

## ABSTRACT

Title of Thesis: COMPONENTS OF THE DOMESTIC VIOLENCE  
ADVOCATE-VICTIM CONNECTION

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Domestic violence is defined as the abusive pattern of behavior one partner of an intimate relationship uses to maintain power and control over the other partner. This is a very prevalent issue, affecting one in four women and one in nine men. Previous research has examined different components of domestic violence advocacy; however, none focus on these components' impact on the advocate-victim connection, nor when the victim is in the preparation stage of change. The current research proposal suggests a qualitative, semi-structured interview of domestic violence victim advocates in order to answer the question of which domestic violence victim advocacy component is most important in fostering the advocate-victim connection when the victim is in the preparation stage of change. Potential outcomes and implications are discussed.

Components of the Domestic Violence Advocate-Victim Connection

by

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## CHAPTER 1: INTRODUCTION

In one year, over 10 million men and women will experience domestic violence victimization (*Statistics* 2020). While one in four women are, one in nine men are also victims of domestic violence (*Statistics* 2020). The Department of Justice (2023) defines domestic violence as the abusive pattern of behavior one partner of an intimate relationship uses to maintain power and control over the other partner. Exposure to domestic violence has both short- and long-term impacts on an individual's well-being, such as feelings of depression and suicidal behavior (*Statistics* 2020). Moreover, it exerts macro-level impacts such as having consequences to the labor force and children's development (*Statistics* 2020; Mueller and Tronick 2019; *Effects* n.d.).

Victim advocacy supports victims of crime in navigating their victimization by providing services such as emotional support, crisis intervention, victims' rights information and assistance, safety planning, referrals to further resources, and more (*What is a Victim Advocate?* n.d.). The power imbalance that results from an abusive, intimate relationship often leaves the victim with a weakened sense of trust, but research shows that applying victim advocacy helps domestic violence victims navigate their victimization by providing the victim with a trusted connection. In order to form that connection, there are several important components that an advocate should demonstrate that contribute to successful advocacy. These components are trustworthiness, empowerment, respect, support, and information/assistance.

Which of these components are most important to the connection will vary based on which stage of change the victim is in. The stages of change model describes the process an individual undergoes when they make a significant change to their behavior. For a victim of domestic violence, this could look like wanting to leave their abusive relationship, taking action against their abuser, etc. There are five stages of change that domestic violence victims

experience when they are making a change in behavior by leaving a domestic violence situation (Prochaska and DiClemente 1984). The stages are: precontemplation, contemplation, preparation, action, and maintenance. This research focusing on the preparation stage is one of the gaps that will be addressed, as more research on this stage would have a positive impact on advocacy training.

More research on effective interventions for victims of domestic violence is needed and this research addresses advocacy as an intervention. Domestic violence victims need connection in order to thrive. A socially-supportive connection with an advocate is helpful to domestic violence victims being able to plan, make, and maintain a change to their relationship (Zapor, Wolford-Clevenger, and Johnson 2015); but how do advocates establish this connection? This research will address four gaps in domestic violence advocacy research. First, this research establishes a list that combines components of a trauma-informed approach with general victim advocacy components that go into developing a connection with the victim, as no prior research has looked at the list in the following Literature Review. Second, this research explores which of the components are most important in fostering the advocate-victim connection. This is important in order to ensure domestic violence victim advocate training focuses enough on these components. Third, this research asks what the impact of each component is on victims from the advocate's perspective. Finally, fourth, this research focuses solely on the preparation stage of change, unlike other research. A victim of domestic violence is in the most danger when they are leaving the relationship. This scenario is an example of what the action stage could look like, which follows the preparation stage. The preparation stage is important because it is the stage where the victim is collecting information and resources that will aid them in creating their plan for change. Victim advocates are able to help victims in the gathering of this information in order

to prepare them for the action stage. Therefore, advocates must be adequately trained in the most important components to the preparation stage so if they are working with a victim in that stage, they can emphasize the most important components, while still applying all of them. The better an advocate is trained, the more help they will be able to a victim, and the better prepared the victim will be to safely take action (whether it is leaving the relationship or returning to it). Even if the victim returns to their abuser, the advocate has helped because the victim will be returning with more knowledge. Therefore, this research will be answering the question, according to advocates, which trauma-informed domestic violence advocacy components are most important in fostering connection with domestic violence victims who are in the preparation stage of change?



## CHAPTER 2: LITERATURE REVIEW

### *Theoretical Framework*

Majority of the existing criminological literature using a Relational Theory lens has studied incarcerated women's need for connection (Covington 1998; Calhoun, Bartolomucci, and McLean 2005; Owen 1998; Pollock 1998). When applied to women, Relational Theory argues that women are motivated to make and enhance their connections with others (Miller 1976). Women need connection, not isolation (Covington 1998). This is even more needed by domestic violence victims who have experienced abuse. This abuse acts as disconnection (Miller 1988). Establishing a connection between the victim and advocate will counter the disconnect that has been experienced by the victim. Further, unless that connection exists, the victim will not feel understood or valued by the advocate (Covington 1998), and may question any assistance they are provided with. For example, a basic need of domestic violence victims is support from their advocate. An advocate who has a connection with the victim will be able to understand what type(s) of support will fulfill the victim's need and value and primarily provide that support. Perhaps the victim needs legal assistance. According to Relational Theory, by establishing a connection to the victim, an advocate will be able to understand the victim and can effectively meet the victim's need by assisting her in pursuing further legal action against her abuser (Weisz 1999). Developing a connection can be imperative to the success of a domestic violence advocate.

Female domestic violence victims' need for connection with their victim advocate can be examined through a Relational Theory lens. Thus, the theoretical framework will be discussed under the assumption that a given victim is a woman. This theory can be applied to domestic violence by examining how a victim advocate fosters a connection with a domestic violence

victim. Bylington (1997) defines connection as an interaction that entails understanding and value. The abuser in a domestic violence relationship may isolate the victim from their support system (family, friends, etc.) and the victim of domestic violence may be craving the connection that she has lost through the abuser's isolation and manipulation. This is detrimental to a female victim because "women tend to find satisfaction, pleasure, effectiveness, and a sense of worth if they experience... a sense of connection with others" (Miller 1976). An advocate is in the position to provide a victim with this connection.

### *Victim Services*

Domestic violence victim services incorporate vital aspects in their approaches to be effective. First, they must be gender-specific (Alvarez et al. 2016). While the majority of domestic violence victims seeking support services are female, these services must also be able to serve male victims. Second, these services must be culturally appropriate (Alvarez et al. 2016). Lipsky et al. (2009) conducted a study that examined racial and ethnic disparities in service-seeking domestic violence victims (females ages 18 to 49 in Dallas, Texas). The service being studied was reporting domestic violence to the police. The researchers found that out of the victims who reported to police, domestic violence occurred among non-Hispanic black and Hispanic women two to three times more than non-Hispanic white women (Lipsky et al. 2009). Therefore, if women of color are reporting to police more than non-Hispanic white women, the services cannot only be tailored to the needs of non-Hispanic white women. Women of color may have different needs that a culturally appropriate service will be able to meet. Victim services that are culturally appropriate will be more effective in addressing any cultural needs a victim may have, regardless of their race/ethnicity (Alvarez et al. 2016). Third, through group dynamics, victim services should encourage mutual support among victims (Alvarez et al. 2016).

This involves promoting a nonjudgmental and friendly environment that can provide victims with support from other individuals who have also been victimized by domestic violence.

Finally, these services should take the victims' perspectives into account when it comes to developing them (Alvarez et al., 2016). A service is never perfect and can always be improved. Services should be continuously and collaboratively updated by those working in the field and the victim population (Alvarez et al. 2016).

