

We Are Humans Too: Secondary Traumatic Stress Among Novice Victim Advocates

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Abstract

This article focuses on the experiences of Secondary Traumatic Stress (STS) among novice victim advocates. Victim advocates work with survivors of violent crimes and provide emotional and logistical support to their clients, helping them navigate the criminal justice system. Through individual interviews, this study explored how advocates managed their exposure to traumatic events and how they believed it impacted them professionally and personally. Nine victim advocates were interviewed, and principles of reflexive thematic analysis were used to code the interviews and analyze the data. From the interviews, three major themes emerged related to STS: worldview shifts, secondary traumatic stress symptoms, and burnout. Two major themes were discovered linked to prevention or social justice: colleague support and recognizing successes. Advocates are a particularly vulnerable population of helping professions that are at risk for STS. Increased awareness and acknowledgement of their work is an important component of intervention efforts. Supporting the needs of novice advocates will be necessary for them to sustain their career and be better positioned to help survivors of violent crimes.

Keywords: secondary traumatic stress, victim advocates, vicarious trauma, criminal justice

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Violent crimes have a rippling effect across communities, forever changing the course for individuals and those close to them. This also includes the professionals, like victim advocates, who work with those who have been the victims of violent crimes. A victim advocate is a professional who is trained to provide support to survivors of crimes and offers information and guidance around the judicial process (Benuto, Newlands, Ruork, Hooft, & Ahrendt, 2018). Advocates often attempt to alleviate the trauma crime victims have experienced, while also trying to mitigate the many difficulties associated with having to engage with the criminal justice system (Globokar, Erez, & Gregory, 2016). Within the course of their duties, victim advocates often hear about shocking acts of emotional, physical, psychological, and sexual abuse that their clients have experienced (Benuto, Yang, Ahrendt, & Cummings, 2018). Advocates are likely to be greatly impacted by these shocking acts because of having to listen to these traumatic stories and from being immersed within the criminal justice proceedings surrounding these events. This study sought to better understand this dynamic as it examined secondary traumatic stress (STS) among novice victim advocates in California. We defined novice advocates as individuals newer to the profession, who have worked less than 2 years in the field.

Secondary Traumatic Stress

It was not until the 1980s that even minimal attention was given to the impact of traumatic stress on helping professionals. In 1983, Figley (1995) recognized “stress disability” among crisis workers such as police, firefighters, emergency technicians, and other emergency workers who assisted families of victims of catastrophes, in which the stress resulted from exposure to traumatized populations. It would be another 10 years until social workers and other mental health workers were identified as “hidden victims” of trauma in our society (Stewart & Hodgkinson, 1994). The traumatic stress experienced by these workers has been variously recognized as Vicarious Trauma (VT; McCann & Pearlman, 1990) or STS/Compassion Fatigue (CF; Figley, 1995). In this article we use the term STS, since in the research, it has been generally used to refer to helping professionals who experience trauma indirectly because of working with individuals who have directly experienced traumatic events.

STS can be described as the psychological symptoms professionals experience because of being indirectly exposed to their client’s traumatic experiences (Bride, Robinson, Yegidis, & Figley, 2004). The adverse effects individuals experience from secondary trauma are very similar to those experienced by the persons who experienced the trauma itself (Bride et al., 2004). The most recent revisions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013)* accounted for STS, and made explicit that repeated exposure to aversive details of traumatic events during the course of one’s professional duties qualifies as a Criterion A stressor for the purposes of diagnosing someone with Post Traumatic Stress Disorder (PTSD; Hensel, Ruiz, Finney, & Dewa, 2015).

The adverse outcomes of repeated exposure to others’ trauma can include “a broad range of emotional and behavioral consequences, including nightmares, intrusive thoughts, disturbing imagery along with affective states such as anger, sadness, and anxiety” (Bercier & Maynard, 2015, p. 82). STS can lead to a diagnosis of PTSD, with the main distinction being the traumatic event was not directly experienced by the individual, but rather the stressor is repeated or extreme exposure to knowledge about traumatic events (Elwood, Mott, Lohr, & Galvoski, 2011). Symptoms can include numbing or avoiding feelings and emotions, somatic complaints or problems with sleep, problems with social functioning or interpersonal relationships, lower levels of trust or a heightened sense of vulnerability, and other related concerns (Bercier & Maynard, 2015). Professional consequences also have been identified. Individuals may have a reduction in their capacity or interest in being empathic with their clients (Elwood et al., 2011).

