

LIVING AS AN ADVOCATE: A QUALITATIVE STUDY ON PEER SEXUAL VIOLENCE  
ADVOCATES

By

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## ABSTRACT

### LIVING AS AN ADVOCATE: A QUALITATIVE STUDY ON PEER SEXUAL VIOLENCE ADVOCATES

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This phenomenologically grounded qualitative study examined the lived experience of a student sexual violence advocate. Student advocates are utilized to operate crisis lines on college campuses for survivors of sexual assault, domestic abuse or other forms of sexual violence. This dissertation argues the lived experience of student sexual violence advocates is embodied, liminal and survivor focused. I interviewed 15 student advocates at a comprehensive university in the Midwest. Each advocate completed a minimum of two interactions with survivors. The lived experiences were portrayed as narratives, with six being deep narratives. Of the six narratives, three were from advocates interacting with strangers and three interacting with friends. After analysis, three essences were discovered. The lived experience of an advocate was embodied. The advocates had physical sensations matching the emotional stress of interacting with survivors. The lived experience was liminal. The advocates enter a space where they are not fully themselves but adopting a persona to provide better advocacy. Finally, the lived experience of an advocate was survivor focused. Throughout the entire interaction with survivors, the advocates continually expressed a desire to make the situation better for survivors. All actions from the advocate were designed to make the process better for the survivor. Areas for future research and implications for research and practice are identified.

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*To the advocates, making a difference for that one  
And to all the amazing women who have advocated for me, especially my mother, my wife, and  
my daughter*

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To God. “And we know that for those who love God all things work together for good, for those who are called according to his purpose.” Romans 8:28

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## CHAPTER 1: BEING

“Well, that is an interesting thing to study at Michigan State right now...” This line, with a look of pity, has been said to me a staggering number of times over the course of the past two years. It is delivered by well-meaning individuals asking me what my dissertation is about, expecting any number of contemporary higher education issues which seem to pop up in the ProQuest databases. When I relay my intention to study how student sexual violence advocates experience interactions with peers who have been assaulted, it is not quite what they expect, especially given my institutional affiliation.

Since 2016, when the Indianapolis Star first broke the story of \*\*\*\*\*<sup>1</sup> and his predatory behavior on women and girls during his affiliation with Michigan State University, few topics have had the ability to pass between campus and national news with as much fury and indignation as this topic. Since initial expose, \*\*\*\*\* has been condemned to live the rest of his life in a federal penitentiary and, barring any remarkable breakthrough in human life expectancy for inmates, he will likely die before having the chance to serve all of his sentence. The “\*\*\*\*\* Case” has upended the discourse around sexual violence, Title IX reporting, and administrative oversight on this campus, with a president and athletic director being removed as a result. The entire administration and board were marred in scandal related to its response (or lack thereof) in the wake of this massive campus tragedy.

Many of these well-intentioned observers assume my interest in this area of study stemmed from the \*\*\*\*\* Case and watching the response since the initial disclosure. However, my interest in these amazing students providing essential support to peers started before \*\*\*\*\* was a detestable household name and faculty, staff, and students seem to learn new revelations

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<sup>1</sup> I will not use the name of the perpetrator in this case in this dissertation.

weekly on the depth of scandal at this university. This deeper and more personal connection to this phenomenon came upon me out of nowhere when I had the chance to interact with advocates myself several years ago during their training weekends.

The monumental task advocates faced at the commencement of training weighed heavily in my head as I observed the cacophony of sounds coming from current and future advocates alike as I arrived on the first day. As the start time drew nearer, I found myself becoming more nervous. I was the only outsider, invited to participate to see what happened here, and how it may change the way I thought about supporting survivors of sexual violence in my own work. I was vaguely aware groups like this existed on many campuses but assumed crisis lines were staffed by professional staff members to provide support to our most vulnerable.

Over the next two weekends, during 40 hours of sessions, I was amazed at the dedication I saw from these students. I witnessed traditions old and new, moments silly and somber. An overwhelming sense of purpose exuded off every student. A greater purpose seemed to speak to the gravity of the advocate's role, to provide support to peer survivors. The role taken on willingly, without any real sense of trepidation, and performed far more frequently than any of the students would have hoped.

At the end of the second weekend, the new members had an intense, five-hour immersive role play simulation, where advocates moved from activity to activity, providing advocacy for the veteran members acting as survivors in specific scenarios. The organizers placed me into a group and off I went. I thought training would be a good experience like a residence hall training I had facilitated before. I had been on both sides of training; I thought I knew what to expect.

About a quarter of the way through I was up to play the advocate. I was meeting a student worried about his assaulted sister. Some of our training revolved around secondary survivorship;

how to respond to a student when a close relation was assaulted. I remembered the protocol, started enacting the protocol, but was quickly thrown for a loop. I, a higher education professional with several years of experience, could never do the job 18-24-year-old students were going to be doing starting the next night. When I experienced anxiety during role play scenarios of working with survivors, students jumped right in and were ready for the next scenario. I began to wonder, how were students going from scenario to scenario, or call to call once working the actual line, while keeping their humanity? These intense experiences the students were having with peers may be having a major impact on how the advocates interacted with the world and themselves.

While my thoughts came from observing the role-playing scenarios, students advocating for actual survivors is already occurring on campuses across the country, where students were helping students process one of the worst experiences of their lives. In 2015, and updated in 2017, the Association of American Universities coordinated a study to determine the climate around sexual assault in several member institutions. All 55 participating institutions reported creating or enhancing services to support survivors of sexual violence, including confidential crisis line workers (Association of American Universities, 2017). The experiences with advocacy are shaping future experiences for the advocates. I did not realize at the time, but my experience was identifying the purpose of my study. I was interested in studying something related to sexual assault on college campuses, but like much of the current literature, I assumed I would be looking at prevention efforts or policy. However, after the two weekends at Midwestern University, the experience of the advocates became much more interesting.

## **SIGNIFICANCE**

The current administrative focus on sexual assault response on college campuses stem from the Dear Colleague letter published by the Department of Education Office for Civil Rights in 2011 (U.S. Department of Education Office for Civil Rights, 2011). The federal government sent the letter to inform institutions government would consider sexual assault a severe form of gender discrimination, thus allowing the government to pursue institutional violations under Title IX of the Educational Amendments. On individual campuses the letter caused many administrators to become aware of the need to address the problem of sexual violence on campus. The Dear Colleague Letter also caused an explosion of the resources dedicated to response, expanding previous efforts (Kaukinen et al., 2017). While the Dear Colleague letter has since been rescinded, many colleges and universities continue to provide similar levels of care prior to new guidance (G. Anderson, 2020).

Campuses continue to grapple with responding to sexual assault; experts are not in agreement on the best way to continue to support students. Some campuses spent most efforts on promoting prevention efforts, but a review of processes have shown a lack of effectiveness in lowering rates of sexual assault (L. A. Anderson & Whiston, 2005; Breitenbecher, 2000; Karjane et al., 2002; Richards, 2016). In a review of 140 prevention programming initiatives, less than five were found to affect rates of sexual assault on campus. However, methodological issues with the studies exist. Programs were compared to CDC frameworks designed without sexual violence reduction in mind. Likely, additional programs will meet the CDC public health framework with further refinement from the CDC (White House Task Force to Protect Students From Sexual Assault, 2014a). Optimism is mirrored in the number of institutions increasing the amount of resources given to training campus constituents, including faculty and staff, on



addressing sexual violence, including bystander intervention and other prevention efforts (Association of American Universities, 2017). Not to say prevention is not important to prevent attacks from happening in the first place; rather, I am saying prevention should not replace advocacy, especially considering many students may arrive on campus as survivors needing advocacy services. Current research on effective interventions on campus to change sexual assault rates emphasize an increase in prevention efforts as well as counseling/advocacy services (Carmody et al., 2009).

Researching the lived experience of student advocates is vital to supporting the campus sexual violence ecosystem for three main reasons. First, based on the literature a survivor of sexual violence is more likely to disclose their attack to a peer as opposed to a formal university resource (Orchowski & Gidycz, 2012; Sabina & Ho, 2014). The advocates in my study were peers of survivors with whom they worked and have access to institutional resources. Peer advocates can be both approachable and knowledgeable to survivors. Second, peer advocates are volunteer positions. As budget constraints continue to affect college campuses, peer advocates can provide additional services to the campus community without incurring increased costs. Researching the lived experience of advocates allows us to provide better resources and support for advocates. Finally, advocates can learn vital transferrable skills (such as emotional intelligence, active listening and crisis management) through working with survivors they may be unable to gain in other ways. By understanding the lived experience of peer advocates, institutions can offer better support and resources.

We do not know much about student advocates because a gap exists in the literature regarding students doing advocacy work for peers on campus. Current research explores professional advocates supporting survivors such as nurses, social workers, psychologists, and

counselors. In one study, up to 60% of nurses completing sexual assault nurse examinations experience negative effects of advocacy (Wies & Coy, 2013). Professional advocates engage in many types of activities to mitigate experiences with secondary trauma, including debriefing with supervisors, obtaining additional education, gaining more experience, and engaging with peers (Finklestein et al., 2015). While studies look at professional advocates, the advocacy professionals do is no different than what students provide. Thus, one could argue student advocates are susceptible to the same types of negative outcomes as professional advocates.

The strategies utilized by professional advocates to mitigate negative outcomes are types of meaning making concerning work with survivors. Talking with supervisors or peers may help process what advocates experienced (Cohen & Collens, 2013; Michalopoulos & Aparicio, 2012). Engaging in additional education allots additional strategies to understand what the advocates are feeling and how these feelings are affecting the professionals outside advocacy work. In a way, these strategies are similar to techniques utilized by other mental health professionals to process traumatic incidents in therapy.

This dissertation sought to determine the lived experience of student sexual violence advocates. Additionally, my study addresses a gap in literature around peers doing sexual assault advocacy work. In a broader context, a lack of research on peer advocates serving in peer advocacy roles on campus exists. Focusing on campus resources, most research is on prevention educators or understanding the experiences of survivors themselves (Campbell, 2005, 2006, 2008; Gidycz et al., 2001; White House Task Force to Protect Students From Sexual Assault, 2014a). Outside of students, current research focuses on the efficacy of prevention methods on the sexual assault rates or behaviors around sexual assault for the campus community (L. A. Anderson & Whiston, 2005; Breitenbecher, 2000; Foubert et al., 2006; Gidycz et al., 2001).

Moving off campus, the research focuses on professional advocates working as counselors for survivors or crisis line operators (Michalopoulos & Aparicio, 2012).

## **THIS STUDY**

My research is a qualitative study seeking to answer the question what is the lived experience of a student sexual violence advocate? The lived experience in qualitative research refers to how an actor's knowledge is affected by the situations, choices and other options of participants (Given, 2012). I used a constructivist paradigm to guide the research design. Constructivism allowed my participants' views on the world and their interaction with peer survivors of sexual assault to construct objective truth (Creswell, 2014). My study drew upon phenomenological traditions to seek common essences in advocacy work (Giorgi, 1997; Van Manen, 1990). Specifically, the elements of lived experience, a common lifeworld, and hermeneutics informed the design of this study.

This dissertation first addresses the literature surrounding sexual violence on college campuses, advocacy and support. Next, the dissertation addressed the content, methodological gaps in the existing literature, and identify where this study will fill the gaps. Then, this dissertation laid out how philosophical and methodological traditions shape my study and explained the research design. After discussion of my analytical technique, I present the lived experience of the advocates in narrative form. The narratives are presented in three parts, the first laying out what the advocacy group does, the second describing advocates interacting with strangers and the third describing advocates interacting with friends. The final chapter begins with describing the common essences and how they manifest in my participants. I will end by making the case for better support for advocates through future research and practice. I will

argue using the narratives the lived experience of advocates is embodied, liminal and survivor focused.

## **EXPERIENCING LANGUAGE**

In exploring sexual assault, sexual violence, rape, and other forms of violence against women, definitions matter to the meaning of research questions. In my study, I used the umbrella term of sexual violence to bring together many different types of violence, including rape, nonconsensual touching, and domestic violence. The exception to the nomenclature will be in specific studies, if one type of assault is highlighted, as in some statistics on college students. Likewise, I will use the term “survivor” for any assaulted person, as opposed to “victim.” The word survivor has shown to be more empowering for individuals. I will use survivor unless the term victim is specifically used by an author.

Sexual violence can happen to anyone, regardless of gender identity, sexual preference, gender expression, or other demographic categories. The literature I have drawn upon primarily focuses on sexual violence occurring on women by men, but this trend is by no means the only context when sexual assault occurs. Approximately 1 in 30 men will be assaulted while in college. Trans and gender non-conforming individuals have even higher rates (Richards, 2016).

### ***Etymology***

In any analysis, examining the etymology of a few terms to provide context is helpful. First, I considered advocate. As a verb, the origin of the word comes from a classical Latin word *advocare* meaning to summon to one’s assistance, to employ as counsel, or to have one plead one’s cause. The definition seems to invoke legalistic connotations, which fits with some of the foundational work on violence against women, where sexual assault response typically resides, being based on criminal justice foundations.

However, the origin of *advocare* word speaks to a person representing another person, as opposed to a person representing law. In many ways, this recollection is similar to how advocates work in the current system. Sexual violence advocates are not investigators, nor is the job to determine the facts of the case while talking to the survivor. The advocate's job is not even to determine if the person experienced something fitting the legal definition of an assault. Advocates are primarily there to support survivors. While advocates changed positions in justice systems, advocates no longer argue cases before courts for example, the core purpose of speaking on behalf of another, whether to medical professionals, campus administrators, or law enforcement officers, has remained static.

We find another word with similar roots, "avow." Avow is rooted in the same Latin *advocare* but evolved later. However, avow may be a more apt descriptor of what advocates currently do for survivors of sexual violence. Advocates vow several things; they will be able to listen, will keep confidentiality, and can provide resources to the survivor. Advocates have vowed to the survivor more than any other actor in the process of disclosure for survivors. All actors espouse working for justice, but the ultimate drivers may be different. Just as actors' motivations may be shaped by identities and environments, my motivations are shaped by the same factors.

## **CHAPTER 2: BEING CURIOUS**

I am someone who seeks information. When I do not understand something, the first thing I will run for is a book or an article. Thinking back to the advocates from my lived account, I knew to understand the phenomenon of students doing advocacy work around sexual violence, I needed to interrogate the current bodies of literature in sexual assault. This interrogation includes the content of current literature related to the phenomenon of peers advocating for survivors of sexual assault as well as the methodologies utilized to explore these phenomena. While I was not able to find literature directly related to peers doing advocacy work, I expanded my inquiry into adjacent subjects that seemed to provide context to student advocates.

The review of literature serves two main purposes. First, it provided me a way to enter the conversation when I went out to speak with my participants. To understand the lived experience of individuals, I had to know what questions to explore to distil the experiences into essences. Second, the literature review aims to show my study is necessary to fill gaps in literature around sexual violence in higher education. This section will review the literature on (a) the prevalence of sexual violence on college campuses in a broader context, and (b) institutional responses to sexual violence.

### **THE EXPERIENCE OF SURVIVORS**

If you enter into the debate about prevalence of sexual assault on college campuses, you will encounter the statistic of one in four women being sexually assaulted over the course of their college careers (Association of American Universities, 2017). Critics of this figure argue the numbers are overinflated (Young, 2014), misleading (Crocker, 2015), or the definition of sexual assault is too broad (Earp, 2015). As the discussion of institutional response, specifically around

advocacy, is predicated upon sexual assaults being a problem on college campuses, an examination of the literature must begin in the debate on prevalence.

The debate has two main components; one in academic discourse and the other in more mainstream/popular outlets. The academic debate revolves around the definition of sexual violence, mainly what constitutes an assault as opposed to inappropriate touching and how the difference in definition can change rates of reporting (Karjane et al., 2002). Essentially, different studies have shown different rates of sexual violence largely because of lack of a common definition. While this began as a larger issue, the academic consensus has settled on an appropriate way to measure incident rates that has largely settled the discussion (Krebs et al., 2011). A seeming discrepancy fueled the debate in mainstream outlets, where small variances can be seen disqualifying (Crocker, 2015; Young, 2014). The mainstream debate largely ignores the academic consensus and seems to be driven mostly by ideological positions in mainstream outlets. Most researchers have adopted the term sexual violence to group all terms together to minimize debate (Rennison et al., 2017).

The widely accepted study on prevalence of sexual assault on college campuses was conducted by the Association of American Universities (2017). The AAU study shows a rate higher than the rate of assault for women not in college. The routine activities theory or specific institutional characteristics leading to higher rates of sexual assault are possible explanations. The routine activities theory is one possible explanation for higher rates of sexual violence on college campuses. The theory is a criminal justice theory that posits crimes will occur more often if (a) available victims, (b) motivated offenders, and (c) a lack of guardianship exist (L. E. Cohen & Felson, 1979; Stotzer & MacCartney, 2016). All three conditions are met on many residential college campuses. Stotzer and MacCartney utilized routine activities theory to examine 524

higher education institutions to match the conditions laid out in the theory with characteristics of higher education institutions (Stotzer & MacCartney, 2016). The authors found the athletic programs, number of students living on campus, and the specific alcohol policies of the institution play a large role in sexual assault prevalence.

The routine activities theory, however, received criticism because of disregard for perpetrator motivation (Schwartz et al., 2001). As the theory is used wider, modern interpretations include factors to account for perpetrator motivation, exploring what causes an offender to commit an act of violence, while others in the area presented with the same opportunity did not. In a higher education context, this discrepancy would explain why potential perpetrators and potential targets can be in proximity, but it does not always result in an assault.

Current research complicates the notion of routine activities theory explaining sexual assault victimization. Popp and Peguero utilized hierarchical generalized linear models to explore high school contexts to claim gender and involvement in extracurricular activities explain victimization better than the routine activities theory for students. Cass found the institutional characteristics suggested as important by routine activities theory in higher education contexts explain the impact on individual students but not aggregated to larger institutions (Cass, 2007; Popp & Peguero, 2011). Both studies suggest routine activities theory is a poor mechanism to explain higher rates of sexual violence on college campuses.

A study on factors impacting sexual assault rates on campus posits an alternate theory where institutional factors, like number of students living on campus and role of Greek institutions on campus, combine with societal factors, such as adherence to gender dynamics, to create an environment where sexual assault rate will not change unless culture change is emulated in smaller academic contexts (Martin, 2016). Put another way, societal factors combine



with institutional factors leading to higher rates of sexual violence on campus. Martin suggests we have found strategies working in society, such as harm reduction models (2016). We must use these methods on campus to reduce sexual violence impact. A complication, however, is campuses are already enacting many strategies to reduce the rates of sexual assault. Moylan and Javorka express the importance of using an ecological approach to determining what factors affect campus sexual violence rates (2020) These strategies have not had a large effect on prevalence of sexual violence. This lack of effect may be a result of many prevention programs being seen as ineffective upon review (Karjane et al., 2002; Richards, 2016). Studies show sexual assault is a problem on college campuses. Institutions have an obligation to support student survivors. This sentiment is especially true if the characteristics of the school have increased opportunity for assault.

Regardless of the causal mechanisms involved with the intersection of institutional characteristics and sexual violence prevalence, conditions lead us to believe large, public schools may be the most likely to have higher rates of sexual violence (Wiersma-Mosley et al., 2020). In a comprehensive review of current studies on sexual assault rates, Voth Schrag found most research done on sexual assault rates on college campuses are done on larger, public, highest research production (Research One) schools. Other institutional types have been studied less, including smaller schools, non-residential campuses, and two-year institutions (Voth Schrag, 2017). This gap in the literature should be addressed. Additional research should be conducted to determine the factors leading to sexual assault on the aforementioned different institutional types. For my study, I conducted the research at a large, public, non-Research One school in the Midwest. While my selected institution may lead to a higher number of students serving as advocates for survivors of sexual assault because of institutional characteristics, I must also be

weary of drawing broad conclusions based on one institutional type fitting the criteria of institutions with higher rates of sexual violence. Institutions like my selected school have not been studied as much in current literature.

After reviewing the literature, I believe the debate around sexual violence prevalence rates is a proxy for two different issues. The first is how eminent the danger of sexual assault is on our campuses. By downplaying sexual assault rates as high as 1 in 4 women, campuses can claim their efforts to address sexual assault were previously effective. Efforts to protect women on college campuses gained prominence as early as 1990 in Title IX of the education amendments, long before the Dear Colleague Letter and new interpretation and operationalization of Title IX in 2011 (Kaukinen et al., 2017). Declaring rates of sexual violence as high as the AAU study tells a story of either ineffective methods or lack of institutional priorities.

The second issue the debate shows is the uncertainty of college administrations on the best way to address the issue. As we will see in the next section, two of the main ways campuses have chosen to respond to the issue of sexual violence are increasing prevention or increasing advocacy services. Campus administrators may argue in favor of one priority depending on their interpretation of the campus' prevalence, especially if institutional characteristics may serve as a predictor of assaults. However, I would point to the role advocates play on campus not being dependent upon numbers or how sexual violence is defined. An advocate can support a survivor even if the attack did not meet the campus definition of violence. While the literature around prevalence is important to ground my study, it is largely used in this dissertation to inform decisions concerning how institutions of higher education respond to sexual violence in their communities.

## THE EXPERIENCE OF INSTITUTIONS

In this section, I will interrogate the literature regarding institutional response to sexual violence, focusing on prevention and advocacy. These concepts are two of the more prevalent methods required by federal oversight. Some campuses have proposed the best way to respond to sexual assault on campus is focusing on prevention efforts to lower the rates of sexual assault and investigation/adjudication to remove threats to the community once the attackers become known to the institution. A recent study by Linder and Myers states “a heavy emphasis on compliance on most campuses has led educators to focus on legal requirements in response to sexual violence” (2018, pg. 12). Another possibility is to dedicate significant resources to increasing advocacy services, typically located in women’s centers or counseling offices.

