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ORIGINAL ARTICLE

Advocate Safety Planning Training, Feedback, and Personal Challenges

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Abstract
Of all the advocacy services provided to partner violence and sexual assault victims, safety planning may be most central. However, unlike many community behavioral health or case management services, there is virtually no literature on standards of care in safety planning, ways to measure its effectiveness, or discussion of the challenges advocates face in their day-to-day practice of planning for victim safety. The purpose of this paper is to describe advocate perceptions of training and supervision, how they obtain feedback about their work with victims, and their personal challenges in safety planning with victims. Study results highlight the need for more guidance, training, and support as well as more coping strategies for the numerous personal challenges advocates face in their day-to-day safety planning work. Implications for research and practice are discussed.

Keywords Advocate · Safety planning · Domestic violence · Sexual assault

Millions of women experience partner abuse and sexual assault and are afraid or concerned for their safety each year (Black et al. 2011; Tjaden and Thoennes 2000). Safety planning is one of the most widely recommended activities for victims of partner abuse and sexual assault (Campbell and Glass 2009; Davies et al. 1998; Victim Rights Law Center 2013). In general, the goal of safety planning is to collaborate with victims to help them identify acceptable and feasible options to increase their safety and decrease their exposure to harm while developing a strategy to implement those options (Davies et al. 1998).

Planning does not guarantee safety, but it may potentially help deter or de-escalate threatening situations and provide victims with a greater sense of control. One study found that planning for safety gave partner abuse victims feelings of strength, control, and belief in themselves; and several victims discussed how each small step they took to gain control made them feel stronger with one summarizing safety planning with, *"having a plan motivates you, [and] makes you believe that you can do it"* (Riddell et al. 2009, p. 147). The feeling that one is incapable of deterring or preventing something that threatens their safety is highly stressful, is associated with greater fear levels, and has significant consequences for an individual's health and mental health (Lachman and Weaver 1998; Logan and Walker 2017; Maier et al. 2006). Research also shows that when victims feel they have some control over what happens to them as they seek help, they are more satisfied with the criminal justice system as well as victim services (Cattaneo and Goodman 2015; Cattaneo 2010; Zweig and Burt 2007). They are also more willing to report re-abuse (Hotaling and Buzawa 2003) and they have better mental health outcomes (Cattaneo and Goodman 2015; Perez et al. 2012). One recent study found that the use of victim services was associated with a reduction in re-victimization (Xie and Lynch 2017).

Victim advocates who provide safety planning services work in a variety of agencies including victim service agencies and civil or criminal justice system offices (e.g., prosecutor's offices, police departments). Although safety planning is said to be a critical component of advocacy, the day-to-day implementation of safety planning can be more challenging. For example, one study examined a Second Responders Program that had the primary goal of 'safety' but found that the advocates: (a) assessed safety risks and made referrals in about 75% of the cases; (b) provided information about protective orders, legal rights, and

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court process in about 65% of cases; but (c) developed a plan for safety in only about 25% of the cases (Lane et al. 2004). As another example, Weisz et al. (2001) examined law enforcement and prosecutor based advocate services for partner abuse victims in Detroit and found that of the women who reported they wanted a plan for their safety, 57% reported not receiving it. Even among those who experienced a severely violent incident and who indicated they wanted help with safety, 67% did not get these services from advocates within the police department and 55% did not get those services from advocates in the prosecutor office. Further, although many victims were given information about protective orders, only a very small proportion of those victims actually ended up petitioning for a protective order. This suggests more than simple referrals may be needed in the safety planning process.

There could be many reasons that safety planning was not done consistently in the studies described above including variation in research methods or time constraints in the practice settings (Weisz et al. 2001). However, it may also be the case that a lack of training on how to do safety planning, a lack of standardized definition and procedures, or a lack of ongoing support for conducting safety planning may play a key role in how consistently safety planning is done. While there is very limited research on safety planning in general, there is virtually nothing written on standards of care for safety planning, guidelines for practice, or even careful descriptions of the major components of safety planning (Colvin et al. 2016; Logan & Walker, Looking into the black box of the day-to-day process of safety planning, unpublished; Macy et al. 2009; Murray et al. 2015; Waugh and Bonner 2002). In particular, there is no widely accepted standard model that provides a basis for systematic ongoing training and supervision in safety planning which can contribute to increased job stress for advocates (Dworkin et al. 2016; Frey et al. 2016; Murray et al. 2015; Slattery and Goodman 2009).