Secondary Traumatic Stress and Victim Advocates

Research has demonstrated consistently the impact of STS in the healing professions, acknowledging the toll that a career in helping others can have on a person (Powell-Williams, White, & Powell-Williams, 2013; Regehr, Hemsworth, Leslie, Howe & Chau, 2004). STS is identified as a primary reason why workers in the helping professions leave the field prematurely (Bonach & Heckert, 2012). The current study focused on understanding the experience of novice professionals, specifically victim advocates who had been working in the field for less than two years. Given their repeated indirect exposure to traumatic events, including violent crimes, sexual abuse and assault, homicide, and other forms of trauma, it is important to consider how STS may manifest among victim advocates in the beginning stages of their career. This has implications not only for individual well-being, but also for sustainability of expertise in the field.

Studies examining the prevalence of STS among victim advocates have noted rates of STS might exceed rates among similar populations (e.g., social workers, mental health professionals). For instance, around 48% of advocates in one study were found to meet criteria for experiencing clinical levels of STS, whereas other studies have reported that social workers have prevalence rates around 15% (Benuto, Newlands, Ruork, Hooft, & Ahrendt, 2018). It appears that the cumulative trauma exposure acts as a risk factor for victim advocates, including the hours worked (Szoke, Lancaster, & Hazlett-Stevens, 2023), the hours directly working with clients, and for some, the exposure to crime scenes (Benuto et al., 2018). Additional research examining STS among victim advocates has found that advocates did have trouble in coping with occupational stress (Powell-Williams et al., 2013) and that they often did not feel the emotional work they did with their clients was respected (Kolb, 2011). These are both factors increasing the risk for STS.

Current Study

As stated earlier, this study sought to better understand STS among novice victim advocates. Specially, the aim was to gain insight into how victim advocates who were early in the career, understood their exposure to trauma, and how they interpreted it as impacting their own lives. It is important to research novice victim advocates so that effective prevention or social justice efforts might be mobilized to assist and support these professionals in order that they can sustain their careers. Given the importance of advocates in supporting victims of crimes, it is essential to identify how to support their longevity in the profession, and as a result, their expertise.

Methods

Researchers

The researchers have worked at the intersection of trauma and the carceral system, with a focus on understanding how to better support survivors of violent crime. Through this broader body of work, it has become evident that there is a need to better understand each aspect of the carceral system to best design effective prevention and intervention efforts for survivors of violence. This study aimed to understand the role of victim advocates in this dynamic, and how they can contribute to the larger aim of building socially just and trauma responsive systems for survivors of crime.

Participants

Participants included nine victim advocates who were recruited from a Victim Services Division in a California District Attorney's Office via email invitations. There was difficulty in recruiting participants given the demanding schedules of the advocates, and the need to be flexible for court proceedings and other tasks that often came up unscheduled during their days. The interviewer had a pre-existing relationship with the director of the department, and the director was the person who forwarded the email recruitment invitation to potential participants.

The recruitment email to participants outlined the purpose of the study, which was described as wanting to learn more about the experiences of victim service providers. The email requested people to participant in

individual interviews where they would be asked to discuss their experiences as a victim advocate and to discuss barriers they encountered in their jobs. While participants were told the study was confidential, and the director would not know who participated or what was shared, the proximity in their working relationships may have deterred some respondents. The interviewer had not met the advocates interviewed prior to this study. Participants were provided with a \$50 stipend for their participation.

Respondents represented different units of the office and had been victim advocates for a varied amount of time. Two advocates worked in intake, which meant they worked with any crime victim who came in during walk-in hours, and who had *not* experienced a crime of domestic violence, human trafficking, or elder abuse. Three advocates worked in general felonies, which included robberies, assaults, attempted homicides, and anything else that was charged as a felony that was not specified. Two advocates worked in the homicide unit, one worked in the domestic violence division, and one worked in the human trafficking / sexual assault unit. Participants represented most of the units in the targeted office.

