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How Sexual Assault Survivors Perceive Their Experiences with Victim Advocates

Stephanie Miller
Walden University

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College of Allied Health

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Walden University
2024

Abstract

How Sexual Assault Survivors Perceive Their Experiences with Victim Advocates

by

Stephanie Miller

MA, Liberty University, 2015

BS, Liberty University, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

October 2024

Abstract

Programs incorporating sexual assault victim advocates have become a prominent resource in assisting survivors gain access to necessary services to aid in their recovery. Although these efforts provide needed support to survivors, the programs are developed without the input of the survivors. This qualitative phenomenological study explored the relationship between victim advocates and survivors from the perspective of the survivor. Semistructured interviews were conducted with 13 sexual assault survivors regarding how they perceived their relationship with their advocates, what they experienced as helpful or not helpful in that relationship, and what they thought might improve that relationship. Thematic analysis was employed to identify recurring patterns and themes in participants' narratives and secondary victimization theory and social learning theory were used as frameworks for the study. Participants described a complex but important relationship with advocates. All participants reported some positive aspects of the relationship; however, several also reported negative views of their experience. Themes that emerged in participants' descriptions of this relationship included supportive, positive, empowering, frustrating, negative, neutral, and safe. Participants noted that helpful aspects of this relationship included guidance, being proactive, validation, trust, and being heard; however, they indicated that the way services were structured and issues with communication were problematic. The findings highlight the potential for the interaction with an advocate to significantly impact the healing process for survivors. The findings can be used to inform agencies that assist survivors of sexual assault and generate social change by helping such programs more effectively assist them.

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Dedication

To my children who have endured my absence and being second while I completed this journey, I love you more than you can imagine. To Jose, my best friend and partner, your encouragement and support has meant more to me than you'll ever know. You are the reason I'm where I am today, and I am eternally grateful for your love, support, and kick in the pants when needed! To my friends and family, thank you for always believing in me and your endless support over the years. I couldn't have stayed the course without you!

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Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Background.....	5
Problem Statement.....	8
Purpose of the Study.....	9
Research Questions.....	10
Theoretical Framework.....	11
Definitions.....	13
Assumptions.....	14
Scope and Delimitations	15
Limitations	16
Significance of the Study	17
Summary.....	19
Chapter 2: Literature Review.....	22
Introduction.....	22
Literature Search Strategy.....	23
Theoretical Foundation	24
Secondary Victimization Theory	25
Social Learning Theory.....	27
Literature Review Related to Key Concepts.....	29

Advocate Burnout	29
Emotional Distress in Advocates	32
Advocate Role With Law Enforcement	36
Advocate Role With Medical Personnel	42
Advocate Perspective and Experience	47
Victim Blaming and Social Perception	50
Summary	55
Chapter 3: Research Method	59
Introduction	59
Research Design and Rationale	59
Central Concepts	60
Research Tradition and Rationale	61
Role of the Researcher	62
Methodology	64
Participant Selection Logic	64
Instrumentation	66
Researcher-Developed Instrument	66
Procedures for Recruitment, Participation, and Data Collection	67
Data Analysis	70
Issues of Trustworthiness	71
Credibility	71
Transferability	72

Confirmability.....	73
Ethical Procedures	73
Summary.....	75
Chapter 4: Results.....	76
Introduction.....	76
Demographics	77
Data Collection	78
Data Analysis	78
Evidence of Trustworthiness.....	79
Credibility	79
Transferability.....	80
Dependability.....	80
Confirmability.....	81
Results.....	81
Research Question 1	82
Research Question 2	90
Research Question 3	106
Research Question 4	111
Summary.....	123
Chapter 5: Discussion, Conclusions, and Recommendations.....	126
Introduction.....	126
Interpretation of the Findings.....	127

Limitations of the Study.....	132
Recommendations.....	133
Implications.....	134
Conclusion	136
References.....	139
Appendix: Interview Questions	146

List of Tables

Table 1. Participant Demographics..... 77

Table 2. Theme and Research Question Alignment 82

List of Figures

Figure 1. Survivor’s Description of Relationship With Advocate: Percentage of Mentions for Each Theme.....	83
Figure 2. Factors That Influence Advocate Relationship: Percentage of Mentions for Each Theme	91
Figure 3. Influence With Engagement in Services: Percentage of Mentions for Each Theme	107
Figure 4. Survivor’s View of Overall Advocacy Services: Percentage of Mentions for Each Theme	113

Chapter 1: Introduction to the Study

Sexual assault is a widespread problem in the United States, with approximately one out of every five women reporting they have experienced a sexual assault attempt or completed sexually violent act in their lifetime (Annan, 2011; RAINN, n.d.-a).

Researchers at the Bureau of Justice Statistics (2022) indicated that sexual assault may occur at a much higher rate than previously reported. According to the National Crime Victimization Survey (Bureau of Justice Statistics, 2017, 2022) the rate of sexual assaults reported to police has decreased dramatically since 2017 dropping from 40% to 21% in 2021. Although several factors may contribute to the decrease in reporting, one significant factor may be the lack of prosecuted cases of sexual assault. Only approximately 18% of reported assaults are actually prosecuted (Patterson & Tringali, 2015), with around 12% of those prosecuted resulting in a conviction (Murphy et al., 2011). The latest statistics from RAINN indicate this number may be much lower with approximately 25 of every 310 cases reported to police resulting in a conviction and incarceration (RAINN, n.d.-a).

In 2016, approximately 23% of sexual assaults were reported to law enforcement. Although that number increased to approximately 40% in 2017, the rate of prosecution and conviction of reported sexual assaults has remained relatively the same (Bureau of Justice Statistics, 2017). No data were presented for prosecution and conviction rates in the most recent survey published for 2022. However, while the current survey does show a significant decrease in the number of reports made to law enforcement, it also indicates an increase in the number of victims of sexual assault who sought help from a service

provider (Bureau of Justice Statistics, 2022). Patterson and Tringali (2015) as well as the Bureau of Justice Statistics (2017, 2022) cited the most common reasons contributing to the low number of reported sexual assaults as fear of not being believed, fear of being blamed, or a general lack of support from family or the community. Additionally, Nichols (2014) identified the no-drop policy that exists in many states as a barrier to survivors participating in the legal system to prosecute their assaults. No-drop policies take away the control of the survivor to decide if they wish to prosecute an assailant (Nichols, 2014). Unfortunately, this means that the survivor may be required to face their assailant in court and possibly be subjected to extensive scrutiny and questioning, or even revictimization by being required to recount details of their assault multiple times throughout the process (Nichols, 2014). Although not all states maintain a no-drop policy currently, the vast majority do, particularly if domestic violence is a factor (RAINN, n.d.-a).

In order to address survivors' concerns related to reporting sexual assault, and to minimize psychological distress related to accessing services (e.g., legal, medical and counseling) following an assault, survivors may be assigned a victim advocate. Victim advocates in Texas may be assigned to survivors through multiple means. The process for obtaining a victim advocate varies depending on the agency the advocate is associated with. One method among agencies in Texas is that survivors may choose to contact victim services office through the district attorney's office (Tarrant County, Texas, 2024).

Most victim advocate contact is initiated through hospital staff when a survivor presents to an emergency room and reports a possible or confirmed assault. Hospital staff

obtain consent from the survivor to contact an advocate. The victim advocate agencies in the Texas area allow for survivors to be assigned an advocate with a background and belief system that might best suit the survivor's specific needs. In addition to contacting advocates through hospital staff or the district attorney, survivors may also contact agencies such as rape crisis centers directly. Victim advocates are tasked with facilitating support and access to address the immediate and/or long-term needs of sexual assault survivors (Annan, 2011; Logan et al., 2005; Patterson & Tringali, 2015). Advocates who work with survivors on a longer-term basis may advocate for the needs of survivors as they interact with legal or medical professionals and help navigate complex judicial proceedings. Advocates who are assigned to meet the immediate needs of survivors may simply provide emotional support to survivors during their initial encounters with providers or law enforcement following an assault. The length of time an advocate works with a survivor depends on the agency the advocate is assigned to as well as whether the survivor wants long-term support or not.

Regardless of the length of time an advocate works with a survivor, the period of time immediately following the initial report is a crucial period for the survivor. The relationship between advocate and survivor relies heavily on the survivor trusting the advocate, as well as the advocate having a clear understanding of the survivor's needs. More importantly, the success of the advocate-survivor relationship relies on the advocate placing the survivor's needs ahead of their own personal beliefs, biases, or agenda (Singer et al., 2020; Ullman, 2010). This dynamic may lead to high rates of

advocate burnout as well as secondary victimization experienced by the survivor (Powell-Williams et al., 2013; Rich & Seffrin, 2013; Singer et al., 2020).

Although a great deal of research has been devoted to the experience of sexual assault survivors as they engage in medical or legal services (Greeson & Campbell, 2011; Logan et al., 2005; Maier, 2022; Nichols, 2014), the published literature mainly consists of descriptions of experience primarily from the perspectives of victim advocates, service providers, or law enforcement officers (Greeson & Campbell, 2011; Logan et al., 2005; Maier, 2022; Nichols, 2014). The literature that has been published from the survivors' perspectives has not focused on their relationships with their advocates (Greeson & Campbell, 2011; Logan et al., 2005; Maier, 2022; Nichols, 2014). Understanding the survivor/advocate relationship from the survivor's perspective is essential in order to effectively train advocates to address their needs. This study explored the lived experiences and perceptions of sexual assault survivors who have worked with a victim advocate regarding this relationship.

In this chapter, I will provide a brief summary of current literature related to sexual assault survivors and victim advocacy and highlight a gap in current literature related to these two areas. I will discuss why the lack of research from a survivor's perspective presents a problem in current advocacy practice and build on previous research by outlining the practical application of this study in informing current practice. The chapter will review major theories, definitions, and assumptions that are prevalent in advocacy work as well as explore how those concepts relate to the research questions posed. An overview of methodology used in this study will be provided, including how

data were collected, inclusion criteria, and procedure for analyzing data. Finally, specific limitations of the study will be discussed in relation to design, methodology and bias that may influence study outcomes.

Background

Although a significant amount of research has been devoted to exploring the advocate and survivor relationship from the perspective of the advocate (Kolb, 2011; Maier, 2012, 2022; Nichols, 2014; Powell-Williams et al., 2013), or even that of medical or legal personnel (Greeson & Campbell, 2011; Singer et al. 2020; Ullman, 2010), little research has been done from the perspective of the survivor. Annan (2011) explored the experiences of several professionals in various roles who provide services to sexual assault survivors. She identified themes of victim blaming, negative attitudes towards survivors, and a lack of adequate care for survivors of sexual assault. Annan's research highlighted barriers helping professionals experienced in working with survivors of sexual assault (see also Maier, 2022; Singer et al., 2020).

Ullman (2010) and Maier (2022) explored barriers in working with sexual assault survivors from the perspective of victim's advocates. Both concluded that the way an advocate responds to the survivor's story about their assault has a significant impact on the survivor's ability to psychologically heal. The advocates' personal biases and past personal experiences negatively impacted their ability to effectively support survivors and contributed to their own psychological distress (Maier, 2022; Singer et al., 2020; Ullman, 2010). Of the 30 advocates who participated in Ullman's study, 55% reported experiencing fear and anger towards the survivor when hearing details of survivor's

assaults (Ullman, 2010). Although most advocates find their work meaningful and useful (Powell-Williams et al., 2013; Singer et al., 2020), the effect of this psychological distress on the advocate–survivor relationship should be considered. Most importantly, it is necessary to understand how the emotional and psychological experience of the advocate is perceived by the survivor.

Greeson and Campbell (2011) explored 20 sexual assault survivors' perspectives of their interactions with law enforcement and sexual assault nurse examiners (SANEs) following their assault. Survivors frequently reported attempting to alter the experience either through complete compliance with protocols and requests from helping professionals when they felt supported, or defiance by refusing to comply with or challenging recommendations when they felt a need to protect themselves from additional harm (Greeson & Campbell, 2011). The Greeson and Campbell study did not include individuals who had been assigned a victim advocate. This is significant in that a victim advocate's primary role is to facilitate access to services while providing support to survivors, which many of the participants reported feeling they lacked (Greeson & Campbell, 2011).

Nichols (2014), Powell-Williams et al. (2013), and Benuto et al. (2019) conducted research with victim advocates and found that these individuals tended to approach their work with pre-conceived expectations of survivors based on their own personal experience, belief systems, and experience working with sexual assault survivors. Kolb (2011), Maier (2012, 2022) reported that victim advocates perceived social norms devalue their interactions with sexual assault survivors. Kolb and Maier attributed this

perception to rape myths and victim blaming attitudes that continue to prevail in society (RAINN, n.d.-a).

Although the work of victim advocates is intended to help survivors of sexual assault navigate the many obstacles they may face while reporting or recovering from an assault they also have the potential to negatively impact survivors during this vulnerable time (Benuto et al., 2019; Patterson & Tringali, 2015; Singer et al., 2020). Advocates are among the first professionals that survivors of sexual assault encounter and as such, this relationship is critical in facilitating a sense of safety and support for the survivor. Victim advocates are generally believed to empower survivors to participate in the criminal justice system by providing emotional support and addressing the most pressing needs of the survivor (Benuto et al., 2019; Patterson & Tringali, 2015; Singer et al., 2020). However, without exploring the unique dynamics of the relationship between advocates and survivors from the perspective of the survivor, it is impossible to fully understand the benefits of this relationship.

Researchers in this field have highlighted the complexity of advocacy as well as the sensitive nature of the survivor and advocate relationship (Benuto et al., 2019; Greeson & Campbell, 2011; Logan et al., 2005; Maier, 2022; Singer et al., 2020). They have emphasized the importance of understanding the barriers survivors face, the perceptions of victim advocates, and the need to further identify why survivors may disengage from advocacy services. This study builds on past research by exploring the experience of the survivor/advocate relationship from the perspective of the survivor. Gaining a greater understanding of the survivor's experience with advocates may help

inform future research or interventions to identify and respond to the needs of survivors more effectively.

Problem Statement

Approximately 20% of women in the United States report surviving a sexual assault attempt or completed sexually violent act in their lifetime (Bureau of Justice Statistics, 2022). For many survivors of sexual assault, navigating the criminal justice system when making a report or accessing appropriate treatment services can be a daunting task. Sexual assault victim advocates serve a primary function in facilitating access to immediate and long-term services for survivors following a sexual assault (Benuto et al., 2019; Patterson & Tringali, 2015; Singer et al., 2020). Advocates may provide support and resources for survivors in the days, weeks, or months following an assault for the purpose of reducing or eliminating the impact of continued psychological distress (Patterson & Tringali, 2015). Ullman (2010) highlighted the importance of providing emotional support for survivors during initial contact with healthcare or legal services immediately following an assault. This initial contact period is a critical time for survivors and when a significant reduction in psychological distress may occur when provided appropriate support and reassurance (Maier, 2022; Ullman, 2010). This study will focus on the interaction between survivor and advocate at the initial contact. Although this interaction may be brief, it may have a significant impact, either positively or negatively, on a survivor's course of healing. Little research exists regarding the effectiveness of victim advocate services, and no researchers have investigated this relationship from the survivor's point of view. Further information is needed to determine

if the goals and needs identified by advocates are in alignment with what the survivor views as useful or necessary (Patterson & Tringali, 2015; Ullman & Townsend, 2007).

Annan (2011), Greeson and Campbell (2011), and Maier (2022) identified barriers and potential obstacles that advocates face in providing services to sexual assault survivors, but indicated that their research was limited, as they had only gathered information from the perspective of the advocates regarding the experience of the survivor. Similarly, Nichols (2014) interviewed 26 victim advocates who identified multiple obstacles in meeting the needs of sexual assault survivors. The participants in Nichols's study indicated they identified survivor needs based on their own perception and experiences and not those of the survivors themselves. The problem that was addressed in this study is the current lack of research investigating the nature of the important relationship between the advocate and survivor from the perspective of the survivor.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore lived experiences and perceptions regarding the relationship between victim advocates and sexual assault survivors from the perspective of survivors receiving treatment at counseling or crisis treatment centers in Texas. Maier (2012, 2022) indicated that victim advocates believe their work is valuable and fulfilling. However, little research has been conducted from the perspective of sexual assault survivors regarding how they experience their relationship with their victim advocates. Maier (2012) also reported that 24% of sexual assault victim advocates expressed complex ideas, opinions, or beliefs

regarding survivors that promoted victim-questioning or victim-blaming attitudes.

Understanding the experience of the advocate/survivor encounter from the perspective of the survivor may inform current practice by identifying emerging themes in the shared experiences of sexual assault survivors' interactions with victim advocates. This information is currently lacking in literature and would potentially contribute substantially toward understanding the needs of survivors.

To address the gap in the literature related to sexual assault survivors' perceptions of the relationship with victim advocates, I conducted a qualitative phenomenological study using semistructured interviews with sexual assault survivors regarding their past interactions with their victim advocates. Participants worked with an advocate following a sexual assault and had also worked with a licensed therapist or social worker for a period of 6 months minimum prior to participating in the study. Interviews were conducted via secure videoconferencing, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A semistructured interview format was used with follow-up questions to clarify responses as needed. Responses were then transcribed and coded to identify emerging themes of the lived experience of sexual assault survivors' relationship with victim advocates.

Research Questions

The primary research question used in this study was: How do adult sexual assault survivors describe their relationship with sexual assault victim advocates at a rape crisis center in Texas?

Specific subquestions included the following:

- What aspects of having contact with an advocate do sexual assault survivors identify as being helpful or unhelpful?
- In what ways do survivors of sexual assault feel their experience with an advocate encouraged or discouraged engagement with legal services or other support services?
- How do survivors of sexual assault view advocate services, and in what ways if any do they think this initial interaction may be improved?

Theoretical Framework

According to Creswell (2014), the focus of qualitative research is to address a topic that is not adequately covered in current research. The use of a qualitative approach in this study was consistent with gathering new information regarding the experience of sexual assault survivors in working with a victim advocate.

Two theories emerged in the literature when attempting to understand the experience and interactions of sexual assault survivors. The first theory, secondary victimization theory, posits that multiple factors—including social, cultural, and political conditions of society—contribute to the development of an ideology that blames survivors for their assaults (Annan, 2011; Maier, 2022). Secondary victimization theory is defined by Williams (1984) as the “prolonged and compounded consequence of certain crimes” (p. 67). This theory posits that multiple factors including social, cultural, and political conditions of society contribute to the development of an ideology that blames survivors for their assaults (Annan, 2011; Maier, 2022; Williams, 1984). According to Williams (1984), the attitudes of advocates towards survivors may either create additional

psychological distress leading to secondary victimization or encourage and support the survivor in promoting help-seeking behavior. Secondary victimization theory also indicates survivors who perceive the attitudes of advocates as supportive and encouraging may experience decreased psychological distress and a tendency to engage in help-seeking behavior.

The second theory that supports this study is social learning theory (Bandura, 1977), which posits that behavioral responses occur as the result of reinforcement between informative and incentive functions, although the individual may at times be unaware of this process. Behavioral responses may develop by witnessing the consequences of another person's behavior, such as watching a friend report a sexual assault and being blamed for their own behavior. Behavioral responses may also develop as a result of consequences experienced directly by the individual such as not being believed when attempting to make a report of sexual assault. Bandura posited that a response-strengthening process occurs during repeated direct or indirect interactions. Sexual assault survivors who experience either direct or indirect attitudes of victim blaming, as well as modeling behavior or reinforcement of sexually aggressive behavior will be more likely to experience subsequent victimization or accept sexually aggressive behavior as appropriate (Turchik et al., 2016).

Survivors of sexual assault who feel unsupported by their advocate may develop reinforced behavioral responses of self-blame, harmful behavior, or distrust in support services. Conversely, those survivors who have a positive and supportive relationship may experience greater psychological or emotional benefit from support services. This

study explored the experience of survivors working with a victim advocate to gain an understanding of the survivor's personal experience. The theoretical frameworks supported by social learning theory and secondary victimization theory were used to explore themes related to this experience in terms of the social, cultural, and political factors potentially experienced by participants during their interactions with advocates. Additionally, the attitudes of survivors about engaging with support services and the legal process both prior to and following working with an advocate were explored in the context of social learning theory. The specific nature of the study was a qualitative phenomenological approach designed to explore this shared experience among survivors. The study was not intended to explore the individual assault histories of the survivors, but rather to focus solely on the relationship between advocate and survivor. Participants were not be asked to disclose details of their assault history.

Definitions

Advocacy: Brooks and Burman (2017) described advocacy in the context of sexual trauma as the emphasis on rights and entitlements of a victim and denoted services provided by organizations designed to promote collaboration and empowerment by providing referrals, advice, explaining options available to the victim, and providing support in a variety of areas relative to reporting sexual traumas. Advocacy is explored in this study in the context of individuals who serve in a professional role to support and plead in favor of survivors of sexual trauma.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law created to develop national standards to protect sensitive patient

health information from being disclosed without the patient's consent or knowledge. (Centers for Disease Control and Prevention, 2018).

Secondary victimization: the negative social or societal reaction in response to a primary victimization the victim experiences as additional violation of rights or entitlements (Orith, 2002)

Sexual assault: According to the Rape, Abuse & Incest National Network (RAINN, n.d.-b), sexual assault is the term used to describe sexual contact or behavior occurring without explicit consent of the victim and may include attempted rape, fondling or unwanted sexual touching, forcing a victim to perform sexual acts, or penetration of the victim's body.

Revictimization: Defined by Scoglio et al. (2021) as the experience of a subsequent interpersonal trauma. For the purposes of this study, revictimization will refer to the experience of a subsequent trauma in the form of psychological or emotional distress resulting from the experience of disclosing a previous sexual traumatic experience.