More specifically, advocates who are consistently dealing with victim safety may be particularly vulnerable to stress because they have less formal training in behavioral healthcare and typically have only brief specialized training in sexual assault or domestic violence issues. In addition, their focus on crisis intervention means they are hearing detailed accounts of abuse regularly that may increase feelings of frustrations and job stress, or might numb them to specialized needs of careful safety planning in individual cases (Frey et al. 2016; Iliffe and Steed 2000; Kulkarni et al. 2013). Advocates face numerous frustrations such as a culture that minimizes gender based violence, stereotypes that influence a victim's ability to get help and support, and a lack of necessary resources for victims (Davies and Lyon 2014; Dworkin et al. 2016; Hensel et al. 2015; Kulkarni et al. 2013, 2012; Ullman and Townsend 2007). Advocates may also experience high levels of fear for their own personal safety and feel burdened by their responsibility for the safety of survivors, all the while questioning their ability to meet that responsibility (Iliffe and Steed 2000; Kulkarni et al. 2013; Ullman 2010). These accumulated job stressors can result in what has been labeled vicarious trauma (McCann and Pearlman 1990), secondary traumatic stress, and burnout (Kulkarni et al. 2013).

The lack of training and ongoing supervision may impact services as well. One study found that 20% of volunteers for a sexual assault crisis chat line did not believe their services were helpful and another 28% thought they were only somewhat helpful (Fin et al. 2011). Lower helpfulness ratings from volunteers were associated with shorter session duration, more difficult content (e.g., self-harm and flashbacks), and technological difficulties with the chat services. In that same study, 20% of the individuals who requested help were not satisfied with the services they received. Underlying the larger social and personal factors, there may be a fundamental lack of information, skill development, or ongoing support within the context of the day-to-day implementation of safety planning.

The goal of this study was to examine themes from five focus groups with advocates from diverse settings to learn more about their day-to-day practice of safety planning. Specifically, the purpose of this paper is to describe advocates' perceptions of their training and supervision, how they obtain feedback about their work with victims, and what their personal challenges might be in carrying out safety planning.

Method

Participants

Five focus groups were conducted in one state in the U.S. Almost half (48.6%) of the participants worked in a domestic violence shelter and/or rape crisis center, 13.5% worked in a law enforcement agency, and 5.4% worked in a prosecutor's office. About one-third (32.4%) of the participants worked in a program that does case management with individuals referred from the Child Protective Services agency. This organization was independent from Child Protective Services and the primary purpose was case management to help this population with a wide variety of issues, particularly safety, as most of the clients had sexual assault and domestic violence histories. Eligibility criteria included frequent safety planning with sexual assault or domestic violence victims, or supervision of others who did safety planning. The largest proportion (64.9%) of the participants reported they currently did safety planning with both domestic violence and sexual assault victims while 18.9% reported they currently did safety planning with domestic violence victims but not sexual assault victims. A smaller proportion (16.2%)

reported they were an agency director or supervisor of individuals who did safety planning with victims.

Overall, participants included 33 women and 4 men who were between 23 and 63 years-old, with an average age of 40 years old (SD = 11.3). Participants were mostly white (91.9%) with 5.4% who identified as Black, and 2.7% identified as middle eastern. Overall, 56.8% of participants had a Master's degree and 37.8% had a Bachelor's degree. Experience ranged from 6 months to thirty-two years (average of 9.3 years' experience, SD = 8.66) with one participant who did not respond to this question.

Procedure

Five focus groups with a total of 37 participants were conducted over a three-month period (March 2, 2016-June 2, 2016). Focus group participants were recruited through a large combined shelter/rape crisis agency in the largest city in the state, a statewide agency that provides case management for individuals referred, but independent, from the state Child Protective Services agency, and through a community coordinating council in the second largest city in the state. Two focus groups were conducted at one shelter location on two different occasions and the other three focus groups were conducted in a public space (an urban county government conference room, two different extension office conference rooms–one in the rural eastern part of the state and one in the rural western part of the state). Eligibility criteria included individuals doing safety planning with domestic violence or sexual assault victims or supervisors/agency directors for advocates conducing safety planning. Participants were primarily recruited by signing up for a focus group if they were interested after a general informational email was sent by the researcher. Four of the focus groups included participants from the same overall organization and one focus group included advocates from several different agencies. Although some advocates were from the same organization, most did not work together in the same office as they were spread out across the eastern and western rural areas of the state and each county or area only had one or two case managers or advocates.

The focus group session lasted about 2 h and was led by a moderator who asked the questions and guided the discussion. A co-moderator took detailed notes. Upon arrival and while waiting for the session to begin, a member of the moderator team asked participants to complete an anonymous demographic information survey that also included items about basic characteristics of their practice setting and supervision. This survey also included open-ended questions. Participants were asked to describe: (1) how they were trained to do safety planning; (2) how they are supervised when they do safety planning (or how they do supervision); (3) how they know if they have done a good job safety planning with victims; and, (4) whether they get any kind of formal or official feedback from victims about safety planning and if yes, how.

The moderator then gave a standardized introduction to the study, which included the Institutional Review Board (IRB) approved informed consent script as well as some basic ground rules for the focus groups. Next, the moderators asked a general opening question followed by more narrow and specific questions consistent with other published research that used focus group methodology (e.g., Logan et al. 2004, 2005; Lynch and Logan 2017; Swanberg and Logan 2005). Participants were asked to talk about the definition of safety planning, the process of safety planning, how they defined successful safety planning, how they were trained to do safety planning, how they are supervised in safety planning, what they thought the most challenging safety planning situations were, how often they thought victims follow through with suggestions made in safety planning sessions, and what they thought the biggest problems or barriers were in providing accessible safety planning. Another related paper summarizes the content and process of safety planning while this paper addresses training, feedback, and personal challenges of safety planning (Logan & Walker, Looking into the black box of the day-to-day process of safety planning, unpublished). No participants were compensated. Each focus group was audio-recorded for transcription purposes. Any names used during the discussion were excluded from the text during transcription.