The amount of time participants had worked as victim advocates ranged from 2 months experience (although this person had worked previously as an intern) to as long as 2 years of experience. Eight of the participants identified as women, and one identified as a man. The advocates were diverse in race and ethnicity (four identified as Latina, three as Asian/ Pacific Islander, one as White and one as Eastern European), and reflected the diverse communities which they served. Most of the advocates were fluent in English and a second language.

Data Collection

In-person interviews ranged in length from 24 minutes to 1 hour (average interview time was 35 minutes). Interviews were conducted using a semi-structured interview protocol (see Appendix A), that was developed with the help of an expert in the field of victim advocacy and also informed by literature reviews. The interview protocol asked participants to describe their work, resources available to them, barriers they faced, and about their experiences of vicarious trauma. Interviews were conducted at the offices where the advocates worked. Participants provided their consent to audio record the interviews, and recordings were later fully transcribed and coded. The study was approved by the Institutional Review Board at the University of San Francisco.

We defined data saturation following the guidelines proposed by Braun and Clarke (2019). Specifically, we engaged in reflexive thematic analysis, which implies that codes are never finally fixed. Coding becomes more interpretive and conceptual. The lack of a fixed codebook suggests incapability with data saturation (Braun & Clarke, 2019). Instead, we made an interpretive judgement about when to stop coding and identified that the sample held such informative and rich data that no additional participants were required.

Data Analysis

Using dedoose software (n.d.), interview transcripts were coded using principles of reflexive thematic analysis, specifically, coding followed Strauss and Corbin (1990, 1998) and Auerbach and Silverstein's (2003) methodological guidance. The first step in the coding process was open-coding or line-by-line coding where initial codes were identified. Axial coding followed, where categories were re-arranged and re-grouped to help build a code book. The final step was selective coding where codes and categories were refined (Creswell, 2007). Care was taken throughout the process to maintain participants' voice whenever possible throughout the codes and themes.

Interviews were coded by two of the authors and a graduate student. The first transcript was coded by all three individuals together via video conferencing. This initial line-by-line coding resulted in a solid foundation for the code book, which was used in coding the rest of the transcripts. After the first transcript was coded, the remaining transcripts were divided up and coded in accordance with the codebook. All transcripts were reviewed by at least two coders. After all transcripts were open-coded, axial coding was completed. Coders met through video conferencing to combine and re-categorize codes as needed. Selective coding was completed in a similar fashion to axial coding where coders met via video conferencing and discussed the final codes and categories. All coders reached agreement on each of the final codes, and then the first two authors moved to the generation of themes that aligned with the purpose and goals of the study.

Integrity

The researchers engaged in a process of triangulation, where the first and second authors compared their individual findings. These two individuals compared their understanding of different data points and discussed differences in their understanding. The first author has done work directly with survivors of violent crime and had to be attuned to biases. The second author, whose work encompasses trauma responsive interventions, has not worked directly with crime victims. This allowed for a robust question and dialogue process, that called attention to possible gaps and biases in their interpretations. For example, there were times when the first author assumed a particular meaning from a statement based on their own experiences. The second author would challenge this and suggest the meaning could not be assumed from the statement provided, as such checking the first author's bias. This open dialogue allowed for reaching a shared definition and understanding of each of the final themes, and the quotes chosen to exemplify these themes.

The third author served as a subject matter expert. They have worked directly in victim advocacy for many years and served in a leadership position in this work overseeing other advocates. Analysis and interpretations were shared with the third author, who provided subject matter expertise feedback. Finally, the authors engaged in member checking. The authors shared the final themes and accompanying quotes with the participants via email and solicited feedback. No participants provided any feedback.

Results

Participants shared rich information around their experiences with exposure to traumatic materials, and all disclosed how they thought this exposure had impacted them. All the participants talked about vicarious trauma and indeed it was something many of the advocates expressed wanting to talk more about. The advocates reported that conversations around self-care and learning to manage exposure to traumatic material was something that had been brought up on multiple occasions in their place of work. From the interviews three major themes related to trauma exposure emerged: worldview shifts, STS symptoms, and burnout. In addition, the participants identified intervention and prevention needs to help address their exposure to traumatic material. Two major themes linked to prevention were discovered: colleague support and recognizing successes.

Trauma Exposure: Worldview Shifts

All the advocates discussed how their views of the world shifted because of their work. This shift resulted in their more pessimistic and negative view of the world. The shift was largely seen in the area of safety, and how places and people are generally not safe. As highlighted in advocate statements such as those that follow, there tended to be an overgeneralization around safety concerns.