Current literature focusing on the balancing act between prevention, administration, and advocacy make up a large amount of the debate in institutional response. As previously mentioned, the current focus on compliance due to increased governmental oversight has limited the resources available for broader response. While the oversight was intended to ensure minimum services available to students, in practice the guidance limited the focus for reform (Moylan, 2016). Decision makers seem to suggest prevention is a better use of resources to prevent harm from happening to students in the first place, as opposed to developing structures to hold perpetrators accountable or supporting survivors after the fact (McCaskill, 2014; White House Task Force to Protect Students From Sexual Assault, 2014b).

I agree with this sentiment to a point; however, I believe advocacy is vitally important due to the relatively large number of students arriving on campus having already been attacked. Higher education institutions have a responsibility to prevent further harm from happening to students as well as helping students already affected heal in the context of the collegiate

experience. In fact, Title IX is designed to protect equal access to higher education regardless of gender. The statute sees sexual assault as an extreme type of gender discrimination and campuses are thus required by law to respond and prevent sexual violence. In the next section, I discuss the current literature around prevention, and identify the problem of focusing too strongly on prevention to the detriment of advocacy.

### ***Prevention***

The federal government has mandated all institutions receiving federal funding implement some form of prevention education. Previous research identifies efforts as typically addressing rape acceptance in attendees, identification of definitions of sexual violence, and reporting structures for affected students (L. A. Anderson & Whiston, 2005). In a quantitative analysis of over 100 prevention programs, Anderson and Whiston (2005) found most programs focus on improving rape knowledge, a category focusing on behaviors that constitute rape.

Current literature shows when prevention methods do work, the interventions tend to be less directly tied to violence prevention. Prevention is more often tied to knowledge about sexual assault. The methods also work better in smaller communities of respected peers, suggesting the importance of peer interventions on campus (Casey & Lindhorst, 2009). Additionally, the gains in knowledge on what constitutes and prevents sexual assault are not evenly distributed across genders, as women show the most knowledge gain as opposed to men (Breitenbecher, 2000). With men committing the largest amount of sexual assaults on college campuses, prevention strategies should focus on behavior change in college men. In my study, I studied students doing advocacy and prevention programming for their communities. At these events, advocates often will contact survivors talking about assaults after the sessions. It is vitally important to have various gender advocates embedded in the campus community to provide better support to

survivors, but also has a secondary benefit of providing better prevention. The literature has not addressed how effective single vs. mixed gender sessions are in relation to willingness to disclose assaults after community outreach events.

Sample of studies on prevention (Breitenbecher, 2000; Casey & Lindhorst, 2009; Karjane et al., 2002; Richards, 2016) all use similar methodologies to address the efficacy of prevention efforts; large scale program review and pre/post testing of students participants. Meta-analyses allow the researchers to explore differences across several different programs quickly, but these analyses do lack the depth of understanding of the context as compared to qualitative studies. For example, unique characteristics of effective prevention programs exist, including the social capital of the prevention specialists or what type of materials are given out during educational sessions. Details may not be present in meta-analytic explorations but would be present in qualitative studies. While my proposed study does not address prevention directly, the study will contribute to the qualitative research base in broad sexual assault.

The lack of behavior changes for students participating in prevention efforts in college leads us to believe while prevention is important to decrease some sexual assaults, it is unlikely to stop all assaults happening on a college campus. Focusing on advocacy will not eliminate the complications of prevention. Rather, a comprehensive approach to addressing sexual violence on college campuses requires both prevention and advocacy, especially since sexual assault advocates provide support to previously assaulted peers. Traditional aged females are four times more likely to arrive on campus having experienced sexual violence than the general population (Rape Abuse and Incest National Network, 2018). If assaults still occur on campus and prior to arrival on campus, it is necessary to continue to provide advocacy services for students.

My study addressed gaps in the current approach to research on sexual assault in higher education in two ways. First, my research went past the demographics of students involved in campus sexual assault response. Second, the research focused on advocacy for survivors after the fact as opposed to prevention before the assault happens. Some researchers conduct qualitative analysis, but these studies are outnumbered by other methodological approaches (Campbell, 2008; Moylan, 2016; Payne, Ekholm, & Carmody, 2009). Finally, this study contributes to the understanding of peer experiences doing sexual violence advocacy work. Researchers have studied the effects of advocacy work with professionals but have not accounted for the student perspective (Carmody et al., 2009; Mihelcova et al., 2019; Moylan, 2016). A comprehensive understanding of sexual assault in higher education requires an exploration of all aspects of a sexual assault response.

Methodologically speaking, my study addressed a gap in the current literature around qualitative analysis. The most widely cited studies on sexual assault programs on college campuses (Karjane et al., 2002; Richards, 2016) rely on meta-analyses of current response efforts. My study provides context to meta-analytic efforts, bringing the voice of advocates into the body of literature.

Much of the research on higher education's response to sexual assault is centered on very high research producing institutions, or Research One institutions. My proposed study looked at a large, public, non-Research One institution. The institution type is less researched, but student profiles match the profiles of students more likely to be assaulted in college (18-22-year-old females).

## *Advocacy*

This section will discuss the role of advocacy centers on campus and review the literature on sexual violence advocates. The scope of advocacy programs on campus speaks to assaults occurring during college, as well as attacks taking place prior to arrival on campus, so even robust prevention efforts will not negate the need for survivor services in higher education. In addition to prevention, some campuses are increasing the focus on advocacy for survivors, though to a lesser degree. Previous literature stated in the middle of the 20<sup>th</sup> century, second wave feminist activists working at rape crisis centers encouraged survivors to speak out about their attack (Ullman, 2010). College campuses replicated these community organizations. In a 2014 study of over 1,000 campuses, 67% of the campuses offered a 24 hour crisis line for recently assaulted students or disclosing an earlier assault (Amar et al., 2014). It is unclear how many students served as volunteers on those 24-hour crisis lines. As more students step into advocacy roles, campuses must understand how to support advocates. My research is attempting to fill the gap.

In addition to the dynamics of survivors, the advocates themselves face challenges related to doing the work of support survivors, internally and externally. Current literature has found professional advocates often identify external challenges such as lack of community awareness of the impact of sexual assault, victim blaming, and lack of resources (Payne et al., 2008). Additionally, advocates must interact with many different groups, often with different understandings of survivors, such as medical professionals, law enforcement, and attorneys (Globokar et al., 2016). Different groups may not center the survivor in responses. These groups may contribute to the secondary trauma the advocates are attempting to prevent in survivors. On college campuses there are additional layers of interaction, including campus officials and

multiple law enforcement agencies. The student advocates have much more of a vital role in navigating the overlapping systems for survivors for the mental health of both the survivors and they. The interactions with different entities mean advocates must have a strong sense of themselves to navigate the dynamics effectively. The studies explore advocates, but participants are professional advocates with advanced education. These studies do not intentionally capture the experience of peers serving as advocates in collegiate settings, a gap my research addressed.

With the amount of resources available, campus advocates do have some advantages over community advocates. The advantages are related to the institutionalized connections between campus advocates and other services, such as conduct offices, on-campus police departments, and student affairs offices for accommodations in class schedules or living arrangements (Carmody et al., 2009; Payne, 2008). Campuses are providing advocacy services in a different way than community counterparts, speaking to the necessity of groups existing on campus to support survivors to provide a diversity of options for survivors. Furthermore, Javorka and Campbell (2020) discuss the negative outcomes for survivors when criminal proceedings are seemingly prioritized over campus procedures. Two studies on barriers to sexual assault response explored the phenomenon by conducting focus groups with professional advocates (Carmody et al., 2009; Payne, 2008). Focus groups allow advocates to make meaning of experiences with others experiencing similar situations and provide context in group settings. My study allowed context to emerge through individual interviews specifically around advocates interacting with peer survivors. Both papers were based on similar populations in Virginia. We are unable to determine if different dynamics exist around advocacy depending on geography.

One of the biggest factors affecting how advocates operate is how the survivor of sexual violence discloses the assault. Disclosure of a sexual assault was the situation my participants



spoke about in interviews. The dynamics of disclosure are a part of the body of literature in sexual assault. The next section of this literature review critiques the literature around disclosure.

### **Disclosure of Assault**

The literature around disclosure focuses on both the internal processing of the survivors disclosing their assault to another person as well as the advocates' effects. Disclosing an assault can be a therapeutic experience for survivors and can help with long term processing (Demers et al., 2017; Donde, 2015; Macy et al., 2009; White House Task Force to Protect Students From Sexual Assault, 2014a). However, some studies state bad provider responses, especially immediately after the assault, can lead to damage in the long term for survivors (Campbell, 2006, 2008; Macy et al., 2009). This finding is especially true if the person to whom the survivor discloses is inadequately trained in working with survivors of sexual violence, as is the case with some actors in medical and law enforcement fields. An analysis of the literature around disclosure speaks to the importance of providing and supporting well trained advocates on campus.

Previous research found survivors of sexual violence respond in different ways depending on individual characteristics (Campbell, 2005, 2008). Training for advocates addresses some commonalities. Some survivors may choose to share details of assaults with a friend, a family member, a rape crisis counselor, law enforcement, or medical staff. Some services are supportive to the long term health of a survivor in the immediate aftermath of an assault (Campbell, 2005, 2006, 2008). Studies approach the topic from the viewpoint of the survivor or certain community services. The studies do not take an approach addressing how mechanics of disclosure work with campus-based, peer advocates.

However, the literature shows other survivors are inadequately supported from some services, such as campus administrators or law enforcement officers (Campbell, 2005). Specifically, some survivors reportedly experience a “second rape” because of poor reaction from law enforcement or medical staff. Negative interactions can lead to additional negative mental health outcomes for survivors of sexual assault in the long term. Recently many police departments and medical facilities are offering advanced training for staff members interacting with survivors of sexual assault (Substance Abuse and Mental Health Services Administration, 2016). When done properly, working with an advocate has shown to improve interaction with partners, decreasing the amount of secondary victimization apparent in disclosure (Campbell, 2006). On college campuses, advocates not only help survivors navigate the often-confusing systems they will encounter after disclosure but provide necessary support from a peer. The Campbell study, however, does not address the impact of hearing disclosures to the advocates, especially for peer advocates in higher education institutions. Additionally, the studies are nearly or over ten years old, with data collection taking place prior to publication. The time gap presents a different regulatory and societal environment than currently exists. My study was needed to determine if campus ecology has changed the dynamics of survivor disclosure.

Survivors report disclosing assaults for their own reasons. “Victims disclose to get support not advice and to seek support from those they think will be most helpful” (Ullman, 2010, pg. 44). One study reports survivors are also most likely to report to informal sources, including friends, to avoid the negative connotations of entering into the judicial system, perceived as not supportive of survivors (Ullman, 2010). Women are second most likely to report to rape crisis centers according to the same study. Student sexual violence advocates may be considered peers/friends of the disclosing student and part of a rape crisis center structure on

campus. These characteristics align with the two most utilized structures for support and will likely lead to a higher rate of disclosure to student advocates. Nonetheless, the literature on sexual assault disclosure has not addressed how peer advocates like the ones I studied change disclosure dynamics on campus.

The intricacies of disclosure are difficult to navigate for experienced professional advocates. My study examined student advocates. Advocates may be susceptible to experiencing trauma from working with survivors who have experienced trauma themselves. The next section explores the literature on vicarious trauma and identifies gaps in the literature relates to students doing advocacy work.

### **Vicarious Trauma**

As campuses expand opportunities for survivors of sexual violence to receive care on campus, the institutions have a responsibility to support the advocates doing advocacy. In previous studies, professional advocates experienced negative outcomes of working with survivors, including vicarious trauma (Cohen & Collens, 2013; Globokar et al., 2016; Michalopoulos & Aparicio, 2012; Wies & Coy, 2013). Negative outcomes may not affect the support advocates provided. Conversely, the outcomes may render the advocate completely unable to assist, depending on the individual. Vicarious trauma is defined as “the negative transformation in the helper that results from empathic engagement with trauma survivors and their trauma material, combined with a commitment or responsibility to help them” (Pearlman & Caringi, 2009, pg. 202-203). Trauma can manifest for many reasons, including pressure to help survivors, to serve a vocational calling, or from echoes of prior personal trauma.

A gap in the literature exists around how secondary trauma manifests in students engaging in advocacy work. However, studies on how professionals experience negative

outcomes from working with survivors of sexual violence exist. Professional advocates typically either work at a rape crisis center or in the broader mental health field. Individuals are likely to receive specialized training on working with survivors, including how to spot post-traumatic stress disorder (PTSD) in survivors (Finklestein et al., 2015). One study estimates approximately 60% of nurses completing sexual assault nurse examinations experience some form of vicarious trauma, greatly expanding the number of victims of gender-based violence (Wies & Coy, 2013). As previously mentioned, traumatic response may look different depending on how the advocates experience it. In one study, 30 advocates experienced trauma through lack of flexibility, increased emotional response, and feeling as if the advocate does not fit with others doing similar work for survivors (Globokar et al., 2016). The impact of working with past survivors not only affects interactions with future survivors, it also has the potential to affect personal development (K. Cohen & Collens, 2013). The number of professionals experiencing vicarious trauma speaks to the larger societal impact of sexual assault, including the impact on both survivor and advocate. My study explored the lived experience of student advocates which allows us to develop stronger coping skills against vicarious trauma in work with survivors.

Many of the studies presented thus far on advocates experiencing vicarious trauma have utilized survey methodology to evaluate the symptoms of trauma in advocates. The researchers utilize psychometric instruments to measure for symptoms of trauma on predetermined scales. If a subject with a certain number of symptoms are determined to be experiencing vicarious trauma. A shortcoming of this methodology is bringing the voice of the advocates into the center of the discussion. Speaking broadly about the experience of working with survivors of sexual violence without needing to quantify how many symptoms of trauma advocates may be experiencing will allow the context of advocacy work to emerge from the data. Additionally, the

researchers are specifically looking for symptoms of trauma, not allowing alternate experiences to emerge from the data, positive or negative.

Past research has shown vicarious trauma can be mitigated through a variety of methods. First, increased education and experience may be a mitigating factor for trauma (Finklestein et al., 2015). Professional advocates often have advanced degrees in the social sciences, requiring several years of additional education. In addition,, the professionals complete training before serving as an advocate for sexual assault survivors. The advocates are required to complete a certain number of continuing education credits each year to hold any certifications or licenses.

Serving as a student advocate does not require certifications or licenses. It is dependent upon the individual institutions and program supervisors to provide constant training to peer advocates. It may take the form of weekly meetings or periodic workshops but is not mandated by federal guidelines. By the nature of using students, advocates will continue to enroll and graduate, thus putting a cap on the amount of experience a student advocate can accumulate in the role. Typically advocates cannot continue to serve in advocacy roles once the student has graduated, placing an expiration date on involvement. Age is also indicated as a mitigating factor for vicarious trauma experience (Bell et al., 2003). Younger advocates tend to experience higher rates of vicarious trauma, speaking to the challenge of younger students working as advocates for student survivors.

Finally, research has shown vicarious trauma seems to be mitigated by social support (Bell et al., 2003; K. Cohen & Collens, 2013; Michalopoulos & Aparicio, 2012). This area works in favor of campus based sexual violence advocates. Advocacy groups are often run as student organizations on campus in addition to serving in crisis line rotations. Additionally, students operate in teams, increasing the amount of social support the advocates receive after taking

difficult calls. Groups can be helpful in limiting the effects of vicarious trauma, if connections are strongly developed by the time students begin to operate in crisis. However, the research does not address how activities lead to advocates mitigating vicarious trauma, leading to better interpersonal communication and increased level of community amongst peers. Studies also do not draw on students conducting advocacy, rather looking at how manifestations of vicarious trauma are mitigated in professional advocates. My study expanded the literature to determine if the students experience included vicarious trauma, and how it may have been mitigated.

As the advocates I studied are students themselves, statistics tell us it is likely 20% (1 in 5) of the women performing advocacy are survivors of sexual violence (Karjane et al., 2002; Richards, 2016). In the literature, the role of previous trauma is not fully understood, however one study shows it appears treatment of previous trauma is more important than incident of trauma (Michalopoulos & Aparicio, 2012). Put another way, survivor advocates experienced similar rates of vicarious trauma as advocates with no prior history, if the advocate has worked to resolve the previous trauma prior to beginning advocacy work. The study does not show if providing support to a peer may aggravate any previous trauma. However, another study about domestic violence advocates shows an association between prior victimization and professional burnout (Kulkarni et al., 2013). This lack of consensus poses the question, what is the difference in how advocates process trauma when the survivors with whom they work cause the advocate to recall their own trauma?

Vicarious trauma affects advocates treating survivors with empathy at higher rates than advocates treating survivors with compassion (Finklestein et al., 2015; Ford & Courtois, 2009). While empathic and compassionate responses may seem similar, they make a difference in how vicarious trauma appears. In empathic responses, the advocates feel the same feelings a survivor

is feeling, eliciting secondary trauma characteristics. Conversely, advocates showing compassionate responses feel connection to a survivor, but do not experience survivors' emotions as their own. Thus, advocates are less likely to be connected to vicarious trauma responses.

## **SUMMARY**

Three main gaps in the literature exist on advocacy and support of survivors of sexual assault. First, most of the literature was conducted on survivors of sexual assault, less so on advocates. This gap is especially true of peer advocates, who are virtually non-existent in the body of current literature. My study addresses this gap by capturing the voices of students performing advocacy for peers in higher education settings, thus providing a knowledge base for future researchers. The study diversifies the current literature on advocates broadly, adding peers into the currently studied areas around counselors, law enforcement, and SANE nurses.

Secondly, the existing literature largely does not use qualitative methods to understand the experience of survivors and advocates. Rather, many of the studies rely on psychometrics using validated trauma scales or impact on personal characteristics. My study examined the voices of student advocates using qualitative data collection methods, providing context to previous studies. Specifically, the phenomenological aspects of my methodology helped find common experiences between these advocates.

Finally, my study expanded the literature regarding institutional response to sexual violence beyond prevention. Campuses engage in several methods of addressing sexual violence, but most of the current research looks at the efficacy of prevention programs or experiences of survivors. The role of student advocates has not been studied appropriately. The study addressed this gap by selecting students doing advocacy work on campus to understand lived experiences.

### **CHAPTER 3: BEING A RESEARCHER**

Now that I had an idea of what other researchers had said about sexual violence on college campuses, I had to think about how I wanted to design a study to add my participants' voices to the dialogue. In thinking about sexual violence advocacy, I felt I had a grasp on my participants context. I knew I could only find out so much without speaking to advocates. The next step in the story was designing a study that would allow me to discover the lived experience of sexual violence advocates.

In this chapter, I will lay out how I answered my research questions. I will start by identifying my epistemological framework, then discuss my methodology, research design, and analysis procedure. I close the chapter with a description of the advocates in this study. In my study, I sought to explore the experience of advocates as they engage with peer survivors. As I studied the experience of a specific actor in a phenomenon, the advocate, I conducted a qualitative study grounded in phenomenological traditions. As a reminder, my research question is what is the lived experience of a student sexual violence advocate?

#### **EPISTEMOLOGY**

I utilized a social constructivist epistemology. According to Creswell, "social constructivists believe individuals seek understanding of the world where they live and work. Individuals develop subjective meanings of their experiences - meanings directed towards certain objects or things" (Creswell, 2014, pg. 8). My research question asks about being an advocate. It requires a constructivist epistemology because interacting is likely to have as many different meanings as advocates. Designing my research in such a way where multiple "truths" may exist is essential for a constructivist epistemological framework.



Crotty (1998) laid out three assumptions present in constructivist research. The first states meaning construction happens through engagement with the world. My research question specifically asks about the lived experience of the advocate. In practice the advocates spoke about interactions with the environment, other people, and themselves in the world. I utilized research methods intended to allow my participants to be present in their world at the time of a specific incident (Giorgi, 1997). I asked questions in the interview to elicit descriptions of the occupied space and how they felt when interacting with the survivor.

The second assumption relates to meaning making being affected by historical and social perspectives of individuals. For the participants, they must bring the full context of realities together to make sense of these realities. As a researcher, my previous experiences are present as I conducted the research. However, I must account for preconceptions in the study to allow my participants' own truths to emerge, and not to enable a retelling of my own beliefs through the process of bracketing or phenomenological reduction (Heidegger et al., 1962). In the next section, I discuss my methodology and elements of my design mitigating the issues.

The third assumption is related to meaning being created through interaction with the human community. In my study, I am sought to the lived experience of interacting with peer survivors. Realities and assumptions will be shaped by interacting with others, including the survivors, but also the other advocates doing advocacy (Behnke, n.d.). During the study, other factors in the environment affecting the meaning making of advocates emerged. Adopting a constructivist worldview allows other forms of interaction to emerge.

## **METHODOLOGY**

I utilize vocabulary taken from traditional phenomenological methods, primarily the work of Heidegger (Heidegger et al., 1962), Van Manen (1990), and Giorgi (1997). I define

phenomenological language in the following section. The three main concepts I utilized from phenomenology are the (a) lifeworld, (b) importance of lived experience, and (c) a hermeneutical phenomenology approach.

The first concept is the lifeworld, the environment where interactions take place between the advocate, the survivor and the advocate's internal development. Phenomenologists posit all humans interact with a lifeworld. The lifeworld makes up all things a human can experience, including body, space, time, and relationships. These four elements specifically make up what Heidegger considers the lifeworld existential encompassing all the ways someone may interact with the lifeworld (Heidegger et al., 1962). For example, if someone was discussing driving a car for the first time, they may tell you what time of year it was, how old they were, where they were at, with whom they drove. All elements would add to the experience of driving a car for the first time. In other words, phenomenology busies itself with the description and distilling of experiences into specific essences. As Van Manen states "[t]he essence of a phenomenon is a universal which can be described through a study of the structure that governs the instances or particular manifestations of the essence of that phenomenon" (1990, pg. 10).

