of members of DV organizations that I had already had a personal or working relationship with. Two of these contacts participated in the study themselves, and the rest were able to refer their coworkers or supervisees into the study. Emails contained a flyer and a letter explaining the study, with particular emphasis placed on confidentiality. This initial wave of recruitment yielded 6 participants. At this point, I reached out to senior staff at DV organizations with which I had loosely collaborated on research projects, as well as to the Jane Doe, Inc. listserv, which reaches about 700 survivor-advocates throughout MA. This yielded the remaining six participants.

The 12 participants came from nine DV programs. Six work at mainstream community DV agencies, three work at culturally specific antiviolence organizations, and three work in domestic/sexual violence programs based in a hospital. All 12 of the advocates have worked in a direct service role within the past five years. At the time of the interview, three of the participants provided exclusively individual advocacy, four provided a combination of direct service and outreach/education, two were program directors or supervisors, and one worked as an individual advocate and a community organizer. As for years in the field: eight reported five or fewer years of experience in the field, one reported eight months, and three reported 10 or more (10, 18, and 34 years).

Eleven participants identified as women, and one identified as gender nonconforming. Seven participants racially identified as White, two as Latino, one as Chinese, and two as mixed race. Four participants identified as Queer, four as heterosexual, two as lesbian, one as gay, and one as bisexual. Ages ranged from 25 to 58, with half the sample in the 25-28 range. Finally, participants reported a variety of traumatic experiences. Eight participants reported multiple trauma types, so I will report the total for each type here; for individual configurations, see Table XX. Eight participants reported some experience of IPV, seven reported a history of sexual assault, four reported a history of childhood sexual abuse, and three reported a history of childhood physical abuse.

Data Analysis

Grounded theory emphasizes the continual development of theory across multiple levels of coding (Charmaz, 2014; Corbin & Strauss, 2008). This study followed three stages of coding: 1) initial coding, 2) axial coding, and 3) theoretical coding, based on a blend of Corbin & Strauss's (2008) and Charmaz's (2014) approaches to grounded theory, which emphasizes emergent theoretical relationships between categories and the codes they subsume, rather than imposing an existing analytic framework. Initial and axial coding took place iteratively throughout the study in order to identify processes and concepts that were reflected in the data and to relate them to each other. Theoretical coding was a later stage that synthesized the results of initial and axial coding into a cohesive framework. Coding of interview transcripts began with the first interview and continued throughout data collection. Coding of the first two interviews was conducted by annotating the transcripts themselves in Microsoft Word. Subsequent coding was conducted using HyperResearch software.

Initial Coding

The initial coding phase focused on constructing concepts and categories from data by assigning labels to chunks of similar data through the constant comparative method (Corbin & Strauss, 2008). Based on Charmaz's approach to grounded theory (2014), most of the codes in this study captured *processes* rather than static themes or concepts—that is, courses of action or dynamic relationships between two entities. These were written as often as possible in the form of gerunds to emphasize their dynamic nature (Charmaz, 2014, p.120). Names for initial codes can come from the data itself (*in vivo codes*) or can be constructed by the researcher, occasionally making use of terms from sensitizing frameworks. Corbin and Strauss (2008) stress that a well-developed code has several characteristic *properties* that can vary across multiple *dimensions*, while Charmaz emphasizes avoiding imposing a framework and allowing for a more emergent analysis of how codes vary across the data (Charmaz, 2014, pp.126-127). This study blended these approaches, following leads in the data to explore range, specificity, and variation in the codes as participants described them.

For example, an initial code from this study was *noticing similarities between own and client's story*, defined in part by properties such as degree of similarity, that ranged in dimension from high to low degree of similarity. However, other codes in the study did not have formally defined properties and dimensions. For example, *feeling able to openly express survivor-related needs* was differentiated between participants based on what was shared, with whom, and in what context. Finally, some range and variation within particular processes was best presented across multiple overlapping codes, rather than in multiple instances of a single code. For example, the code *having non-IPV trauma interfered with identification* was on the opposite side of a continuum with *noticing similarities between own and client's stories* but was assigned a unique code due to its clarity and prominence in the data

Another central task of initial coding is to group multiple concepts into more abstract *categories* based on shared properties. Categories represent the most relevant processes and concepts in the data that form the "bones" of later analysis (Charmaz, 2014, p. 113). For example, *noticing similarities between own and client's story* was grouped with *sharing visceral reactions,* and *sharing experiences of collective trauma and oppression* under the category *identifying with clients based on shared survivorship* because each of these codes contributed to the larger process of identifying and was associated with a feeling of resonance.

Axial Coding

The second stage of analysis in this study was axial coding, based on the procedures described by Corbin and Strauss (2008) as well as suggestions from Charmaz (2014). Axial coding examines initial codes and categories to identify relationships among and between them (Corbin & Strauss, p.198). Axial coding often occurs interchangeably with initial coding, as the act of grouping concepts together to form a category says something about the relationship between those concepts (Corbin & Strauss, 2008, p.198). The primary purpose of axial coding is to seek "answers to questions such as why or how come, where, when, how, and with what results" regarding the relationships within and between categories (Corbin & Strauss, 2008, p. 127). This enriches the definition of each category by expanding the range of data that they subsume and further specifying why each concept fits under each category. This sometimes involves collapsing or reorganizing codes and categories as the links between them become evident.

Charmaz (2014) notes that earlier versions of axial coding as described by Corbin and Strauss apply a paradigm of theoretical relationships between codes and categories, including conditions, strategies of action, and consequences of action, as well as fully fleshing out all the properties and dimensions. However, Charmaz's approach to grounded theory and more recent versions of Corbin & Strauss's version (2008) are more flexible and do not necessitate fully developing properties and dimensions of codes; the goal of this type of coding is rather to relate the categories from initial coding to each other in a manner that begins to illustrate the theory. This study applied the general approach of axial coding, searching for relationships within and between categories that emerge organically, without rigidly applying the analytic paradigm from older descriptions of axial coding.

One example of this occurred midway through the analysis. Early in initial coding, several categories focusing on *disclosure* emerged, such as *purposes of disclosure* and *cultures of disclosure*. However, as other categories developed, some of the disclosure codes began to fit better within other categories that represented more general processes. *Cultures of disclosure* codes were dispersed into categories that spoke more about the culture of the DV organizations in general. The codes in *purposes of disclosure* all appeared to have to do with ways survivor-advocates attempted to enhance their work, so this category was grouped alongside other such strategies in the category *survivor identity shapes the work*. Categories were refined, interrelated, and regrouped in this way throughout axial coding.

Selective Coding

Selective coding was the most abstract and final level of coding. The goal of this stage was to select the most central categories to integrate into a complete theory. A core category—the most abstract category in the analysis that is centrally related to all other categories and captures the essence of the phenomenon under study (Strauss & Corbin, 1998)—emerged from the data at this point. As selective coding proceeded, the relationships that were identified in axial coding were tested, refined, and integrated into a larger theoretical scheme that incorporated the core category. Thus, unlike the codes and categories from the prior two levels of coding, selective coding does not generate labels that subsume data, but is better represented as statements of relationship between the major categories of the study. I utilized numerous techniques for achieving integration of categories, including writing the storyline of the theory, making use of diagrams to depict relationships between categories, and reviewing old memos (Corbin & Strauss, 2008). As an example of this process, *survivor identity shaping the work* and *the work shaping well-being* were major categories related to the core process of *bringing my whole self to work*. By comparing participants who felt able to bring their whole self to work to those who felt unable to do so, I was able to establish that these two categories were best conceptualized as *outcomes* of the core process. The theoretical statements that resulted from selective coding were tested in the final few interviews.

Memo Writing

Memo writing is a crucial technique that facilitates all analysis in grounded theory. Memos refer to notes that document the researcher's ongoing thinking about the meaning of concepts and categories, including their properties and dimensions; their relationships with each other; and the developing storyline that integrates them into a theoretical framework (Corbin & Strauss, 2008, p. 118). Charmaz stated that memos are meant to "analyze your ideas in any—and every—way that occurs to you during the moment" (Charmaz, 2014, p. 162). Memos are also useful for documenting the researcher's personal reactions, beliefs, and perspectives regarding the data, in order document and address bias in the research process (Charmaz, 2014). I wrote memos after each interview, during coding of transcripts, and after completing coding of each transcript. My memos documented some of the concepts when they first emerged, questions I had about the variations that concept might exhibit across participants, and how they related to other concepts and categories. I often referred back to my memos when combining and reorganizing the data to ensure that I was maintaining a consistent train of thought throughout my analysis.

Rigor and Validity

There are numerous overlapping criteria that qualitative researchers use to demonstrate the quality of their work, including rigor, validity, credibility, and trustworthiness (Morrow, 2005). Rigor refers to the extent to which the data collection and analysis procedures are explicitly and thoroughly documented, lending both richness and internal consistency to the study (Tracy, 2010).Validity refers to the extent to which the claims made in the study accurately and authentically represent the data that was collected, although the term *validity* in qualitative research is often substituted with trustworthiness and credibility (Corbin & Strauss, 2008; Morrow, 2005). In addition to these broader criteria, Charmaz suggests that grounded theory should be evaluated with regard to their originality, resonance, and usefulness (Charmaz, 2006). I took numerous steps to ensure that my methodology demonstrates rigor and validity as well as originality, resonance, and usefulness.

Peer Involvement

Involving peers in the research process is an efficient means of enhancing the trustworthiness of a qualitative study (Corbin & Strauss, 2008; Morrow, 2005). Peers can be used as debriefers, reviewers, or as partners in the research process, in order to provide additional perspectives from which to check both rigor and validity. My dissertation chair served as a peer reviewer of my writing and data analysis regularly throughout the process. I also shared the task of transcribing and coding interviews with a master’s level research assistant, with whom I met weekly to discuss our memos and to refine codes. This research assistant also helped with re-coding old interviews when newer codes subsumed or replaced old ones.

Member Checking

Member checking refers to bringing results of data analysis back to participants in the research study in order to elicit feedback, critique, and refinement. Grounded theory has member checking built into its methods through theoretical sampling, which occasionally involves bringing new insights back to participants who have already been interviewed (Charmaz, 2014). I presented the finished theory to participants in the study, including a list of all codes and categories, an explanation of the central process, and a list of their quotes that I planned to use to illustrate the data. I invited participants to give feedback to the model or clarify their own contributions to it. About one third of the participants responded at this point and made some amendments to their quotes, but otherwise agreed with the content of the results themselves.

Originality, Resonance, and Usefulness

Charmaz lays out four criteria for evaluating grounded theory, including credibility (which is captured by the above discussion on rigor and validity), originality, resonance, and usefulness (2014). Originality refers to the extent to which theory contributes a new understanding of the phenomenon under study that extends or challenges existing knowledge. Resonance refers to the extent to which the theory reflects the lived experience of the research participants from their perspective. Usefulness is also related to external validity, referring to both the extent to which the theory suggests generic processes that might spark research in other areas, as well as the extent to which the theory can be made use of by people in everyday life and "contribute to making a better world" (Charmaz, 2014, p. 338).

I attended to originality in my memos throughout the research process, especially when the data suggested concepts that felt similar to social support, meaning-making, or the findings from Wood (2016)—my goal was to elaborate these concepts beyond their articulation in the extant literature. I ensured resonance through theoretical sampling and member checking, making note of moments when participants had strong positive or negative reactions to the emerging concepts and hypotheses. I ensured usefulness at the final stage of member checking, and strove to render the finished theory in clear language that has practical implications for DV agencies' organizational support, training, and promotion of self-care.

Reflexivity

Reflexivity is a crucial component of rigor and validity, especially in constructivist grounded theory (Charmaz, 2014; Corbin & Strauss, 2008). Reflexivity refers to the extent to which the researcher makes explicit the impact of their previous experiences, values, beliefs, and identity on the research process (Morrow, 2005; Tracy, 2010). Memo writing was an opportunity for me to practice reflexivity throughout the research process. Reflexivity can also be fostered at the outset by making explicit how one's own identity and social locations might influence the research process. I will thus briefly outline the relevant aspects of my own identity.

I am a 29 year old Asian man studying psychology at Boston College. My family has contended with immigration stress and poverty for most of my life, and my grandmother and my mother are both survivors of IPV, some of which I witnessed as a child. Although I have only recognized these experiences as IPV in the past few years as a result of my doctoral research, it is likely that my family history of violence sparked my interest in pursuing a career as a psychologist and therapist. I have experienced immense personal reward as well as significant challenges through my clinical work with people who have experienced struggles similar to mine, although I myself have not directly experienced intimate violence. I have also noticed that I have felt particularly connected to, invested in, and inspired by my clinical work with survivors of violence who strive to become helpers themselves, and must be careful not to take an unrealistically optimistic view of my participants. Ultimately, I believe that the benefits and healing I have experienced through my work outweigh the ways in which it has caused me stress and hardship, but I must remember that not all of the people I interview will share that belief. Thus, I am entering into this study with tacit and explicit assumptions about how working as a healer contributes to one's own distress and healing, which may influence my emotional reactions and conceptualizations during interviews and analysis. I must strive to be aware of these reactions and be careful not to impose them on the data.

In addition to the experiences I have had that I view as similar to those of survivor-advocates, it is important to note the role that my gender will play in this interview. I identify and present as a man, whereas many if not most of the survivor-advocates I will be interviewing will be women whose experiences of violence were perpetrated by men. This may shape what participants feel comfortable sharing with me about their work. I must therefore take extra care to build rapport and ensure safety during interviews, and remain sensitive to areas where my data may be limited or my analysis may be biased by my own gender socialization.

Chapter Four: Findings

The present study addressed the following research question: “How does survivor-advocates’ work in DV programs shape their recovery and well-being?” It used a grounded theory approach to answer this question using concepts and processes derived directly from the experiences of survivor-advocates themselves. This section presents that theory, which reflects the dynamic processes participants engaged in as they strove to bring their whole selves, including their survivor identity, to the work of advocacy.

The first section describes the central process, based on its inclusiveness in relation to all other categories, its common occurrence in the data, its capacity to be abstract enough to be used as a general theory, and its explanatory power. This central process, called *bringing my whole self to the work,* is comprised of several components that represent a major category derived from the data. Two of these categories represent factors that facilitate or impede the central process—*discovering connections between survivorship and advocacy* and *contexts that validate and invalidate survivor identity*, and two categories represent outcomes that emerge from the central process—*survivorship shaping the work* and *the work shaping well-being*.

The following sections describe the overall process of *bringing my whole self to work* in greater detail. The first section defines the central process and how it integrates each of the four main categories. The subsequent sections explore each of the four categories and their sub-categories and concepts. Figure 1 provides an illustration of the overall theory and its constituent processes and Table 1 lists all initial codes and categories. Quotes from participants are used throughout in order to illustrate each of the concepts contained within the categories. The following terms denote the numeric range of participants who described any given experience: “some” (2 to 4), “many” (5 to 7), and “most” (8 or more), a convention used in some qualitative research (Chang, Voils, Sandelowski, Hasselblad, & Crandell, 2009).

Central Process: Bringing My Whole Self to Work

The theory described here revolves around the central process, *bringing my whole self to* work (throughout the chapter, category and code names are written in italics). As mentioned above, a central process (also called a core category) is a major theme that helps unify and connect the other major categories of the study into a coherent narrative (Charmaz, 2014). *Bringing my whole self to work* is the process by which survivor-advocates attempt to integrate their survivor-related identity and experiences—including traumatic experiences, recovery narrative, coping strategies, and identities that intersect with their survivorship—into their work, attending to moments when they can apply these in helpful and fulfilling ways. When successful, this experience is characterized by a sense of personal satisfaction and integrity as well as a sense of engaging more deeply and effectively in the work. As Luis, a 27 year old gender-nonconforming survivor-advocate stated:

> “It’s about being able to bring your whole self to work if needed. And we can talk about self-care and boundaries, which are very important, but just being able to bring your whole self to work and know that you can come to work and not have your guard up… I know that the culture to create a space that is as safe as possible exists [in my organization], so I am able to come into work with my whole self, which then allows me to truly put my whole self to work.”

When unsuccessful, however, survivor-advocates feel poorly supported and less personally influenced by the work, or conflicted about whether or how they should integrate their identity into their work. Margaret, for example, described sometimes feeling frustrated and unfulfilled at work because she is not given the space or guidance to apply her experiences as a survivor:

> "People that are survivors have a ton of information to share, and experiences that we could all—for people that want to, again I have to say that because no one should ever be forced to talk. But there's a lot we could help each other out with. Because we've been there. But it really is still taboo. I think if we knew, if people who wanted to share, if we were open about that…We could be great resources for each other."

Bringing my whole self to work unfolds through each of the four major categories in the study, with the first two representing facilitators of the process. First, survivor-advocates engage in a process of *discovering connections between survivorship and advocacy*. This forms the foundation for survivor-advocates to bring their whole self to work by constructing personal meanings about how their survivor identity is relevant to and reflected in their work. Next, *contexts that validate and invalidate survivor identity* either support or impede survivors in feeling able to *bring their whole self to work.* Relationships with coworkers and supervisors as well as organizational culture send messages to survivor-advocates about the extent to which their experiences and needs as survivors are valid. This in turn influences whether survivor-advocates feel supported in *bringing their whole self to work.*

The latter two major categories represent the outcomes of *bringing my whole self to work*. First, *survivor identity shaping the work* describes how survivor-advocates actively apply their experiences as survivors to enhance their work. For example, survivor-advocates' work with clients can be enhanced through privately referencing one's survivor story to enhance empathy, or by disclosing survivorship to clients. A second outcome is *the work shaping well-being*. Most of the advocates in this study reported that applying their survivor identity to the work often fed back into their own healing or protected them against the stress of the work, in part by allowing them to share in the healing their clients experienced.

A crucial feature of *bringing my whole self to work* is that the advocate is in control of the process, choosing when and how to apply their survivor identity and experiences in a way that is personally meaningful to them. Just as Luis described engaging in this process only "if needed," Manda, a 26 year old White queer woman, reflected on her own motivation and comfort with regard to what and when to share:

> "It's similar to disclosing with clients. I'm intentional with it… I do feel like the parts of myself that I want to bring to the environment, I can. And there are parts that I also feel safe to keep to myself. And I think that's where I've come to, I've gone through my own learning experience of disclosure, and that's where I land. When it feels like it could be a meaningful experience to share, I will. But I don't just like, do it, you know? And part of that is, I think, about the motivation of connection."