Services being regularly updated informs victim service providers how else they can help victims. This, in turn, will make victims more open to using these services if they are developed by those with similar experiences, making the services more victim-centered (Wilson, Fauci, and Goodman 2015). Collaborating with victims is essential in providing them with the services that they want (Wilson, Fauci, and Goodman 2015). According to the victims in Xie and Lynch's (2017) study, three groups of services are commonly requested: (1) emotional/psychological support (e.g. crisis hotlines, counseling, support groups); (2) information/advocacy (e.g. referrals, legal aid); and (3) measurable assistance (e.g. medical, emergency, financial assistance). The more input accepted into services, the more victims will use the services. The more victims who use services, the better. Xie and Lynch (2017) found that when a victim uses victim services that are victim-centered, their risk of repeat victimization is reduced by 40%. As seen with the reduction in revictimization, victim safety is increased through services' provision of both social support and coping resources (Xie and Lynch 2017). Victim services are effective when they are victim-centered, meaning they are gender- and culture-appropriate, include peer support, and allow victims to provide feedback and input regarding the services and how they can be improved.

*Domestic Violence Victim Advocacy*

Victim advocacy is one type of service provided to victims. Advocacy is able to provide victims of domestic violence with the connection that they need. Advocates working with victims of domestic violence should utilize a trauma-informed approach, as the trauma that victims have experienced (including isolation) as a result of their victimization can be a heavy burden (*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* 2014). They must be treated with care and sensitivity towards what they are experiencing. There are two foundational principles of general trauma-informed care that this research will apply to domestic violence: trustworthiness and transparency; and encouraging empowerment, voice, and choice. An individual who has been victimized by domestic violence has lost their sense of safety; therefore, it is important for them to feel safe both physically and psychologically when interacting with a domestic violence advocate. The advocate can also help in safety planning with the victim. However, in order to help a victim, the victim must be able to trust the advocate, which is the result of the advocate being transparent with the victim about the organization and resources. Additionally, advocates are trained to empower victims in taking back their voice and sense of control when it comes to making a decision about their life. Finally, it is important that advocates recognize intersecting issues that their clients are experiencing. A victim may be impacted by much more than just their victimization.

Drawing on domestic violence-specific literature, there are additional components that are relevant to working with victims of domestic violence. These include respect; support; and information and assistance. The trauma-informed components empowerment and trust were also identified in domestic violence literature. Each of these components will be discussed in the following sections.

*Trustworthiness and Transparency*

For a relationship to be meaningful, whether it is friendly or professional, a sense of trust must be established. In order for domestic violence victim advocates to have a successful working relationship with a victim, the victim must be able to trust their advocate (*Best Practices Guidelines: Crime Victim Services* 2010). Trust is at the center of many of the other components discussed in this research. Without trust between the victim and the advocate, the advocate cannot be effective; but trust is not given, it is earned. Victims of domestic violence typically develop a mindset that they cannot trust anyone as a result of the trauma they have experienced, making a sense of trust important towards fostering the advocate-victim connection (Goodman et al. 2019). Wilson, Fauci, and Goodman (2015) found that one way to build trust is by working towards restoring the victim's choice and control. This can be overwhelming at first due to the fact that abusers often take away domestic violence victims' ability to choose through the tactics outlined by the Power and Control Wheel (see Figure 1)(*Power and Control* 2017). However, starting with small choices allows the victim to develop their trust in the advocate (Wilson, Fauci, and Goodman 2015). The advocate can provide the victim with multiple resource options that they have acquired knowledge about during their time as an advocate. This demonstrates to the victim that the advocate is knowledgeable and trustworthy. They learn that they can trust the advocate to confide in them, ask for help, and express themselves.

Figure 1: Power and Control Wheel



SOURCE: *Power and Control* 2017.

This establishment of rapport with the victim must start at the beginning of their relationship (*Best Practices Guidelines: Crime Victim Services* 2010). The advocate must demonstrate to the victim that they are trustworthy and there to help them. In doing so, the advocate will also establish their reliability. This requires transparency from the advocate. Transparency allows the advocate to maintain the trust they have established (*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* 2014). For example, an advocate cannot lie to or mislead the victim about what resources are available and accessible for them. The advocate must clearly communicate their policies to the victim (Wilson, Fauci, and Goodman 2015). Victims of domestic violence often experience manipulation from their abuser,

as seen in the Power and Control Wheel (see Figure 1) (*Power and Control* 2017). Providing clear and upfront information in regards to what the advocate's organization can and cannot do, as well as the abilities of referred organizations, can effectively counter the manipulation expectation the victim has developed as a result of the abuse (Wilson, Fauci, and Goodman 2015). Advocates can also be transparent about their own identities. Goodman et al. (2019) found that advocates who open up/are transparent about themselves and share their own identities with the victim helps create a trusting relationship. For example, if the advocate is a mother and is working with a victim who is a mother, expressing this similarity with the victim creates a shared understanding (Goodman et al. 2019). Wilson, Fauci, and Goodman (2015) state that advocates should also repeat information for the victim as many times as necessary. In addition, information must be relayed to the victim in easily comprehensible language, rather than in complex legal terminology (*Best Practices Guidelines: Crime Victim Services* 2010). By providing the victim with language they can understand, as well as transparency regarding their knowledge, policies, and ability are just a few ways to create trust when forming the advocate-victim connection.

### *Confidentiality*

Confidentiality falls under the component of Trustworthiness and Transparency. Maintaining confidentiality helps in establishing trustworthiness of the advocate. Receiving victim advocacy requires the victim to share some of the most traumatic experiences of their life with an advocate they only recently became acquainted with. Without trust, a domestic violence victim will not feel comfortable describing their victimization with an advocate. Confidentiality entails holding all the victim's personal information private unless the victims provide informed consent (*Best Practices Guidelines: Crime Victim Services* 2010). Whether the information

comes from the victim or other sources, it is best practice for the domestic violence victim advocate to maintain the confidentiality of that information. In fact, without the assurance of confidentiality, not many victims of domestic violence feel comfortable enough to open up to an advocate (Zorza 1995). Therefore, victims expect confidentiality when sharing their traumatic experiences with an advocate (Zorza 1995).

However, confidentiality extends past what a victim shares with an advocate. Confidentiality must also apply to the help that the advocate provides the victim with. For example, a victim in the preparation stage of change may want to leave the abuser but needs a domestic violence shelter. The advocate can refer the victim to a shelter and aid them in that process. Throughout this process *and* after the victim is in the shelter, the advocate must maintain confidentiality as to not only the address of the shelter, but where the victim is in general. According to Zorza (1995), most abusers will search for the victim after the victim has left. Therefore, in order for the victim to be safe and not be found by the abuser, the address of the shelter must be kept confidential. If this address is not kept confidential, not only is that one victim put at risk, but every victim at that shelter is. Promising and maintaining confidentiality can increase domestic violence victims' feelings of trust towards the advocate.

### *Safety*

Safety also falls under the component of Trustworthiness and Transparency. Feeling safe can also increase the trust a victim has for the advocate. In order for a domestic violence victim to feel safe, they must be able to trust that their advocate is doing everything in their power to ensure their safety. In being transparent with the victim and explaining the reasoning behind processes, the victim will feel safer (Wilson, Fauci, and Goodman 2015). This relates to the victim's emotional safety.



In terms of physical safety, if the physical environment of the organization is designed to minimize triggers of their victimization, the victim will also feel safer. Wilson, Fauci, and Goodman (2015) provided three ways to increase emotional safety. First, the space should be welcoming and “homey.” This includes comfortable seating, toys for any children to play with, and refreshments. The victim should feel it is a comfortable space for them (and their children if they have any). Second, the victim should be able to identify the security measures that are in place. This includes outside of the building as well. For example, there should be adequate lighting outside. Finally, third, the space should not be hectic or unorganized. A victim of domestic violence experiences enough surprises and turbulence at home. They should be able to experience a calm and quiet environment when working with the advocate, whether it is the entire office or a quiet room set aside for victims to step into. When meeting with domestic violence victims, victims feel safer when they are able to meet privately with an advocate (Dheensa et al. 2020). These suggestions have been found to improve a victim’s feelings of emotional safety in the moment. Victims should also feel safe in interacting with the advocate (*Best Practices Guidelines: Crime Victim Services* 2010). The conversations they have with the advocate should promote a sense of safety for the victim.

