Introduction

Recent decades have witnessed a shift in the provision of human services in America in multiple forms, including the work of caring for the elderly, people living with mental/physical disabilities, and other vulnerable populations. Using a case study of domestic violence shelter advocates, this paper explores the professionalization of advocating for and providing human services to victims of domestic violence. The introduction of the rhetoric of “boundaries” allows domestic violence advocates to justify separating their personal lives from their professional advocacy and reinforcing the unequal distribution of power between the advocates and the domestic violence victims. Furthermore, the domestic violence shelter organization acted to promote a message of professionalization to the advocates through an emphasis on credentials and previous work experience in a domestic violence shelter. Additionally, the domestic violence shelter advocates received a strong message in favor of professionalizing their work from the regional community of human service providers. As the local level response to domestic violence becomes increasingly professionalized, service providers negotiate professional expectations while struggling to provide human services to domestic violence victims.

Key words: domestic violence, professionalization, human services, shelters

Professionalizing Human Services: A Case of Domestic Violence Shelter Advocates

Jennifer R. Wies

Recent decades have witnessed a shift in the provision of human services in America in multiple forms, including the work of caring for the elderly, people living with mental/physical disabilities, and other vulnerable populations. Using a case study of domestic violence shelter advocates, this paper explores the professionalization of advocating for and providing human services to victims of domestic violence. The introduction of the rhetoric of “boundaries” allows domestic violence advocates to justify separating their personal lives from their professional advocacy and reinforcing the unequal distribution of power between the advocates and the domestic violence victims. Furthermore, the domestic violence shelter organization acted to promote a message of professionalization to the advocates through an emphasis on credentials and previous work experience in a domestic violence shelter. Additionally, the domestic violence shelter advocates received a strong message in favor of professionalizing their work from the regional community of human service providers. As the local level response to domestic violence becomes increasingly professionalized, service providers negotiate professional expectations while struggling to provide human services to domestic violence victims.

The anthropology of human services addresses the contemporary social problem of providing basic human needs to vulnerable populations. For instance, the issue of homelessness in the United States and the many possible solutions for the problem has received attention from social scientists (Desjarlais 1997; Hopper 2003). This includes focusing on the various homeless populations, such as Deborah Connolly’s book *Homeless Mothers: Face to Face with Women and Poverty* (2000), which addresses the vicarious position of homeless women who are also mothers, analyzing the intersection of homelessness and mothers who epitomize the “bad” mother in the “public imagination and in public policies” (Connolly 2000:39). In another investigation with homeless women, Baldwin (1998) found that many women resisted social services because they felt they did not deserve assistance or aid, a trend found among populations in “service-resistant service settings” (Baldwin 1998:198). These studies bring to light the relationships between vulnerable populations and the human service providers seeking to address their needs.
Homelessness assistance is not the only human service field subject to the anthropological imagination. The field of elder care has also witnessed attention. In Uneasy Endings: Daily Life in an American Nursing Home, Shield (1988) examines the daily activities of social workers and nurses in an elderly residential facility, provides insight into how Americans treat the elderly, and how power is negotiated in a facility that provides quality of life and life sustaining care. Similarly, in a cultural geographical analysis of a nursing home, Gubrium (1975) analyzes the ways that residents and caregivers in a nursing home utilize their organizational landscape and how space within a communal facility is constructed as either public or private.

Yet another human service field is that of mental health professionals. In the ethnography Emptying Beds, Rhodes (1991) describes the daily life of workers and patients in an Acute Psychiatric Unit and traces the ways both patients and workers negotiate the power fields present in an institution that has the ability to diagnose and possibly treat mental illness. An additional study seeks to understand the high prevalence of substance abuse among felons through an ethnographic investigation of the Halfway House Program, which opened in East Los Angeles in the 1980s to experiment with a drug treatment course of care into its correctional organization and subsequently providing an effective way of rehabilitating male drug abusers (Fisher 1987). In New York City, researchers conducted participant observation, interviews with clients and staff, and document collection in order to understand the effectiveness and processes of a free choice model of service seeking and provision (Lovell and Cohn 1998).

This paper concentrates on the human service field of domestic violence advocacy. In the United States, domestic violence shelter programs emerged to engage in consciousness raising about the systemic roots of male violence using a feminist framework while providing basic human services such as shelter, clothing, and food to domestic violence victims (Ferree and Hess 1995; Schmitt and Martin 1999; Tierney 1982). Globally, the first documented shelter opened in England in 1971 as an “advice center” for women about their marriages, and soon the center focused on the issue of spouse abuse (Berk, Newton, and Berk 1986). This center, and the over 2,000 thereafter, found roots in feminist social movements:

The women’s movement of the 1970s defined violence against children and wives (and partners in unmarried unions) as battering, a form of illegitimate and illegal abuse, and provided alternatives such as shelters for women attempting to flee such attacks. Prior to that point, domestic violence had been largely veiled by the curtain of privacy drawn around the nuclear family. Breaking through this shield of secrecy was a difficult task, and it is still far from complete. (Ferree and Hess 1995:169)

In 1973, Women’s Advocates in St. Paul, Minnesota opened a battered women’s shelter in an apartment that doubled as the women’s advocates’ office (Schechter 1982). However, by 1974, enough money was raised to open a five-bedroom shelter. Also in 1974, a Latina-run organization in Boston, Massachusetts called Casa Myma Vaquez opened to provide battered Latina women with advocacy services. Heavily influenced by feminist social movements, early domestic violence shelter programs were motivated by asserting gender equality. Thus, feminist ideologies influenced the missions, activism, and organizational structure of domestic violence programs and organizations (Martin 1990; Weldon 2002; Wittner 1998:81).

Recently, the question of professional domestic violence advocacy has witnessed increased attention in human service fields. Professionalization possesses no universal definition or consistent indicator. However, at its most basic, it is a pattern of behaviors and attitudes that transforms individuals with respect to their vocation:

The professionalization process entails learning the appropriate theory and code of ethics, associating with the professional regulating body (i.e., professional engineers), and adjusting to or internalization the values, norms, and symbols of the professional culture…. Transformation into a professional person requires adjustment to the culture, a process that consists of accepting certain values and norms and identifying with particular symbols. (Dryburgh 1999:666, 668)

Conceptualizing professionalization as a process allows for professionalization to exist as a continuum, ranging from unprofessional to very professional in a “developmental process” (Tjaden 1987:41).