Bringing my whole self to work can be private, as in the experience of more deeply empathizing with clients, or overt and public, as in the experience of disclosing their status as a survivor. Thus, depending on when survivorship is brought into the work, and who else is involved (i.e., clients or coworkers), bringing my whole self to work can serve a variety of purposes. Manda described two distinct purposes that sharing her survivorship with coworkers could serve:

> "And part of that is, I think, about the motivation of connection. If sharing this could help me feel more connected to this person, or vice versa, then I do. Or more understood, more understood of like, "I'm reacting this way, I'm feeling very triggered right now, because this is touching something in my history."

Another distinct feature of *bringing my whole self to work* is that this process requires overcoming barriers in the form of emotional challenges, stigma, and other factors that discourage the process. Due to these barriers, applying survivorship to the work is usually not the default way of being a survivor-advocate and requires some intention and initiative from survivor-advocates. Note that Luis stated that he is able to freely bring his whole self to work because his organization strives to "create a space that is as safe as possible." But sometimes, even in an organization that attempts to encourage *bringing my whole self to work*, survivors with complex histories of trauma can struggle to integrate and apply all of their experiences. Claudia described her experience of having to leave parts of herself outside of work as harmful:

> "As a survivor, you're not only dealing with your own internal experiences, you're also regulating how you respond to stuff…I think it's white supremacy, and I think it's also like, misogyny—you're supposed to leave parts of yourself outside. And for people with a lot of different parts or traumatic experiences, that's impossible. And so that's what is promoted through systems. And even

> though we can actively attempt to create something different, and we can reduce harm by doing that—out of all the nonprofits I've ever worked at, this is definitely the best. And it's still fucking harmful."

Bringing my whole self to work can be a powerful experience for survivor-advocates that enables them to engage more authentically, meaningfully, and often, more effectively in the work. The next sections examine the components of this process in detail.

Discovering Connections Between Survivorship and Advocacy

For many advocates, the first step in bringing their whole self to work was *discovering connections between survivorship and advocacy*. As they told their stories, survivor-advocates constructed meanings about how their survivorship is reflected in the work they do, linking them together into a single narrative. This process served as a precondition for *bringing my whole self to work* by highlighting the areas of the work where survivor-advocates could meaningfully apply their experience. The more meaningful connections survivor-advocates made, the more they were later able to bring their whole self to work—and conversely, survivor-advocates who made fewer connections between their identity and their work were less inclined to do so. These connections tended to fall into three distinct categories, described next.

Feeling Called to the Work by Survivorship

When asked to reflect on the connection between their survivorship and their work, many participants began by linking their survivorship to a sense of *feeling called* to enter the field. Survivor-advocates' motivation to enter the field was an overarching connection between their survivorship and their work, laying a foundation for further connections. Three types of calling emerged from the data. Although they are presented separately, it is important to note that many survivor-advocates reported multiple types of calling. Nevertheless, the type of calling that survivor-advocates reported tended to vary based on their trauma history. First, many survivor-advocates felt called to the work by their *desire to use experiences of violence to help others*. Margaret illustrated how this became part of her own narrative:

> "When you see them at a very early stage and they haven't done much work at all, and they're so miserable…and you know that you've lived the difference, you know that they don't have to stay like that. And I think that that's what really makes you want to do the work. Because it's not just like, 'Hey I read in a book that if you do this work, you can eventually feel this much better.' You've lived it. And so yeah, this desire to help other people reclaim their life and actually be happy and have a productive, happy life."

Margaret's lived experience led directly into a desire to use her experiences to help others experience a similar recovery story. Survivor-advocates with a history of IPV more often reported this type of calling, based on their perception of their experiences being most directly relevant to working as a DV advocate. For some survivor-advocates, the desire to use their experiences to help others took on a fated, spiritual quality; as Manda explained:

> "There are ways in which, in my life, I've felt as though the universe provides, that there is a synchronicity between the experience that I've had, something I'm passionate about and the opportunity that comes my way. And so I felt as though that there was sort of a fated quality to that."

A second type of *feeling called* that some survivor-advocates described was *witnessing another survivor's story.* For these participants, their own story of survival and advocacy was intertwined with another survivor that they shared a close relationship with. This type of calling was more often reported by participants with non-IPV trauma. Sarah described one such experience:

> "A close friend and role model to me disclosed her experience of sexual violence to me, and that was when I became interested in working in this field. I thought she was the coolest person I'd ever met…and she talked about not recognizing herself, looking in the mirror and feeling like she was two people and knowing objectively she was the cool person people read her to be, and also feeling like she was totally broken and not at all that person…So that is when I started to become interested in working with survivors, to help them merge those identities and also to help them see the good in themselves. I think after that, maybe like two years later, I experienced my first instance of sexual violence, and after that I understood personally what she was talking about."

Finally, many advocates reported *feeling called by social change goals*. Survivor-advocates who felt inspired to engage in social and political action to address violence saw becoming an advocate as the best way to fulfill this mission. As Isabel put it, rather than initially entering the field due explicitly to her own survivorship,

> "I think it's actually the opposite, that I had a bigger picture approach to wanting to do this job, because I had done a lot of activism back home with women in abusive situations. Also, when I did my masters, I did a lot of research on gender and violence, both domestic violence and political violence."

Even though her personal survivorship was not the initial motivator for entering the field, Isabel's desire to advocate for change that supported survivors was. Nevertheless, Isabel characterized this type of calling as “the opposite” of the more personal motivations reported above, reflecting her sense that her calling was less intense and less personal than those with direct experiences of IPV.

Deepening Understanding of Survivorship Through the Work

The second category of *making connections* involved survivor-advocates *deepening understanding of survivorship*; that is, developing and learning more about their survivor identity as a result of becoming immersed in the work of advocacy. The survivor-advocates in this study were at various points in their recovery at the time of the interview. Some of the advocates had not identified as a survivor of trauma at the time that they entered the field; however, they named their experiences as trauma as a result of doing the work. Others who entered the field having already identified as a survivor reported gaining more insight into their own experiences of survivorship. These participants increasingly included being an advocate as part of what it means to be a survivor as they continued their work. Thus, while survivor-advocates learned different things about themselves depending on where they were at in their recovery when they began their work, most of the survivor-advocates in the study reported some degree of *deepening understanding*.

Deepening understanding of survivorship was facilitated in three ways. First, some advocates described *naming survivorship through connecting with clients*. Meeting and working deeply with other survivors prompted survivor-advocates to realize for the first time that they were survivors. This experience usually took place early in survivor-advocates’ careers, and was typically associated with feeling more connected to the work. Isabel described her experience in this way:

> “I did have some experience with a boyfriend who was very controlling and very emotionally abusive. I see that now, looking back. But I always felt when I did the work that that’s not my primary connection to people. I feel very humbled by the things that people go through, which is—it’s also been a lesson to say, well, the things we experience are different for everybody, and it is an experience that’s worth naming for me, which I had never done before I did this work…So I think for me it was more of like a backwards learning journey about my own personal stuff. By getting, like, really hands on in this field.”

However, in one case, this insight was intertwined with triggering:

> “That was my first experience working one on one with survivors of violence. And I think that’s actually when I first, when I started really identifying as an assault survivor, is during my internship there...So it was in that space where I was like, ‘Holy shit, I am having some feelings about this.’” (Brittany)

Second, many survivor-advocates described *deepening understanding by learning about violence through the work*. Trainings, supervision, and the experiential learning afforded by day-to-day advocacy work provided survivor-advocates with frameworks for understanding their survivorship in new and deeper ways. For example, Luis explained:

> “Anyone who works at [my organization] is required to go through a 40 hour training about partner abuse and the different communities that we serve…So just coming from that perspective of knowledge and learning what partner abuse really is and what violence is and how they’re connected. How it is about power and control…I remember going through that training and having a lot of things click in a matter of, okay I…I didn’t have…a choice. And that is abuse. Any other

> way I try to think about it, it really is a matter of education. You can't define, you can't find a definition for what you experience if you don't have the words."

Some survivor-advocates reported the converse of the relationship described by Luis. The formal knowledge they gained about violence through the professional roles was enhanced and highlighted by connecting it to their personal experiences. These survivor-advocates described intimate and deep knowledge of how abusers operate, the aftermath of violence, the nature of systemic responses to violence, and more. This knowledge was contrasted with knowledge derived solely through education and training: for example, Tasha stated that "for me, those dangers are not theory, those dangers are real." Margaret echoed this notion, stating that "there's part of being a survivor that people who use the textbook—not that there's anything wrong with using the textbook—but there's a piece of this that they'll never understand."

The difference between survivor-advocates and those who "use the textbook" is the ability to reference personal examples to supplement and enrich theoretical knowledge. Manda illustrated this:

> "Anisha Dervay talks about these 2 types of abusers, the pitbull and the cobra. And so the pitbull is who I see as like, my dad and my brother, they're just like very narcissistic, and manipulative, and all that, but very overtly abusive, and escalate super-fast, and lose control. And they're often physically violent as well. The cobra is different. The cobra actually usually goes for like, a very powerful target. Because they actually take pleasure in slowly breaking her down, or whatever gender. And so, that was my ex."

The mutually reinforcing nature of survivor-advocates' personal narratives and formal knowledge was a profound source of connection between their personal and professional worlds, whether information gained through the work deepened their understanding of themselves or vice versa.

A third form of *deepening understanding* was *understanding of emotions as trauma response.* Before entering the work, some advocates contended with negative emotions that they struggled to explain until gaining the language of trauma and survivorship:

> "Processing for me was actually reconnecting with that experience. I think the way that I thought about it as the emotions connected to that experience were there, but I had kind of buried the experience itself. So having it kind of come back to the forefront of my brain." (Isabel)

Survivor-advocates who began the work already armed with knowledge of trauma still reported gaining some insights through their trainings, but this was not experienced in the transformative way that Isabel described above. Those advocates who were naming their survivorship and understanding their trauma for the first time tended to attribute profound healing to that experience, which are described in more detail later in the chapter.

Identifying With Clients Based on Shared Survivorship

The third form that *making connections* took was *identifying with clients based on shared survivorship*, a process in which survivor-advocates constructed ideas about how their survivor story is reflected in the stories of the clients that they work with. This created a sense of kinship with clients and resonance with the work as a whole. The extent to which survivor-advocates were able to identify with their clients depended in part on the degree to which they perceived similarity between their own and their clients' social locations and traumatic experiences. Identifying with clients helped raise awareness of opportunities for the survivor-advocate to bring their survivorship to work as they connected with clients. *Identifying with clients* was facilitated by three processes, described next.

Many of the survivor-advocates in the study reported that *noticing similarities between stories* of survival led them to identify strongly with their clients. The similarities could include the nature of the violence that both advocate and client experienced, similar mental health problems and other struggles that resulted from the violence, similar steps taken toward recovery, and more. For example, Manda said: "I look back at a picture of a time when I was with my abuser, and I look at the deadness in my eyes, and I see that in my clients, and I recognize it, and I know what it comes from."

From these common details, survivor-advocates developed a sense of seeing themselves in their own clients' stories, which fostered a strong sense of connection between their survivorship and their professional roles. Manda went on to explain how this can be both a positive and a negative experience:

> "My experience has helped me do this work in a deeper way than I think I could have without it. And at the same time, like, it can be really hard. Because it's like, I'm holding my own history, and then I'm holding little pieces of all these other histories, they're so interconnected, that, um…There's sort of a darkness that can kind of creep in, every once in a while. Because it's like my reality is this. This is my story, this is my past."

Relatedly, some participants specifically reported that *sharing visceral reactions* prompted identification with their clients. Christine, a 58 year old White woman, shared an experience in which visceral knowledge helped her feel reflected in her client's story:

> "My situation was still fresh enough that I had this visceral knowledge, that even though I wasn't talking to the survivors about my experience, I could understand when they would say, 'Oh my god, I heard the car door close and knew he was home.' And I could feel that visceral, sort of my stomach turn into a knot, just as hers must have."

A third facilitator of identifying with clients was *sharing experiences of collective trauma and oppression.* Some participants, especially participants from marginalized social locations or those who were not survivors of IPV, described sharing survivorship on the broader basis of identity-based oppression and trauma:

> "I think a lot of the secondary trauma that has hit me the hardest I feel, excuse the expression, but has been serving my own. So watching LGBTQ folk and particularly LGBTQ folk of color and trans and gender non-conforming folks in big systems when I am a gate keeper in those systems, or when I think I should be respected as a gate keeper in those systems. Or the letters after my name should make a difference to the people in those systems. And having people just blow both of those totally aside and do things that are incredibly biphobic or transphobic or incredibly harmful or damaging." (Beth)

Once again, identification with clients on the basis of shared survivorship could lead survivor-advocates to become aware of painful aspects of their own experiences.

In addition to these three contributors to identifying with clients, some survivor-advocates also reported that *having non-IPV trauma interfered with identifying*. Survivor-advocates who did not experience IPV felt that this constituted a significant difference between them and their clients. This feeling of difference prevented survivor-advocates from feeling as much of a connection between their survivorship and their work. Brittany made this explicit comparison between herself and her coworkers who she knows to be survivors of IPV:

> "Because I don't identify as having been in an abusive relationship, but I identify as having experienced rape, it feels a little different, that my experience doesn't necessarily translate to the daily work that we do, in some of the ways that my other coworkers do."

As Brittany put it, she felt less able to translate her identity into her daily work—feeling this sense of difference on the basis of different traumatic experiences made her see fewer opportunities to bring her whole self to work. Nevertheless, these participants could make connections between their survivorship and the work in other ways, such as through *feeling called* and *deepening understanding of trauma*. In the above examples, *making connections between survivorship and the work of advocacy* gave survivor-advocates vivid awareness of their own survivorship, intertwined with empathy for their clients and commitment to their work. *Making connections* is an invitation for survivors to begin to *bring their whole self to work.* The next section examines the contextual factors that influence this process.

Contexts That Validate and Invalidate Survivor Identity

Bringing my whole self to work depended to a large degree on the organizational and relational context in which survivor-advocates worked. The participants in this study came from a wide range of organizations, including mainstream community DV organizations, culturally specific organizations, and DV programs housed in larger institutions. Each of these organizations set a different tone for how the survivorship of staff is discussed and valued. In addition, participants described different relationships with coworkers and supervisors, as well as aspects of their organizations' culture that together served to facilitate or impede their efforts to bring their whole selves to the work. Many of these contextual factors were described as positive forces that explicitly and implicitly validated the survivor identity. At the same time, almost all of the survivor-advocates in this study made reference to the fact that the survivor identity could be stigmatized in their workplace. By implying that survivors are unfit to serve in helping roles due to the impact that violence has had on their psychological well-being, stigma discourages survivor-advocates from applying their experiences as survivors to their work. This stigma invalidates survivor identity and represents a barrier that must be overcome in the process of *bringing my whole self to work*.

The contextual factors the participants described aggregated into three categories that contributed to validating or invalidating their identities as survivors. The next section describes each of these categories and how they varied based on the type of organization and the nature of the coworker relationship.

Feeling a strong sense of community

One of the most common experiences that survivor-advocates reported as a supportive contextual factor was *feeling a strong sense of community*. When survivor-advocates felt more connected to their coworkers as part of an interdependent team, they described feeling more secure in their survivorship and more willing to bring those experiences into their relationships. Several aspects of the relationships and culture in the workplace contributed to this sense of community, described next.

Many survivor-advocates described *sharing social justice values* as contributing to a strong sense of community. Survivor-advocates who felt aligned with their coworkers with regard to having a social justice mission, being survivor-centered, trauma-informed, or sharing other beliefs and values about how to work effectively with survivors, in turn, felt more connected to their coworkers. Luis characterized this aspect of community support in this way:

> "Working at my organization is like, I know that walking through the doors, that the people in the office are committed to ending oppression. I know that the people waiting for me at the office are committed to be trauma-informed and to support survivors."

Of note is that the extent and type of values that were shared varied based on the type of organization. Some participants did not make explicit reference to social justice or oppression, but described values such as trauma-informed care that aligned with their vision of how best to support survivors. As Brittany, a 27 year old White queer woman stated:

> "There are coworkers that I'm particularly close with that we align in how we envision this organization, and how we would like to see the work unfold, and where we would like to see it grow. And I think as coworkers, that has brought us closer together…some of our conversations about like, trauma-informed care, and what that means and whether trauma-informed care is just this placeholder for not actually talking about what you do? Like it's this buzzword you throw on the table, we're trauma-informed, but what does that mean? So it's been great to have allies in these conversations who are my coworkers about how we can do a better service for our clients."

Survivor-advocates who worked in DV programs in larger institutions often found that the values of their program clashed with those of the larger institution; for example, Beth reported that "far too few people in this institution understand compassion and patience as perishable skills. Too few of them understand mindfulness, maybe some of the psych and addictions providers. And far too few of them understand trauma informed supervision." For these participants, their organizations not understanding concepts like trauma-informed care and social justice implied that they would be less validating and welcoming to survivors.

A second factor that contributed to a strong sense of community was *coworkers showing investment in caring for each other.* Survivor-advocates who felt that others in the organization demonstrated care and concern for each other felt a stronger sense of community—likely because they felt that they could rely on others for support. Jessie, a 25 year old White queer woman, described this contextual factor as follows:

> "Really prioritizing, not just self-care, but community care and building each other up as a community, being able to rely on each other as a community. And like not making it hyper individualistic—like everyone is responsible for their self-care, so do it on your own time and then come to work—but a real sense of responsibility to each other."

Investment in caring for each other could be demonstrated by individual coworkers or be a more broad tone set by supervisors and other higher-level staff in the organization, with the latter often contributing to an even stronger sense of community.

A third contextual factor that promoted a strong sense of community was a *culture of shared or assumed survivorship*. Many survivor-advocates discussed how more open knowledge of staff survivorship in their organization tended to encourage advocates to interact in more caring and connected ways. In some organizations, this manifested through the unspoken assumption that other staff have a survivor history, whereas other organizations openly and explicitly celebrated survivors as staff. More open acknowledgment of survivorship was in turn associated with a stronger sense of community and more validation of survivor identity.

> "Not everyone on the team has outed themselves, at least not to me. That being said, I also just sort of assume. Like I think that's part of how my perspective has changed. I just kind of assume you've had at least some sort of experience by this point, just by the fact of you've been alive this long in a world in which people don't always treat people so great. I think in general we're all so supportive, regardless if you're sort of outed as a survivor or not. And like supported in the

> way of like “now is the time to go home and rest and take a day to yourself.” (Sarah)

Sarah’s assumption that she was not the only survivor on her team helped her feel more connected and cared for. For other participants, this was more explicit; Christine described a “camaraderie around sister survivors supporting each other in the work.” Luis described his organization, which strongly and openly encourages survivors to serve as advocates, as follows:

> “I can’t say this without a smile on my face. It’s like a place, in which different communities can build one community. And I feel like that’s what we need. We need to build a community of survival to understand that survivorship, is an identity that has its own needs, and that needs its own space. Yeah it’s just exciting to know that I’m going to come to work every day and possibly have those conversations and possibly learn more and possibly have new experiences.”