SANE: Sexual assault nurse examiner (SANE) is a registered nurse with specialized training to provide comprehensive care to survivors of sexual trauma and are trained and equipped to conduct forensic exams of the survivor as well as providing expert testimony (RAINN, n.d.-b).

Assumptions

It was assumed that participants in this study were truthful in reporting their experience with a victim advocate, and that participants were forthcoming with details

about the relationship with their advocate whether those details were positive or negative. It is also assumed that participants' recollections of their interactions with advocates were accurate from their perspectives.

Scope and Delimitations

Participants in this study had primarily brief interactions with victim advocates, typically occurring immediately following an assault or shortly after. The agencies I recruited participants from varied in the structure of the survivor/victim advocate relationship which ranged from brief interactions to ongoing relationships. The participants in this research were also individuals who had worked with a therapist or a rape crisis center located in Texas for at least 6 months, and this limited the sample to individuals who had not only followed up on treatment recommendations but who had been actively engaged in treatment. Survivors who had not engaged in treatment were not represented in this study, and the population was limited to individuals who had worked with an advocate in a small geographic location.

Interactions between the sexual assault survivors and victim advocates who were recruited for this study typically occurred during the medical or SANE process in a hospital setting or were sought out by the survivor shortly after the assault occurred. Although some survivor interactions with advocates were brief, they occurred at a time that is considered to be one of the most critical in supporting a survivor of sexual assault. The role of an advocate is critical in the healing process of survivors because advocates are among the first professionals that survivors encounter during a time when the

survivor is considered to be the most vulnerable (Benuto et al., 2019; Patterson & Tringali, 2015; Singer et al., 2020).

The scope of this study was also limited to participants who were women aged 18 years or older who had initial contact with a victim advocate following an assault and who had worked with a therapist in Texas for a period of at least 6 months. The findings are not generalizable to advocate/survivor relationships that are longer term or that take place at agencies or locations outside of the areas that were be the focus of this research. The findings are also not be generalizable to men. Male survivors were not included as participants, as they are a unique population whose experiences with secondary victimization are qualitatively different enough from women's experiences to justify unique focus on one sex. Similarly, transgender women were not included in the study as they are also a unique population with experiences that may vary significantly and should be explored in a separate study.

Limitations

To protect the well-being of participants during interviews and provide services in the event a participant is distressed by talking about issues associated with her rape, participants were provided with crisis intervention resources. Victim advocates are often employed by the rape crisis center or counseling agency where participants also receive therapy services. It may be that this dynamic presented a feeling of loyalty or indebtedness that may have impacted participant responses to interview questions about their experience and may have limited the findings. In order to protect the survivor's best

interest and participant confidentiality, participants were provided with outside therapy resources for crisis intervention if needed.

Due to the small sample size and limited geographic region, the findings were limited in generalizability. Further study would be beneficial with a larger sample size recruited from a wider geographic area including a more diverse group of survivors. Additionally, the findings of this study were based on individual experiences as told by the participant in a specific setting. Replication of the same information in repeated studies would be difficult to achieve. Although accuracy of results is important, the goal of this study is to derive meaning from a shared experience.

There were also limitations that were present due to the research design itself. Qualitative research relies on narrative data and collecting quantitative data is outside the scope of the research; however, quantitative data collection on participant psychological characteristics and the use of self-report questionnaires that quantify the nature of relationships do allow for increased generalizability. This type of data collection is impersonal and given the sensitivity of the research topic, personal interviews were a more ethical way of gathering data with this population.

Significance of the Study

According to Greeson and Campbell (2011), a unique aspect of victim advocacy is inconsistency in the help-seeking behavior of survivors of sexual assault. While some survivors may thrive with the assistance of a victim advocate, others resist services and do not comply with treatment recommendations. Given that victim advocates are often one of the first professional services encountered by a sexual assault survivor, typically

within the first few hours following an assault, that interaction may have an important impact on the survivor's decision to engage in services (Patterson & Tringali, 2015).

The quality of the relationship between survivor and advocate not only has the potential to impact the survivor's view of support services but may also have an impact on the overall reporting rates of sexual assaults (Patterson & Tringali, 2015; Singer et al., 2020). Low reporting rates, which will be discussed in greater detail in Chapter 2, are often associated with a fear of victim-blaming, lack of support, or fear of not being believed (Maier, 2022; Patterson & Tringali, 2015; RAINN, n.d.-a). Victim advocates interviewed by Powell-Williams et al. (2013) stated that they believed their relationship with survivors was adversely affected by their own distress.

This study aimed to provide insight into how survivors of sexual assault experienced their relationship with a victim advocate. Through an in-depth exploration of this relationship from the perspective of the survivor, advocates may be better equipped to understand and comprehensively meet the needs of survivors. The findings of this research have significance for individuals who are survivors, advocates, agencies that support survivors, and society in general. Sexual assault survivors who feel supported may be more likely to regain a sense of control following an assault and may also be more likely to seek services as a result (Greeson & Campbell, 2011). Additionally, as advocates gain a greater sense of how to effectively meet the individual needs of survivors, they may be able to anticipate needs, thereby reducing additional psychological distress to the survivor. Agencies that provide support to providers may be better equipped to educate their advocates to support survivors.

Effective early intervention in supporting survivors of sexual assault may present overall benefits to society. Survivors who experience a reduction in psychological distress may be more likely to recover from the effects of sexual trauma, reducing the overall need to access services long-term. Further, supporting survivors' individual needs creates a societal perception of acceptance and support, which may encourage survivors to come forward following an assault and minimizing the likelihood of offenders repeating sexually violent behavior.

Summary

Sexual assault is a significant and widespread problem affecting countless individuals. Although services exist aimed at providing support and resources for survivors of sexual assault, little research exists regarding how those services are perceived by survivors. Researchers have mainly focused on survivors' interactions with professional helping agencies from the perspective of the agency or provider. Despite increased public awareness and education regarding sexual trauma in recent years, the number of reported assaults that are prosecuted continues to decrease. According to the Bureau of Justice Statistics (2017, 2022), lack of support, negative perceptions, and fears of the survivor are the primary reasons for this decrease.

The purpose of this study was to explore the relationship between sexual assault survivors and victim advocates from the perspective of the survivor. Although a significant amount of research has been conducted regarding the psychological impact of sexual trauma on survivors, little is known about how the survivor experiences the aftermath of a sexual trauma when supported by a victim advocate. Advocates are

specifically trained to assist sexual trauma survivors in accessing resources, healing, and navigating the legal system should they choose to report their assault. While this service appears beneficial, little information has been gathered from the perspective of the survivor to validate this assumption. Social learning theory and secondary victimization theory, which suggests that survivors of sexual assault may experience further psychological distress when reporting their assaults were the theoretical frameworks used in this study. Advocacy is a complex field and the sensitive nature of this interaction with survivors may either promote healing or create instances of secondary victimization. Using the theoretical framework described, this study explored the benefit from a survivor perspective regarding the benefits and risks of advocate interaction including behavioral responses, direct and indirect attitudes and their influence on the quality of the interaction, and specific cultural and societal beliefs that impact the interaction between survivor and advocate.

Developing a greater understanding of the needs of survivors begins with understanding the unique relationship between advocates and survivors even during brief periods of interaction due to the complex and sensitive nature of the interaction. Given that this interaction is often the first professional one a survivor will encounter, understanding the impact of this encounter may have further implications of improving service delivery, reporting and prosecution rates, and overall psychological well-being of survivors. Through the next chapter, current literature related to victim advocacy and sexual trauma survivors will be explored to identify specific gaps in the literature and areas for further study. The theoretical foundations and rationale for the selected theories

guiding this study will be explored in more detail and aspects of attitudes, values, and societal and cultural influences on advocacy and survivor engagement with services will be explored in depth.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative phenomenological study was to explore lived experiences and perceptions regarding the relationship between victim advocates and sexual assault survivors from the perspective of survivors receiving treatment at counseling or crisis center in Texas. This study may inform current practice by identifying emerging themes in the experiences of the survivors' perceptions of their interactions with the advocates. Approximately 20% of women in the United States report surviving a sexual assault attempt or a completed sexually violent act during their lifetime (RAINN, n.d.-a). Although victim advocates are tasked with facilitating support services for survivors of sexual assault and therefore eliminating or reducing the impact of continued psychological distress, there is little documented research regarding the effectiveness of victim advocate services from the perspective of the victim (Greeson & Campbell, 2011; Kolb, 2011; Patterson & Tringali, 2015; Ullman & Townsend, 2007).

In this chapter, I outline the specific literature search strategy along with a review of related key variables or concepts exploring how researchers have approached this topic in the past. I synthesize studies related to the phenomena being explored including areas for further study. The theoretical foundation rationale for the research is provided, including how the selected theories apply to the research question. The potential for secondary victimization is discussed in the context of requiring the survivor to re-tell the details of their experience as they navigate the legal system. I provide an overview of relevant statistics, barriers, and victim advocacy as well as a comprehensive review of the

literature related to the relationship between victim advocates and sexual assault survivors, sexual assault trauma, and current standards of practice related to advocacy and treatment. In addition, I provide an overview of current literature related to the relationship between victim advocates and sexual assault survivors. Finally, I discuss how various helping agencies such as law enforcement, sexual assault nurse examiners, and therapists potentially influence the advocate–survivor relationship.

Literature Search Strategy

The Walden University library website was the primary tool used to search multiple databases as well as additional databases including PsycInfo, PsycARTICLES, ProQuest, Google Scholar, and EBSCO. Keywords used in the online literature search include *sexual assault*, *sexual assault survivor*, *victim advocate*, *trauma*, *rape survivors*, *victims*, *sexual assault nurse examiner*, and *victim services*. Due to the lack of current research in the area of survivor’s perspectives of the advocate/survivor relationship, research related to contributing factors in the advocate/survivor relationship was reviewed as well as research related to the trauma sexual assault survivors may experience. However, due to the limited number of current studies in these areas, the literature review relied heavily on a few relevant studies. The original literature search focused on articles that were published in the past 5 years. However, because recent literature was so limited, I needed to rely on several older articles, which may be significantly outdated.

Theoretical Foundation

The current understanding of sexual assault survivors' experiences and interactions with support services is rooted in secondary victimization theory (Williams, 1984) and social learning theory (Bandura, 1977). Annan (2011) asserted that multiple factors including social, cultural, and political conditions of society contribute to the development of an ideology that blames survivors for their assaults. More recently, Maier (2022) has also found that many of these same ideologies and societal conditions continue to exist despite changes resulting from movements such as #MeToo. Williams's (1984) secondary victimization theory supports Annan's assertion that the attitudes of advocates toward survivors may either create additional psychological distress leading to secondary victimization or provide encouragement and support to the survivor resulting in increased help-seeking behavior. Further, applying Bandura's (1977) social learning theory to relationships between survivors and helping agencies may help account for survivors' lack of reporting or refusal to participate in the legal process following an assault. Social learning theory posits that behavioral responses occur as a result of the reinforcement between informative and incentive functions, although the individual may at times be unaware of this process (Bandura, 1977). For sexual assault survivors, social learning theory implies that the attitudes and behaviors of the individuals a sexual assault survivor encounters may heavily influence the healing process, willingness to engage in support or therapeutic services, and their decision to participate in the legal process to prosecute assailants.

These theoretical frameworks were used in this study to help develop an understanding of the experiences of sexual assault survivors' interactions with victim advocates. Secondary victimization theory was used to explore themes related to the social, cultural, and political factors potentially experienced by participants during their interactions with victim advocates. Social learning theory was also applied to explore survivors' attitudes about engaging with support services, as well as their attitudes about the legal process prior to and following working with an advocate. Both theories were utilized in the development of the interview questions and were used in the thematic data analysis to categorize themes that arose in the interviews.

Secondary Victimization Theory

Williams (1984) described secondary victimization theory as the “prolonged and compounded consequence of certain crimes” (p. 67) and most often is the result of a negative and frequently judgmental attitude towards survivors (Annan, 2011, Maier 2022). Williams also asserted that secondary victimization has a direct correlation with a societal lack of support for crime victims, specifically sexual assault survivors, and leads to condemnation and alienation of the survivor by society. Secondary victimization theory in relation to sexual assault survivors is based on two concepts, according to Williams. The first concept is related to societal, cultural, and political conditions that support victim blaming (Williams, 1984). The individual responsibility assigned to one's conduct and subsequent experiences or consequences often mirror the current social, cultural, and political climate. The second concept expressed by Williams views sexual assault survivors themselves as a social construct. This concept leads to the survivor

being labeled as an active participant in his or her own crime. Williams described this concept as *victim precipitation*, which in its most extreme form manifests as blatant and illogical victim blaming. Secondary victimization is not experienced to the same degree or frequency in other violent crimes such as robbery or aggravated assault as it is in sexual assault cases (Williams, 1984). Sexual assault survivors are more likely to have their responsibility for the crime questioned and have even been held accountable for their own rape by participating in their own assault (Williams, 1984).

Secondary victimization may occur in many forms for survivors of sexual assault. Rich and Seffrin (2013) researched the role of victim advocates in preventing secondary victimization, which can occur as survivors navigate the criminal justice system. The process of reporting a sexual assault requires survivors to share the details of their assault with multiple entities including medical and legal personnel. This process often subjects the survivor to repeated scrutiny, judgment, and doubt by law enforcement or medical personnel as they recount their assault (Annan, 2011; Logan et al., 2005; Rich & Seffrin, 2013).

In addition to helping survivors accessing services, victim advocates assist survivors with their participation in the criminal justice system if they choose to report their assault (Maier, 2022; Patterson & Tringali, 2015). The quality of the relationship between advocate and survivor is important and is believed to have an impact on the reporting rate of sexual assaults as well as the potential for secondary victimization (Annan, 2011; Logan et al., 2005; Maier, 2022; Patterson & Tringali, 2015). Although there are many reasons survivors may choose to not report their assault or participate in

the prosecution of their assailant, the most common reasons are fear of victim blaming, lack of support, and fear of not being believed (Patterson & Tringali, 2015; RAINN, n.d.-a), which may also contribute to instances of secondary victimization.

Sexual assault advocates play a prominent role in a survivor's life as they attempt to access resources or navigate the legal system. Secondary victimization theory highlights the potential for advocates to either positively or negatively impact survivors through the relationship between advocate and survivor. The attitudes, bias, personal experience, and beliefs of victim advocates may revictimize survivors as they engage in a relationship with the advocate to navigate the legal system or seek services. However, advocates are also uniquely positioned to minimize the impact of secondary victimization for survivors by reducing the potential for prolonged and compounded exposure to negative experiences through development of a positive and collaborative relationship with the survivor (Graham et al., 2021; Singer et al., 2020; Ullman, 2010).

Social Learning Theory

Human behavior, according to Bandura (1977), is the result of continuous shared interaction between behavior and the conditions an individual is exposed to. Vicarious, symbolic, and self-regulatory processes are important in social learning and not only impact human behavior but also influence the way in which others view the cause of human behavior (Bandura, 1977). Bandura suggested that behavior is influenced by both directly experiencing response consequences and through vicarious experience. He also stated that individuals may learn and modify their behavior by observing another person's behavior: this process of observation allows people to accumulate what Bandura referred

to as “large, integrated units of behavior” (p. 2) without having to directly experience the event. In addition, social learning may also create emotional responses that could be either positive or negative and are often based on observing the affective reaction of other individuals as they experience painful or pleasurable events (Bandura, 1977).

According to social learning theory, sexual assault survivors who experience direct or indirect victim blaming attitudes such a belief that rape results from poor judgement, lack of impulse control, or a power imbalance may be more likely to experience subsequent victimization (Maier, 2013; Turchik et al., 2016). Acceptance of sexually violent or aggressive behavior is also reinforced in childhood through witnessing sexual violence or experiencing aversive behavior in the family setting, which is then minimized or accepted by family members (Turchik et al., 2016). This modeling behavior may then increase the likelihood of survivors reexperiencing sexual violence later in life as well as a hesitancy to seek help following an assault (Turchik et al., 2016).

In addition to describing the development of behavioral responses through either direct experiences or observed interactions, social learning theory explains the response-strengthening process that occurs with repeated exposure (Bandura, 1977). For example, survivors who feel unsupported by their advocate or experience attitudes and behavior indicative of victim blaming may develop a reinforced behavioral response of self-blame, harmful behavior, or distrust in support services. Applying social learning theory in these cases may indicate an increased tendency for survivors to accept sexually aggressive behavior as appropriate. However, survivors who feel supported, listened to, or accepted

may be more likely to develop a behavioral response of self-acceptance and help-seeking behavior, thereby decreasing psychological distress following an assault.

Literature Review Related to Key Concepts

Advocate Burnout

Victim advocates face a high rate of burnout due to the intense emotional work associated with working closely with survivors of sexual assault (Powell-Williams et al., 2013). *Burnout*, a term predominately defined by Maslach (1982), is the result of prolonged emotional strain combined with diminished feelings of personal accomplishment, resulting in depersonalization or apathy. According to Maslach, burnout occurs most often in positions that require extensive involvement with individuals encountering particularly difficult or traumatic experiences.

Ullman and Townsend (2007) estimated approximately 44% of advocates experience burnout. To understand the high rate of burnout among advocates, Powell-Williams et al. (2013) conducted a qualitative study in which 32 advocates were interviewed regarding their ability to achieve emotion management while working with battered women. The authors found that advocates tended to modify criteria to be classified as a victim based on the advocate's personal experiences rather than those of the survivor (Powell-Williams et al., 2013). Additionally, subsequent support or resources identified as beneficial to survivors were selected based on the advocate's personal experiences rather than the survivor's stated needs (Powell-Williams et al., 2013). For example, if advocates had experienced sexual harassment but did not feel

significantly impacted by that experience, they may be less likely to view another individual with this same experience as a survivor.

Maier (2013) stated that this tendency to label a survivor as a victim or not is deeply rooted in rape myths. Specifically, attitudes about survivors are believed to be based on rape myths such as the notion that “real” victims must have sustained a physical injury, acquaintance rape is less traumatic than rape committed by a stranger, and that victims will both lie about and be quick to accuse of rape (Maier, 2013). However, 88% of the advocates interviewed in Maier’s study also stated they did not believe there was such a thing as a “typical” victim. Viewing survivors and the services they needed through the lens of personal experience provided the advocate with the ability to minimize emotional strain in their interactions with the survivors (Powell-Williams et al., 2013).

Most former advocates who participated in a qualitative grounded theory study by Ullman and Townsend (2007) reported the primary factor contributing to stress and burnout was working conditions. The most cited working conditions that contributed to burnout were organizational barriers, differing priorities, societal attitudes, and racism. The advocates also identified organizational barriers such as low pay, long work hours, lack of funding, and high caseloads as contributing to burnout (Ullman & Townsend, 2007). Additionally, advocates reported high levels of stress related to balancing competing priorities between the agency such as collaborating with law enforcement or medical personnel and meeting survivors’ needs with limited resources (Ullman & Townsend, 2007).

Societal attitudes and racism were also reported to be significant factors in burnout (Ullman & Townsend, 2007). According to participants, societal attitudes such as the denial of sexual assault, or race and class bias that contributed to victim-blaming attitudes, prevented survivors from accessing services regardless of whether they were working with an advocate or not (Eisenburg et al., 2019; Graham et al., 2021). Although researchers have identified organizational barriers and priorities as contributors to advocate burnout, they did not address how the negative working conditions reported by advocates influenced the advocate–survivor relationship from the perspective of the survivor. Applying the research of Eisenburg et al. (2019) regarding the impact of an advocate’s emotional state on the recovery of survivors, the emotional state of the advocate has the potential to influence the relationship with survivors in either a positive or negative manner.

Research conducted by Ullman (2010) and Benuto et al. (2021) explored sexual assault victim advocates interactions and found that personal bias, past personal experiences, and a negative reaction when hearing trauma narratives from survivors increased the likelihood of adverse psychological functioning in the advocates. In addition to negative reactions such as victim blaming or judging the survivor, some advocates experience unintentional negative reactions including the inability to provide the survivor with positive and supportive emotional responses (Benuto et al., 2021; Ullman, 2010). Advocates may become frightened or overwhelmed by hearing the survivor’s story and detach emotionally to manage their own feelings (Ullman, 2010). Hearing details of a trauma may not only challenge the basic beliefs the advocate holds

about human nature or the self but may also result in symptoms of acute stress or posttraumatic stress disorder when exposed repeatedly to trauma narratives. Further, up to 50% of the advocates interviewed reported anger and fear directed towards sexual assault survivors after hearing detailed accounts of their assault (Ullman, 2010).

Emotional Distress in Advocates

Many victim advocates report experiencing high levels of emotional distress when attempting to maintain an appropriate response to sexual assault survivors (Powell-Williams, et al., 2013). Advocates have reported that their relationship with survivors was negatively impacted by their own distress resulting from hearing survivors share details of their assaults (Powell-Williams et al., 2013; Ullman, 2010). Ullman (2010) interviewed 30 sexual assault victim advocates and clinicians and found that advocates who empathized with survivors experienced higher levels of distress than those who either blamed survivors or could not relate to their story at all. As a result, advocates and clinicians who empathized with survivors demonstrated a diminished ability to behave in a supportive manner towards survivors (Ullman, 2010). Additionally, Mihelicova et al. (2021) identified and explored many of the stressors advocates experience contributing to burnout. The volunteer status of many advocates as well as a tendency for advocates to have their own trauma history are among the primary reasons for burnout and negative interactions with survivors (Mihelicova et al., 2021). Applying Williams's (1984) secondary victimization theory, distress experienced by the advocate may negatively impact the relationship between survivor and advocate. As advocates are exposed to details of the survivor's assault, their interaction with the survivor may be influenced by

this distress as well as potential negative views and bias the advocate has regarding survivor responsibility for the assault (Long, 2020; Ullman, 2010; Williams, 1984).