The second concept I utilized is the importance of lived experience. Many aspects of phenomenology are like narrative inquiry, however the main designation I consider is how we treat the lived experience. In phenomenological traditions, I kept the student thinking about the lived experience, not the experience interpreted later. This requires the first concept of a lifeworld to allow participants to key into specific questions about the experience. For example, I directed the students in my study to really think about interactions with the survivor, not how it informed future interactions or even any resolutions presented later in the process of working with the survivor. In analysis, which I will discuss later, I constructed narratives through the data

collected from my participants, but the narratives did not imply I conducted a narrative inquiry. In the case of this study, I used elements of a phenomenological interview to construct a story to describe the lived experience of the advocates. As such, I included some of my voice in the narratives and attempt to tell a “story about a story” as it was recounted to me.

The third concept is hermeneutical phenomenology. Hermeneutics encourages an interpretation of the observed lived accounts. It utilizes lived accounts to reveal truths about a larger society. Van Manen describes the cycle as “a philosophy of the personal, the individual, which we pursue against the background of an understanding of the evasive character of the *logos of other, the whole, the communal, or the social*” ( 1990, pg. 7). In my study, I utilized hermeneutics to provide a process where literature and practice informed the data collection I underwent to inform future research and practice.

I specifically chose concepts from phenomenology because they worked best with trying to understanding how advocates describe their lived experience. These three concepts helped me utilize research methods to understand advocacy at a deeper level than the base description of operating a crisis line for survivors of sexual violence. Van Manen (1990) describes phenomenological research as a search for what it means to be human. In a certain way, advocating for others is an incredibly human activity. However, seeking universal aspects of the human experience introduces the possibility for one to seek their own experience in another person. This is especially true for me as a researcher, as accounting for my positionality is vitally important while conducting research. The next section addresses a specific phenomenological I utilized to account for this broadly.

### ***Phenomenological Reduction/Bracketing***

As Giorgi (1997) states, no attempt at phenomenology can be made without some form of the reduction, or bracketing. The phenomenological reduction addresses how the researcher addresses the content when speaking to participants. I completed a literature review and entered with my own assumptions on how my participants will experience doing advocacy work with peers. While background information was important to the framework of the study, my assumptions were shaped by my own lifeworld and lived experience. The reduction is both method and process.

Reduction as method allowed for the hermeneutic cycle to exist in analyzing participant data without using my experience to speak for their experience. After data is collected, I utilized background information or experience to shape the analysis of data, specifically the constructed deep narratives, but was careful not to alter the experience of another. As Heidegger says, “Thus ‘phenomenology’ means to let that which shows itself be seen from itself in the very way in which it shows itself from itself” (Heidegger et al., 1962, pg. 58). In other words, the goal of phenomenology is to interpret the essences of your participants in a way they would describe themselves. Although I have my own lived experience to draw from, I need to utilize the phenomenological reduction to center my participants’ experience. However, the method allows for alternate experiences of participants to be present. Researchers search for common essences encapsulating seemingly disparate experiences in a common lifeworld.

### **RESEARCH DESIGN**

To conduct my study, I grounded my research design in my established epistemology and methodology. Keeping philosophical tenants in mind, in this section I will discuss my methods, participant selection and recruitment, interview protocol, trustworthiness measures, and analysis

process. I end this chapter with a table describing my participants and an overview of the group, Sexual Violence Advocates (SVA), to provide necessary context to understand the phenomenon of advocacy moving forward.

### ***Methods***

For my study, I utilized the concept of a lifeworld for participants to provide information during interviews. I had no formal interview protocol, instead I utilized some broad questions. The questions focused on asking about a time when the advocates interacted with a survivor of sexual violence. After the advocates provided an overview of the incident, I would go back through the incident from beginning to end and ask clarifying details. Specifically, I would ask about elements of the lifeworld as they talked through the experience, including their bodies, the space they occupied, the time passed and any relationships they noted with others. The goal of soliciting details of the lifeworld was to allow me to craft the narrative experience of advocates as they interacted with survivors of sexual violence. Details of the lifeworld provided the context where the advocate described their lived experience.

### ***Participant Selection and Recruitment***

In this study, I interviewed advocates at a large regional university in the Midwest. I chose the Midwest because of the number of comprehensive universities. The demographics of the student bodies of many comprehensive universities in the region predict enough activity where advocates have interacted with a survivor of sexual violence. To recruit participants, I contacted the graduate assistant responsible for SVA administration. The graduate assistant connected me with the director who gave me permission to send a recruitment e-mail to all active members of SVA. The initial call produced ten participants. After I met with the first advocates,

I utilized a snowball sampling method, and asked my participant to think of others who may want to speak with me. Through the snowball sampling, I found an additional five participants.

I interviewed 15 advocates to provide saturation of my participants (Guest et al., 2006). Participants selected all had a minimum of two interactions with survivors, either face to face, over the phone, or via text-based communication mediums (i.e. online chat programs). The interview protocol asked the advocate to describe the lived experience of one interaction with a survivor but requiring two interactions served as a participant protection measure. Requiring two interactions allows the participants to choose an interaction they would like to discuss, in case one interaction was an extremely negative experience or shorter than usual. The nature of crisis intervention means a call to an advocacy line may be a quick interaction where the advocate answers a few questions about services. They may be an in-person meeting with a survivor of sexual assault lasting several hours. A minimum of two interactions allowed the advocate to choose an interaction to recount in the interview. Advocates who have completed a minimum of two interactions, whether working a crisis line or serving as a medical advocate in a health care setting, were eligible for interviews. Prior to the interview I asked potential participants to fill out a demographic intake form which also served as the means to schedule the interviews. A draft of the demographic intake form is included in appendix A.

### ***Interview Protocol***

The interviews focused mostly on recounting an instance of doing advocacy. I asked about a time when the student worked with a peer survivor. Interviews were loosely structured to allow for contextual description of the lived account as the participants experienced the phenomenon. As mentioned, I included a list of questions to keep participants in the moment and

avoid dangerous traumatic reliving in the interview. However, I did not have to utilize the grounding questions in any of my interviews. The interview protocol is in appendix B.

While I laid out loose parameters for the interview, the specific questions varied greatly from participant to participant. Generally, each interview followed the same form but the way each participant responded led me to following up on different details. On some interviews we spent a lot of time on what the survivor said during the interaction. On other interviews the participant wanted to discuss responses almost immediately. The protocol served as a general guide as opposed to a strict script to allow the interview to go where the participant wished for it to go. Thus, some interviews took as little as 30 minutes; some stretched to nearly 90 minutes.

### **Participant Protection**

Advocates may experience trauma as a result of working with survivors (Cohen & Collens, 2013; Finklestein et al., 2015; Michalopoulos & Aparicio, 2012; Wies & Coy, 2013). By talking about previous interactions with survivors, it was not my intention to traumatize the participants. However, capturing lived experience to see how the student made meaning of themselves in the process is necessary. I used several different methods to mitigate any traumatic responses to my interview protocol. Generally, my methods were drawn from feminist research methods (Campbell & Wasco, 2000). Specifically, I recognized the “emotionality of science” as proposed by the authors to draw on my own experience working with advocates and survivors to develop methods honoring the role of emotions in difficult topics. Additionally, I met with university staff with backgrounds in addressing psychological trauma to develop safeguards for participants. These approaches have not been previously used with student advocates as the students themselves are understudied. Protections are drawn from previous research on survivors

of sexual assault (Campbell, 2005, 2008), as well as a guide for researchers and activists developed in conjunction with the World Health Organization (Ellsberg et al., 2005).

First, upon recruitment, I informed participants I was intending to discuss the experience working with peer survivors. I offered the student the choice of bringing a lived account of working with a survivor or to tell me in person at the beginning of the interview. The first protection allowed participants to have time to process the experience, not be overwhelmed in the moment.

Second, I had a list of questions I could have asked the participants keeping the advocates in the current moment, not reliving previous experience, and ensure safety during the interview. I developed questions based on advice from trauma counselors. The questions mostly inquired about how the participant was feeling in the moment, such as “is that how you are feeling right now?” or “how have you changed your thinking about the situation since then?” Generally, the questions attempted to convey a sense of space between the experience and the interview. I asked the student to recount the experience, but not to relive the experience.

Third, I offered the opportunity for the participant to end the interview at any time. Despite any protections I put in place, there may have been some participants not able to recount the experience without reliving it. Recounting would not be beneficial to the student’s mental health. My intention was not to provide additional trauma through my protocol. At the beginning of the interview, when I am explained the process, I emphasized the ability to end the interview at any point for any reason. If any of my participants chose to end the interview, I would have been sure to follow up with the student the next day to offer support services if needed. I did not have any participants choose to end the interview early.



Fourth, I required each participant to have interacted with a minimum of two survivors of sexual violence to offer the chance for the advocate to have additional experience, a mitigating factor in traumatic responses (Finklestein et al., 2015; Wies & Coy, 2013). Placing a minimum number of interviews as opposed to a minimum length of time accounts for differences in how advocates work with survivors. For example, one advocate may interact with many survivors during one educational program lasting an hour, while another may serve on the crisis line for a week at a time without speaking to a survivor. The instance requirement as opposed to temporal requirement eliminates the distinction.

Finally, I created a list of support services to give to the participants at the end of each interview in case the student needs to process specific concerns after we conclude. Prior to arriving on my research site, I determined what mental health resources are available for students in crisis at the institution through consultation with campus administrators. I listed the services on a handout each participant received before leaving the interview. Additionally, I offered national resources for support should the participants not wish to utilize on-campus resources. I emphasized my limitations as a researcher to provide long-term support to the participants. I directed the student where to find support after the interview, and provided comfort during the interview, but I could not continue to serve as a counselor long-term based on previous experiences. In providing a list of resources for long-term support, I was hoping to provide a place to fill the gap between immediate triage and long-term success. While I provided this document to all my participants, I am not aware if it was utilized. A draft of this information sheet is included in appendix C.

### ***Trustworthiness Measures***

Three validity measures utilized in my study were (a) bracketing, (b) thick description, and (c) peer debriefing. In my study, I utilized the process of the phenomenological reduction during my interviews. My first validity measure is I utilized my advisor to discuss my research questions before I collected my data. Together we ensured I am not transcribing my lifeworld onto participants through my research method. Second, I limited the number of predeveloped questions I utilized in my interview. Generally, the interviewed asked one main framing question, then asked for elaboration from the participants. The elaboration allowed the participant to construct their own experience while I interrogated the experience for understanding. Finally, I debriefed my data collection with a partner to ensure I determined essences from the information in front of me, not drawing too heavily on my own experiences.

My second form was utilizing thick description. I combined a strong interview protocol with detailed analysis. According to Geertz (1994) thick description serves as the ability for readers to see where you draw your conclusions based on your data. In a certain way, this strategy serves as a form of an audit trail, another qualitative trustworthiness measure, where you present as much of your raw data to show as much of your thinking around your analysis as possible.

My third form of validity was utilizing peer debriefing, a validity measure for my data and benefit for me as the researcher (Creswell & Miller, 2000; Lincoln & Guba, 1985). In a peer debrief, I found a colleague working in sexual violence response to discuss my findings after interviews. As I spoke of the phenomenological reduction earlier, speaking to a trusted peer balanced my knowledge of the material with what the participants share with me during data collection. As I shared my results, the peer shared with me if my observations are well grounded

in the data collected. In addition to the data validity purpose, utilizing a peer debriefer helped support me as I heard difficult things from my participants. I found the debriefer helpful not only to discuss difficult subject matter but also the strain of having 15 difficult conversations.

### ***Positionality***

I entered the field to complete my study as a whole person, with my own set of assumptions. Being an effective researcher required me to constantly reexamine beliefs as I collected my data. As Peshkin states, “subjectivity is not a badge of honor, something earned like a merit badge and paraded around on special occasions for all to see [...] one’s subjectivity is like a garment that cannot be removed” (Peshkin, 1988, pg. 17). As a researcher, I identified my own subjectivity, as I believe objectivity, especially with passionate topics, is unobtainable. This section identifies my own social identities and how those identities shaped my interactions with the literature and research participants.

As a cisgender male, the issue of sexual violence takes an interesting role. With my identities, statistics show I am more likely to be a perpetrator of sexual assault than a survivor. Conducting work on advocacy as a male requires acknowledging the privilege I hold, and honoring the work done by woman researchers, activists, and advocates in this field for several years. In addition to my cisgender identity, other social identities are present while I conduct this work, including my race (white), class (middle-class), and ability (able-bodied). The demographics of my host site matched my own identities, so I shared race and social class with many participants. These identities left a possible blind spot on survivors and advocates with differing social positionalities. The blind spot includes social groups who may be more likely to experience sexual violence such as women of color and transgender individuals.

One less considered aspect of my identity is my parental status. I have a young daughter. Several of her demographics match mine, including race and class. As I mentioned, my demographics match the profile of many sexual assault survivors. As I completed my work, I was aware how my thoughts dwell upon my daughter during collection and analysis. While she is still young, she may one day match the profile of the advocates and the survivors they support.

In addition to the macro focus about men doing research on sexual assault response workers, completing my research required awareness of individual interaction issues. Advocates are more likely to be women; thus, my participants were primarily women. Based on national statistics we know women are more likely to be assaulted in college (Karjane et al., 2002). I thought some advocates may have been assaulted in the past by someone whose gender identity matches mine. As I conducted my research, I was not sure what kind of responses I will elicit based on my own identities. A male doing sexual violence work may have upset some, while some may not have had strong feelings either way.

Men are often treated differently when doing research on sexual assault response. Society expects so little of men engaging in the work. Minimal effort is seen as an incredibly meritorious service. Websdale (2001) discusses “viewing the male researcher as ‘knight in shining armor’” (pg. 55) as some women participants may think researchers hold some influence over individual situations. Additionally, women have been found to be 1.27 times more likely to report sexual violence in research contexts to women than men (Walby & Myhill, 2001). As I mentioned earlier, I believe it is important to acknowledge the work of the women creators of sexual violence response protocols and research in communities for years. By leading with this sentiment, I hope I addressed the role men have had in misappropriating women’s labor and prevented the same from happening in my research.

A final area of my own positionality I must address relates to my connection to students. As I mentioned in the beginning of this dissertation, I have been through the same training as my participants. My experience was different than the students' experiences. My background on the topic gave me some benefits, such as understanding the terminology and being able to serve as a quasi-insider for the group. However, this background brought added challenges to the study. For example, I could not project my internal feelings onto advocates. I could not have entered the field with the assumption students experienced terrible trauma, or this trauma is what my research would have suggested.

## **DATA ANALYSIS**

After completing the interviews, I utilized transcriptions to code the data. I utilized two sequential coding schemas to organize my data; initial coding and in vivo coding (Saldana, 2016). Initial coding is "an opportunity for you as a researcher to reflect deeply on the contents and nuances of your data and to begin taking ownership of them" (Saldana, 2016, pg. 115). As the purpose of phenomenological analysis is to uncover the intricacies of a lived experience to determine essences, I first looked for the nuances of the data. In coding, I searched for underlying connections between the participants, their lifeworld, and each other (Giorgi, 1997). After completing a full coding using initial coding, I utilized in vivo coding to bring the participants' own voice into the research. In my study, I purposefully attempted to bring the participants voices into the research. In vivo coding allows voices to emerge, as the root traces to "in that which is alive" (Saldana, 2016). This coding schema fits with my phenomenological elements of my research design, providing descriptions of experiences in poetic voice (Van Manen, 1990).

While I did follow the coding plan above, I found my analysis process to be much messier. Initially, I considered organizing my findings into a three-article dissertation. I initially coded the transcripts into three buckets, each intending to be its own article. However, I began experiencing some dissonance around how I was utilizing the lived experiences and voices of my participants. I felt being bound by the pressures imposed by formal writing and thus sacrificing my participants' rich words. After consulting with my committee, I encountered Richardson (1994) and the concept of writing as a way of knowing. Her work allowed me to see academic writing could be more about storytelling. With Richardson's words in my mind, I changed the way I wrote up my participants' data.

I stepped back and looked at the entire transcript again and read it as a story. I found doing this on a screen was challenging so I made paper copies of all the transcripts and put each in its own manilla folder. The folder would end up becoming the blank slate I needed to construct narratives for the lived experience of my advocates. I thought back to the space I interviewed each advocate and what some of the other characteristics of the experience were for me as a researcher. I made notes on the physical transcripts in sections I thought were essential to the experience of speaking with the advocate. I found the tactile connection to physical writing important as I was keying into the experience of the advocates.

Once I finished reading, I wrote out the story's main points on the blank manilla folders. I paused again and read through the story on the folder to check if the points did portray the lived experience as it was shared. At this point, I moved from writing with a pen to writing on a computer. I expanded upon the main points and wrote the story of the advocate. In this step, I was using only my words and commentary to tell the story. Once I sufficiently told the story, I

went back and added my participants voices to the story in places where they needed to speak more, and my voice needed to be heard less.

The first draft completed, I read through from beginning to end, not to edit grammar or structure. Rather, I reread to see if the story told matched my recollection of the interview and the interaction with a survivor recounted therein. This would lead to adding additional details or removing pieces seeming irrelevant in the current form. Feeling satisfied in my own head, I began my final formative step.

I believe stories are meant to be told. My purpose of a narrative phenomenological method was to allow the advocates' voices to be heard. At this point, I was writing while visiting my wife's family; I would conscript them into my analytical process. After dinner, sitting around the kitchen table, I would read the narrative out loud. I wanted to see what it felt like to read the narrative and provide it literal voice and see what emotions the narrative elicited in listeners and myself. If my voice quivered and my eyes teared up, I knew I was evoking an understanding of the lived experience of the advocates. After finishing the story, I solicited opinions from my family by asking if they felt an understanding of the advocate's feelings. If they responded yes, or in some cases by saying they had chills, I knew I had portrayed the lived experience properly.

I began to organize the narratives into chapters for the dissertation. Just as I needed to begin my inquiry into the lived experience of advocates by seeking context, I believed it was important to start with the context of the specific group I studied. The first analysis chapter talks about being an advocate, including how SVA works and common experiences across all 15 participants. The next chapter consists of three deep narratives of advocates who interacted with survivors who were strangers. I expected most survivors with whom the advocates interacted would be strangers. The three advocates, Barbara, Maria, and Carol were able to vividly describe

their experience and their lifeworld. The final data chapter comes from advocates who worked with survivors who were their friends. I initially had not split interactions with strangers from friends. However, upon further analysis their experiences showed the same essences as each other but with specific nuances. The nuance is discussed in the final chapter of this dissertation.

## THE ADVOCATES

As I mentioned previously, I interviewed fifteen members of SVA for my study. I have utilized six advocates in chapters five and six to provide a deep dive into the lived experience of a sexual violence advocate. All 15 provided important context to my understanding of the essences of sexual violence advocacy. Their experiences helped shape my understanding of advocacy on campus and provide important context to the study. All my participants allowed me to understand how they interpreted their role.

The participants I interviewed were all at least second-year students. Nearly all of them were white and twelve identified as women. Demographics tend to mirror the overrepresentation of white women in sexual violence response roles on and off college campuses. The following table lists their names and other demographic information.

Table 1 : Participant characteristics

Pseudonym	Year in School	Major	Gender	Semesters in SVA	Interactions
Anna	Fourth	Biomedical Sciences	Woman	3	2-5
Barbara	Third	Communications	Female	3	11-15
Bruce	Third	Social Work	Male	2	6-10
Carol	Fourth	Psychology & Gender Studies	Female	5	6-10
Diana	Second	Law and Economics	Female	1	2-5
Eric	Third	Music Education	Male	3	2-5
Jean	Third	Psychology	Female	3	6-10
Jennifer	Second	Law and Economics	Female	1	2-5
Jessica	Third	Neuroscience	Female	3	2-5
Linda	Second	Biomedical Sciences	Female	1	2-5
Maria	Fourth	Psychology	Female	5	21-25
Peter	Over Four	Education	Male	1	2-5
Raven	Fourth	Psychology	Female	1	2-5
Sue	Fifth	Elementary Education	Female	5	16-20
Wanda	Second	Child Development and Psychology	Female	1	2-5



I now had the opportunity to answer the question I have proposed; what is the lived experience of a student sexual violence advocate? After reading over hundreds of pages of transcripts and listening to hours of audio files I felt immersed in the worlds of the advocates. I realized the common essences binding the advocates together were the lived experience being embodied, meaning grounded in physical sensations, liminal, meaning existing outside of the role of student or peer, and survivor centered. The next three chapters lay out the voices of the advocates that allowed me to determine the essences.

## **CHAPTER 4: BEING AN ADVOCATE**

As I started to have conversations with the advocates, I found myself immersed in a new world of the norms of the group. I had a basic understanding of advocacy by exploring the literature and speaking with the administrators during the recruitment process. However, the more advocates with whom I spoke I started to see new phrases and processes I could not ascertain from the literature. I realized some was because of limits on my ability to understand an experience of which I was not a part. I was reminded Heidegger's definition of phenomenology and letting the advocates own words describe their experiences. I as the researcher, and you as the reader, need to understand what being an advocate in the SVA context feels like to each participant.

This chapter combines the lessons learned across my 15 interviews into a description of the group to provide necessary context to understand the lived experience of the advocates. This will include what duty looks like, common policies, procedures, and other responsibilities of the group. After the context of the group, I describe some commonalities of advocates I heard in nearly every interview. The advocates described their motivations to become involved with SVA, then went on to describe an ordinary call. Finally, this chapter ends with a description of SVA mode, my first indicator of the lived experience being liminal, and some common metaphors I heard in the interviews to speak to the embodied experience of an advocate.

