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See the Triumph Survivor Advocacy Training Program: Equipping Survivors of Abuse to Engage in Social Justice Advocacy

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ABSTRACT

Intimate Partner Violence (IPV) continues to represent a critical public health issue that affects individuals across the globe, irrespective of race, gender, religion, socioeconomic status, or sexual orientation. As a result, individual and community-based advocacy efforts are desperately needed to combat the negative repercussions of IPV. This article outlines the development of the See the Triumph Survivor Advocacy Training Program, a community-based advocacy intervention program for survivors of IPV.

KEYWORDS

Advocacy; domestic violence; social justice; survivor

Introduction

Intimate partner violence (IPV) describes any form of physical, sexual, emotional, and/or psychological abuse between current or former partners in an intimate relationship (Murray & Graves, 2012). IPV typically involves patterns of power and control dynamics, in which the perpetrator—i.e., the partner who engages in the abusive behaviors—attempts to gain and maintain control over his or her partner (i.e., the victim). In this article, we use the term *victim* to refer to people who are currently involved in abusive relationships, and we use the term *survivor* to refer to people who have experienced abuse in the past but are no longer currently at risk of abuse (Murray & Graves, 2012).

Existing research demonstrates that IPV remains a significant public health issue. In 2010, the U.S. Centers for Disease Control and Prevention (CDC) released the findings of their National Intimate Partner and Sexual Violence Survey (Black et al., 2011). This survey demonstrated that approximately 35% of women and 29% of men had experienced rape, physical violence, and/or stalking within an intimate relationship at some point in their lives. The rates of psychological aggression were even higher, with approximately half of both women and men having experienced this form of IPV during their lives. Although rates of IPV victimization are high for both men and women, this survey affirmed prior research that indicates that women are more likely to experience severe violence than men, with about 24% of women and 14% of men having experienced severe physical violence in an intimate relationship during their lifetimes. IPV may occur in same-sex relationships, and existing research suggests that it occurs in same-sex relationships at similar rates to heterosexual relationships (Alexander, 2002; McClennen, 2005).

High rates of IPV translate into significant costs and consequences—for individual victims and survivors, for communities, and for society. The potential consequences include physical and mental health consequences; negative impacts on children who witness the abuse; impaired economic self-sufficiency for victims and survivors; and significant costs for society, such as lost work productivity and the financial costs of sustaining crisis and long-term support services for people impacted by IPV (Murray & Graves, 2012). In light of these costs, there remains a significant need for innovative, proactive strategies to promote social change to prevent future abuse and ensure that victims and survivors are supported, as well as to hold perpetrators accountable. Community-level advocacy initiatives are useful

for promoting this type of social change, and survivors themselves have a unique role to play in these advocacy activities, as will be discussed later in this article. Counselors who work with clients impacted by IPV can promote survivors' participation in these activities, when appropriate, by offering opportunities for clients to learn new advocacy skills and information.

This article presents an innovative training program, the See the Triumph Survivor Advocacy Training Program, which counselors can use with IPV survivors in their communities. Before turning our attention to the unique context surrounding advocacy efforts related to IPV, the next section discusses advocacy efforts in general and examines efforts to promote advocacy efforts among different types of populations. Following this introduction to population-based advocacy training in general, we will discuss unique considerations for advocacy involving survivors of past IPV.

A broad view of community-level advocacy

Broadly speaking, advocacy "... empowers citizens to ensure that their voices are heard, their rights respected and their interests defended" (Baldwin, 2003, p. 34). Although much advocacy work begins and grows at a grassroots level, there are increasing efforts to develop programs and resources to help people carry out advocacy work in an effective, competent, and ethical manner. Advocates are people who work on behalf of or in support of themselves and/or others to help them improve their lives and have their rights upheld (Baldwin, 2003; Newson, 2007). Thus, overall, advocates are working to support the betterment of the world for people who have some perceived challenges or disadvantages within the wider social context.