Another form of burnout is what Powell-Williams et al. (2013) referred to as *emotional dissonance*. Emotional dissonance is commonly experienced by advocates when their expectations for how to perform in their role as advocate is not in alignment with the client's needs (Powell-Williams et al., 2013; Ullman, 2010). For example, advocacy workers who felt strongly about prosecuting sexual assault cases struggled when working with clients who chose not to engage in the legal process (Powell-Williams et al., 2013). Powell-Williams et al. also found that hearing stories of abuse was not as traumatizing or emotionally taxing for advocates as the need to make the survivor's experience make sense to the advocate. However, Long (2020) found that advocates who had experienced personal victimization were more likely to experience symptoms of burnout including emotional, mental, and physical exhaustion. In addition, heavy workloads and revictimization of the advocate by reliving their own trauma experiences lead to more frequent disengagement from advocacy work, resulting in a negative impact to the advocates' effectiveness in supporting survivors (Long, 2020).

Advocates interviewed by Ullman (2010) and Maier (2013) reported negative reactions to survivors such as victim-blaming or not believing survivors when they became overwhelmed with their role. Advocates interviewed in Ullman's study also reported higher levels of distress when feeling uncomfortable with survivor's choices related to engaging in services or not. When the survivor's desires did not align with the advocate's, such as choosing to stay in an abusive relationship, advocates reported a

tendency to doubt or question survivors (Long, 2020; Powell-Williams et al., 2013; Ullman, 2010). Advocates would then modify their role or approach to working with the survivor to create situations in which they could experience some level of feeling successful (Houston-Kolnik et al., 2021; Long, 2020; Powell-Williams et al., 2013; Ullman, 2010) despite the survivor's goals or needs.

While this approach to minimize emotional strain in working with survivors allowed advocates to experience positive feelings of success and decrease feelings of burnout, it also resulted in shifting away from a victim-centered approach (Patterson & Tringali, 2015; Powell-Williams et al., 2013). In a qualitative study conducted by Patterson and Tringali (2015), 10 forensic nurse examiners and 13 victim advocates were interviewed to explore how support services influenced survivors' engagement in the legal process of reporting an assault. One finding was that those advocates or nurse examiners who approached survivors with a victim-centered approach did so with a goal of empowering survivors to engage in the legal process. Although the goal was to support survivors in their decision to report their assault, Patterson and Tringali pointed out that advocacy workers' motivation was heavily influenced by their personal experience and may have influenced survivors' choices. However, the researchers only interviewed advocacy workers and did not explore the survivor's personal perspectives or goals in working with advocates.

Powell-Williams et al. (2013) reported that the primary factors influencing advocate burnout were based on the advocate's ability to meet the perceived needs of the survivor. However, the advocate's perceptions of successfully meeting survivors' needs

are heavily based on needs identified by the advocate and not by the survivor (Houston-Kolnik et al., 2021; Powell-Williams et al., 2013; Ullman, 2010). Additionally, Powell-Williams et al. found the needs advocates most often identified when working with survivors were those that the advocate felt most equipped to address. Although this approach minimized advocate distress and burnout, Powell-Williams et al., as well as Patterson and Tringali (2015), identified this behavior as possibly contributing to the reluctance of survivors to seek support. While both Powell-Williams et al. and Patterson and Tringali explored the relationship between sexual assault survivors and advocates, the authors did not interview the survivors to obtain their perspective, which limits current understanding of the advocate–survivor relationship. In addition, there is little recent research on this topic, as both the Powell-Williams et al. and the Patterson and Tringali studies were published over 5 years ago, and changes in advocate training and the structure of survivor support may have changed the way advocates and survivors perceive their relationship. More recent studies such as those conducted by Maier (2022) and Houston-Kolnik et al. (2021) have explored the needs of advocates in order to minimize burnout and how they support advocates, but also identify consistently changing aspects of cultural norms and needs of survivors that make the role of advocates dynamic in nature and have yet to incorporate the view of the survivor. Developing a greater understanding of how sexual assault survivors perceive the relationship with their advocates through interviewing them directly may lead to more robust standards of practice in facilitating support and care for survivors.

Advocate Role With Law Enforcement

Victim advocates assist survivors with their participation in the criminal justice system if they choose to report their assault; however, the quality of the advocate–survivor relationship may be a factor in the survivor’s decision to make a report (Goodson et al., 2020; Patterson & Tringali, 2015). Advocates may foster survivor participation through addressing concerns, providing crisis intervention, and empowering survivors during the legal process (Goodson et al., 2020; Patterson & Tringali, 2015). However, survivors who do not experience a supportive relationship with advocates may have more difficulty engaging in the legal process and may be less likely to report their assaults than those who have positive and supportive encounters with an advocate (Powell-Williams et al., 2013; Ullman & Townsend, 2007). In the study conducted by Rich and Seffrin (2013), 439 police officers anonymously completed a survey addressing how law enforcement collaborates with victim advocates while investigating sexual assault cases. Officers who collaborated with victim advocates were more likely to maintain professionalism during interviews with survivors and were also less likely to revictimize the survivor throughout the investigative process (Rich & Seffrin, 2013). Goodson et al. (2020) supported these findings in their own study of law enforcement personnel who reported their approach to a survivor was often based on their working relationship and level of respect for the advocate. Additionally, Goodson et al. found that law enforcement was more likely to refer survivors to helping services and assist in accessing services if they viewed the advocate as competent and professional. Although Rich and Seffrin were able to highlight the importance of supporting sexual assault

survivors throughout the legal process, this process assumes the advocate is speaking on behalf of the survivor and is aware of the survivor's specific and stated needs. Similarly, a study conducted by Goodson et al. assumed the survivors' needs were being met by the advocate work and focused more specifically on the relationship between law enforcement and advocates.

Patterson and Tringali (2015) and Munro-Kramer et al. (2017) sought to explore how sexual assault survivor participation in the legal process is influenced. Patterson and Tringali focused on the influence of advocate services while Munro-Kramer et al. explored factors from the perspective of the survivor. In the study conducted by Patterson and Tringali, 13 victim advocates and 10 forensic nurses who provided services to sexual assault survivors participated in interviews. Themes identified in the study related to a belief that advocates empower survivors to participate in the criminal justice system by providing emotional support and determining the most pressing needs of a survivor (Patterson & Tringali, 2015). Participants expressed a viewpoint that this approach empowered survivors by making them feel the advocate is on their side (Patterson & Tringali, 2015). Sexual assault survivors who feel supported, believed, and in control when working with advocates may be more likely to seek medical, legal, and therapeutic services (Greeson & Campbell, 2011). However, despite the multiple aspects of advocacy related to empowering survivors reflected in the study, the authors acknowledged that the results were limited in that the perspectives of empowerment were from the advocates and nurses only and did not reflect the stated needs of the survivors. Munro-Kramer et al. (2017) spoke directly to survivors but limited their scope to those survivors located on a

college campus and excluded the factor of working with an advocate. However, Munro-Kramer et al. did identify five common themes expressed among survivors that were believed by survivors to contribute to greater outcomes in working with an advocate. These themes included validation, a culture of caring, centralized location for services, confidentiality, and survivor control over the process (Munro-Kramer et al., 2017).

In contrast, Moylan (2017) explored recent changes in policy among college campuses in response to increased media attention and legislation on sexual assault and prosecution of perpetrators. Participants in the study suggested that administrative efforts to reform campus response to sexual violence was frequently overshadowed by the pressure to adhere to compliance interests of the college (Moylan, 2017). As a result, participants described a culture of fear surrounding liability and passing responsibility for responding to sexual violence to other entities and agencies. Participants in the study expressed a belief that campus reform to policy surrounding sexual violence was primarily focused on minimizing potential liability and more focused on compliance than a victim-centered response to support survivors (Moylan, 2017). This ultimately led to some individuals being placed in positions within the campus that were intended to enforce compliance and support survivors but lacked the training or knowledge to adequately do so. As a result, participants in the study expressed fear of being blamed or not believed creating additional barriers to reporting sexual violence (Moylan, 2017).

Graham et al. (2021) conducted a study involving college students who were survivors of sexual trauma to identify what survivors perceived as helpful in recovery from sexual trauma. In the study, the researchers interviewed survivors regarding their

perceived usefulness of various resources available on campus. Participants in the study reported they most often accessed victim advocate services followed by campus counseling resources following sexual trauma (Graham et al., 2021). However, participants also reported they found campus resources to be overall unhelpful for various reasons including provider bias, judgment, and lack of overall training or understanding of the impact of sexual trauma (Graham et al., 2021). The findings of Graham et al. (2021) support the belief that victim advocate services are instrumental in psychological recovery following a sexual trauma, but also have significant potential to negatively influence survivor recovery. Limitations of the study were identified as a small sample size and the population being geographically limited. Additionally, the researchers explored survivors' overall perception of the usefulness of services including advocate services but did not explore the individual experience of the interaction with an advocate to identify what was or was not helpful (Graham et al., 2021).

Survivors who choose to report their assaults face additional challenges as they move through the criminal justice system (Nichols, 2014). To better understand those challenges and how they impact overall reporting and prosecution rates, Nichols (2014) interviewed 26 domestic violence victim advocates regarding their perspectives of no-drop prosecution cases. No-drop prosecution laws exist in most states and means survivors do not have a choice as to whether to prosecute their assailant or not (Nichols, 2014). Although some participants in Nichols' study agreed with the no-drop policy as a means of effecting social change, others reported the no-drop policy revictimized survivors by ignoring their choices and taking away their power. Further, in some states,

survivors who refuse to participate in the legal process may face legal ramifications including imprisonment (Nichols, 2014). Those against the no-drop policy argue that in taking away the choice of the survivor regarding pressing charges, the needs of the survivor are being ignored (Nichols, 2014). To rectify this, participants in Nichols's study reported working to meet survivors' needs by tailoring the needs of the survivors to those the advocate was confidently able to support based on previous experience with law enforcement. However, as in previously discussed studies the perspective of the survivor was not included in this research, and advocates spoke on behalf of survivors when discussing survivor experiences. Understanding the survivor's perspective on how working with an advocate influences their decisions to report sexual assault and subsequent participation in the legal process may also provide further understanding regarding the low number of reported assaults.

The Bureau of Justice Statistics (2017) reported that 23% of rapes or sexual assaults were reported to police in 2016 and 40% of rapes or sexual assaults were reported to police in 2017. However, the most recent report from the Bureau of Justice Statistics (2022) states the number of reported rapes or sexual assaults has dropped to 21% in 2021. Some variation in reporting rates may exist among reporting agencies according to the National Crime Victimization Survey conducted in 2017 and 2022 (Bureau of Justice Statistics, 2017 and 2022). The National Crime Victimization Survey, for example, does not include sexual assaults on children who are under the age of 11, homeless individuals, assaults occurring on military bases, or assaults against those individuals living in an institutional setting such as nursing homes or correctional

facilities (Bureau of Justice Statistics, 2017 and 2022). According to Logan et al. (2005), rates of reporting sexual assaults to law enforcement at that time ranged from 16% to 39%, which was in alignment with the Bureau of Justice Statistics reports despite discrepancies in reporting methods. In addition, past reports from the Bureau indicate historically that only 14% to 18% of reported assaults are prosecuted, which may contribute to low reporting rates (Bureau of Justice Statistics, 2017 and 2022).

Sexual assault is considered the least likely violent crime to be reported to police for a number of factors. With an average of 32% of sexual assault cases being reported by survivors, only about one half will be prosecuted (Murphy et al., 2011; RAINN, n.d.-a). Of those cases that make it through the judicial system, approximately 12% result in a conviction (Murphy et al., 2011; RAINN, n.d.-a). Survivor credibility is often called into question during the legal process and is frequently diminished due to a lack of understanding of how trauma impacts memory recall and behavior. Survivors who demonstrated typical behaviors associated with trauma, such as the inability to access specific or clear memories, explaining their assault with varying or conflicting details, or behaving in ways that are inconsistent with societal expectations, were determined to lack credibility by prosecutors (Murphy et al., 2011).

Researchers have attempted to identify barriers and support systems that influence sexual assault reporting and prosecution; however, the majority of studies have addressed the advocate's or support service's perspective rather than the survivor's perspective. Although some research has been conducted from the perspective of the survivor, these studies have not addressed the relationship between survivor and advocate from the

survivor's perspective (Greeson & Campbell, 2011; Logan et al., 2005; Nichols, 2014). Additionally, studies that focused on the perspective of the advocate or support service provider assumed a positive relationship between survivors of sexual assault and their advocates. Although researchers have highlighted the complexity of advocacy work and the sensitive nature of the survivor-advocate relationship, further research is needed to understand the advocate-survivor relationship from the perspective of the survivor, especially given that the majority of studies are dated and do not take into account more recent reforms to help support survivors. Understanding the survivor's perspective in advocacy work may empower advocates to better serve survivors' needs by gaining a greater understanding of how to identify and meet the needs of survivors.

Advocate Role With Medical Personnel

For many sexual assault survivors, medical personnel will often be the first person they encounter following an assault (Greeson & Campbell, 2011; Logan et al., 2005). According to Greeson and Campbell (2011) this is also a predominately negative experience for most survivors and results in emotional distress and psychological harm to the survivor. Secondary victimization can result from interactions with medical personnel due to a gap in service that results in 40% to 80% of survivors being denied services (Greeson & Campbell, 2011). Survivors face difficulty in accessing emergency contraception or medication to prevent sexually transmitted diseases when seeking treatment in emergency rooms (Greeson & Campbell, 2011).

The lack of quality care for survivors in medical settings was recognized in the late 1970s and resulted in the creation of the SANE specialty (Maier, 2012). SANEs are

trained to collect and handle evidence from a survivor related to sexual assault (Maier, 2012). However, survivors continue to face barriers when encountering medical personnel. One reason for this identified by Greeson and Campbell (2011) is the belief that survivors are treated poorly by medical personnel due to survivor blaming or failing to believe the survivor's report of rape. Additionally, providers who treat survivors in a cold manner or with minimal empathy may result in secondary victimization and deter survivors from seeking further assistance (Greeson & Campbell, 2011).

Maier (2012) interviewed 30 SANEs and reported that the dynamic between SANEs and victim advocates is important and that negative interactions between the two providers may negatively impact the survivor's experience. Power struggles between advocates and SANEs were most commonly related to a feeling that one entity was overstepping into the other's area as well as a desire to have their work viewed as valuable (Maier, 2012; Murphy et al., 2011). Patterson and Pennefather (2015) found that conflict between SANEs and advocates was common when advocates felt they were placed in an assistant role, and nurses felt their role was being placed secondary to the advocates evaluation of the survivor. This was noted to be most commonly experienced among less experienced advocates and nurses although similar conflict did occasionally occur between those colleagues with more experience when one valued their contribution over another (Patterson & Pennefather, 2015). When conflict occurred, Patterson and Pennefather identified that both SANEs and advocates reported care to the survivor was negatively impacted as a result of conflicting priorities and a lack of focus on the survivor's needs.

In effort to better understand the experience survivors encounter when engaging with medical personnel, Greeson and Campbell (2011) interviewed 20 female survivors of sexual assault who had contact with both law enforcement and a SANE following their assault. The authors identified three ways in which survivors attempt to alter their experiences with these helping agencies with the goal of creating a more positive experience or regaining a sense of control. Survivors reported one method of altering outcomes when engaging with medical personnel was to simply comply with any and all requests of medical providers, despite a lack of understanding regarding evidence collection procedures or a sense of fear related to being revictimized. Alternatively, defiance by refusing to comply with recommendations was another method employed in a perceived attempt to protect themselves from additional harm or victimization during evidence collection or questioning by medical staff (Greeson & Campbell, 2011). Finally, survivors also reported acting in defiance by challenging recommendations and opinions of providers in an effort to regain a sense of control or to alter a providers' perception of the survivor, particularly when the survivor felt dissatisfied with the process (Greeson & Campbell, 2011).

Survivors interviewed in the Greeson and Campbell (2011) study indicated that they believed they would experience a more positive interaction with medical personnel and be more likely to continue in treatment or to engage in the legal process if they had a support system in place during the early stages of the trauma. Having an advocate to explain the process as well as routinely inquire about concerns for safety, stability, and emotional well-being reduced emotional distress in the participants (Greeson &

Campbell, 2011). This information echoes the findings of Logan et al. (2005) and Maier (2012), which indicated survivors who were connected with an advocate early in the process of reporting an assault faced fewer barriers in reporting their assault and receiving treatment. However, also as identified by Logan et al. and Maier, the advocate's attitude and approach were significant factors in whether the survivor had a positive or negative experience with subsequent providers and law enforcement.

The way an advocate interacts with medical personnel, the first contact for most sexual assault survivors, has significant potential to influence the survivor's overall experience in working with the advocate as well as medical and law enforcement personnel. Greeson and Campbell (2011) expanded the work of Ullman (2010) and Annan (2011) by exploring the experience of sexual assault survivors working with helping agencies from the perspective of the survivor, and Goodson et al. (2020) explored how law enforcement perspectives of advocate services impacted officer referrals to victim services and of the victim themselves. However, the authors did not focus on the process of working with a victim advocate, whose primary role is to facilitate access to services while providing support to survivors.

Munro-Kramer et al. (2017) conducted a qualitative study using survivor participants on a college campus to identify what factors contributed to a survivor's decision to seek services. While the researchers concluded ease of access, validation, survivor's perception of control, and confidentiality were among the primary reasons survivors were encouraged to seek services, they did not explore the specific experience of survivors working with an advocate.

The use of a qualitative approach in this study was consistent with the need to gather updated information regarding the experience of sexual assault survivors in working with victim advocates. The focus of qualitative research is to address a topic that is not adequately covered in current research (Creswell, 2014). There is a significant gap in the literature exploring the use of advocate services from the perspective of the survivor, and the study seeks to fill that gap. The focus of this study is on the experiences of the survivors regarding their relationship with their advocate. A qualitative approach was appropriate to explore the research questions due to the dearth of information available from the survivor's perspective as well as the complexity of the nature of this relationship.

Multiple studies have attempted to identify barriers and support systems that influence sexual assault reporting and prosecution; however, the published literature is based on the advocate or support service's perspective rather than that of the survivor. Much of the published literature is also sorely outdated and does not reflect current practices in the field. While some research has been conducted from the perspective of the survivor (Munro-Kramer et al., 2017), these studies do not address the relationship between survivor and advocate from the survivor's perspective (Greeson & Campbell, 2011; Logan et al., 2005). Additionally, the research that focuses on the perspective of the advocate or support service provider assumes a positive relationship between survivors of sexual assault and their advocates. Although the authors of the research in this field highlight the complexity of advocacy work, as well as the sensitive nature of the survivor and advocate relationship, further research is needed to understand the complex

nature of the advocate–survivor relationship from the perspective of the survivor. In addition, the research literature is notably dated, with little to nothing being published in the past 5 years. Understanding the survivor’s perspective in advocacy work may empower advocates to better serve survivors’ needs by gaining a greater understanding of how to identify and meet the needs of survivors.

Advocate Perspective and Experience

Victim advocates are most often one of the first professional services a sexual assault survivor will encounter, and according to Patterson and Tringali (2015) that interaction may have a drastic impact on the survivor’s decision to engage in services. The formal support victim’s advocates provide is intended to be an empathetic and supportive response to survivors of sexual assault. The goal of the advocate through this support is to establish a sense of control and safety for the survivor, thereby minimizing or mitigating the effects of sexual assault trauma (Najavits, 2002). As described by Murphy et al. (2011), victim advocates are the only service provider to work with the survivor throughout the entire process of making a report, accessing services, and navigating the legal system, as well as follow-up care for the lifetime of the survivor if needed. This intense and long relationship between advocate and survivor has the potential to empower survivors or create additional distress and revictimization. Therefore, it is essential to have an understanding of this relationship from the perspective of the survivor.

Victim advocates may serve in multiple roles although their primary function is to support the survivor and facilitate access to resources. In an effort to explore the lived

experiences of victim advocates and legal providers in working with sexual assault survivors, Annan (2011) conducted a phenomenological study consisting of 28 participants including seven attorneys, six law enforcement personnel, six crisis center advocates, five victim-witness advocates, and four social workers, all of whom had experience working with sexual assault victims. Applying Williams's (1984) secondary victimization theory, Annan sought to identify how the support, or lack of support, provided by these professionals influenced the overall psychological well-being of the survivors they worked with.

Annan (2011) reported that the participants believed access to services was particularly problematic for sexual assault survivors. For survivors in rural settings, distance to providers and lack of transportation were significant factors in restricting access to services. Additionally, in low-income or financially strained households, inconvenient business hours that required survivors to miss work to meet with service providers created an additional access (Annan, 2011). Annan also found that concerns about maintaining confidentiality were a significant barrier. In small rural communities, survivors face an increased risk of encountering providers outside the professional setting, which may present a challenge to maintaining confidentiality (Annan, 2011).

The close-knit nature of smaller communities where many individuals have spent their entire lives together is also a threat to maintaining confidentiality. Smaller communities where residents have long-standing reputations within the community create an additional level of concern (Annan, 2011; Munro-Kramer et al., 2017). The participants identified concerns that survivors were not believed or experienced increased

instances of victim blaming attitudes in both the legal and medical communities of small towns (Annan, 2011; Rich, 2019). The providers that were interviewed indicated women who accused someone within the community who had a favorable reputation were less likely to be taken seriously when making a report (Annan, 2011). Although the study conducted by Annan highlighted potential barriers to positive interactions between survivors and the legal and medical professionals within smaller communities, it also only incorporated the view of service providers. Incorporating the views of survivors regarding the advocate–survivor relationship is necessary to fully understand the potentially positive or negative impact of the provider perspective towards survivors.