Before I started working here, I understand that you can't trust everybody in this world. There are bad people out there but after doing this work, you realize, you really can't trust anyone.

There's just some people who seem like that, batters or constantly offending. Every relationship they're in, they're doing really creatively horrible things to people. I'm more pessimistic view of the world.

While the crimes and traumas the advocates were exposed to were not a part of their everyday lived experiences directly, given their constant exposure to these stories the advocates started to generalize these events and viewed them instead as happening with greater frequency than was the case. For many of the advocates, this shift in worldview also translated into their behaviors. They were overly cautious in certain neighborhoods and avoided certain places. They also became vigilant about doing everything they could to maintain safety, even beyond what might be considered a typical level of caution. As one advocate who works with pedestrian fatality cases reflected:

I won't jaywalk ... You can't-- got to wait for the little man to show up and then we'll cross. I never liked jaywalking anyway, it made me nervous.

And another advocate who works with sexual abuse victims stated:

I can't believe there's so many [expletive] people who abuse other young kids or stuff like that. I don't trust [ride share], no, I'll walk.

The shift in worldview also manifested in higher levels of cynicism connected with the criminal justice system, another reflection of the increased mistrust that advocates expressed developing over the course of their work. One person claimed,

I often think if I were in my victim's position, would I have reported, would I have even come to court? A lot of the times it's like I probably wouldn't even showed up.

For the advocates, who arguably are some of the leading experts in knowing how to navigate the criminal justice system, their distrust and misgivings shifted how they might respond if faced with the same circumstances of their clients.

This worldview shift not only impacted behaviors, but also impacted how the advocates interacted with people they were close to. Many of the advocates were viewing life from a lens that was different from their friends and families. They disclosed becoming frustrated when those close to them would not take the same worldviews, or when loved ones did not hold the same views about safety and society. Given the traumatic experiences and crimes that dominated the advocates' daily work life, they sometimes became frustrated when those in their personal lives did not share their same mindset.

Trauma Exposure: Secondary Traumatic Stress Symptoms

This shift in worldview also corresponds to the STS the advocates reported. While no quantitative measures were given to specifically assess for STS, or PTSD symptomology, the advocates reported experiences that were consistent with the symptoms seen in STS or with a PTSD diagnosis. Figley (1995) categorized STS into three domains, psychological distress/dysfunction, cognitive shifts, and relational disturbances (Bercier & Maynard, 2015), all of which were evident in the advocates' experiences.

Psychological Distress/Dysfunction

Psychological distress and impairment can include hypervigilance, somatic symptomology, or other mental health concerns including symptoms of depression and/or anxiety (Bercier & Maynard, 2015). Hypervigilance was a common reaction noted among the advocates, including an increased awareness of their surroundings and a high level of focus to what was happening around them. The advocates also could see how this hypervigilance impacted their daily activities. One advocate reflected they noticed their commute was impacted after having to read constantly about violent attacks that were alleged to have been committed by unhoused individuals.

It made me very hypervigilant because I was commuting on [public transit] when I first started working here. Every homeless person I saw I felt like I would hold on to my bag and then just walk really fast. That was the first thing that I realized that changed.

For many of the advocates, this hypervigilance and the small changes in how they engaged in their daily routines was the first sign of STS. Many of the advocates also noticed how it was impacting their physical health. For example, somatic symptoms, mental health concerns manifesting as a physical ailment, were commonly noted.

There are times where I think the way that it impacts me, it's like I will just get sick. I have a really bad immune system so I will just get tired early. I will have to call in sick because it's too much for me right now.

Other advocates revealed feelings of always being tired, and not wanting to spend time with friends and family because they were too exhausted.

Cognitive Shifts

Cognitive shifts include a heightened sense of vulnerability and feelings of helplessness and a loss of control (Bercier & Maynard, 2015). Many of the advocates shared this sense of helplessness and loss of control being connected to the criminal justice system. The unique nature of an advocate's job is to be a guide for crime survivors through the criminal justice system (Globokar & Erez, 2019). While advocates are aware of the challenges inherent in this bureaucracy, their constant exposure to trauma appears to increase their feelings of hopelessness and lack of control or power. As one advocate described, this is often the result of seeing crime victims traumatized as part of the criminal justice proceedings.