Across a range of organizational cultures, survivor-advocates acknowledged that working alongside other survivors and having their own survivorship recognized helped them feel more connected to each other.

In addition to factors that promoted a strong sense of community, the survivor-advocates in this study noted that *feeling a strong sense of community reduces work stress*. In other words, a strong sense of community yielded benefits for survivors beyond helping them feel more able to bring their whole self to work. Sarah stated:

> “I definitely feel like a real sense of camaraderie with my team, which is really nice. I feel like this type of work would too much to not be in a team environment, at least for me personally. I draw a lot of strength from just like

> having a team and a group to support me, to talk with. You know we come to each other with difficult cases, we come to each other for support and everybody is really, really clued in."

Jessie described a similar experience, characterizing her team as having a "culture of love" that contributes to her perception that "nobody's burnt out and everybody's excited about the work."

On the other hand, a lack of community was experienced by survivor-advocates as an additional burden. Specifically, participants reported that *strict hierarchy exacerbates work stress.* Particularly for those advocates who worked in a hospital setting, experiencing a rigid, wide power differential with other staff impeded community and added to stress.

> "Every once in a while, I am in a situation where I'm trying to advocate for the client, and I am feeling unheard by the rest of the team of psychiatrists and nurses and feeling like…In my role as an advocate, I don't have a lot of power because of the hierarchy of the hospital. And that feels kind of triggering for me and also like, like feeling a huge burden of guilt that I wasn't able to advocate good enough for my client."

Jessie described a stark contrast between her relationship with her co-workers in her program and her relationship with the more senior staff in the larger institution. The lack of connection associated with the hierarchy of the institution triggered feelings of invalidation that ultimately interfered with Jessie's well-being. This was only partially buffered by her connection to her coworkers in her particular DV program. Beth's experience was even more polarized:

> "I will never have a sense of community in this institution. There are specific people and I know exactly who to go to if I'm feeling in a crisis, but this is not family; this is not community…And yet what you have in typical sexual and domestic violence organizations, at least the ones that I've been in and I've been in a fair number, for all the challenges that might exist, for all the ways we hurt each other, you are family."

Feeling a strong sense of community was an important contextual factor for all survivor-advocates; however, the definition of who was included in that community shaped the form and effectiveness of that community. More often than not, this meant that survivor-advocates in institutions that contained groups of people with conflicting values and approaches to the work struggled to feel a consistent sense of community. On the other hand, survivor-advocates in smaller programs that demonstrated care and a commitment to being trauma-informed felt most connected to each other.

Feeling that survivor-related needs are acknowledged

The second broad contextual factor that contributed to validating and invalidating survivor identity was *feeling that survivor-related needs are acknowledged*. Survivor-advocates paid close attention to the ways that their coworkers and organizations as a whole responded to their organizational stress and coping needs. When survivor-advocates felt that their context could recognize, validate, and respond to these needs, they subsequently felt that their identities as survivors were validated by the organization. This was communicated to survivor-advocates in numerous ways, described next. It is important to note that survivor-advocates varied in their experience of whether their organizations' response to their needs was explicit in naming those needs as arising from survivorship. The more explicit this message was, the more validated survivor-advocates felt.

Most of the advocates noted that a crucial first step in having their needs related to survivorship validated was *feeling able to openly seek support*. Most of the advocates in the study described some instance in which they felt triggered or otherwise distressed by a connection between their survivorship and the work. When survivor-advocates felt that they could share this experience with a coworker or supervisor and seek support without fear of judgment, they in turn felt that their survivor identity was validated.

> "When I think of self-care within this working environment, that's not what I think of. I think more of feeling like I very much can be open about my boundaries. Like if I've had a really tough day, and I need to talk about it with a coworker, or I need to just leave. That people are gonna understand that. And see that as me actually doing my own self-care. And I think that that's great." (Manda)

In addition to individual relationships in which survivor-advocates could voice their needs and seek support, many survivor-advocates in the study also stressed the importance of *feeling that there is space in the organization to discuss personal trauma*. When survivor-advocates noticed an institutional commitment to inviting discussions about staff trauma, they felt that their survivorship was validated and supported to an even greater extent. Beth, a supervisor in her organization, explained:

> "Having supervised lots of people, I have been in those places where someone says "This person reminds me too much of my mom who abused me, or too much of a person who raped me or too much of x, y or z, fill in the blank. I'd say that 70

> to 80% of the people I've supervised that we've had at least one, if not more of those conversations. If you create space for that, that will happen and we all should as supervisors in trauma informed supervision should create it proactively and explicitly."

Cassie described her experience of taking advantage of such a space:

> "When I was doing my initial training when I first got hired as staff I had gotten incredibly triggered…I think I left the room for a little while and it was just this really terrible experience. So the next day I ended up reaching out to her because I really wanted to hear that content, but I really didn't want her to use that example again. So I think we had enough of a relationship at that point that I felt comfortable being like "I got really triggered by this example, could you avoid doing that, but could we also talk about what we talked about because I really care about prevention?" So we sort of processed what that had been like and she's just the type of person that any time you acknowledge any sort of feeling anywhere, she makes sure she creates space for those feelings...She created the space where I felt comfortable disclosing more about my story."

In addition, Isabel described "team meetings where people openly talk about [trauma]," and Sarah stated that "people on the team are out if they are survivors themselves." As the above quotes illustrate, being able to seek support for trauma-related needs is crucial in supporting survivor identity. Many survivor-advocates reported relying on individual relationships with coworkers and supervisors for this support. However, when survivor-advocates felt that their organization as a whole demonstrated responsiveness to their needs, and that those needs were explicitly connected to trauma rather than merely work stress, they felt even more welcomed in their workplaces.

Another contextual factor that contributed to validating survivorship, reported by most of the survivor-advocates in the study, was *feeling that self-care is actively encouraged in the organization.* Survivor-advocates who perceived their organizations as taking concrete steps to promote self-care and explicitly link them to mental health helped them feel that their own mental health needs were valid.

> "There's going to be days in which I just went to therapy and I know that I said I'm going to work until 7pm and I know it's only 3pm, but I just need to go home and just relax because I can't. And that's valid and that's understood. I'm so thankful for my organization to understand that. And I wish that all organizations understood that because that's being trauma informed."

In addition to taking mental health days, practices such as recommending books about self-care, facilitating self-care goals and plans, and sending out newsletters about self-care were examples of how self-care was encouraged. When these measures were taken by organizational leadership, rather than individual peers or coworkers, survivor-advocates expressed greater validation. In the next quote, Sarah described a sense of surprise at how seriously self-care is taken in her organization. The resulting feeling of validation seemed to encourage her and others in the organization to share their survivorship more freely.

> "I never would've dreamt that my boss would be telling me to go home on days when I'm feeling the most burnt out. Like 'why don't you just sleep?' And I'm like, 'I have stuff to get done.' And my manager is like, 'you should go home

> now.' I never thought I'd need to do more work and my manager tells me not to do more work…But I think it speaks to just how serious—I'm sure every agency is like 'We really value self-care and encourage you to take vacations and blah, blah, blah.' This is what happens when you really mean that. So I'm open with my manager and my teammates and I think they're pretty open too. Not like graphic details of what happened, but I think people on the team are out if they are survivors themselves."

Indeed, Sarah's surprise may reflect the fact that some advocates experienced a more invalidating organizational stance toward self-care: *feeling that self-care is trivialized in the organization*. As Manda put it:

> "Like I said, my life is all about self-care. I think I actually am more bothered by it when self-care is talked about in a very surface level way. I think that's where I get an eye roll. It's like, 'Oh, go take a bath,' or like, 'Go to a yoga class,' and for me, I think that's like a band-aid. That's not gonna do much in this work."

When the organization is not experienced as taking the self-care needs of its employees seriously, survivor-advocates may feel poorly understood or unsupported.

Some contextual factors went beyond trivialization of self-care and actually communicated more stigmatizing attitudes toward survivors that invalidated their identities and discouraged *bringing my whole self to work.* Many survivor-advocates reported that their context *implying survivors in need of services can't be advocates* contributed to stigma. This code deals with the notion that survivors cannot handle the emotional demands of working with other trauma survivors. This idea could come up in conversations with coworkers and tended to be directed toward survivors outside of the organization, rather than directly toward the participant. It was also described as part of the common knowledge of DV agencies during the hiring process. Regardless, when the survivor-advocates in this study became aware of their colleagues' doubt in their capacity to be advocates by virtue of their survivorship, they felt that their survivorship was invalidated.

> "When I came in, there was this policy of the agency of "them and us." So them-victims, and us-helpers. Which we don't have anymore. But it was that when we came in. So the assumption is that I was one of the us-helpers, like everyone else in the agency. I remember in the beginning, the management, not the current but the former management, saying things like, "Well, we shouldn't hire anybody unless they've been out of the relationship for 6 months." (Isabel)

Isabel described how having an arbitrary policy of only hiring survivors if they have been out of an abusive relationship for 6 months contribute to a "them and us" culture that draws a sharp line between advocates and survivors. Claudia, who works at a culturally specific organization that openly prioritizes hiring survivors, did not encounter an explicit "them and us" policy. Nevertheless, she encountered stigma in the form of trauma reactions that survivors might experience during the work being labelled as unprofessional:

> "I feel like as a survivor, because of higher instances of trauma, there are meetings we'll have where things will be said and done, where your heart starts to race, you're shaking, you actually have to get up from the room. And then you have to think about it, like how do I respond, because to have your experience as a survivor also not seen as professional, like if you cry in a meeting, or if you get

> upset and you respond with something that feels like a heightened—what could be labeled as angry, but you're just responding to something. A lot of these behaviors are not seen as professional."

A related way that some survivor-advocates perceived stigma in their work contexts was *coworkers making judgmental statements about survivors*. Beyond merely expressing concern about survivors being too vulnerable to do the work, some advocates experienced more blatant judgment and blaming of survivors in their professional world, which strongly discouraged them from bringing their survivorship to work.

> "So these kinds of comments make me go like, "Ok, I would never talk to you about personal stuff…Former coworkers. Passing judgment on certain things. And I think I have a little bit of that visceral reaction towards all different kind of judgments. Like when people judge people for not leaving their relationship. You know, my relationship was not physically abusive, but I probably also should have ended it like, months before I did, or years! And it's like, 'Oh, you're passing judgment about not only that person, but about all of us that went through that same kind of experience.'" (Isabel)

Of note is that both of these stigmatizing contextual factors were described as compounded by additional forms of identity-based oppression by those survivor-advocates who inhabit marginalized social locations. Claudia, for example, emphasized that judgmental statements were often fueled by "white supremacy" and "misogyny," and that her trauma reactions being labeled as anger were in part a reaction to "when people of color get loud." Thus, survivor-advocates with multiple intersecting oppressed identities faced more numerous and complex barriers to the process of *bringing my whole* *self to work*. The organizations in which survivor-advocates worked sent messages about how the needs of survivors should be met in a number of ways—through the way coworkers supported or judged each other, policies that encouraged or trivialized self-care, and even overt messages of welcoming or exclusion from the organization. Each of these messages, in turn, had the effect of validating or invalidating survivor identity.

Honoring survivor experience

The third major way in which organizations validated survivor identity was by *honoring survivor experience*. Survivor-advocates who felt that their organizations recognized and valued survivors' strengths and wisdom felt encouraged to bring those experiences into their work. The extent to which survivor experience was honored, and whether it occurred on an individual or organizational level, was influenced by the degree to which the organization explicitly named the survivorship of its staff. Three ways that this was substantiated are described next.

First, many survivor-advocates reported that *feeling that survivor expertise is respected in the organization* contributes to feeling that their experience is honored. This included feeling that their organization elicited and valued the firsthand knowledge of trauma and recovery that survivors have to offer. Claudia described the sense of empowerment and validation that comes from her wisdom being respected:

> "I think there's attempts at shared power, folks really try as best they can to respect your knowledge you brought into this. There's very much a respect for all kinds of knowledge, which I really love, as someone who doesn't have a degree but has a lot of experience. It's not condescending, or anything like that, they truly do take me as an expert in my own experience."

Claudia notably works in a survivor-led organization, where attention to survivor expertise is a priority. Margaret similarly acknowledged the value that respect for survivor expertise could have, but in her organization, these strengths were not explicitly emphasized:

> "As a survivor, it makes you feel more valued if people understand that. Like I describe sexual abuse as a child as like an incurable disease you have your entire life, it's never going to go away. But there's many treatments you can take, and it goes into remission. So acknowledging that there's things that are going to bother us now and again, and to know that that's valued and acknowledged, that 'You're a survivor and we really value that, your input and your thoughts, because that's a unique perspective.' Or if they said "We'd also want your input when we're writing up something that you've been through, if you'd like to share." So just acknowledging that it has value, that it can be important."

The hypothetical examples Margaret provided illustrate her belief that if her own expertise were respected by her organization, she would feel more valued.

Another form of honoring experience many survivor-advocates described was *having agency over when to disclose.* Survivor-advocates who reported disclosing to clients or co-workers stressed the importance of not feeling forced to do so by their organization. Having such agency allows survivor-advocates to feel in control of their identity, able to protect it or hold it back when they choose, and to share it when they feel it will be most helpful. As Claudia said, "you just have to gauge when it's appropriate to share that. And I think what we try to do is like, we try as much as possible to like always be in control of when we share that, we don't have to. We are told as employees we don't have to share that." Sarah stated that "it comes from being trauma informed from our work with clients, and knowing that we ourselves deal with the things our clients deal with. These rules also apply. We always have choice. I've never felt pressure."

In stark contrast to survivor-advocates' preferred stance toward disclosure was the fact that many survivor-advocates experienced their organizations as *discouraging staff from openly discussing survivorship.* Whether directly discouraged by supervisors, or due to a general sense that doing so is "taboo" or "frowned upon," survivor-advocates sometimes contended with pressure not to share their status as survivors in their work. This further contributed to stigma and a "them and us" culture.

> "It's still very taboo for survivors to talk about being survivors, even in our workplace, even though it's what we do. It's not a conversation that you hear during casual meetings, or our group supervision…You just don't hear it. And it's still taboo to talk to or to let the community know that you're a survivor. So even though our job is to break the silence, there's still a lot of forced silence in this field…You're supposed to be able to do your job without having to mention that you're a survivor. That's what I've been told many times." (Margaret)

This aspect of the context can be seen as a direct contrast to *organizations that provide space for staff to discuss personal trauma,* discussed above, but it was also sometimes the case that individual coworker relationships within an organization were more or less stigmatizing or than the organization as a whole. For example, Jessie, who earlier described a positive, trauma-informed environment in her workplace, as well as great comfort in talking to her supervisor one-on-one about her survivorship, had this to say:

> "I think it's kind of just like the assumption is if it's something to be talked about, it's to be talked about in supervision and not like as a group. Which I feel like it could be talked about. We're not a very big group so um...I think it could be talked about, and one on one, I know some of them are survivors and I just don't know about others. And maybe the supervisors know who is and who isn't of everyone, but it's not talked about for that reason of assuming it would divide the group into survivor verses non-survivors."

In some cases, stigma did not merely discourage identifying as survivors—many survivor-advocates reported *worrying that disclosure will lead to loss of power*. Survivor-advocates who perceived a threat of losing credibility or even losing their jobs as a result of identifying as survivors felt even more strongly that that part of their identity should be kept secret and protected, rather than integrated into the work. Claudia noted that "we're told to share our own experiences, but then those shared experiences end up in reviews, those shared experiences end up being used to show evidence that you're such and such." Beth, who works in a larger institution, stated that "the instant you say that [you're a survivor,] you lose a ton of power, even if you say it in your professional voice."

The final form of honoring experience, reported by some survivor-advocates, was *supervisors helping advocates think about how to use their survivorship as a tool*. In some agencies, survivor-advocates who disclosed their survivorship to their supervisors were able to engage their supervisors in discussions about when and how to think about disclosing or otherwise utilizing their experiences to enhance the work. These supervisors recognized the strengths that can come with survivorship and supported their supervisees in utilizing them, which in turn helped survivor-advocates feel honored and validated in their experience.

> "She was very validating….she responded in a way that both made me feel totally normal and sane, while still validating the experience I had. And I think that I had so much anxiety; does the fact that I am having these emotions make me not qualified to do this work or make it so I'm not gonna be as good at doing this work? And she kind of helped me understand that it was something that I could use, it was this tool in my toolbox that isn't a necessary tool that you can still do this work great if you're not a survivor, but if you are, being able to use that as something that helps you do better in the way that you're showing up for people rather than creating this hindering or this limitation, which I think was my fear of what would it mean earlier on." (Cassie)

Two survivor-advocates who worked in organizations where survivorship was not openly named or addressed on an organizational level imagined that this kind of supervision could be helpful and felt frustrated by its absence. Jessie stated, "there are other gaps and other divides that make some people able to do more or better work than others, it just feels like survivorship is the one thing that's not talked about." Margaret offered a similar sentiment: "when I'm introducing myself and talking about how long I've been with the agency and my skills, there's part of me that would like to say, 'And I am a survivor.' But I feel like that's frowned upon. I would say it much more often if people said to me, 'Yes, you should do that.'"

Honoring survivor experience helped survivor advocates feel empowered to contribute their unique knowledge to the work. The extent to which survivor-advocates felt that their survivorship would be welcomed into the work by their organizations was influenced by the sense of community and connection they had with their coworkers, the extent to which their needs could be recognized and met, whether their strengths were honored, and the level of stigma embodied in the organization. These contextual factors are a crucial part of the larger theory of *bringing my whole self to work* and help determine what the outcomes of the process are. The next sections examine those outcomes in more detail.

Survivorship Shaping the Work

Central to the process of *bringing my whole self to work* is applying one's experiences as a survivor to their advocacy work. This section examines how that process—*survivorship shaping the work*—unfolds, and the positive and negative outcomes it has on survivors' perception of their effectiveness as advocates. Survivorship can shape the work in private and public ways, usually helping the advocate feel more effective and engaged in the work. The extent to which survivor-advocates applied their survivorship to the work depended on their experiences of *discovering connections* and *contexts that validate and invalidate survivor identity*. Many of the factors that shaped experiences within those two categories continued to play a role in this stage of the process, especially individual differences in trauma history and social location, as well as the type of organization that survivor-advocates worked in. Four categories comprise the ways that survivor-advocates apply their experiences to their work. The first three focus on strategies for enhancing their work with clients, while the last category in this section explores the unique challenges raised by bringing survivorship into the work and the ways that survivor-advocates cope with those challenges.