Domestic violence victim advocates are also able to provide the victim with a greater sense of safety for the future by developing a safety plan with them. Safety planning with the victim combines the aforementioned emotional and physical safety aspects. Developing this safety plan is among the best practices for an advocate to utilize (*Best Practices Guidelines: Crime Victim Services* 2010; *What is a Victim Advocate?* n.d.). For example, if a victim makes the decision to go back to the abuser, the advocate can provide the victim with information and education regarding their personal safety. Together, they can brainstorm a plan with ways for the

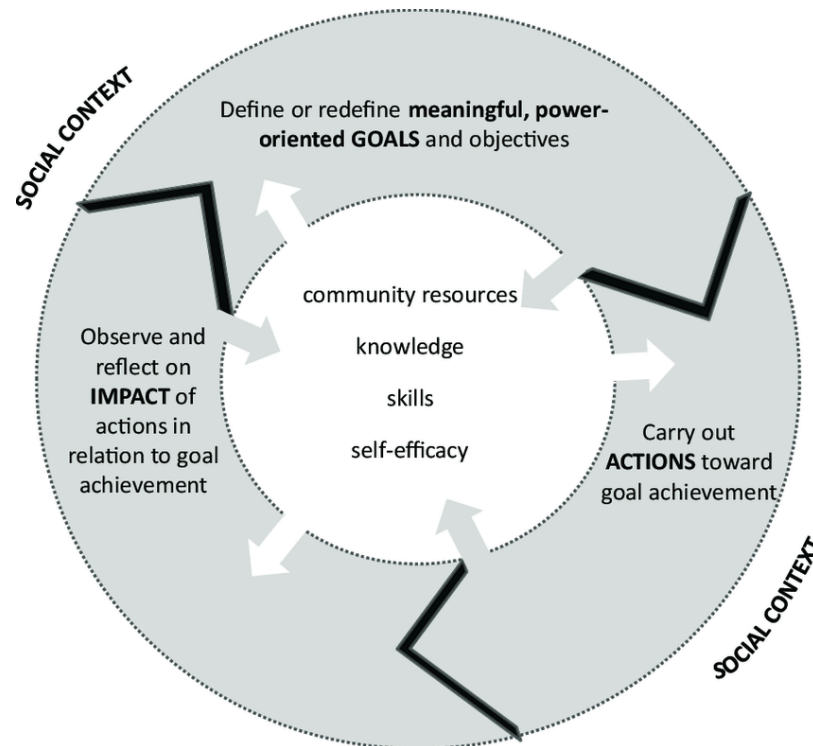
victim to escape the next abusive interaction, places for the victim to go, etc. The development of a safety plan provides domestic violence victims with an outlet to make decisions for themselves, empowering them by giving them this outlet. Safety planning, the advocate taking actions which promote the victim's emotional and physical safety, and maintaining confidentiality, will all contribute to the trust that goes into fostering the advocate-victim connection.

*Empowerment, Voice, and Choice*

Advocacy is meant to empower the victim. Especially in domestic violence cases where they have typically been stripped of their ability to choose for themselves (*Power and Control* 2017), advocacy is supposed to give the victim back a sense of control over their situation. Empowerment enables the victim to do so by allowing the victim to choose how to proceed. However, this idea of empowerment is as much of an outcome as it is a process (Cattaneo and Goodman 2015). Figure 2 outlines what this process looks like beginning with defining power-oriented goals, to carrying out actions towards achievement of those goals, to reflecting on whether those actions assisted goal achievement. Empowerment as an outcome looks like the victim reaching the point of confidence in themselves in making their own decisions (Weisz 1999). Advocates work with victims in developing the victim's sense of self-empowerment in order to reach this outcome. For a victim to reach self-empowerment, they need the information necessary to make the decisions they are faced with. Advocates empower victims by providing them with this information (Weisz 1999). By providing important information, the advocate is creating a positive alliance with the victim. This alliance allows for the victim to feel validated in their emotions and beliefs, thus supporting the decisions that they make based on those emotions and beliefs (Goodman et al. 2016a). In addition, having this positive alliance negatively affects

the victim's depressive and PTSD symptoms (Goodman et al. 2016a), furthering the advocate's ability to provide the victim with effective advocacy.

Figure 2: Empowerment Process Model



SOURCE: Cattaneo and Goodman 2015.

Due to the importance of a victim's trust in their advocate on the victim's sense of empowerment, advocates need to be careful to avoid any disempowering acts. Disempowering victims can be detrimental to the victim's feelings that the choices are theirs to make. Advocacy is not a one-size-fits-all approach. Just because two victims experienced the same type of crime, does not mean that they will have the same post-crime experience. The Washington State Victims of Crime Program (2012) refers to this as the No Wrong Door policy. This policy ensures that advocates are serving each individual victim based on the victim's unique circumstances. The focus is placed on the individual victim's needs, rather than generalizing what services to offer

based on the experienced trauma (*Victims of Crime - Indicators of Success* 2012). This approach is victim-centered, victim-driven, and victim-empowering. In following this policy victims are empowered by being provided with the opportunity to choose timing and make their own decisions. This makes the victims feel listened to and that their concerns/opinions are valued (*Victims of Crime - Indicators of Success* 2012).

Failing to follow the No Wrong Door Policy prevents victims from receiving the services that best fit them and their situation (*Victims of Crime - Indicators of Success* 2012). This disempowers victims, especially if their unique circumstances do not exactly fit the “standard” services for their experience (Goodman et al. 2016b). Advocates must provide individualized and quality care in order to be effective (Kulkarni, Bell, and Rhodes 2012). Each victim will have different priorities in their life and in what they need in the aftermath of the crime they experienced. An advocate must keep the victim’s priorities at the forefront of their mind when providing them with resources and supporting the victim in whichever route the victim decides to take (Goodman et al. 2016b). Incorporating the victim’s voice and feelings is essential for an advocate’s effectiveness (Kulkarni, Bell, and Rhodes 2012). Being listened to and feeling heard gives victims a greater sense of control over decisions and will be more likely to use their options (e.g. police, criminal justice system, domestic violence programs, etc.) in the future (Zweig and Burt 2007). However, without the advocate’s support of the victim’s priorities and decisions, the victim will feel less empowered and less able to achieve their goals (Goodman et al. 2016b), as well as less likely to use the aforementioned options in the future (Zweig and Burt 2007). Advocates not making decisions for victims allows the victims to rediscover their voice and control over their own lives.

*Respect*

Knowing this, advocates must maintain respect and empathy when interacting with victims (*Best Practices Guidelines: Crime Victim Services* 2010). When working with victims of domestic violence, an advocate must respect the victim by both validating their experiences, as well as honoring any decision that they make for themselves (*Best Practices Guidelines: Crime Victim Services* 2010; Wilson, Fauci, and Goodman 2015). The quality of a advocate-victim relationship can be greatly impacted by the level of respect in the relationship (Kulkarni, Bell, and Rhodes 2012). The advocate's approach must be flexible and individualize the service in a way that takes who the victim is into account (e.g. culture, ethnicity, age, etc.) (*Best Practices Guidelines: Crime Victim Services* 2010). Every interaction should involve the advocate providing the victim with respect in regards to the protection of the victim's civil rights and self-determination. Kulkarni, Bell, and Rhodes (2012) found that domestic violence victims value respect and feeling that they are being heard. When it came to respect, victims used words such as "understanding" and "nonjudgmental" to describe respectful advocates (Wilson, Fauci, and Goodman 2015). Too often, advocates are discriminatory against the victims they are working with, which harms the victim and displays disrespect towards the victim (Kennedy, Prock, and Vollinger 2023). It is also important that advocates do not shame or embarrass the victims (Wilson, Fauci, and Goodman 2015). Advocates "treating them as human beings" demonstrated to the victims that the advocates respected them (Kulkarni, Bell, and Rhodes 2012). Treating the victims with respect will encourage the victim's continuation of advocacy services, allowing them to receive the help that they need.