### **EXPERIENCING SEXUAL VIOLENCE ADVOCATES**

Sexual Violence Advocates is a group that has been at Midwestern University for over ten years. It was initially designed to operate the crisis telephone hotline for survivors of sexual assault. Over the years, the group has expanded and now has approximately 60 members serving in the duty rotation. From the humble beginnings of a pager and a landline telephone, the group

now operates with cell phones, computer tablets to provide text-based advocacy, and many in person events over the course of the semester to provide support to survivors of sexual violence.

In addition to the crisis line communication, SVA also provided medical and legal advocacy for survivors if they so choose. For example, if a survivor would like to report their assault or domestic violence to the police, a member of SVA may accompany them in any interviews or discussions with police. Likewise, SVA can serve in a medical advocacy role. As medical advocates, SVA members may be present, if the survivor wishes, during a sexual assault nurse examination (SANE). This procedure, colloquially known as a rape kit, can collect forensic evidence in the immediate aftermath of an attack to be used by the survivor later wishes to pursue legal proceedings. SVA members also learn how to conduct educational programs for students dealing with recognizing and preventing sexual violence in their communities.

Members of SVA must be in their second year or more on Midwestern's campus to provide some background on the community. Applications are distributed in the spring semester. Current and former members of the group interview prospective advocates. The number of new members changes from year to year depending on attrition of members from the previous year.

When selected, the new members must undergo approximately 60 hours of training over two weekends to be allowed to operate the crisis services and serve as a legal and medical advocate in their state. The trainings cover definitions of sexual violence likely encountered, pertinent laws, regulations, and basic counseling skills such as active listening and grounding techniques. A portion of the training is dedicated to role plays of phone calls and in person situations. The new members are observed over training to ensure preparation to serve in the role upon completion.

One early part of training that remained in the forefront of SVA members' minds was their mandatory reporting obligations. On most college campuses, faculty, staff, and students are required, sometimes by law, to report any incidents of sexual violence to the campus Title IX coordinator. At Midwestern University exceptions exist for three groups; mental health professionals providing counseling, clergy, and members of SVA. The three groups are not required to disclose an incident to the university. They can provide confidentiality to a survivor with a few exceptions. The exceptions are imminent threat to people, any form of elder abuse, child abuse, or if the attacker is in a position where they may have access to a minor, such as a household with children under the age of 18. Outside of specific exceptions a member of SVA is not required to report any details of the interaction to the university.

Once all members complete the required training the group is organized into different duty teams. Each duty team handles the response for the crisis line for a week at a time. SVA creates a rotation so students will not have to be on call all the time, as that could lead to higher levels of stress and negative effects to their academics and emotional wellness. The duty teams are a smaller group, as little as four, passing two different phones and two different computer tablets, like iPad's, for text-based advocacy. One of each device is considered primary. The other is called "roll over" by the group. They are always held by different people.

The two advocates holding the phone are considered partners on the team and likewise for the tablets. The partners swap the responsibility of being primary contact for each device. Partners have the option to pass the primary moniker off during class or after taking an especially difficult call. In the case of the former, this is less common as most faculty members understand the role SVA plays. Most are willing to allow the SVA to leave class to assist a survivor. In the case of the latter, it is highly encouraged and almost mandatory for an SVA to exchange primary

role after having an interaction with a survivor over the crisis line. The exchange aims to prevent burnout from taking several calls in quick succession.

The partner system is also used when meeting a survivor face to face. During a phone call or text conversation the advocate may see if the survivor would like to meet in person to talk about concerns or review resources. This can be done over the phone or text, but some survivors prefer to talk to a person across the table. In general, all decisions SVA makes attempt to give the survivor agency to make decisions. The core of sexual violence is about taking power away from a person and allowing the survivor to make even small decisions can be a first step in regaining power. While a member of SVA may suggest an in-person meeting or a specific resource it is ultimately the survivor's decision to set up the meeting or utilize the resource. SVA will not force the survivor.

If the survivor does choose to meet in person a protocol exists for the meeting. First and most important, the advocate must always take a partner. The partner provides safety for both the survivor and the advocate. Second, the meeting should take place in public. The public place may be a place on campus like the library or student union or it may be in a few specific local areas 24-hour restaurants if the meeting is taking place overnight. SVA is given a list of possibilities during training. The meeting may end up being moved to a more private location such as the SVA office but only after the public meeting takes place. The advocates must inform a member of the administrative team, including the program director, dedicated counselor, and graduate assistant, they are going to the office.

Finally, the advocates are told not to approach a survivor and must allow a survivor to approach. The requirement gives the survivor the chance again to decide to take the step to seek help without forcing. When setting up a meeting, the advocate will suggest a few public places

and then set a time for the meeting. After establishing time and place the advocate will tell the survivor some basic appearance including possibly hair color and what they are wearing. SVA members are given some clothing items with the group name but are told not to wear that to meetings to not highlight a survivor meeting to bystanders.

Case load is difficult to manage for SVA. Survivors will reach out when they need support and that does not always follow a typical schedule. Anecdotally some of the advocates told me they see more calls the evenings, days after athletic events or other major campus social events. This is not to say the attacks happen at events but may bring previous events to the forefront of survivor's minds. Calls may be as short as a few minutes or may last up to an hour. It all depends on the survivor's wants and needs.

The process of serving as an SVA can be both highly rewarding and incredibly arduous. Thus, the members of the group form close bonds. Being in SVA is a point of pride for the members and SVA members are held in high esteem at Midwestern by faculty, staff, and students. The members will often socialize with one another outside of SVA meetings, occurring weekly to discuss upcoming programs and campus climate or incidents. The group has many friends, roommates, and even romantic partners within. Several SVA marriages have occurred.

In addition to providing crisis services for the campus, SVA also serves as a programming body, giving presentations having to do with both survivor support and prevention. The signature program is required viewing by all incoming first year students during orientation to address bystander behavior and preventing sexual violence on campus. This provides important information for new students. It also ensures all incoming students are exposed to SVA within their first week on campus. Outside of the orientation program, SVA will also

organize other events over the year for domestic violence awareness, sexual assault support, and social events where the campus is invited to come meet the group.

The dedication to the group is evident by the amount of alumni engagement. Former members of SVA return for trainings and programs to show support. The alumni will assist in the role play situations for new members of the group during training, serving as actors or facilitators. Many former members of SVA go on to graduate school in social work, psychology, or other fields related to sexual violence. They cite involvement in SVA as one of the main reasons they wished to pursue this work as a career.

During my interactions with SVA I was consistently impressed with the group of college students. They all realized the weight of the work and addressed it with maturity I have not seen from peers. I was amazed at their ability to quickly go from talking about classes or weekend plans to engaging with heavy topics like sexual assault or domestic abuse. The returning members of the group continued to support and mentor new members, providing learning and encouragement when either was necessary. My impressions were confirmed as I started to conduct my interviews and talk more in depth about the advocates' experiences. The remainder of this chapter discusses common themes I witnessed across the advocates.

## **EXPERIENCING MOTIVATIONS**

To build rapport with the advocates, I began my interviews with their motivations to join the group. I assumed it would relate to future career goals or even derive from a sense of intrinsic altruism. My first participant, Wanda, she felt these very things after learning more about sexual violence in her first year. However, I did laugh at the final catalyst to submit her application. Wanda was getting a drink of water, looked up, and “there was a sign, like a literal SVA sign.” Wanda took it as both a literal and figurative sign and decided to apply.

Outside of literal signs, I found many others had a different connection, like my participant Jennifer. She told me, “my dad was kind of abusive so that kind of, like, all really hit home for me because, like, I realized that like SVA gives people the opportunity to, like, be the person that I never had when I was in that situation.” Jennifer continued, “So I realized that I could use my experiences, and instead of turning it into something that was hurting me, I could spin it and help other people who are experiencing the same thing.” When I began my data collection, I expected to hear many participants sharing similar sentiments as Jennifer. I thought advocacy may be a form of healing for some, wanting to be the person they never had.

Jennifer informed me she had contacted the crisis line when she was a first-year student at Midwestern. She had been involved in an emotionally abusive relationship and did not know how to handle it. Working with a member of SVA was immensely helpful for her, an experience furthering her desire to become a resource for others finding themselves in a similar situation. I didn’t realize at the time, as Jennifer was one of my earlier interviews, she would be the exception rather than the rule. I was considerably surprised many of my participants specifically identified as not being a survivor of sexual violence and wanting to support others who were not as fortunate. Looking back now, I am unsure as to why I assumed there would be more survivors in the group. The environment in which I was immersed while collecting data may have affected my initial perspective. I thought students getting involved in advocacy on campuses were motivated from their own incidents, but I now realize, at least in my sample, they generally had more altruistic motivations.

About half of the advocates to whom I spoke cited the program SVA puts on during orientation as first exposure to the group. When I began talking to the advocates, I did not know what the content of the program was. As they explained the format, I recognized the program as



a combination of viewed scenarios, skill development, and statistic sharing. Some cited this as brand-new information to process. Orientation programs around sexual violence have come a long way since my own freshman orientation, when a survivor of sexual violence told the story of her attack to a gymnasium of over one thousand 18-year old students the night before the first day of classes.

A few of the respondents alluded to a lack of awareness that on-campus sexual violence is a serious and prevalent issue, due to the possible sheltering effect of growing up in smaller towns across the state. Maria told me she used to believe she was unique in coming from a small town. She said, “I grew up in a very small town, which I used to think was a unique thing. It’s not. Everybody who comes to Midwestern grew up in a small town or they hate it and it’s too small here.” As evidence, I found Diana was from a small town a few hours away from Midwestern. She had some exposure to sexual violence, but not much. After watching the program, she said, “it was something that, like, I cared about, but I never knew of any way to actually do anything about it and then when I saw it, I was like, ‘okay, I definitely want to do this.’” I found the lack of exposure more common in some of my older participants, as younger students benefitted from a media and cultural ecosystem where sexual violence was discussed more recently in the wake of the #MeToo movement and national high-profile college incidents involving violence.

Throughout my interviews, I was constantly surprised by the loyalty and comradery between members. The esprit de corps was especially strong. The group relies on one another often. They seem to always be looking for new members to invite to the group. As such, several of my participants talked about knowing a member of the group and being encouraged to consider joining. Eric spoke about one of his friends, also a member of SVA, recruiting him

while playing a video game. He said, “and he’s like, ‘hey, have you ever considered applying for it?’ And I said, ‘you know, I thought about it but I don’t know if I have what it takes. Like all that stuff and I don’t know if I’d be any good at that.’” Eric continued, “he goes, ‘well, you know, from the brief interactions we’ve had, I think you could make an excellent advocate.’” This was one example of a story I heard many times during my conversations. I enjoyed hearing current members of SVA continuing to find good people to bring into the group to provide support for survivors.

The open communication between members led to several participants discussing my meetings with others. Though they did not recount specific details of our conversation, but my data collection seemed to be the hot topic “around the water cooler” of SVA. I took the buzz as a compliment, as it did not seem like they were complaining, but were excited to have me collecting data to share their stories. Although serving as an advocate in SVA is clearly emotionally draining work, members are very willing to encourage others to join the group and support survivors by sharing experiences. Through the sharing of experiences, new members in SVA were able to get a better understanding of what may be in store once they started serving in the crisis rotation. Despite not going through training yet, most, if not all, new members in the group had a vague understanding of what was ahead. As I spoke to more advocates, especially the newest members, I realized the assumptions they carried into their first interactions in SVA were helpful to prepare to talk to survivors but were lacking in the specific details.

## **EXPERIENCING A CALL**

After some introduction questions and discussing the advocate’s motivation, the next set of questions centered around what a typical survivor interaction would look like. I thought this would be a good place to start the rapport building. Nearly every single one had a similar

reaction; a smirk or chuckle before saying to me, “there is no ordinary call.” After the first few responses, I started providing a caveat, such that one exists. Not only did this qualifier help specify the question, it also seemed to establish me as someone in the know of advocacy work; no two calls were ever the same. There were common characteristics of calls that could be used for training purposes. The advocates told me in the beginning of training, they were told a call would typically take one of two archetypes.

The first type of call was support. A support call would entail a lot of reflective listening, a skill SVA stressed often during training. Reflective listening is a common technique in different types of therapy to ensure a person is being heard as intended without the filter of the therapist. I had found myself using reflective listening in many areas of my life, including staff supervision or any sort of conflict management. SVA utilizes reflective listening to continue to give advocacy to the survivor. The advocate may respond back to something from the survivor by saying “it sounds like you are saying this was challenging for you?” The advocate may take this opportunity to put words to an emotion felt by the survivor, such as sadness, difficulty, anger. However, they will use the words of the survivor as much as possible to avoid any sort of editorializing on their account. The support call involved mostly serving as a sounding board for the survivor, listening and allowing the survivor to verbally process the effect of their experience.

The second type of call was a resource call. In addition to reflective listening, members of SVA cover dozens of resources available on and off campus during training. When I inquired what form the resources may take, I was astounded at the diversity of resources the advocates were able to recommend and remember. My participants would always say they would need to rely on binders to remember specifics and then list off six or seven specific ones from memory

and how they may assist the survivor. The resources may be for long-term counseling support, protective orders from a court, forensic evidence collection immediately after an assault, or academic support for missed classes or assignments. A survivor may know something bad happened to them but do not know what to do next. There are likely many things running through their heads and the role of SVA is to connect them with the necessary resources to continue their education. These resources may also include off-campus resources such as local police jurisdictions, hospitals or legal services.

The two types of calls are often not mutually exclusive, with the two types bleeding into one another. Bruce spoke about an interaction he had where he arrived on scene with his partner expecting a brief resource providing call, but that did not happen. He said:

We were there for about three or four minutes and the survivor talked about their story, kind of asked about resources and we suggested counseling and they made a comment about how they should probably be in there for more than just this instance. So, I decided to ask and say, 'we're here if you want to talk about it, you know. We're good listeners. We're literally trained 60 hours to listen.' They ended up talking and sharing completely other experience that they didn't think fell under our realm. They thought we were only sexual assault but we deal with stalking, domestic violence, stuff like that and it ended up, it was, I don't know how to put it into words other than sad but I mean, the survivor was very strong about it and we ended up being there for over an hour.

The survivor ended up being involved in a domestic violence situation. They needed to really be heard and told their experience was not okay. Bruce recalled reinforcing to the survivor this was not their fault; they had places to could go to talk about it more. In the end, Bruce and his partner

helped the survivor get an appointment with a counselor. Had Bruce not taken the opportunity to offer to listen, the survivor may not have been able to take the next step towards processing.

I was surprised by the number of participants who had completed only the minimum number of interactions, two, to qualify for my study still discuss there being no ordinary call. It did appear many of the returning members of the group instilled the value of adaptability to new members during training. As previously mentioned, a major part of training was completing role play scenarios mirroring what a survivor interaction may be. After the first few hours/days of training, the role play scenarios became less linear and more closely mirrored what an actual call may look like, being outside of ordinary. This allowed many of the participants in my study to be able to manage the unique interactions described to me during interviews.

## **EXPERIENCING SVA MODE**

After talking about motivations and expectations of calls, my participants and I reached a place where we could start talking about a specific interaction with a survivor. I would pivot by using the question “in my initial e-mail, I said I wanted to ask you to describe a specific interaction with a survivor. What incident popped into your head when you read that?” The first few times I said that, I thought I had misjudged the established rapport, they changed their demeanor. Sometimes even in body language and positioning. I eventually realized what I witnessed was a shifting into “SVA mode.” While they described changing into SVA mode in the interaction, I could see small glimpses in our actual interview, such as mirroring my body language and changing tone when discussing survivors.

I remember hearing one of my first participants talk about SVA mode but did not key into it until I heard it mentioned several other times. Once aware, I asked my next participant to describe SVA mode. It appeared to be a type of alter-ego where regardless of how the advocate

typically acts around other people, changing to what they learned in training to be the best way to support survivors. Some changed vocal tone, some had to suspend a desire to be more linear in thinking. SVA mode seemed to be based upon best practices in counseling. Sue described it probably the most explicitly out of all my participants. She said:

I try to keep my voice very steady and calm and slightly lower and slightly slower because I talk a lot. I make sure that I'm like actually, like, making eye contact. I suck at that in real life. But when I'm taking a contact, I match their level of eye contact. I make sure I'm sitting on the same level as them. And I definitely switch into like the active listening mode. Nodding my head, letting them know that I'm hearing them, like much more like repeating, like, 'wow, that was a lot' or repeating feelings or letting them know that I'm listening. It's, mostly SVA mode is the voice. It's the voice and like usually I sit much more still and quiet than I would if I were with my friends.

Matching tone, body position, even energy level is a tactic used by therapists to instill calm in patients and allow for an easier interaction (Katz & McNulty, 1994). At times, SVA mode was used to almost create a safe harbor for the survivor as they piloted their own ship through the tumultuous waters in the aftermath of an attack. In a time filled with uncertainty, the SVA presenting as calm and confident told the survivor things may become normal again. During my conversations with the advocates, the shift into SVA mode seemed to signal a transition into being back in the moment, remembering details otherwise forgotten.

I asked why the advocates felt the need to change personality in interactions with survivors? All the advocates sitting in front of me seemed to value honesty in their interactions and I, at first, found it strange they would take on an almost alter-ego when speaking to a

survivor. I heard resoundingly the interaction was all about the survivor, what they needed, and how the survivor could leave the interaction feeling better, even if it took you away from your regular personality looked like. Linda felt like that was different than what her normal state would have been. She said, “I knew I couldn’t be an advocate, a good advocate while being myself. That sounds kind of bad. But I kind of knew that I would have to have a different persona.” Anything that would have been more comfortable to the advocate at the expense of taking away agency from the survivor was not placing the survivor in the forefront of the interaction.

Eric also agreed. He knew his needs were secondary to the survivor when the phone rang. He said, “in that moment, I can feel myself just steel in a way. Like just kind of, like, alright, you know what? Anything that’s ever happened to me today or things that are just past my mind right now, it doesn’t matter. I’m going to be there for that person and that’s my number one goal in that moment.” I think I finally understood the need for SVA mode to honor your own needs while centering the survivor’s needs. It felt like how I approached interviewing advocates; I shared enough of myself to feel genuine and make the participant feel comfortable, but I was very different than I would have been speaking to my friends or colleagues.

SVA mode also seemed to be a way to allow for a degree of separation for the advocate to protect against the difficult things witnessed. I realize this seems like it would be a quantum choice for my participants either in SVA mode or not. However, it was much messier. While the advocates would generally be able to move into SVA mode while working with a survivor easily, moving out of SVA mode when not actively communicating with a survivor was more difficult. Many reported being on edge anytime on duty holding a device. The next section discusses some

of the metaphors used to describe their lives and experiences while serving in SVA, including holding the phone or tablet that seemed to be a “time bomb” waiting to explode.

## **EXPERIENCING “THE TIME BOMB” AND OTHER METAPHORS**

A few of the advocates with whom I met were on duty holding a device when we talked. As I previously mentioned, SVA utilizes both a cell phone and a computer tablet to be available to survivors. The advocate would always let me know before we started the interview. I told them if the phone rang or table alerted, I would stop the recording and leave the room to give the confidential space. I was curious what the devices looked like. I was probably on my fourth or fifth interview when I was finally able to see one of the devices in person. They looked incredibly normal. On one hand, I was not surprised, as I had seen cell phones before, even older, more durable ones, and basic computer tablets. On the other hand, I had been hearing about devices in almost every interview up to this point.

However, the advocates didn’t always call them the devices. Sometimes, they were referred to as a myriad of less friendly names, but the term “time bomb” stuck out to me. Diana explained what she meant when she talked about it being a time bomb. She said:

You have a little timer, you’re just sitting there, waiting and waiting for it to go off. And after I got, after I passed the device and when you, in class especially, I kind of keep it on you, touching it because it’ll vibrate. So when I’m walking, it’s in my hand the whole time. When I don’t have it in my hand, it’s like, oh, my god, where’s the phone.

Although I felt like Diana articulated the inner monologue happening when an advocate holds the device, many of my participants expressed similar sentiment during our conversation. Maria agreed, reflecting to her first time holding a device. She said, “I still didn’t sleep. It was really



scary actually. I think I got over it pretty quick, but no I was definitely very nervous, I was very scared to be having to deal with crisis overload all the time.” Wanda talked about the panic feeling when the phone rang for her first call. She said, “The phone rang, I was like, wait a minute. This can’t be real. That’s not actually ringing, is it? What is it doing? So, I get to it and then I’m still in shock. Whoa, is this actually happening?” Even though Wanda had done simulated calls during training, she knew when she picked up this phone, it would be a real person on the other line, not another member of SVA.

As I spoke to more advocates, without exception, every single person taking a contact over a device (phone or tablet) felt panic and quickening pulse when it went off the first time. On the other end of the line would be someone needing help. Nobody calls SVA because they are having a good day. Every person with whom I spoke shared this stark assessment of who may be on the other end of the device.

Exploding incendiary devices aside, metaphors continued to be a common way for my participants to describe confusing things happening in their heads and bodies. The quick transition from student life into advocate mode left many of the advocates’ heads spinning and may not process how their bodies reacted in that exact moment. Moments of disorientation and panic were described as strange during our conversations and would often be briefly mentioned as a part of overall recollection of the incident. The moment of panic seemed to be short lived as focus on being 100% present for the survivor made them switch out of panic mode, into SVA mode almost instantly. Linda described it, “you know, it’s just that quick from being freaked out and from being myself to being this composed young woman who has the answers. I don’t have all the answers but is more professional.” The advocates, when I asked more directly about the feeling of switching, seemed to not digest the weight the switching in and out of SVA mode,

especially when combined with the on-edge feeling of holding the devices, until after the interaction was over.

