

# Evaluating Secondary Traumatic Stress on Victim Advocates Using the Helpfulness Rating on Service Intake Forms as a Scale

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## Purpose of Study

This report examines how advocates have utilized a “helpfulness” rating on service intake reports to evaluate the degree of secondary traumatic stress that the on-call advocate has experienced.

A “helpfulness” rating may be employed by advocate program coordinators to determine whether intervention is needed for the on-call advocate. Rating scales may be divided on a Likert scale (1-5), by “helpful” or “not helpful”, or by another method of unit division. While the scale may look different depending on the agency, this type of “helpfulness” rating scale is commonly employed at many rape crisis centers.

In this study, sampled advocates who serve at agencies that do not have any sort of “helpfulness” rating were asked during their interview to choose and reflect on a past case and imagine how effective they believed their advocacy services were in supporting the survivor-client.

Secondary Traumatic Stress, commonly abbreviated as STS, refers to the occupational stress derived from repeatedly viewing trauma experienced by crisis response professionals.<sup>1 2 3</sup> Symptoms of STS may include feelings of irritability, anxiety, and depression, as well as hypersexuality, decreased sexual activity, hypervigilance, disassociation, sleep disturbances, and more.<sup>4 5 6</sup>

## Research Questions

1. How do victim advocates determine their degree of helpfulness to the survivor-client following the conclusion of a crisis response case?
2. In what ways does the advocate’s response on the helpfulness rating influence their feelings and reactions associated with secondary traumatic stress?



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## Methods

This report drew on in-depth, semi-structured interviews with 63 advocates from 25 U.S. states and territories and 10 tribal lands. Data collection began in November 2020 and ran until June 2021. Analysis was conducted concurrent to data collection and ran from November 2020 until September 2021.

### Table 1. Sample Demographics

Sample Size: 63

#### Locations

- 25 states and territories, and 10 tribes
- Over 50 Rape Crisis Centers

#### Position<sup>1</sup>

- Staff Advocate: 78%
- Volunteer Advocate: 38%

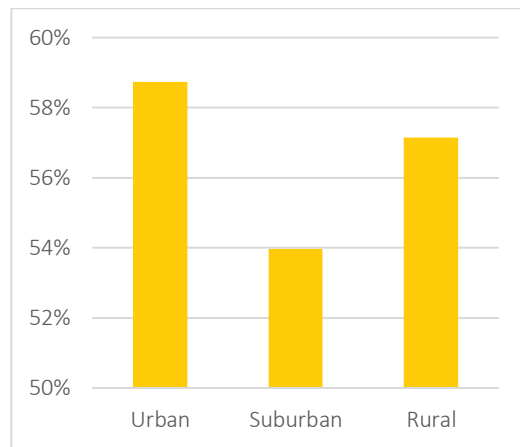
#### Race<sup>2</sup>

- 38% Black, Indigenous, and People of Color
- 65% White

LGBTQ+: 33%

#### Victim Status<sup>3</sup>

- 61.9% Survivor
- 12.6% Unknown
- 25.4% Not a Victim



<sup>1</sup> Advocates who currently serve or have served within the last six years as both a volunteer and staff advocate were counted in both categories.

<sup>2</sup> The number exceeds 100% because multiracial advocates were counted as both BIPOC and white. White Latinas and self-identified 'light-skinned' Middle Eastern advocates were included as white.

<sup>3</sup> Advocates were not directly asked whether they identified as a victim-survivor. Victim disclosures were made naturally during the interview.