### *Empathy*

Doing so requires the advocate to have empathy for the victim. Advocates are trained to be empathetic through lessons on how to provide empathy/emotional support (*Victim Assistance Training Online* 2023). Rather than saying to a victim, “I understand what you are going through,” showing empathy looks like, “I am sorry that you are going through this. Thank you for trusting me and sharing your experience with me.” Only the victim themselves is able to “understand” their experience. Even if the advocate is a victim of the same crime, they cannot say they understand because every victim processes and reacts to victimization differently.

Advocacy is not as successful when the advocate does not provide the victim with empathy while fostering a connection with the victim (Weisz 1999). When asked in a focus study group, 30 domestic violence victims shared that by providing empathy, domestic violence services can be enhanced (Kulkarni, Bell, and Rhodes 2012). Empathetic advocacy involves the victim receiving live feedback from an advocate, rather than a recording or artificial intelligence. In Kulkarni, Bell, and Rhodes’ (2012: 91) study, one victim chose “to call the domestic violence hotline instead of 911 during an emergency because ‘it would be nice to talk to a person instead of a recording.’” Having live, human interaction when speaking about a crime that may have turned a victim’s life upside down increases the effectiveness of an advocate’s services.

However, with human interaction comes more room for human error. According to female victims, when using services, they found that advocates whose behaviors were more negative were less helpful in addressing safety issues, providing emotional support, and providing legal advocacy (Zweig and Burt 2007). With that, advocates who demonstrated more positive behaviors when interacting with the victim were found to be more helpful in regards to providing services (Zweig and Burt 2007). Interactions that are overpowered by negative

behaviors lack the proper respect that a victim deserves (Kulkarni, Bell, and Rhodes 2012). This lack of respect can be seen in phrases such as “There is nothing I can do to help you,” or by the advocate acting bored or blaming the victim for the domestic violence (Zweig and Burt 2007). Instead, an advocate should show the previously mentioned respect and empathy by providing support (leading into the next component). Even if there may be nothing an advocate can do to help, they can still provide the victim with a respectful interaction (*Victim Assistance Training Online* 2023).

### *Support*

There are two types of advocacy support a victim can receive from an advocate: emotional/psychological and presence.

#### *Emotional/Psychological*

Sometimes all a victim needs is someone to listen to them (*Victim Assistance Training Online* 2023). This is known as emotional support (*Victim Assistance Training Online* 2023). Receiving help as simple as emotional support while navigating the aftermath of their victimization can largely guide a victim’s experience (Xie and Lynch 2017; *What is a Victim Advocate?* n.d.; *A Guide to Victim's Assistance* 2021). The purpose of providing emotional support is for the victim to understand that someone cares about what they are going through and help them cope with the criminal justice system (De La Rue, Ortega, and Rodriguez 2023; *Victim Assistance Training Online* 2023). Receiving emotional support validates the victim’s feelings, making an impactful difference in the life of the victim (Wilson, Fauci, and Goodman 2015). In a study conducted by Goodman et al. (2016a), it was found that by providing this emotional support, victims experience decreased depressive and PTSD symptoms, showing the positive effect on a victim’s mental health.

Children of the victim are affected by domestic violence as well; therefore it is also important that the emotional well-being of any children affected by the abuse is addressed (Wilson, Fauci, and Goodman 2015). Advocates are able to provide victimized parents with the necessary support understanding how their children may have been traumatized. Witnessing domestic violence can have serious traumatic implications on a child's development, but advocates are equipped to support families in this circumstance. For example, providing the victim with age appropriate information regarding a child's sleep, school, and emotions can aid the victim in helping their child cope. Working on building the victim's own coping skills will also help the victim. An example of this would be the advocate helping the victim identify their trauma triggers. In doing so, the advocate is able to explicitly address the effects of domestic violence that the victim is experiencing. This can be done through frequent and accessible psychoeducation and written materials. A victim will feel emotionally/psychologically supported when receiving a listening ear, validation of feelings, and help with their children's coping.

#### *Physical Support*

Victims receiving support is necessary both in regards to the victim's emotional/psychological health, as well as in court. Accompanying a victim of domestic violence in court is one of the advocate's many responsibilities and is one way of validating their victimization (*Victim Advocacy: Guide to Supporting Survivors of Domestic Violence* n.d.). The mere presence of a domestic violence advocate in court can make a large difference in court outcomes (Hawes and Stephens 2023). The presence of an advocate can positively impact a victim's legal experience, beginning with police interactions. Many police officers will have a victim advocate on call (whether that means on the telephone or in-person with the officers) who can speak to the victim privately (Cattaneo 2010). This advocate presence can result in more



positive interactions between the victim and the police, the victim having a greater sense of control and of police effectiveness, and a greater arrest rate of the abuser (Cattaneo 2010). As seen, the current research demonstrates the importance of just the presence of an advocate to the victim. In addition, if the victim is supported by an advocate before an incident that endangers them occurs, they will be more likely to call the police (Weisz 1999). Victims have a greater appreciation for advocates who are present (in-person or over the telephone) (Weisz 1999).

Similarly to police interactions, the presence of a legal advocate can also positively impact protection order outcomes. Many people may not be aware of the ins and outs of the criminal justice system, court proceedings, etc. and need the help of an advocate in navigating these. Due to isolation, PTSD, and self-doubt, victims who choose to use the criminal justice system often do not know what to expect (Weisz 1999). Victim advocates are able to help prepare victims on what they should expect. According to Weisz (1999), legal advocacy needs to be more readily available because the courts and police do not always provide victims with the proper information needed in order for them to effectively use the legal system. This can lead to the victim feeling similarly disconnected as they feel in their abusive relationship. Legal advocates are trained both in court processes and victimology, allowing them to connect with victims and understand the severity of the violence perpetrated against the victims more effectively. Compared to attorneys who do not specialize in domestic violence, a legal advocate for domestic violence will be of more use to the victim in their knowledge of the relevant laws and options for the victim. One option that domestic violence victims may be unaware of without an advocate is obtaining a protection order.

If not done properly, a protection order can easily be denied by the judge who reviews it. With the help of an advocate, domestic violence victims receive clarity on what paperwork is

required, how to locate the forms, and what the process entails (Durfree 2009). While they cannot speak on behalf of the domestic violence victim during the hearing, they provide assistance in preparing the victim's written petition for the protection order and their testimony, such as reviewing petition drafts and making suggestions about what wording to use and what should be included in the petition (Durfree 2009; Hawes and Stephens 2023). Although advocates do not speak during the hearings, their presence is still valuable in providing the victim with emotional support and explaining to the victim what is happening during the trial (Hawes and Stephens 2023). Weisz (1999) stated that the more a victim feels supported, the more likely they are to follow through with the process of obtaining a final protection order. This supportive, physical presence of an advocate has the ability to empower the victim and encourage them to use the legal system.

Having an advocate increases the victim's chances of being granted a protection order against their abuser. Domestic violence victims who appear in court accompanied by an advocate are significantly more likely to be granted a final protection order. In fact, 73% of victims who are supported by a victim advocate in court obtain a final protection order (Hawes and Stephens 2023). This is because an advocate helps victims expand and put the abuse into words that accomplish more than the general details would (Durfree 2009). A petition that includes specifics about the abusive incidents and uses the preferred language of a court proceeding is more likely to be granted than a vague petition (Durfree 2009). When reviewing a petition draft, an advocate is specifically identifying incomplete areas that need further information regarding abusive incidents (Durfree 2009). According to Durfree (2009), by adding more information, the advocate aids the victim in meeting the legal criteria for a domestic violence protection order. An

advocate being there (physically, logistically, and emotionally) before, during, and after a protection order hearing can be beneficial to both the victim's success and well-being.