While meeting with the advocates, I would ask them to attempt to identify a metaphor to process what happened. I had heard several advocates describe things like the devices in metaphors. I presumed they would be able to do the same to describe internal sensations. Often, they would describe an adrenaline rush hitting all at once as the enormity of the previous task washed over them. As I previously mentioned, this would cause realization that they had been pacing, their heartbeats were elevated, or their faces were flushed. When I asked if they had ever felt this same way before, I was amazed at the intensity of the experiences described.

Wanda likened it to skydiving. Carol discussed performing in plays. Raven talked about it feeling like it was mile two of a half marathon (13.1 miles), knowing you have a long way to go and already being tired. As a runner, Raven's experience spoke strongly to me, since I had completed my first half marathon a few weeks before her and I spoke. Eric drew on another athletic example. He told me, "I was a swimmer in high school and when we, you'd jump into a really cold pool and you'd get out, and you're just adrenalized, right, and, like, if you can't shake that feeling after a while, it just feels tiring." Whether it was a sports metaphor or not, most advocates talked about a physical reaction occurring once completing the contact. It seemed to launch into an excited state.

The excited state may last just a few moments or for the entire rest of the day/night. In SVA training the presenters make it a point to give strategies to calm down after interactions. The advocates to whom I spoke shared different approaches, including exercise, ice cream, watching TV or doing homework. Each person had their own routine that seemed to work. I empathized as I would often listen to mindless comedy podcasts on my drive back from my data

collection site after completing my interviews. On my drive to my site I would listen to news or other nonfiction offerings but needed to laugh my way home.

## **SUMMARY**

This chapter has attempted to provide an overview of the experience each advocate recalled. Several common themes occurred over each interview and described incident. For example, when the advocates spoke about motivations to do this work, most talked about wanting to support survivors of sexual violence. Some advocates who spoke about wanting to do psychology or other forms of mental health and thought this would be a valuable experience. However, future vocation may be a different means to the same end, helping people. We can also see glimpses of advocates taking on a different identity when working with a survivor. SVA mode seems to be a different persona but the advocate does not fully become a different person forever. Finally, the discussion around metaphors for the devices leads to thinking about the essence of embodiment. The immediate physiological response of increased heart rate or sweaty palms shows the connection between advocate work and physical selves.

In the next two chapters I provide deeper narratives of six advocates. Some of were included in this chapter but some you will be meeting for the first time. Their experiences, and recollection of the same experiences, provided deep reflection regarding their advocate role. The next chapter provides three deep narratives of advocates interacting with strangers and the following chapter is three deep narratives of interacting with friends. You will see similar themes as the advocates in this chapter but presented more in depth, such as remembering physical reactions, role switching and being focused on the best possible support for the survivor.

## **CHAPTER 5: BEING AN ADVOCATE FOR A STRANGER**

As the central question driving this dissertation is “what is the lived experience of a sexual violence advocate,” the best way to answer is to let the advocates answer. This chapter provides narratives of three participants and their experience serving as an advocate for a stranger. Barbara, Maria and Carol were selected because of advanced experience with advocacy as well as to provide a diversity of advocacy modalities and experiences of survivors. Two of the interactions with survivors occurred face to face and one occurred over the phone.

### **BARBARA – THE TEMPERATURE FLUCTUATIONS**

Barbara was the second interview on the first day of data collection I completed in the field. I also remember her being one of the first members of SVA to reply to my solicitation e-mail. She arrived early and was eager to talk about her experience to someone who was willing to tell the story of SVA. At the conclusion of my interview, she expressed this sentiment to me, thankfulness for exploring and tell the story.

Barbara is a white woman and was beginning her third semester of SVA and her third year on campus. Almost immediately upon asking for her background information, she expressed she was young for her year in school. The theme of being young continued to pop up in our discussion until we dove into the specific incident she wanted to recount. “I’m pretty young, I graduated high school when I was 17 and I just turned 20, so I’m pretty young for my major cohort and most of my friends are older than me,” she said. Barbara is majoring in a health-care related field, but not directly involved with sexual assault survivors. I happened to have a connection to that field. We spent a few minutes talking about the importance of her field in the long-term health of the population.

The story of her lived account started with a phone call, but not from the survivor themselves. Rather, it was her partner in SVA. Barbara recalled it being around 7:30 PM. She was making dinner with her neighbors when her partner called and said a survivor reached out to the crisis line wanting to discuss an incident in person. The specific details of the interaction were fuzzy to her, but the one thing she was able to ascertain. The in-person meeting would involve a current member of SVA. Barbara recalled leaving her dinner and picking up her partner to meet the survivor at a neutral location.

Barbara remembered the call being later at night on the day of a home football game and being worried on the drive over the survivor was going to recount being assaulted by a member of SVA. These things were not by any means common but had occurred in the past. They would involve reporting the incident to the administration team, the group of professionals who oversaw the students in SVA, and removal of the student from the group. For Barbara, that was a heartbreaking possibility. She said, “I was like, oh, God, now we’re going to have to say this SVA is not fit to be in SVA or something.” Soon after arriving, her concerns were assuaged by seeing a current member of SVA serving as a support person for the survivor.

Both the survivor and the SVA were members of a student organization. The SVA was simply to be a friend and not an advocate. To avoid members being labeled the “official SVA” of a group, members are encouraged to have survivors contact the crisis line for support as opposed to providing it themselves. The survivor had brought along the current SVA and two other members of the group for support, meaning four people in a group waiting for Barbara and her partner. SVA policy is to not directly approach the survivor when you arrive at a meeting place, but to describe yourself to the survivor over the phone and allow them to come to you. Barbara and her partner sat away from the survivor but were soon approached.

The survivor proceeded to share a story when he was assaulted by a person in authority and had a desire to make an official report against this individual. Any relief Barbara experienced after realizing this was not by an active member of SVA evaporated as she realized how high profile this incident could be. As the survivor recounted more details, Barbara recalled feeling large fluctuations in her temperature as new twists in the story emerged. She recalled:

My body temperature was fluctuating a lot and I remember that because I was wearing a long sleeve t-shirt and I kept having to roll it up and unroll it and I think it was just because a new thing would come up and then I'd be like, 'ok, now we have to deal with that again.' And then once I felt ok, I'd get cold again.

This was an unusual sensation for her, and she could not recall another instance where she had the same reaction.

As Barbara continued to talk about the experience interacting with this survivor, she felt like her head was spinning with each new detail. The one thing the survivor kept telling her was he felt this was a "now or never" moment on making a report; if he didn't find the will to report now, he feared he would never be able to. While Barbara was trying to keep a positive outlook for the survivor, she knew it being late at night on a Saturday, the report would not be able to be taken. She said, "them saying, 'we gotta do it now,' kinda was disheartening. I didn't want to tell them it's 10 pm on a Saturday. We gotta wait a little bit." Nevertheless, she continued to support the survivor and offer resources. At one point, she had to call the SVA administration team to seek additional resources. Specifically, the director of SVA needed to provide next steps in making the formal report.

As the initial outburst of emotions and recollections started to shift to more minutia of when appointments with the investigation office were available and resources to utilize

immediately took over, Barbara and her partner suggested moving to the SVA office on campus to have more privacy than the public place an initial meeting must take place. The survivor and support team agreed and left in separate cars. Barbara remembered being in the same car as her partner. They had an opportunity to discuss the first half of their incident. “We were kind of rehashing, doing a mini-debrief of what had just happened which I thought was good because we could deal with the first half of everything.” This “halftime” processing session was unusual, but Barbara recalled it being helpful for the two of them to have the drive back to the SVA office to talk about what had happened and what needed to happen moving forward.

On the ride back to campus while she wasn’t talking to her partner, Barbara again thought about the time of night and how resolution for the survivor may be difficult. While she wanted to make sure the survivor got what they wanted, she also worried about an interaction that stretched into multiple days. Barbara said, “My first priority in life is being a student, my next is SVA, and then I have a job.” She continued, “If this is going to be really big, I’m not sure I have the time commitment to go do all these things this contact wants me to do.” Duty teams rotate on Monday nights. If the survivor had a meeting set up for Tuesday, Barbara would have to hand it off to the next team of advocates.

While the survivor was talking to the director the same evening, Barbara recalled not knowing how to manage her body position relative to the survivor. She learned in her training, as well as her academic work related to health care, the importance of mirroring the body language of a person when they are recounting a difficult situation. The SVA office was relatively small, and was currently inhabited by Barbara, her partner, the survivor, and the survivor’s three support people. Barbara attempted to match the height, body position, and arm location of the survivor, without discounting the support people. She remembers the challenge in doing so,

feeling de-centered trying to balance all the people in the room. She ultimately decided to shift all her attention to the survivor.

Upon focusing in on the survivor she noticed how challenging this entire incident was for the survivor, as well as how supportive their friends were. The survivor looked downtrodden and burdened with the weight of the world. Occasionally, Barbara felt the survivor was close to breaking, but remembered one friend squeezing their shoulder or offering encouraging words to let them know how proud they were. This moment was especially difficult for Barbara as she said she normally “wears her heart on her sleeve.” Her first inclination would be to move close to the survivor and reassure in ways like their friends. However, the role of advocate she was currently playing prohibited her from doing so. Barbara recalled the fine line advocates must walk between saying and displaying supportive things for the survivor but also providing professional distance. This caused a sense of dissonance in her as she struggled to walk that line, especially with her personal norms conflicting with professional expectations.

The interaction with the survivor eventually ended. Barbara recalled it being 10:15. I found it interesting she remembered the specific time. As I listened to her story, I was left with a sense of dissatisfaction as abruptly ended her narrative. When I sought additional information on the next steps of the support, Barbara shared my sense of dissatisfaction. The challenge in doing this kind of work is you may always end in that feeling. Barbara said it is especially difficult not knowing what ended up happening with the survivor. Members of SVA do emotional labor for someone desperately needing someone to listen, but stories are often left unfinished. This is the nature of advocacy. Healing will not occur in one interaction with SVA. The individual SVA members lack the professional training to provide ongoing care for survivors.



Barbara returned home to her apartment, nearly three hours after she departed. Dinner had long been cooked, eaten, and cleaned up, but her neighbors did leave her a plate. After a call, Barbara does some surface level checking in with her loved ones, then needs to rest. On this evening, she specifically remembered texting her mother. She doesn't always do that, but after especially difficult interactions she typically will. Confidentiality requirements limit what she can share, so Barbara will just simply say it was difficult, and her mother will reply with a heart emoji. So, it was on this night. She then remembered going to sleep, remembering she had homework to do and things to study for the coming week. I asked if this was a pretty regular routine for her after interactions. She said it was, but this was more intense than others.

We took a collective breath. Although I did not sit and hear this high-level disclosure, I could feel my temperature fluctuating as I followed the twists and turns of Barbara's story. I asked her what it was like serving in an advocate role and how it makes her feel knowing she does this for survivors of sexual violence. Barbara felt like this position carried a sense of esteem on campus. That is not to say there were not difficult aspects. As I mentioned earlier, Barbara puts a lot of emphasis on her role as a student; a role sometimes contrasted as her role in SVA. She said, "When I wear my SVA gear, I'm like 'is somebody gonna come up to me and I have a full class schedule so I don't want to be like, I'm sorry, can you call the line?'"

Regardless, Barbara realized how important this role was and how many would not be able to do it. I asked her to reflect on some of her earlier comments to me about feeling like she was unprepared to serve on SVA because she hadn't been an activist around topics related to sexual violence. Barbara said, "I am an advocate. I can confidently say this is a title that I feel I can successfully manage."

## **MARIA – THE RESIDENCE HALL CARPET**

Maria was one of the more experienced advocates I spoke with during my data collection. She had been in SVA for five semesters. Maria was a senior psychology major preparing to graduate in the spring and enter a PhD program next fall. Maria had always planned to be a counselor, but the experience in SVA changed from family and couples' therapy into supporting sexual assault survivors, specifically from similar backgrounds, including her small-town upbringing. "I would really like to apply my practice to rural communities because it's so not talked about," she said. Hearing national statistics on sexual violence rates allowed her to overlay figures into her small community and realize there may have been many suffering in silence.

The specific incident she described to me started off very much like her description of a typical call, the survivor apologizing for calling and Maria spending the first few moments assuring the survivor they are fine to seek help. However, that is where the similarity to a "usual" call stopped. Maria quickly knew this would be more challenging. The incident the survivor was describing was much more intense than expected. She said:

They were very ashamed about what had happened. But more so than I had ever heard before and I felt, I felt horrible for this person. It was, they had a very, it was a very sad story and I was, I struggled with that one.

Maria initially thought she would be dealing with acute crisis, where harm was imminent, and survivors were seeking a reprieve from danger. She believed calls would have a fair level of intensity, but in a very different way than the call presented. This was not the first call she had taken on the crisis line, but the call immediately stood out in her head when I asked her to reflect on a specific interaction with a survivor, mostly due to the lingering thoughts about the survivor in Maria's own mind.

As she progressed through the call, she came to the realization the survivor contacted crisis services before. While it helped in the short term, the gains were not sustainable. What Maria seemed to struggle with, why this call stuck with her so many years later, was her realizing the person to whom she was speaking needed long-term, sustainable support. Even then, Maria did not know if she would ever be able to completely process the trauma she experienced. She said, “it’s one that I will never forget, just because I’ve never had anybody feel so horrible about something horrible that happened to them, not that was anything of their own doing.” The call being from a survivor previously receiving counseling did not fit Maria’s expectation of only seeing acute trauma. She continued:

I think when they, when they described it and then when they followed up saying like I’ve been through everything and nothing helps, and just feeling like, and I, I could feel that they were helpless and I felt helpless and like I wasn’t gonna be able to do anything.

Maria may be the perfect example of learning what it means to be an advocate when things do not necessarily go as they hoped. In a certain way, it is easy for one to think of themselves as a strong advocate and champion for a survivor of sexual violence when the interaction ends on a positive note; a survivor getting the needed resource and the advocate having a warm, fuzzy, feeling. Maria did not when she spoke about the interaction with a survivor. This uneasiness seemed to lead her to remember specific details about the interaction and be able to recount it to me.

For example, while this call took place nearly two years before our conversation, Maria could immediately recall exactly where she was sitting and the orientation of her room when she

took the call. This appeared to be different than just saying, I took the call in my residence hall room, or I was in a classroom. Maria recalled:

I was sitting cross legged on my dorm room floor and the carpet ended so I was like sitting like this [demonstrates] and my carpet didn't make it all the way to the wall, so I had half my leg off the carpet and I could hear my, my knee hitting it cause I was shaking so hard.

While shaking wasn't unusual (she said it is a pretty normal thing for her), the severity of it was important enough for her to remember several years later. I asked Maria to think more about the timing of the call. She was able to recall it being a Sunday, before she had decided to go to church, and specifically thought it was around 3:00 PM. When the call came, she was vacuuming and remembered missing the first ring because she was cleaning with one hand and had the phone in her other hand. The noise of the vacuum drowned out the ring. She stopped cleaning and caught the ring on the second time. All are just a few examples of the emotions and sensations Maria recalled several years later. When I inquired about what it felt like to reach a point with the survivor when she was not able to do anything else, she described it as a "blanket of dread" being put over her. Upon reflecting on if it was in fact dread or not, she reiterated it did feel like dread, and reaffirmed it was a terrible feeling.

She later recalled the call ending, taking a moment in her vacant residence hall room, then going into the hallway to find her boyfriend who had left upon initiation of the call. The requirement of confidentiality for the survivor necessitated any visitors to leave wherever the interaction took place prior to Maria being able to help the survivor. Having found her boyfriend outside, she recalled "collapsing" into his arms. She said:

I remember hanging up the phone and being like [exhales] and it, I don't even think that helped and then I opened up the door and my boyfriend was, he, cause he knew when it went off, he had to leave and so he was out in the hallway and I went and got him and I gave him a hug and I like collapsed. In his arms. He's like, 'oh, god, okay, we're gonna go get some ice cream.'

Maria had a viewpoint that she had done all the proper things according to her training, and then reached the end of her protocols and had no idea how to provide more help. Instead of being defeated, she used it to affirm she can help in the moment for the survivor without feeling responsible for what the survivor did moving forward. At the end of the day, she could only control one interaction, and she did her best to try and make that a helpful one.

That is not to say it was easy to do. Her body language and tone indicated to me she still seemed to struggle with this interaction being less helpful than she would have hoped. I asked Maria what kept her coming back, especially several years later, to serve as an advocate. She recalled SVA training and said, "I wanted to be the person that when I went through training the first time, I saw other people not freaking out and I wanted to be that person for other people. Because that's, again, that's all I've ever wanted to do is to help people." She continued, "I come back for me. I do. [Because] it's important to me to do this." Her long career as an advocate was coming to an end the same year I spoke with her, but her advocacy would continue into her future, because of her drive to continue to do this for her. Her chance to help people.

## **CAROL – THE VOICE WITHOUT A FACE**

Carol was very excited to talk to me. I know this because my main contact with the organization told me as soon as I arrived on campus. I had a decent drive from my home to Midwestern University. This was the first time I was going back to campus after my first day of

interviews. When I was setting up my schedule to collect my data, I had initially intended to block interviews in groups to avoid taking the drive for single interviews. After hearing how excited Carol was, I decided to change my plan. I arrived early and started to set up the space for our meeting.

Carol arrived slightly early and immediately seemed interested in hearing about my study. I began to realize my invitation to participate generated a bit of a buzz. Many members of SVA were excited to talk to me. Carol was the fourth interview I conducted. I was surprised word about my research had traveled so quickly, only about two weeks after I sent the invites. We started talking and she told me she was in her final year in school. She was a double major in psychology and gender studies. However, she was in the final stages of selecting a graduate school for social work. Carol had always intended to be a social worker since arriving on campus nearly four years ago but thought psychology would give her the chance to have a broader knowledge base to prepare for graduate school.

Her future career is what initially led Carol to apply to be in SVA. She had never done formal advocacy but was aware of what it looked like, especially around sexual assault and relationship violence. She made the conscious choice to apply for the group to get experience in advocacy. “If it’s too emotional or it’s just too overwhelming or I just can’t do it, it would be better to know now,” she said. This seemed incredibly logical to me.

I asked Carol to start telling me about the incident she had in mind when I sent out my solicitation e-mail. The instance she recalled was about a year before our meeting. It involved a survivor calling the crisis line to seek a resource for an accommodation with a faculty member. SVA was the group responsible for providing a lot of the initial information to survivors of how

to help a professor understand the affect trauma can have on academics. I inquired where Carol was when the call came in? She remembered getting ready to walk into a class herself.

Whenever the phone rings and Carol is holding it, she feels the same thing: panic. At this point in our interview, I was surprised for the first time as up to this point, she seemed like an advocate who was always in control and comfortable taking all contacts. Carol had been an advocate for several semesters and wanted to do advocacy as a career. I asked about the panic. She said every time she hears the phone, she gets an adrenaline spike and her entire body seems to shake. “As soon as I hear that vibration and sometimes, it’s even gone over. The things at restaurants, you know that you hold, and they vibrate, that freaks me out because it reminds me of the crisis line,” she said. When asked, Carol said she doesn’t feel this happens at any other point in her life. She was involved in performing arts for most of her life before college and remembers being nervous, but never feeling like her entire body is shaking. During her interactions Carol feels like she eventually settles down some, but generally feels some sort of shaking the entire call. “It lessens, but I can still feel it in my body the whole time,” she said.

After about ten- or fifteen-minutes Carol had a difficult time understanding the survivor. After initially expressing a desire to receive help with an accommodation the survivor switched to discussing how they were treated at a previous institution and became very emotionally distraught. The attack the survivor was recovering from happened before transferring to Midwestern because their previous institution did not provide support. As I mentioned previously, Carol often felt like her whole body was shaking during contacts, including her voice. I asked if she thought the survivor was able to detect her shaking, she replied she didn’t think so because of how elevated the survivor was. “I don’t think my voice reflects that because I think with all the training and the practice, I think I’ve been able to just mask that really,” she

said. The combination of the survivor crying, and a poor telephone connection, led her to see if the survivor wanted to meet face to face.

Meeting face to face is a common occurrence for members of SVA. Carol had participated in several face to face meetings, but this was the first one she set up herself; she found this odd upon reflection. The survivor selected the location, a study room in the library. Carol described her appearance so the survivor would know who to approach in the library. They agreed to meet in fifteen minutes. Carol remembered ending the call, immediately contacting her partner to let them know the meeting plan and rushed back into her classroom to collect her belongings. The survivor was about to start the story and Carol was able to let her professor know quickly she had a commitment she had to attend to. Being a class on rape culture and her previous communication about being in SVA, the professor understood what was happening. Carol remembered still shaking while collecting her items from class.

Her partner was at lunch. Carol recalled feeling guilty about interrupting but arrived early so he and Carol could talk briefly about the situation. Carol's partner was a new advocate in his first semester in SVA. While she felt responsibility to her partner both as a veteran advocate and the person who made the initial contact, she found her partner's energy calming and remembered relaxing a bit once he arrived. She said, "when I'm with people who are calm and confident and just know what they're doing, that helps me feel more like that." They walked over to the library and waited for the survivor. "It is definitely nerve wracking to know that you're about to meet someone in person because its different than just being on the phone," she said.

As I mentioned during telling Barbara's story, I asked Carol what it was like to wait to be approached. She replied it is strange as she was trying to make eye contact with people as they were approaching to see if they may be the survivor. Mostly, they would look away. She knew



that was not her survivor. I inquired what was going through her head as she waited with her partner. Carol felt surreal. She was sitting, knowing very intimate details of a person but having no idea what they looked like in real life. She recalled:

You have no idea anything, and yet you know all these intimate details about their life and their trauma and all of a sudden, you see them in person and you almost feel like, I don't know. Not that you shouldn't know but just that it is weird that they have shared all of this with you and they don't even know you.