Researchers have identified specific knowledge and skills that are needed to successfully engage in advocacy activities (Bateman, 2000; Newson, 2007). A solid knowledge basis for advocacy work involves the following: (a) self-awareness of one's knowledge, skills, and abilities; (b) a full understanding of the needs and experiences of the person or group on whose behalf one is advocating; (c) recognition that every person is unique; (d) a solid reflection on one's own values and beliefs; and (e) an understanding that each person should have the freedom to make choices from him- or herself (Bateman, 2000). In addition, Newson's (2007) review of the literature revealed several skills and attributes that are beneficial for advocacy work, including negotiation, listening, sharing, effective communication, honesty, sensitivity, patience, perseverance, discretion, and commitment.

Given the extensive knowledge and skills that are useful for advocacy work, it is essential to consider strategies for helping people to develop their understanding and abilities that can help them to become competent advocates. To that end, the existing literature contains examples of community-based advocacy training programs for specific populations. As one example, the "Tomorrow's Challenge" was developed as an advocacy training program for parents with children with developmental disabilities (Hixson et al., 1992). This program trained parents in skills related to advocacy work, such as by offering workshop sessions on conflict resolution, communication, and assertiveness skills, as well as instructions for completing a plan of action for their children.

Walsh-Burke and Marcusen (1999) described a self-advocacy training program for cancer survivors, referred to as the Cancer Survival Toolbox (CST), which was grounded in research involving a survey completed by 569 cancer survivors and 833 oncology professionals. Drawing upon the findings of this survey, the program developers for the CST considered five essential skills for self-advocacy: information seeking, communicating, problem solving, negotiating, and decision-making skills (Clark & Stovall, 1996; Walsh-Burke & Marcusen, 1999). A sample of survivors who participated in the program provided qualitative feedback regarding the training content, and they suggested that the program was helpful, "user-friendly," and relevant. Furthermore, their feedback underscored the importance of offering the training program via an interactive group format, and the program developers' future plans include creating a resource booklet and group facilitation training manual (Walsh-Burke & Marcusen, 1999).

As another example of an advocacy training program described in previous research, Baker, Leitner, and McAuley (2001) described The Oklahoma Aging Advocacy Leadership Academy, which included aging-related content and training in skills for advocacy, leadership, and voluntarism for members of the

aging population. More specifically, the program's content included communication and leadership strategies (e.g., oral and written communication skills and planning and holding meetings), policy issues and processes (e.g., how state policy is made, how to get a sponsor for a bill, and the state legislative calendar), and advocacy skills (e.g., media advocacy strategies, how to search for advocacy information, and how to prepare talking points on a topic). Following completion of the Academy, participants were asked to complete an assessment evaluation regarding their personal impressions about the quality of 18 aspects of the academy. The authors found that the most frequently cited positive elements of the Academy included the opportunity to network with other participants and speakers, the quality and variety of information provided, and the quality and diversity of speakers (Baker et al., 2001).

Overall, existing research suggests that advocacy training programs are useful for a wide range of personal and social issues. These programs are especially relevant for members of the population who are interested in advocating for the needs of others who are facing similar challenges to those they have encountered. The existing body of research on this topic is somewhat limited to smaller-scale pilot evaluations, and more rigorous research methodologies are needed to fully determine the outcomes of these programs for participants and the communities in which they are advocating. Additionally, the existing research base is somewhat dated: The research was conducted during the 1990s and early 2000s in disciplines such as social work, public health, special needs education, gerontology, and other medical-related disciplines. However, the current research suggests that useful components of advocacy training programs include having an interactive, engaging format, connecting participants with others with similar advocacy interests, and fostering a range of skills and information that aid participants in developing competence in carrying out advocacy activities.