Analysis[1]

The demographic and practice setting survey data was entered and analyzed descriptively in SPSS. The open-ended question responses were collapsed into overall themes and are presented in conjunction with the focus group discussion information within the corresponding themes. The focus group discussion data were analyzed using several steps (Krueger 1998; Krueger and Casey 2000). First, the audio recordings of the focus groups were transcribed. The moderator and transcriber reviewed the focus group notes and discussed any discrepancies during the transcription process. Second, the content of the transcription was analyzed by a research assistant and the first author to identify main themes. Themes and subthemes were identified using content analysis across each of the five focus groups and each focus group transcription was coded as either possessing the theme and subtheme or not. All themes were double coded and any discrepancies were discussed for 100% agreement. A conventional approach to content analysis was used (Hsieh and Shannon 2005), which involves coding categories to emerge based on the

[1] The quotes have been slightly modified to reduce repetition, clarify the statement, and for ease of reading.

text content rather than from preconceived categories (Kondracki et al. 2002). The results for the current paper were organized under three main themes: (1) training and supervision; (2) feedback on safety planning sessions; and, (3) personal challenges with safety planning.

Results

Training and Supervision

Participants were asked how advocates are trained to do safety planning, what kind of supervision there is available for safety planning, and what kind of support there was for safety planning. Based on the survey and the focus group questions, three major themes emerged regarding how advocates are trained to do safety planning. From the survey, the majority of participants indicated they were trained on-the-job (70.3%, n = 26) and through an informal 'hodgepodge' (56.8%, n = 21) of ways. A smaller proportion indicated they had to learn safety planning on their own (13.5%, n = 5). Further, respondents indicated that they get informal supervision (48.6%, n = 18) or don't get much supervision at all (21.6%, n = 8), while 16.2% (n = 6) said they meet regularly with a supervisor and discuss safety planning issues. Below are the subthemes from the discussion on training and supervision from the focus group discussions.

On-The-Job Learning All five of the focus groups indicated that much of their training came from on-the-job learning. For example:

> We touch on it in new hire trainings, and certainly supervision and working with coworkers, but a lot of it…just comes from having to sit down and do it with somebody. I had a template that I could kind of work from, and then once you kind of get the grasp and the understanding of what it looks like it becomes a part of every interaction you have with someone. At least that's how it was for me, I certainly felt like it just was a natural progression in the job.

Others mentioned they learned about safety planning through more informal interactions with co-workers:

> I would suspect a lot of people just sort of have to do [their] own research and you just get templates and muddle your way through it. I guess based on experience and consultation with other peers hopefully.

Some advocates talked about support from co-workers when working with more difficult cases.

> Yeah, [sometimes] we'll be struggling with—dealing with the same client over and over and over—kind of on repeat. So once we kind of bring that up with the group you go… several other people that's sharing ideas or what they think, "have you tried this?" or "have you tried that?" So, leaning on each other really can change your outlook on the situation.

Participants in four of the groups mentioned getting some information in their introductory training as they began advocacy work; however, they also mentioned the training wasn't very in-depth.

> I'm a practicum student so I…did my 40-hour training and got a little bit [about safety planning] in there but, most of it was just watching in court, watching other advocates do it, and then having them watch me. I still feel like I'm not the greatest at safety planning and I would like more training on it. But I don't feel like there's a formal training plan in place.

Or getting very little training on safety planning specifically.

> We had the 40-hour training that kind of went over everything. But then you kind of just learn [on your own]…[They say] here's the sheet and "you go through this with the client.

Sporadic Supervision Further, in four of the five focus groups the majority of participants indicated that supervision regarding safety planning was provided on an as-needed basis or that it was addressed in the context of larger meetings:

> We also have group consultation where we sit down as a team and discuss some of the more difficult cases and sometimes, [there are] great tips, or advice comes up, or suggestions come up. At the center, people are always coming, so you have advocates and staff who are more experienced, and you have advocates who are less experienced, just openness to share and learn from each other. So in our group consultation that's the space where we're able to do that.

But for others, supervision was less available in part because of the reliance on volunteers to help with the work rather than having paid positions:

> I think we need more of that…I think that my position is structured to rely on volunteers, and when there aren't a lot of volunteers, I think that the position lacks in its ability to supervise, and so then you end up having people who aren't very trained, but you have to have bodies there, you have to have advocates there. I just think that we need to have – which is difficult, 'cause volunteers fluctuate –

but I think that we need to have more backup plans when things don't go as we want them to. I think that we kind of throw people in there and hope that they do well and then, if not, later you're like, oops, okay, maybe I'm taking you off the schedule now, but there's no way to really be present if you also have to be covering a court docket. I just don't think it's structured very well.