Identifying with clients to enhance the work

Making connections and identifying with clients' stories was mentioned earlier as a starting point for *bringing my whole self to work*. The survivor-advocates in this study often reported building on that foundation in order to enhance their work with clients. Identifying with clients facilitated advocates' ability to reference their own survivor experiences as they did their work with clients. This in turn allowed them to experience more personalized empathy and a deeper relationship with the client, based on their intimate first-person understanding of their clients' experience. Each of these applications of identifying with clients is described next.

First, many survivor-advocates reported that *identifying with clients enhances empathy.* Noticing similarities between their own story and their clients' fostered a unique kind of empathy that was grounded in their shared experiences. The sense of sameness and resonance that resulted from identifying with clients helped this empathy feel more vivid, intuitive, and broad. Identifying to enhance empathy was one of the broadest and most fundamental facets of *bringing my whole self to work*. Manda put it simply: "there are these moments where I'm sitting with a client, and like, I just look at them and because I've been through what I've been through, I can really deeply empathize with their situation." Sarah also illustrated the advantages that this kind of empathy offered her:

> "The identification with me helps strengthen the relationship and helps the outcome of their therapy when it's there. It's not necessary, but it can be helpful. I do think that there are times when I've had some clients think that I'm psychic, and I think maybe every therapist gets that. But you're not, you just know patterns

> and can point them out. But there are definitely times when from my own experiences I can guess what a client might be feeling, what might have happened. And I find that helpful in terms of being able to ask just the right question or having an inkling of where to go next."

Some advocates described another, more specific way in which identifying with clients enhanced the work—*identifying with clients helped advocate create a more equal power dynamic.* Identification with clients helped participants reflect on their shared experiences, fostering a kinship that in turn prompted them to recognize their clients' strengths and take a humble and collaborative stance. Christine described this as a foundational part of her work:

> "Because I was in that sort of peer stance almost, I get it because I've been through it too. So it wasn't a, I'm a power-over expert clinician, and I'm gonna help you. It was from survivor to survivor, that's always been the foundation of the way that I think I do my work. That I'm not being judgmental, I'm a partner in the process, I'm not an expert, I might know some stuff, I might know about some resources, but let's think about where it is that you are right now, and how we can begin to explore what your options might be, given your unique circumstances."

Relatedly, some advocates described a third benefit of identifying with clients—*identifying with experiences of blame and judgment helps advocate remain validating*. Once again referencing an experience of "having been there," survivor-advocates who were reminded of their own experiences of blame and judgment when witnessing clients' stories used those experiences to encourage themselves to listen without judgment.

Identifying with this emotionally charged part of clients' stories was a particularly strong touchstone of empathy. Brittany described such an experience:

> "I think about that a lot, and trying to be as supportive as possible around believing them, whether I'm believing them about being raped, or believing them about having some red flags in their relationship that they wanna talk to me a little bit more about, that's always at the forefront. Because in my experience, a few people have not believed me, like the clinician I mentioned, and some…acquaintances, we'll say. Friends. Friends in the past. So, I definitely am very grounded in that, that very quickly comes up for me, of, um…The blaming, or the not understanding, or just the shame that comes up around it, so that is very quickly elicited within me, and then as a result, to just be vulnerable with them, and authentic with them, and yeah, believing them."

In addition to the enhanced empathy that identifying with clients can facilitate, many survivor-advocates found that they could build on identification by applying relevant experiences to their work with clients—by thinking about what was helpful for themselves, survivor-advocates found inspiration for their work with clients who had gone through similar experiences. Some survivor-advocates also reflected on what would have been helpful for them when they had gone through a similar struggle and not received help. In either case, many survivor-advocates reported that *identifying with clients helped them tailor their work.* Referencing their own story of struggle and survival equipped survivor-advocates with ideas for how to better help their clients in a more personalized and effective manner. Tasha, an Asian woman working at a community DV organization, shared her experience:

> "When I first came here, I didn't know a single person and I didn't understand the system, and I thought I speak good English, but then speaking English, going around on my own as an Asian wasn't easy at all. Doesn't make my path easy. So actually I found out the magic that if you have someone with you representing an agency, people treat you much nicer. So I said 'Okay, I'll be that person to make their path easier.' So I took up the role, I took the training course, and I've been helping them to the court, to represent themselves in court. And when they don't understand how these things work, I will explain a little bit about what they should expect."

As described in the *making connections* section, the extent to which participants identified with their clients and experienced enhanced empathy was based in part on similarity between their trauma histories and social locations. Survivor-advocates who perceived extreme similarity or differences with their clients could experience emotional challenges that interfered with empathy. Many survivor-advocates reported that *identifying with clients can be overwhelming.* Luis explained what can happen when a survivor's story resonated too strongly:

> "It becomes challenging to support a survivor whose story resonates with you because it can go both ways. I feel like it's harder because things can trigger you. Things can be difficult to hear and you can go back to that place in which you felt violated and unsafe… I feel like it's both harder and easier because if it's a story that's similar to mine, I don't have to go to that place of empathy to understand the feeling because I have felt it."

In addition to degree of similarity, many survivor-advocates stated that being newer to the field of DV increased vulnerability to being overwhelmed by identification with clients. This was explained by many participants as due to insufficient processing or healing from trauma prior to entering the field, especially for cases like Brittany, who did not identify as a survivor until she began to interact frequently with other survivors.

While there was no universal definition of how much prior healing was necessary, there was generally agreement that survivor-advocates must reach a point of readiness for triggering material in order to utilize their survivorship adaptively. There was a sometimes unspoken tension between this sentiment and the more stigmatizing attitude of *implying survivors in need of services can't be advocates,* which was discussed in a previous section. Determining the point at which survivors are "ready" for the work is a process that runs the risk of invalidating survivor-advocates who still struggle with their mental health. Those participants who addressed this tension suggested that when survivor-advocates are able to recognize their own challenges and determine for themselves or in collaboration with their colleagues when they are "ready" for the work, they feel more supported in bringing their whole self to work. Margaret voiced support for this idea:

> "You know, people have said 'I'm a survivor,' and of course we rely on them telling us that yes, they're at that point. But sometimes people think they are, and then they start the job, and they're just not ready yet… When you have somebody come in for an interview and they say "I'm a survivor, I'm ready to come in and do this work," the only way you can judge that is how they answer the questions, how they respond to things, but you have to trust them. You have to trust them

> because you can’t say ‘Well, have you done 10 years? Have you done this…’ you know, it’s so individual.”

On the other hand, as discussed above, when coworkers or supervisors suggest or imply that survivors are not ready for the work, survivor-advocates are no longer in control of the process and feel discouraged and invalidated.

Some survivor-advocates who emphasized differences in their own and their clients’ experiences, rather than feeling overly identified, reported that *comparing own experiences with clients’ can contribute to stress*. The emotions elicited by these perceptions of differences tended to be less intense than feeling triggered or overwhelmed, but nevertheless interfered with survivor-advocates’ well-being. For example, survivor-advocates who experienced less physical violence, or those who experienced single-incident trauma sometimes felt guilt when comparing their stories to those of their clients with more severe or complex trauma histories. Christine gave one example of this:

> “The physical violence in my relationship wasn’t as bad as many of the stories that I was hearing. There was a little bit of, ‘Wow, can I really claim that I was in an abusive relationship if I didn’t have that kind of violence?’ So there was almost like a, ‘I get it in some ways, but mine wasn’t as bad so I guess I’m not worthy of the terminology.’ There was a little bit of that kind of processing.”

Conversely, one survivor-advocate who represents multiple marginalized social locations described feeling frustration with clients that she perceived as more privileged than herself:

> “When I was experiencing [IPV], as a result of that, I didn’t have a lot of places to live. And this person has resources and can just pick up and get another apartment or something like that. So sometimes it’s hard. That doesn’t mean that I don’t absolutely hear them in that moment. But if we’re gonna talk about people being whole people, then as a whole person, this person’s experience of this situation is so different, you know?”

Identifying with clients to enhance empathy involves the survivor-advocate translating a private connection between their clients’ story and their own into more effective work. Survivor-advocates’ ability to identify with clients and the outcomes of that identification were dependent on multiple criteria for determining similarity and difference between them, as well as the survivor-advocate’s capacity to hold the intense emotions that identification could provoke—elaborated further in a subsequent section. The next section examines how survivor-advocates use their experience in a more public way: by disclosing to clients and coworkers.

Disclosing survivorship to enhance the work

For many survivor-advocates, telling a client, coworker, or supervisor that they identify as a survivor of violence was simultaneously one of the most powerful and most vulnerable experiences they encountered. As described earlier, disclosing usually requires overcoming some degree of stigma, depending on the extent to which their context validates and supports survivor identity. In addition to stigma, clinical wisdom and matter-of-course practice were also described as discouraging disclosing, or at least requiring that survivor-advocates take great caution when doing so. Thus, most of the participants in this study reported that disclosure was a relatively rare experience for them, with the exception of those participants who worked in survivor-led organizations. Nevertheless, they reported a variety of positive effects of disclosure on their ability to work as advocates—both with clients and their coworkers.

Before describing these benefits, it is important to note that almost all of the survivor-advocates in this study made reference to *disclosing only enough to benefit clients.* Survivor-advocates were careful to ensure that their disclosures were made primarily in service of clients, rather than their own needs. They took care to decide the level of detail, timing, and audience to whom they disclosed. For example, most of the advocates reported using the strategy of indirectly disclosing without sharing details of their history. Many of the reasons survivor-advocates gave for this thoughtfulness aligned with clinical wisdom regarding maintaining boundaries with clients. For example, Cassie, who reported almost never disclosing in direct service, stated:

> "My fear is if I start to talk about my own story, one of a few things might happen. They might look at me as this expert: 'If I do everything Cassie did, then I'll be fine.' And then if that happens that probably won't work for them, because my life circumstances are very different their life circumstances, and my story is very different than their story."

Other survivor-advocates who did disclose nevertheless reminded themselves that "it's all about them" (Tasha), "it's not about me" (Isabel), "it's in service of the client" (Christine), or otherwise reinforced the notion that disclosure is done judiciously and with a clear goal in mind of supporting clients. The four participants who reported never having disclosed to clients nevertheless endorsed the notion that if they were to do so, it would have to be to the client's benefit, and they had simply not found a situation where they felt that disclosure was necessary to do so. The rest of the section describes situations where many participants did experience disclosure as beneficial to their work.

When survivor-advocates did feel that disclosure could be helpful in their work, they reported five major reasons for doing so. First, many survivor-advocates reported *disclosing to enhance trust and connection.* Disclosing survivorship helped clients feel more comfortable and trusting in their relationship with their advocate because of their shared experience. Only participants who were survivors of IPV were more likely to report this type of disclosure, likely due to the fact that they were saw their experience as more of a match with their clients'.

> "There's a way in which they feel as though we have this shared experience so it does feel less isolating. And so I feel like it moved the clinical relationship to a different level. It became a little bit deeper because of that shared experience. I think that I've been very careful about how I've shared my story, but yes I feel it does deepen the relationship that I felt more connected to them because they know a little bit about me. So there's this mutual trust or this connected experience, this similar experience." (Christine)

Claudia gave a specific example of how she experiences trust deepening through disclosure:

> "What it does is help people, I think, to ask things that they wouldn't have asked. Or share things that they wouldn't have shared. I had folks, like, when I shared that I was a sexual abuse survivor, there have been folks that have shared then that they too were sexual abuse survivors and felt free to talk about that, as opposed to before."

Second, many survivor-advocates described *disclosing to normalize client's experience.* When clients reported feeling alone in their experience of violence and trauma, survivor-advocates felt that sharing the fact of their own survivorship with clients could mitigate those feelings. Survivor-advocates used themselves as an example of the notion that violence can happen to anybody and that trauma is a common, natural responses to violence. Isabel gave one example of this process:

> "I have never shared details of anything. My approach to it is that if somebody is going through something and I see some of the same guilt, or denial, or 'I should have dealt with it this way back then,' I will make it clear that I've gone through something similar, that I've experienced the same kind of feelings, without going into details about whatever it is… And I use a lot of the royal we, it's like, 'You know, we women, you should know that this amount of people go through these kinds of experiences. Those of us who have experienced certain things might sometimes react this way…' And the way I see it play out, 99% of the time, not 100% of the time, is that I think it helps people kind of realize that this is a real thing that happens to a lot more people than you would think."

Isabel, who identifies primarily as a survivor of childhood sexual assault, only needed to share indirect details of her survivorship with clients to normalize the experience of trauma.

Third, many survivor-advocates reported *disclosing to offer hope to clients*. When working with clients who were early in the recovery process, or clients who were struggling with intense negative emotions, survivor-advocates found it helpful to use themselves as an example of the fact that recovery and healing is possible. This experience was also more often reported by survivors of IPV.

> "I won't tell them….right out like that unnecessarily, but sometimes when they are telling their stories and crying, sometimes I will just mention briefly. Of course, all the time I will have in the back of my head, 'it's all about them. They are not a friend you are sharing your experience with.' So I will just say, 'Hey I am also a survivor. I have struggled with this. I think I understand what you are feeling.' I always tell them the most painful thing will still pass just with time." (Tasha)

Survivors of non-IPV trauma were still likely to disclose to support clients by normalizing their experience or offer hope when they perceived closeness between other aspects of their identities. For example, Sarah stated that "we work with a very niche population, so being a queer survivor myself, I think that that's when I would most think about or most use some of the indirect sort of disclosure tactics…"

Fourth, many survivor-advocates reported *disclosing to help coworkers understand their boundaries*. Survivor-advocates often felt that sharing a part of their story with their coworkers was an effective way to help their coworkers understand why they may express certain needs and to prepare coworkers to be more supportive toward them. Survivor-advocates disclosed carefully in these instances as well, using indirect language such as "Because of my past experience, I can't deal with this stuff, or these kinds of cases are hard for me" (Isabel). None of the survivor-advocates in this study felt that such disclosure was ever necessary, but when they did disclose, they felt more held and supported by coworkers.

Fifth, some survivor-advocates reported *disclosing survivorship to challenge stigma.* In some circumstances, survivor-advocates who made the choice to disclose their survivorship openly with other staff felt that they were defying the “them and us” culture that implies that survivors cannot do the work of advocacy. For example, as Isabel described herself and her coworkers using their experience as survivors to challenge some shelter rules, she added:

> “I think that started changing this “we” mentality, we also had several people that were openly identifying as survivors in the team, so ‘they’ and ‘them’ became harder to say, because it was like, ‘They who? Us, you mean?’”

Beth described a similar experience:

> “I was trying to affirm something that was happening to another LGBTQ person in the room and again, I used myself strategically to say ‘this happens all the time, there’s not only a research base to it, you know, this is something that happened to me.’”

In both cases, disclosing survivorship supported other survivors in the workplace and shed light on the fact that staff and survivors are not always a mutually exclusive group. Notably, this experience was primarily reported by survivor-advocates who had more experience or leadership positions in their organizations.

Finally, some survivor-advocates reported *disclosing to support co-workers’ work.* Survivor-advocates sometimes gave extra weight to the knowledge and resources they shared with their coworkers by publicly and explicitly grounding them in their survival stories. Using themselves as examples to help coworkers better understand their clients helped survivor-advocates feel more competent. These experiences were also more often reported by more experienced advocates. Tasha, who was older than most participants but relatively new to the field of DV took pride in sharing her experience to support her coworkers, as she explained:

> "During the training course, when they were teaching all the techniques, you know they would give examples and they will encourage us to give example too. So at those moments I already said that I am a survivor. I know how this works...They couldn't understand how it works. I went through the whole thing. So I said 'This is what I went through. When you do this, then you have to do that…'"

For Isabel, indirectly disclosing to support her coworkers took the form of supporting their coping: "we all have our own stuff, and I know that for me, this and this helps. I've just told you a coping mechanism for you don't know what."

Disclosing survivorship was a deeply personal, vulnerable experience for survivor-advocates. However, when they felt safe enough to be able to bring themselves to work in this way, the survivor-advocates in this study found that doing so could be of great value to their work. Identifying with clients similarly yielded both benefits and costs to survivor-advocates. The next section examines the ways that survivor-advocates cope with the challenging aspects of *bringing my whole self to work.*

Survivorship shaping coping

Doing the work of advocacy as a survivor and negotiating the process of *bringing my whole self to work* presented multiple challenges to survivor-advocates' well-being. Identifying with clients' stories, deciding when and to whom to disclose, dealing with stigma, and other aspects of the work provoked responses including from frustration, anger, guilt, and feeling triggered. Coping with these challenges was thus a crucial task for survivor-advocates—a task that sometimes took the form of limiting the extent to which survivor-advocates engaged in the process of *bringing my whole self to work*, in order to maintain an optimal balance between the benefits and costs this process entailed. This section describes several strategies that survivor-advocates used to the cope with the unique challenges they faced. The coping strategies survivor-advocates chose were shaped by their own trauma history, their experience in the field, and the extent to which their organization validated survivor identity and supported self-care.

First, many survivor-advocates reported *emotionally distancing from the work.* Coping in this manner operated by reducing the extent to which survivor-advocates could identify with clients or make connections between their own story and the work—these connections were still possible, but more general and less intense. Sometimes, this was accomplished by avoiding contact with clients or populations that survivor-advocates would find too triggering. For some survivor-advocates without a history of IPV, working in DV was a way to work with trauma survivors while avoiding contact with their primary trauma history, as described by Brittany:

> "If I worked at a sexual assault agency, that would be different! So for me, it feels like an apple and an orange. And so if I had experience with IPV, I think I would be answering these questions differently… And it feels like protective of me, like I think that there's a reason why I chose these types of paths instead of a sexual assault agency."

Brittany goes on to characterize this process as a "kind of compartmentalizing" and "to not identify with some of the trauma we deal with here." *Emotionally distancing* in this way could be supported in an open, adaptive way by supervisors who worked in organizations that held more open attitudes about addressing staff trauma, this form of coping could be supported by supervisors. Beth, a supervisor in her organization, explained it this way:

> They don't have to take on certain clients if it's activating for them around their own trauma history and they don't even have to tell us what their own trauma history is. If they choose not to, 'just not this person, not this day or not this person period.'"