Providing human services to domestic violence victims is a field that has also witnessed increased professionalization. In the 1970s, domestic violence organizations started turning to outside sponsors for financial support. Government and sponsor expectations of professional service provision and the demands of ensuring sustainability forced many organizations to shift their structure. The result was that “to remain in operation, many formerly free-standing centers affiliated with or were absorbed by agencies such as the Young Women’s Christian Associations (YWCA’s), community mental health centers, hospitals, and district attorney’s offices” (Campbell and Martin 2001:229). As the shelters moved out of the private homes of individuals, they joined with local chapters of national organizations (such as YWCA’s) and larger institutions (Riger et al. 2002; Sullivan and Gillum 2001; Weed 1995). This caused domestic violence organizations to change or adapt their missions and ideologies to merge with “mother agencies” in a way that may have departed from the original vision of early domestic violence social movement activists.

The departure from a social action-oriented, feminist ideology domestic violence social movement to a professional human service provision model is a focus of debate in the literature (Eisikovits, Enosh, and Edleson 1996; Heise 1996; Kendrick 1998; Markowitz and Tice 2002; O’Sullivan and Carlton 2001; Schmitt and Martin 1999; Sullivan and Gillum 2001; Sullivan and Zito 2001).
One side emphasizes the negative effects of increasingly professionalized human service provision to victims of domestic violence, such as the “creation of social hierarchies within and between women’s organizations” and “a reorientation of social change agendas and strategies” (Markowitz and Tice 2002:954). Indeed, scholars and activists alike express concern that the increasingly professional nature of human service provision to domestic violence victims de-emphasizes the social change efforts which domestic violence shelter programs were founded upon (Collins and Whalen 1989).

However, organizations providing human services to domestic violence victims also experience benefits from professionalizing their programs. For example, professionalizing services has “been instrumental in enabling once marginal feminist voices to be heard in established centers of political power” (Markowitz and Tice 2002:954) and has substantiated that domestic violence is a “serious social problem that needs to be given visibility and skilled attention” (Eisikovits and Buchbinder 1996:186).

The following data investigates the pervasiveness of these themes in domestic violence advocacy and the ways domestic violence advocates negotiate pressures to professionalize their service provision while recognizing the feminist roots of their work. Contrary to the literature that depicts professionalization and feminist philosophies as oppositional, this data indicates that domestic violence advocates see themselves as uniting the two models to provide the best advocacy services to domestic violence victims. Furthermore, they cite the benefits of professionalization mentioned in the literature, such as organizational stability (Markowitz and Tice 2002) and the usefulness of special skills (such as drug or alcohol abuse counseling) (Rodriguez 1988).

Field site and Research Population

The data presented here is drawn from field research I conducted from May 2004 through December 2005 with domestic violence shelter advocates in Kentucky, United States. Specifically, I trace the professionalization of domestic violence advocacy by examining two human service programs, the Battered Women’s Program (BWP) and the Domestic Violence Center (DVC).

The extent and nature of violence against women in the United States is widely documented. Recent data indicate that 7.7 percent of women report being raped by a current or former partner at some point in their lifetime, 22.1 percent of women experience a physical assault by a current or former partner throughout their lifetime, and 4.8 percent of women report being a victim of stalking by their current or former partner throughout their lifetime, and 4.8 percent of women experience a physical assault by a current or former partner at some point in their lifetime, 22.1 percent of women experience the violence in their lifetime (Tjaden and Thoennes 2000). Overall, 25.5 percent of women are victims of intimate partner violence in their lifetime (Tjaden and Thoennes 2000).

I conducted fieldwork in a medium-sized metropolitan area in the state of Kentucky. In Kentucky, an estimated 36.6 percent of female residents report intimate partner violence as an adult (Fritsch et al. 2005). Of women reporting intimate partner violence, 7.1 percent have experienced the violence over the past 12 months (Fritsch et al. 2005). These statistics indicate that the prevalence of violence against adult Kentucky women exceeds national statistics by over 10 percent (36.6% in Kentucky versus 25.5% nationally). The majority of the women in Kentucky who experienced intimate partner violence in the last 12 months reported multiple episodes of violence.

The primary research population for this fieldwork is domestic violence advocates working in a domestic violence shelter program. Domestic violence advocates provide basic human services to victims of domestic violence, which may include women, men, and children. Advocates are people who act on behalf of another person. Domestic violence advocates do not speak for people or victims of domestic violence, they speak on their behalf when a situation does not allow them to speak. Their advocacy includes acting on behalf of victims to seek financial resources, housing options, legal information, emotional support, health services, childcare subsidies, and any other need the woman identifies.

In addition to the domestic violence shelter advocates, I pursued interviews with individuals who self-identified as participants in the Kentucky domestic violence social movement in the past. I learned about the history of the domestic violence social movement in Kentucky through the words of advocates who worked in the region’s first domestic violence shelter, assisted in creating the statewide coalition unifying domestic violence advocates – the Kentucky Domestic Violence Association – and struggled for domestic violence legislation. This essentially expanded the scope of my ethnographic inquiry to include a time component, allowing me to compare the present day situation with past experiences and connect with the rich history of advocacy and activism in the region (di Leonardo 1987).

To humanize the research participants, I refer to them by a first name. These names are all pseudonyms used at the participants’ request. I also describe the role of each participant as a DVC advocate, a BWP advocate, an advocate with both the BWP and DVC, or as an oral history participant.

The field site includes two domestic violence shelter programs providing services consecutively. The first program closed, giving rise to the second program. Shelters are an excellent research location, as battered women refugees stand “at the heart of the battered-women’s movement” because they both provide a physical place to escape violence and a site of organization for the domestic violence social movement and human service provision (Dobash and Dobash 1992:60).