The Need for Ongoing Training Four of the focus groups indicated they would like to have more training on safety planning.

"It's hard because every situation is different and unique. I go to plan with somebody and I'm like, "oh, what about [this]," or "what's worked in the past? Or "what about that?" And they're like "well, I can't do that, because of this barrier," and all the walls get thrown up, and it's like wow, this is really difficult, and you DON'T know. You don't say that [but] that's what I'm thinking, oh gosh I don't know. All I can do is emotionally safety plan with them because they have no physical safety and [they] can't come in to shelter."

Several participants mentioned they would like to learn more from victims themselves about safety planning.

I think it would be neat to have a case study, well several different scenarios, and then have a panel of survivors, but also people from like law enforcement and people from different areas in the community to have input and say "how would you safety plan with this person?" And we throw out ideas and they would say, "Well, there's a barrier to that and it's in this that you might not always see.

Further, participants in one of the focus groups participants discussed the need for more training specifically for safety with sexual assault victims within organizations who serve both domestic violence and sexual assault victims.

I second that [we need more training to work with sexual assault victims]. Or someone who is experiencing sexual assault from someone they do know, but not other lethality factors. Or if it's someone they know but they're not in a relationship with. I also feel like that's something that—because we are an emergency shelter, and we work with lethality screenings, I think that it gears us towards domestic violence a lot and so I think that just ends up being what we talk about a lot. And so I think that would be to have more training on how to safety plan around all of that [with sexual assault survivors].

Feedback on Safety Planning Sessions

Participants were asked two main questions about feedback they receive on their safety planning sessions: (1) how often do they think victims follow through with safety planning; and, (2) how do they know if they have done a good job with victims.

How Often Do Victims Follow Through With Safety Plans? Participants in 3 out of the 5 focus groups mentioned that they believed the majority of victims do not follow through with safety plans and that there may be many reasons safety plans are challenging to implement. The advocate below talks about how victims often struggle with competing demands, needs, resources, and feelings which makes implementing the plan more difficult for victims.

We always safety plan, but that doesn't necessarily mean the client has to go along with [it], they may be able to verbalize it and we can talk through it, but I've had experiences where we safety plan and we go through all this but the client still isn't sure. It's like, "I wanna go back to my house." and so it's like, okay, well, let's think about this. But there comes a point where the client has to be empowered to make their own decision and as much as we may try to help lift up some of the safety concerns with that plan it's still up to the client. So sometimes…there's still not a certainty that they'll stick to what we talk about and what the plan is, so that can be difficult sometimes.

In two of the focus groups, participants said they just were not sure how many victims followed through with the plans given the numerous constraints they must consider.

But I think the biggest part of it is there are just so many variables with it because it really does depend on where they're at with the stage of change.

Or they were not sure whether what they were doing was the best practice, what the outcomes of certain practices are, and that more research on safety planning is needed.

We are a very bad agency on follow-up, to know what they found successful or did not find successful. It's one of those ideas that constantly taunts me 'cause there's so many assumptions made about what we do, and what we're doing for victims, and what's working, and none of it's research-based.

How Do You Know If You Have Done A Good Job With Victims? On the introductory survey filled out before the focus group discussions, 81.1% (n = 30) of participants said they do not get any kind of formal feedback from victims about their sessions. Of the few who did indicate they got formal

feedback, it was from periodic surveys (85.7%, n = 6) or group evaluations after a class with victims (14.3%, n = 1). When asked how they knew whether they have done a good job, 10.8% (n = 4) indicated they do not know for sure and half of the respondents (48.6%, n = 18) said they knew from what victims say during the session (e.g., being able to repeat the plan back to them). A few (27%, n = 10) mentioned that occasionally victim's reconnected with them later on and let them know how they were doing while others mentioned they knew they have done a good job when there are life changes or the victim is free from abuse (18.9%, n = 7).

Participants in all five focus groups mentioned that when they hear or see victims feeling like they have taken a bit of control back in their lives, they interpreted that as positive feedback about how the session was going.

> So, as opposed to when you first meet with someone and they feel "there's no possibility, I have no control, these things are happening to me, and I don't know why, it's just swirling all around me." But then when you begin to start working where a person feels that they can take control, whether that's they file for a protective order, or they decide to leave the relationship, or they're not taking blame for this anymore, I tend to see those actually as more successes and a good safety plan. Again, I think we use [safety planning] a lot as an advocacy tool more than we do as a safety tool.

With several advocates focusing on victim empowerment as a sign of success.

> I think when they come away feeling that they can… keep moving forward in their life…that is one of the best things in the world. The plan may go out the window. They may see perp and they just get scared again. But when they can come away emotionally stronger, that is probably– in my opinion – one of the best safety plans, because that will help them move forward later on, when they have hit a difficult situation. So I think if we can empower them to keep moving forward, and to keep striving to get out of this situation, [that] is the best thing in the world that we can do, the best safety plan.