I think the one time that I had to leave a room or separate myself, I felt a lot outraged was a victim who was just being hounded by a defense attorney. He was a Mayan speaker; Spanish was his second language. The interpreter just got really fast in court, he was not understanding a lot of the questions and the defense attorney was almost antagonizing him and asking compound questions. Which is even more complicated for somebody who doesn't speak Spanish to try and answer.

Even with the relative position of power the advocates had, as compared to the crime survivors, they often felt as though they had no ability to make situations for the survivors better. This lack of control was reflected in how the advocates felt about their abilities not only in their day-to-day work, but also at larger existential levels.

...we could help people. We could get a guilty verdict. Everybody's happy but it doesn't negate the fact that it happened, the crime happened. What is a guilty verdict going to do? What is this person going to jail, how can that help somebody that's been gang raped? How does that help? I understand the logic is that it provides a sense of justice. It can help but not everybody feels that way.

This statement captures the common idea of feeling helpless, and even if everything goes *right*, this does not necessarily lead to a positive ending or healing for the survivor.

Relational Disturbances

Relational disturbances were reflected in lower levels of trust and difficulties in the participants' intimate relationships. All the advocates discussed how their job had impacted their personal relationships. This included feeling disconnected because they could not share details of their job, becoming easily upset with loved ones, or not wanting to spend time with friends and family.

For many of the advocates, the challenges in their interpersonal relationships partly suggested feeling that loved ones could not understand their experiences at work, in addition to not being able to talk about many things. The advocates reported a common experience for individuals in similar helping professions, mainly that the trauma and violence they witnessed was not within the realm of most peoples' experiences. Indeed, that is what makes the impact of trauma so hard for individuals. It is hard to explain the emotional and physical impact these experiences have on you if the other person has no reference point. As one advocate discussed:

I can't talk to my [family] about it ... because like, 'how was work today?' It's like, 'Oh yes, I sat in on a homicide trial and they showed the pictures of the body.' That is not what they want to know at the dinner table. Then you don't want to transfer that to them because that's not what they experience every day.

Isolation and a decreased desire to interact with others also impacted interpersonal relationships for the advocates. They identified multiple reasons for this, including feeling too tired to socialize or wanting to be alone. For some advocates, even when they were with loved ones they did not engage and continued to feel disconnected

even when in the presence of others. Participants also identified feeling as though they were not positive people to be around, and that sometimes the moods that were a result of their workday impact their loved ones.

I'm sure there are days that I am terrible to be around, but I don't know that that is a whole, I think maybe it's a couple of times here and there.

A high level of disengagement became a noticeable pattern for some of the advocates as well. Some of them shared that family and friends also had reflected that the advocate was different in some way.

At first, I didn't think it bothered me until some people from my personal life started saying, 'Oh, you've been MIA lately or sometimes I feel like when I'm talking to you, you're not really there.' To me it was like, 'What are you talking about?', but then the more I think about it, I feel it's because I can't help but think about certain crimes that happened to people or I feel like, 'Why am I complaining about my life when all these people are going through these things?', and I can't do anything to help them. That's how I feel like it's definitely changed the way I act with people in my personal life.

Trauma Exposure: Burnout

In the literature, burnout is frequently identified as a unique concept separate from STS, and it is not specific to trauma but instead represents prolonged exposure to stressful demands at work (Hensel et al., 2015). Burnout is specific to occupational tasks and feeling overwhelmed by work. Studies have demonstrated a significant overlap between burnout and STS (Cieslak, Shoji, Douglas, Melville, Luszczynska, & Benight, 2014; Maier, 2023), which also was also the case for the advocates in the current study.

Sometimes I wondered if I find in the right place career-wise.

For the advocates, the stress of the job was closely linked to wanting to be able to advocate for their clients. The experiences of burnout described was linked to wanting to support their clients, and reflecting on whether they had the capacity to do so some of the time.

That part of me being anxious to get answers for the victim really burns me out sometimes because it's just taking on their feelings of anxiety and sometimes fear, uncertainty.

For the advocates, the feelings of being overstressed in the job often reflected a concern that they were not completely and fully there as an advocate for their clients. They internalized a need to be a source of support and strength for their clients, but sometimes it felt overwhelming to do so.