Advocacy related to IPV

As the focus of the current article is on advocacy related to IPV, it is important to consider the unique dynamics of IPV-related advocacy, in addition to the more general advocacy-related information presented previously. First, we distinguish the type of community-level advocacy to which we are referring in this article from more individualized victim advocacy services that are provided commonly in domestic violence service agencies. Victim advocates are individuals who support victims through the court process and provide information regarding orders of protection, counseling support, shelters, legal referrals, and other social service information. Additionally, victim advocates may serve in the role of liaison between the victim and the prosecutor in efforts to aid in the offender prosecution process (Camacho & Alarid, 2008). This type of IPV-related advocacy, therefore, is much more individual-focused and aims to help victims and survivors understand their individual rights and options, and victim advocates help victims and survivors to navigate the complex community response systems from which they may seek help (e.g., law enforcement, courts, colleges and universities, and health-care systems).

Community members—including individual victim advocates, victims and survivors, and other concerned citizens—also may engage in more community-wide or systemic advocacy efforts related to IPV. A limited amount of previous research on this type of advocacy was located in the existing research literature. However, in one interview with Lewis O'Conner, a family violence advocate and activist, Jezierski (1996) highlighted the importance of community and educational efforts to eliminate violence. These efforts may include legislative lobbying, letter writing, public speaking, and seeking media attention as crucial activities within IPV advocacy work. In a study conducted by Hovmand and Ford (2009), community-based advocacy responses were assessed via implementation of a Coordinated Community Response (CCR) council to determine the effectiveness of utilizing computer system dynamics and simulation as a method for modeling community interventions including mandatory arrest, victim advocacy, and level of council cooperation changes. Salazar, Emshoff, Baker, and Crowley (2007) describe how Coordinated Community Response (CCR) councils represent an ecological method by which community activities, individual and organizational advocates, judicial systems, law enforcement, and social service agencies come together to address IPV in a more comprehensive

framework. The authors also report how CCR implementation does not include a standardized intervention procedure. However, many CCRs possess comparable objectives, including provision of victim protections, the development and evaluation of new and existing services, offender accountability efforts, and attempts to change the systemic climate of tolerance for IPV (e.g., lobbying criminal justice systems to implement stricter criminal policies for offenders, media campaign development designed to influence social community norms).

One promising strategy for strengthening community response systems to address IPV and to prevent future violence is to involve survivors as advocates. Many survivors of IPV are interested in using their past experiences of abuse to help others avoid similar traumatic situations, although certainly becoming an advocate is not necessary for healing and recovery following an abusive relationship (Murray, King, Crowe, & Flasch, 2015). Murray et al. (2015) surveyed 123 survivors of past abuse who had been out of any abusive relationships for at least two years to ask them about their views on becoming engaged in advocacy work to address IPV in their communities. The definition of advocacy work used in this study was as follows:

Being an advocate means different things to different people, and it could come in the form of paid and/or volunteer work with victims/survivors of domestic violence, providing support through a community or religious organization, writing letters to the editor, speaking about their experiences with others in the community, and other formal and informal forms of advocacy. (Murray et al., 2015, p. 90)

Murray et al. (2015) identified four main themes in the survivors' feedback about engaging in advocacy work. First, they believed that survivors have a unique and important role to play in advocacy efforts due to their deep understanding of abuse, although the survivors described the importance of survivors being in an advanced stage of recovery in order to be effective at advocacy work. Second, participants underscored the importance of always offering survivors a choice as to whether and how to engage in advocacy efforts, especially because of how emotionally intense the work can be. Third, the participants described the skills and characteristics they viewed as important for becoming engaged in advocacy work, which included openness; commitment to personal growth; dedication to the advocate role; and a range of specific skills, including writing, active listening, and public speaking. Fourth, the survivors in this study offered numerous examples of both large-scale and small-scale efforts to engage in advocacy work. Large-scale efforts included public speaking, volunteering with children impacted by abuse, and leading support groups. Smaller-scale efforts included sharing information and resources on social media and being available to listen to other survivors. Clearly, many survivors of IPV desire to engage in advocacy activities as a way to give back to others and make meaning of their own experiences of abuse. Thus, there is a need to create mechanisms to support survivors in this work, including training programs to help them develop the knowledge and skills that will help them to become competent advocates. To address this need, the next section describes the development of the See the Triumph Survivor Advocacy Training Program. A description of the content and format of the program is provided, followed by recommendations for implementation of the program.