She drew upon a theory from her coursework concerning the way people normally communicate is to start with surface level things; then traumatic experiences are buried deep down. Operating a crisis line upends conventions, where you know deep pieces of individuals but have no idea what their major is or even names sometimes.

When the survivor approached Carol and her partner, this was especially salient as they had to make small talk with the survivor as they walked to a study room in the library for privacy. The survivor seemed to have collected themselves in the past fifteen minutes as they were not crying when arriving at the library. Carol remembered picking back up and recapping what they had discussed on the phone. The survivor reiterated their desire to receive ADA accommodations from a faculty member from flashbacks received from post-traumatic stress disorder related to their assault. The professor seemed unwilling to budge. Carol thought she should contact the SVA administration team to see what else could be done.

Unfortunately, the administration team informed Carol and her partner the professor was not required to provide an accommodation for this student, and it was ultimately up to the professor. They relayed the information to the survivor, seemingly defeated by the outcome. At this point, Carol's partner asked the survivor how they were doing? It seemed like a switch

flipped and this turned into a more “typical” contact where they did more listening than talking. “Your normal, I normally think of you do the reflective listening first and then eventually you get to the resources, but I think because the contact had called and said ‘I need resources, this is what I’m looking for’,” she said. Carol and her partner listened to the survivor talk about how poorly their previous institution handled the aftermath of the assault and the case in general. Carol remembered feeling furious at the injustice this survivor experienced from an institution supposed to protect them. “That was probably the hardest part of the whole contact was just, hearing their story of being sexually assaulted and then having nothing done about it,” she remembered. I asked if she thought the survivor could tell she was upset, and she said no. Carol said she knew she needed to stay in advocate mode. That is what the survivor needed. Her and her partner were handling the interaction well, feeding off one another and providing the support the survivor needed. The contact eventually ended. Carol remembers grabbing lunch with her partner, as the partner’s lunch was interrupted before, and did some light processing.

Both thought the meeting was straightforward and like what they experienced in training and in previous contacts. Her partner left and Carol decided to stay as primary on the phone instead of handing it off to a teammate. This perception of the interaction being easier may speak to Carol’s experience as much as the specific details of the call. She didn’t recall having to do anything specific to re-center herself after and remembered contacting her faculty member whose class she missed to see if there was any way to make up the session.

The class Carol was going into was about rape culture. The lesson that day was a survivor coming in to share their story with the group. Many of Carol’s classmates wouldn’t have the same experience of hearing survivor stories regularly as she does with SVA. I asked Carol how she handled being on call for SVA and continuing to go to class. She explained when she is

holding the phone, she is expected to take calls and leave class to do so. Carol communicated with her faculty to let them know she served in an advocate role at the beginning of the semester and reminded anytime she was holding a device. The types of classes she was in helped the professors understand what she was doing at the time. Still, balancing the expectations to be available during class is one of the biggest challenges for Carol. “I do care so much about my grades and my academics and yet, I know that I need to put SVA first when I am on call. I am comfortable doing that, but it’s hard sometimes,” Carol said. She takes her academics very seriously, but knows that while holding a device, her priority is the survivor on the other end of that connection.

As we were talking, Carol recalled she isn’t even sure if she ever knew the contact’s name. She does remember some survivors. For some of her contacts, she can remember voices, specific quotes or faces that will forever stick out to her. I asked if it made any difference if the method of contact was different for what she still remembers? She said in-person contacts stick out more than calls, but the remembered quotes were from all forms of contact. In her mind, remembered phrases or voices remind her of the importance of what she does for her community. As a future social worker, Carol knew she was playing an important role in the healing journey of a survivor. However, just as the contact changed tone at the end, my conversation with Carol ended on a somber but poignant thought.

Thinking about her role as a future social worker, Carol posited part of being an advocate is knowing what to do when all the steps are done. Like with her survivor she recalled to me, at the end they were not able to force the professor to provide accommodations. They could only listen to the survivor and try to help find peace for a moment. The best advocates will occasionally run headfirst into the wall of a system unwilling or unable to be changed. She said:

I think one of the hardest parts of being an advocate is when you have run out of steps to take or ideas or resources or whatever it is and so then, just realizing that part of being an advocate is just saying, we're here to listen.

Carol feels her calling as a social worker is to help people manage unmoving walls in the form of systems. Social work, for her, is the process of running up to walls next to her clients but continuing to support to address issues with the system. That is why she keeps coming back, to support people when all steps are done.

## **SUMMARY**

I will admit, the interactions described in this chapter were like what I thought I would hear when I asked the advocates to tell me a time when speaking with a survivor. In looking back at the three advocate narratives from this portion I continue to be struck by the level of vivid recollection present. Each advocate was hyperaware of the sensations felt. Despite the physical toll the work takes the advocates continue to answer the phone or tablet because they know the importance of the job for the survivors.

We also see evidence of all three advocates feeling the need to switch into a different role. Throughout the persona switching, we can see the genuine care and concern for the survivors contacting the crisis line. The survivor was in the forefront even for strangers. As we move into the next chapter, we will see some nuance to the experience as the advocates interact with friends.

## **CHAPTER 6: BEING AN ADVOCATE FOR A FRIEND**

When I was learning about SVA at the beginning of this study it became clear most contacts with survivors would come from the phone or tablet devices. It seemed most people would contact the 24-hour line based on talking to the advocates. Advocates were also encouraged to have friends or roommates contact the crisis line if they wanted to disclose any sexual violence. The encouragement was meant to ensure members of SVA were able to have some down time when not worried about a survivor approaching. Given this practice, I was surprised when several advocates talked about interacting with a friend.

This chapter is about the advocates who worked with friends. When I looked back at these three conversations, there was something slightly different about the experience of advocating for a friend versus a stranger. The following narratives explore advocates as they interacted with known people. Jean's narrative is presented first because of the three advocates interacting with friends, hers was the most typical to a stranger interaction; the person contacted the crisis line and Jean happened to be on duty. Anna was presented next because while she may have not been prepared to be an advocate for her roommate, she was in a situation where she thought she may have to be an advocate. Finally, Peter is last because he was thrown into being an advocate with no warning during a regular game of cards with a friend.

### **JEAN – FRIEND ON THE OTHER END**

When I completed most of my interviews, I felt like I had a decent idea of what had happened in the call, including some very surface level data on the survivor's story. Confidentiality was greatly and closely respected, but I could tell from the nature of the conversations with advocates if it was domestic violence or sexual assault and a broad understanding of details. When I met with Jean and looked at the transcript afterwards, I could

not say the same thing. I left with a good understanding of Jean and how she interacted with her work, but not necessarily what had happened to the survivor with whom she spoke. I did learn a lot about what it is like to be an advocate to a person with whom you are familiar. We had easy conversation. I could tell she was very passionate about being an advocate.

Jean's future career plans to work with survivors of sexual violence gave her an understanding of how crisis services work. Thus, she knew a little about how SVA operated once she completed the recruitment process. She expected to be on call every other weekend and was pleased to know it was not as frequent. Initially, Jean expected she would be providing a lot of advice to survivors when they contacted SVA. Through training she learned that is exactly what she should not be doing. "They were like, no, don't do that," she said. Rather, she should be ensuring the survivor is currently safe and then listening to what the survivor wants themselves. Despite solid understanding of the mechanics of crisis services, the first time Jean held a device and it went off, she recalled the loud, scary ring and a sense of panic immediately coursing through her body. "The device is going off and it's loud and it's scary and I know my heart races like crazy at first," Jean said. While her heart races when she answers every call, she can calm down, because the survivor needs her to have herself together to provide the best support. "I gotta have my shit together because the person on the other end needs me to have my shit together and they're in a worse position than I am right now," she said.

When I asked about the specific incident with a survivor Jean wanted to discuss she recalled an incident with text-based advocacy. Jean understands why the group offers services but struggles with these contacts. She feels like text is harder to convey a supportive tone. Jean is especially worried about seeming cold to survivors since her friends have relayed she comes across as cold over text messages.

This contact came during the first week of classes before SVA had the opportunity to develop a regular schedule. As a returning member Jean offered to hold the device until training was complete for the new members. She makes a point to discuss her role as advocate with her faculty members and did so with this professor. The professor said they have a strict “no technology rule” but SVA has an exception to the rule. No sooner had the professor discussed the “no technology rule,” the device sounded. Jean told me the text-based device is much louder than the phone ringing (“it’s atrocious” she told me). She recalled the entire class turning around to look at her. She collected all her belongings and ran to a quiet corner of the classroom building.

The name of the survivor appeared when she powered on the device. It was a name with a unique spelling. That would normally not affect her, except this was the same spelling as a friend of hers. While initially rattled, Jean recovered and realized it did not matter if this was her friend or not, she needed to provide strong support for this person, even though in her mind this was a friend to whom she was speaking. For the remainder of the interaction, Jean continued to struggle with shifting between friend and advocate. Jean had a falling out with this friend but still cared about her as a person since she had known this person for her entire collegiate career. She remembered her inner monologue as:

I’ve known this person for our entire college career and so my first thought was, if this is my friend, when did this happen? Like how long have they been living with this? And I was like, who was it? Was this somebody that I’ve met before? Was this somebody that you’re friends with but I’m not? She had to stop immediately because that would not allow her to be present for the survivor.

The balancing of friend and advocate led Jean to try and solve the problem earlier than she should have by offering up counseling resources quickly. The survivor seemed to deflect initially and pushed back. Jean changed her tactic and let the survivor tell her story. While reading the story Jean again remarked how text-based advocacy is more challenging. She said, “I feel like it’s so easy when you’re talking to just go like, ‘uh huh, yeah, that sounds hard’ and it comes off a lot more genuine...you can’t just text ‘uh huh.’” After a few more back and forth messages the survivor asked for resources and Jean provided the counseling center. Jean recalled being so flustered by the interaction she had to call a fellow SVA for the counseling center number. The survivor agreed to reach out to the counselor and ended the contact intending to reach out for long-term help.

Jean sat in the corner of her classroom building after the call trying to collect herself. She normally would take the time to reflect on her calls and think about what she could have done differently or what she could have offered. Most members of similarly reflected but many do not have the chance to correct the information because contacts are fleeting and not sustained. “It’s hard. I don’t want [my friend] to be suffering. I don’t want them to be sad. I want them to know that I really care about them. But there’s a line that I can’t cross,” she said. Jean believed she knew the survivor with whom she connected but did not have the ability to provide additional support, which she found incredibly challenging.

As she sat after the chat ended, Jean hoped the survivor didn’t realize it was her at the other end of the chat. Several members of SVA have the same name as Jean, so hopefully the survivor thought she was talking to a different one. “There was a part of me that was hoping she didn’t know it was me. I was worried because we’d kind of had a falling out, I didn’t want her to not be genuine with me in the way that she was prepared to be because she was contacting



SVA,” she said. Jean was most worried about the survivor having a positive interaction with SVA. Jean disclosed to me that she had contacted help lines before and received poor support. The interaction left a bad taste in her mouth to reach out for help in the future. She was afraid the survivor found the courage to reach out for help. Having a negative interaction would negate the next steps she needed to help. Her angst was focused on the survivor’s experience, not their friendship.

I remembered what Barbara had told me about SVA advising its members to not take contacts from friends. I inquired to Jean about if she had thought about passing the contact on to another advocate. She thought for a moment and said the modality of the interaction may have made a difference. If the survivor made contact over the phone, Jean would have passed the contact on. However, the text-based advocacy seemed to assuage this concern. If the survivor had specifically asked if it was her, Jean would have given her the option to continue the interaction or have Jean pass the survivor on to another person. Jean understands why the policy exists. On the other hand, she did remark to me advocating for her friend via text got slightly easier over the course of the interaction because she was forced to deescalate the situation to prevent her emotions from taking over.

Soon after the conversation with the survivor ended, Jean remembered collecting herself enough to head to her next class. She was late and was prepared to apologize for being late in the first week. However, she looked up and a fellow SVA member was the TA for class as well. They exchanged a knowing glance; the TA knew what had occurred. For the first 15 minutes of class Jean continued to have her heart race and stayed at a high level of alert. I asked Jean if she called her partner and let them take primary contact to not take an immediate contact. She said

she had. She further reflected she could have responded if someone came up to her in a class or in passing to talk but did allow her backup to handle the device for her.

A few times during our conversation Jean seemed to get emotional and appeared to have tears in her eyes. I pointed this out to her. She recalled this experience making being an advocate more personal. “It becomes more personal, I know it’s happening to the people that I love and the people that I care about, and it happens. It could happen to anyone,” said Jean. She realized she could not remember specifics of many of her contacts but was able to clearly remember all the details of this specific one. Continuing with the theme of making the work personal for her Jean said she leaves a part of herself with all survivors but still could not remember all the details. I asked her what it was like to feel deeply for people she may not see again. Jean said this gives her something to fight for, something strong to see about herself. She never got tired but said this was exhausting. She corrected herself, “I’m tired of hearing about it happening, but I’m not tired of fighting it.”

We started to wrap up our conversation as I had another interview. She had to prepare for the SVA event that evening. When asking her what it was like to talk to me today Jean said this was the first time she was able to process the interaction in this way. Priorly, she could not have made the connection between her self-confidence and the work she does. Like many of my participants she was interested in my study and my methods. I talked to her about trying to really dive into the experience. Her example was helpful because I had not worked with someone who was an advocate for a friend. That allowed me to see if knowing the survivor made a difference in what it was like to advocate. It seemed like she wanted to ask more questions and find out more but her SVA duties were calling. We went our separate ways.

## **ANNA – RIDING THE ROLLERCOASTER**

Anna was my interview immediately after I finished up with Jean. In fact, as I was talking with Anna, Jean came into the office looking for items for an event that night. When I talked to Jean, I thought I would be unlikely to find another advocate talking to me about working with a known person. I was proven wrong when Anna and I started talking.

Anna was a fourth-year student, finishing up her final year at Midwestern. She was a biomedical science major with a minor in psychology. I asked if she wanted to become a therapist, and she explained to me her plan was to become a doctor until last year. Now she isn't sure what her next step will be. She is involved in new student orientation and the honors program, which is how she came to apply to be in SVA. During a presentation at an honors college event, one of the presenters was a member of SVA and did their senior research project on the group. She connected with the presenter and decided to join the group.

I asked Anna to talk to me about the interaction with a survivor that came to her mind when she read my recruitment e-mail. She started to tell me about an in-person contact. Despite being in SVA for three semesters, all her contacts have been in person and none over the phone or text-based systems. This interaction was different because it was not an unknown student approaching her at an event or after class; it was her roommate. Anna knew her roommate was involved in a domestic violence situation previously, but they had not discussed details of the relationship. That changed on this night.

Both Anna and her roommate were involved in new student orientation at Midwestern. During one night of programming for new students the group invited a slam poet to perform to both entertain and educate. One of the pieces the poet performed was about domestic violence. As soon as Anna heard the poet discuss domestic violence, she knew this would affect her

roommate. Not two minutes later she felt her phone vibrate. She immediately knew it was her roommate. A wave of guilt overcame Anna as she admonished herself for not checking on her person. She considered her own new students for which she was responsible. Her role in SVA had her focused on the other students that may potentially be triggered by the performer. The one person she did not consider was her own roommate. This was her one job and she had failed. She recalled what that felt like in the moment:

My anxiety is already really high, so it was just like gone. I feel like people could've seen my heart leaving my chest and coming back. My palms are sweaty. I get really cold, but I sweat, and my heart is just absolutely racing. And I think my reaction was more amplified because it was her.

Her roommate let her know she was outside, and Anna headed in that direction.

The doors were monitored by university staff to ensure new students did not try to sneak out of the mandatory event. Anna recalled having to “break out” of the auditorium by saying she had a person she needed to help. She thought her roommate reached out to her to have the support of a friend, but Anna knew she would need the services of SVA. The walk from her seat in the bleachers outside seemed to move in slow motion for her. She described it:

It was like slow mo[tion] because I was like, what am I going to say? What am I going to do? She's mess, I could have helped her before. It's very like, it's nonstop just thoughts...I feel like it was such a long conversation in such a short time, in my own head.

She continued to think about what questions she could ask and what the next steps would entail when she saw her friend. Anna normally feels nervous when preparing to take a contact, but never at this level. Anna first noticed she was not alone; her friend was flanked by another

distraught new student and an older student attempting to console. She next noticed her friend was hysterically crying. Anna knew she would have to serve as an advocate for her own roommate.

This interstitial period between friend and advocate felt awkward to Anna. For ten minutes she sat comforting her roommate as a friend while her mind was shifting into advocate mode. She tried to keep her mind empty because she became nervous for her next steps. In our conversation she likened it to waiting for an injection. She knew it was coming, it was going to hurt but did not know when it would happen. As she and I were talking I recalled what Barbara had told me about SVA being discouraged from serving as an advocate for a friend and inquired if Anna considered calling in back up. Anna said, “I don’t know. I think I got too protective. I think I was like; this is my friend; I know what she’s been through. I can do this. It was very maternal.” She said passing her own roommate on to another SVA didn’t even cross her mind. In retrospect she may have advised someone to do so. However, in the moment she felt she was the best person to provide support for her roommate.

Anna was straddling the line between friend and advocate and found it exhausting to do so. I asked her why she thought that was? She replied there are two different purposes. She talked about a rollercoaster saying, “as a friend, you ride the emotional rollercoaster with your friends. I have a tendency to do that.” She continued, “[as an advocate] I can’t ride the rollercoaster with her anymore. I have to be there for her and make sure that this rollercoaster stops moving for a second.” I told her that seemed like a very apt metaphor for the difference between friend and advocate.

As her friend started to calm down, Anna made the full switch into SVA mode. She remembered asking if her friend wanted to tell her what happened. She replied yes and

proceeded with her story. As she recounted the domestic violence, Anna found this much harder than any contact she had taken up to now. Anna remembered witnessing events her roommate was recounting. She realized the events were not healthy but also knew from her SVA training her friend was not ready to label it as such. As her roommate was telling her the story, she again felt guilty and “shitty” to know she couldn’t help her own friend.

Anna told me it seemed like her friend had been broken. I told her I was going to ask her two questions: what it felt like to hear that as an SVA and what it felt like to hear that as a friend? She said as an SVA this was a light tap on the face. It was difficult to hear but she could take it. “But being a friend, it’s not like a, you know, like a light tap to the face. It’s like a knockout,” she said. After her roommate finished recounting her story, Anna moved into providing resources.

Anna and her friend spent the rest of the night outside together. Anna said it was about an hour because it was very cold by the time they stopped talking. More crying occurred as the night went on but not as intense as it was initially. Anna felt herself slowly transitioning back out of her advocate role and into her friend role. She said it seemed to start after her roommate said she would utilize the resources. For as difficult as Anna felt it was to move from friend to advocate in the beginning, it seemed much easier to transition from advocate to friend at the end.

Anna and her friend began to talk about what they would do for the rest of the night. Anna agreed to be responsible for her roommate’s new students if the students needed anything overnight. They both went back to their apartment. Neither felt much like doing anything so they retired to individual rooms, about two hours after the text came through on Anna’s phone. As soon as she was alone in her room, Anna broke down crying. This was the first time she had been alone since her roommate texted her.

I asked her what it was like in that moment? Anna recalled crying when she saw her roommate going through this situation in the moment but cried much harder after helping her in this interaction. Anna is not normally someone who cries after interactions. She was surprised at how it had affected her. In retrospect, Anna said it seemed like she was subconsciously suppressing her own emotions. She knew she could not manage the emotions related to seeing her friend struggle in such a. “Having her finally be like, I’m not okay was so difficult after I know she had been pretending she was okay for like six, seven months,” she said. If she tried to process her own emotions in that moment, she knew it would be her putting herself first. Anna felt it was harder being connected personally to this situation as evidenced by her sobbing when she was alone.

Unlike most of my participants, Anna was able to see the results of her advocacy on an individual. When asked, Anna said it was a blessing and a curse. It was a blessing to “see her actually go to the appointment with [counselor], to see her actually talk about it and process her feelings on a real level.” However, the curse comes when her roommate says, “I’m not going to meet with [counselor] anymore. I’m like, are you okay? She’s like no. [I say] you should probably still meet with [counselor]. She’s like, yeah, I know.” Providing periodic advocacy in her own apartment, while not nightly, is still a challenge for her.

It was hard for Anna to see changes over time, where sometimes her roommate was doing well. Others she really struggled. She said:

You can’t help everybody. Yeah, sucks. I would love to go around this world thinking, I can help everyone as much as possible, but you can’t. Some people want help, and some people don’t want help, even if they do reach out.

Sometimes people reach out to feel heard but don't always take it in. Even though [roommate] was receptive in that moment, I think it faded away.

I could tell this hit Anna hard. Even as she recounted the story to me several months later, her face became flushed. She said she felt hot and her heart was pounding out of her chest. I paused for a moment to let her take a few breaths.

Truth be told, I needed some breaths as well. I had not expected this when we began an hour before. I began to ask her what it was like to talk to me today. Anna told me this was her first domestic violence incident. While it was incredibly challenging, she would guess future ones would be less extreme. She also said thinking back she was glad she had a year of being an advocate under her belt before. She recalled feeling in the beginning like everything was on fire but knowing more about the role helped her support her friend in the best way possible.

I thanked Anna for her time and walked her to the door of the office. Once the door closed and I was alone, I felt like I could cry. Going along the emotional rollercoasters with advocates as they were riding their own was not as easy as one might think. I knew this would be hard, but Anna's recounting struck me differently. It could have been the two contacts with friends back to back or perhaps I was just understanding the weight advocates carry with them doing the job all the time. As I packed up my things to head home, I remembered what Anna told me about not always being on call but always being an advocate. That is a very heavy burden to carry indeed, but as Anna exhibited in her story, a vital one for us all to understand.