Other advocates talked about helping victims in small ways through opening up choices and options.

> I think oftentimes our clients don't feel that they have any power over their lives, or over the situation and you can't just tell them, "You have power!" So empowerment for me is, it's a process, and sometimes it can be really hard when you just wanna shout the good news, and tell the client how awesome they are, and how strong and resilient they are, but I guess for me it's walking alongside our clients and helping them realize what they already have within, which may not be something that they even think that they have. Or give them voice, so allowing them to make their decisions, whether we agree with it or not, whether we think it's the best or not, whether we think it's the safest or not. Allowing their voice to be heard, their concerns to be heard, letting them know that matters, what they're saying is important. And also, being with them as they realize the strength that they have within, I think is empowerment.

Or seeing subtle changes in victims as evidence that the session went well.

> They feel more at peace or it's just it's almost like they feel like they've been heard. Even if we don't have some grand plan, they feel like they've been heard. They feel like there is some semblance of hope out there when "I have someone who believes me who is going to support me no matter what I choose". I really think that [when] they feel like they have some options [that even though they] might not be great but they feel like they're not stuck.

And others look for specific kinds of information and try to focus on strengths.

> I think a big part of what you hear from a victim, [it's almost like] they've adopted the language of their perpetrator. And, they'll talk about, "I should have done this," or, "if only I had," "I wish I had" and all this language, and very much of what I'm trying to do is focus on "You know what? You did everything right, because you survived. Let's start there," and you try and take…the perpetrator's language out of the scenario and focus on even the smallest positive of the information they're giving you, which, sometimes all you know about is that "you're here, so you've done something right, let's go from here and move on.

While others talked about helping victims be more confident in making choices.

> So, [confidence] has to be learned and they have to get comfortable with it too. Cause I've had clients and their choices were taken away…they had to ask permission to do so many things or to make any kind of decision. So, even though they weren't in that situation [anymore], they were still uncomfortable to make a decision on their own, because they kind of had that feeling like they couldn't. Like it wasn't gonna be the right one.

Participants in all five focus groups talked about hearing directly from victims occasionally:

> Well I've had a couple of clients and they've told me [that it worked] and I guess that's what sticks out in my mind. Maybe, if it works for one person that's good enough.

Additionally, advocates mentioned that if victims come back to see the advocate or call back in that is a positive sign. A few others talked about getting a hug or some other kind of appreciation from the victim as a good sign.

> It means more to me when a client gives you a hug because a lot of them are like me they've got that wall and don't open up. So, to have them feel that I'm okay to give a hug to means that I've done something right.

Advocates' Personal Challenges with Safety Planning

Although not directly probed by the moderators, several personal challenges with safety planning for advocates emerged, particularly from discussions around challenging situations for safety and barriers to accessing safety planning. Mention of personal challenges were categorized into the following four subthemes: personal/professional boundaries, triggers, working with special populations, and working to make sure to not use blaming language.

Personal/Professional Boundaries Participants from two of the focus groups discussed boundary issues that arise from knowing victims from both personal and professional roles. This was particularly noted in working and living in a small rural community and struggling to work with clients they knew in other ways.

> And being from here, I know everybody. Almost every client I've ever had so far I've known and I've even went to school with some of them. So, that makes it difficult—either you're really comfortable with them and you know their situation ahead of time or it goes the other way where it's more awkward. There have been [some] that I went to school with…and they're the ones that usually don't really open up as much—you just get "yes" or "no" and then they don't give you more detail.

Other advocates discussed the difficulty of boundaries related to worrying about victims, where they allowed their professional concern to spill over into their personal lives.

> I think that the best advice that [my supervisor] ever gave me working with this job, especially when you're working with very high risk clients, you can take that home and worry, and she said "they survived long before they met you and they will continue to survive.

Advocates in several of the focus groups, who work more long term with victims and work with rural victims, mentioned how safety can sometimes get pushed to the back of the priority list when addressing multiple chronic problems.

> 'Cause I think at first you ask and ask and then after a couple of months you just assume that they're safe and they're not always safe because a lot of times they're back in the situation or he's relapsed or she's relapsed and there's domestic violence going on. So, that's one thing I've really tried hard here lately is to ask them are they safe right now, "has he been bothering you?" And the extreme, when I first meet with them, not to kind of go overboard and scare them to death especially at first, because the client that was killed was a former client of mine that I could never get her to open up to me.

Triggers One of the things that emerged as advocates discussed safety planning, particularly in three groups, is that advocates have personal triggers that may overwhelm them and that can influence their communication with victims. For example, one advocate talked about running into particularly difficult situation:

> I've recently safety planned with someone whose perpetrator is in the cartel, and their physical safety—there is no physical safety. And in that moment, I was so human and I was just all I felt was, "I am so inadequate in this moment. I cannot help this client." And, the more prepared we are, even though you can't always be prepared for every situation, the more prepared I feel, the more training I have that I can fall back in those stress moments, the better I can be an advocate for these people, because they don't need me to freeze up and sit there for a minute and think, "I don't even know where to go from here!" I would never verbalize that to a client, but just to have those thoughts. That person in front of me is not confident in their situation, that's why they're seeking my help, that's why they're here to talk to us.