Due to the significant influence victim advocates may have on a sexual assault survivor's recovery, it is important that survivors experience a positive interaction in their advocate relationship (Annan, 2011; Munro-Kramer et al., 2017; Powell et al., 2013; Rich, 2019). Advocates who find their work meaningful and enjoyable are more likely to have positive views of sexual assault survivors and engage in less victim-blaming behavior, ultimately improving the experience and healing process for survivors (Goodson et al., 2020; Powell-Williams et al., 2013). However, a unique aspect of victim advocacy is inconsistency in the help-seeking behavior of survivors of sexual assault (Greeson & Campbell, 2011). Although some survivors may thrive with the assistance of a victim advocate and take advantage of resources provided, others resist services and do not comply with treatment recommendations (Greeson & Campbell, 2011). One possible explanation for this dichotomy was identified by Murphy et al. (2011), who interviewed 14 victim advocates regarding barriers survivors may face when navigating the criminal

justice system. The authors reported that fear, isolation, and emotional fatigue were primary reasons for survivors to disengage in services. Additionally, Sall and Littleton (2022) found that the lack of institutional support for college students specifically was a prominent barrier in seeking services or recovery from sexual trauma. Graham et al. (2021) also noted a lack of adequate training and access to resources combined with societal bias and difficulty engaging with resources were barriers to survivors viewing resources as helpful and willingness to engage in the legal process. However, advocates interviewed in the study also expressed a belief that it was their personal responsibility to empower survivors, and that as a result of working with an advocate, survivors became stronger emotionally (Murphy et al., 2011). While advocate work is believed to be essential in empowering and supporting survivors following an assault, research regarding this belief from the perspective of the survivor is nonexistent.

Victim Blaming and Social Perception

Several researchers have noted that social reactions to a sexual assault disclosure have a significant impact on outcomes for survivors of sexual assault throughout the healing process (Goodson et al., 2020; Munro-Kramer et al., 2017; Ortiz et al., 2022; Pinciotti et al., 2021; Rich, 2019; Ullman, 2010). Although there are many reasons a survivor may choose to not report or not participate in the prosecution of their assailant, the most common reasons are fear of victim-blaming, lack of support, and fear of not being believed (Munro-Kramer et al., 2017; Murphy et al., 2011; Patterson & Tringali, 2015; Rich, 2019). The social, cultural, and political attitudes and perceptions in a society

may contribute to victim-blaming, hindering the recovery process for the survivor (Annan, 2011; Murphy et al., 2011; Rich, 2019).

The fact that victim-blaming and rape myths permeate society has been well-established (Lichty & Gowen, 2021; Pinciotti et al., 2021; Van der Bruggen & Grubb, 2014). In an effort to understand the extent to which survivors' fears related to reporting assault are substantiated, researchers have conducted studies using vignette methodology in which characteristics of the survivor can be manipulated (Van der Bruggen & Grubb, 2014). This procedure involves reading a group of "observers" a hypothetical scenario with the manipulation and control of various characteristics of the survivor and situation. After hearing the scenario, observers are asked to make a judgment about the scenario using a rating scale (Van der Bruggen & Grubb, 2014). Van der Bruggen and Grubb (2014) reviewed several such studies conducted and reported that in the majority of scenarios, rape survivors were blamed for their own victimization to some degree. Male observers were more likely to blame survivors and minimize rape more than the female observers, and male survivors were blamed more often than female survivors for their own assaults (Van der Bruggen & Grubb, 2014).

Similarly, Pinciotti et al. (2021) found gender differences significantly influenced likelihood of victim blaming and lack of support when the survivor was a female. Sexual orientation, level of resistance during the assault, adherence to traditional gender roles such as the woman being a homemaker, the relationship between survivor and perpetrator, and professional status of the survivor were also found to be characteristics

of survivors which contributed significantly to victim-blaming (Van der Bruggen & Grubb, 2014).

Sims et al. (2007) identified attributions such as the presence of alcohol or other substances in addition to the type of resistance demonstrated by the survivor to be factors in assigning blame to survivors for their assault. Looking primarily at the construct of date rape, Sims et al. gave 213 men and women between the ages of 18- and 23-years questionnaires evaluating influence of alcohol in sexual aggression, frequency of drinking, and attitude towards women. Participants were given three short vignettes and asked to determine the level of responsibility assigned to each survivor for their assault based on factors that were manipulated such as presence of alcohol, flirtatious behavior, and type of resistance (Sims et al., 2007). Most participants were more inclined to blame female survivors for their assault if they had used alcohol, and they also indicated that they believed the use of alcohol by the female survivor communicated that she was sexually available to the assailant (Sims et al., 2007). Participants who supported more traditional beliefs of gender roles were more likely to blame survivors for the assault, and those with more conservative views had more negative views of survivors than those who considered themselves to be less conservative (Sims et al., 2007). Ortiz et al. (2022) also found that those who more closely identified as partisan were more likely to hold sexual assault myths and engage in victim blaming attitudes and behaviors.

Kolb (2011), Maier (2012) and Maier (2013) conducted early research regarding social perceptions of victim advocates. According to these authors, social norms often devalue the advocate's interaction with sexual assault survivors. Several other researchers

have conducted similar studies that continue to support the assertion that rape myths and victim-blaming are prevailing attitudes in society (Lichty & Gowen, 2021; Maier, 2013; Ortiz, 2022; Pinciotti et al., 2021; Rich, 2019; Van der Bruggen & Grubb, 2014).

In addition to negative attitudes about the survivors, victim advocates and SANE nurses who work with survivors of sexual assault often report a perception that their work is looked down upon by those in other medical, therapeutic, or legal professions (Kolb, 2011; Maier, 2012). Kolb (2011) noted that many victim advocates provide one of two primary roles when working with survivors. Advocates provide what he describes as “care work” in which advocates tend to the emotional needs of survivors, listen to their stories, and create safety plans (Kolb, 2011). Additionally, advocates evaluate the multitude of legal services and options available to survivors, explain the various options, and then walk the survivor through the appropriate process should the survivor choose to pursue legal action (Kolb, 2011). In a medical setting, Maier (2012) found that advocates identified their primary role as providing comfort, a sense of safety, and to inform the survivor of their choices as well as any procedures taking place.

Although advocates often work closely with other helping agencies in both the legal and medical fields, the interactions are not always positive (Maier, 2012). A primary reason identified by advocates who were interviewed by Kolb (2011) that they felt their work was looked down upon was the lack of a professional license or master’s level degree. Due to the lack of professional credentials compared to social workers or therapists, advocates felt they were not as frequently consulted by other professionals regarding their service with survivors (Kolb, 2011), despite being a major function of

their role in working with a survivor. Additionally, advocates reported other colleagues, family, and friends appeared to be impressed when advocates described their paralegal skills and how they use them to help survivors, but often appeared dismissive or uninterested when advocates discussed their experiences of “care work” (Kolb, 2011).

Similarly, advocates have reported that the SANE program, although beneficial to the survivor, makes them feel that their work is no longer as valued as it once was (Maier, 2012). The SANE’s primary role is to conduct the forensic exam, but they also provide similar “care work” services by nature of their role as a medical professional (Maier, 2012). SANEs are licensed medical professionals with years of education and training, and as Kolb (2011) reported most victim advocates do not possess licensure or graduate degrees. Advocates reported experiencing belittling attitudes or behavior from SANEs who thought the advocate was overstepping their boundaries during an exam by providing services the SANE felt better equipped to provide (Maier, 2012).

Although advocates identified the legal work they performed as more meaningful and fulfilling than “care work”, they also identified several areas in which they felt their work was looked down upon by others in the legal community. For example, advocates perform a variety of services including writing protective orders, reviewing criminal case files and forwarding them to attorneys, faxing court paperwork on behalf of the survivor, and even providing legal advice to attorneys regarding the impact of various plea deals on survivors’ well-being and future safety (Kolb, 2011). However, while attorneys may charge upwards of \$1,500 for each of these services, advocates perform these services for free (Kolb, 2011). Although many factors may influence a survivor’s individual

experience in working with a victim advocate, the societal perceptions advocates experience directly influence their interactions with sexual assault survivors, which according to Kolb (2011) and Maier (2012) may also impact the survivor's recovery.

The research of both Ullman (2010) and Annan (2011) emphasized the importance of victim advocate interactions with sexual assault survivors and the delicate nature of the relationship between the two individuals; however, both authors described only the perspective of victim advocates, and both studies are over a decade old. The social reaction and perception to a sexual assault survivor's disclosure has a significant impact on the survivor, and how an advocate responds to a survivor's disclosure may influence the survivor's decisions to seek treatment, to disclose their assault to anyone else, or even to engage in the legal process to prosecute their assailant (Annan, 2011; Ullman, 2010; Van der Bruggen & Grubb, 2014). Understanding how the reactions of advocates can influence survivors' perceptions of the relationship can only be achieved by asking the survivor. Without understanding the experience of the survivor in working with an advocate we cannot fully understand the positive or negative impact of that relationship on a survivor's healing process.

Summary

Current statistics indicate that many women in the United States will be the victim of some form of sexual assault in their lifetime (Annan, 2011). Although multiple services and resources exist to guide survivors in the healing and legal process following an assault, many survivors chose not to engage in services. Survivors commonly reported fear of being blamed or fear of retaliation as reasons for not engaging in services as well

as a lack of understanding of the process to obtain services (Graham et al., 2021; Greeson & Campbell, 2011; Lichty & Gowen, 2021; Logan et al., 2005; Maier, 2013; Nichols, 2014; Patterson & Tringali, 2015; Ullman & Townsend, 2007; Van der Bruggen & Grubb, 2014). The role of the victim advocate is to facilitate access to these services, overcome barriers, and advocate for the survivor to be able to share their story in a safe environment to reduce psychological distress following an assault (Greeson & Campbell, 2011; Kolb, 2011; Patterson & Tringali, 2015; Ullman & Townsend, 2007).

The effectiveness of the advocate role in assisting survivors has only been studied from the perspective of the advocate or other helping professionals. Without understanding the survivor's perspective of working with an advocate, it is difficult if not impossible to understand how beneficial advocate services are. Current understanding of the experience of a sexual assault survivors' engagement with advocate services is based in secondary victimization theory (Williams, 1984) and social learning theory (Bandura, 1977). The multiple societal and political factors that influence an advocate's attitude and approach when working with a survivor are key to understanding the survivor's perspective of the relationship with an advocate. Advocates who are influenced by burnout, personal experiences, or societal norms may misinterpret the needs of the survivor creating additional psychological distress or instances of secondary victimization.

Societal attitudes and norms that extensively question a survivor's report of assault or assign responsibility to the survivor based on their behavior or appearance at the time of the assault create extensive barriers for survivors. An advocate's ability to

navigate these barriers depends largely on the relationship and level of trust established between advocate and survivor. Advocates must navigate a delicate balance of establishing working relationships with various agencies within law enforcement and the medical field, as well as maintaining focus on the survivor's needs and concerns.

Researchers have highlighted the importance of the advocate role in navigating legal aspects of reporting an assault and seeking medical assistance. However, a gap exists in exploring the effectiveness of current approaches in advocacy from the perspective of the survivor. Current research addressing perspectives of sexual assault survivors do not address specific interactions with advocates or other helping agencies, and those that address interactions with helping agencies are not from the perspective of the survivor. Research that does attempt to address both the survivor perspective and advocate or helping agency interaction is severely dated and primarily lacks new information in light of a trauma-informed care approach under current best practices. With the primary role of an advocate being to minimize psychological distress and revictimization of sexual assault survivors, it is necessary to gain a better understanding of how survivors perceive the working relationship with sexual assault advocates.

Current literature explores sexual trauma from many perspectives but does not adequately address the experience from the perspective of the survivor, specifically the experience of working with a victim advocate following the trauma. Understanding this dynamic will help inform current practice and promote healthy interactions with survivors to facilitate healing and psychological well-being. In order to do this, it was necessary to speak to the survivors directly who have worked with an advocate. In the

following chapter, a rationale for conducting semi-structured interviews with survivors as part of a phenomenological study will be explained along with literature supporting this rationale. The role of the researcher and how this role may have influenced the research along with any biases or ethical issues will be described. Finally, a detailed description of the methodology selected for the study will be provided including participant selection procedures and use of specific instrumentation for data collection along with a discussion of ethical procedures for collection and interpretation.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to explore lived experiences and perceptions regarding the relationship between victim advocates and sexual assault survivors from the perspective of survivors receiving treatment at counseling or crisis treatment centers in Texas. In order to better understand the needs of survivors following an assault, it is necessary to explore the complex relationship between survivors and advocates. Information regarding survivors' perspectives of this relationship is lacking in the current literature. To address this gap, survivors of sexual assault who have had an interaction with a victim advocate were interviewed regarding their experience of that interaction. This chapter provides a description of the research design and rationale for its use. In addition, I outline the research questions as well as the methodology for collecting and analyzing data. I also explain sample selection procedures, the steps taken to ensure ethical protection of participants, and potential conflicts of interest and personal biases as well as how these were managed in the study.

Research Design and Rationale

The current lack of understanding of how survivors of sexual assault perceive their initial encounter with a victim advocate is important to address as it is unknown if these interactions result in the reassurance and support that is intended. Although most advocates find their work meaningful and helpful to survivors, Maier (2012) noted that 24% of sexual assault advocates described personal beliefs and ideas that promoted victim-blaming attitudes. The literature on this topic is also significantly outdated. It is

important to investigate the nature of the survivor/advocate relationship from the survivor's point of view, as this has not been previously explored. The following research questions were used to address the lack of knowledge regarding survivors' perceptions of their experience working with an advocate:

RQ: How do adult sexual assault survivors describe their relationship with the sexual assault victim advocate they worked with?

Sub questions include:

- What aspects of having contact with an advocate do sexual assault survivors identify as being helpful or unhelpful?
- In what ways do survivors of sexual assault feel their experience with an advocate encouraged or discouraged engagement with legal services or other support services?
- How do survivors of sexual assault view advocate services, and in what ways if any do they think this initial interaction may be improved?

Central Concepts

The central phenomenon explored in this study was the life experience and perceptions of sexual assault survivors in Texas who had initial contact with a victim advocate following an assault. The focus of the study was to examine survivors' perspectives of their relationship or initial encounter with an advocate including the potential benefits and harmful aspects of the encounter. Data collected during the study were used to identify central themes related to victim advocate work and subsequently lead to a better understanding of the relationship between sexual assault survivors and

victim advocates. I expect that this understanding will better inform victim advocacy by identifying aspects of the relationship between survivors and advocates that may be either helpful or harmful.

Research Tradition and Rationale

Qualitative research explores topics that are not adequately covered in current research (Creswell, 2014). Creswell (2007) asserted that qualitative research seeks to relate the subjective nature of an individual's reality while allowing researchers to gain a more in-depth understanding of that reality. A qualitative approach was selected for this study as it is consistent with collecting information not currently available regarding the experiences of sexual assault survivors working with a victim advocate.

Further, a phenomenological approach fits the research question well, as it focuses on understanding the shared experiences of survivors working with a victim advocate and examining patterns in those experiences. In this study, a semistructured open-ended interview was used to collect data and understand the subjective experience of the participants. The interview questions were designed to elicit responses from the participants that describe their overall experience in working with an advocate to identify shared experiences between participants. These questions were structured in a way that allowed participants to reflect on their interactions with the advocate while avoiding discussion or potential triggers related to their assault.

Other research traditions were considered for the study before selecting a phenomenological approach. A case study approach was not selected due to the goal of the study being to identify and explore shared experiences among a group of survivors.

Due to the subjective nature of describing a personal experience, a case study would not allow for the exploration of a shared experience among survivors (Creswell, 2007).

Similarly, a narrative approach was not selected, as the intended focus of the study is not on individual experiences (Creswell, 2007). Finally, a grounded theory approach was not used because the purpose of the study is not to develop theory around the participants' shared experiences or the origin of those experiences, but to gain a detailed understanding of what shared experiences may exist among participants (Creswell, 2007).

A phenomenological approach was chosen due to the emphasis on identifying and understanding the meaning of a shared experience among participants (Creswell, 2007).

A qualitative phenomenological study is the best design approach to address the research questions to understand the individual experiences of sexual assault survivors as well as to identify commonalities among their experiences. The semistructured interview questions were developed to address the research questions and provide an overview of the relationship with an advocate from the perspective of the survivor, and then gradually become more specific regarding aspects of the relationship the survivor found helpful or harmful. The research questions were also developed to help inform current practice in terms of what survivors believe would have been helpful to improve on the quality of services they received.

Role of the Researcher

According to Creswell (2007) there is an axiological assumption in which researchers bring their personal bias into the study. As such, I recognize my own personal bias related to my previous work as a sexual assault victim advocate working with the

military. In my role as the researcher, I was an observer and directly conducted interviews with participants but was not interviewed myself. As such, my personal bias related to previous experience working as a sexual assault victim advocate with the military needs to be taken into consideration. Although I do not currently work in this role, in the past I would consult with victim advocates from other crisis centers when working with a military member who had disclosed a sexual assault. My responsibilities included providing support and guidance to survivors related to the specific and unique procedures of reporting a sexual assault in the military. In this role, my interactions with victim advocates employed at crisis centers were limited to the initial contact with a survivor at the time of disclosure.

As a result of my work as an advocate, I recognize that I hold the assumption that advocate work is beneficial to survivors and assists in recovery following an assault. Additionally, it is my assumption that the support of an advocate assists in navigating the legal system should the survivor choose to do so. I also have an assumption that advocates are helpful in assisting survivors to find access to support services. These personal biases were kept in mind throughout the study and were discussed with dissertation committee members during coding and analysis of results to identify personal emotional responses or opinions that may have influenced results of the study. Member checking was also used to minimize the influence of personal bias in interpreting results. Participants were provided with a transcript of the interview after the interview had been completed to ensure accuracy and address any misconceptions or misunderstandings. In

addition, the strategy of bracketing was used by identifying initial assumptions and then revisiting those assumptions once more information has been obtained.

Methodology

Participant Selection Logic

A purposive sampling strategy was used to recruit participants for the study. The population sampled was women aged 18 or older who have had initial contact with a victim advocate following an assault, and who have worked with a therapist or rape crisis center in Texas for a period of 6 months to 1 year. Male survivors were not included as participants, as they are a unique population whose experiences with victimization are qualitatively different enough from women's experiences to justify unique focus on one sex (Turchik et al., 2016). Similarly, transgender women were not included in the study as they are also a unique population with experiences that may vary significantly and should be explored in a separate study (Du Mont et al., 2020). Participants in this study had both brief interactions with victim advocates and longer-term relationships with some spanning several months. Initial contact with an advocate typically occurred immediately following an assault or shortly after. Participants were recruited by distributing recruitment flyers to participating rape crisis centers, and therapists who were working with potential participants and were asked to inform them about the study and provide my contact information.

The participants in this research were limited to individuals who had followed up on treatment recommendations and have been actively engaged in treatment. Survivors who had not engaged in treatment were not represented in the study, and asking therapist

to distribute recruitment materials allowed them to consider who may or may not be able to discuss their experience with minimal psychological distress. This inclusion criterion addressed potential concerns related to retraumatizing or revictimizing participants who may not have had sufficient time to engage in treatment and emotionally regulate following an assault.

Participants were not asked to discuss their assault or details surrounding the assault. However, it is impossible to guarantee a participant would not experience any emotional distress as a result of discussing their interactions working with a victim advocate following the assault. For this reason, limiting participants to those currently working with a therapist through the rape crisis center provided additional immediate and continuing support for participants should they need to address concerns or triggers resulting from discussions of interacting with a victim advocate through the course of their own therapy if they chose to disclose their participation in the study. Participants were also provided with outside resources for crisis intervention and support to maintain confidentiality regarding their participation in the study if needed.

The sample size for this study included 10 participants who meet the above inclusion criteria. According to Creswell (2014), qualitative research studies range from three to ten participants to reach saturation. Including 10 participants in the study allowed for the possibility that not all participants would complete the study with enough participants remaining to reach saturation.

Instrumentation

Personal identifying information collected from each participant included name, email address, and phone number for the purpose of coordinating interviews.

Demographic information including age, race, and level of education was collected to inform future research and is included in Chapter 4 (see Table 1). Any personal identifying information was stored on an encrypted and secure server that only I have access to. Participant information was protected through a process of developing a key code with each participant being assigned a number and identifying information was not included in the recorded interviews. Members were only referenced by their assigned number and the key was password protected and accessible only by me.

Instrumentation for this research included an interview developed for the purpose of this study. No published interviews address the research questions for this research, making instrument development necessary to the study.

Researcher-Developed Instrument

Instrumentation used in this study for data collection included a researcher-produced semistructured interview with eight initial open-ended questions (see Appendix) and follow-up questions for clarification as needed. The interview questions were written for me to reference during the interviews and take notes while the interview itself was recorded through a personal digital recording device for later transcription. The interview questions were also developed using the guiding theoretical frameworks, and my committee members reviewed the interview items for face validity. The interview

items have also been reviewed by administrators at the rape crisis centers, both to assess ethical concerns and content validity using expert judgment.

The intent of the interview questions was to prompt the participants to share their experience of working with an advocate. The initial eight questions were expected to be sufficient to prompt participation in the discussion without leading or guiding the participant toward a specific response. Follow-up questions were used for clarification only and specifically on an as needed basis.

Procedures for Recruitment, Participation, and Data Collection

The data collection process for this study was conducted using a semistructured interview conducted over a HIPAA-compliant videoconferencing platform at the preference of the participant. Participants had access to crisis intervention resources in the event they required assistance during the interview.

Therapists provided a flyer to potential participants outlining the purpose and details of the study. They were asked to provide this information to potential participants who have sufficient treatment history and coping skills to participate in the study at the discretion of the therapist, and to discuss potential risks or benefits of the study. Potential participants who expressed interest in participating were then directed to initiate contact with me via email or by phone.