## **PETER – THE GAME OF CARDS**

When I met with my previous participants, I was surprised to hear both Jean and Anna talk about contacts with familiar people. I was even more surprised when I started talking to Peter and found he also was recounting a contact with a friend. At a certain level, it makes sense



the contact an advocate remembers the most is someone with whom they are connected. On the other hand, are the deep reactions of the advocates more related to their experience as an advocate or more related to their connection to a friend? By the end of my conversation with Peter, I believe it was the former.

Before Peter started telling me about the incident, he told me his friend had autism. After a four- or five-year long friendship Peter was able to communicate well with his friend and could read his reactions well. Peter and his friend were playing cards one day at the friend's apartment and out of nowhere his friend said he was being touched at work and did not like it. As he remembers there was no lead up or discussion around topics like this; he just blurted it out while playing a game.

Peter's first instinct and what he was trained to do through SVA was to stop what he was doing and focus on the survivor: mirror body language, match tone, tell them how terrible the situation was. However, Peter knew that would not be the best way to work with his friend. He recalls his own eyes watering; a wall of emotion hit him all at once. One of the first emotions Peter felt was guilt. He recalled a few weeks prior talking about work, his friend said he did not like his coworker and did not want to work with him anymore. Peter remembered talking about how to manage it as if it were a personality conflict common to a work environment. In the current moment, Peter realized his friend was telling him something much more concerning.

The guilt settled right in his stomach. Looking back on his reaction Peter realizes his emotional response right away is what made him realize this was a disclosure from his friend. He blamed himself for not picking up before, even though he knew through training this was not his fault. He could not blame himself. His inner dialogue swirled around between sadness and guilt. As Peter was recounting to me, I assumed it took several minutes to process all in his head. Peter

said no. He said, “all this is happening, like the span of, like, five to ten seconds because I don’t want to leave too much of a break between us talking because I don’t want him to think he said something wrong.” He did say the sinking pit in his stomach lasted for the next 30 seconds or so.

After the pit passed, the first thing Peter attempted to do was figure out what his friend had said to his boss and his mom when he first told them about this person at work. His friend had told him he did not like this person at work, but Peter did not know what that meant. He did not take it to imply sexual violence. He wondered if his friend had explained it the same way to others which led them to tell him it was not a big deal and just normal horseplay. Furthermore, Peter knew his friend’s mother would be important to the resolution of this incident as she may have decision making authority over her son. His friend’s mom would need to help him procure any resources Peter may offer.

This advocacy was different than what he normally would have done serving in SVA. Due to his friend’s communications challenges, Peter found himself having to ask more questions and having to ask his friend to repeat what happened in a different way. He would not have done this with another survivor but felt it was appropriate based on some of his education courses he completed at Midwestern. “I’m glad that I have gone through so many special education courses and learned how people with autism think and how their behaviors and their functions [present]. Without that, I wouldn’t have understood how he thinks and interacts,” Peter said. His academic background plus his experience knowing his friend gave him the proper understanding to support this survivor in the best way possible. I asked Peter if he remembers making the conscious decision to change his tactics in the moment. He said no, it was more based on instinct and changed within him instantly. Peter also needed to make sure to manage his nonverbal communication to not give his friend the wrong impression.

Eventually, Peter was able to ask the appropriate questions to validate what happened to his friend. Reaching this point, Peter recalled his friend feeling vindicated; he knew something bad happened to him but felt like nobody would listen. Once they crossed the barrier his friend had many questions about the details, like he was trying to put words to his own feelings. Peter did not know if he had explained everything properly. He admitted it was challenging getting the correct details during their conversation. He said, “It was almost like a teacher mode at the same time. How can I teach him right now and get him to, get this to click in his brain and apply it to himself?” I asked Peter if he thought the things his friend was telling him during this conversation are what he told others who didn’t respond. He told me he felt like this was the first time he told anyone the details, as it seemed obviously inappropriate.

At some point during their conversation, Peter and his friend both stopped talking and just played cards for a few minutes. These quiet moments gave Peter the chance to do some regrouping in his own head and think about what to do next. He told me in our conversation it felt like he was in the closing seconds of a basketball game, ready to shoot the ball but needing to get it right. He said:

I played a lot of basketball and I’ve had the ball the last five seconds of the game and I had to take the winning shot, make the winning play, and I don’t feel like that was even as much pressure as I felt in this situation because someone’s mental state and physical being was at stake here.

He was incredibly thankful he had SVA training to give him the skills to have the conversation. Peter had been friends with the survivor for several years, but he drew upon the skills he learned in SVA often during this interaction.

When Peter and his friend resumed conversation, it was less focused on the incident itself and more on his emotions around his mom and boss not feeling like this was a big deal. His friend felt betrayed he told people what happened; they did not help him. Peter recalled him saying, “these people I trust, and they said it was okay, and I trust you and now you’re telling me it’s wrong. You’re trying to convince me it’s wrong, but my parents are two of the biggest people in my life so how can they be wrong.” Peter thought it was possible his mother did not get all the same details Peter did.

At some point, his friend seemed to feel better after talking to Peter. He thinks his friend showed happy emotions and turned into his normal self, like a switch was flipped. They continued to play cards like normal. Things inside Peter’s head were not normal. He knew he was going to break down. Peter just kept looking at the clock to see how much longer he was scheduled to be at his friend’s apartment before he could go. He does not remember who won or lost the game only he was focused on putting the right cards in the right places at the time. Eventually it was time for Peter to go and he walked out of the door.

Peter remembers realizing his friend had a peephole on his apartment door, so he stepped away from view and just sat with his back to the wall of the hallway. The tears came. They continued as he walked down the stairs and out the building. The building is home to many other people. Peter was thankful he did not run into any other residents who would try to talk to him to make him feel better as he cried. Peter said, “Yeah, I was like really far from okay.” He sat in his car for a few minutes then drove to the closest gas station to buy a Coke. He told me he loves Coke. He sat in his car, crying and drinking his Coke, for about another fifteen minutes before driving home. Peter remembers telling himself, “just try and relax and I kinda sat in the gas station parking lot for a minute because I was not comfortable to drive. Too emotional to drive.”

He thinks it was about 45 minutes from the time he left his friend's apartment to when he stopped crying.

His head kept spinning. Again, he felt guilt at not realizing the problem before. Cognitively he understood this was not his fault; the fault laid solely with the person at work. However, he was surprised at the level of guilt he felt even so. He recalled his training told him the guilt was unwarranted, that didn't stop it immediately. For the rest of that day, all night, and the beginning of the following morning Peter still felt drained and guilty. He tried to stay busy in his apartment. He is an introvert and needed some alone time to process what had just happened. He cooked dinner, another thing he loved to do. By the next day he started to feel a little bit more normal.

During our conversation, Peter realized how emotional the entire experience was. He had not paused to think about how it affected him until he and I were in the room. Peter said, "That was hard because now it was like going back to the unhealthy of 'let's compartmentalize it and throw it in the box because I can't feel that right now.'" I pointed out to Peter it seemed like he was both the advocate for his friend and a secondary survivor himself. He agreed and said it was very strange to be in both positions at once. I asked him to continue to think about how this incident changed his understanding of his role as an advocate in SVA. Peter felt like this greatly expanded what he thought about in advocacy. His friendship allowed him to approach his strategy differently and did things he normally would not have done. Peter now has a new ability to advocate for persons with special needs combines several areas of his life. He also realized he did a good job in this case. Peter had a lot of pride in that. Peter felt like he did something not many others in the group could do.

I moved to my wrap up question, what it was like to talk to me today? Peter told me something I did not expect. He told me this was the first time he was able to talk about how the incident affected him. His friend is often around him when he is spending time with other members of SVA. He was worried that would give up his friend's anonymity. While Peter did not share any names or even specific details about the violence, this was the first time he could talk about his own feelings and impressions of the conversation. Peter said, "You made me realize things I didn't realize before and I really got to break down some of the thinking process during there and some of the emotions I was having." I remember Anna telling me something similar.

As Peter gathered his things and we said goodbye, I continued to reflect on my own role. Does the protection of identities of the survivors mean deep processing has to happen in different ways, with external people? Even with dedicated counselors doing mandatory check ins with all staff members, is there still space for using methods like mine to make sense of what happened? I told myself those are all questions I could answer later. I walked out to my car, started my drive home. I hoped this process gave my participants a little bit of perspective they may have not received elsewhere. I needed to listen to one of the comedy podcasts I liked for the ride home.

## **SUMMARY**

This chapter dug deep into the narratives of advocates working with friends. The level of connection varied across the three advocates, but Jean, Anna and Peter expressed the difficulty in working with known people. Compared to advocates working with strangers, Jean, Anna and Peter seem to express more swings in and out of advocate mode. Some specifically talked about feeling herself move from friend to advocate and back again several times during the interaction. We see again, however, the survivor/friend in this case is the center of the experience. Even with

a myriad of emotions running inside their heads, the advocates made sure to provide the best possible experience to their friends. I cannot imagine the level of discipline it would take to try and keep your own emotions in check when hearing terrible things occurring to a friend.

Again, we see examples of the essences of the experience of being an advocate in all three narratives. When interacting with friends, the advocates seemingly exhibit hyperawareness in addition to physical sensations. Similarly nuanced, advocates working with friends tended to move from friend to advocate more, often several times during one interaction. They all were able to identify moments in the conversation when they were acting more as an advocate vs more of a friend, and vice versa. There is little doubt Jean, Anna and Peter were trying to provide the best possible advocacy to friends in the moment. The advocates recalled minimizing their own reactions so their friends would not think the friend had said something wrong. The dual responsibility to both friend and survivor appeared to center both identities concurrently for the three advocates.

## **CHAPTER 7: BEING THE ESSENCE OF THE EXPERIENCE**

When I began this study, my argument was the importance of understanding the lived experience of sexual violence advocates is embodied, liminal and survivor centered. In this final chapter, I will summarize the common threads seen in my participants, specifically the deep narratives of the previous chapters. Phenomenological research's purpose is to seek the essences binding different people's experiences. The narratives I presented in the previous three chapters all led me to an arc to explain the lived experience of an advocate. The beginning of the interaction with a survivor led to their bodies responding physiologically, or as I refer to it in this analysis, an embodied way. In order to manage their own emotions and body, the advocates transverse a liminal space where they are acting as the trained advocate. The liminal space during the interaction exists so the advocate can be completely focused on the survivor, with the advocate's own responses taking a secondary role to what the survivor needs in the moment.

This chapter details each of the three essences of the lived experience of being a sexual violence advocate. We begin with the experience being embodied, move on to how the experience is liminal and end with the experience being survivor focused. The chapter concludes with limitations and implications for research and practice.

### **THE LIVED EXPERIENCE OF AN ADVOCATE IS EMBODIED**

Early in my data collection, the idea my participants were describing physical sensations they experienced when working with a survivor became immediately noticeable. Whether it was Barbara talking about her body temperature fluctuating as a new element of the story emerged or Maria discussing the blanket of dread being draped over her shoulders, the metaphors for physical sensations were stark in their recollections.



Nearly every advocate with whom I spoke during my data collection spoke about what was happening with their bodies while working with a survivor. I mostly heard about rushing pulses, quickened breathing and sweaty palms. These three physical reactions seem to occur when many are excited or afraid. In thinking about the experiences, the advocates had reminding them of talking to a survivor seemed to mirror fear and excitement; rollercoasters, dance recitals, swim meets. The combination of the known and unknown provided the tension between the two sensations, fear and excitement.

Each advocate undergoes nearly 60 hours of training before permitted to take a call with a survivor. They have worked through situations involving sexual assault, domestic violence, stalking or any other number of possible situations. Yet, when the device notifies the advocate a survivor needs assistance, they do not know what is on the other end of the line. Just as the advocates chuckled at me when I asked about what “normal” interactions looked like, there was often not a page in their training binders encapsulating the survivor’s situation perfectly. The unease of knowing they had the training to help but not knowing exactly how to apply said training seemed to cause stress in the body where cardiovascular, pulmonary and endocrine systems all produced fluttering hearts, shortened breath and moist palms.

The connection to their own body speaks to the essential elements of the lived experience of being an advocate. In phenomenological studies, the researcher uses questions to expose the experience through asking about the lifeworld. The phenomenology of embodiment theorized by Husserl discusses the body not being simply a factor with which we should become accustomed but rather a “communal nexus of meaningful situations, expressive gestures, and practical activities” (Behnke, n.d.). If the body serves as the central hub driving the rest of the experience it makes sense the first things noticed by the advocates would be their physical reactions. The

advocates' reactions support Husserl's notion of body as the central, essential experience of being an advocate. All of the advocates in this study were able to describe the feeling when the phone rang, the tablet buzzed or a person approached and asked "hey, are you in SVA? Can I talk to you?" However, the sensations the advocates experienced themselves are less interesting than the hyperawareness present to acknowledge and remember later. Some may be attributed to the line of questioning in the interview focusing on the natural environment and lived space of the event. However, the recollection of the physicality is unlikely solely related to a phenomenological methodology. I remembered Maria being able to vividly recall where in her room she was sitting when talking to the survivor on the phone; back against the wall, half on the carpet and half on the hard floor, with her binder between her legs as she tried to find the proper resource. Maria was a senior when I spoke with her. This interaction happened when she was a sophomore. That she remembered vivid details two years later speaks to how it was etched on her mind.

It may be easy to attempt to dismiss or minimize the role of the body as an annoyance or a hinderance to be an advocate. Indeed, it seems as the advocates with whom I spoke brought their own perceptions about what relying on the body may mean to the role of supporting survivors. In looking back, many of the advocates shyly admitted to me physical responses as if their bodies should not behave as such. We often try to control our own bodies. We admonish ourselves if we let our shaky voices be heard or fingers seem to tremble. Yet, these responses are not meant for shame but rather a grounding point our body provides to us to remind us at the core of our being lives our true self, or Husserl's central nexus. A true self connected to our physical manifestations of stress, letting us know we may be focusing on another being now, but our own being is still always there.

In looking at my participants we can see some complications in how the physicality manifests in advocates working with friends or strangers as survivors. Based on my conversations with advocates, it seems like advocates working with strangers are more likely to embody the interactions throughout the entire experience. For example, Carol talked about how as soon as the phone rang her entire body started to vibrate. While it lessened, it continued for the entire interaction. When the advocate worked with a familiar contact, the embodied reactions occurred more often. In the case of Peter as he was playing cards with his friend, he would have moments where his eyes would water or palms would sweat, but it was not the entire interaction. They would continue to play cards and while he was thinking through next steps in the process, he wasn't having the same physical reaction.

A potential reason is the totality of the relationship with a friend is larger than with a stranger. An obvious statement, it is perhaps flipped from how we may mean it. It may be common I can strike up a conversation with someone in passing about a shared interest in any given subject matter. I may also share connections with a close friend. However, the close friend and I would likely share deeper connections and have shared more personal information than a perfunctory common interest. In advocate connections, the stranger and the friend share something deeply personal, arguably one of the most personal parts of themselves they could share.

The depth of relationship and effect on the body seen in this study supports the concept of the neuroscience of body memory (Riva, 2018). The multidisciplinary idea of body memory discusses how a physical body and psychological mind use prior experience to expand capacity. In my participants working with friends, bodies can remember all the prior interactions and provide better advocacy. I think of Anna sharing with me the techniques she utilized with her

friend she would never do with an unfamiliar survivor, such as giving her a hug or sitting close to her. In the moment Anna's friend needed her, she was neither and both friend and advocate. When Anna needed to be one or the other her body remembered which one suited her best.

### **THE LIVED EXPERIENCE OF AN ADVOCATE IS LIMINAL**

Being neither and both was not exclusive to Anna nor were the two categories always friend and advocate. As connected as advocates are internally while working with a survivor, a part of them that exists outside their own bodies. I discussed SVA mode in chapter four, how my participants described a phenomenon where they could see themselves becoming different when working with a survivor. It is not uncommon for people to be slightly different when working in a formal volunteer capacity or with new people. For example, a student may speak very differently to friends than when working in the dining hall for work study.

Changing into SVA mode seemed different. In hearing about switching, this wasn't about something as superfluous as customer service or politeness, this was the advocate becoming something very different from normal selves. They changed posture, tone, even the things they said or didn't say. They appeared to not be themselves, but they also had enough of the inner monologue to know they hadn't completely become a new person. When explaining it to others, I say it almost feels like they are a superhero. When someone needs help (the survivor) they dash off to the phone booth to change from alter ego to super powered one.

Advocates occupy space between complete embodiment of physical reactions and detached observer in two different ways. Not permanently changed into the SVA mode persona, but rather transverse the space between regular selves and an SVA. However, they never fully go back to the person before working with the survivor as they continue to learn and grow with each

interaction. The hermeneutical process of using previous experience to grow and then achieving a new base level allows the advocate to provide the best possible support to each survivor.

Moving into the undefined space during the transition from previous self to new self is not completely linear and unidirectional. While they exist in temporary space in their own identity, they may have moments where they swing completely back to themselves in a moment of anguish or difficulty and then go back to the advocate. Turner's (1969) framework on liminality can serve as the beginning of an understanding of the SVA identity. Liminality was originally used to label the period in an initiation rite when the candidate leaves former status of "uninitiated" but has yet to achieve the status of "initiated." The symbolic death of former selves occurred but not a rebirth as a new person. In the case of the advocates the notion of liminality is complicated by the continuing cycle of rituals. Nor is there a symbolic death of their student self, as the advocate will leave SVA mode and return to a student role, albeit a student with additional knowledge and experience. Nevertheless, the concept of liminality helps us understand the interstitial spaces between states.

I am reminded of two specific advocates and described inner monologues, Barbara and Anna. As you recall, Barbara was working with the individual targeted by a person in a position of power. The survivor wanted to file a formal report. Barbara seemed to be incredibly present for the conversation, offering up the full spectrum of support structures and resources necessary for the survivor. Yet, her thoughts continued to think about how much of a time commitment this process would take up and what impact that would have on her academics. A very authentic thought, a real response from the "regular student" she was prior to entering into this survivor interaction. As soon as it popped up, she reoriented herself. Barbara knew she had to be in the moment for the survivor, blurring her identity into the background.

With Anna, it was a much more undulating movement between friend and advocate as she worked with her roommate and best friend. As I was talking to Anna and she was recalling her interaction with her friend, at multiple times she relayed what her status was; when she knew she had to be an SVA, when she had to be a friend, how she acted differently with her friend than she would have with another survivor, and so on. The way she approached her initially was in a friendly manner but quickly transitioned to advocate because that was needed. Throughout the interaction, Anna moved a few distinct times between friend and advocate depending on what the conversation required, but she did not fully return to her “usual” self until she was alone in her room at the end of the night, where she finally allowed herself to weep. The stress of the back and forth along with the genuine sadness of the pain experienced by her friend drained her until she was finally able to have cathartic release.

It appears SVA mode is both a survival mechanism and a source of great fatigue. My participants shared the reason for changing the way they act while talking to a survivor is to make sure the survivor is put in the forefront of the interaction. That seems likely true. However, SVA mode allows the advocate to not exist in a sense of hyperawareness. The brief moments where the phone rings and the world seems to erupt in chaos are not sustainable to stay the entire time an advocate is on call. It may even be different if it was only while holding a device, but any moment can turn into an interaction with a survivor; card games, classes, presentations, any manner of things. Without a superhero persona to change into when the contact starts, the advocate would have to constantly exist in a reactive space without agency over their own day to day lives.

Yet again, we see some nuance between advocates working with strangers and working with friends. Advocates working with strangers will, likely, not see anyone follow through

completely and reach a “stopping point.” The survivor may be de-escalated at the end of the interaction and feel much better but will go on to be connected elsewhere. Thus, is the nature of a confidential crisis services system. By design they provide acute support; not long term, sustainable solutions.

Advocates who are also friends may get to stay connected to the survivor for longer timelines. They should not, and are actively discouraged, from serving as a mental health professional for the friend/survivor. To keep the rollercoaster metaphor, the advocate is no longer operating the ride but watching the car move on the track from a distance. Intellectually, we could assume the advocate may get to see their friend achieve some form of healing after connecting with services designed to accommodate the journey.

However, in the case of the three advocates from my study who worked with friends/survivors, this did not occur. In Jean’s case, it may be attributed to the completely confidential and serendipitous connection with a friend through text-based advocacy. With Anna and Peter, they felt the friends were set up in a good place with a plan to move forward only to watch the ultimate outcome not follow the planned path. Both advocates expressed regret in their friends not following through on the plan to recover, almost as if they were grieving the loss of their friends healing. That is not to say the friend will never get to the point where they have processed what happened. The friends developed strategies to move forward, only the advocate’s plan to provide agency had been lost. It is possible different advocates may have a more positive end point with friends who are also survivors but that did not appear in this study.

The advocate is not on the same forward vector. The advocate is instead completing a circular path along the survivor’s path. They do not often get to see the identified end goal in a healing process, even the three advocates with whom I spoke who advocated for friends. This

may seem like it would be demoralizing and exhausting. It may be so. However, the advocates continue to serve in this intermediary space, willingly staying in a place of dissonance if it means a survivor is a little better off after having interacted with an advocate.

### **THE LIVED EXPERIENCE OF AN ADVOCATE IS SURVIVOR CENTERED**

In thinking about the entire experience of being an advocate so much of the experience is externally driven. When the phone rings, when a person approaches, what twists and turns are present in any interaction with a survivor. The advocate themselves have no control over what occurs. Even during training when the situations are manufactured and the outcome is known by someone, the advocate is not the person who ultimately knows what will happen.

I heard many of my participants talk about how feelings and reactions don't matter in the moment, it is all about the survivor. Jean talked about all the internal conflict she had over whether the person to whom she was speaking was her friend or not. Anna told me even though she prefers to cater to her Type A personality, she knew that would be putting herself first; not the survivor. The advocates were willing to forgo entire identities for a better experience for the survivors.