Another way that survivor-advocates gained emotional distance from the work was through a more internal compartmentalization process. Jessie, a survivor-advocate early in her career, described this process as negative but necessary:

> "There are other times when clients will say things that are like hard to hear and you know, I think anyone who works with survivors of extreme violence has moments of like having just you know, having to kind of distance themselves in a protective way, even if it's unconscious because sometimes what we hear is very, very difficult. And I think that, that's probably normal and I wish that, that wasn't."

Emotionally distancing from the work was seen as a necessary but less than ideal survival strategy. However, most survivor-advocates reported using an alternate strategy for coping with stress and moderating the extent to which they engaged with their own survivorship—*refocusing on clients' needs when caught up in own experience*. This was a complex process of survivor-advocates recognizing when they were identifying with clients or applying their own experiences to the work, analyzing the extent to which these processes matched up with their clients' needs and the extent to which they were distressing for the advocate, and revising their approach as necessary to prioritize the client. This required simultaneously balancing awareness of their own story and experiences with an awareness of the uniqueness of their client's experience. Cassie described this process as a way for her to attend to both her own and her client's healing:

> "I just try to stay really conscious because I know if I get so wrapped up in my own experience, so triggered by the story that I'm hearing that I'm fully in myself, just reliving something, then I'm losing sight of the person in front of me. It's…part of a healing process for me, but that has to be something that is secondary to the person that I'm providing that service for. Their healing has to come first, but that doesn't mean my healing shouldn't happen, it just has to happen in a different setting.

Participants varied widely in the way they characterized this coping strategy. Some survivor-advocates who worked in organizations that actively encouraged self-care or invited discussion of staff trauma used clinical terms like "countertransference" (Jessie) or setting "emotional boundaries" (Manda) to describe this experience, while others described it as making the work "not about me" (Tasha). Regardless of how it was described, this was a ubiquitous experience that showed that survivor-advocates were careful to monitor the extent to which they were using their own experiences for the client, which served dual purposes of protecting the survivor-advocate from triggering and maintaining the effectiveness of the service provided to the client.

As Cassie described, while refocusing on clients' needs is a primary task for survivor-advocates, attending to their own needs during and after client work is also a crucial part of coping. Many survivor-advocates reported using strategies for *remaining grounded and calm when working with clients*. This aspect of coping was less focused on limiting the process of *bringing my whole self to work* and instead on tolerating and coping with the negative emotions that could arise when survivor-advocates fully engaged with their own trauma history. For some, this took the form of using grounding exercises that they have learned from supervision, in outside therapy, or from years of experience. Claudia reported that "your coping skills sharpen as you do this more and more. I am very lucky, I have the best therapist in the world and have done a lot of work." Sarah gave examples such as "taking notes" during sessions when she is feeling overwhelmed or "keeping one foot in the room and one foot out of the room."

Three survivor-advocates who felt particularly motivated by their experiences of IPV to help other survivors described a different attitude toward remaining grounded, namely that they felt less vulnerable to being overwhelmed because of the violence they had already overcome. They derived strength and resilience from the meaning they had made of their trauma. Manda described it this way:

> "So, the way all this has impacted my work is tremendously. In really good ways. I've been through so much that there's very little that shocks me…Like, I used to have a lot of anxiety, and it's pretty much gone. Which works well with clients, because whatever they're sharing, these horrific stories, I have the capacity to really be calm, and to hear it, and to still stay grounded in it. And… you know I've seen advocates in the past almost get kind of caught up in the crisis with clients, whereas I kind of hold that groundedness in crisis, which has been helpful."

Tasha described a similar experience of being able to "switch on and off" her anxiety and "control myself very well." It is important to note that both Manda and Tasha also made reference to moments in their work where they felt triggered and had to take emotional distance or rely on more traditional grounding strategies; nevertheless, they also often had this experience of feeling less vulnerable to the stresses of the work overall. Isabel also occupied this middle ground, having learned coping strategies through her years of work as well as this sense of enhanced resilience through meaning-making:

> "I think I've learned pretty well how to kind of like, burn out my rage. And of course, I think we all react differently to different stories. And there are stories that really hit me hard, and others for whatever reason, you're able to leave here a little more when you go home. But I think now I have a pretty healthy way that I can burn out my rage. So I find myself not really necessarily being triggered by certain things of my own personal experience, or when I do, because I have a name for it, and I have this connection that I made to it, I just roll with it, you know? So I don't question myself anymore about that, it's just like whatever. But the only thing that I think was challenging was when I had my stuff completely unprocessed."

Isabel's experience illustrates how learning coping strategies through the work and processing trauma by connecting those experiences to the work leave survivor-advocates well-prepared to engage more fully and manage the challenges that come with that engagement. It is also worth noting that Isabel, Manda, Sarah, and Claudia all experienced their organizations as relatively more validating of survivor identity and supportive of self-care. On the other hand, Jessie, who was earlier in her career and experienced parts of her organization as exceptionally invalidating reported feeling more triggered and relying more on *emotionally distancing from the work*.

The participants in this study engaged in the process of *bringing my whole self to work* in different ways and to different extents based in part on the extent to which they made connections to the work, felt supported by their context, and saw opportunities to apply their experiences to the work. Each survivor-advocate also coped with the costs and challenges that came with this process in a variety of ways based on these same factors, in ways that ranged from emotional distancing to more balanced coping strategies. Maintaining this balance between deep engagement and emotional safety was a crucial part of this process that enabled survivor-advocates to feel more effective in their work—and for survivor-advocates to reap greater personal healing from the work in the long run, as the next section describes.

The Work Shaping Well-Being

The final outcome of the process of *bringing my whole self to work* consists of survivor-advocates experiencing personal growth and healing—*the work shaping well-being*. All of the participants in this study reported that deeply engaging their own survivorship as they did the work of advocacy contributed in some way to their own healing from trauma, personal growth, and resilience. Survivor-advocates felt motivated to engage in this process in part because of an awareness of the personal benefits it could yield, even when personal healing was not always at the forefront of their minds as they went about their work. The participants in this study reported that healing could be facilitated at multiple stages and through multiple facets of the central process, including both internal, private processes and more tangible interactions with clients—however, the participants in this study emphasized the meaning they made of each of these experiences as the driving force behind their healing.

In general, the more survivor-advocates felt able to bring their whole self to work, the greater the degree and scope of healing they experienced. *The work shaping well-being* was also an idiosyncratic process, varying based on the particular histories of trauma and recovery the participants brought with them, the types of connections and meanings they made between their story and their work, and some aspects of their organizations. Nevertheless, even those participants who encountered significant stigma or were otherwise stifled in their efforts to fully engage their survivorship in the work experienced some healing from their work.

The work shaping well-being consisted of two interconnected sub-processes: *making meaning of violence, and identifying with clients' healing.* These categories represent extensions of some of the other categories from earlier in the chapter. The next sections examine each of these categories in detail.

Making meaning of violence shapes well-being

Survivor-advocates engaged in several forms of meaning-making throughout the process of *bringing my whole self to work*. *Feeling called* and *deepening understanding of trauma* were both ways in which survivor-advocates made connections between their personal identity and the work of advocacy in order to identify avenues for applying their experiences to the work. The participants in this study experienced these meaning-making processes as healing in that they reframed, expanded, or amended survivor-advocates' understanding of the traumatic experiences they have survived. *Making meaning of violence* shaped well-being in four ways, described next.

First, many survivor-advocates reported *making something powerful and beautiful from experiences of violence*. They described coming to see the violence they had experienced as having some kind of value as an intrinsically healing process. For some survivor-advocates, using their experiences to help others was part of their calling to enter the field of DV. This perspective was reinforced whenever they felt that utilizing those experiences had a positive effect on the work. Christine stated:

> "I began to value the fact that I had survived this, because I had learned so much in that process. It made me available in a way that I might not have had I just been sort of going to graduate school and picking this as a career. I began to see it in a different light. I began to see it from a different perspective. And so for me, you asked about the impact on me, and I felt that just that realization helped me to continue to heal. In a way that I didn't expect. You know, 'Oh my gosh, this work is feeding me.' Because there's a way in which it's continuing to help me grow. And this unexpected sort of pivoting of my perspective around my own experience, it's like, 'Oh my gosh, there's such value here.'"

For Christine, the realization that her experiences could be used to help others was itself healing, and this perspective continued to develop over time. Tasha, who had been in the field for far less time than Christine, also reported that she derived healing from being able to "turn negative things into positive things to share." This form of healing was more frequently reported by participants who experienced IPV, as they were more readily able to view their experiences as applicable to the work they did.

A related way that *feeling called* contributed to healing was through the sense of empowerment that resulted from *feeling competent as an advocate*. Being a DV advocate was described by many participants as a central part of their identity as a survivor of violence. Feeling that they were performing that role successfully was a rewarding, validating experience that countered the disempowerment that survivor-advocates experienced as part of their trauma. This could include *making something powerful and beautiful*, as described above, but also extended to other parts of the advocacy role. Tasha described her capacity to ground herself—to "switch on and off" her emotions during challenging parts of the work—with pride, stating, "I am quite professional in my emotions…for me, that professional empowerment means a lot." Manda also noted how multiple parts of her work helped her feel empowered:

> "Everything's out of control, I've had so much power taken away from me in my past, but being able to support this client, and make a plan, and be able to understand this person so well, to know how [abusers] act, or react, or whatever, helps. It helps."

Earlier in this chapter, some participants had reported that *social change goals* were part of their calling to the field of domestic violence. For these participants and a few others, living out this motivation was also experienced as personally healing—that is, *contributing to the larger movement against violence* contributed to healing. Participants who reported this kind of healing made meaning of their experiences of violence by using them to be a part of a social movement and community that was larger than themselves. Cassie describes this experience as a complement to the healing she does outside of the work:

> "As time has gone on, as I've been able to heal separately from this work, I think that being able to be a part of this thing that's bigger than I am. To be part of this

> moment that's happening all over the world, all over the country, all over the state, being involved in these conversations for me makes it feel like this work that I'm doing isn't futile."

This type of meaning-making was more often reported by participants who were motivated to enter the field by social change goals and participants who were not survivors of IPV, but it sometimes coincided with *making something powerful and beautiful* for those who were survivors of IPV.

Some participants reported a fourth way that *feeling called* contributed to healing—*commitment to the work increasing commitment to healing.* These participants described taking steps to invest in self-care and their own healing process in order to maintain their capacity to engage in the advocacy work that had become a priority in their life. Sarah stated that "to make this work sustainable, I would recommend to people that they take care of themselves first." The extent to which participants invested in this process depended on the extent to which they felt triggered by the work, which was in turn related to their perception of similarity between their own experiences and the trauma they encountered in their work. Manda, a survivor of IPV, described her commitment to self-care as such:

> "I am really committed to that, and I know what I need to do for myself, and I've set up support systems for myself, almost in a preventative way, of *knowing* that I'm going to be super triggered, and that's almost unavoidable in this work, especially with my history."

Brittany, a survivor of sexual assault who had reported choosing to work in DV to prevent herself from feeling overly identified with the work, described her experience differently:

> "I think working here has, um…I dunno, motivated me to [seek therapy] sooner rather than later. So it's kind of been a catalyst. Like I'm certainly not feeling like triggered in my work here…But I think I would like to have a little bit more cognitive clarity around the experience than what I have now."

Despite the differences in these experiences, the desire to make advocacy sustainable was linked to participants' commitment to the work.

In addition to *feeling called*, some participants described a healing effect of *deepening understanding of survivorship through the work*. In particular, the participants who came to recognize their survivorship for the first time after becoming an advocate reported that this process of *naming trauma through the work* contributed to healing. As Isabel illustrated earlier in this chapter, entering the field of advocacy prompted her to reflect on her own experiences and recognize them as traumatic, which was the beginning of her being able to heal from those experiences.

> "Processing for me was actually reconnecting with that experience. I think the way that I thought about it was that the emotions connected to that experience were there, but I had kind of buried the experience itself…I was interacting with coworkers, I was interacting with survivors, I was going to trainings, I was going to conferences where people were talking about all kinds of other stuff…So I think that in my brain kind of started setting up this like, 'Oh, ok. Number one, don't guilt trip yourself. Number two, don't second guess yourself. Your body is

> very smart, and your mind is very smart. If that's how you remember it, and that's how you remember how it felt all those years, you're probably right about it!' (Isabel)

Naming was not equally healing for everyone, however—Brittany described her process of naming as highly triggering and reports an ongoing need to dedicate time to continue processing the experiences that had been uncovered by her entry into the field of advocacy. Isabel and others who experienced naming as healing had already taken time in therapy or on their own to process this experience before the interview. They may have retrospectively viewed naming as the beginning of a new stage in their healing or a continuation of their ongoing healing. In addition, Isabel and Luis experienced their organizations as particularly welcoming to survivors and inviting discussion of personal trauma, whereas Brittany felt that her organization had room to improve with regard to encouraging self-care.

Making meaning of violence was one of the most commonly reported paths to healing within the larger process of *bringing my whole self to work*. The next section focuses on how another commonly reported experience—identifying with clients—also contributed uniquely to healing.

Identifying with clients' healing contributes to advocate's healing

Identifying with clients was described earlier in the chapter as creating a sense of resonance and reflection in survivor-advocates, as well as enhancing their ability to empathize with clients and thus enhance their work. These points of connection with clients were also a springboard for personal healing for the participants in this study. The relationships they formed with their clients enabled them to share in the healing that their clients experienced through their work together. Indeed, Manda stated that "just being in connection" was healing in itself, an experience shared by many of the other participants in this study. *Identifying with clients' healing* contributed to advocates' healing in two ways, described next.

First, many survivor-advocates reported that *witnessing clients' resilience* contributed to healing. They described feeling inspired and rewarded by watching their clients recover and thrive in the aftermath of trauma. Seeing their clients heal fed directly into survivor-advocates' own ongoing resilience and recovery as a hopeful reminder that healing is possible. Christine described this experience as follows:

> "I continue to sort of feel inspired by the clients that come in the door. I really love my clients. I learn so much from them, I appreciate them and one of the things that really excites me is when after having worked with a client for a period of time I watch her come full circle and begin to reach back out and help someone else…She's creating these handouts that may be used with other survivors. It's amazing! I have binders of this stuff that she creates. She's really quite something. But this is how she's been healing and her process is actually helping other survivors…I guess the full circle for me feels like it's sort of fueling my passion more and more...Watching them heal. Watching them along their journey and as they get to that final stage. There's something really exciting and inspiring about that. And so yeah. It's good. So I'm seeing it, it's feeding me, it's continuing to feed me because of that I think."

Many of the survivor-advocates who experienced this type of healing did so in the context of strong personal coping skills and supportive workplace relationships. Jessie, who was earlier in her career than any other participant and who struggled with hierarchy in parts of her organization, had a slightly different perspective on *witnessing resilience*:

> "When it feels very hard to bare, I think I am looking for that motivation…like, why am I still living? Why am I still trying to hold this weight that feels unbearable? And I find that answer, I find that answer in the work that I do...Some of my clients are also suicidal and some of my clients, when they leave the organization, I don't know if I'll ever see them again…But a lot of my clients are not suicidal and I'm like, 'Why not? What is it about you that you could experience that and you want to keep living?' And I guess maybe that's what I'm looking for, is the answer to what's the reason to keep living and the more people I find who have an answer to that, the better I feel I guess."

Each participant in the study came to the work at different points of their recovery, which shaped the way they identified with the resilience of their clients.

The second way that *identifying with clients' healing* contributed to advocates' healing emphasized the advocate's role in their clients' recovery—*contributing to client's healing* contributed to the advocates' healing. Most of the participants in the study reported that reflecting on the difference they were able to make for their clients was a source of pride and empowerment that enhanced their own recovery. Manda summarized this experience in this way:

> "I watched clients really transform throughout our work together. Like really become embodied and empowered, and I know that that's them doing their work, and that's also me supporting them in their work. And so it's reflecting to me that, you know, like if someone was to watch me, they'd see the same thing in me, but

> also that I have contributed to that experience for them. So much of it is really from themselves, that's why they transform. But I've had a part in that process."

A wide range of contributions to clients' healing could be personally healing for survivor-advocates. For example, Christine described how teaching clients coping skills contributed to her own healing:

> "We worked together to bring her back into her body. We do some exercises, we do some breathing together, we do something that's going to change the dynamic in the room. And sometimes that's just as much for me as it is for her. You know, whether it's doing straw breathing, or I might get up and make a cup of tea. Sort of making it so that we're doing breath of joy, just changing the energy and so that's been an important for me to understand that there are those techniques that I can bring in that will help us both. It's in service of the client, but it's also taking care of myself."

Teaching about self-care or otherwise generally contributing to clients' healing was personally healing for many advocates, regardless of how deeply identified they were with clients.

However, some of the contributions that survivor-advocates made were even more connected to their personal histories: *providing what I would have wanted.* The participants who were able to give something to their clients that they felt would have been helpful in their own history of recovery but had never received reported sharing even more deeply in their clients' healing. For these participants, providing what they would have wanted to clients was symbolically addressing their own unmet needs. Jessie summarized this experience in this way: "I think my goal in the work is to be for someone else what I did have for myself and that is, is where the healing comes in. That I didn't get it but I can give it to someone else." Tasha described at length her experience of being denied help from most systems she approached in the aftermath of her escape from a violent relationship, and the profound healing she experienced by accompanying her clients to similar systems and advocating for them:

> "I just know that I've been through all this and I don't want anybody to go through the same thing. So I started doing [advocacy], but after doing that, unexpectedly I actually felt empowered. All those moments when I went to different organizations asking for help and people ignored me, treated me as nothing. And when I show up with a client they treated the client well and they take the client's case. It's like I'd gotten myself…reversed. My being not helped. I feel the joy through my clients. I no longer feel that helpless…after all I still have my energy, my power to make something happen."

As described earlier in this chapter, the degree of similarity that participants perceived between their own and their clients' stories increased the intensity of the empathy they experienced as well as the vulnerability this brought on. By the same token, Tasha and others who were able to provide the specific type of help that resonated most strongly with them experienced even greater satisfaction and personal healing.

Making meaning of violence and *identifying with clients' healing* were broad processes that provided survivor-advocates with multiple opportunities to derive personal healing from the work, which were in turn made possible by survivor-advocates bringing their whole selves to work. By allowing themselves to intertwine their personal story of survival with the work they did and the clients they served, survivor-advocates were able to feel empowered, inspired, rewarded, and healed.