Description of The See the Triumph Survivor Advocacy Training Program

The See the Triumph Survivor Advocacy Training Program is an initiative of the See the Triumph campaign (www.seethetriumph.org), which was developed by Christine Murray and Allison Crowe. The See the Triumph campaign aims to end the stigma surrounding IPV and develop supportive resources for survivors, and it is based on a series of research studies involving hundreds of survivors of past abusive relationships. In addition to Murray and Crowe, graduate students Jennifer Hamilton and Jennifer Schenker of The University of North Carolina at Greensboro were instrumental in developing the See the Triumph Survivor Advocacy Program. The program is described in a detailed Facilitator Guide, which outlines the program's purpose, format, target audience, facilitator characteristics, facilitation guidelines, program curriculum, and evaluation procedures, all of which are discussed in detail in the following.

Purpose of the program

The purpose of the Survivor Advocacy Training Program is to “provide a step-by-step process for survivors to harness their collective power to engage in advocacy efforts” (Murray, Crowe, Schenker, Hamilton, & Kelly, 2015, p. 3). The program aims to support survivors in engaging in both small- and large-scale advocacy efforts in one’s community of reference to change the social systems that stigmatize survivors of IPV. The program is guided by four primary assumptions: (a) advocacy means taking action to promote positive change within social systems, (b) everyone can be an advocate for ending IPV and supporting survivors, (c) advocacy efforts can be big and/or small, and (d) survivors themselves have a unique and powerful role to play as advocates. The goal of the Survivor Advocacy Training Program is to provide a structure for participants to understand the meaning of advocacy, particularly as it relates to their personal participation in advocacy work. Overall, the program attempts to provide participants with the resources and skills necessary to be effective advocates in their own communities.

Format of the program and target audience

The See the Triumph Survivor Advocacy Training Program Facilitator Guide is divided into two sections. In Part One, a detailed outline is included for individuals interested in facilitating the program in their own community, including suggested characteristics of facilitators and recommendations for how to plan and implement the program successfully. In Part Two, the program’s eight-week training curriculum is presented. The program emphasizes that the skills-based curriculum is designed to be customized to the unique needs and interests of members of the group (Murray et al., 2015). Thus, the curriculum is not designed to be used in a rigid, prescriptive manner. Rather, it is intended to be a flexible set of resources that facilitators can tailor to the unique needs of their group and the setting of the program. The program’s primary target audience includes community groups and agencies that cater to the special needs and interests of survivors of IPV, which may include such settings as local domestic violence agencies, faith-based organizations, and survivor support groups.

Applications of the American Counseling Association Advocacy Competencies to the Survivor Advocacy Training Program

As a major part of the See the Triumph research effort in developing the See the Triumph research campaign combined with subsequent programs that have evolved from the campaign (e.g., See the Triumph Survivor Advocacy Training Program), founders Murray and Crowe pay particular attention to addressing the American Counseling Association’s Advocacy Competencies as a distinct part of their research foundation. The campaign founders highlight that the See the Triumph campaign addresses *each one* of the 43 advocacy competencies as defined by the American Counseling Association along with providing specific examples of how the competencies are put into action through the See the Triumph campaign (Murray & Crowe, 2016). A specific example related to social/political advocacy is included in the following that illustrates the competencies in action as it relates to IPV advocacy specifically:

The campaign founders also offer valuable insights or “lessons learned” regarding their experience related to the advocacy work associated with their See the Triumph research that includes following: (a) sometimes you seek out advocacy; sometimes it finds you; (b) partnerships are critical for success; (c) large-scale advocacy efforts require substantial time and effort; (d) advocacy may not initially fit in a counselor’s job duties, so they may need to be able to advocate for themselves to do this work; (e) advocacy involves exposing oneself to new forms of vulnerabilities; (f) change is slow; and (g) counselors have a unique, valuable role to play in advocacy work (Murray & Crowe, 2016). While counselors and other mental health professionals may find advocacy work to be uncomfortable or undesirable due to lack of training or time, for example, the authors stress the integral role that counselors and other mental health professionals can play in changing the social systems that impact the client populations they serve.