The focus on survivors and attunement to needs mirrors research conducted on providers interacting with survivors of sexual violence during a SANE exam (Campbell, 2005, 2006, 2008). Certain providers, such as the nurse examiner themselves, were able to reliably provide support to survivors and minimize secondary victimization. When minimization of secondary victimization occurred, the survivors reported better outcomes. While my study did not speak to survivors themselves, every advocate shared the desire to do this work in a way survivors would feel most supported.



Exploring prior findings even leads us to see all roads leading to this one. The survivor embodying physical sensations is the first step in feeling like they have lost control of circumstance. The body is trying any attempt to regain control over something out of control. It responds by quickening pulses and vibrating limbs. The advocate knows they need to be fully present for the survivor. They willingly giving themselves over to support in any way they know how, yet the body keeps one metaphorical foot grounded in themselves.

This other being may be the esoteric sense of SVA mode. Practically, it is logical someone would want to personify the best traits of an SVA discovered through training. In practice that is part of the reason, but it also allows the advocate to be the best person we can possibly be for the survivor. The way the advocate sits or talks or uses facial expressions all have nothing to do with our own natural inclinations but rather what will make the survivor feel more comfortable. In the moment where our bodies are attempting to exist to serve another, we shift into a pre-programmed identity we have designed through training and our own personal experience. Each presentation and every interaction we have with a survivor up to this point provides the evolutionary pinnacle of an advocate constructed to support the survivor presenting to the advocate. Furthermore, not only are the advocates transforming themselves into a model SVA, the survivor transforms the advocate into a better version of a model SVA.

As advocates develop their own version of SVA mode they must grapple with the possibility of even the perfect manifestation of an advocate is not someone who can help a survivor fully heal. Rather, the advocate is a step along the journey, as I have said before. However, let us pause and consider the implications for the advocate in this space between spaces. The survivor has a terrible thing occur and reach out to the advocate to help move along the path towards resolution. Alternatively, the survivor may not know something occurred

reached the level of something bad. In the interaction with the advocate, the survivor realizes something terrible did happen and it is necessary to proceed towards resolution. Either way, the survivor is moving on a generally forward vector. The path is likely undulating, peaking at times and hitting major lows at others.

To the uninitiated crowd of people who don't do advocacy work, this appears to be akin to seeing only the negatives and none of the positives of working with survivors. They may ask, why would someone want to serve only in crisis response when they cannot walk along a healing journey nor help all the people needing support long term? It is a fair question, although many advocates with whom I spoke told me the story of the starfish and the beach. To quickly summarize the allegory, a person is walking on a beach littered with starfish after a high tide. They see a figure in the distance stopping and throwing a starfish back into the waves. The person inquires why since it won't matter since there are too many beached starfish to save all. The individual replies their actions mattered to the one starfish returned to the ocean.

The experience of the advocate is externally focused. Rather than naming what the advocate gets out of the experience, all my participants said they did this work to help survivors. Some may use the skills moving forward in formal ways supporting survivors of sexual violence such as counseling or social work. Some may use the skills in other ways in the classroom or medical fields. However, tangible gains are secondary to the main goal, often lost in the talk about sexual assault rates on college campuses or revamping of regulations on campuses. Ultimately the lived experience of a sexual violence advocate is not their own. Rather, it is given in service of others. Some may be known, in the case of advocating for a friend, but most are not. Advocates give up time, the reactions of bodies, and make many other sacrifices towards one

goal, making a difference for one survivor, altruistically giving a part of yourself to improve their experience.

## **LIMITATIONS**

In any research, there are limitations and this study is no different. While I believe the research was conducted in a rigorous manner, I was able to identify specific limitations that should be considered moving forward. First, the population of Midwestern University is predominantly white. This is common amongst schools of similar size and geographic location. As such, most of my participants presented as white as well. The challenge in this sample lacking racial diversity is understanding the lived experience of students of color navigating the campus landscape after an attack. Rates of sexual violence are higher in minoritized populations generally and involve different issues than majoritized groups. While the advocates in my study receive cross-cultural training, it is difficult to account for hesitancy on behalf of survivors of color reaching out to a non-representative advocacy group.

Similarly, the sample was primarily individuals identified as woman or female. Women-identified individuals are more likely to experience sexual violence than men-identified individuals (although both are far less likely to experience violence compared to transgender and nonbinary individuals). Furthermore, it is mostly women-identified individuals involved in the work of sexual violence response and prevention. Nevertheless, my sample being primarily women and female identified may have affected the interactions they had with men-identified, whether men survivors may not have contacted SVA or felt they had to change reactions given with whom they were speaking.

While I am discussing the identities of the advocates, it is vital to discuss my own identities as a limitation. As I mentioned in my positionality statement I identify as a cisgender,

straight, white man. As much as I did not knowingly bring inherent biases to this study it is irresponsible to refrain from noting the role my own social identities have the potential to create a blind spot in the research. Especially given the narrative nature of this work, a researcher with different identities would likely frame certain areas in different ways more aligned with their own experiences. Despite my efforts to account for biases through trustworthiness measures there are limitations to such measures. Specifically, my social identities may limit my own knowledge of the experiences of minoritized populations as both advocates and survivors.

The way I asked my questions may have led to stories more sensational as opposed to less intense contacts with survivors. I asked each participant to tell me about a time they interacted with a survivor without qualification. Asking about one specific incident may have led to some sharing extremely difficult “war stories” as opposed to the several less intense interactions. Providing more specific guidelines around the incident, such as the most recent incident or the type of incident you see most often, may help lower the propensity to share the hardest interaction.

As with any qualitative research there is a question of generalizability and reproducibility. It is true a study such as this is difficult to generalize for the entire student population. However, I argue the goal of qualitative research is to provide context and depth to the individuals involved. A common challenge to this type of research is how to make it work elsewhere. I would encourage this dissertation to be used to inform individuals working with advocates. It should not be used exclusively as “truth” about the advocate experience in all students.

## **IMPLICATIONS FOR FUTURE RESEARCH**

In preparing the literature review for this dissertation, the area around students serving as sexual violence advocates is an under examined phenomenon. This study hopes to fill the gap in the literature concerning volunteer students specifically. However, additional research should be conducted with different groups of students to determine if lived experiences emulate the students in my study. For example, does geographic region change the experience. My study took place in the Midwest, would it be different if it were in another part of the United States or even abroad? How do cultural factors and norms affect the labor of advocates in different locations?

Future research should also consider different identities of advocates and the students whom they serve. As mentioned in the limitations section, the sample for this study was predominantly from the majority group on Midwestern's campus, a campus mostly (over 75%) white. For more diverse campuses and student populations, how does that affect the experience of both the advocate and the survivor? With rates of sexual violence being higher amongst more minoritized populations, how does that affect the lived experience of advocates doing advocacy? If the lived experience of being an advocate continues to be survivor focused, what does it look like when the survivors look different than in this sample? The effect of in group vs out of group advocacy should also be considered. For example, is the experience different if you identify as LGBTQ+ and the survivor does as well?

There should also be considerations for long term effects from working with survivors. Specifically related to the embodiment of sensations, how does the recollection of the embodied reactions have long-term implications for advocates? Over time, do the sensations and experiences stay vivid, or do they begin to wane over time? Conducting a longitudinal study on

my participants several years later may see retention or attrition of experiences. This has occurred in another central sexual violence work with Richards (2016) updating the Karjane et al (2002) from a decade prior. Periodic reexaminations are important as the global discussions around sexual violence change with cultural and generational factors. Including time as an additional factor may also allow the introduction of reflections on meaning making and how experiences changed the advocates over time.

Along the same lines as a longitudinal study of advocates in consideration of time, this study asked advocates to focus on one specific incident over their time serving. A future research study should consider shifting the focus from one specific incident with a survivor to the totality of the experience of being an advocate. Changing the question during the interview from “tell me about a specific incident with a survivor” to “talk to me about all of the experiences you’ve had with survivors” allows for a different unit of analysis. While this invites the possibility of taking participants out of the natural attitude and focusing less on the specific incident from a phenomenological standpoint, it would speak to an aggregate of individual experiences and how participants make meaning of the advocate journey. This may shed some light on the cycle of growth present in my liminal finding. Were they able to see the shift into SVA mode being different the more they interacted with survivors?

A major part of studying students involves student development theories and responsible application thereof. In the past decade, scholars have paid more attention to critically examining older development theories using new perspectives (Abes et al., 2019; Evans et al., 2010). Theories should be examined for the effect of trauma on students in college. Student advocates have experienced trauma through working with survivors accounting for their own trauma. Secondary trauma can show similar responses in the mind and body to primary trauma if not

processed appropriately. Secondary trauma can present with embodied reactions and coping factors like utilizing SVA mode. Revising and creating student development theories conscious of trauma are necessary to see what developmental impacts witnessing trauma may create. This does not necessarily mean creation of a theory based entirely on trauma and traumatized students. Rather, how could trauma affect progression or regression through different levels, stages, vectors or positions already present in student development literature. Our students are likely already arriving on college campuses having experienced traumatic events, which is especially salient given the global trauma we are currently experiencing in the COVID-19 pandemic. Considering trauma across all developmental paradigms can help researchers create more explanatory theories.

The way advocates learn how to support advocates speaks to the possibility of advancing research in professional or lifelong learning literature (Bradbury et al., 2012; Fenwick & Nerland, 2014). Many of my advocates discussed using their experience in SVA to gain exposure to working with survivors of sexual violence to inform their future career aspirations. The experience led some advocates to change their majors to social work or other adjacent fields to continue advocating upon graduation. Learning about advocacy by doing advocacy serves as a laboratory for lifetime learning. Processing the incidents afterwards with a professional on campus also allows advocates to engage in reflective practice, taking lessons learned and applying them to future interactions. Reflective practice has been shown to improve learning in other helping professions when utilized appropriately and not perfunctory (Kilminster et al., 2009). Studying the learning taking place during the interaction and afterwards in discussion would contribute to debates by exploring professional learning in a collegiate context.

Traumatic experiences also provide an additional avenue of future research. The trauma of working with a survivor and witnessing the recollection of a terrible experience was the focus of this study. However, the trauma could also affect the lived experience of other students and professions. In this study, the trauma experienced by the advocates came in the form of strong sensations and the protective factors of utilizing SVA mode. Reactions such as this mirror coping factors for vicarious trauma in other professions (Finklestein et al., 2015; Mihelicova et al., 2019; Wies & Coy, 2013). In addition to vicarious trauma experienced by students, the current cohorts are likely to experience direct trauma. I already mentioned the global pandemic, but trauma may also occur in incidents of physical assault, parents' loss of job, food insecurity or injury. Outside of students, other vocations also experience trauma in their lived experience, such as doctors, first responders, military or nurses. Determining the lived experiences of all these actors may determine if similar interventions should be developed to address traumatic experiences.

Finally, it is vital we expand our research on student advocates beyond deficit-based examinations of the negative aspects of the advocate experience. Far too many researchers have conducted on contributing factors for burnout or reasons for leaving the role of advocate (K. Cohen & Collens, 2013; Globokar et al., 2016; Michalopoulos & Aparicio, 2012). These studies are important for identifying challenges to the advocates, but just as important are determining what is gained by being an advocate. My study attempted to determine the lived experience in order to answer the question of what it is like to be an advocate devoid of connotations related to negative aspects of advocacy. Future research can focus on concepts gained by being an advocate as opposed to what advocates lost through their service. Student advocates serve a vital role in a campus sexual violence response ecosystem. As researchers of higher education, we can contribute to the understanding of complex effects of the work with students.



## IMPLICATIONS FOR PRACTICE

I believe good research should not only produce additional possibilities for research but also inform practice. As a student affairs educator and assessment professional, I try to conduct higher education research not only meets high standards of academic rigor but will help improve the practice of student affairs. For this study, providing implications for practice will contribute to a better lived experience for advocates like those featured in this dissertation. By examining the lived experience of advocates, I hope to provide insight to support the advocates as well as improve the experience of survivors.

First, in creating a system of student sexual violence advocates, it is extremely important for students to serve in a duty rotation that does not require students to hold devices all the time for the entire semester. As we saw in my analysis of embodied reactions, holding a device affects the advocate's bodies but also access to education. We must strike a delicate balance between offering accommodations to student advocates for leeway in missing classes and not wanting to deny educational opportunity. The larger the group of advocates is, the fewer classes or other academic pursuits may be interrupted over the course of the semester.

Along the same lines, the professorate and academic leadership must, within reason and fairness, allow flexibility with students serving in advocate roles to keep technology available while on duty and be lenient with attendance policies while actively interacting with a survivor. As we saw when my participants would be thinking about courses while talking to a survivor, increased flexibility will allow advocates to be more survivor centered while protecting their own mindsets. This is not to say a blanket *carte blanche* should be offered to anyone serving in an advocacy role over the course of a semester. Nor should this excuse advocates from requirements for licensing or examination. The participants in my study spoke about certain

professors being more understanding of the role of SVA on campus being more willing to work with them while on duty than others. These professors tended to be in social sciences as opposed to natural science classes, as my participants with medically focused majors said they would often have to find colleagues to cover devices while in classes. To provide a diversity of majors and students more accessible for survivors to contact, advocates should come from majors across the university and not solely from social science.

At the same time, administrators responsible for overseeing advocacy services should aim to recruit a diversity of majors and make sure a diversity of majors are represented on duty at any given point. For example, if all the on-duty advocates are the same major, it may be difficult to find coverage if all the advocates are in the same class with a stringent attendance policy. Coordination of individual class schedules would be difficult to ensure no gaps in coverage over the course of the academic week, but holistic representation of majors should be considered. Broader representation also diversifies the advocates to potentially connect with different types of survivors as they may be more willing to approach an advocate if they have a connection in classes. Furthermore, providing different majors allows survivors from different majors to possibly connect with advocates in their classes or other academic spaces.

Outside of the classroom, a duty rotation is important to prevent excess stress on each advocate. Continuing to provide back up if an advocate takes an especially difficult call allows the student to process what had happened and take the necessary time to decompress after stress to manage their embodied reactions. This may be especially difficult on smaller campuses with fewer students and thus a smaller advocate pool. In these cases, professional support or designated hours where mental health professionals or even national hotlines are utilized to give a break to students. This is not to say the work of advocacy should be outsourced, as peer support

is important for survivors and peers with institutional knowledge are even more important. However, their import should not supersede the advocates own emotional wellness or academic achievement.

As I said before, advocates in this study were volunteers. Volunteers are often utilized to provide essential services on campuses while keeping costs lower, as in the examples of resident assistants providing supervision of students in halls or peer tutors working in writing centers. While this does provide a benefit to the institution it is worth mentioning the strategy does have limits. Using volunteer sexual violence advocates means supporting a very vulnerable population (survivors) by a group of peers without advanced degrees or specialized training outside the 60 hours at the beginning of the semester. Using peers is also complicated by the fact that the university can exploit these volunteers for unpaid emotional labor. Administrators should be aware of the line between supporting the group and exploiting the group. At some point there will be a limit to the number of volunteers the institution can utilize in service of supporting survivors of sexual violence.

Prior to reaching the limit, the peer advocates can be used to slow the increased cost of additional administrative positions on campus. Budgets will continue to shrink while the number of students requiring the support of advocates expands. It is not possible to employ an appropriate number of full-time support administrators. As federal requirements continue to change, and require new positions in enforcement and adjudication, growth in administration related to sexual violence response will likely be focused on more compliance roles. Peer advocate roles will continue to be necessary moving forward and must be appropriately supported.

Strong partnerships with the counseling center on college campuses should be a priority for administrators overseeing advocates. The connection strengthens the pipeline where survivors contacting the group can be handed off to the counseling center for long term support to increase survivor centeredness. It also allows the advocates to seek counseling support should they require it after interacting with a survivor. Strategies may range from a specific counselor dedicated to advocates for processing who reaches out the day after a contact or simply a focus on normalizing contacting counseling after working with a survivor during training and other regular events. Several times during my data collection I was told the interview was the first time they had the opportunity to process at this level of detail. Connecting with counselors and utilizing deep analytical methods to deeply describe the event would be beneficial for long term processing and positive embodied reactions.

The comradery amongst SVA led me to see the importance of peer support within the group as well as to the survivor community. This aligns with research on community as a coping factor with other types of sexual violence advocates (Bell et al., 2003). SVA happened to have a weekly meeting to go over any trends or plan for upcoming programs. There seem to be intangible benefits of weekly connection with other student advocates by creating friendships and exuding bonds to help with future recruitment. The advocates in my study clearly identified with SVA and were willing to promote the group in classes, friendships and other organizations.

Related to group connection, administrators should define what confidentiality means within the group. The advocates took commitments to confidentiality very seriously. However, many attributed the fact they did not talk about the challenging incidents after they occurred because the advocate was concerned about violating confidentiality. Providing the near-universal guarantee of confidentiality to survivors is a major factor of why survivors seek out advocate

services. However, survivors can have their identities protected while also allowing peer advocates to support one another. Stressing the focus on how the call made the advocate feel or talking about situations without identifying details are strategies to allow smaller group processing amongst peers.

Finally, as my study revealed a strong connection between advocates and embodiment, connecting within the body should be stressed in initial training and presentations over the semester. The body knows how it is feeling. It is the mind that sometimes cannot understand what that means. Utilizing strategies such as meditation, movement, journaling or reflection to identify and attribute sensations within the body to external stimuli can allow advocates to seek help prior to reaching breaking point. This is not to say the entire group should be forced to complete yoga or other compulsory activities. Rather, advocates should be encouraged to identify individual method of connecting with the body and given strategies to manage embodied reactions before, during and after survivor interactions.

## **REFLECTION**

As I come to the end of this dissertation, I think it is important to think about where I began. When I went into the field, I was asked what it was like to study this topic at Michigan State given our national status from several high-profile sexual assault cases? People asking this question were well-meaning, or at least were trying to find a common starting ground to speak from. I probably would have asked myself that same question.

After going into the field, after speaking to the 15 amazing students I had the opportunity to meet, I realize asking that question was the wrong thing on which to focus. As many of my members have said, it should always be about the survivor. Focusing on the perpetrator, while

necessary for accountability, means we are not focused on the response and the healing necessary for individuals and communities.

My participants change that narrative. They forgo all comforts and identities to support the survivor. I heard about supporting friends and roommates, but I heard just as much about supporting total strangers. People they had never met and will likely not meet again. The advocates pouring their hearts out into others knowing they may just be a stop along a journey that will take years to end, if it ever has the chance to do so. Then, as soon as the interaction ends the advocate goes back to waiting for the next survivor to make contact.

This research was an attempt to tell the stories of the advocates who are on the front lines supporting students experiencing terrible things. As I look back at the totality of the things I was told and the stories each advocate shared, I am incredibly humbled. As I ended each interview, I asked each advocate if there was anything else they thought I needed to know. More than half of them didn't ask a question or tell me anything about the survivor but thanked me for telling the story. However, they did not thank me for telling the story of themselves or even of SVA. The advocates thanked me for telling the stories for the survivors. They spoke about the work they did but really wanted to make sure the survivors were in the forefront.

I beg forgiveness for centering my story on each of the advocates. Despite the hours of driving, preparing for interviews, pouring over transcripts, contemplating what it meant in the greater context, I kept coming back to tell the stories. I am not involved in direct service to survivors through advocacy. I see my role in helping the people helping the people. Just as the advocates in the study do not get to (generally) see the long-term outcomes of the interactions, I spoke with the advocates for one conversation and do not know where they went from there. I don't know if they ended up taking one more call or twenty for the rest of the year. However, I

feel deep in my own body the advocates are doing the best they can to improve the experience of just one more survivor at a time.

My only hope is through this dissertation, by contributing to our understanding of advocates and the best way to support them, I may get to make a difference for at least one.

## APPENDICES



## **APPENDIX A – Demographic Intake Form**

Name:

Year in School:

Major:

Semesters with Group:

Approximate number of survivors worked with:

Future career plans:

Age:

Gender:

Race/Ethnicity:

Sexual Orientation:

Other Organizations:

Other Important Identities:

## APPENDIX B – Interview Protocol

Thank you for meeting with me today. I am hoping to talk to you for a little while about your experience working with survivors of sexual assault. The interview should take about an hour. I have a few main topics I hope to explore today but may ask some clarifying questions or to have you elaborate on things you bring up in your answers. If at any point you feel uncomfortable or would like to stop, please let me know and we will stop. I will not use your real name while writing up my findings and will instead use a pseudonym to provide privacy for your answers.

### *Prior Sense of Self*

1. Can you tell me a little about yourself?
2. What do you remember about yourself prior to becoming involved as an advocate?
3. What made you decide to become a sexual assault advocate?

### *Lived Experience of Advocacy*

4. Can you tell me about a time when you worked with a survivor of sexual assault who was your peer?

NOTE: This question will take much of the interview. I will ask for clarification and really attempt to explore this interaction.

5. Possible Follow Up
  - a. Where did this take place?
  - b. What do you most remember about the interaction?
  - c. What time of the year did this take place?
  - d. What happened after the interaction?

### *Changed Perceptions*

6. How have you changed since you started working as an advocate?
7. What do you think caused you to change?
8. How has doing this kind of work with peers affected the change?

## **APPENDIX C – Participant Resource Form**

If any of the topics we discussed today have caused you to feel uncomfortable, I encourage you to seek out any of the below resources to talk.

### **ON CAMPUS:**

Will add once site is selected

### **LOCAL COMMUNITY:**

Will add once site is selected

### **NATIONAL:**

#### **Rape, Abuse, and Incest National Network (RAINN)**

National Sexual Assault Hotline – 1-800-656-4673

Online Chat: <https://hotline.rainn.org/online/terms-of-service.jsp>

#### **National Suicide Prevention Hotline**

1-800-273-8255

Online Chat: <http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

#### **Office on Violence Against Women (Formerly NotAlone.gov)**

<https://www.justice.gov/ovw/protecting-students-sexual-assault>

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