## Key Findings

- Advocates nearly always felt like they were “helpful” because, at minimum, they showed up to support the survivor.
- Advocates did not feel successful when they were limited in their capacity to provide physical resources to survivors, such as transportation vouchers, appropriately sized clothing, or food and drink, or to connect survivors to appropriate services, such as aiding the survivor in identifying and staying at a safe shelter for a night.
- A series of ‘bad’ cases or one particularly difficult case can make an advocate question their helpfulness. In the event that there was no follow-up to the on-call advocate after this kind of case by the supervisor, the advocate was more likely resign from advocacy. This phenomenon was observed more often with volunteer advocates, whose feelings about advocacy are directly attached to their supervisor’s outreach and attempts at building a community within a rape crisis center.
- ‘Self-care’ workshops, such as yoga or emotional debriefing sessions, were shown to be effective in mitigating ongoing mild secondary traumatic stress. However, they had a limited impact on advocates who did not seek out and access self-care immediately following a difficult or ‘bad’ case. These sessions also incorrectly assume that most advocates felt encouraged or were welcomed to attend these sessions.

For staff advocates, ‘self-care’ workshops were perceived to be necessary and at times helpful; however, these workshops could be construed as additional labor or work.

For volunteer advocates, many reported that they did not have enough of a sense of community once training concluded to join ‘self-care’ sessions sponsored by their agencies.

- **Advocates who reported that they felt “unhelpful” were more likely to resign from advocacy.** Volunteer advocates were significantly more susceptible to feelings of unhelpfulness, especially in circumstances without organizational supports.

*“If you’re not able to be there for somebody, that’s not advocacy you know? And if you ruin yourself in the process like, you don’t get a medal for, you know, martyr of the year...No one’s gonna give you a cake because you burnt yourself out. You just have to say no, and back away, and like preserve yourself so that you can continue on...”*

*The last time that I stepped back, I was in tears ‘cause I was just like, I’m sorry, like, I want to do this and I, I-I’m so afraid of not being available ‘cause I know that you need volunteers.”*

## Recommendations

- ***Make helpfulness ratings open-ended.*** “Helpfulness” rating scales can provide rapid feedback; however, the ambiguity of filling out a “helpfulness” survey results in messy and complicated responses that rape crisis response often cannot capture. Instead of quantifying advocates’ emotions, coordinators administering the scale should consider asking open-ended questions about advocates’ perceived helpfulness in both written and oral form and in informal and formal formats. The choice of an informal method of communication builds trust between the on-call advocate and the coordinator that can open dialogue about ‘emotion talk’ and best self-care options for the on-call advocate.

Options include:

Text the on-call advocate following the conclusion of their case or the following business day

Place an anonymous comments box near the submission for service intake forms

Host regular (biweekly or monthly) meetings in which host asks advocates about their perceived helpfulness and mechanisms of ‘recharging’ or self-care

Host informal ‘coffee shop’ talks, for example, breakfasts with advocates

- ***Grieve with the on-call advocate.*** Grieving is an important part of processing trauma, and advocates who experience a ‘bad’ case may find that they are grieving the survivor’s losses alongside them. Particularly for volunteer advocates and advocates who have experienced a ‘bad’ case, organizational supports can facilitate this processing of emotions and inform the on-call advocate that they are part of a larger community that supports them.<sup>7</sup> As the supervisor, ensure that there is time and mechanisms for advocates to grieve with peers.
- ***Clearly outline with whom the advocate may share details of their case and the aspects of a case that the advocate may share with external support persons.*** Advocates frequently described the “weaponization” of confidentiality within anti-rape work. Supervisors commonly told their advocates that they should not share details of the case with outsiders and to turn to them should they have questions or concerns about their cases. While this approach ensures confidentiality and the safety of survivor-clients, many advocates commented that they needed to talk to their support persons who were external to the agency (including significant others, parents, siblings, and friends) but were unsure of the extent to which they could share details of their cases. The confusion surrounding confidentiality resulted in ‘bottled up’ emotions. Providing a checklist that delineates “Yes, can share” or “No, cannot share” can help advocates identify the best person to turn to when experiencing secondary traumatic stress and the extent to which they may share their emotional reaction to their cases (Figure 1).