### *Information and Assistance*

As they do during the protection order process, domestic violence advocates are able to provide information regarding services in general that can help the victim navigate their victimization. Every victim is going to have a different experience and therefore, will be in need of different assistance. For example, one victim may need information for a domestic violence shelter, another may need a lawyer who specializes in domestic violence cases, and another victim may need counseling (*Best Practices Guidelines: Crime Victim Services* 2010). No matter what a victim needs, incomplete planning during the preparation stage could have deadly and dangerous ramifications to the victim in the action stage (Frasier et al. 2001). Advocates have the necessary information in order to connect victims to services that will aid in the safe navigation of their victimization. They can provide referral information to support groups made up of other domestic violence victims and survivors, as well as other appropriate treatment options. They can also connect the victim to victim compensation programs, many of which will reimburse for certain costs that result from a violent crime like domestic violence. Among the information advocates have is contact information for helpful organizations. Advocates must facilitate these relationships between victims and resources within their community (Wilson, Fauci, and Goodman 2015). By doing so, victims are able to expand their support system and stay connected to their lives.

In addition to remaining connected to their lives, a domestic violence advocate can also provide information in the legal setting, keeping the victim connected to their case (if they are pursuing the legal option). This can be done through informing them on their rights as victims,

ensuring they know when court hearings are, setting expectations regarding a courtroom and the prosecution of the case, ensuring they know and understand the outcomes of hearing, and registering for a notification of offender release, etc. (*A Guide to Victim's Assistance* 2021).

Advocates are who victims will turn to for details regarding options, resources, and legal information, so they must have sufficient knowledge on information to provide victims with.

### *Outreach*

This information can be provided by continuing contact with the victim. This allows the advocate to ensure that the victim knows what is occurring in their case and what it means (*A Guide to Victim's Assistance* 2021). This continued contact is known as outreach. Outreach involves the advocate following up with the victim after their first introduction (Weisz 1999). For example, an advocate should contact a victim following a police intervention, regardless of if the abuser was arrested or not. By reaching out to the victim, the advocate is able to provide them with information about possible next steps, legal options, and services such as counseling. This is important because Weisz (1999) found that victims are more likely to participate in the criminal justice process when they have been in contact with a victim advocate. This is because advocates are able to inform victims that domestic violence and its accompanying behaviors are illegal. The advocate can help the victim realize that they have the right to seek help. The victim will not receive much of the information that the advocate provides from elsewhere; therefore, outreach is an important aspect of information and assistance.

### *The Stages of Change Model*

#### *Summary of Model*

There are five stages of change that domestic violence victims experience when they are making a change in behavior by leaving a domestic violence situation (Prochaska and

DiClemente 1984). The first stage is the precontemplation stage (before the victim is aware that a problem exists). The second stage is the contemplation stage (the victim has become aware of the problem's existence but has not committed to any changes/is still only thinking about it). The third stage is the preparation stage (when the victim commits to and has a plan to make a change in the next month and may have already even taken some actions towards this change). The fourth stage is the action stage (the victim has made a concrete change that lasts anywhere from one day to six months). Finally, the fifth stage is the maintenance stage (the victim is working to solidify their changes in order to prevent a resurgence of the problem).

#### *Existing Model Literature*

At the end of the day, all of the components are ideally used when interacting with a victim of domestic violence. While they are related to each other, the current study is interested in learning which component takes precedence over the others when the victim is in the preparation stage of change. The stages of change model is a great model that can be used to explain the process of change for domestic violence victims (Cluss et al. 2006). This process ranges from defending what they know (the abuser and their relationship with the abuser) to being ready to act to make a change.

There is some existing literature using the stages of change model in regards to domestic violence. Much of prior stages of change domestic violence research focuses on abusers' willingness to change their abusive behavior. Alexander and Morris (2008) found that in response to abuser-intervention treatment, abusers who were classified as being later in the stages of change model (more ready to make a change) demonstrated less violence and fewer anger-management problems. In fact, abusers who were in these later stages have been found to use more strategies to not abuse and end violence (Alexander and Morris 2008; Levesque,

Gelles, and Velicer 2000). Eckhardt, Babcock, and Homack (2004) also found that abusers in later stages were more likely to demonstrate behavior change processes; however, this was not a result of being in treatment. The abusers were at the stage of change on their own. Abusers cannot be forced to make a change if they do not want to. These studies were alike not just in their findings, but also in their method of categorizing the participants (abusers) based on what stage they were in.

There are similar domestic violence studies that categorized their participants based on what stage they were in; however, these studies were victims, rather than abusers. These studies looked at the stages of change model through a medical lens of how healthcare workers could help victims of domestic violence. Frasier et al. (2001) used the stages of change model as a guide for healthcare workers on how to counsel victims. By asking the victim a series of questions, a healthcare worker would be able to place the victim into which stage of change they are in (like what the aforementioned studies did for abusers). Based on what stage the victim is in, the healthcare worker would guide their assistance to fit the victim's needs, making the response victim-centered (Frasier et al. 2001). For example, if the victim was categorized as being in the preparation stage of change, the healthcare worker would offer to make a referral to a victim advocacy organization. However, being ready to make change is not necessarily a linear process – it is gradual and can be nonsequential (Chang et al. 2006). If healthcare workers understood where in the stages of change model a victim of domestic violence was, then they could also understand a victim's readiness to make a change (Chang et al. 2006). A victim's readiness would then influence the healthcare worker's response. An implication that results is using the stages of change in the education and training for healthcare workers (Chang et al. 2006).

Being trained on stage-matched help would allow advocates to provide victims of domestic violence with help that is more fitting to their needs depending on the stage the victim is in. Stages of change domestic violence research has explored the precontemplation and contemplation stages, specifically. Zink et al. (2004) found that according to victims, there were specific desired actions that healthcare workers could take in order to help the victims understand the abusive nature of their relationships. Stage-matched assistance in the earlier stages of change allows the healthcare worker to provide trauma-informed care by avoiding overwhelming the victim. A victim in the precontemplation or contemplation stages are either unaware of the abuse or not ready to make a change regarding the abuse, respectively. Therefore, for example, giving a victim information on how to leave a relationship or safety planning for the next abusive incident (planning that would be done during the preparation stage), could overwhelm the victim because they are not yet ready for that information (Zink et al. 2004). While some research has been conducted looking at abusers and victims in other stages, the literature is missing a focus on victims in the preparation stage, one of the gaps this study will address. The following section, The Current Study, will reiterate the gaps found in the Literature Review of the domains and stages of change model, the research question, and the proposed research's hypothesis.

## CHAPTER 3: THE CURRENT STUDY

The proposed research study would address four gaps in domestic violence advocacy research: (1) establish a list that combines components of a trauma-informed approach with general victim advocacy components that go into developing a connection with the victim; (2) explore which of the components would be most important in fostering the advocate-victim connection; (3) determine the impact of each component has on victims from the advocate's perspective; and (4) focus solely on the preparation stage of change. The current study would focus on the preparation stage because a victim advocate is able to help a victim properly prepare for the action stage where the victim will make a change (Prochaska and DiClemente 1984). Without sufficient planning, the victim may not be able to make the change they would like to make, which could have deadly results (Frasier et al. 2001). Therefore, advocates must be adequately trained in the most important components to the preparation stage so if they are working with a victim in that stage, they can emphasize the most important components, while still applying all of them.

The research question of the current study is, according to advocates, which trauma-informed domestic violence advocacy components are most important in fostering connection with domestic violence victims who are in the preparation stage of change? I hypothesize that empowerment, voice, and choice is the most important and takes precedence over the other components (trust and transparency; respect; support; and information and assistance). This is hypothesized because of the fact that domestic violence victims are typically stripped of their ability to choose for themselves (*Power and Control* 2017). Empowerment gives the victim back a sense of control over their situation, which previous literature has found to be important. This hypothesis would be qualitatively tested by conducting interviews with domestic



violence victim advocates. How this would be done can be found in the following section, Methods.