The first field site is a domestic violence shelter program that opened in 1979. Since its inception, the BWP existed as an agency within the local YWCA organization. Domestic violence shelters were opening throughout the country under the auspices of YWCAs, which provided the financial stability and infrastructure needed to begin securing external funding from federal, state, and non-profit funding sponsors (Campbell and Martin 2001; Riger et al. 2002; Sullivan and
were as follows: the former facility housed 28 bed spaces for domestic violence victims in need of emergency shelter, amounting to a total of 273 women and 209 children sheltered during their final fiscal year (Kentucky Domestic Violence Association 2004). In the year prior to the BWP’s closure, the total number of individuals sheltered in the Kentucky network amounted to 2,361 women, 13 men, and 2,145 children. For shelter residents and non-resident outreach clients, BWP employees offered victims of domestic violence counseling services, legal advocacy, and access to a lawyer, support groups, casework services, and referral options to victims of domestic violence residing in a 17 county service provision area. After 25 years of providing services, the BWP closed. The data I collected from the advocates working in the shelter and in the community supplement newspaper accounts, which cited one of the reasons for the closure of the BWP as “a building in disrepair and other undisclosed concerns.” However, advocates continued to enter the building door, day after day, to provide human services to domestic violence victims until the last hour of the last day of the program’s existence. During the last weeks of the BWP’s operation, the advocates identified an overall lack of professionalism according to three specific themes to understand the closure of the shelter program. The first was the poor condition of the physical facility that served as the shelter. The second commonly referenced issue was the financial transgressions that surfaced in the last months of the BWP. Finally, the advocates repeatedly cited the leadership of the BWP and the concerns that surfaced in the last months of the BWP. Finally, the advocates repeatedly cited the leadership of the BWP and the issues; ability to effectively deal with domestic violence issues; ability to work as a team player and willing to work flexible hours; physical ability to bend, stoop, and occasionally lift 25-50 pounds; and perform other duties as assigned by the Executive Director. The service conditions were stated clearly in the job description, “Typical residential atmosphere: exposure to poor hygiene, unsanitary conditions, smoking, communicable disease, and blood borne pathogens.”

The Interim Director trained the DVC advocates in a model of victim service provision that was client-driven. The advocates’ daily routines and the services reflected the needs and the goals of the residential clients. Daily contact included any type of service provided to a woman resident or child, such as individual counseling, support/education group, providing transportation, filling a prescription, or anything else an advocate provided to the client on behalf of the program. Advocates recorded contact notes in the new client files, which were strictly monitored for consistency in language, completeness, and even ink pen color.

All of the DVC advocates worked in the shelter, and everyone performed the same daily tasks: individual counseling, facilitating women’s support groups, children’s services, casework, cleaning, and all other forms of advocacy. In addition, advocates who may have previously worked a 9:00 A.M. to 5:00 P.M. shift were now required to work a minimum number of third shifts each month, weekend shifts, and second shifts. For some advocates, this transition in their role was very difficult and involved rigorous training in victim service provision. Other advocates, who may have held a supervisory role at the BWP, were actually working fewer hours and held less responsibility at the new DVC. However, no one was performing the same tasks and/or services they were doing before, which made for a crash course in training and readjusting for everyone.

The domestic violence advocates envisioned the DVC program as one that would redress the deficiencies in professionalism found at the BWP. However, the mystique of starting a “grassroots organization” quickly wore off. The YWCA did not allow the new shelter program to keep any of the resources the workers compiled to assist victims. We had no files from our former residents; they were all property of the YWCA, so any paperwork and/or forms previously used in casework were unavailable. Advocates were working 40 hours a week as temporary employees. Health insurance was not available; neither were retirement benefits, childcare options, or dental plans. Every week the advocates were paid for the hours completed the previous week. There was no program vehicle, so advocates used their personal vehicles to transport residents.

DVC advocates were required to demonstrate a number of skills, listed as: assertive, organized, strong oral and written communication skills; ability to exercise good judgment; high degree of confidentiality; ability to work well with a diverse population; sensitive to the needs of abused victims and their children; ability to effectively deal with domestic violence issues; ability to work as a team player and willing to work flexible hours; physical ability to bend, stoop, and occasionally lift 25-50 pounds; and perform other duties as assigned by the Executive Director. The service conditions were stated clearly in the job description, “Typical residential atmosphere: exposure to poor hygiene, unsanitary conditions, smoking, communicable disease, and blood borne pathogens.”

The Interim Director trained the DVC advocates in a model of victim service provision that was client-driven. The advocates’ daily routines and the services reflected the needs and the goals of the residential clients. Daily contact included any type of service provided to a woman resident or child, such as individual counseling, support/education group, providing transportation, filling a prescription, or anything else an advocate provided to the client on behalf of the program. Advocates recorded contact notes in the new client files, which were strictly monitored for consistency in language, completeness, and even ink pen color.

All of the DVC advocates worked in the shelter, and everyone performed the same daily tasks: individual counseling, facilitating women’s support groups, children’s services, casework, cleaning, and all other forms of advocacy. In addition, advocates who may have previously worked a 9:00 A.M. to 5:00 P.M. shift were now required to work a minimum number of third shifts each month, weekend shifts, and second shifts. For some advocates, this transition in their role was very difficult and involved rigorous training in victim service provision. Other advocates, who may have held a supervisory role at the BWP, were actually working fewer hours and held less responsibility at the new DVC. However, no one was performing the same tasks and/or services they were doing before, which made for a crash course in training and readjusting for everyone.

The domestic violence advocates envisioned the DVC program as one that would redress the deficiencies in professionalism found at the BWP. However, the mystique of starting a “grassroots organization” quickly wore off. The YWCA did not allow the new shelter program to keep any of the resources the workers compiled to assist victims. We had no files from our former residents; they were all property of the YWCA, so any paperwork and/or forms previously used in casework were unavailable. Advocates were working 40 hours a week as temporary employees. Health insurance was not available; neither were retirement benefits, childcare options, or dental plans. Every week the advocates were paid for the hours completed the previous week. There was no program vehicle, so advocates used their personal vehicles to transport residents.
As the domestic violence advocates negotiated their new shelter program, they were also embodying a larger struggle surrounding the professionalization of domestic violence advocacy. The following data illuminate these struggles and pressures, as well as the strategies the domestic violence advocates employed to simultaneously negotiate their relationship with the women and children receiving domestic violence services.