Chapter Five: Discussion

This chapter summarizes the findings of this grounded theory study and relates them to relevant research. The first section highlights the most salient features of the central process, *bringing my whole self to work*. The second section relates these findings to the literature on the experiences of survivor-advocates, with particular focus on meaning-making, identifying with clients, vicarious trauma and resilience, and the sensitizing frameworks for the study. Finally, the chapter concludes with a discussion of the strengths and limitations of the study and its implications for research and practice.

Summary of Findings

The theory presented in the previous chapter details how survivor-advocates actively engage with their identity and experiences as survivors and apply them to their advocacy work through a process called *bringing my whole self to work*. Participants described the process as comprised of four discrete but interrelated components, each of which is described in the next sections (see Figure 1). Three involved the feelings, experiences, and actions of survivor-advocates themselves, including: 1) constructing a personal narrative about how their identity connects to their work (*discovering connections*), 2) applying those connections to shape their work in private and overt ways (*survivorship shaping the work*), and 3) experiencing personal healing as an outcome of the previous two steps (*the work shaping well-being*). The fourth reflects how interpersonal and organizational contexts shaped that process through validating or invalidating the survivor identity (*contexts that validate and invalidate survivor identity*). Although *bringing my whole self to work* often begins with *discovering connections*, later steps of the process can also overlap with or feed back into earlier steps, making the overall process fluid and nonlinear.

Discovering connections

Discovering connections was an important piece of the larger process of *bringing my whole self to work* that laid the foundation for deeper engagement with advocacy work. Its three categories—*feeling called by survivorship, deepening understanding of survivorship, and identifying with clients*—all had in common the effect of heightening participants' awareness of how their survivor identity was connected to their advocacy work and where they could begin to apply it. The types of connections that participants made tended to vary with the nature of the violence they had experienced and other aspects of their social location. For example, survivors of IPV more often reported that they were motivated to enter the field by a desire to use their experiences to help others, whereas survivors of other kinds of violence more commonly reported motivations that were more peripherally related to their survivorship, such as addressing the root causes of violence through social change. Perceptions of similarity and difference in the details of trauma history and social location also shaped the degree to which survivor-advocates could *identify with clients*. Christine, for example, described her experience of having the same triggers as her clients as imparting a "visceral knowledge" that enabled her to put herself in her clients' shoes. On the other hand, some survivor-advocates of color felt less able to identify with white clients because of differences in their experiences of privilege and oppression. Across all participants, the more deeply they made connections between their identity, their work, and their clients, the more they engaged in the other components of the central process.

Survivorship shaping the work

Survivorship shaping the work illustrated the many ways that survivor-advocates actively applied their survivor identity and experiences to their work. This could occur privately, as in the case of survivor-advocates cultivating greater empathy by identifying with their clients, or in applying their personal knowledge of violence to select interventions that were most appropriate to their clients' stories. Participants also commonly shaped their work in more overt ways through disclosure of their experiences of survivorship; for example, participants shared examples from their recovery story or coping strategies with clients in order to provide a unique intervention for clients who were particularly struggling, or for their coworkers who were experiencing VT. In any case, survivor-advocates usually experienced these strategies as both beneficial to clients and producing a sense of satisfaction and fulfillment. Further, the more participants felt supported by their organizations the more they reported a diverse range of strategies for applying their survivorship to the work.

The work shaping well-being

The work shaping well-being was an outcome of the central process that showed how the first two components translated into enhanced well-being and recovery for the participants in this study. Discovering connections – both through making meaning of violence and identifying with clients—facilitated growing empowerment, trauma recovery, and overall sense of well-being. This component of the central process occurred throughout survivor-advocates' experience of their work—for example, initially connecting with clients helped survivor-advocates to feel less alone, naming survivorship as a result of entering the work was the beginning of many survivor-advocates' recovery story, and reflecting back on their contributions to clients' recovery helped survivor-advocates feel empowered.

Contexts that validate and invalidate survivor identity

The last component of *bringing my whole self to work* involved the ways that validating and invalidating contexts influenced the process. Survivor-advocates' sense of community, of their needs being acknowledged by the organization, and of their experiences of survivorship and strengths being honored were the most important experiences that coworkers and organizations facilitated. Not every instance of these contextual factors explicitly referenced survivorship, but participants found those that did to be the most validating. For example, relationships with coworkers and supervisors characterized by open discussion of needs, investment in each other's well-being, shared values, and shared power were particularly rewarding when participants could openly share their trauma history with trusted coworkers. Likewise, organizations that actively encouraged self-care were supportive for all participants, but especially when this encouragement was grounded in the assumption that staff may have particular needs and vulnerabilities based on their trauma history. As the above examples illustrate, *bringing my whole self* to work was not a uniform process. The different routes it took will be explored in the context of existing research in the following section.

Integration With Existing Literature

This study represents the first qualitative research study designed to explore how survivor-advocates experience their work, and how their work shapes their well-being. Numerous studies have explored survivorship as a factor in VT and VR, and have begun to identify constructs that contribute to advocates' work-related stress and well-being, such as meaning-making and workplace social support (Cohen & Collens, 2013; Hensel et al., 2015). However, few studies have deeply examined the interactions between survivorship and these constructs (Frey et al., 2016; Kulkarni et al., 2013; Slattery & Goodman, 2009), and only two have focused explicitly and exclusively on survivor-advocates (Jenkins et al., 2011; Wood, 2016). This study provides crucial detail on how survivor-advocates approach their work in ways that promote their effectiveness as healers and their own experiences of healing. The next section contextualizes study findings in light of prior research, highlighting the roles of meaning-making, identifying with clients, and workplace factors. It concludes with a discussion of how study results increase our understanding of VT, VR, and trauma recovery, especially from relational-cultural and ecological perspectives.

Meaning-making

As noted earlier, this study showed how participants engaged in a variety of meaning-making processes throughout their experience as advocates. Meaning-making was a key mechanism underlying each component of *bringing my whole self to work* that drove deeper engagement and healing. Participants in this study confirmed findings from previous literature that showed how feeling called and reframing experiences of violence serve healing and protective functions. For example, Jenkins (2011) found that advocates who reported being motivated to enter the field due to their past experiences of IPV or sexual assault were more likely to experience both VT and positive changes resembling PTG as a result of the work (Frey et al., 2016; Tsai et al., 2017). Wood's qualitative study of survivor-advocates (2016) also found that experiencing their work as a "calling" based on their trauma history was protective against VT, and that, in general, integrating their trauma history into their professional identity helped them to reframe their experiences as providing empowering tools for helping them to help others. In addition to affirming these findings, participants in this study reported multiple forms of calling, some of which were directly related to their own history (e.g., using their experiences of violence to help others), and others more tangentially so (e.g. motivated by social change goals), suggesting that there is a rich variety of narratives that survivor-advocates can adopt to make meaning of their work.

This study also built on previous research that explored exactly how and when meaning-making shapes healing and growth. Jenkins (2011) identified stress inoculation as a possible mechanism of healing, such that survivor-advocates who make meaning of their history are less vulnerable to VT, while Wood (2016) found that referencing one's healing story during stressful moments can buffer against VT. This study replicated and extended these findings by showing how participants' beliefs and perspectives about their survivorship can evolve over the course of the work, enriching the narratives that brought them to the work in the first place and opening up further possibilities for meaning-making. This can take place at the beginning of the work (*feeling called*), throughout their work (*making something powerful and beautiful*), and more retrospectively (*deepening understanding of survivorship, feeling competent as an advocate*), characterizing the healing function of meaning-making as a continual and iterative process. This echoes research demonstrating the importance of "turning points" in recovery from trauma (Harvey et al., 2000), suggesting that doing the work of advocacy presents numerous such opportunities for survivor-advocates to continually revisit their own narrative of healing in their daily lives.

Identifying with clients

Another central part of *bringing my whole self to work* was *identifying with clients*, which contributed to participants' work in positive and negative ways. On the positive side, this identification produced a sense of resonance with the work, enhanced empathy, more tailored advocacy, and personal healing and growth. At the same time, it sometimes led to feeling overwhelmed. Relatively few studies have directly examined this process, which can be seen as a special form of meaning-making that is predicated on feeling connection and kinship with clients. Wood (2016) alluded to it by noting how connecting with clients and noticing similarities between experiences enables survivor-advocates to experience greater empathy and tailor their work to clients.

This study expanded on these finding in several ways: First, it revealed a relatively novel form of identifying with clients: *identifying with clients' healing*, which in turn contributed to advocates' healing. A powerful example of this was when survivor-advocates felt that they were providing something to their clients that they never received or would have wanted earlier in their recovery story. These findings confirm the suggestion in prior research that survivor-advocates can experience positive outcomes from their work by integrating their own experience with that of their clients (Frey et al., 2016; Cohen & Collens, 2013). This may be the mechanism behind findings such as those in Jenkins (2011) that survivor-advocates can continue to process their trauma through the work.

Second, this study clarifies how identifying with clients shapes the interplay between VT and VR. Sharing traumatic experiences and identifying with clients has also been linked to greater symptoms of VT (Cohen & Collens, 2013; Hensel et al., 2015;

Jenkins et al., 2011; Slattery & Goodman, 2009; Wood, 2016). Participants in this study and in Wood's reported that identifying too much with clients poses the risk of being overwhelmed and triggered by the similarities and having difficulty maintaining appropriate boundaries. This study expands on these findings by illustrating how some survivor-advocates cope with this stress, specifically by modulating the extent to which they identify with their clients through recognizing differences, maintaining emotional distance, grounding techniques, and self-care. Such strategies had been reported in more general form by Cohen and Collens (2013), but this study is the first to examine the tension between identifying with clients and maintaining boundaries in detail, suggesting that there is some optimal level of identification for each survivor-advocate that enables them to experience a tolerable amount of VT in order to engage their survivorship in their work.

Finally, this study also illuminated how the process of identifying with clients is much more complex when taking multiple intersecting identities into account. A handful of participants described having difficulty identifying with survivors with whom they had different experiences of racial or economic oppression, or conversely, identifying more on the basis of non-survivor identities, such as sexual orientation or immigration status. This study provided preliminary insight into how negotiating multiple aspects of identity can facilitate or impede the overall sense of integrity and connection that *bringing my whole self to work* usually engenders. Although this central process is concerned primarily with survivor identity, there is reason to believe based on these data that survivor-advocates and their non-survivor counterparts strive to balance each piece of their identity when engaging in this process. Indeed, survivors' experiences vary widely with their other social locations (Sokoloff & Dupont, 2005), so these must be taken into account to obtain a complete understanding of their survivorship. However, exactly how survivor-advocates negotiate which aspects of their identity are important to bring into their work and how they resolve the conflicts that might arise in this process remains a ripe area for future research.

Workplace factors

In addition to the internal processes of meaning-making and identifying with clients discussed above, previous research on trauma as well as VT and VR has emphasized contextual and organizational risk and protective factors. Numerous studies have demonstrated the importance of support for self-care, trauma-informed training, cultures that openly acknowledge and address VT, and social support for protecting against VT and/or promoting VR (Cohen & Collens, 2013; Kulkarni et al., 2013; Slattery & Goodman, 2009). Although Wood (2016) focused her study on survivor-advocates' experiences of their work with clients, she nevertheless found that support from coworkers, broadly speaking, helps survivor-advocates cope with work stress.

The few studies that have examined the role of organizational supports and survivorship in tandem have emphasized the importance of shared power (Slattery & Goodman, 2009), shared values (Kulkarni et al., 2013), and social support (Frey et al., 2016). Although these studies have suggested that survivor-advocates might be especially in need of proper workplace support, however, they do not articulate specifically how best to support them. For example, Slattery and Goodman's (2009) study found that survivor-advocates were still more vulnerable to VT than non-survivors after controlling for shared power, suggesting that survivor-advocates may not be benefitting fully from current efforts to implement shared power, or possibly that there are yet undiscovered organizational supports that survivor-advocates would uniquely benefit from. Further research on how survivor-advocates experience their organizations as supportive or unsupportive is needed, and this study begins to address this need.

This study advances the literature on organizational support for survivor-advocates by identifying the validation of survivor identity as particularly crucial, and by demonstrating how that could be done by coworkers, supervisors, and organizations as a whole. This study also confirmed the importance of shared power (*honoring survivor-advocates' experience*), shared values and social support (*feeling a strong sense of community*), and of openly addressing VT (*acknowledging needs related to survivorship*). But participants went further, describing how these contextual factors can function to validate survivorship in some key, specific ways. For example, when participants shared values about the importance of trauma-informed care or of social justice, they felt greater community, perhaps because sharing these values indicated to survivor-advocates that their organization held non-stigmatizing views about survivors. As another example, sharing power by respecting survivors' strengths and giving them agency over how their survivorship is discussed reinforces the idea that survivors have something uniquely valuable to contribute to their organizations, further validating that identity.

It is worth noting that many of the supportive contextual factors described here incorporate some of the practices emphasized by the social justice strand of the DV movement, such as nonhierarchical organizations and more support for lived experience as a credential (Fleck-Henderson, 2017; Mehrotra et al., 2016). Indeed, *sharing social justice values* was a facet of contextual support that was clearly articulated by several participants as particularly important, building on more generic conceptions of “shared values” from previous research (e.g., Kulkarni et al., 2013). At the same time, some of the best practices of DV organizations that are striving to incorporate trauma-informed care, such as more dedicated support for self-care (Elliott et al., 2005), also resemble organizations that support *bringing my whole self to work*. The ideal environment for supporting survivor-advocates may require the best of both worlds with regard to the divergent strands of the DV movement. It may nevertheless be an important step forward for organizations to openly articulate and embody a social justice mission that is explicitly connected to a holistic and empowering understanding of the needs of survivors. Adopting such values could go a long way in validating survivor identity without organizations ever needing to directly and explicitly address any individual's personal trauma.

Finally, this study also advanced our understanding of the unique forms of stigma survivor-advocates face and its role in validating identity and promoting well-being. Numerous participants discussed how their organization’s attitude toward disclosure of survivorship could lead to feeling validated or invalidated. Several participants characterized their organizations and coworkers as sometimes *discouraging staff from openly discussing survivorship* both explicitly and through a general sense that doing so is taboo. The idea that survivors in need of services can't be advocates was also commonly held and sent invalidating messages to some participants. These ideas often took the form of generally unspoken, yet widely acknowledged cultural beliefs that permeate the DV world, and as such could have an impact on survivors even when their organizations did not explicitly hold these values. In general, stigma invalidated survivor identity and tended to exacerbate work stress while also discouraging survivor-advocates from engaging more deeply and personally in the work, preventing them from experiencing the possible benefits this might yield. Many of these attitudes have been present in some form since the beginning of the DV movement (Schechter, 1982). However, to our knowledge, this is the first study that has examined the role of survivor-specific stigma in relation to VT and VR, which adds complexity to our understanding of how best to build organizational supports for survivor-advocates.

VT, VR, and recovery from trauma

The findings of this study discussed so far have important implications for our understanding of the relationship between VT and VR and how those constructs are related to survivor-advocates' well-being and trauma recovery. Previous research has suggested that survivor-advocates are more likely than non-survivors to report both VT and VR (Cohen & Collens, 2013; Frey et al., 2016; Hensel et al., 2015; Slattery & Goodman, 2009). There has been some theoretical speculation around both findings, such as that the impact of witnessing clients' trauma is exacerbated by one's personal traumatic memories being triggered (Ludick & Figley, 2017), or, on the flipside, that survivor-advocates are inoculated to stress due to having already survived and coped with violence themselves (Gilfus, 1999; Jenkins et al., 2011), or that survivor-advocates derive growth from integrating their own narrative with their observations of their clients' growth (Frey et al., 2016). Few studies, however, have described the seeming paradox that survivor-advocates are both more stressed and more satisfied or even healed by the work. Prior quantitative studies have found a positive, linear relationship (Cosden et al., 2016) as well as a curvilinear relationship (Manning-Jones et al., 2017) between VT and

VR, suggesting that some VR can be attributed to successfully coping with VT. This suggestion has also been posed in one qualitative metasynthesis (Cohen & Collens, 2013).

The current study supports and expands the notion that survivor-advocates' positive and negative reactions to their work are highly intertwined with each other and with their personal trauma history, such that successfully coping with VT can promote ongoing trauma resolution, VR, and overall improvement in well-being. Most of the participants who reported positive changes as a result of the work also stated that being triggered by the work was an inevitable part of their experience. For some, this triggering was associated with naming their trauma history for the first time, which ultimately led to greater trauma processing. For many others, feeling triggered was often the result of identifying strongly with their clients' experience. Other participants described learning how to cope effectively with the stress of the job, including difficulties with feeling triggered or maintaining boundaries when working with clients, as a form of growth that carried over into their personal lives. In each of these cases, experiencing VT symptoms was either simultaneous with or the catalyst for growth or healing of some kind. In general, the more participants felt able to engage in the process of *bringing my whole self to work,* the more open they were to being emotionally influenced by their work.

This study is consistent with previous literature that implies that there is likely some optimal level of VT that contributes to growth (Cohen & Collens, 2013; Manning-Jones et al., 2017), but it takes a firmer step toward the notion that VT is a necessary part of growth and healing for those with a trauma history. These findings also replicate the findings discussed earlier that recovery from trauma can be characterized by cyclical and intertwined pathology and resilience, and that survivors can actively reshape their vulnerabilities into strengths over time (Brown et al., 2012; Kallivayalil et al., 2013; Tummala-Narra et al., 2012). Some scholars have even suggested that the experience of vicarious trauma is a necessary antidote to the effects that dissociation can have on any helping professional working with trauma survivors, one that paves the way for greater connection and more effective therapy (Boulanger, 2018). This study lends some empirical support to the idea that vicarious trauma may be a necessary part of therapeutic work, especially for helpers who are survivors themselves.

Relational-cultural theory

The process of *bringing my whole self to work* can be understood in relational-cultural theory (RCT) terms as a deepening of mutual empathy and authenticity, which has a positive impact on their overall relational well-being. Several features of the central process illustrate this point. First, *bringing my whole self to work* is largely an internal process of connecting to the survivor identity--becoming more aware of it, engaging with it in relational moments, and understanding its connection to the other parts of one's identity. RCT describes mutual empathy as depending on a similar sense of internal connection to all the parts of one's identity, especially ones that are normally kept out of the relationship (Jordan, 2009). *Bringing my whole self to work* thus helps to illustrate the RCT notion that deepening understanding of one's own identity is a crucial ingredient in becoming more positively engaged in relationships.