The large amount of work also contributed to their burnout. All the advocates reported caseloads in the hundreds, and while many clients did not require day to day attention, the work was constant. Additionally, there were times when a client did not have needs for many months, and then later would reach out to the advocate for something. Collectively, the high caseloads, unpredictability, constant need to be flexible in their workday to meet the demands of others (e.g., court, lawyers, clients), and the large volume of tasks that needed to get done, took a toll on the advocates. As one advocate noted: "We'll go, go, go, go, until we burnout."

The advocates talked at length about their exposure to trauma, and STS symptoms that manifested as part of their work. Related to this, they also identified areas of prevention or intervention which they felt would help them cope with the trauma they were exposed to in the course of their work.

I try to take a day off every month just for myself, just to get my mind off of this place and the work because it is very difficult sometimes just coming here every day, Monday to Friday.

Prevention: Colleague Support

The advocates identified their colleagues as the biggest source of support, and as an important tool to help them cope with the stressors of their job. All the advocates noted that talking with their colleagues was an important coping mechanism for them.

Definitely talking with other colleagues. It's just about stuff that's happened, rant a little bit and then, after a while, I'll get better.

The key reason colleagues were such a critical resource was due to the shared experience they had. As the advocates stated, no one in their personal lives could understand the events the advocates were exposed to. Furthermore, advocates did not want to burden their loved ones with details of traumatic events or trying days. However, colleagues provided an invaluable insight and understanding. Being able to talk about what they had experienced in their work and being able to share private moments of processing (e.g., with jokes), was an important resource for the advocates.

Prevention: Recognizing Success

Many of the advocates also disclosed how far a "thank you" went in helping them feel better. They discussed how much of their work went unrecognized, or seemingly not appreciated. As one advocate shared, small tokens of acknowledgment provided reassurance and validation.

After a whole day of people just being like, 'You're incompetent. You can't do this.' After to hear, 'Thank you,' or like, 'It felt so much better you were here.' I'm like, 'All right. I can do this. It's not so bad.'

Indeed, many of the advocates expressed "*just the simple thank yous*" were significant for them and helped alleviate stress they were experiencing. These small gestures also reminded advocates of why they worked as an advocate, validation that allowed them to better cope with the demands of their job.

Discussion

While this study does provide some insight into the STS symptoms advocates experience during their work, there are some limitations. Primary of which is the participants all came from the same office in one state in the United States. It would be important, therefore, to determine if similar experiences were identified in different locations and in a variety of victim advocacy roles (e.g., community-based advocates). Further, there is a need to collect data from a larger number of advocates, particularly male identified individuals. Moreover, given the brevity of some of the interviews in this study, it's possible that some additional content may be acquired by expanding the number of interview topics and/or including more follow-up questions. There also is a need to administer quantitative measures of STS symptomology to advocates and track their experiences over time. This would offer additional information about whether advocates are meeting full criteria for PTSD or other mental health diagnoses. Tracking this over time could provide insight into potential time periods of advocates' vulnerability, highlighting when intervention may be most needed.

It also would seem important to understand the experiences of individuals who were able to maintain longevity in their career, and what variables contributed to that tenure. For instance, were these advocates recipients of greater emotional and/or logistical support, or do they feel more appreciated in their role?

Victim advocates are a helping profession that may be at higher at risk for developing STS, a reflection of their constant exposure to details about traumatic events and crimes, their need to be empathetic to clients and to be their advocate, and their high caseloads and demanding work schedules. This risk was reflected in the interviews with novice victim advocates based in California conducted in this study. All the advocates shared that because of their work, their worldviews had shifted to be more negative, they experienced symptoms of STS, and had feelings of burnout.

The shift in worldview was an important theme present in the advocate interviews. They all disclosed how their views of the world and of people had been now tinted with a distrustful lens. This shift also was present in advocates' perceptions of confidence in the larger system, or more specifically their lack of confidence that the judicial system would help survivors of crimes. This aligns with previous research that has shown among social workers, when they felt they had less power or control over outcomes they had a greater risk of burnout (Regehr et al., 2004). This raises concerns about sustainability in a profession that requires a sense of power, a sense that you as an advocate can help a client. While the carceral system can be judged by many to be inherently flawed, to have newer advocates express feeling of defeat introduces concerns about the longevity of people in this profession. Advocates can have a significant and positive influence on survivors' emotional well-being, and so it is important to address the emotional challenges advocates face given the possibility that burnout can lead to attrition (Maier, 2023). A longer work tenure, with the associated experience and wisdom, would be a critical factor in helping an advocate to be better positioned to support their clients in navigating this system.