When potential participants contacted me, I screened them to make sure that they meet the inclusion criteria, and then discussed with them the purpose of the study, the potential risks and benefits of participation, and the expected length of time it would take them to participate. In addition, potential participants were informed of the procedures

involved in collecting information and maintaining confidentiality, including disposal of participant contact information. I also informed them of their rights as a voluntary participant including access to crisis services during the study and the right to withdraw from the study at any time.

Participants were recruited for the study through distribution of a flyer at crisis centers and through therapists who identified clients that met the selection criteria. Interested participants contacted me via the information provided in the flyer and completed a brief interview to determine eligibility for the study based on selection criteria. Once selected for the study, participants were scheduled for an interview at their convenience through email or phone contact after the consent form was signed and returned to me. Participants were able to sign the consent form in person at the crisis center or were able to request an electronic copy be emailed to them for digital signature.

Creswell (2014) suggested that in some qualitative interview approaches, researcher presence may bias the response of the participant. Participants may be more forthcoming in their responses when given the opportunity to participate in an environment in which they feel safe. Creating a safe environment for survivors to discuss any aspect of an assault is critical in reducing psychological distress (Greeson & Campbell, 2011; Kolb, 2011; Patterson & Tringali, 2015; Ullman & Townsend, 2007).

The use of a semistructured qualitative interview allowed an element of control over the line of questioning (Creswell, 2014). Although in-person interviews would be preferred due to technology restrictions or other difficulties that may arise with connectivity during virtual interviews, the opportunity for participants to engage in the

interview in their home, where they may have access to their support system, may have decreased apprehension and improved their comfort level as all participants chose this option. I was in a space that ensured the privacy of the interviews, and no one was present with me or able to overhear my conversations with the participants. The participants were informed about privacy concerns and were in control of their own environment in that regard.

Interview sessions lasted 30 minutes to 1 hour with frequent check-ins to make sure the participants were comfortable. Follow-up interviews for clarification were conducted on an as-needed basis when questions arose regarding accuracy of transcription or if the interview was interrupted unexpectedly. Participants were compensated for this time at the same rate as the initial interview. Participants were provided with a transcript of their interview to review for accuracy and content as a method of member checking.

I recorded the interviews using a hand-held digital recording device and stored the recordings on an encrypted server. A confidentiality agreement was in place with the selected transcription service to protect client information. Transcripts of client interviews were then analyzed by first organizing participant responses using a process of patterning to establish meaning of specific experiences described by participants (Bryne, 2017).

Upon completion of the study, participants were thanked for their participation and were contacted again via email or by phone based on participant preference to discuss any questions or concerns related to the study as well as to conduct member

checking. Participants were offered compensation for their time in the amount of \$25. The use of compensation was intended to thank the participants for their time due to the length of the interviews. Some participants were needed for an additional interview session to clarify areas of the recording that were unintelligible and were compensated accordingly at the same rate of \$25. Participants were informed that if they decided to resign from the study prior to completion, they were entitled to keep the compensation and any information collected from them would not be used in the data analysis. All participants completed the study.

Participant wellbeing was explored during the debrief process following completion of interviews as well and were referred to crisis centers or outside therapy services as needed for further assistance and support. No participants reported distress arising to the level of needing additional support or services. A summary of findings was provided to participants following completion of the study at their request.

Data Analysis

Phenomenological analysis, as described by Moustakas (1994) was used to analyze the data and address the research question and subquestions. An analysis of the reported experiences of participants was conducted by first using bracketing when listening back to interview recordings or reviewing transcripts to identify themes or meaning. Listing and preliminary grouping was done by identifying and listing each expression present in interviews that were relevant to the participants' experience (Moustakas, 1994). Next, each identified expression was tested for relevance through a process of reduction and elimination by questioning if the expression was necessary and

sufficient to understand the participants' experience, and if the expression was able to be labeled. Expressions identified in the participant interviews that did not meet these criteria were eliminated, as well as overlapping or repetitive and vague expressions. Related expressions were then clustered and identified under a thematic label to identify core themes of the individual experience (Moustakas, 1994).

A composite structural description of the experience of the participants as a whole was completed next by counting the number of times specific issues or themes were identified in each interview and were reported as a frequency count (Bryne, 2017; Moustakas, 1994). Units of meaning or the number of times a topic is mentioned among all interviews were then clustered together to identify shared themes as a way of understanding the group experience (Moustakas, 1994). Finally, a textural-structural synthesis of the descriptions of identified themes and experiences was completed to provide the meaning and shared essence of survivor's experience of working with an advocate (Moustakas, 1994). A qualitative computer data analysis program, NVivo, was used to assist in organizing, sorting, and coding responses to identify specific themes (Creswell, 2014). Information gathered about a participant experience that was not consistent with other themes identified is reported in findings including a discussion of the impact on identified themes.

Issues of Trustworthiness

Credibility

In order to ensure credibility and eliminate misconceptions or misunderstandings to the degree possible, member checking, bracketing or journaling, and peer review

(Amankwaa, 2016). Bracketing was done by identifying and writing down what I believe the participant responses would look like, including my personal bias and assumptions. I referred to this information during analysis to address any issues of misinterpreting data to support my assumptions and to ensure objectivity (Amankwaa, 2016). Member checking involved providing the participant with a transcript of the interview to obtain clarification or correct any misunderstandings (Amankwaa, 2016). The strategy of bracketing was also used in conjunction with member checking by identifying initial assumptions and then revisiting those assumptions once more information had been obtained.

Peer review was conducted by meeting with a peer debriefer after each interview who has completed an attestation form and had agreed to work with me (Amankwaa, 2016). Each visit with the peer debriefer involved discussing the interviews, my feelings or actions during the interview, and any potential blocking or bias that may have occurred during the interview. Meetings were journaled and referenced during data analysis (Amankwaa, 2016).

Transferability

Transferability was addressed by using a process described by Amankwaa (2016) as “thick description.” This involves asking open-ended questions to derive robust and detailed responses to provide as much insight into the participant experience as possible (Amankwaa, 2016). This process was intended to specifically describe the participants’ experiences to the extent possible to allow generalizability to other cases. However, due to the sensitive nature of the data being gathered, details of the participants’ reports were

omitted to protect participant identity and well-being and are addressed as a limitation in the study.

Confirmability

Finally, reflexivity was used as a strategy to establish confirmability. This involved peer consultation and review as well as personal reflection to identify and address my own personal response to interviews and information obtained including my personal relationship with the study itself (Amankwaa, 2016).

Ethical Procedures

Ethical considerations in this study were extremely important to consider given the sensitive nature of participants' experiences, access to confidential information granted by the rape crisis centers, and a need to protect participants from further harm during the study. As such, confidentiality, privacy, and psychological distress were the primary risks of the study. Institutional permissions such as Institutional Review Board (IRB) approvals (#09-26-23-0627388) were obtained prior to recruitment of participants or conducting interviews. Participants were provided an agreement to sign giving consent to participate in the study, process for resigning from the study early, permission to record the interview, description of the use of information for research purposes, methods used to protect personal or sensitive information, process for storing data during the study, and timeframe in which the data will be destroyed upon completion of the study.

Consent is a process, and participants were also be informed that they can quit the study at any time, even if they are in the middle of the interview, if they wish, and that their treatment and continued relationship with the centers are completely independent of

study participation. Privacy was also an ethical risk, as all interviews were conducted remotely, and I was not in control of the participants' environment. Participants were informed of this risk and asked to participate in a location that was private with adequate protection from being overheard, but also close to others if they wish or if they believe that they might benefit from the support of others. Participants were given the opportunity to reschedule if their privacy may be violated. I ensured that I was in a secure, private setting to conduct the interviews, and HIPAA-compliant videoconferencing software also aided in protecting both the privacy and confidentiality of the information shared in the interviews.

Participant names were replaced with a randomized number to de-identify the data and a temporary key code was created to ensure collected information was assigned to the correct participant should follow-up questions or contact be required. The key code was stored on an encrypted and password-protected server that only I have access to. Once coding of the data was complete, the key code was destroyed, leaving only de-identified information of participants. Coded information and transcripts will be maintained on the same encrypted and password-protected server for a period of 5 years and then destroyed by deletion.

Psychological distress was also an ethical concern, as the interview questions focused on a relationship that was necessary due to the rape of the participants. The interviews did not ask about that experience, but rather the relationship with the victim advocate, and the participants had all been in therapy with a therapist who referred them to the study. Still, psychological distress is a risk, and I discussed this with participants

during their debriefing as well as provided them with crisis intervention resources and outside therapy services if the interviews resulted in distress.

Summary

This chapter provided an outline of the role of the researcher, strategies to establish trustworthiness and data collection, research design and methodology, and protection of participant privacy and confidentiality. Data storage, retention, and destruction methods were addressed as a means of giving specific ethical consideration to protecting the sensitive nature of participant information and identities. Discussion of the data analysis plan was provided from the perspective of grounded theory methods, and the rationale for use of a phenomenological design is described in detail. Potential limitations to the study including researcher bias were addressed as well as methods for overcoming possible limitations where appropriate. The information provided in this chapter was intended to demonstrate the importance of this research while attending to issues of credibility, dependability, and transferability.

The intent of this study was to identify potential shared experiences or themes between survivors of sexual assault in the Texas area, and the use of a victim advocate following the trauma. Identifying commonalities in survivor experiences from the perspective of the survivor may assist providers and advocates in informing current practices by either reinforcing procedures already in place or providing insight into potential areas of improvement to provide the intended assistance and support to survivors. In Chapter 4, I will share participant experiences from the perspective of the participant and identify any common themes among participants.

Chapter 4: Results

Introduction

Although a significant amount of research has been conducted on the advocate survivor relationship from the prospective of the advocate (e.g., Kolb, 2011; Maier, 2012; Maier, 2022; Nichols, 2014; Powell-Williams et al., 2013) as well medical or legal personnel (e.g., Greeson & Campbell, 2011; Singer et al. 2020; Ullman, 2010), there is a dearth of research exploring the experience from the perspective of the survivor. Without understanding the experience of interacting with a victim advocate from the perspective of the survivor, we are unable to accurately determine if the services provided by advocates are truly beneficial or if some aspects of these interactions are harmful.

The purpose of this study was to address the gap in literature related to sexual assault survivors' perceptions of their relationship or interactions with victim advocates. This was done through a qualitative phenomenological approach that explored the lived experiences and perceptions of ten sexual trauma survivors who had interacted with a victim advocate. The primary research question focused on how adult sexual assault survivors describe their relationship with victim advocates at rape crisis centers in Texas. Subquestions addressed what aspects of having contact with an advocate sexual assault survivors found to be helpful or unhelpful, how survivors felt their experience with an advocate encouraged or discouraged engagement with legal services or other support services, and how survivors felt their initial interactions with advocates may be improved.

In the following chapters, I will present a brief discussion of the demographics and characteristics of participants relevant to the study and will outline methods for data

collection including number of participants, location and frequency of data collection, and how data was recorded. A description of the process for data analysis will be provided as well as an overview of trustworthiness including credibility, transferability, dependability and confirmability will be provided. Finally, the results of the study will be presented with a summary of the findings.

Demographics

A total of 13 female participants were prescreened for participation in the study. Two of those participants did not meet selection criteria and were not included in the study. One participant had interacted with a therapist but not an advocate. One participant had not been in therapy services for the minimum period of time to participate in the study. The third candidate who was not included in the study met selection criteria but did not respond to attempts to schedule an interview. As a result, 10 participants completed the study. Participant ages ranged from 25 to 64 years old, and the group was relatively ethnically diverse. Demographic data are presented in Table 1.

Table 1

Participant Demographics

Participant ID	Age	Race/Ethnicity	Level of education
1	37	Hispanic	Bachelor's degree
2	33	Biracial (Hispanic, African)	Two bachelor's degrees
3	38	Hispanic	Bachelor's degree
4	25	Caucasian	Bachelor's degree
5	64	Caucasian	High school and real estate license
6	26	Caucasian	Associate's degree
7	44	Black	Professional degree
8	31	Declined	Bachelor's degree
9	51	Caucasian	Master's degree
10	35	African American	Master's degree

Data Collection

Participants were recruited from multiple rape crisis centers throughout Texas. All interviews were conducted via a secure HIPAA-compliant videoconferencing platform, which allowed for broader participation from the privacy of the participants' homes. Each participant was provided with a consent form that they reviewed provided consent via email prior to beginning the study. Before the interview started, participants verbalized their understanding of their right to stop the interview or decline to answer any question and they were also reminded that they would not be asked to discuss their trauma histories, only their interactions with an advocate.

The interviews lasted between 30 minutes and 1 hour. Audio recordings were first transcribed by me and then submitted to a transcription service through NVivo to compare for accuracy. Participants were also provided a copy of their transcript to review and notified that a lack of response would be taken as confirmation of accuracy. Only one participant responded and confirmed her transcript was accurate. No response was received from the other participants.

Data Analysis

I began data analysis by using a process of patterning to establish meaning of the specific experiences described by each participant during the interview and making notes of my observations. Transcripts were reviewed and a process of identifying relevant expressions was completed by listing expressions as they occurred and then creating preliminary groupings of like expressions. As expressions were identified, they were also tested for relevance through a process of reduction and elimination by evaluating whether

the expression was necessary to understand the participant experience and was able to be labeled. Expressions that did not meet these criteria were eliminated, as were overly vague or overlapping expressions.

Specific themes that began to emerge involving the advocate relationship and influence on engagement with legal or other support services often included both positive and negative aspects of the participants' experience. Participants described positive experiences when communication with advocates was frequent and the advocate was proactive. Participants also described themes of feeling supported, validated, and heard by their advocate. However, some participants reported negative experiences that involved victim blaming, lack of services or knowledge of the advocate, and a lack of communication leading to confusion and misinformation. NVivo allowed for simple observation of trends and composite structural description of the participant experience by counting the number of times specific themes were identified and reporting as a frequency count and then clustering shared themes in order to understand the group experience. No discrepancies were noted to have created potentially contradictory outcomes.

Evidence of Trustworthiness

Credibility

Triangulation was used in the form of reviewing observation notes, personal journaling of meetings, and transcripts of the interview. Additionally, member checking, bracketing, and journaling were used to ensure credibility and eliminate misconceptions or misunderstandings to the degree possible (Amankwaa, 2016). Before beginning

participant interviews, I wrote down what I believed the participant responses would look like, taking into account my own personal bias and assumptions. This information was referred to during data analysis to address issues of misinterpreting data to support my own assumptions and to ensure objectivity. Member checking was also used by providing participants with transcripts of their interviews to review and correct any misunderstandings. Finally, a peer review was conducted by meeting with a colleague to discuss my feelings or actions during the interview and address any concerns for blocking or bias that may have occurred. Meetings were journaled and referenced during data analysis.

Transferability

This process involved asking open-ended questions to elicit more robust responses from participants and provide as much insight into their experience as possible and to allow for thick descriptions. Additional follow-up questions were asked as needed to allow participants to expand on responses and provide cultural and social context to their experience. Follow-up questions were also used to redirect participants to protect participant well-being and avoid potentially triggering discussions of traumatic experiences and to stay within the scope of the research questions.

Dependability

Triangulation was used throughout the study as a method of establishing dependability in the form of personal observation notes, journaling, and reviewing interview transcripts. Member checking and bracketing were also used to strengthen the dependability of the data. Results were all consistent throughout the study and supported

the findings as repeatable. Additionally, peer review established confidence in data collected and codes and themes identified during the analysis process.

Confirmability

Peer consultation and review as well as personal reflection were used to identify and address any personal bias that may have emerged during the interviews as well as to evaluate my personal relationship with the study itself. This was done through a strategy known as reflexivity and was used to establish confirmability. No specific concerns regarding personal bias were observed.

Results

This study focused on the shared lived experience of sexual trauma survivors who had worked with a victim advocate in Texas. This research highlighted the experiences of survivors, including positive and negative aspects of working with a victim advocate, factors that influenced the quality of the relationship, and barriers to accessing advocate services. Thematic coding was performed using NVivo as a tool to organize the codes as they emerged from the narrative data. The results of this study provided a deeper understanding of the challenges and benefits survivors experienced during their interactions with victim advocates and were categorized into four primary codes (see Table 2).

Table 2*Theme and Research Question Alignment*

Theme	Research question alignment
1) Supportive, Safe, Empowered, Frustrating, Negative, Neutral	1) How do adult sexual assault survivors describe their relationship with sexual assault victim advocates at a rape crisis center in Texas?
2) Guidance, Delay in Services, Being Proactive, Communication, Being Heard, Validation, Structured Services, Trust, Race/Culture/Gender, Transference	2) What aspects of having contact with an advocate do sexual assault survivors identify as being helpful or unhelpful?
3) Positive, No Influence, Negative	3) In what ways do survivors of sexual assault feel their experience with an advocate encouraged or discouraged engagement with legal services or other support services?
4) Unhelpful or Harmful, Helpful, Not Well Publicized, Collaborative, Dismissive, Inconsistent, Disorganized	4) How do survivors of sexual assault view advocate services, and in what ways if any do they think this initial interaction may be improved?

Research Question 1

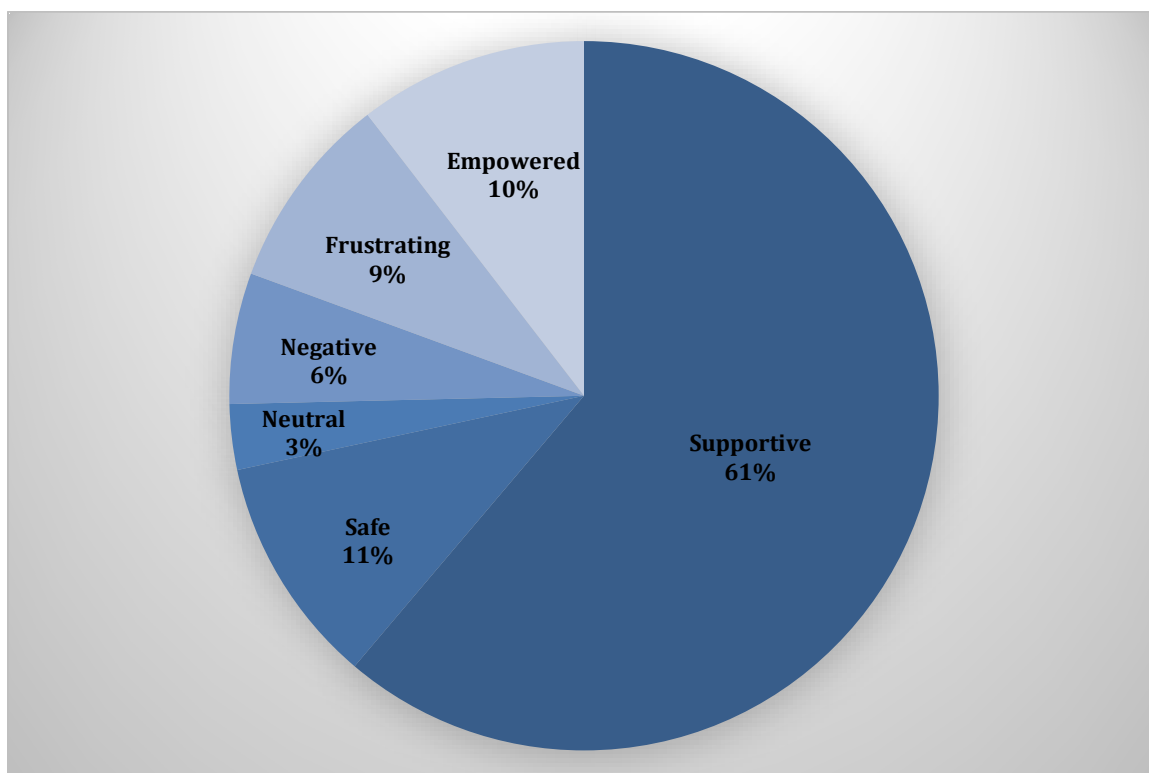
How do adult sexual assault survivors describe their relationship with sexual assault victim advocates at a rape crisis center in Texas?

Participants offered varied descriptions of their relationship with an advocate while describing their experience. It should be noted that some participants engaged with more than one advocate due to either the advocate being reassigned, leaving the position, or at the survivor's request. Participants were asked to describe their relationship with each advocate they encountered. Among the participants interviewed, specific themes regarding the survivor's description of their relationship with the advocate emerged. Figure 1 depicts the view of the relationship from the survivor's perspective. Participants most often described their relationship with their advocate as supportive or positive. An

interesting result was that while the majority of participants described the relationship as supportive or positive, only two participants described the relationship as entirely positive. Most participants described a more complex relationship that was supportive, but also had periods of negative interactions creating frustration in the relationship and diminishing a sense of safety or empowerment.

Figure 1

Survivor's Description of Relationship With Advocate: Percentage of Mentions for Each Theme



Theme 1: Supportive

Theme 1 resulted in the most frequent number of references by participants (61%) and was focused on the supportive nature of the relationship with an advocate. Many

participants described the supportive aspects of their relationship with an advocate in terms of the advocates ability to be present emotionally with the participant while they shared their experience or advocating for what the participant needed either at the time of the initial contact or throughout the medical or legal process. One participant described the supportive nature she experienced:

She made sure, like I was comfortable, because of where I was at and at the time they just kind of stuck you in a room so there wasn't any privacy to change or go to the bathroom or whatever. She made sure she was very respectful and made sure I was comfortable every step of the way. I had to change at one point and she put up a sheet so she could block me and just turn around and then reassured me that she was not looking or letting anyone else.

Other participants echoed this sentiment and described their relationship with the advocate as something that helped them “just get through the experience.” Another participant stated,

I wanted my mom there, but I didn't want my mom to be with me during the exam because I knew she would not be able to handle it. So having the advocate there, you know, to support without having my mom there was nice.