Second, *bringing my whole self to work* included multiple strategies for remaining in connection to the survivor identity while also maintaining some distance with the client. For example, survivor-advocates typically disclosed their identity indirectly or discreetly with clients to protect themselves as well as their clients. Survivor-advocates also maintained internal boundaries and emotional distance while connecting with clients to prevent themselves from becoming overwhelmed. This is consistent with RCT's portrayal of mutually empathic relationships as inevitably being balanced by strategies of disconnection (Jordan, 2009). However, RCT typically depicts this balance between connection and disconnection as necessitated by a fear of rejection, whereas in this study, maintaining some distance was often necessary for participants to protect themselves from becoming overwhelmed.

The process of *bringing my whole self to work* also has implications for how RCT is typically understood and applied. Although RCT stresses the importance of the therapist being open to being moved and influenced by their clients in order to engender a mutually empathic, authentic relationship, most discourse on RCT suggests that this should be where the therapist's permeability ends (Jordan, 2000, 2009). This study takes these concepts further, suggesting that the mutuality of influence proposed by RCT can be permanently transformative for the therapist (or advocate), and suggests that countertransference (or vicarious trauma) is a necessary part of such a process. This is a theoretical direction that is compatible with the central tenets of RCT as well as emerging empirical research on the intertwined nature of trauma and resilience in longer-term recovery (Brown, et al., 2012) but has yet to be fully explored. Further development of RCT as a theory should pay more dedicated attention to how the therapist's mutual, authentic engagement with clients can involve vicarious trauma and lead to lasting transformation, both positive and negative, in the therapist.

Finally, the role of context in *bringing my whole self to work* also illustrates the RCT concept of controlling images and extends it to the experiences of survivor-advocates. A controlling image in RCT is an internal representation that dictates how an individual expects and/or believes they deserve to be treated in relationships on the basis of a particular social location, originally developed to show how racism influences the development of mutually empathic relationships (Jordan, 2009; Walker, 2004). When contexts had the effect of invalidating survivor identity, such as through enacting stigmatizing attitudes about survivors' capability to handle the emotional toll of advocacy work, the participants in this study felt less inclined to apply their survivor identity to the work. This may reflect the kind of internalized stigma that impedes mutually empathic, authentic engagement according to RCT (Jordan, 2009). Another form of this may have been at play when some participants categorized their experiences of, for example, single-incident sexual assault, as being "not as bad" as their clients' IPV experiences, which had the effect of discouraging these participants from actively engaging with their survivorship during their work. Although invalidating contexts and stigma about survivors may have played a role in instilling these expectations, these might also have derived from survivor-advocates' individual experiences and beliefs about trauma. Regardless, such representations of the nature and value of survivorship were a potent limiting factor in the process of *bringing my whole self to work.*

Ecological models of trauma and resilience

The process of *bringing my whole self to work* is an inherently contextual process that advances our understanding of ecological models of trauma and resilience, in particular through the way it depicts transactions between survivors and their context, and how contexts contribute to meaning-making. Regardless of how far along in their recovery participants were, bringing their whole self to work involved some degree of seeking resources in the form of emotional or instrumental support from their organization. In line with ecological thinking, survivor-advocates' capacity to maintain their well-being and perform their work effectively while also grappling with their own trauma was directly dependent on their organization's ability to provide those resources. Some participants made more explicit reference to the notion of resources, as in the case of organizations requiring funding in order to provide things like more time off and training. However, even things like *coworkers showing investment in caring for each other* or *feeling that there is space in the organization to discuss personal trauma* pose demands to organizations, positioning them as potential key contributors to survivor-advocates' resilience.

One particularly powerful way that this study demonstrated the role of context in recovery from trauma was in the ways that organizations contributed to meaning-making. As discussed above, contexts validated and invalidated survivor identity in part by communicating messages (through their values, policies, interpersonal interactions, etc.) about what it means to be a survivor and how that affects one's ability to do advocacy work. Thus, in this framework, the particular organizations, and the field of DV as whole, can be seen as a cultural community that partially anchors survivor-advocates' understanding of themselves as survivors. Organizations' willingness and capacity to support survivor-advocates may also depend on their particular cultural values and messages regarding survivorship.

Summary

In explaining how survivor-advocates experience their work, the process of *bringing my whole self to work* resonates with many prominent constructs in the literature on vicarious and personal trauma and resilience. This study adds new richness and depth to how the processes of meaning-making and identifying with clients enable survivor-advocates to intertwine their personal recovery and their professional relationships (Wood, 2016) in ways that challenge the existing dichotomy between personal and vicarious trauma (Ludick & Figley, 2017) and adding further support to the hypothesis that some degree of VT can catalyze positive growth and change (Cohen & Collens, 2013; Manning-Jones et al., 2017). It also fleshes out how these constructs are embedded within interpersonal relationships and organizational cultures which themselves play a role in VT and VR through the validation and invalidation of survivor identity. This grounded theory is a critical step forward in understanding the needs of a significant proportion of the DV workforce and how doing the work of helping others can be a mutually healing experience for many survivors of trauma.

Strengths and Limitations of the Study

This study was the first qualitative study that was designed to examine the experiences of survivor-advocates and to ask specifically about how their work might contribute to their well-being. The only other qualitative study to date that has focused on survivor-advocates, to our knowledge, adopted this focus post-hoc after learning of the prevalence of survivors in their sample (Wood, 2016), making this study the first to center survivor-advocates at the outset. In addition, prior research has mainly focused on survivorship as a risk factor for VT (e.g., Hensel et al., 2015; Slattery & Goodman, 2009), while this study takes a strengths-based approach by positing that survivorship might enhance the work.

Limitations arose with regard to recruitment, which limited the range of analytical possibilities. In particular, none of the participants worked primarily in a shelter or other residential setting. One survivor-advocate working in a shelter agreed to participate but was unable to find a time to interview and eventually dropped out of the study. It is possible that survivor-advocates working in shelters, who work much more closely with survivors and deal with more crisis (Frey et al., 2016; Macy et al., 2009), could have shed further light on how identifying with clients can be overwhelming. In general, it is likely that participants who felt relatively less strained by their work and/or believed that their survivorship played a positive role in their work life were more likely to volunteer to participate in this study. In addition, although this sample was quite diverse with regard to sexual orientation and racial identity, none of the participants identified as Black or male, which could have been especially useful in illuminating how perceptions of similarity and difference shaped participants' ability to identify with their clients, as well as other facets of *bringing my whole self to work.*

In addition, the breadth of the data analysis in this study naturally limited the depth with which particular aspects of survivor-advocates' experiences could be explored. Given that survivor-advocates' experiences remain greatly understudied, this study sought to adopt as wide a lens as possible. *Bringing my whole self to work* explores both how survivor-advocates apply their survivorship to their work and how doing so feeds back into their own recovery, illuminating several particular strategies in each of those domains. However, both areas could benefit from more focused attention. For example, triangulating data between survivor-advocates and their coworkers and supervisors within single organizations could have provided more detailed information about how *contexts that validate and invalidate survivor identity* are enacted in relationships. Other topics that could have benefited from triangulation and deeper analysis include disclosure of survivorship, the role of stigma from outside the organization, and survivor-advocates' experiences of clients with whom they struggled to connect. This does present opportunities for further research, which are discussed in the next section.

Finally, this study was limited in its ability to fully consider how multiple intersecting identities in addition to the survivor identity are involved in the central process of *bringing my whole self to work.* As described above, the analysis presented here focuses primarily on the survivor identity, but experiences of survivorship vary widely based on race, class, gender, sexual orientation, immigration status, and countless other aspects of identity (Sokoloff & Dupont, 2005). Indeed, several participants mentioned that they felt equally if not more invested in bringing other aspects of their identity into their work as they did their survivorship. Although this dissertation shows that these other identities either facilitated or impeded survivor-advocates' engagement with their survivorship in particular, it was beyond the scope of this study to deeply examine how survivor-advocates decided whether and how to emphasize other pieces of their identity at various points in their work. Future research should focus on examining how the process of *bringing my whole self to work* encompasses multiple aspects of identity and the ways that meaning-making, identifying with clients, and relational and organizational factors address these different aspects of identity separately and in tandem.

Implications for Future Research

This grounded theory has helped to solidify a base of knowledge on the experiences of survivor-advocates. Future research building directly on this and similar studies (Wood, 2016) will be useful for elaborating on many of these findings. Broadening the theoretical sampling by testing the ideas contained in this study, seeking negative cases, and focusing on specific populations are useful first steps for fully fleshing out the process of *bringing my whole self to work.* One particular area that merits further research is the disclosure of survivor identity to clients and coworkers. We asked all participants about disclosure, in part because of Wood's (2016) finding that survivor-advocates saw it as a useful tool; this study extended these findings by illustrating how survivor-advocates decided how, why, and to whom they disclosed, and how context affected those decisions. Further research could emphasize exploring how disclosure shapes well-being and recovery, especially when the disclosure is met with a negative response, as well as providing more detail on how survivor-advocates consider similarities and differences in social location, trauma history, and other relational factors when disclosing with clients and coworkers.

Testing this grounded theory through quantitative research designs is another important route for validating these findings. Creating quantitative measures that operationalize *discovering connections* or *survivorship shaping the work* would pave the way for more precise and confident statements of causal relationships between these aspects of the central process and the outcomes of VT, VR, and other dependent variables of interest. Developing new measures of survivor-advocates' perceptions of their organizations that reflect *validating and invalidating survivor identity* could also help to identify the most potent ways for organizations to support their staff.

The findings of this study also have implications for research in the literature on VT and VR. This study adds to the mounting evidence that VT and VR are two sides of the same coin (Cohen & Collens, 2013; Frey et al., 2016). Future research should avoid measuring VT or VR in isolation, due to the likelihood that some work-related stress may actually be driving growth and positive changes. This could also help to clarify the inconsistent findings regarding the link between survivorship and VT (Hensel et al., 2015) by enabling researchers to control for the positive impact of survivorship. This study also suggests that more research must be devoted to understanding VT/VR longitudinally and concurrent with other measures of well-being and resilience, given that many of the participants in this sample reported greater VT earlier in their career and more VR later in their career. Longitudinal research could help to identify particularly important factors or turning points associated with survivor-advocates (and non-survivor advocates) begin to develop the skills for translating some of their VT into positive changes, or at least coping with it more effectively.

Many of these proposed future directions for research will ultimately translate into improvements and refinements in the practice of DV advocacy and clinical work more broadly. However, the present findings also carry important implications for practice, discussed next.

Implications for Practice

The process of *bringing my whole self to work* suggests that survivorship can be a useful tool for survivor-advocates to enhance their work, and that doing advocacy work can be of benefit to survivors, provided that the proper contextual supports are in place. This can be facilitated on both organizational and individual levels.

Organizational-level practice implications

As noted in the introduction to this study, at least 50% of advocates already in the field identify as survivors of some form of interpersonal trauma, including around a quarter as survivors of IPV (Slattery & Goodman, 2009; Hensel et al., 2015). While there are numerous benefits to survivor-advocates utilizing their experiences to shape their advocacy, this large workforce of survivor-advocates remains largely covert and may not feel allowed or prepared to publicly acknowledge their survivorship or use it explicitly in the work. To address this tension, this study suggests more openly discussing survivorship in organizations to help survivor-advocates feel more welcome, expanding the number and scope of roles specifically designated for survivors in DV organizations, and taking proactive efforts to foster VR in addition to merely preventing VT.

First and foremost, DV organizations should foster an awareness and appreciation of the unique strengths and needs of survivor-advocates, with the goal of helping survivor-advocates feel more validated in their work. This can be enacted on several levels in the organization. At the level of coworker relationships, organizations should gradually develop more open and sensitive discussion of survivorship within organizations in order to help survivor-advocates feel more validated. One way this could begin is to designate particular spaces or meetings within organizations where staff trauma can be discussed, as some of the participants described in their own organizations (with the important caveat that participation in such discussions should be voluntary). Such spaces could foster a sense of community and be a place for survivor-advocates to share valuable knowledge and resources based on their own recovery stories. In addition to these designated spaces for discussing trauma, organizations should take steps to foster a sense of community among their staff that revolves around mutual support and respect for differences, including but not limited to survivorship.

On the level of individual supervision, supervisors should make sure that survivor-advocates feel invited to share their survivorship with supervisors when they choose to. This can be accomplished by supervisors disclosing their own survivorship if they are survivors, asking their supervisees about their motivation to enter the field, or explicitly inviting supervisees to discuss their experiences of violence if they choose to. This will, in turn, enable supervisors to be more sensitive and proactive in applying some of the other techniques that participants found helpful, such as allowing their supervisees to tailor their own caseload in a way that minimizes their risk of being triggered. This will ultimately allow supervisors to engage in more open discussions with survivor-advocates about how best to apply their experiences to their work, such as helping survivor-advocates decide when and how to disclose or helping them process their level of identification with clients.

Organizations can also make a number of changes to their policies to help foster more sensitive discussion of survivorship. Organizations should determine if they enact are any unspoken stigmatizing policies or attitudes around survivors and work to make them explicit and nonstigmatizing. For example, determining whether survivors are "ready" to be advocates should be done collaboratively with the survivor and should emphasize the survivor's emotional safety rather than "readiness", which some participants described as implying deficiency. This might also be reflected in the way organizations address self-care—as some participants indicated, trivializing self-care made some survivor-advocates feel invalidated by their organizations. Organizations should redouble their efforts to encourage self-care and characterize self-care as a coping strategy for mental health challenges, including feeling triggered. This would help to make it clear that the organization views feeling triggered as a natural response to the work and that they are proactive about supporting survivors. Several participants also discussed flexible policies around taking "mental health days," or otherwise communicating that feeling triggered is a valid excuse for taking sick time. Organizations should consider how their policies around sick time can be shifted in this direction to the extent that they are able to accommodate this.

It should be acknowledged that many of the recommendations for designing organizations to be more validating of survivor-identity would require a significant investment of resources and, in some cases, transformative change to organizations. Several of the participants in this study noted that lack of funding and time was a major barrier to actively encouraging self-care. In addition, tensions between survivors and non-survivors among staff could be exacerbated if policies around sick time are carried out in a way that staff perceive as constituting preferential treatment or unduly burdening to some and not others. Thus, this study adds to the chorus of voices demanding a significant increase in funding dedicated to the DV field and human services more broadly.

In addition to these changes to existing DV services, the field as a whole could encourage and validate survivor-advocates by continuing to develop advocate roles designated specifically for survivors. Building on survivor-specific, peer-to-peer outreach models like the *promotora* model (Serrata et al., 2016) or leadership development and community advocacy models (INCITE! Women of Color Against Violence, 2016; Sista II Sista, 2006) may provide new avenues for survivors to use their experiences outside of the advocate role as it is currently defined. Traditional agencies could also begin to offer more opportunities to survivors who have received services from their organization to work in advocate roles, such as co-leading support groups or helping with intake and outreach, as a way of identifying early those survivors who might be motivated to use their experiences to give back to others.

Finally, this study suggests that DV organizations might benefit from taking steps to promote VR, above and beyond merely helping advocates cope with VT. This can be included as a complement to organizations' existing training in trauma-informed practice by providing psychoeducation on the nature of VR, having staff describe their motivations and points of connection to the work, celebrating successes to build a sense of empowerment, and taking time to discuss what staff are learning from clients or how they are personally affected by witnessing their clients heal. This may be difficult to balance with training in maintaining effective boundaries and emotional distance, but it is likely that many advocates, both survivors and non-survivors, are already having these experiences of personal growth in response to the work. Making them a more explicit part of the work as part of a trauma-informed framework could foster a greater sense of community and increase the likelihood that advocates will be able to reap personal benefits from the work while also providing effective services and protecting themselves from VT and burnout.

Individual-level practice implications

This study suggests several ways for individual advocates themselves, both survivors and non-survivors, to be attentive to the various components of *bringing my whole self to work* and maximize survivor-advocates' ability to engage in a personally meaningful, satisfying, and effective manner. First, it should be repeated that *bringing my whole self to work* is not a necessary process, and even the participants in this study reported engaging in it to varying degrees. Choosing not to apply one's survivorship to their work to protect themselves, or because their organization would not support them, or for any other reason, is valid. Nevertheless, all the participants in this study reported that the extent to which they did *bring their whole self to work* was associated with feelings of satisfaction, integrity, and healing.

Survivor-advocates who are interested in engaging in this process more intentionally should take time to identify their points of connection with the work. This might begin with the survivor-advocate thinking in detail about their own recovery story, identifying the things that they found most helpful and articulating if and how entering the field was connected to that story. This could be incorporated into ongoing supervision or outside therapy. Articulating one's own story in this way may make relevant aspects of their survivorship more salient during the work and help survivor-advocates determine the extent to which they would like to involve their own survivorship in the work. Some participants in this study only recognized their survivorship after they were already being triggered by clients. On the other hand, those participants who had more experience in the field and had devoted time to their own recovery reported feeling more able to derive growth from the work while minimizing the challenges. Taking time to map out their own recovery story is thus an important step for survivor-advocates to determine the extent to which they feel prepared to *bring their whole self to work*.

In addition, survivor-advocates might benefit from examining their relationships with their clients and coworkers and determining how their sense of connection with them is shaped by similarities in their trauma histories and social locations. This might help survivor-advocates be more intentional and effective in identifying with clients while maintaining an adaptive level of emotional distance. It might also help survivor-advocates with establishing more mutually supportive coworker relationships by identifying if and how stigmatizing beliefs about survivors interfere with their relationships.

Finally, all advocates can take small steps in their everyday relationships with coworkers to contribute to a more validating and welcoming space for survivor-advocates. The participants in this study offered several suggestions. Asking for permission before debriefing potentially triggering material with coworkers, for example, communicates a respect for boundaries and an awareness that such conversations might be triggering. Avoiding using “us vs. them” language could also help survivor-advocates feel more welcome. In general, all advocates should become aware of how they might be communicating some of the stigmatizing messages that participants described and work toward adopting language that highlights survivor-advocates’ strengths, autonomy, and needs, rather than their “readiness” for the work.

Conclusion

This dissertation began with Judith Herman's observation that many survivors of trauma go on to help other survivors heal as part of their own recovery story. This spirit of mutual healing was one of the hallmarks of the early DV movement, but as the field evolved, advocates' personal experiences of violence faded into the background and beneath the surface, despite still making up around half of the field. Only very recently has the experience of being both a survivor and an advocate been studied in earnest, driven in part by efforts to curb VT and by the field's partial return to more survivor-centered principles. This study is the first to ask survivor-advocates directly and in depth about how they experience the "survivor mission" (Herman, 1994; pg. 209) that has so long been a part of the fields of trauma and DV.