Methodology

I relied on participant observation as the predominant field research method. My participant observation role included active service as a domestic violence advocate. My decision to assume the role of an active advocate provided invaluable, as my own advocacy became a mechanism for gaining the trust of the advocates around me and legitimized my research to the oral history participants. My advocacy provided me access to those who have also “done the work” and they came to respect me as a colleague. As a researcher and advocate, I enjoyed free access to the advocates and the DVC because of my dual roles as both a working advocate and a researcher. I was deeply entrenched in providing services to clients, interactions between advocates, relationships between the advocates and the various supervisors and directors we worked under, and working with a community with a rich history of domestic violence advocacy and activism. As a participant observer, I worked the daily shelter shifts alongside the advocate team and attended community meetings with the advocates outside the shelter. The ethnographic data chronicling the daily activities of the shelter advocates provide a picture of the “real-life situations” the advocates encounter (Pottier 1993).

Furthermore, my immersion itself became a mechanism of data collection. My own position as a domestic violence advocate working alongside other advocates forced me to confront the daily struggles of providing services to victims. I engaged my own experiences in the pursuit of an ethnographic description, because ethnography “has always meant the attempt to understand another life world using the self—as much of it as possible—as the instrument of knowing” (Ortner 1995:173). I became aggravated and upset when a client’s court case would go awry. I became tired when I worked a third shift followed by a second shift the next day. I was frustrated by the constant scheduling problems our advocate team encountered as a result of the high demand and low staff levels. When the stomach flu infected each advocate one by one, I spent two days feebly attempting to eat Popsicles and drink fluids.

In addition to participant observation, I conducted semi-structured, in-depth interviews with the research populations. This technique mimics a long conversation, aided by an interview schedule that focuses on a sequence of themes and/or topics (Babbie 2001). This type of interview allowed me to be receptive to the interests and experiences of the participant, as well as incorporate additional techniques to aid the interview, such as free listing. I developed interview questions that reflected my interests in the professionalization of human service providers.

Participation request letters were presented to all of the domestic violence advocates. Once an individual expressed interest in voluntarily joining the participant population, we scheduled a time to conduct the interview, often at the beginning or ending of an advocate’s shelter shift. Overall, I conducted interviews with 20 BWP advocates, 15 DVC advocates, and 14 oral history participants, totaling 49 interviews. Interviews lasted anywhere from 60 to 180 minutes. All of the domestic violence shelter advocates requested their interviews to take place at the shelter. This often led to interruptions throughout the interview; however, interruptions were commonplace during most meetings at the shelter locations. I was able to complete all interview questions with an individual in the same day, but the voice recorder was turned off to accommodate interruptions, errands, and in one case, an emergency requiring a call to the paramedics. I traveled to the workplaces of the oral history participants for their interviews at their request.

I also conducted four semi-structured focus groups during the data collection period with the DVC advocates. The focus group technique was particularly useful for the shelter advocates because they recognize group communication as their primary mode of passing information along. When an issue or problem arose in the shelter, the advocates consulted with as many members of the advocate team as possible. Focus group conversations are interspersed with interview data.

Finally, I enhanced the aforementioned data with information collected from archives and popular media sources. In a medium-sized community, the closing of the BWP was a persistent story covered in the local newspapers. The newspaper reporters started covering the closing almost immediately and chronicled the transition throughout. These newspaper articles were valuable to understand the influences over the community’s perceptions of the domestic violence organization, the advocates, and the phenomena of domestic violence. Additionally, I obtained access to back issues of newsletters, regional reports, and conference materials through individual advocates. Lastly, amidst change and transition, I collected examples of paperwork used within the shelter at different times. These documents provide insight into the various levels and forms of administrative mandates governing the advocates and the residents, as well as remind me of the changes to shelter rules and guidelines throughout the fieldwork period.

I obtained formal approval for all research activities through the University of Kentucky’s Non-Medical Institutional Review Board (IRB). To apply for IRB approval, I submitted a description of the proposed research project and the research objectives. In the IRB application, I noted the following about the research populations: all people were assumed to be of normal health status, no populations of special class or vulnerabilities were included in the research project,
neither women nor minorities were excluded, and minors were excluded because existing employment requirements for the shelter program included a bachelor’s degree which indicated age maturity past 18 years of age. After replying to the request letter soliciting voluntary participation in the field research, participants signed an IRB stamped Consent Form, and I provided a copy of the Consent Form to each individual.

**Professionalizing Domestic Violence Advocacy**

The following data indicate that the question of professionalization of domestic violence shelter advocacy continues to figure into daily human service work. The debate concerning the benefits and dangers of professionalizing domestic violence advocates continues to rage in the United States and abroad. While many academics and activists argue against trends to professionalize, at the local level, tensions arise as the domestic violence advocates process multiple, paradoxical messages about their increasing professionalism. For instance, the introduction of the rhetoric of “boundaries” allowed the advocates to justify separating their personal lives from their professional advocacy, but those boundaries often frustrate both the victims and the advocates because it reconfirmed a division between the two groups of women. Additionally, there is an unequal distribution of power between the advocates and the victims, visible in the language of “professional boundaries.” Furthermore, the domestic violence shelter organization acted to promote a message of professionalization to the advocates through an emphasis on degree credentials and previous work experience in a domestic violence shelter. Additionally, the domestic violence shelter advocates received a strong message in favor of professionalizing their work from the regional community of human service providers.

**Professionalization and Boundaries**

“Boundaries” are a way for human service providers to create physical, social, and/or personal distance between themselves and their clients. The boundaries that I witnessed during my fieldwork fell into two primary categories: physical boundaries and professional boundaries. Advocates learn the discourse of boundaries, the definitions of healthy boundaries, and the dangers of not maintaining boundaries in school. Similar to the ways in which advocates learn about the benefits of professionalism in their training as social workers or women’s studies majors, the advocates also learned about boundaries. I was exposed to the concept of “boundaries” repeatedly throughout my fieldwork, and I learned how to create and maintain them from the other advocates’ instruction.

The physical boundaries between the residents and the advocates became more pronounced at the DVC shelter. At the BWP, the advocates worked downstairs and the residents lived upstairs, creating a very distinct physical separation between the workers and the women. I asked Jill, a BWP part-time advocate, if she liked dividing the residents from the staff. She replied:

No. I think that it has its pros and cons. I don’t like the segregated feeling because I think that there definitely could be an illusion of a power differential there, and I don’t like that at all. We’re trying to empower these women, but yet we’re setting up this division.

However, the division fostered the maintenance of boundaries between the residents and the advocates, the distance indicated that there were workers and there were residents and the two populations were not the same. The difference was not only in the occupation of physical space, but it was punctuated by the recognition that the advocates working downstairs had more access to resources than the women living upstairs.