- Limit the number of on-call shifts that an advocate may sign up per month.** Advocates noted that they felt increasingly less helpful when they were on-call for long periods of time and encountered a series of ‘bad’ cases. For volunteer advocates, it may be possible to limit the number of cases that they can sign up for per month or week to ensure that they are not burning out, which in turn means that they are more likely to be retained for the following months or years. For staff advocates, because rape can occur at any point, it is difficult to limit the number of on-call shifts and cases to which they respond. However, *dispersing the work during a call* may help mitigate secondary traumatic stress responses. Dispersion may include having an advocate respond to a phone crisis call for the first case and respond to an in-person medical accompaniment for the second case.
- Reduce the amount of documentation.** Advocates reported spending “over half” of their time writing a summary report of what transpired during a case, excluding agencies located in states in which advocate service forms may be subpoenaed. This corresponds with extant research suggesting that organizational structures preclude advocate satisfaction with their work.<sup>8 9 10 11</sup> Documentation may be necessary to demonstrate to funders the significance of advocacy anti-rape work, but at times, this documentation can be unnecessary and overly burdensome to advocates.<sup>12</sup> By reducing the amount of documentation, the amount of labor consumed by the advocate is equally reduced and the advocate can spend their time debriefing instead.

*“Sometimes I will go ahead and at least begin my narrative [on the record of service] so that therefore I know what to say...Do I write everything they say? Do I make a summary? What. And my rule of thumb [for writing the] narrative is write enough that when...the counselor reads this, they’re not calling in confused on, you know, what happened? And so that’s usually probably one of the biggest questions ‘cause I’m like what do I write? ‘Cause the other part’s easy, it’s just fill-in-the-blank. This part, now I gotta actually say something?”*

## Limitations

This study employed qualitative research methods. Data from this study should not be used as quantitative evidence that secondary traumatic stress can be measured effectively using the helpfulness rating. The author chose to use the “helpfulness rating” as designed by local agencies because this was the method used by sampled advocates’ agencies to determine service efficacy and burnout.

Furthermore, study participants did not always use a “helpfulness rating” at their agencies. Given the difficulties in sampling advocates only from agencies that used a “helpfulness rating”, this study chose to incorporate responses using a sample of convenience. Data collected from a study only sampling from agencies employing a form of “helpfulness rating” or directly asking advocates with a researcher-conceived “helpfulness rating” may have different conclusions than the ones presented here.

Figure 1. Sample Information Sharing Checklist

Can Share With...	Supervisor	Support Person
Survivor Name	✓	
Date of Service	✓	
Time of Service	✓	
Address of Assault	✓	
Type of Assault (e.g., DV, IPV, acquaintance assault)	✓	✓
Services Offered to Survivor (e.g., emotional validation, connection to relevant resources)	✓	✓
Items Provided to Survivor	✓	✓
Challenges to Providing Services to Survivor (e.g., no items available, full shelters)	✓	Depends, Check with Supervisor
Your Feelings while Supporting Survivor	✓	✓
Survivor Feelings while Accessing Services	✓	Depends, Check with Supervisor
Other	✓	Depends, Check with Supervisor

## For more information

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## About the Author

Melinda Chen is a 4<sup>th</sup> year PhD Candidate in the Department of Women, Gender, and Sexuality Studies at the University of Kansas (KU). She holds an M.A. in Women, Gender, and Sexuality Studies from KU, a graduate certificate in East Asian Languages & Cultures from KU, and a B.A. in Global Liberal Studies concentrating in Law, Ethics & Religion from New York University. Her research examines anti-rape advocacy in the present neoliberal moment, and she aims to understand the ways in which neoliberal sociocultural welfare logics influence how marginalization manifests and functions at rape crisis centers. In her free time, Melinda volunteers as a rape victim advocate and enjoys whipping up delicious food in the kitchen. Contact her at [melinda.chen@ku.edu](mailto:melinda.chen@ku.edu).

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