Participants described the ability of their advocate to listen and have “I am here for you energy” as being a factor in the supportive view of the relationship. One participant said, “It did overwhelm me, but I had someone to fall back on. You know, like a safety net.” Another participant described how her advocate was able to recognize she was having difficulty speaking after arriving to the police station and was able to take the lead in

talking and eased the participant's fears so that she was able to eventually speak for herself.

Additionally, several participants described their advocate as someone who was able to offer emotional and somewhat therapeutic support while they waited on a waitlist for therapy services, which lasted several months at times. One participant commented, "When I was trying to get ahold of a therapist and then even between my therapy sessions, she would talk with me and remind me that I was going to get through this."

Participants' comments in Theme 1 demonstrated that participants felt most supported in their relationship with an advocate when the advocate created a nonjudgmental and empowering dynamic that focused on the survivor's specific needs and circumstances. Participants described feeling more positive after speaking with their advocates when the advocate focused on the options available to them, their personal strength, or validated the survivor's concerns. One participant described the experience stating,

I was already in disbelief that everything had happened, and then just the fact that she was like a fairy godmother, and like walked me through everything, it just made me feel okay. Like it's horrible, but it's going to be ok.

Another participant commented on how surprised she was at the amount of follow-up the advocate did even though they had only one brief face-to-face interaction.

Participants also described the advocates' ability to understand their experience and the impact of the sexual trauma on other areas of life such as maintaining sobriety,

being able to go to work consistently, or follow-through with treatment as creating a positive relationship with their advocate. One participant detailed her experience:

The particular advocate that I had was amazing. She knew what I needed to hear even when I didn't. She understood that what I was going through was difficult, but also knew that it made a difference in my program of recovery. So, when I was trying to get ahold of my sponsor in between therapy sessions and things would get in the way, my advocate would stay on top of me about that. She would say, "You know if you don't stay sober the therapy is not going to stick." So, she was able to keep me going even when I didn't want to for myself and reminded me of what I was doing all of this for.

Theme 1 highlighted the supportive elements of the advocate relationship participants experienced. Another theme that emerged through the participant interviews was that of feeling safe. Theme 2 explored the factors that participants identified in working with an advocate that created a sense of safety for them throughout their experience.

Theme 2: Safe

Theme 2 accounted for 11% of the responses of participants and focused on the aspects of the advocate-survivor relationship that encouraged a sense of safety both in the relationship and in situations where the survivor may have felt pressured or blamed. Participants reported having an advocate present during emotionally vulnerable situations during the reporting phase increased their ability to stay grounded and regulated which in turn increased their sense of safety. A participant reported, "Because the situation was

very emotional and triggering, and knowing that someone was there to literally hold my hand if I needed it. There was this sense of safety in that.” Other participants expressed a sense of safety associated with the advocates’ ability to guide the process of reporting or accessing services as well as providing emotional support throughout. Several participants also identified the ability of the advocate to intervene during inappropriate questioning or victim-blaming statements, or when the survivor became overwhelmed as strong factors in their description of the relationship as being safe. Participants noted that when they felt safe, they also experienced an increased feeling of empowerment, which will be discussed in Theme 3.

Theme 3: Empowered

Theme 3 accounted for 10% global coverage and focused primarily on the work of the advocate in allowing the survivor to find their own voice, establish boundaries, and advocate for themselves during the process of reporting. Participants most often described being reminded by their advocate about their choice to report or not and empowering them to make the decision that felt right for them. One participant noted that because she was often reminded by her advocate that it was her choice to report or not, she felt more validated and encouraged when she did decide to tell her story to police. Other participants described the ability to gain the confidence needed to talk about their story and experience an increased sense of control knowing their advocate was supporting them as a significant factor in being empowered. One participant remarked,

She helped me feel more confident and more in control because she reminded me it was my decision whatever I was being asked to do by everyone else. She helped

me take control back, and just get my life back which is something I felt in the beginning wasn't going to be possible.

However, not all participants described their relationship in a positive way, and some participants offered varied descriptions of their relationship with an advocate.

Theme 4: Frustrating

Theme 4 shifted from positive aspects of the relationship to challenges identified by participants that created a more negative view of the relationship. This theme accounted for 9% of global coverage in participant responses. Participants who described their relationship with an advocate as frustrating identified long delays in receiving a response from their advocate when communicating, or a lack of communication altogether. Advocates' lack of knowledge regarding the legal process, how to access services, and being inconsistent were also identified as factors in viewing the relationship as frustrating. One participant reported,

I called her to say that I have this certified mail and was trying to find out if it was from the court or what because I'm having to navigate something I'm not familiar with. She just said that she didn't send me anything and not to worry about it only to find out later she was the one who signed the letter.

Other participants described the relationship as frustrating, citing the amount of research that was given to them by their advocate to complete themselves in order to locate and access services. Multiple participants reported being given an overwhelming amount of information by advocates but with little guidance on how to navigate the process or support while attempting to engage services. Additionally, frequent changes in

staff with minimal handoffs were described as factors in viewing the relationship as being frustrating. Participants discussed being assigned new advocates with little or no notice, and then having to explain their story in its entirety from the beginning due to a lack of documentation or knowledge. For several participants, the frustrating nature of the relationship also developed into a negative relationship with their advocate and is described in Theme 5.

Theme 5: Negative

Theme 5 accounted for 6% of global coverage of responses and explored the importance of the advocate interaction with a survivor. One participant described her relationship with her advocate as “detrimental” to her recovery while another reported she suffered additional victimization because of judgment and bias of her advocate. In each instance in which a participant described their relationship with an advocate as negative, they reported the attitudes or beliefs of the advocate being projected onto the survivor as a primary factor. One participant stated her advocate would become frustrated when she was frustrated or having a difficult time and would then express her own emotions and concerns with the survivor. Another participant reported her advocate expressed direct views of victim-blaming while sharing details of another survivor’s case and stating what the survivor could have done differently to prevent her assault.

Theme 6: Neutral

Although some participants described a strong negative or positive view of their relationship with the advocate, some participants described a more neutral view in Theme 6, which accounted for 3% global coverage. Those who described their relationship with

an advocate as neutral reported experiencing both positive and negative aspects of the relationship and noted they did not feel strongly either in favor of or against the advocate. Participants who described the relationship as neutral reported advocates did what they were supposed to but seemed disconnected from their role or disinterested, and participants reported they did not feel they had a strong connection or were able to build rapport with their advocate.

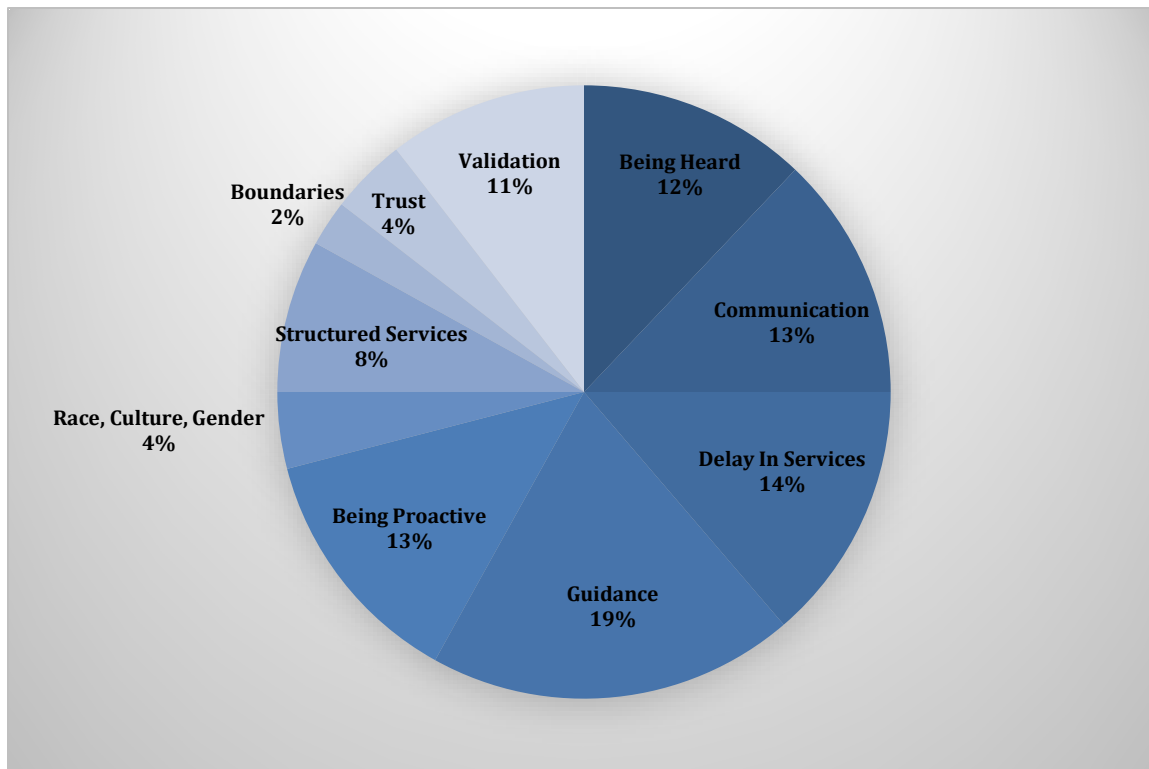
Research Question 2

What aspects of having contact with an advocate do sexual assault survivors identify as being helpful or unhelpful?

While responses to the research question discussed above were primarily positive, participant responses to research question two were both positive and negative. The majority of participants reported both positive and negative experiences in their contact with an advocate and only one participant reported entirely negative experiences. Additionally, all themes described included a description of both positive and negative aspects with the exception of “Structured Services.” All participants described exclusively negative experiences and views of the structure, or lack thereof, among advocates. Participants also identified the negative aspects of each theme as factors that contributed to increased feelings of being minimized or unsupported. However, the positive aspects described by participants led to feeling empowered and believed, which influenced interaction with helping agencies and is explored further in the participant responses to research question three.

Figure 2

Factors That Influence Advocate Relationship: Percentage of Mentions for Each Theme



Theme 1: Guidance

Guidance was the primary theme identified among participant responses regarding factors that influenced the survivor-advocate relationship and accounted for 19% global coverage. However, the advocates guidance was identified by participants as having both positive and negative influences on the quality of the relationship. Survivors who felt their advocate provided ample guidance in locating or accessing resources or were able to direct the survivor in how to proceed with next steps in their specific circumstances described the relationship as helpful. Those who felt their advocate lacked

the ability or willingness to provide guidance described the relationship as unhelpful. One participant commented,

So at the time, like ... me and my mom were, like, completely lost. Like, yeah, I don't want to start crying ... but like, we have support from, like, my friends and like, work and stuff. But we didn't know, like, the next step.

Another reported, "My advocate literally gave me all of the resources I would ever need, and it was such a relief to not have to worry about it." Other participants commented on the ability of the advocate to provide resources for employment, housing, financial assistance, and counseling that specifically created a sense of connection and support with the advocate.

While several participants identified guidance as a positive factor influencing their relationship with an advocate, others identified guidance as a negative factor. One participant stated, "She gave me some resources for therapy and financial assistance, but when I tried to call the places were closed or not taking new clients, so it was like being rejected and lost all over again." Another participant reported her advocate suggested the participant Google resources to find what was available in her area. She commented:

I didn't even know where to begin or what to Google. When you're in that state of mind it's hard to know what you need or what to do, and then it felt really embarrassing to call places without knowing what to say except that I was raped and hope they understood. I didn't want to have to keep repeating myself until I found a place that could help me. I guess I just needed some guidance on where to

go to make it a less chaotic or painful process on top of everything else. I felt that if I had to find everything out myself then what was the advocate there for?

Other participants reported frustration that advocates offered guidance that appeared to be informative but was not relevant to their specific circumstances or situation. One participant stated,

She would give me solutions that weren't helpful. It's still a very good opinion and its very good advice, but it's not applicable to my situation and was a waste of my time because I'm already overwhelmed and then I'm trying to do this thing that she's saying will help but it's a dead end.

Theme 1 highlighted the importance of receiving accurate and relevant guidance in the survivor-advocate relationship. Theme 2 continued to build on this and explored delays in services as a factor in how the survivor views their relationship with an advocate.

Theme 2: Delay in Services

A delay in being able to access services or be assigned an advocate was also a primary factor in viewing the relationship as unhelpful and accounted for 14% global coverage in participant responses. Participants reported delays of up to 6 months at times between requesting an advocate and being assigned one. One participant stated she “nearly killed myself while waiting for an advocate because I was so suicidal.” Another participant reported she had been admitted to inpatient care, completed treatment and was in outpatient services she obtained on her own by the time an advocate had been assigned to her. Other concerns were identified as significant delays in being able to access

counseling services and in some instances, participants reported delays in accessing medical care or legal aid due to a lack of responsiveness from the advocate. When describing delays in being assigned an advocate as well as delays in the timeliness of responses from her advocate, one participant commented, “I guess my case just wasn’t severe enough for them to prioritize.” Delays in services were identified by participants who described their interactions with an advocate as positive and those that described the interaction as negative. Theme 2 identified delay in service as a problematic aspect of advocacy. Theme 3 explored aspects of communication identified by participants as a factor in their relationship with an advocate.

Theme 3: Communication

Communication accounted for 13% of global coverage among participants and denotes both positive and negative experiences associated with communication with an advocate. Participants who felt they had regular communication and received timely responses described their relationships as positive. However, over half of participants reported significant delays in receiving responses to questions, inconsistent communication, or a lack of communication entirely.

One participant stated her advocate would check in with her weekly at a minimum to see if there was anything they needed to discuss or prepare for. The participant said, “Her weekly check-in calls helped me feel stable and have something to look forward to, but they also helped me put my thoughts together and have a sense of control.” Another participant reported that although her advocate did not reach out regularly, she was

readily available when the participant needed to meet with her and echoed a similar sentiment of feeling secure and in control.

Some participants described the lack of communication as disruptive to their legal case and ability to access to services, while others described the lack of communication as a factor in feeling rejected or abandoned by their advocate. One participant reported her advocates lack of communication resulted in multiple delays and rescheduling of her court hearing, and commented, “She refuses to answer the phone, calls, messages, anything. I try to ask her questions and she just says the attorney will call me, but by the time that happens I’ve missed a court date.” Another participant stated,

If I knew that they were like, “Hey, we’re still working on this, I haven’t forgotten about you, I’m here for you,” instead of me going oh wow it’s been three days, it’s been two weeks, oh wait it’s been a month and I haven’t heard from anybody. Did they forget about me? Is my case dropped? It felt like I didn’t matter.

Another participant echoed this experience and stated,

I would email my advocate and I would just be waiting and just not knowing what’s going on and how my case is going. I kind of feel like just being tossed to the side or that no one is paying attention or looking at it, you know.

While some participants described communication as a positive factor contributing to the overall view of the relationship with an advocate, others described the lack of communication as a negative factor. The manner in which the advocate communicated with the survivor was described by all participants as an important aspect of feeling supported and validated in their experience. Participants also identified being

proactive as a key factor that influenced the relationship with their advocate and is explored in Theme 4.

Theme 4: Being Proactive

Theme 4 accounted for 13% global coverage. This theme explored the need for the advocate to be proactive in reaching out to the survivor as well as being proactive in taking initiative to engage in services and anticipate survivors' needs. One participant highlighted the need for proactiveness by stating, "I think it was another part of what helped me was that she was so proactive, that I was like if this is the only thing I have to do then I can show up for myself." The participant explained that due to the proactive nature of her advocate in seeking resources and anticipating the survivor's needs she was able to "show up" for herself. Participants reported the proactive behaviors of the advocates fostered a sense of feeling their case and situation were important to the advocate and that they mattered to someone. As stated by one participant, "I think the fact that I didn't ask her for anything, and she just provided me with options was one of the most healing things to be because it felt like I had someone in my corner."

Another participant reported her advocate coordinated meetings with local police to discuss her case with the participants permission and was proactive in engage with law enforcement to ensure timeliness of meetings and other deadlines to move her case forward. The participant stated,

She called me to let me know she has a plan and gave me a timeline of what to expect and when my case might go to grand jury. She was able to answer my

questions as to how the process worked and seemed to be able to put my mind at ease. It was very supportive.

However, as with Theme 3 discussed above, not all participants described a positive experience in terms of proactiveness with their advocate. One participant reported,

My protective order failed because the advocate didn't follow through with what she was supposed to do and while I was still waiting for her to answer some questions, we missed my deadline to submit paperwork to the court. At that point I had done the work myself to try and figure out what I needed to do with my case and even to find a therapist or legal aid because she hadn't done anything. So, she really was more of a hinderance than a help to me.

Other participants reported either positive or negative views of their relationship with an advocate based on how much the advocate was able to prepare them for what they would experience throughout the legal process. One participant commented,

More often than not I'm the one receiving information and updating her, and then it takes a while for her to reply so I really feel like I'm on my own. I'm not sure why she's here, it's just an extra burden for me to have to keep worrying about keeping her in the loop.

Participants generally agreed that if their advocate was proactive in reaching out to provide updates, check-in on the survivor and their needs, or being able to proactively research services and how to access them and the legal process to help the survivor

navigate the system had a significant impact on the quality of the relationship from the view of the survivor.

Theme 5: Being Heard

Theme 5 continued to expand on the need for proactiveness and explored the theme identified by participants of being heard. This theme accounts for 12% global coverage and explores aspects of survivors being able to share their story and needs without judgment and in their own timing. One participant stated,

Oh, getting it out was really important. I know that it was something I needed and even if all she did was listen, it was really helpful. That's one thing that was different from the first advocate that didn't have much experience. She didn't have much experience, but she just listened and through her listening, that's what helped me. She was educated but she wasn't judging.

Other participants echoed this sentiment. One stated, "It's almost like she completely understands my feelings and why I'm having those or what they're attached to, and it makes sense where you don't think you're crazy." Most participants noted that being heard was also more than just being listened to. One participant commented,

They really need to listen to what's not being said also and ask questions. Because sometimes you can hear the words that are coming out of the person's mouth and not fully understand what they mean. I think that if there is a chance to try to get to understanding, which is something my advocate didn't always do, to just listen.

However, one participant described her experience with being heard by her advocate as particularly negative and noted the lack of validation or understanding negatively impacted her legal case. The participant said,

We discussed the information that needed to go in my affidavit, and she kept telling me to not give details. When I would receive the draft, I made corrections and sent back to her, but she kept ignoring what I wanted and submitted the affidavit anyway and eventually my request was denied with the court.

Participants discussed the characteristics of being heard as a significant factor in being able to develop trust and connection with their advocate. As described in the previous themes, Theme 5 has the potential to positively or negatively impact the overall survivor experience and relationship with an advocate. In Theme 6, participants discussed the aspect of validation as a factor in their relationship with an advocate.

Theme 6: Validation

Theme 6 moved into the aspect of validation as a contributing factor in survivors' view of their relationship with an advocate and accounts for 11% global coverage. This theme explored participants' views of feeling they were believed, understood, and supported by their advocate. Participants described frequent instances of expressing self-blame, guilt or shame when telling their stories, and reported the advocate's ability to validate the experience and the complex emotions the survivor was experiencing helped reduce negative feelings. One survivor said, "I was pretty dissociated at the time and a little confused and honestly blamed myself for what happened. She just listened and did a lot of validation which made me feel believed and so I didn't feel so guilty."

Participants also frequently expressed concerns about not being believed by law enforcement or other helping agencies and noted the validation of the advocate was a significant factor in being able to engage with other professionals. One participant commented,

Honestly, there's a fear that someone won't believe you. And so we gaslight ourselves to cope and ask, 'Did that really happen? Was it really that way? Did you provide this?' And even the doctors and the police asked the same questions, but my advocate just supported me and validated that it was normal to not remember certain parts of what happened or to be confused and that it didn't mean I was to blame. That was really big for me.

Another participant echoed this sentiment and stated,

I felt that if I had someone else there with me that believed me, it would validate what I was saying and that just by her believing me and validating me it was easier for me to go and talk to the police and stand up for myself.

When discussing her experience of being validated by her advocate, one participant commented, "I felt seen for the very first time."

Participants primarily reported a positive experience with feeling validated by their advocate, however, one participant reported, "I think it was just that she was more of a general advocate and not specialized so she was saying some of the wrong things that made me feel judged." Participants noted they felt most validated and heard by their advocate when the advocate would ask questions and attempt to get to know the survivor

and their experience before making recommendations. In Theme 7, the need for structured services to make appropriate recommendations is discussed.

Theme 7: Structured Services

Theme 7 accounted for 8% global coverage. In this theme, participants identified the need for consistency in the delivery of services through advocates. Participants reported being moved from one advocate to another without notice, and the process with each advocate being different which led to confusion and a sense of being unsupported.

One participant stated,

I think if they standardized even like a form for some of these frequently asked questions, this is what to expect from the process, this is how they are going to get ahold of you, this is what to expect they're going to look for evidence wise, you know, kind of prep them for what they're going to be going through instead of feeling like you're being tossed in a million different directions when you already can barely think.

Another participant stated she was assigned five different advocates throughout her process because the advocate left the agency or for other reasons that were never explained to the survivor. Several other participants commented on the number of advocates they were assigned without knowledge of why their advocate was being changed or any notice. Participants noted the changes in advocates complicated the process due to having to repeat their story multiple times and attempt to regain trust with each new advocate. One participant commented, "I didn't want to tell her anything

because it was like why would I open up to you when you're going to disappear and I have to start over?"

Other participants commented on the lack of structured training among advocates and throughout various agencies. Participants who had multiple advocates throughout their process remarked that some had specialized training in trauma or in the legal process while others were volunteers or had little to no experience or training. Participants reported this being a factor in the development of their relationship due to feeling they had to guide the process themselves in relationships where the advocate had little or no formal training. Participants who had accessed services through multiple agencies also noted the intake process and services available varied widely among agencies and left the participant not knowing what to expect or having unrealistic expectations of what the agency or advocate could provide. While structured services were a factor in the view of the relationship between advocates and survivors from the survivor perspective, the race, culture, or gender of the advocate was less of a concern but identified as a factor in Theme 8.