The grounded theory that resulted from this study, anchored by the process of *bringing my whole self to work*, sheds light on how survivor-advocates may continue this tradition of mutual healing. This process was a dance between survivor-advocates coming into greater connection with their own survivor identity by discovering how it was reflected in their work, and shaping their work based on the strengths and wisdom that come with their survivorship. Throughout the process, survivor-advocates made meaning of their work and integrated it into their ongoing narrative of recovery. This depended in large part on survivor-advocates' sense that their organization and coworkers viewed their survivor identity as valid, as well as on their own understanding of similarities and differences between their own and their clients' trauma. *Bringing my whole self to work* was not a straight line toward greater well-being, as deeper engagement with the work often put survivor-advocates at greater risk of being triggered. Nevertheless, the result of successfully coping with these challenges was often a sense of greater integrity, empowerment, and well-being.

As the DV field continues to incorporate trauma-informed and social justice approaches, opportunities to foreground the experiences of survivors will multiply. This study strives to serve as a roadmap for those survivor-advocates who already make up such a large proportion of the field and those survivors who aspire to join this movement to support survivors and end IPV. I hope that this research encourages more survivors to become advocates and more organizations to embrace the process of mutual healing that *bringing my whole self to work* depicts. As more and more survivors enter the field, they may raise many new questions about how survivor-advocates in a wider range of advocacy roles and settings experience their work, and how their organizations can best support them, that the growing body of research on VT, VR, and survivor-advocates' experiences will be well-positioned to address. Nevertheless, I believe that the present study has firmly answered the question of how survivor-advocates can use their stories to help others heal—and of how the work of healing others becomes the latest chapter in those stories.

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Table 1. List of codes

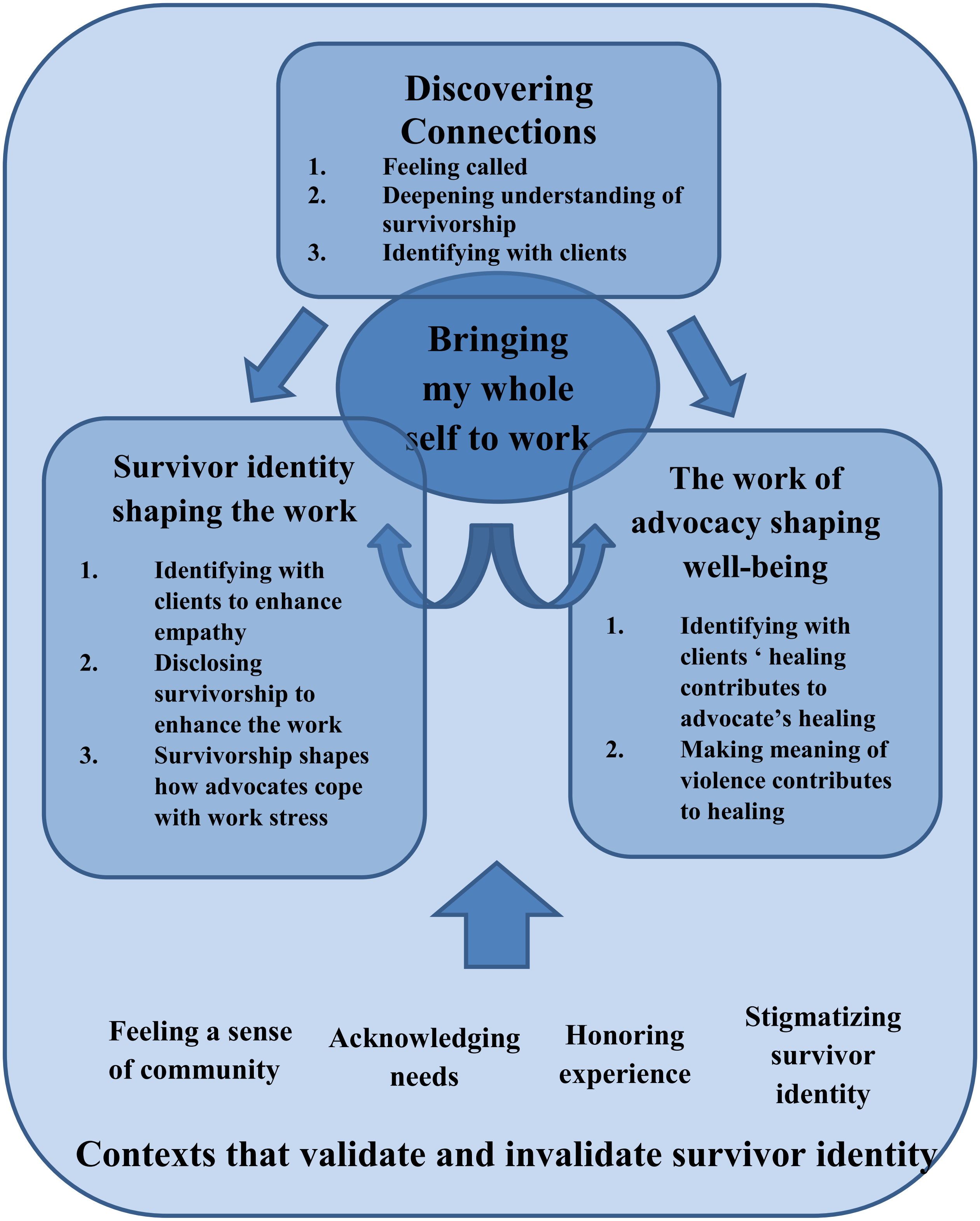
Making connections between survivorship and advocacy	Feeling called to the work by survivorship	Feeling called by desire to use experiences of violence to help others Feeling called by witnessing another survivor's story Feeling called by social change goals
	Deepening understanding of survivorship through the work	Naming survivorship through connecting with clients Deepening understanding of survivorship by learning about violence Deepening understanding of own emotions as trauma response
	Identifying with clients based on shared survivorship	Noticing similarities between own and clients' stories Visceral reaction to clients' stories based on survivorship Sharing experiences of collective trauma and oppression Having non-IPV trauma interfered with identification
Contexts that validate and invalidate survivor identity	Feeling a strong sense of community	Sharing social justice values contributes to community feeling Coworkers showing investment in caring for each other contributes to community feeling Culture of open or assumed survivorship contributes to community feeling Feeling community with coworkers

Contexts that validate and invalidate survivor identity		reduces work stress Strict hierarchy exacerbates work stress
	Acknowledging needs related to survivorship	Feeling able to openly seek support Feeling that there is space in the organization to discuss personal trauma Feeling that self-care is actively encouraged Feeling that self-care is trivialized Implying survivors in need of services can’t be advocates Coworkers making judgmental statements about survivors
	Honoring survivor-advocates’ experience	Feeling that survivor expertise is respected in the organization honors survivor experience Supervisors that help advocates think about how to use their survivorship honor survivor experience Having agency over when to disclose honors survivor identity Discouraging staff from openly discussing survivorship invalidates survivor identity Worrying that disclosure will lead to loss of power impedes well-being

Survivor identity shaping the work	Identifying with clients shapes the work	Identifying with clients enhances empathy Identifying with client helps advocate create more equal power dynamic Identifying with experiences of blame and judgement helps advocate remain validating Identifying with clients helps advocate tailor the work Identifying with clients' experience can be overwhelming Comparing own experience with clients' can contribute to stress
	Disclosing experiences of survivorship can enhance the work	Disclosing only enough to benefit clients improves the work Disclosing to enhance trust and connection Disclosing to normalize client's experience Disclosing to offer hope to clients Disclosing survivorship to challenge stigmatizing cultures Disclosing to help coworkers understand her boundaries Disclosing to better support coworkers

Survivor identity shaping the work	Survivorship shapes how advocates cope with the work	Emotionally distancing from the work for self-protection Refocusing on clients’ needs when caught up in own experience Remaining grounded and calm when caught up in own experience
The work shaping well-being	Making meaning of violence through the work contributes to healing	Making something “powerful and beautiful” from experience of violence Commitment to the work increases commitment to healing Naming trauma through the work Feeling competent as an advocate Contributing to larger movement against violence
	Identifying with clients’ healing contributing to advocate’s healing	Being in connection with other survivors contributes to advocate’s healing Witnessing clients' resilience contributes to advocate’s healing Contributing to client’s healing contributes to advocate’s healing

Figure 1. Bringing My Whole Self to Work



Appendix A. Recruitment Flyer

Are you a domestic violence advocate who is also a survivor?

Your voice matters.

The Understanding Survivor-Advocates Study is dedicated to learning from advocates who are also survivors of interpersonal abuse/violence about how they experience their work.

Participate in a confidential interview to help improve organizational support and self-care for all advocates.

To be eligible, you must be over the age of 18, have worked as an advocate for at least 6 months, and have experienced child abuse, sexual assault, or intimate partner violence.

All participants receive a $20 gift card.

Contact Joshua Wilson, wilsongd@bc.edu or (617) 903-0861 for more information or to set up an interview.

Appendix B. Study Announcement

Understanding Survivor-Advocates Study

My name Joshua Wilson, a doctoral student at Boston College working with Dr. Lisa Goodman. **I am excited to announce the Understanding Survivor-Advocates Study, which is dedicated to understanding the experiences of advocates who have themselves survived abuse, trauma, or violence**. My goal is to hear directly from you about the unique challenges and rewards that come with being both a survivor and an advocate, in order to help improve self-care and organizational support for all advocates.

Who can participate?
If you are over the age of 18, work as an advocate with survivors of intimate partner violence, have been in the field for at least 6 months, and have experienced IPV or other forms of interpersonal violence at any point in your life, you are eligible to participate in this study.

What does participation involve?
If you choose to take part, you will participate in a 60-90 minute tape recorded interview at a private location of your choosing. The interview will ask you about your daily life as a DV advocate and your personal reactions to the work. You will be asked to discuss how your prior experiences of interpersonal abuse, violence or trauma impact your work, but not about the details of those experiences. All participants will receive a $20 Target gift card.

Participation is 100% voluntary and confidential.
Nobody at your organization will know you are participating in this study unless you want them to. Your name and organization's name will be removed from the interview after it is transcribed.

How do I get more information?
If you are interested in participating in this study, send me an email at wilsongd@bc.edu or call (617) 903-0861.

Appendix C. Screening Questionnaire

Thank you for your interest in participating in the Advocate Experience Study. My name is Joshua Wilson, and I am a doctoral student at Boston College. My goal for this study is to learn from you about your experiences of working as a domestic violence advocate who is also a survivor of abuse/violence/trauma. Before we can schedule your interview, I would like to ask you the following questions to make sure that you are eligible for the study.

1. How did you hear about this study?

2. What is your age?

3. How long have you been working in the field of domestic violence?

   _______years _________months

4. Have you experienced any of the following forms of violence or abuse? Check all that apply.

   ____ Intimate partner violence
   ____ Rape or sexual assault
   ____ Child sexual abuse
   ____ Child physical abuse
   ____ Witnessing family violence as a child
   ____ Other: _______________

Please email your responses to me at wilsongd@bc.edu. I will reply to discuss next steps as soon as possible.

Appendix D. Phone Screen Script

Thank you for your interest in participating in the Advocate Experience Study. My name is Joshua Wilson, and I am a doctoral student at Boston College. My goal for this study is to learn from you about your experiences of working as a domestic violence advocate who is also a survivor of abuse/violence/trauma. Before we can schedule your interview, I would like to ask you the following questions to make sure that you are eligible for the study.

1. How did you hear about this study?

2. What is your age?

3. How long have you been working in the field of domestic violence?

4. I am going to read a list of types of abuse or violence that you may have experienced. Please tell me "yes" or "no" if you have experienced each one.

    a. Intimate partner violence
    b. Sexual assault
    c. Child sexual abuse
    d. Child physical abuse
    e. Witnessing family violence as a child
    f. Other: _______________

If participant is NOT eligible, thank them for their interest and inform them that they do not meet eligibility criteria for the study. Ask if they know anybody that they would like to refer to the study.

If participant is eligible:

Thank you for answering those questions. If now is a good time, I would like to schedule the interview. I have availability on the following times in the next few weeks:________________________

What time would work best for you?

Time of interview: ___________________

Where would you like the interview to take place? I have private office space at Boston College, but can also come to any private location of your choosing.

Location: _______________________________

Please let me know what the best way is to contact you before the interview:

Contact information: ______________________

Thank you very much for your time. Please let me know if you would like me to remind you of the interview the day before. I look forward to meeting with you soon.

Appendix E. Interview Protocol

Introduction and Informed Consent Procedure

Thank you for taking the time to speak with me today. My name is ____________ I am going to ask you several questions about your work as a DV advocate and the ways that your past experiences of interpersonal abuse, trauma, or violence shape the way you experience your work. I'm interested in hearing about the ways that your work is both challenging and rewarding, and about the supports and relationships in the workplace that you find most helpful. Since we'll be talking about it frequently during this interview, I'd like to ask you if there is a particular word that you would prefer to use when talking about the abuse, trauma, or violence that you've endured.

[Make note of the term and use this throughout the interview.]

Thank you for sharing that. Before we begin, I'd like to go over the consent form that we sent to you ahead of time.

I have 2 copies of the consent form here. Please take the time to read through it one more time and let me know if you have any questions. When you've finished, I will ask you to sign both forms if you agree to participate. One of the forms is for you to take with you, and one is for me to keep for my records.

[Hand out consent forms. Allow time for participants to read]

Do you have any questions about these forms or anything else we've discussed so far? I want to reiterate that you should feel free to not answer any questions that you don't want to.

[Collect signed forms when finished.]

[For those who do not want to participate]: Thank you for considering participation in this study and taking the time out to meet me. As a thank you for your time, I would still like to offer you this $20 Target gift card. Please let me know if you still have any questions or if there is anything I can help you with at this time.

[*For those who want to participate*]: Okay, now we are going to begin the interview. Feel free to interrupt me if any of my questions are unclear or add anything that you think might be appropriate.. As the consent form explained, we won't be using your name when we transcribe the recording. Is there a pseudonym you would like us to use for this interview? If you have no preference, I can choose one for you.

Is it okay if I start the recording now? (If yes, begin recording)

Interview Questions

I. Introductory and background questions

1. Let's start with some quick background questions. What is your racial or ethnic identity?

2. What is your gender identity?

3. What is your sexual orientation?

4. What is your country of origin?

    i. (If born outside of US, number of years living in US: ________)

5. What is your highest level of education?

6. Can you tell me a little bit about the work that you do in your organization?
    i. (Probe) What is your job title?
    ii. (Probe) What are your main roles and responsibilities?
    iii. (Probe) About how many hours per week do you spend in contact with survivors/children/other service users?
7. How did you decide to become an advocate?
    i. (Probe) What role, if any, did your own experiences of violence/abuse play in that decision?

II. Experience of the work

3. Tell me what you love most about your work and what causes you the most stress.
4. As you go about your work, what are some moments that remind you of your own experiences of violence/abuse?
    i. (Probe for specific stories)

5. How has working as a DV advocate affected your coping with your own experiences of ________?
    i. (Probe) How has your work helped you cope, if at all?
    ii. (Probe) How has your work made it more difficult to cope, if at all?
    ii. (Probe for specific stories)
6. How have you changed as a person since becoming an advocate?
    i. (Probe) What kinds of personal growth or other positive changes have you experienced as a result of your work, if any? How did that happen?
    ii. (Probe) What kinds of negative changes have you experienced as a result of your work? How did that happen?
    iii. (Probe) What other kinds of stresses or hardships have you experienced as a result of your work, if any? What do you do to cope with these stresses?
    iv. (Probe for specific stories)

7. **Relationships with clients**

6. How do you think about your own experiences of _________ as you're building relationships with clients?
7. Have you ever shared your experiences of _________ with your clients?
    i. If yes, how did you make that decision? How did this affect your relationship?
    ii. If no, why not?
8. I'd like you to think about a client with whom you feel you had a particularly strong relationship. What felt good about that work?
    i. (Probe) Earlier, you mentioned that working as an advocate helps you cope by _________. How, if at all, have your clients contributed to this?
    ii. (Probe) Earlier, you mentioned ______ changes. How, if at all, has your work with clients been related to those changes?

9. Now I'd like you to tell me about a client that was particularly challenging for you to work with. What made that relationship difficult?
    - i. (Probe) Earlier, you mentioned that working as an advocate made it more difficult to cope by _________. How, if at all, has your work with clients contributed to this?

IV. Relationships with coworkers and supervisors

10. Tell me about some of the other people who work with you. What kinds of relationships do you have with the other people in your organization?
11. Who in your organization, if anyone, knows about your experiences of violence/abuse?
    - i. How did you decide to share this with them?
    - ii. How does this affect your relationships with them?
    - iii. (Probe) In general, how do people in your organization talk about staff's personal experiences with violence/abuse?
12. How do your relationships with other people in your organization affect your coping with your own experiences of _______?
    - i. (Probe) How have other people in your organization helped you cope with your own experiences of ________?
    - ii. (Probe) How do other people in your organization add to your stress or make it more difficult for you to cope with your own experiences of ______?
    - *iii.* (Probe) Earlier, you mentioned ______ changes. How have others in your workplace contributed to those changes?
    - iv. (Probe for specific stories
    - v. (Probe separately for co-workers and supervisors)
13. Tell me about a person in your organization that you feel especially connected to. What is helpful about that relationship?
14. Tell me about a person in your organization that you feel distant from or uncomfortable with. What makes it hard to connect with them?

V. Organizational factors

15. Other than your coworkers, are there things about your organization's policies, resources, or culture that have shaped your coping with your experiences of ________?
    i. (Probe) What policies does your workplace have about supporting staff?
    ii. (Probe) What is the overall culture of your workplace with regard to supporting staff and to self-care?
    iii. (Probe) How have these aspects of your workplace helped you cope with your experience of _________?
    iv. (Probe) How have these aspects of your workplace added to your stress or made it more difficult to cope with your own experiences of _______?
16. What would you change about your workplace to make it more supportive?

VI. <u>Closing questions</u>

18. Overall, how would you say the experience of being a DV advocate has influenced you as a person?
19. What motivates you to continue doing this work?
20. What advice would you give to other advocates who are survivors of violence?
21. What questions do you have for other advocates who are survivors of violence?
22. We're near the end of the interview. How do you feel right now? How have you felt throughout the interview?
23. Were there any questions that were particularly interesting to you? Which ones, and why?
24. Were there any questions that were confusing? Which ones, and why?
25. Is there anything you would like to add right now that I didn't ask about?
26. Can you think of any ways I can improve this interview?

Thank you so much for speaking with me today. I appreciate your insightful comments. I just want to ask some quick demographic questions before we finish. We can turn off the recording now.