Or another advocate who talked about being triggered when victims talk about gun threats.

> I don't know how to do gun stuff. I mean, what scares me is people who've had mock suicide-murder, or mock murders when they pull the trigger and there's not a bullet, and that I don't know how to safety plan for [that] because it just feels so out of control, and I probably shut down a little bit, and need to be able to have more practice going there in conversation so that I can know what to. But again, I just tend to go to the earlier steps of like, well, let's get some distance from this so that you're not in that situation, because I feel

like there's nothing you can do if someone's got a gun and they're gonna shoot at you.

And another advocate felt overwhelmed when a victim called her from another state.

> [One victim called me from another state, she was stranded] on the side of the road. I'm like, one, how'd you get my number? Because, that's not even close to where I am. She called me, but didn't think she'd call the police, and it's like, I literally can't help you from where you are. Like, I have nothing for you, you're stranded. Someone left you there, I don't know where you are, you can, one, start walking and try to find a place, or call the police, and—finally I convinced her to call the police…

And several other advocates talked about being frustrated by not being able to find the key thing that is most helpful to victims.

> Yeah, I think the ones that are the most frustrating are the people that will just shoot down everything that you give them. Like, you just—there's just no more options left, so.

Or the difficulty in working with victims who have expectations that may be different from what can be offered to keep them most safe.

> …the people who think we have a silver bullet for them. Like, I have a client who has called me a few times, like, "You gotta help me!" That's what she always says, "You gotta help me." And I'm like, "Okay, well, if you're really at the place where you're ready to leave, let's talk about how you can leave." And I know she would not screen in for high lethality, he's actually never put his hands on her, it's just super intense financial abuse and emotional abuse. And, I mean, she's unwilling to stay with her adult children. She's unwilling to ask friends for shelter. So it's like—we get stuck pretty early on, so that can be really frustrating.

A few advocates talked about the difficulty in addressing safety in emergency situations.

> I think the most difficult situation for me to safety plan is at the hospital right after someone's been assaulted. Because I think that people are sometimes in shock still from it. [One of] my most difficult was a gunshot victim, and I did not know how to safety plan, cause I kind of felt like, well, either perp is totally on the run and you're probably safe, or perp is not on the run and is very dangerous. And I didn't end up—my person was really in shock still and wasn't able to really, fully acknowledge what had happened. And so that was very difficult for me to safety plan around.

And a few others mentioned their own personal safety as a concern.

> But that's the other piece of safety planning for us … we go into these home and all of a sudden he comes home and he's pissed because someone is in his house, discussing his children and—so how do we safety plan around that?... So, that piece of safety planning is concerning of how do we safety plan with them on what to do from there when I'm ready to get the hell out because I don't know if he's coming in the house.

Special Populations Another challenge mentioned by participants in all of the groups was working with special populations of victims such as the immigrant community, LGBT community, disabled individuals, and the elderly or dependent care situations.

> I've got one now that I've been working with and we just got him put in jail the other day. She finally stood up and said "you will not hurt me anymore" and to help her safety plan to get her to that point was huge—doing that through an interpreter and through a cultural divide and trying to figure out how to get that to happen has taken way too long and too much of my time, but you do it. [This situation is] something that I think needs to be looked at in safety planning and how it's different.

Some worry about elderly individuals who are coping with abuse.

> I think if there's physical dependence, [like with] seniors. I'm really worried about seniors being dependent on their abusive husband, but the option isn't going to a nursing home, so you're sort of dependent on care, I think that's really hard.

Blaming Language Participants in two of the focus groups discussed the difficulty of working with sexual assault victims particularly with not slipping into blaming language.

> I would say…you have to be really careful not to use terminology around sexual assault that seems blaming…I guess an example along that line would be like, "well, you were out here and you were drinking and you were by yourself. So, let's look at that situation and see what you could do better next time. Don't drink by yourself." You need to be really sensitive to not say anything that's going to imply that this was their fault. I struggle with safety planning with sexual assault victims….It's our job to be the support and we know plenty of other people are going to make them

> feel [blamed] so we need to do our best to just be as supportive as possible.

Another advocate talked about being worried about using blaming language with domestic violence victims too.

> You have to be really careful with your words. Words are so important. Any little word can make it feel like it's something they're doing. Even if you say "you're picking these guys" well "that's my fault, what's wrong with me? Why am I picking these guys?" I try to say "these guys are drawn to you." I just think about words all the time, my choice of words.

Other advocates talked about how the language of empowerment might also be blaming in an inadvertent way.

> …like, where is choice in this? If someone's taking away your power, can you empower yourself? Because it's pretty bold to say, "no, you can't," like, "this is not in your control at all, perp really does have total power," but it's also pretty bold to say, "just empower yourself.

And another commented on the language of empowerment.