## CHAPTER 4: METHODS

The proposed study will be qualitative in nature. By utilizing semi-structured interviews, the intent of this proposal is to gain insight into what components to domestic violence advocacy are most important to fostering connection between an advocate and a victim in the preparation stage of change. A qualitative methodology was selected for this proposal because it would allow the researcher to explore this in-depth from the subjective experience of victim advocates, specifically those who are organization-trained and possess a strong background in or focus on domestic violence (Nassaji 2020).

### *Sample Selection*

Prior to conducting this research, a filter would be put in place in order to only conduct interviews with individuals who are qualified as victim assistance specialists. In order to meet this qualification, the individual would have to have been holding a position titled “Domestic Violence Victim Advocate” or a similar title. To be included in this research, the individuals would be required to be an advocate specializing in domestic violence, not a general crime victim advocate because domestic violence advocates have the specific knowledge and training needed in terms of this research question. There would be an interview question that asks the advocate what their training was prior to beginning their job.

Purposive sampling is a form of non-probability sampling used by researchers to sample participants of a group with specific characteristics (Robinson 2014). This research would use purposive sampling in order to select domestic violence victim advocates to be interviewed. By interviewing this select group, this research would be able to evaluate which components were most important to fostering connection between an advocate and a victim based on the extent of training the advocate received on the components of advocacy. While there would not

necessarily be eligibility requirements, as advocates continue in their work, they are learning of new resources that they can refer victims to. An advocate who has little to no experience as an advocate may not have the same depth of knowledge of available resources as an advocate who has been working for longer. Therefore, it would be preferable that advocates were working in domestic violence victim advocacy for at least two years.

For recruitment, accessible LinkedIn profiles would be searched to identify individuals identifying as “Domestic Violence Victim Advocate” or a similar title. Once identified, the researcher would attempt to locate the advocate’s email address on their organization website. If an email address was located, the researcher emailed the advocate a recruitment email requesting an interview. If unable to locate an email address, the researcher contacted the advocate through LinkedIn Direct Messaging in order to request an interview. If the researcher did not hear back from an advocate, another qualified advocate was contacted to fill the space.

### *Procedures*

This proposal has received Institutional Review Board (IRB) approval from the University of Maryland IRB. Unfortunately, the primary researcher was unable to schedule any interviews in the provided time frame. The following procedure is an approved path that a future researcher could follow.

Once the participant agreed on being interviewed, the participant would provide days and times that are convenient for them to meet. In order to proceed with the interview, informed consent would need to be received regarding the interview and the audio recording of the interview. The purpose of recording the interviews would be for the researcher to play the interview back for coding and analysis at a later date. Interviews would not be made public. To ensure this, the recordings should be uploaded to a secure platform. These interviews would be

conducted over Zoom. Each interview would last approximately 60 minutes. To ensure confidentiality, each participant would be assigned a unique identification number.

### *Questions*

The participants would be asked a number of open-ended questions (see Appendix A). These questions vary from “What training have you received in order to perform your job,” to providing vignettes outlining situations when the victim is in the preparation stage and asking how the advocate would respond to the scenario. An example of a vignette is as follows:

“Aimed to assess empowerment: After meeting with a victim, she is unsure what she should do. She does not know if she should call the police next time an abusive incident occurs, look into getting a protective order, just try breaking up with her boyfriend, or all of the above. She tells you that she feels bad for taking up so much of your time and asks you to just tell her which option she should pursue.”

- a. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
- b. How would you expect your response to impact/help the victim?

After each vignette, the advocate would be asked how each response they provided would impact or help the victim. These questions and vignettes are intended to explore which components of advocacy the advocate found to be most prevalent in fostering connection with the victim and the perceived impact of each on the victim. Additionally, the last question asks if the advocate’s organization has a standard response process. This question will tell the researcher what the advocate is supposed to do. Their responses to their vignettes will tell the researcher what the advocate values.

### *Domains*

Despite the open-ended, semi-structured format of the interviews, five domains are attempted to be addressed. These domains are the components that are explored in the Domestic Violence Victim Advocacy subsection of this research's Literature Review: Trustworthiness and Transparency; Empowerment, Voice, and Choice; Respect, Support, and Information and Assistance. None of the questions or vignettes directly mention any of the domains. By indirectly addressing these domains, or components, the researcher will be able to learn what components were most important to the advocates' preparation stage work.

### *Analytic Strategy*

As suggested by Berg (2004: 114), the most appropriate analytic strategy for this qualitative research would be content analysis. Content analysis would be used to identify specific words, themes, and concepts (*Content Analysis* 2024) in an advocate's response that would match the response to a predefined code. This approach would be done primarily through the use of deductive coding using the previously identified domains as the predefined set of codes. If there is a response an advocate provides that does not fit into one of the codes/domains, it will not be forced into one. In this case, the research would require inductive coding, which means creating a new code for the response that did not fit in the predefined codes (Bihu 2023). This allows for flexibility in the coding and for new themes that were not previously thought of to emerge. The researcher would follow this strategy by going vignette by vignette in the transcripts and categorizing them into either a predefined code or creating a new code for a theme that emerged. Each vignette was written aimed to address one of the domains and every domain has a vignette written for it. If the advocate addresses two domains in one response to a vignette, the response will be placed into both categories. An advocate providing a response that

is coded into a domain other than the predicted one will show the researcher that the advocate views that domain more important in that scenario. If any of the domains were addressed significantly more than the others (meaning if one category has many more responses coded into it), then the researcher will see that that domain is the domain the advocates find most important to fostering a connection with a victim in the preparation stage.

## CHAPTER 5: DISCUSSION

*Potential Outcomes and Implications*

The proposed study will fill the gaps in domestic violence victim advocacy literature by first creating a list of components that combine those of trauma-informed care and general victim advocacy. This proposed project then would assess which of these is most important in fostering the advocate-victim connection, as well as each component's impact on the victim, from the advocate's perspective, when the victim is in the preparation stage of change. Due to the proposed nature of his study, it is still unclear which components are more important in fostering this advocate-victim relationship and how each component impacts the victim. However, despite this uncertainty, there are three potential outcomes as to which component is the most important when the victim is in the preparation stage of change: (1) the components all work together and one is not more important than another; (2) one component is the most important and takes precedence over the others; or (3) a new component emerges that was not previously thought of. As mentioned in the Current Study section, I hypothesize that empowerment is the most important and takes precedence over the other components (trust and transparency; respect; support; and information and assistance) (the second potential outcome).

If the first outcome is found to be true, it would mean that all the components are valued an equal amount by advocates. Advocates do not utilize one component more than the others when working with a victim of domestic violence who is in the preparation stage of change. Rather than being pit against each other, each component works together in order to foster the advocate-victim connection and provide the best possible services. This means that domestic violence victim advocacy training that focuses on the preparation stage of change should spend the same amount of time on all of the components, as they are all equally important.