Theme 8: Race, Culture, Gender

Theme 8 accounted for 4% global coverage. Participants identified the race, identity, and gender of their advocate as a factor in being able to develop a relationship but noted this was of less importance than those factors previously mentioned. One participant reported it was important to her that her advocate was a woman in order to feel connected with her advocate. She explained,

I feel like as women we sometimes have this unspoken communication that we get it, and I grew up with brothers so I know there are certain subtleties or nuances that only your mom or sisters can get.

Another participant commented that she was not given the option to request an advocate of a specific gender or cultural background but that it would have been important to her if it was offered and would have helped her feel more comfortable building trust. Other participants remarked specifically on the need for having an advocate of a similar background to avoid being inappropriately categorized or labeled. One participant said,

Honestly it was easier for me to fully immerse myself with the advocate when I first met her because she was another black woman and so I felt kind of seen already and like she wasn't going to try to label or judge me like someone else might.

Another participant expressed a common sentiment among participants about the influence of race, culture, and gender by stating,

I never thought how important having someone who is of your same culture background and gender was. I had a few male advocates and they were great, but I never thought that it was important because they were specialists, but having an advocate with a similar background as me was very different and helpful. I could talk about my religion or culture or spirituality and it made sense to her. I didn't know how important that was until I had it.

Theme 9: Trust

Theme 9 accounted for 2% global coverage and explored the aspect of trust in the advocate–survivor relationship. Participants reported that feeling they could trust the advocate was an important aspect of how they viewed their relationship and experiencing a feeling of safety with the advocate. One participant described a change in her ability to trust her advocate after feeling the advocate minimized the participant’s story. The participant stated,

We were doing really well, and she was really easy to talk to and helped me navigate everything, but one thing I really struggled with her about was writing my affidavit. She wanted me to be more generalized and I felt like it minimized my story a bit and that she was more concerned with feeling comfortable with what I was writing than letting me tell my story.

Another participant reported a negative experience with her advocate that also impacted trust and her view of the relationship. She explained,

There were so many times she would tell me she was going to send me something, or that she would follow-up, but then not do it. More than once she said we had a scheduled court date and then she would call the day of just hours before to tell me it was moved but I found out later that she had been notified days before. It got really hard to trust her because she just never followed through with what she said.

Participants also described consistency as a factor in being able to build trust with their advocate and view the relationship in a positive way. Participant responses

highlighted the tenuous nature of trust in an advocate–survivor relationship and that it is an ongoing process. In Theme 10, the issue of transference was identified as a factor in the relationship between advocate and survivor, and how it impacts trust.

Theme 10: Boundaries

Boundaries is the final theme associated with factors that influence the survivor-advocate relationship and accounted for 2% global coverage. The majority of participants reported they did not experience boundary issues in the relationship with their advocate. However, for those that did have this experience, they described the experience as damaging to their overall relationship with the advocate. One participant described her experience as frustrating because, “When she got frustrated it frustrated me.” The participant explained that her advocate would express her frustrations with the legal system or barriers to accessing services to the participant often, and then become short-tempered with the participant’s questions. She reported this ultimately led to her feeling she was a “bother” to the advocate and minimizing her contact. Another participant said,

She would tell me a lot that she felt like her hands were tied. She would talk to the police and get nowhere and I think her frustration then transferred to me and I didn’t need that. I needed some hardcore help. When she got frustrated it became more about her and how she was doing so I eventually went to another advocacy agency and tried to get help there.

Another participant echoed a similar sentiment and noted that her advocate would talk about her own life experiences or circumstances and expressed her emotions openly with advocate often. She said,

I could tell when she was sad, which at first helped because I could relate, but then it was happening so much that I started to want to caretake because I have that tendency. I feel like I read people very well and can discern and feel their energy, probably part of my trauma response, so I found myself getting anxious when I knew we were going to meet because I didn't know how much I would need to take care of her.

The themes discussed thus far explored the participants' description of their relationship with an advocate and the contributing factors participants felt influenced the relationship. Themes identified in response to the next research question focus on how survivors felt their interaction with an advocate encouraged or discouraged engagement in legal services or support services.

Research Question 3

In what ways do survivors of sexual assault feel their experience with an advocate encouraged or discouraged engagement with legal services or other support services?

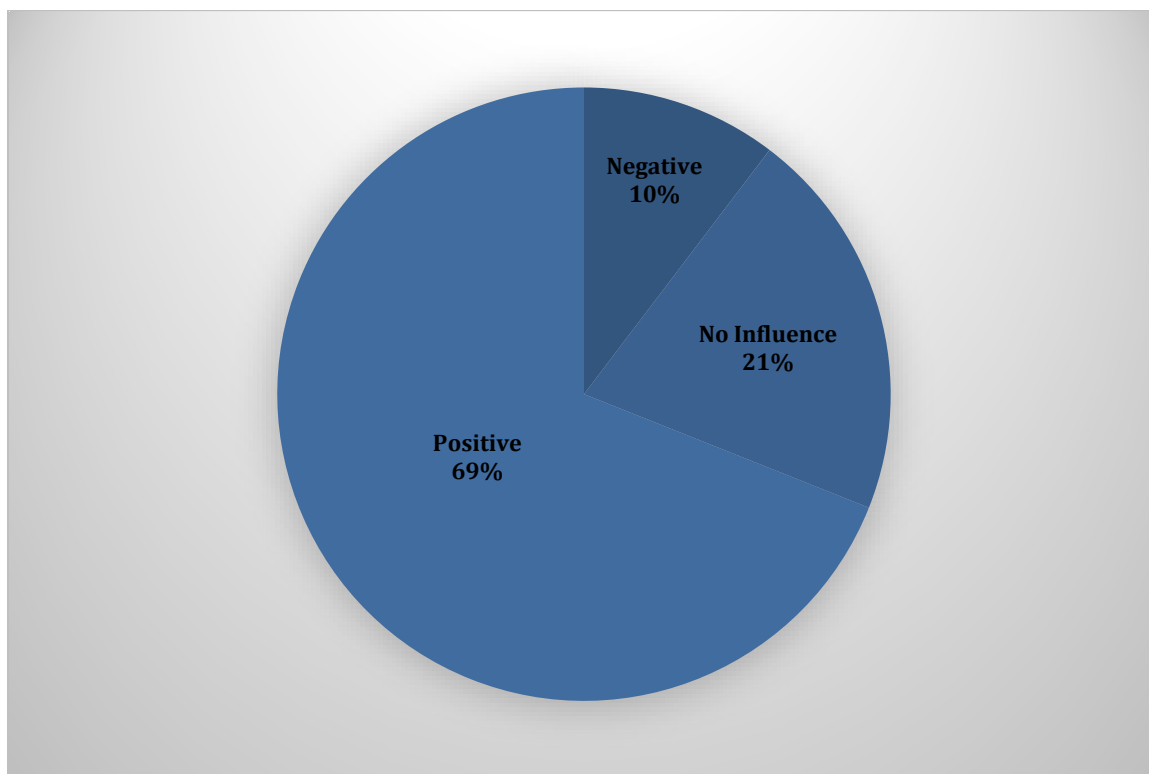
When discussing what impact their interaction with an advocate had on their decision to engage in legal services or other support services, participants most often referenced the interaction having a positive impact on their decision.

Participants who reported their interaction with an advocate as a negative influence on their decision to engage in legal or other support services reported experiences of victim blaming from the advocate or a sense that the advocate was dismissive of their experience or needs. One participant whose assault had been recorded reported she was told by her advocate it appeared she "wanted it because I wasn't

fighting back” and was discouraged from seeking legal action. The participant stated she was told she would have to explain herself in court and could have the appearance the participant was only seeking financial gain or attention. Another participant reported she was encouraged to seek legal action but told to downplay details of her assault so it would be more believable. The participant noted that as a result she was denied a restraining order against her assailant who then continued to harass her for several more months.

Figure 3

Influence With Engagement in Services: Percentage of Mentions for Each Theme



Theme 1: Positive

Theme 1 accounted for 69% global coverage among participant responses. Participants who reported positive influence from their interaction with an advocate to engage in services consistently identified the advocate advocating for the survivors needs and wants as a primary factor. They also often reported the advocate was engaged in the process with them and would attend appointments or intervene during investigative interviews if the questioning became too overwhelming or was victim-blaming in any way. One participant stated she was against reporting to law enforcement until her advocate listened to her story without judgment and reiterated that it was the participant's choice. She commented,

She definitely empowered me to remember that it was my choice if I wanted to report and so I didn't feel obligated or coerced to do anything. I believe when I said something, because I had to write a statement or when I said anything verbally to the police, she was just very validating of me which encouraged me to keep telling the story more.

Another participant reported being overwhelmed with the thought of engaging in the legal process until her advocate became involved. She said,

I remember actually, I was like mute when I first got to the police station, and I asked her to maybe take the lead in talking at first. She kind of spoke for me, not about my experience specifically but about what I needed to feel comfortable, and then it made me comfortable to tell my story.

Another participant noted her advocate specifically requested a female officer to take her report which the participant stated gave her a sense of comfort and safety. Participants who reported their experience with an advocate had a positive influence on their decision to engage in legal or other support services also reported their advocate had specialized training in mental health and was well versed in the legal process for reporting. Another participant shared how her advocate's knowledge of the legal system helped her navigate child services as she was leaving her abuser and maintain custody of her children. One participant in particular commented that her advocate's knowledge of the legal process helped her address concerns about inappropriate behavior from a detective investigating her case. She stated,

The advocate was good about stepping in and saying that I didn't have to answer certain questions, or that the detective wasn't allowed to ask me things like how many times did I have sex with this person or how many partners did I have. She eventually helped me get a different detective on my case because of how this one acted to me.

While the majority of participants reported their interaction with an advocate as a positive influence on their decision to interact with legal or support services, several also reported their interactions had no influence on their decision. These responses are further discussed Theme 2.

Theme 2: No Influence

Participants who reported their interaction with an advocate had no influence on their decision to engage with legal or support services accounted for 21% global

coverage. Participants who stated their interaction with an advocate had no influence on their engagement primarily reported positive relationships with their advocate but noted their advocates support encouraged them to make their own choices. Participants reported feeling empowered and accepted by their advocate regardless of the decision they made. One participant stated, “She did give me her professional opinion sometimes but would mostly help me think about what my options were and how each choice might influence me, but I never felt like she pushed me in any direction.”

Another participant stated that her advocate would make her aware of support services or legal options and then remind her that she did not have to make any decision quickly but could take her time. The participant stated, “Her patience with me was really helpful so I could just think about it and decided for myself what I wanted to do.” However, not all participants reported positive or even neutral influences. In Theme 3, participant reports of interactions with their advocate that had a negative influence on engagement in legal or support services is discussed.

Theme 3: Negative

Participants who viewed their interaction as a negative influence on their decision to engage in services accounted for 10% global coverage. Participants who reported a negative influence reported experiencing significant distress or feelings of guilt and shame as a result of their advocate’s influence. One participant reported,

I told my advocate that I wanted to report my assault. She asked me if I was sure I wanted to do that because I couldn’t prove anything and it would just be my word against his and I could maybe even lose my kids.

Another commented, “I think maybe if she hadn’t pushed so much. I just wasn’t ready and it felt like I was letting her down too and that made me feel like everything was my fault.”

Some participants identified their advocate’s lack of knowledge or perceived indifference to their choices were what dissuaded them from engaging in services. One participant stated, “I asked what I should do because I trusted her and she said it didn’t matter. So at the time I took that to mean that it wouldn’t change anything no matter what I did.” Other participants expressed concerns that their advocate did not have the knowledge needed to help advocate for them if they did engage in legal services and chose not to engage as a result. While the majority of participants reported positive or neutral influences on their engagement with services, those that had negative experiences reported being significantly impacted.

Research Question 4

How do survivors of sexual assault view advocate services, and in what ways if any do they think this initial interaction may be improved?

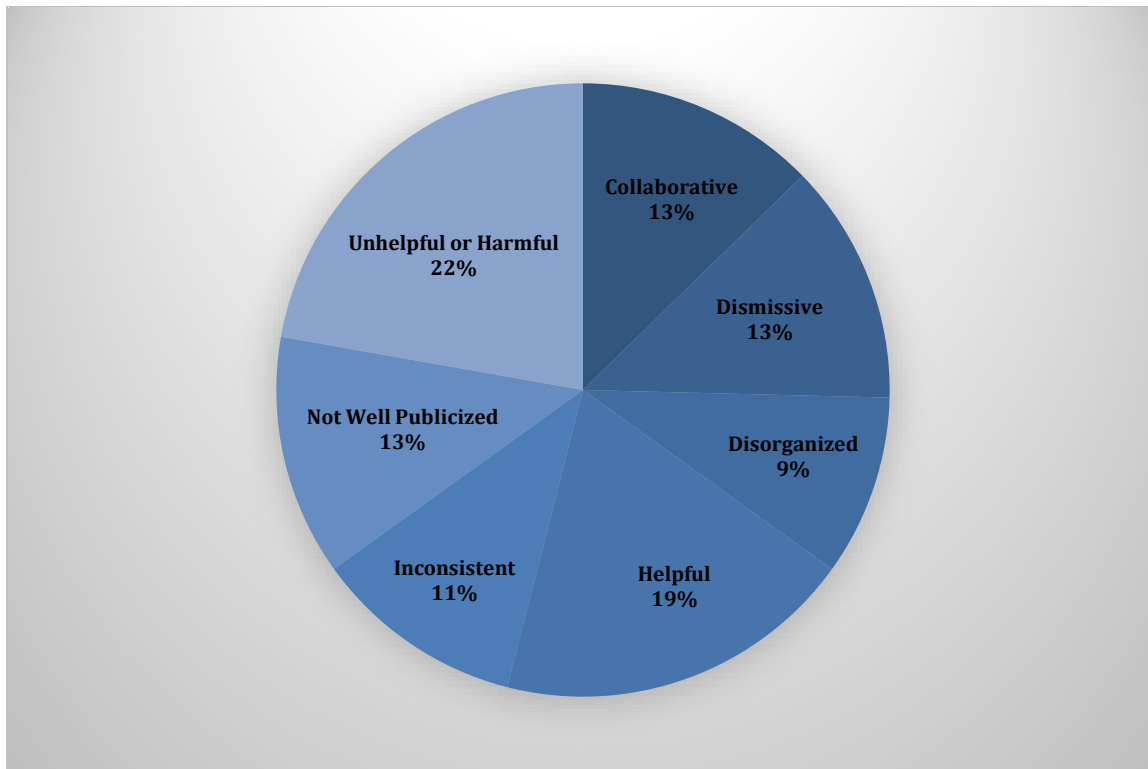
Surprisingly, while the majority of participants described their experiences and relationship with an advocate as positive. Seven of the ten participants described their view of advocacy services as a whole as being unhelpful or even harmful. Two participants described their experiences as detrimental with one participant stating she wished she had not pursued advocacy services at all. Factors contributing to this negative view of advocacy were identified as services being disorganized leading to inability to access support or long delays in being able to obtain help and inconsistency among

advocates and advocacy services. Participants described experiences of being directed to one service or support agency by an advocate and then being redirected to another when they tried to access that service. Multiple participants reported they were forced to research and obtain services on their own due to delays in communication which led to increased psychological distress, financial burden, and a feeling of being dismissed or unsupported. Several participants noted they felt advocate services and how to access an advocate should be more widely publicized and noted they only found an advocate because another provider or acquaintance happened to mention to them the services existed.

Participants identified a need for increased collaboration among advocates and other support services as well. Several participants reported they had to retell their story multiple times in order to access various services despite having an advocate and reported feeling revictimized through the process. Participants reported a belief that if advocates were able to collaborate more effectively with other support services, they would be able to reduce distress in the survivor and create a more positive experience. Participants who described the overall experience as helpful identified frequent communication, proactiveness from the advocate, and an ability to listen unapologetically and empathetically to the survivor story without making assumptions or placing blame.

Figure 4

Survivor's View of Overall Advocacy Services: Percentage of Mentions for Each Theme



Theme 1: Unhelpful or Harmful

Theme 1 accounted for 22% global coverage and reflects participants overall view of advocacy services. While the majority of participants described positive experiences with their advocates, the majority of participants described the advocacy services as a whole as unhelpful or harmful. One participant stated,

They were supposed to have my back and because I could never get any answers and my files kept getting lost or my advocate would leave and I would have no idea, it was like I basically didn't have any support. I would have just rather never started because it was just like oh here's another person letting me down.

Another participant reported her experience of attempting to engage in services through multiple advocacy agencies as triggering. She reported,

Each time I would call and try to get services, I had to tell my story all over again and then they just tell me they have a 6 month wait and I'll have to call back.

Every time it felt like I was being violated all over again and it would take me hours to get myself grounded again.

Another participant described her experience of inquiring about obtaining a family court advocate to help her case through her advocacy agency when her assailant was her child's father. She stated,

My advocate suggested I ask the agency about getting help specific to my kids because I didn't know what else to do, but she didn't really know either. So when I reached out to whoever was supposed to be in charge of that they told me, "Well there are resources so you can just go online and type them in there."

Other participants reported delays in communication and lost paperwork negatively impacted their legal cases or ability to qualify for additional support and resources. One participant reported the guidance she received from multiple advocates at the agency she worked with "ended up biting me later on and they threw out my affidavit in court." She elaborated, "There should be guidelines on what to say, not to say, how to help, so that the victim can kind of figure the best way to navigate."

Other participants reported the attitudes of advocates and others involved in the advocacy services created a negative or judgmental environment. One participant said,

“There were several times I left the office feeling very unnerved and unhelped.” She elaborated,

I would ask for help or try to share something and either the questions or their facial expression or tone or whatever it was just made me feel like I didn’t matter or I was asking for too much or the wrong thing.

When discussing the impact of delays in services or response times, one participant commented,

I have gotten zero counseling help, not a protective order, nothing. I’m still waiting and it’s been four months. The only good thing that came from it was my boss that assaulted me was fired immediately but the lady at the center that was assigned to me, all she’s done so far is give me a ring doorbell and tell me I needed to install it and subscribe to the service for my own protection. Then she asked me a bunch of questions about if I felt like my life was getting better and if I felt depressed. Just one thing after another. I was like, you know I’m in this horrible place and my parting gift is a ring doorbell. I got in my car and cried and just felt completely helpless and alone. I did end up pressing charges but the advocate didn’t help me with that either because I’m still waiting for her to even call me back. I even asked for legal assistance and talked to the individual through the crisis center to get help but it took over a month and then I got disqualified because of my income.

Another participant described her experience stating,

None. Zero. I got nothing from the advocate services. My advocate seemed understanding, but she just couldn't do much. I would have begged for help, and I did multiple times. I ended up hiring a private counselor because I couldn't get any answers from the advocate stuff, and I was becoming suicidal at that point.

Another echoed this sentiment:

I have to say I think the advocate services made my situation worse. I think it made me feel like the system in place to help me had failed me. So not only are you full of shame and hurt, physical and mental, from the abuse, from the trauma, but then to be blindsided by the justice system that is complicated and then to deal with an advocacy center, actually two centers, that make you feel like you're on a waiting list instead of a priority. It was more traumatizing.

Theme 2: Helpful

Although Theme 1 explored participant views of advocacy services as negative experience and accounted for the majority of participant responses, Theme 2 explored the more positive views of advocacy services and accounts for 19% global coverage among participants. Participants who described their view of advocacy services as helpful noted the nonjudgmental approach of advocates, availability of extensive resources, and ease of access. One participant stated,

I was so surprised at how supportive they were because I was like still processing what had happened and my experiences before getting here had been pretty bad in terms of having to interact with people about what had happened to me.

Another participant commented, “It was extremely helpful because I didn’t even know what I needed but they were able to help me explore those options so I could figure it out.”

Two participants remarked that they felt their advocate and services offered through the agency were more helpful in processing their trauma and finding stability in their lives than attending therapy. One said, “I actually stopped seeing my counselor because the advocate had helped me so much. My needs were really met in that way and through the agency so I didn’t feel I needed anything else.” Another participant said,

I’ve been able to learn how to take care of myself in every way because they gave me more than just counseling. I got help with how to budget and manage my money and they helped me find work and educate myself so I didn’t stay in the same patterns I had been in since my assault.

Another participant also commented how the advocacy services helped her to gain independence. She stated,

They helped me get to where I can do all of the stuff that we worked on together without them being present. Like I can do it on my own now and I never had that kind of confidence before.

Participants who reported a positive view of advocacy services also described the collaborative nature of services as a factor in their impression. This collaborative view is further discussed in Theme 3.

Theme 3: Collaborative

Theme 3 accounted for 13% global coverage among participants. Participants who described their view of advocacy services as collaborative discussed the ability of the advocacy agencies and staff to interact with other organizations to ensure the needs of the survivor were met. One participant explained,

I remember that same organization connected me with the food pantry because I wasn't working, and I couldn't buy food at that point. I was trying to get into a treatment program, but I had to buy my own food there and I couldn't do it. So the advocacy center connected me with the food pantry and that really was what helped me get the help I needed.

Another participant said,

When I first got into services it was really difficult, but I was like, okay, this is what they do, so I just tried to trust it. And that was like everything. They did everything. They had a clinic even where I could get medical services and feel safe. It was everything in one place and what they didn't have they helped me set up appointments with other places that did. It felt good that I was in the right place at that time and could start to feel safe and cared for by people.

Other participants commented on the collaboration between the advocacy center and legal services as being a focus of their experience. One participant reported,

They had a team that was able to give me an idea of what would happen when I went to court so I felt a little more confident in doing that and interacting with all the legal people I had to talk to.