Another area of concern identified in this study was the impact that STS symptoms had on the advocates interpersonally. They reported being disengaged from their personal relationships and feeling isolated. This was partly related to advocates not wanting to engage with others, and feeling others would not understand their experiences. Collectively, these experiences contributed to the risk of burnout, with the advocates reporting that they felt high stress at work and at times wanted to avoid work.

Risk for Novice Victim Advocates

The experiences reported by the victim advocates in this study were consistent with other research (Maier, 2023, Powell-Williams et al., 2013; Regehr et al., 2004; Szoke et al., 2023) that has reported the high risk for STS in the helping professions. The findings also provide evidence that STS symptoms begin early in a person's career. The early development of STS and burnout has implications for whether advocates can remain in their career, which then has consequences for the level of support (emotional and logistical) that survivors of violence are able to receive. The knowledge and wisdom that comes from being in a position for years, or even decades, would serve to benefit survivors of violent crime. However, if professionals are not supported in being able to navigate these stressors, it is unreasonable to expect many would be able to stay in their career long enough to reach an expert level of skill.

Prevention

The advocates in this study did provide insight into prevention and intervention or social justice efforts that could serve as a resource for themselves and their colleagues. While the advocates talked about their informal use of colleague support, there could be ways to formalize this to reap larger benefits. Having social support has been shown to reduce STS, with evidence that cumulative support over time may be most helpful (Hensel et al., 2015). As is true with other helping professions, often the stories and traumas that advocates are exposed to cannot be shared with individuals outside of their organization. As such, it is essential to establish intentional social supports within the workspace as a primary/secondary and universal prevention strategy. This may include managers or supervisors setting up weekly support groups, where advocates are permitted to talk about and process their experiences. Social support also may include regular (e.g., biweekly, monthly) community spaces that allow advocates to meet in a capacity that is not directly related to work. This might include shared meals or space to do activities (e.g., crafts, games, etc.). This would foster a space that allows advocates to engage with others, and to remind them of the importance of socializing and avoiding isolation.

Another area of primary and universal intervention should focus on acknowledging the contribution of victim advocates. As the advocates shared, a simple thank you goes a long way. An intervention that aims to acknowledge advocates' work may not need to include large gestures, but instead smaller and more frequent ones. This could involve small thank you cards from supervisors that identify something specific the advocate has done well. In staff meetings, it also may be helpful to identify one advocate each meeting and talk about some of the

positive work they have done, giving specific and concrete examples. Further, there could be systems set up by managers or supervisors where colleagues are able to provide small acknowledgements, such as notecards, to thank an advocate for work they have done. Especially in jobs where the advocates are constantly going from one task to the next, deliberate initiatives that cause them to pause and reflect, even briefly, on their positive contributions, may serve as an effective intervention.

Additional prevention efforts should include self-care. The advocates in this study claimed that self-care was discussed in their workplace, and that it was highly encouraged. However, many of them reported feeling as though there was not enough time to engage in self-care. They expressed that most of their days were filled with meeting the needs of clients and the job, which left little time for anything else. It seems important for workplaces to not only continue to encourage self-care practices, but also create opportunities and require advocates to engage in these practices. This may include regular brief check-ins where advocates report the self-care they have done for the day or the week, or dedicating specific times in the week where they are released from traditional work duties so they can engage in self-care. Mindfulness practices and self-compassion training have been shown to support advocates and reduce burnout, so offering spaces and time for advocates to practice mindfulness meditation would be a critical resource (Szoke et al., 2023). Managers or supervisors also need to model self-care behaviors for their advocates. In many helping professions, self-care is encouraged and highlighted, yet too often people do not engage in the practice. If self-care is indeed essential, it must be scheduled and allotted the time, like all other work duties.