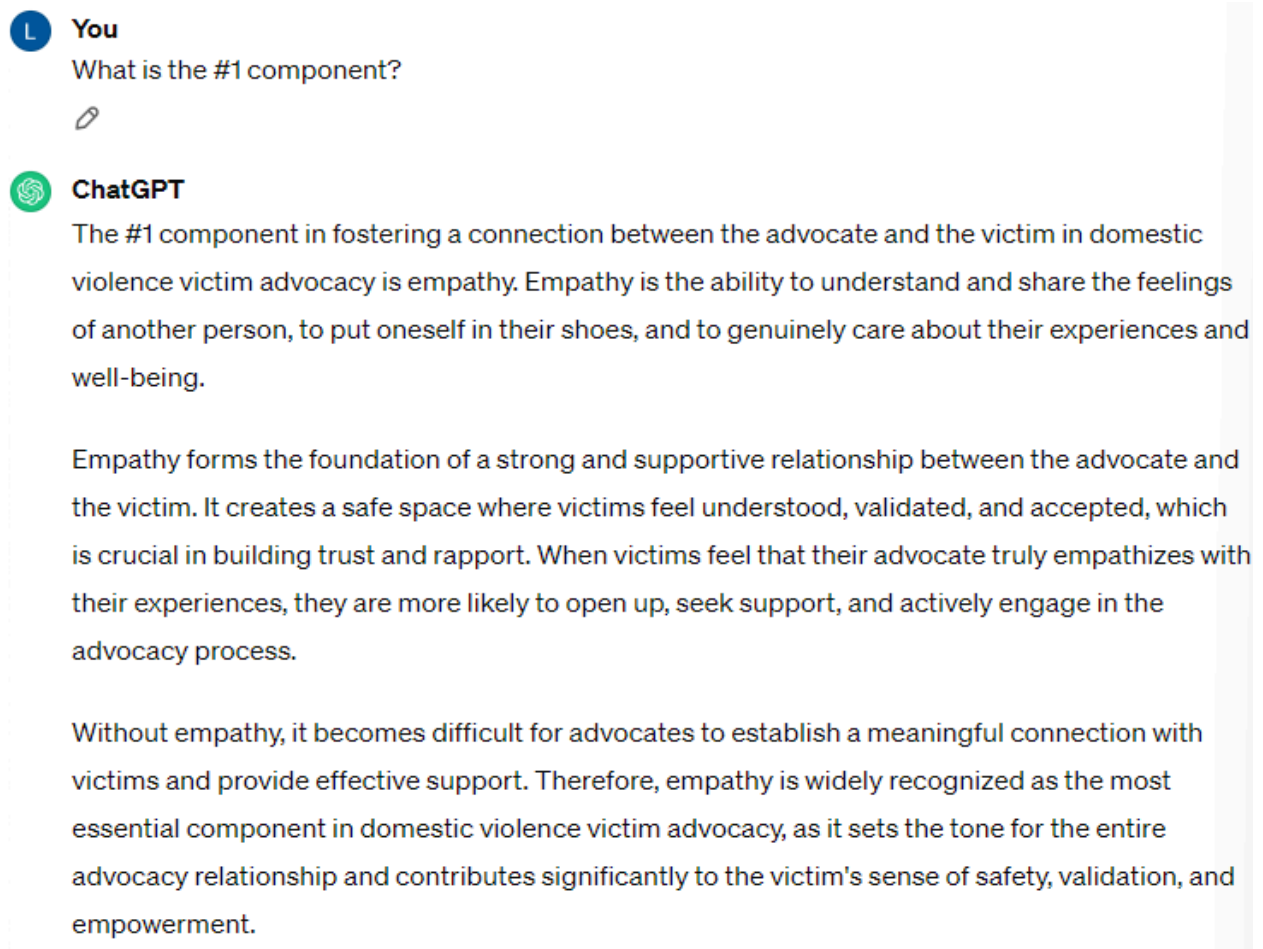
If the second outcome is found to be true, as I hypothesize, it would mean that while all of the components are important, one in particular is significantly more important. The implication of this outcome, I expect, would be the greatest. One component taking precedence over the others should lead to changes in training. When discussing the different components of domestic violence victim advocacy, advocate training should really hone in on the component that results as most valuable from this research.

In regards to my hypothesis, the component I thought would be the most important during the preparation stage of change is empowerment, voice, and choice. If this is found to be true, this importance should be emphasized to advocates during domestic violence victim advocacy training. By emphasizing empowerment, advocates will understand to empower the victim more than anything during their interactions. Giving the victim back their voice and ability to choose for themselves contributes to the establishment of a successful advocate-victim connection – a connection that the victims need in order to thrive in the navigation of their victimization. Out of curiosity that resulted from having to shift to a research proposal, I turned to Artificial Intelligence, ChatGPT in particular. ChatGPT informs its responses by accessing information and data that is publicly available on the internet, as well as information provided by licensed third parties and users/trainers (*How ChatGPT and Our Language Models Are Developed* 2024). In terms of research, ChatGPT's information collection processes have been found to be reliable. Johnson et al. (2023) found that the information it retrieved and provided in response to various medical questions was largely accurate. Keeping in mind the limitations described in the study, I provided ChatGPT with context for the area of research by asking the questions I would have asked during an interview. For every question, ChatGPT would provide



multiple important components so I then asked what the #1 component is. ChatGPT provided a general answer (see Figure 3).

Figure 3: ChatGPT General Answer



SOURCE: OpenAI 2022.

Then, to see if the answer differed, I asked what the #1 component is during the preparation stage of change (see Figure 4).

Figure 4: Preparation Stage Answer



**You**

What is the #1 component when the victim is in the preparation stage of change?



**ChatGPT**

When a victim of domestic violence is in the preparation stage of change, meaning they are considering taking steps to address their situation but have not yet taken action, the #1 component in fostering a connection between the advocate and the victim is often empowerment.

1. **Empowerment:** Empowerment involves supporting the victim in recognizing their own strengths, capabilities, and resources to make informed decisions about their safety and well-being. It includes providing information, options, and resources, as well as validating the victim's autonomy and agency in the decision-making process. Empowerment helps the victim build confidence, self-efficacy, and a sense of control over their circumstances, which is crucial in motivating them to take action and move forward towards change.

While empathy, active listening, respect, trustworthiness, and support/validation are still important components, empowerment takes precedence during the preparation stage of change. It helps the victim feel empowered to explore their options, make decisions, and take steps towards safety and healing.

SOURCE: OpenAI 2022.

The response provided by ChatGPT supports my hypothesis; however, the responses provided by ChatGPT cannot be generalized or taken as if an advocate said it. It would be interesting to see if the most important component in establishing a advocate-victim connection when the victim is in the preparation stage of change would be empowerment if this research were to be conducted.

If the third outcome is found to be true, it would mean that a component not previously mentioned in this research or prior literature was discovered to play the largest role in fostering a connection between the victim and the advocate. This component would be one that has not been thought about when it comes to victim advocacy, meaning it has been overlooked until then. Similar to the previous potential outcome implication, realizing a new component should have a large impact on domestic violence victim advocacy training, and victim advocacy training in general. General victim advocacy training should alter their curriculum so that it educates advocates on that component that training in the past may not have touched upon. For domestic violence victim advocacy, if a component that was not mentioned in this research is found, the training would need to have a focus on that component for when the advocate is working with a victim in the preparation stage of change.

More generally than these potential outcomes, it is important to note that domestic violence advocacy training in general would benefit from using the stages of change model. What a victim needs from an advocate depends on what stage of change the victim is in. How an advocate interacts with a victim should vary from stage to stage. For example, a victim's needs in the preparation stage will be very different from their needs in the maintenance stage. Using this model is not suggesting a one-size-fits-all approach. Rather, it can provide advocates with a loose suggestion of where to start in fostering a connection with a victim.

#### *Limitations and Future Directions*

However, there are a couple of limitations in this research proposal. Selection bias occurs according to who are selected as participants. This is likely to occur with this research because of the lack of randomization in the sample selection. This lack of randomization means that the chosen participants are not necessarily representative of the population and that the results may

not be generalizable. Additionally, there could be information bias. Information bias is when a variable is incorrectly measured and misclassified. Due to the subjective nature of this study, there is a high likelihood for information bias to occur. The coder conducting the content analysis may interpret one of the components to mean something entirely different than what it is intended to mean, resulting in an unsuccessful content analysis. However, this can be somewhat avoided by having clear, strict, and nonoverlapping definitions for each component.

Another limitation relates to the information bias limitation. How a response is categorized may vary between different coders. Different coders could disagree on what category to place a response in, resulting in unreliable results about which component is most important. However, this can be limited by having two coders categorize the advocates' responses. If a disagreement arose, the two coders can share their viewpoints and discuss how to categorize each disagreed upon response. Due to the solo nature of this research, having two coders work with the responses was not possible. A future direction is to have multiple coders in an effort to reduce this limitation.