> I've hated this word for a long time. It feels like somebody has a lot of power and they're bestowing it upon someone who has none, it creates a power imbalance between me and my client…as if it's up to us to give and that person doesn't have their own. It makes it seem like there's a limited amount of it.

While other advocates even doubted empowerment should always be the goal.

> I was thinking too with terminology of survivor and victim. People are at varying stages of dealing with where they're at, and so someone might not want to be empowered. The word "empowerment" may not be where they're at right now, and they need some time to grieve about what's happened, or to process and to work to that point.

Discussion

Of all the services that might be provided to victims of partner violence or sexual assault, safety planning might be most critical given that it can be a useful tool in helping victims manage their fear and anxiety and potentially reduce their likelihood of revictimization (Bybee and Sullivan 2005; Cattaneo and Chapman 2010; Logan and Walker 2017; Sullivan and Bybee 1999; Sullivan et al. 1992; Xie and Lynch 2017). However, safety planning is complex, individually specific, and challenging and there is no widely accepted template for the content and process of safety planning. There has also been limited research on the best way to train and support advocates and volunteers in safety planning. Given reduced funding and resources for victim services, training and support for safety planning would seem even more important (Macy et al. 2010; Ullman and Townsend 2007). Results from this study suggest that advocates received minimal formal training and little ongoing systematic supervision for safety planning– a fact that has been noted in other research (Kulkarni et al. 2012). More specifically, advocates from this study indicated they get the majority of their knowledge and skills from on the job training and a hodgepodge of different sources and they get sporadic supervision. Even so, the advocates in this study showed a resilience in doing their job and a strong desire to get increased feedback and training so they can do their jobs better. This desire for ongoing and more in-depth training has been found in other studies. For example, one study of a sexual assault chat line found that victims seeking help discussed a wide variety of topics related to sexual assault, and that advocates felt that training needs to consider a bigger view of the phenomenon to better prepare them for the variety of issues victims discuss rather than a more narrow view of victimization (Finn et al. 2011).

It is very likely that safety planning is implemented differently depending on the client needs, the agency within which the work is being done, the organizational constraints and barriers, and the available community resources. Thus, safety planning training and support needs to be flexible enough to meet a variety of different contexts, barriers, and challenges regardless of organizational type or community resources. Ongoing and changing demands and challenges can be stressful, particularly within the context of trauma work, which can increase advocate vulnerability to vicarious trauma and burnout (Kulkarni et al. 2013; McCann and Pearlman 1990). Further, having limited skills based training and limited ongoing support have been identified as risk factors for increased job stress within the context of trauma related work (Dworkin et al. 2016; Frey et al. 2016; Slattery and Goodman 2009). On the other hand, strong skills training has been associated with lower stress symptoms among those working with victims of trauma (Ortlepp and Friedman 2002; Sprang et al. 2007). This may particularly be the case for younger workers, volunteers, and those newer to the field (Dworkin et al. 2016; Kulkarni et al. 2013; Sprang et al. 2007). Participants in the current study indicated that sometimes training and supervision of volunteers who did safety planning was particularly difficult because of the limited staff availability. Advocates who work with both domestic violence and sexual assault victims indicated they spent more time and energy on domestic violence because it is so complex, but felt they had less knowledge and skill in helping sexual assault victims. Several suggestions for training were mentioned by advocates in this study including

more opportunities to hear from other advocates, to get more knowledge about the larger context of victimization as opposed to learning about one type of victimization more narrowly, and getting feedback about what works and what doesn't from victims themselves. Other studies have suggested ongoing support for advocates might include systematic peer debriefing, monitoring caseloads, and more emphasis on clients' resilience (Alarcon 2011; Choi 2011; Iliffe and Steed 2000; Kulkarni et al. 2013; Maslach and Leiter 2005; Slattery and Goodman 2009). In general, a national view is needed to better understand the biggest gaps, challenges, and successes in providing ongoing training and support, skills based strategies to meet the wide variety of victim needs and vulnerabilities, and ongoing guidance regarding managing personal challenges in safety planning.

Advocates in the current study recognized that victims are coping with a variety of competing needs, demands, resources, and feelings which can, and does, influence whether and how much of a safety plan will be implemented. Believing, however, that the plan for safety being discussed might never be implemented may be frustrating to advocates. It appears that advocates rarely get systematic feedback from victims which means they must look for smaller feedback indicators such as positive self-talk from victims, seeing victims realize they have choices, and believing victims feel they have been heard, validated, and empowered. Although the lack of feedback has not been systematically investigated in research, it is one that seems worthy of future inquiry. Several studies suggest that the positive influence of seeing clients do better may help counter compassion fatigue or burnout (Bell 2003; Schauben and Frazier 1995; Stamm 2005). Incorporating a deliberate victim feedback approach aimed at improving safety planning skills might lead to increased effectiveness and reduced job stress (Chow et al. 2015). Implementing systematic feedback from victims can be done by asking them directly in the session whether the session is helpful or meeting their needs and/or by using short surveys after the session is done. A model for a simple, four-item, but effective feedback instrument has been developed and widely used in behavioral health and it might lend itself to adaptation for safety planning services provided by advocates (Miller et al. 2015).