Micro Level Interventions

Mental health professionals can play a pivotal role in assisting early career advocates. Advocates should be encouraged, and supported (possibly financially), to access talk therapy services. It is important for advocates to develop coping skills to manage their stressors and vicarious trauma, and mental health professional can help with this need. If advocates are better able to process their experiences and create a healthy coping toolbox, their risk of STS and burnout will be significantly reduced. It is also critical to recognize that advocates are entering into this type of work with their own history and lived experiences. Thus, it is likely that advocates may have their own history of trauma, which will intersect with the stories they hear from their clients. Providing trauma mental health responsive care, therefore, can help with addressing this history and possibly promote advocates' well-being and longevity in their field.

Macro Level Interventions

Much of what victim advocates do is invisible. Many people will not know that victim advocates exist unless they themselves become the victim of a violent crime and are offered this resource. Even among other helping professionals, the role of the victim advocate is largely unknown. As a result, this highly vulnerable population of workers is not receiving the level of attention and intervention they most likely need.

At a systematic or social justice level, it is necessary to raise awareness around the role of victim advocates. With awareness, there will be opportunities for more people to understand the value of victim advocates. This also can help key stakeholders better comprehend this profession, which is critical in terms of advocating for funding and resources. High caseloads and burnout place advocates at a significant risk for mental health challenges. Jurisdictions must provide adequate funding to increase the number of advocate positions so that these professionals can provide a higher level of care, while reducing their chance of burnout (De La Rue, Ortega, Castro Rodriguez, 2023). Therefore, increasing awareness may help to advocate for more positions, and as a result, spread the caseloads across more individuals.

Advocates experiences of disempowerment and despair also needs to be addressed in systematic ways. As a society, we must transform how we respond to violence, which will require putting survivors at the center of any response (Sered, 2019). Currently, as part of the carceral system there is a strong emphasis on trying to get the greatest possible penalty for the person who caused harm. This is seen as the ideal way to get *justice* for


the survivor. This response is problematic in two main ways. First, not all cases of violence will lead to charges or persecution. And second, people often do not report the level of closure or peace they anticipated following a guilty verdict. There is a societal narrative that *justice*, as defined by punishment, is a path to healing. Putting survivors at the forefront will require a more intentional focus on healing, and therapeutic support. Survivors want to have validation that what happened to them is wrong, they want their pain to be taken seriously, and they do not want to be blamed or judged for what happened to them (Sered, 2019). Centering on healing and changing how we view the work of supporting crime victims will allow for a different atmosphere for advocates to navigate.

Many of the advocates in this study reflected on the sense of pride they got from their work, and they described it overall as rewarding.

“It’s rewarding at the end of it if you work towards it. I just feel a lot of people nowadays, just from my own personal experience, they go for immediate satisfaction, so like biotech companies, like Google or places that give them beer on tap while they work or something like that. Sometimes my colleagues, me and my co-workers’ joke around saying, ‘Why don’t we get anything like that?’, but then, knowing that we’re working to hopefully change people’s lives, especially affected by crimes, pretty satisfying.”

In conclusion, making advocates work visible and showing them appreciation can contribute to advocates remaining in their challenging field for a longer period of time. As one advocated reflected, “*if people just understood that we are humans too.*”

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Appendix A

Individual Interview Protocol

1. Can you describe the work that you do as a Victim Advocate?
 - a. Can you describe your experience working with victims of crime?
 - b. What obstacles / barriers come up for you during the course of your job?
2. From your experience, how do victims of violent crimes perceive your office?
 - a. What resources and challenges are there as part of being under the District Attorney umbrella?
3. What collaborations / partnerships are necessary for the work you do?
 - a. What are the challenges / barriers in building these partnerships?
4. What resources do you wish you had as part of your job?
 - a. How knowledgeable are you about the criminal justice process / procedures?

Vicarious Trauma

For the purpose of this study vicarious trauma will be defined as follows: Vicarious trauma is the transmission of traumatic stress through observing, exposing oneself to, and/or hearing stories of traumatic events or suffering of an individual, and the resulting changes that may occur in your thoughts, feelings, body, relationships and beliefs about yourself, others, the world, and the future.

5. Can you describe a time during the course of your work as a Victim Advocate when you experienced vicarious trauma?
 - a. What were the qualities that encapsulated that experience?
6. When you think back to when you were experiencing vicarious trauma, can you identify what might have been helpful?
7. How has vicarious trauma influenced your life? Ideas about yourself? Relationships?

Closing

8. What do you wish people knew about Victim Advocates?
9. What aspects of your job are most rewarding?