The DVC location created yet another set of physical boundaries between the residents and the advocates. In the spacious facility, the building’s bedrooms were located down long hallways and away from the main office and the domestic violence advocates. The advocates noted after moving to the DVC that “we hardly even see the women anymore!” Due to the spaciousness of the DVC, there was little competition for “ownership” over the common areas because if one community room television was already in use, a resident could simply use the other community room. However, since the “residential areas” were located away from the advocate areas (such as the main office), the amount of interaction between the residents and the advocates decreased at the DVC.

Furthermore, boundaries are created in a non-physical sense through interpersonal measures. In an interview with Wendy, a new advocate with the DVC, she mentioned the maintenance of boundaries as a sign that advocacy is increasingly professionalized. I asked her to define “boundaries” in her work. Wendy told me:

Basically a boundary is that line between professionalism and becoming maybe too close with a client. It’s keeping up that wall of, “Okay, we’re not friends. I have to be the professional and you are the client.” Even though in some ways it doesn’t always feel that way because it’s a residential facility. Boundaries are hard; I think harder in a residential facility than maybe just in a counseling session. So I think it’s extra important to make sure you’re keeping up those boundaries in a place where they can easily be crossed. So that’s it, mapping out where you stand and where the client stands in the relationship. I think individually you have to find that line of where their life ends and your personal/professional life begins. I don’t know. I struggle with this, getting wrapped up in a particular person’s problems and separating that from you personally but still advocating for them and still wanting better for that client.

Professional boundaries require advocates to actively separate themselves from the residents and clients they serve. As one domestic violence shelter advocate explained, to have a professional boundary as an advocate is to “not really befriend them [the residents], not go out with them outside of work, not disclose personal information to clients.”
Advocates described “good” boundaries as clearly indicating to the residents that they were advocates and not their friends. To create and maintain this boundary, the advocates I spoke with placed emphasis on a number of behaviors that might compromise those boundaries. For example, it was a violation of boundaries and unprofessional to discuss the advocates’ or residents’ personal lives with the residents. Bonnie brought to my attention that the clients sometimes know “personal information about staff that they shouldn’t have any business knowing.” Bonnie spoke about this particular situation, which involved an advocate’s marriage relationship, saying, “And I’m questioning how they know it. I don’t know if staff is telling them or if staff is talking to staff and residents overhear it. So that’s a big issue. I hear some of these residents talk to me about staff, about things that I don’t even know is going on with staff, just stuff that they shouldn’t know at all. So that’s definitely professionalism.”

Every domestic violence advocate I spoke with discussed the importance of maintaining good boundaries with their clients. Boundaries are positive because they are thought to promote “the emotional and physical safety of residents and staff,” and they allow the advocates to provide “professional” services to the women. Good, clear boundaries allow the advocates to step back from the emotionally charged environment in which they work to determine the best strategies to provide services. The language of boundaries often serves to justify an unrealistic goal of maintaining objectivity when providing domestic violence services.

Advocates viewed colleagues who do not maintain clear, strong boundaries as “unprofessional” or “lacking professionalism.” The advocates argued that showing emotions was detrimental to professional boundaries, especially when those emotions are negative towards the residents, the advocates, or the organization. Rachel’s words summarize this attitude towards boundaries, “Being an advocate I think you want to be an empathetic counselor but you also want to be able to be professional and not focus all of your needs on a certain few clients. Be available to everyone.” Boundaries allow the advocates to veil their emotions under the rhetoric of professionalism.

Boundaries are a clear way to delineate the difference between the “professional” advocate and the “help seeking” resident or client. The advocates learned about boundaries early in their careers, often before entering a practicum or internship experience. In their work, the advocates strived to maintain the boundaries between themselves and the residents to provide quality, professional human services. This expectation was overwhelming at times, when advocates encountered a variety of clients with different needs and stories. Nevertheless, the advocates perceived boundaries as “good” and associated them with being professional—a goal that advocates also strived towards.

It is also clear that the move towards professional boundaries, their creation and upkeep, is a growing phenomenon in domestic violence advocacy and other forms of human service provision. Business model expectations from funders and sponsors stress the importance of an experienced, skilled workforce to work with domestic violence victims. Organizations now embody this expectation by mandating certain education credentials and experiences from their frontline workers. Boundaries force domestic violence advocates to separate themselves from the women and children they serve, even if shared experiences exist.

The Credentialing of Advocacy

For the first two decades of the domestic violence shelter movement, the domestic violence advocates were very different from today’s domestic violence advocates. The advocates were primarily former victims themselves who emerged from an abusive relationship to “help other women” like themselves break free. Joanna, the DVC Executive Director, placed her own advocacy work in this history:

…I think of the women who first opened shelters, who were displaced homemakers, women off the street, survivors, who opened the door and found some way to provide food, network among other homes and other women and things like that. But it was really about women helping women, and that we’re no different than the people we’re trying to help.

The women who served as advocates harbored women in “safe houses” and not the multi-bed domestic violence shelters common today. Leslie, a DVC advocate, described the shift this way, “Thirty years ago it was just basically women or men that just felt the need to help people. And a lot of times they were upper society or whatever and felt like they needed to be helping quote/unquote lower society.”

Today, domestic violence organizations and other programs dedicated to addressing issues of violence against women expect that the staff hold certain professional credentials to engage in advocacy work. Essentially, the DVC acted as a mechanism to establish and enforce credential requirements. The DVC enforced the credentialing of the domestic violence advocates through education expectations, by focusing on previous experience providing direct services to victims of domestic violence, and through the completion of certifications and training programs. The DVC used minimum education requirements to enforce degree requirements for domestic violence advocates. The DVC expected that advocates hold at least a Bachelor’s degree to qualify for employment. The shelter advocates working for both the BWP and the DVC were often women who had recently obtained a college degree. Their degrees were in liberal arts, women’s studies, psychology, social work, and the Spanish language. These degree areas were all perceived as conducive to pursuing the “direct services” in a domestic violence shelter. In addition, advocates viewed their degrees as necessary for gaining access across different systems. For example, Joanna mentioned the utility of holding a degree to establish domestic violence advocacy in the legal system as compared to historical domestic violence...
advocacy efforts, “…In the courtroom, you know 25 years ago you couldn’t get in the courtroom. Nobody was going to pay any attention to you, but if you have a degree then maybe you knew what you were talking about.” Yet, there were limitations to the types of professional degrees that the DVC employed. For example, none of the staff held a license, certification, or degree to conduct therapeutic counseling with the residents. The fact that the advocates were often referred to as “counselors” and they regularly wrote in client files that they engaged in “counseling” sometimes made the advocates uncomfortable.