Participants also described collaboration between staff of advocacy centers. Three participants reported their advocates either left or were reassigned but the collaboration between the staff provided a smoother transition between advocates which helped them continue to feel supported despite what they described as a difficult change. Although several participants described the collaborative nature of their experience and view of advocacy services, Theme 4 explored the perspective of some participants who described their view of advocacy as dismissive.

Theme 4: Dismissive

Theme 4 also accounted for 13% global coverage. In this theme, participants described their view of advocacy services and centers as dismissive. One participant said, “I tried to ask questions during my intake interview and they just kept telling me, ‘The attorney will call you.’” Another commented, “The advocate I initially worked with just made me feel like no one supported me or would support me and it was just really frustrating.” Another participant described a slightly different view of feeling dismissed by being given what she described as an excessive amount of information. She said,

I think sometimes there is where they kind of give you way too much whenever you just need a solid answer. There were sometimes when I’m just trying to understand the answer to something but they’re just giving me more resources or trying to talk about my feelings.

Another participant described a similar experience stating,

They gave me this yellow folder and it had so much literature in it I didn’t know what to do with it all. When I tried to ask a question they would just tell me it was

in my folder, but they never opened it or went through it with me so it was really overwhelming.

Theme 5: Not Well Publicized

Theme 5 accounted for 13% global coverage and marks a shift in participant descriptions of services to recommended changes needed for quality care of survivors. All participants reported a lack of awareness that advocacy services existed or what they encompassed. Some participants stated they were informed of services by law enforcement, medical personnel, or their therapist while others reported they found advocacy services by happenstance when searching for related services online. One participant said, “These services should be more public. Like why don’t we know these things exist before you’re assaulted?”

Other participants commented on having difficulty locating advocacy resources after being informed about their existence. Another participant said, “There should be more places like this to go to and it should be more publicized like how the crisis hotlines are.” Participants also commented on the difficulty they experienced in knowing what type of advocacy services they needed and how to access them, or the wide range of services available from one agency to another.

Theme 6: Inconsistent

Theme 6 accounted for 11% global coverage and explored the inconsistencies in advocacy services described by participants. Participants described some services being robust and helpful while others within the same agency or others were lacking. All participants who worked with more than one advocate or advocacy agency reported

frustration at not knowing what to expect during transitions and the vast differences in how their cases or needs were approached. One participant said,

The first advocate I got was through family court and helped me navigate that process but then after that was done, I got a new one who didn't know anything about my case or my story and has been pretty unresponsive. It was disappointing because I got used to how proactive the first one was.

Another participant reported,

My concern was that there was just constantly new advocates. There were so many at one point I didn't know who to communicate with because so many had been thrown at me and none of them were communicating with each other and they were all giving me different information.

Another participant expressed a similar view stating, "I was trying to develop these relationships and so when I didn't have a stable advocate and was kind of getting tossed around I was like, 'Is it really worth it?'"

Participants reported a preference to have one primary advocate that facilitated communication or interactions with other advocates when needed to promote consistency among service providers and policies. One participant said, "I feel like there should just be one advocate and not necessarily so many so you have someone who really knows you and your case. You can bond with them and connect so you have trust."

Another area of concern described by three participants was the lack of inter-agency communication. These participants reported they had to relocate to different cities for various reasons and when they attempted to access services in the new city they found

they had to begin the process over again, often times being placed on a waitlist again and having to resubmit all of their documents and case history. Theme 7 explored the inconsistencies in more detail and delves into what participants described as the disorganized nature of advocacy services.

Theme 7: Disorganized

Theme 7 accounted for 9% global coverage among participants. Participants described feeling that there was no control or structure in many of the reported experiences. One participant explained,

I finally called in after not getting any emails back for several weeks trying to reach my advocate and was told she was no longer assigned to me. I was just like “Oh cool, someone could have told me that.” But then no one know what happened with my case or who I was reassigned to or if I even had an advocate anymore.

Other participants stated they felt that having standardized protocol for advocates to follow among agencies regarding transition of care, emergencies, and other circumstances that would impact a survivor would help in ensuring smooth transitions and reduce the confusion participants reported experiencing. Other participants reported a belief that having specialized training as a mandatory requirement for advocates would help reduce issues of disorganization and negative impact on survivors. One participant said, “I would say some specialized training or standardization to work with should be mandatory because some of the stuff she told me or advised me on ended up biting me in the end.”

Participants also commented on the need for a structured and standardized policy or process for transition of care when an advocate would no longer be available. One participant shared her experience:

I think it was complicated because I had at least four or five advocates during the process, and it was always either one advocate would be gone or no longer there but sometimes it was abrupt and I didn't have time to adjust, and sometimes I wouldn't even know for weeks that anything had been changed. So it was complicated and kind of difficult because I didn't want to keep repeating my story.

Summary

Survivors of sexual trauma reported a primarily positive experience in working with a victim advocate which is in alignment with current research that suggests advocate services are helpful and supportive to survivors. However, data collected through this study suggests that while survivors may largely view their interaction with the individual advocate as positive, there is a significant discrepancy in the way survivors view advocacy services as a whole.

A lack of consistency and organization among advocate agencies as well as delays in service and lack of communication lead to a view among participants of advocate services being unhelpful. Among participants who found services to be beneficial, frequent communication to update on the status of their case, availability of services or regular check-ins were identified as being some of the biggest factors. Additionally, participants who had advocates who were able to validate the survivor's experience and

current emotional state also reported feeling safer, more trusting, and more confident in their advocate. Survivors who reported their interaction with an advocate discouraged their decision to engage in legal services most often reported feeling dismissed, judged or blamed by the advocate. Conversely, those who reported a positive influence on their decision to engage in legal or other support services reported a sense of being empowered, listened to, validated, and supported.

Regardless of whether participants described their overall view of advocate services positively or negatively, the majority of participants reported a need for services to be more widely publicized and a need for reduction in wait times to be assigned an advocate or access services. The lengthy waitlists to be assigned an advocate in many instances, sometimes up to 6 months, was identified as a deterrent by participants in accessing services at all. Additionally, a need for a more standardized approach to advocacy was noted as an area of improvement by the majority of participants. Issues such as inconsistencies in training among agencies or level of education among advocates were identified by participants as being problematic when attempting to obtain information regarding their cases or how to access services. Further, multiple participants reported feeling a lack of training in how to respond to trauma as an area of concern and noted they felt advocates could benefit from training in understanding the complex and varied way trauma presents in individuals and their ability to regulate.

In the following chapter, I will summarize key findings of the study including an interpretation of findings in the context of the theoretical framework. I will discuss the limitations of the study and provide recommendations for areas of further research.

Finally, I will provide a discussion of implications for positive social change and the potential impact to advocacy services for survivors of sexual trauma.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore lived experiences and perceptions regarding the relationship between victim advocates and sexual assault survivors from the perspective of survivors receiving treatment at counseling or crisis treatment centers in Texas. While current literature indicates advocates report finding their work purposeful and helpful to survivors, Maier (2012) also reported that 24% of sexual assault victim advocates expressed complex ideas, opinions, or beliefs regarding survivors that promoted victim-questioning or victim-blaming attitudes. Additionally, current literature explores the influence of advocacy services from that of the advocate or helping professional and not of the survivor.

Understanding the experience of the advocate/survivor encounter from the perspective of the survivor may inform current practice by identifying emerging themes in the shared experiences of sexual assault survivors' interactions with victim advocates. With this information, advocates and advocate agencies can implement training, establish policies, and engage in reflection about their current practices. Participants in this study expressed complex views of their experience in working with an advocate, and the results of this study need to be understood with that complexity in mind in order to accomplish meaningful social change.

Although most participants in this study reported a positive experience or relationship with their advocate, the majority of participants also reported negative views of advocacy services. Several participants reported their experience in working with an

advocate or accessing advocacy services created additional psychological harm, victimization, or feelings of abandonment and isolation. All participants in the study reported a need for more structured advocacy services with increased focus on education advocates in the areas of trauma, navigating the legal system, and reducing stigma associated with sexual trauma. Overall, participants seemed to find the advocacy services helpful but in need of reforms to make the services more supportive, consistent, and accessible.

Interpretation of the Findings

Survivors of sexual trauma reported a primarily positive experience in working with a victim advocate, which is in alignment with current research (Goodson et al., 2020; Graham et al., 2021; Patterson & Tringali, 2015; Singer et al., 2020; Ullman, 2010). However, the results of this study suggest that while survivors may largely view their interaction with the individual advocate as positive, there is a significant need for improvement in these services as a whole to reduce the potential for negative psychological impact to survivors. There were several specific suggestions that may be useful for the development and reform of advocacy services including having the availability of services more widely known, improving communication between the advocacy service/advocate and the survivor, and streamlining access to information about resources and the legal process.

The negative experiences of survivors of sexual trauma are of significant importance when considering the role of social learning theory (Bandura, 1977) and secondary victimization theory (Williams, 1984). As discussed in Chapter 2, the

interaction a survivor has with a victim advocate is often one of the first encounters they experience following a sexual trauma. When this first experience is perceived as negative, the potential for secondary victimization increases (Annan, 2011; Maier, 2022). Sexual assault survivors are more likely to have their responsibility for the crime questioned and are more likely to be labeled as an active participant in their own crime than any other crime (Williams, 1984). Further, according to social learning theory, sexual assault survivors who experience direct or indirect victim blaming attitudes may be more likely to experience subsequent victimization (Maier, 2013; Turchik et al., 2016). Survivors who feel unsupported by their advocate or have negative experiences with an advocate may develop a reinforced behavioral response of self-blame and distrust in support services.

My findings indicate survivors' perspectives of their experience working with an advocate is highly influenced by social, cultural, and political factors advocates convey during their interactions. In accordance with social learning theory, the behavioral responses of advocates influence how survivors engage in services and ultimately impact the healing process. Survivors who were met with assumptions, biases, and cultural barriers when interacting with an advocate had more negative experiences than those who felt validated and supported to express their own beliefs and influences. Additionally, findings of this study indicate survivors who experienced victim blaming attitudes, attitudes of indifference, or attitudes that promoted a sense that the client was a burden experienced additional feeling of victimization. Participants who had negative interactions with advocates cited feeling dismissed, minimized, blamed, and not believed

which perpetuates psychological distress and secondary victimization, and in this way the findings were consistent with secondary victimization theory.

In instances where the participant described the relationship with an advocate as negative, frustrating, or neutral, reasons most often provided were a lack of guidance, the advocate being uninformed or not well trained, advocates providing misleading or false information, victim-blaming or a sense of judgment, and an overall lack of response or significant delays in communicating with the survivor. Participants who had negative experiences described complicated processes to initiate services with an advocate that required completing lengthy forms detailing their experience or needing to meet certain criteria to receive services. One participant stated she was initially denied services because her assault “wasn’t severe enough” to warrant an advocate. Another participant reported she was questioned by her advocate about her prior relationship with her assailant and discouraged from pursuing legal services due to having a “previous sexual relationship so I don’t really have a case.” Multiple participants reported their advocate had no specific training in mental health, sexual trauma response, or advocacy work and were uninformed of legal resources or recourse available to the survivor.

Results from this study are in alignment with current research. Graham et al. (2021) found a lack of adequate training, limited access to resources, and societal bias were barriers to survivors viewing resources as helpful and willingness to engage in the legal process. Additionally, findings of this study were consistent with researchers who have noted that advocates are beneficial to survivors when they are connected early in the process (i.e., Logan et al., 2005; Maier, 2012) and will face fewer barriers in reporting

their assault and receiving treatment when the advocate is able to adequately explain the process and routinely inquire about survivor concerns, safety, stability and emotional well-being (Greeson & Campbell, 2011).

However, results from this study differed in some aspects from previous research and current literature. According to Greeson and Campbell (2011), the initial interaction with an advocate is often a negative experience for most survivors and results in emotional distress and psychological harm to the survivor. Logan et al. (2005) and Maier (2012) found that the advocate's attitude and approach were significant factors in whether the survivor had a positive or negative experience with subsequent providers and law enforcement. Unlike the findings reported by Greeson and Campbell (2011), participants in this study reported a predominantly positive experience with their advocate in at least some areas. Findings of this study also support the studies conducted by Logan et al. and Maier in that participants reported the advocate's attitude and approach to their individual cases were primary factors in the perception of the experience overall. Although several participants had negative experiences within the agency or accessing specific services, the interactions with the advocates themselves were primarily positive. Those participants who reported negative interactions also cited bias, victim blaming, lack of knowledge and lack of contact or follow-up as primary reasons for their negative assessments of the advocates.

Finally, participants in this study identified ease of accessing services, being validated or supported by the advocate, and the survivor's perception of control and autonomy as contributing factors in the quality of their relationship with an advocate.

These results are in alignment with research conducted by Munro-Kramer et al. (2017) which identified factors that were believed to contribute to a survivor's decision to seek services.

The majority of participants interviewed reported a common experience of having to research and seek out services themselves rather than having the support of the advocate in navigating this complex system. However, despite this, participants most often reported the relationship was positive due to the advocates' acknowledgement of their own limitations and willingness to seek guidance in order to help guide the survivor. Survivors who described their relationship as supportive or empowered identified a tendency for the advocate to express unconditional regard and understanding of their experience and encouragement for the survivor to pursue the avenues they felt most comfortable with pursuing. Although the findings indicate survivors who engage with a victim advocate experience a primarily positive interaction in working with a victim advocate, survivors also noted negative aspects of their involvement with advocacy services, indicating the complex nature of the advocate-survivor relationship.

Due to the significant influence victim advocates may have on a sexual assault survivor's recovery, it is important that survivors experience a positive interaction in their advocate relationship (Annan, 2011; Munro-Kramer et al., 2017; Powell et al., 2013; Rich, 2019). However, this complex relationship may envelop both positive and negative experiences. Advocates who find their work meaningful and enjoyable are more likely to have positive views of sexual assault survivors and engage in less victim-blaming behavior, ultimately improving the experience and healing process for survivors

(Goodson et al., 2020; Powell-Williams et al., 2013). While the attitudes, beliefs, and behaviors of the advocate are a significant factor in the survivor's recovery, other limitations exist that may negatively impact the survivor's experience as a whole. Lack of available advocate training, low funding for advocacy agencies, and high turnover rates for advocates create barriers to survivors accessing services. Greeson and Campbell (2011) found that between 40%–80% of survivors were denied medical services due to gaps in services that made it difficult for survivors to access treatment or medical attention in the emergency room. Participants in this study also reported difficulties accessing services outside of being assigned an advocate and noted this created additional stress or frustration with the advocacy services as a whole.

Limitations of the Study

Due to the small sample size and limited geographic region, the findings of this study are limited in generalizability. Further study would be beneficial with a larger sample size recruited from a wider geographic area including a more diverse group of survivors. Additionally, the findings of this study were based on individual experiences as told by the participant in a specific setting. Replication of the same information in repeated studies would be difficult to achieve. Although accuracy of results is important, the goal of this study is to derive meaning from a shared experience.

There were also limitations that were present due to the research design itself. Qualitative research relies on narrative data, and collecting quantitative data is outside the scope of the research; however, quantitative data collection on participant psychological characteristics and the use of self-report questionnaires that quantify the nature of

relationships do allow for increased generalizability. This type of data collection is impersonal and given the sensitivity of the research topic, personal interviews were a more ethical way of gathering data with this population.

Finally, the nature of the relationship between survivor and advocate is a potential limitation of the study. In some instances, participants were continuing to receive services from their advocate or were dependent on their advocacy agency for other needed resources such as food, housing, or legal assistance. It may be that this dynamic presented a feeling of loyalty or indebtedness that may have impacted participant responses to interview questions about their experience and may have limited the findings.

Recommendations

Victim advocates are often among the first individuals survivors of sexual trauma encounter and as such, have the potential to significantly impact the psychological well-being of the survivor. However, there continues to be a considerable number of factors that potentially influence the quality of this interaction. Further research exploring the experiences of survivors who worked with advocates for extended periods of time compared to those who had only brief interactions may help gain a better understanding of the factors that contribute to the development of an advocate–survivor relationship.

Additionally, many participants commented on the perceived lack of structure or training among advocates and noted this had a negative impact on services in most instances. It could be beneficial to conduct a quantitative study examining the differences between advocates with formalized training, or with education or professions in particular fields such as lawyers or therapist, and those who are volunteers or with little or no

formalized training or education to gain an understanding of how this may impact survivor experiences. Finally, although this study explored the experiences of female survivors only further research regarding the experience of survivors who are male or transgender as well as those in the LGBTQIA+ community could be beneficial for development of comprehensive services to assist all survivors of sexual trauma.

Implications

The findings of this study indicated that the majority of participants experienced a positive interaction and relationship with their advocate. However, findings also indicated that, for those participants who had a negative experience, the effects of that interaction also affected their view of advocacy services and their likelihood of seeking further assistance. Additionally, the frequency of communication, level of training, and ease of access to obtain services were all factors that contributed to the participants' overall experience. These findings may inform current standards of practice in victim advocacy to develop structured or standardized training programs to ensure continuity of services, accuracy of information, and improve accessibility of services for survivors.

Additionally, findings from this study may better inform both survivors and advocates of the complex dynamics in the advocate–survivor relationship leading to improved communication and support. Advocates who are better informed may benefit by understanding the perceptions survivors hold about advocacy work and be better equipped to respond to individual survivor needs. This dynamic has the potential to significantly influence public perception of advocacy work and bias toward survivors of sexual trauma through destigmatizing help-seeking behaviors and increasing awareness

of advocacy services. As services are improved, the experience for survivors can become more consistently beneficial, which in turn creates a more positive perception of reporting sexual traumas and seeking services to reduce psychological distress and maladaptive behaviors.

The interaction between victim advocate and survivor has the potential to influence the long-term psychological well-being of survivors of sexual trauma. Regardless of how participants described the overall quality of the relationship with their advocate, participants reported experiencing both positive and negative impacts on their well-being as a result of their interactions. Positive benefits of the relationship participants identified included developing a more positive view of their future, ability to heal, and a sense of empowerment and control. Negative aspects of the relationship were identified as continued psychological distress, difficulty trusting helping professionals, and thoughts and feelings associated with victim-blaming, guilt, and shame. The findings of this study have the potential to inform advocacy practices and help them improve the overall experience of survivors as well as reduce the psychological impact of sexual trauma. The themes that emerged from the data included some information that can be used to directly and immediately improve the services that advocacy agencies deliver, such as including survivors in communications about advocate assignment changes and minimizing such changes to the extent that it is possible.

Improved and consistent positive experiences with victim advocates have the potential to increase public awareness of services and the likelihood that survivors will access those services. Reports from the Bureau of Justice Statistics (2022) cited a severe

lack of reporting from survivors of sexual trauma, and of those who do report, research indicates survivors experience increased distress during the legal and medical process. Improving the quality and consistency of advocacy services may allow survivors to feel more comfortable reporting or seeking services for early intervention. Early intervention has the potential to reduce overall maladaptive symptoms and behaviors ultimately reducing the need to access long-term services which are often met with long waitlists.

Conclusion

The psychological impact of sexual trauma is widespread and ultimately affects the community at large. One out of every five women reporting they have experienced a sexual assault attempt or completed sexually violent act (Annan, 2011; RAINN, n.d.-a) although the Bureau of Justice Statistics (2022) suggests that sexual assault occurs at a much higher rate. Additionally, current data from the National Crime Victimization Survey (Bureau of Justice Statistics, 2022) suggests the rate of sexual assaults reported to police continues to decline, although the rate of attempted or completed assaults has increased. Results from this study highlight barriers survivors face when either reporting sexual traumas or attempting to access care as well as the societal stigma, bias and victim blaming attitudes that permeate helping services. Additionally, experiences described by participants in this study highlight the profound impact that a positive or negative interaction with an advocate can have on overall psychological well-being for the survivor.

While advocacy work and the relationships between advocate and survivor are complex, the negative experiences survivors described also led to increased

psychological distress. This in turn can result in a prolonged need for care in other areas including mental health services, medical services, loss of employment and longer hospitalizations or higher levels of treatment. When survivors had positive experiences, they reported being better able to navigate challenges, felt more empowered, and described themselves as being better equipped to recover psychologically, leading to improvement in overall functioning.

There is a historical hesitancy to report sexual assaults; however, currently there is an increased desire to receive help as society continues to destigmatize sexual trauma and help-seeking behaviors. As such, it is imperative that the victim advocates are appropriately equipped to provide survivors with supportive, comprehensive, and accurate information and resources to meet this increasing trend. The potentially negative psychological impact and re-traumatization of negative interactions with advocates or advocacy services affects not only the survivor but society at large. These negative interactions perpetuate myths and bias that continue to stigmatize help-seeking behaviors and contribute to victim-blaming attitudes. The Bureau of Justice Statistics (2022) cited the most common reasons contributing to low numbers of reported sexual assaults as fear of not being believed, fear of being blamed, or a general lack of support from family or the community. If advocates are one of the first encounters a survivor has following a sexual trauma, it is essential that advocates are trained and equipped to meet the needs of survivors to reduce barriers for reporting and re-victimization. Few studies have explored the experience of working with an advocate from the perspective of the survivor and those that have are severely outdated. The need for more current information and research

to inform current standards of practice in light of trauma informed care and the everchanging laws regarding sexual assault is essential to the well-being and healing process of survivors of sexual trauma.

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Appendix: Interview Questions

How would you describe your experience working with a victim advocate?

How would you describe your relationship with the advocate that you worked with?

What, if anything, did you find helpful about working with a victim advocate?

What, if anything, did you find to be not helpful about working with a victim advocate?

What impact, if any, did your interaction with an advocate have on decisions to access legal services?

What impact, if any, did your interaction with an advocate have on decisions to access support services?

Would you describe your overall experience working with a victim advocate as positive, negative, or neutral and why?

What, if anything, do you think could be done to improve services provided to survivors?