In addition, it would be interesting to explore how the level of importance of each component changes depending on the stage of change the victim is in. One of the gaps this research addresses is focusing on the preparation stage of change. Four future directions would be conducting this research for the other stages: precontemplation, contemplation, action, and maintenance. Do the components' importances change in each stage? When asking ChatGPT what the #1 component was in general, it said empathy. When asked more specifically for the preparation stage, it changed its answer to empowerment. As previously mentioned, ChatGPT's responses cannot be taken as fact, but its change in response provides support for the idea that the #1 component may be different depending on the stage the victim is in due to the victim

having different needs at different points of their victimization. In order to explore which component(s) is important in every stage, this research's interview questions could be edited to describe victims in the other stages, instead of those in the preparation stage. In doing so, the results would theoretically show which component is most important to the advocate-victim connection in that stage. If domestic violence victim advocates are trained on stages of change model, they will recognize that victims in different stages have different needs.

Unfortunately, the primary researcher was unable to make successful contact with any advocates via LinkedIn and submitted an amendment to the IRB package which was approved. As another way of purposive sampling, a future researcher would also be able to email domestic violence victim advocacy organizations asking if any of their employees would be willing to participate in an interview. If so, the researcher would receive the participant's email address, send them the consent form to be signed, and schedule a day and time for the interview. The primary researcher had also attempted to connect with organizations through the University of Maryland's Criminology & Criminal Justice Victimology professor, but the timing of the project did not work out. However, this study would be ready to be deployed, as it received Institutional Review Board approval. Future research can build off of this study with more allotted time. The findings that result from this research and the four future directions mentioned earlier would implicate training by educating advocates on what components to emphasize and when.

## CHAPTER 6: CONCLUSION

The purpose of this study was to examine the importance of domestic violence advocacy components on the development of the advocate-victim connection when the victim is in the preparation stage of change. Currently, the field of domestic violence victim advocacy lacks research using a list that combines components of a trauma-informed approach with general victim advocacy components vital to developing a connection with the victim. Additionally, unlike other research, this research hones in on the preparation stage of change, seeking to identify the most important component and its impact on victims in this stage. To fill these gaps, this study proposed a qualitative research methodology that utilized interviews to gain insight from domestic violence victim advocates. The interview questions were composed of a series of vignettes presenting the advocate with various scenarios of victims in the preparation stage to see how an advocate would respond to them. The goal of this study was to understand which of these components the advocates felt were most important in fostering a relationship with a preparation stage victim.

In an attempt to uncover which component was most important in fostering this relationship, this study's final aim is to urge future researchers to conduct this study and replicate it for the other stages of change: precontemplation, contemplation, action, and maintenance. In addition, this research also encourages domestic violence victim advocacy training to add the stages of change model language to its curriculum. Chang and colleagues (2006) stated that implementing the stages of change model into education and training would be beneficial to advocates. As previously mentioned throughout this research proposal, domestic violence victim advocacy training in particular would benefit from learning the results of this study in order to better train advocates on what component(s) to provide victims with and when. By better training

advocates, victims of domestic advocacy may have a higher likelihood of receiving the help they need. While there is no one-size-fits-all to victim advocacy, having this knowledge in their back pocket can still help advocates better interact with the victims. Ultimately, by conducting this research, victims of domestic violence will theoretically receive better services from their advocates, as their advocates will have received training on what component is most important to a preparation stage victim of domestic violence.

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## APPENDIX

## Appendix A: Interview Questions

2. Can you please tell me a little about your role at XXXXX?
3. What training were you required to undergo before beginning your job?
4. In your opinion, what makes an effective advocate to a victim of domestic violence?
5. Are you familiar with the stages of change model?
  - a. Explain if they do not.

In the next series of questions, I will present you with a hypothetical situation. I will share the text in the chat for your reference as I read it.

6. **Aimed to assess respect:** You receive a referral for a victim of domestic violence from a hospital. The victim has been to the hospital several times over the course of the last year and is tired of repeating the cycle of violence. However, they are unsure of the need for an advocate. This is not the first time they have talked to an advocate and their last experience was poor and humiliating.
  - a. After hearing the victim's past experience with an advocate, what would the first steps you would take as the victim's current advocate look like?
  - b. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
  - c. How would you expect your response to impact/help the victim?
7. **Aimed to assess trust:** A coworker of a victim reaches out to you. The friend states that they are concerned for the victim's safety. The victim often shows up to work with bruises on his body and always has an excuse when someone asks him what happened.



The friend has noticed that the victim no longer eats lunch with them. During team meetings, a task that the victim used to jump to volunteer to complete, the victim now allows other people to volunteer first because he is insecure about his capabilities. The victim confided in the coworker and with the victim's consent, called you. In your intake meeting with the victim, you confirm that he is aware of the problem and recognizes that his wife is abusive. However, he is very withdrawn and only begins to open up towards the end of the meeting.

- a. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
  - b. How would you expect your response to impact/help the victim?
8. **Aimed to assess if the advocate will skip over any components since the victim is already knowledgeable:** A victim of domestic violence contacts you requesting your advocacy services. He is taking a domestic violence course in college and has recognized that his new partner is displaying warning signs of future abuse. He wants your help to take action early before reaching the acute battering phase.
  - a. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
  - b. How would you expect your response to impact/help the victim?
9. **Aimed to assess information/assistance/outreach:** After being physically abused by her husband, a victim of domestic violence called the police after her husband left their home. The police arrived at the home and conducted a lethality assessment. The victim indicated that this is not the first time that she has been abused, but it is the first time she called the police. She mentioned to them that she wants the abuse to stop and she wants

to leave the relationship, but does not know how. The police offer to connect her with a domestic violence victim advocate and you receive a call requesting you to come to the home. You meet briefly with the victim at her home and then follow up with her the next day, further offering your services (explaining what these services are).

- a. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
  - b. How would you expect your response to impact/help the victim?
10. **Aimed to assess empowerment:** After meeting with a victim, she is unsure what she should do. She does not know if she should call the police next time an abusive incident occurs, look into getting a protective order, just try breaking up with her boyfriend, or all of the above. She tells you that she feels bad for taking up so much of your time and asks you to just tell her which option she should pursue.
- a. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
  - b. How would you expect your response to impact/help the victim?
11. **Aimed to assess information/assistance (as well as advocates' knowledge on the process):** A victim asks you to explain the process of obtaining a protective order against their abuser in Maryland.
- a. What do you tell them?
  - b. **Aimed to assess physical support:** Ask if the advocate provides an adequate answer of what the process is: After hearing about the process, the victim states that it sounds very overwhelming and draining having to relive and defend their trauma alone like that in court.

- i. How would you respond to them?
- ii. How would you expect your response to impact/help the victim?

12. **Aimed to assess safety/safety planning and information/assistance:** A victim tells you that her girlfriend is stalking her when she leaves their apartment and is aware that this is behavior of an unhealthy relationship. Whether she is going to work, meeting a friend, or going to an appointment, she always wants to know where the victim is. The victim is worried about what her girlfriend will do to her if she finds out that the victim has been meeting with a victim advocate regarding domestic violence. The victim asks you what she can do to prepare.

- a. How would you respond to the victim?
- b. What would you suggest she do?
- c. How would you expect your response to impact/help the victim?

13. **Aimed to assess emotional support and respect/empathy:** Throughout your meeting with a victim, she has been very emotional and apologizes every few minutes for being “a wreck.” She states that she feels she is being a burden and just wasting your time. She goes on to explain that planning to leave this relationship has been very distressing and the criminal justice system is difficult to cope with.

- a. If you experienced this situation as an advocate, what is the first thing that comes to mind that you would do to help the victim?
- b. How would you expect your response to impact/help the victim?

Thank you for answering the hypothetical situation questions. I just have a few more questions for you.

14. Does your organization have a standard response process or guideline when it comes to working with victims?
  - a. If they do not: Do you have your own standard response process that you follow?
  - b. What aspects of your response do you think are most important in fostering a connection with the victim?
15. The components of advocacy I am looking at are trust, respect, empowerment, support, and information and assistance. In your opinion, are any of these components less important than the others during the preparation stage?
  - a. Will define any components the advocate needs defined.
  - b. Can you rank them from most to least important in this stage?
16. Finally, what is your favorite thing about being a domestic violence victim advocate?