The advocates and oral historians I spoke with placed value on having a college degree or a higher degree to do domestic violence advocacy work. In the domestic violence activist literature, in interviews, and in focus groups, a degree symbolized legitimacy in domestic violence service provision. Degrees served as a “certification” in their right, indicating an individual’s qualified status to do domestic violence work.

During the formative period of the DVC, the advocates talked about what they wanted in an Executive Director, naming things such as a “social work degree” or someone that has “geared their degree toward family.” When I exited the DVC field site, all advocates held a college degree and the Executive Director held a Master’s degree in the field of social work. However, she herself questioned the value of that degree in her everyday advocacy work, stating:

> You know I think those of us in this work—including myself—for unknown reasons somewhere, somehow got bought into this whole process that you could make more money, you would be more visible to either the community or the government or when you do proper, it’s just the same reason I went and got a master’s degree because the grant requiring that. Did I want the Master’s degree at that time in my life, no. That’s fine. But that’s not the reason I did it and that sure didn’t make me good at this work or knowledgeable or an expert as far as understanding how to do this work. Not that degree. But in order to get money, in a lot of ways we professionalized in order to gain respect from the powers that be. And so we get educated, and then we have programs, and then they require that our program staff have education, and it’s amazing to me how many advocates come in with a degree anymore.

Yet, the DVC did have minimum degree requirements for employment, an expectation viewed as a mechanism to professionalize the advocate team and gain the respect of current and potential funders.

Another example of credentialing is that of experience working with victims of domestic violence in a shelter environment. As the shelter advocates reviewed resumes for their future colleagues, repeatedly they preferred the candidates who possessed experience working in shelters. In an oral history interview, the participant mentioned that there is “such a camaraderie when you’re working in shelter, there’s a difference.” Numerous applicants had extensive experience working with victims of domestic violence in a clinical setting or in a non-residential setting; however, the advocates on the hiring panels were looking for “shelter experience” and people who have “done the work.” Take, for example, my own entrée into the field site. As a researcher, I possessed an advanced degree (a Master’s in Arts) and research knowledge of violence against women. However, it was my ability to prove myself to the advocates and the Interim Director through “doing the work” that allowed me entrance into the advocate culture.

Advocates often joked that there were two types of people in the world: those who have worked in shelters and those who have not. Experience working in a shelter provided a level of authenticity and invoked a shared sense of struggle for the advocates. Similar to the shelter advocates’ expectations of hiring an Executive Director with a college degree, they sought someone who “had enough experience under their belt and has shown enough leadership to be able to lead a group of people because you really do have lives in your hands.” The qualification for “experience” among the advocates is narrowly defined as experience in a shelter, which may not always be in a domestic violence shelter, but definitely in a residential facility providing direct services to women. By demanding prior (and sometimes substantial) experience among their colleagues, the shelter advocates sometimes excluded comrades in the struggle to address domestic violence.

In addition, the domestic violence shelter advocates created a difficult environment for fellow advocates who may want to leave the work.” An oral history participant, Emma, recalled announcing to the shelter advocates she worked with that she was resigning from her position at the shelter where she worked. “…People called me a traitor the whole day,” she said, pointing to the fact that she had left shelter work as the impetus for the hostility.

The focus on previous shelter experience has taken hold in the domestic violence advocate community with rapid speed. Considering it was only a few short decades ago that the domestic violence advocates were former victims with no experience “working” in a shelter, the level of gatekeeping of the advocacy work is surprising. However, it is also important to note that previous experience working in a shelter goes hand in hand with education and credentials, in that a person may have to possess education and credentials to enter into a shelter setting as a worker. Taken together, it is clear that women who are former victims are no longer perceived as the experts in the field. Rather, domestic violence advocacy is reserved for those with college degrees and experience working in domestic violence shelters.

**Professional Reputations and the Community of Human Service Providers**

The domestic violence advocates I spoke with, whether they worked in the domestic violence shelter organization or with another organization that provided human services to
victims of violence against women, participated in a larger network of service providers. Individuals working in member organizations in this coordinated community participated in the process of creating and maintaining a community of human service providers. The coordinated community model provides a network of resources and services in a field of work where scarcity persists.

There are constant shifts and transitions that the coordinated community of domestic violence service providers undergoes. As the BWP closed and the DVC opened, there was a noticeable difference in the accounts of the closure between the shelter advocates and other human service providers. The shelter advocates noticed the breach in their relationship with the community of service providers, and they invoked a discourse of professionalization as the mechanism to restore this rift.

The advocates were painfully aware of the community’s perception of their organization and effect that a negative reputation might have. In fact, it was widely recognized that the community of service providers were influential in the closing of the BWP. However, the advocates actively sought to repair any injuries between the BWP and the community of human service providers throughout the closing period to ensure service provision to domestic violence victims. The BWP had a history of struggling to secure their place in the coordinated community of domestic violence service providers. In the early years of the shelter, the BWP secured a strong position as a leader in the community. This later cycled out, and the BWP began to lose their strong leadership in the community. An oral history participant and former BWP advocate described this downturn:

Back in the day, they were probably well equipped to run the program. I’ve heard stories about when I came on, I think back in eighty nine, I think they were starting to lose their place. They were slipping. I think, even back then. They were not as strong as they used to be, and they kept getting weaker in the community. And they didn’t have strong Boards [of Directors]. They weren’t getting the strong Board people; Boards that could help them build their reputation and build their place back in the community.

As this quote indicates, the BWP’s presentation in the community was slipping even before the BWP closed. The emphasis on money and funding was not highlighted when this oral historian references “back in the day;” but then she recognizes increasing professionalism in the organization by moving to a discussion of the organization’s Board of Directors.