This study also identified a number of personal challenges advocates face in carrying out safety planning services. One issue mentioned was the difficulty in maintaining professional boundaries, particularly in the rural areas where everyone seems to know everyone (Logan et al. 2004, 2005). Another boundary issue mentioned was the difficulty of being able to let go of the job on personal time which is a common issue in trauma work. Further, it has been noted that safety planning should include both short-term and long-term strategies (Davies and Lyon 2014; Davies et al. 1998), but one of the issues mentioned by case managers was that safety can get pushed to the side when addressing other seeming more pressing issues. Advocates also talked about being upset or overwhelmed by certain situations like gun threats or when safety options seem very limited either due to the situation (e.g., abuser in a gang, being in another state) or due to the lack of resources in the community (e.g., elderly victims). Additionally, some advocates worried about their own personal safety when working so closely with victims. Skills based training as well as best practices in responding to some of the challenges discussed in this study is important for supporting advocates and the work they do.

There were also quotes in the current study that may have seemed like advocate support was contingent on the victim doing something or following through with the plans that were made (e.g., on leaving the relationship, staying in a shelter). Some of the quotes in the study also may have suggested advocate personal biases and attitudes may subtly or overtly undermine victim's independent decision making (Kulkarni et al. 2015). Advocates also discussed struggling to make sure their words and beliefs were not diminishing or blaming the victim in anyway. Other studies have also found that partner abuse advocates sometimes struggle with victim blaming attitudes or with attitudes that hold the victim personally responsible rather than recognizing the structural challenges they may face (Donnelly et al. 2005; Kulkarni et al. 2012; Lindsey 1998). When advocates face personal challenges or don't feel they have the training and skills to meet some of the situations they must face, they may feel frustrated and not sure what to do. It has been noted in other research that safety planning strategies are limited particularly when a victim stays with the abuser or when the abuse continues after a victim leaves a relationship (Hamby and Gray-Little 2007; Lindhorst et al. 2005; Logan & Walker, Looking into the black box of the day-to-day process of safety planning, unpublished). It is important that evidence-based strategies be identified to address multiple risks and that standard protocols for safety planning practices be developed that can be used both within and across agencies (Logan & Walker, Looking into the black box of the day-to-day process of safety planning, unpublished; Murray et al. 2015). These issues may be even bigger concerns in the absence of specific best practices or standards of care. Even when there are best practices in place, research suggests that the values, attitudes, and perceptions of providers can influence how best practice models are implemented. In particular, whether the best practices will disregarded if they do not align with provider world views making ongoing supervision, feedback, and support even more critical (Glisson and James 2002; Hedeker et al. 1994; Kulkarni et al. 2015; Meyers et al. 1998; Sandfort 1999).

It is important to recognize that advocates have a variety of personal challenges including personal/professional boundaries, personal safety, triggers that overwhelm them, difficulties in working with special populations that require extra time and resources that may or may not be available in their agency or community, and working to make sure

victims feel respect by not using blaming language or making support contingent on agency or their own personal biases about what should happen. All of these challenges must be managed as advocates do the day-to-day work with victims and victim safety. At the same time, advocates must be flexible and creative to meet the variety of demands that are often unexpected and within the context of high lethality and dangerous circumstances. Results from this study and previous research on personal challenges highlight the need for ongoing training, supervision support, and guidance on managing stress and personal challenges for advocates working with sexual assault and partner violence victims every day (Lindsey 1998). This study provides an interim step in this process, which is to begin openly identifying and talking about the issues.

There were several limitations to this study. First, this study was exploratory in nature given the number of focus groups and small sample size. It would be beneficial to have a larger sample and more agencies to examine more systematically how results may differ within and across agencies. However, the number of focus groups with advocates is consistent with other focus group research with advocates (e.g., Goodman et al. 2016; Murray et al. 2015). Second, participants were recruited from one state. Future research using larger samples from multiple areas (e.g., rural versus urban) and using survey methodology would shed additional light on advocate training and supervision needs and personal challenges.

In summary, this paper is an interim step in examining "on-the-job" perceptions of advocates doing difficult and stressful work regarding their training, supervision, and victim feedback. These findings are consistent with other work suggesting that advocates believe increased training on both safety planning and on relating to survivors within the numerous agency constraints and limited community resources would be useful (Kulkarni et al. 2010, 2012). Specific strategies such as getting systematic and tangible feedback from victims could be useful for increasing the rewarding experiences of advocacy which may buffer the stress of the job (Ullman 2010). This paper also highlights the need for more work and guidance regarding safety planning and coping strategies for the numerous personal challenges advocates face (Finn et al. 2011; Frey et al. 2016; Sansbury et al. 2014). In particular, research is needed to identify best practices and the key components of safety planning and then examine ways to communicate those practices systematically to trainees entering the field and to implement ongoing support and supervision. Future research is also needed to examine the impact or effectiveness of safety planning (Murray et al. 2015).

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