The organization then experienced an upswing in its reputation before the beginning of the end of the BWP. For several years leading up to the closing, people I spoke with agreed that the program was experiencing another upswing in terms of their reputation. Efforts to maintain a presence at meetings with the community of service providers were successful in establishing the BWP as a reputable member of this community. However, during the months leading up to the announcement of the closing of the BWP, the program rapidly lost its reputation. The greatest measure of this loss was in lack of support from the community of human service providers and the community at large. Advocates constantly complained about the absence of clothing donations when the DVC first opened. Julie, a DVC advocate, pointed out the diminishing support from the local university, measured in the number of intern and practicum students seeking placement with the DVC for course requirements. She told me:

I know that there are enough MSW students that are really interested in doing this work, but they’re getting feedback from people in the community like, hold off. It’s a new program; don’t go there. They’re even getting pushed into other practicums and other opportunities and experiences.

Through these mechanisms, the community of service providers conveyed to the shelter advocates that they would contribute their services to victims of domestic violence after the DVC agency successfully restructured itself.

Domestic violence shelter advocates working for the BWP and later the DVC were frustrated from the lack of support from the community of human service providers and connected that to an overall loss of a “professional reputation with the community.” The shelter advocates repeatedly located the restoration of the program’s reputation in the rhetoric of professionalism. The advocates longed to present the image of a “professional organization” to the community of service providers and the community at large. According to the advocates, a professional organization has printed letterhead, a user-friendly website, individual offices for workers, a “company logo,” expectations of staff and clients, and apparel standards for staff.

They spoke of this professional image as essential to the success of the organization and vital to their advocacy. Additionally, the advocates connected the idea of a professional image with their reputation in the community. In response to the question asking advocates to consider whether the DVC should be more or less professional than they currently were, a DVC advocate responded:

Well, I think in some ways we should be more professional, but I think in other ways it’s really hard to be professional in a residential setting because you’re dealing not only with just the counseling and emotional support, but you’re also dealing with running out of toilet paper and running out of eggs. So, in a lot of ways we just can’t be more professional for that reason. But around the community I think it’s really important that we’re presenting professional attitudes at all times, just because we need to be taken seriously.

I often asked a question in interviews with advocates previously employed by the BWP to consider whether the DVC organization was more professional than the BWP organization. Julie, an advocate with both the BWP and DVC programs, did not hesitate to respond, “No. We’re doing the
beneath. We’re not in the community educating. We’re not drawing in a volunteer base. We don’t have a face in the community.”

Leslie, a DVC advocate, responded to a question about the level of contributions she would like to make to the structure of the DVC organization by saying:

I think that in a lot of ways we come off to the residents and probably people in the community not in a professional way. Like our pathetic excuse for a letterhead. Like no, that’s not okay. We can come up with something better. I know that’s small but it shows a lack of attention to detail that contributes to the bigger picture. And you can’t just ignore that.

I also asked another DVC advocate what the term professionalism meant to her in terms of domestic violence advocacy. She thought a moment before saying:

I think you have to be a professional whenever you walk through the door. And being a representative of the agency and the women and children you represent to the community and the court system in meetings, in the community education, or on the media. I like to be able to go out, and wear heels, and feel like I’m part of the community and I’m making relationships and building bridges with other agencies.

“Building bridges” is a way for the advocates (and the organization) to establish legitimacy in the community of service providers while establishing a distant, professional identity to the women.

The advocates commonly conceptualized the link between themselves and the community of service providers in terms of professionalism and being a professional within the community. Projecting a professional image also served to garner resources for agencies, which were then shared within a community of human service providers. Veronica, an oral history participant and former BWP advocate, voiced her opinion about the benefits of moving towards a professional model of domestic violence advocacy when I asked her what she thought about professional trends:

It’s a struggle. I think that that’s a struggle for lots of things that started out one way. There are probably some programs that have succeeded in other cities or states that have been able to hold on to that grassroots, but you’re going to be on the fringe if you do that. And it makes it very, very hard to succeed. But controversial or not, you’re going to have to move with the middle of what’s the mainstream if you’re going to try to find money for what you want to do. So I think there’s always that push and pull of, “Oh, it needs to be this way.” It used to be like a little family of people…that was then. It probably has to evolve. It can’t really stay [the same], even though I think people often – when you’re in a movement – they want that. They want to hold on to what they’ve got because it feels good.

Thus, the domestic violence advocates receive messages of professionalizing their work from the larger community of human service providers, the organization in which they work, and the ways they are expected to interact with domestic violence victims.

**Discussion and Conclusions**

For many, the question of professionalization has already been answered. Numerous feminist scholars and activists have demanded a return to the grassroots model of domestic violence human service provision that rejects professional expectations. However, as these data indicate, the domestic violence advocates often disagree with the academic literature and act as agents of professionalization. For example, these data illustrate that domestic violence advocates desire a more professional workplace, which would include the availability of letterhead, corporate benefits such as healthcare, and a regular schedule. Professionalizing has its benefits, such as increased attention from sponsors and funders and access to the tools to organize large amounts of people. In terms of their advocacy work, domestic violence advocates embrace professionalization because they recognize the benefits of moving in that direction, such as health insurance and the ability to project a more professional reputation for the organization to obtain resources within the community of service providers.

Pressures from the community of human service providers also support the trend towards professionalization in domestic violence advocacy. Domestic violence advocates enter courtrooms and government offices on a regular basis, and they feel they are taken more seriously if they are dressed in suits and heeled shoes. If people in positions of power in the community take them more seriously, the domestic violence advocates believe it will benefit the victims by providing access to more resources. It is clear from the data presented here that the advocates feel the community of service providers imposes expectations of professional dress, credentials, and education status upon the key partners. The domestic violence advocates accept this and strive to meet the community’s expectations in order to provide the best services possible to victims of domestic violence.

At the organization level, shelter advocates receive two competing messages regarding professionalization. On the one hand, the DVC expects the domestic violence advocates to hold college degrees and advanced knowledge of working with victims of domestic violence. However, the DVC also promotes a message demanding the advocates to place their work in a framework of grassroots “women helping women” activism, which conflicts with the demands of professionalism. The mixed message confuses the advocates, who are more comfortable merging the grassroots activist history of the domestic violence social movement with today’s professional demands and expectations.

It is in the relationship with the women where the advocates experience the most tension with regards to professionalization. The following words from a BWP and DVC advocate summarize the changing nature of the relationship between the advocates and the victims:
I think we’re more aware of ethics and boundaries and things like that. We can’t just say, “Do you need a place to stay? I’ve got a friend who’s got a room.” Of course, I wasn’t doing the work in the seventies but I think that’s how it was done. I just think that it places a distance. It also creates a hierarchy; we’re seen as professionals. We come in wearing heels. We dress differently than the women we serve. We’re expected to be professionals. We’re not expected to be women helping women. So I think that creates a hierarchy and it creates a distance between us and the women we serve.

The advocates are constantly negotiating their increasingly professionalized roles with the women and struggling to find common ground when it seems the distance is increasing through physical and personal boundaries. The distance is articulated through the language of boundaries and justified using the rhetoric of professionalization. Advocates recognize that these demands “separate us from the women,” but they are also aware that they have limited power to bridge the divide when they are pressured by so many others to “be professional.”

However, resisting the move to professionalize domestic violence services has led to feminist organizations’ reputations as “self destructive” (Gamson 1995). Indeed, the data here indicate that failure to comply with professional standards will result in organization closures, as with the BWP. In order for human service organizations to gain power in their communities and accumulate resources to provide human services, the data presented here indicate that professionalization is necessary. They are increasingly embracing and negotiating the tenets of professionalism while struggling to provide adequate human services to domestic violence victims.

This case study examines increased professionalized human service provision and structures in domestic violence advocacy in one region during a period of intense program transition. Domestic violence advocacy presents a paradox of human service. Originally considered a service provided by former victims of domestic violence helping women in a domestic violence situation, domestic violence human services are now provided by paid “advocates” who often hold different lifetime experiences (such as education level) than the women who are their “clients.” Furthermore, this shift illuminates the fact that in the past, fulfilling basic human needs was a service, not a vocation or profession. Thus, we are now living in a global economy where human services are administered by professionals who are expected to follow guidelines, obtain degrees, and maintain a distance between themselves and the clients.

All forms of human service provision are undergoing transformations. Political economic policies have forced human service organizations to evaluate their services and who will provide those services to conform to external demands (Hemment 2004). For example, as federal support has diminished, human service organizations have turned to private and non-profit sponsors and donors for support (Markowitz and Tice 2002). Therefore, the organizations must conform to external expectations for the human service provider workforce, such as education level and past experience in the profession.

Conforming to these expectations has proven beneficial in terms of garnering resources and support for human service organizations, the human service providers, and the people receiving services. It is therefore unreasonable to expect that domestic violence advocates would be resisting a move towards professionalization. For example, the recurring emphasis on high heels indicates that for the domestic violence advocates, high heels are a metaphor for professionalization. Advocates do not resist wearing high heels to court (in fact, they embrace the opportunity to wear their “nice clothes”) because it creates a positive impression upon the community of service providers, and, therefore, helps them to gain access to resources for their clients. It makes sense that domestic violence advocates want to conform to those expectations because they recognize the possibility of greater positive outcomes, both for their own lives and for the women and children they are helping.

Ultimately, domestic violence advocacy is about providing human services to victims of domestic violence, a philosophy that has remained constant throughout the transitions in human service provision. All domestic violence advocates and oral history participants agreed on this goal and recognized this as the domestic violence advocates’ primary responsibility. However, the daily activities involved in reaching this goal coexist with the struggles to maintain multiple relationships necessary for providing services to victims of domestic violence.

Arguments for the return to a grassroots domestic violence advocacy, for a return to “women helping women,” must reasonably take into account the political economic pressures and demands on contemporary human service provision agencies to professionalize their agencies and their workforce. Based on the data I presented here, the ideology that domestic violence advocacy is based on “women helping women” will not be carried into the future without incorporating professionalizing demands. Domestic violence advocates and their supporters are amidst an identity and practice redefinition, where the outcome will surely recognize that they are no longer the same women helping women.

Notes

1I use the phrase “victim” to indicate an individual who has experienced domestic violence in the past or is currently experiencing domestic violence. I use the term “domestic violence” to indicate partner abuse towards women perpetrated by a spouse, boyfriend/girlfriend, or live-in partner. I choose to use these terms because they are consistent with the dominant discourse among the advocates.

2Intimate partner violence includes psychological violence that co-exists with actual or threatened physical or sexual abuse, threats, or stalking by an intimate partner that caused the woman to be frightened for herself or significant others.
References

Babbie, Earl

Baldwin, Dana M.

Berk, Richard A., Phyllis J. Newton, and Sarah Fenstermaker Berk

Campbell, Rebecca, and Patricia Yancey Martin

Collins, Barbara G., and Mary B. Whalen

Connolly, Deborah

Desjarlais, Robert

di Leonardo, Micaela

Dobash, R. Emerson, and R. P. Dobash

Dryburgh, Heather

Eisikovits, Zvi C., and Eli Buchbinder

Eisikovits, Zvi C., Guy Enosh, and Jeffrey L. Edleson

Ferree, Myra Marx, and Beth B. Hess

Fisher, Sethard

Fritsch, Travis A., Sergey S. Tarima, Glyn G. Caldwell, and Shannon Beaven

Gamson, Joshua

Gubrium, Jaber

Heise, Lori L.

Hemment, Julie

Hopper, Kim

Kendrick, Karen

Kentucky Domestic Violence Association (KDVA)

Lovell, Anne M., and Sandra Cohn

Markowitz, Lisa, and Karen W. Tice

Martin, Patricia Yancey

Ortner, Sherry

O’Sullivan, Elizabethann, and Abigail Carlton

Pottier, Johan
Rhodes, Lorna Amarasingham

Riger, Stephanie, Larry W. Bennett, Sharon Mary Wasco, Paul A. Schewe, Lisa Frohmann, Jennifer M. Camacho, and Rebecca M. Campbell

Rodriguez, Noelle Maria

Schechter, Susan

Schmitt, Frederika E., and Patricia Yancey Martin
1999 Unobtrusive Mobilization by an Institutionalized Rape Crisis Center: “All We Do Comes from Victims”. Gender and Society 13(3):364-384.

Shield, Renee Rose

Sullivan, Cris M., and Tameka Gillum

Tierney, Kathleen

Tjaden, Patricia

Tjaden, Patricia, and Nancy Thoennes

Weed, Frank J.

Weldon, S. Laurel

Wittner, Judith