Facilitator characteristics

Individuals—such as trained mental health professionals, victim advocates, and other professionals—who are specifically trained to work with survivors of abuse are suggested as possible facilitators for the Survivor Advocacy Training Program; however, the program developers note that there is no one type of person who could be the best group facilitator. Rather than specify that facilitation should be limited to certain professional groups, the program developers suggest that any prospective facilitators should demonstrate certain characteristics, including strong communication skills, both for speaking and listening; having a basic understanding of the dynamics of IPV; being dependable and organized; and having a basic understanding of the challenges and opportunities involved in advocacy work. A full list of the desirable facilitator characteristics is available in the Facilitator Guide, which can be requested at <http://www.seethetriumph.org/see-the-triumph-survivor-advocacy-training-program.html>. This guide and other program materials are available free of charge.

Planning and facilitating the program

The Facilitator Guide also discusses logistical considerations and suggestions for the successful planning and implementation of the training program. More specifically, practical information such as program timing, potential members, location, emotional safety, participant eligibility, and organization are discussed. With respect to timing, the authors recommend an eight-session format to be completed on a weekly basis for approximately one to two hours per session, with one and a half hours being the preferred time limit per session; however, the authors also highlight the flexible nature of the time element, recognizing that the group's size and other factors may impact the length of group sessions. A closed group is suggested as the preferred group structure (i.e., the group begins and ends with the same members) in order to enhance the trust and safety among group members. Additionally, the authors suggest group size be limited to eight to 10 members, indicating that a larger group size may prove more difficult to manage as members attempt to engage in the group discussion and activities.

In regards to location, physical safety and privacy are key factors in selecting an appropriate location for the program. The program developers also stress the importance of physical safety, as well as emotional safety, in their discussion of the planning and facilitation process. The establishment of a safe, confidential environment for participants to share their experiences openly is critical. Program facilitators can promote emotional safety by establishing group rules early in the process, balancing group discussions to promote equal sharing opportunities and clearly defining the group's limitations (i.e., that it is not a therapy or counseling group). Program facilitators should be knowledgeable about local mental health resources for members who may become emotionally triggered in sharing their past experiences of abuse with a list of local mental health professionals who can assist members who display mental health symptoms (e.g., PTSD, depression, and/or anxiety) if needed.

This program is designed for participants who have past experiences of IPV and who are not currently in an abusive relationship. In general, it is recommended that participants have achieved a minimum of one year of being out of the abusive relationship before participating in the training program. Additionally, it is suggested that facilitators use a brief screening process to ensure that potential members understand the purpose of the program before joining. Lastly, the program developers discuss the importance of organization and communication skills as being vital to program implementation success. Helpful suggestions for successful program facilitation include proper session time management, effective communication between sessions (i.e., reminder e-mails, provision of facilitator contact number with appropriate call boundaries), and intentional session goal setting prior to each group meeting.

Description of program curriculum

As described, the See the Triumph Survivor Advocacy Training Program is suggested to occur over the course of eight sessions, although the specific format of the program can vary depending on the

Table 1. Topics addressed in survivor advocacy training program sessions.

See the Triumph Survivor Advocacy Training Program Program Curriculum Outline
Session 1: Introduction and Getting to Know Each Other
Session 2: Identifying Advocacy Needs in Your Community
Session 3: Making Your Argument
Session 4: Options for Different Types of Advocacy
Session 5: Planning Events and Organizing Community
Session 6: Basic Helping Skills
Session 7: Overcoming Challenges to Advocacy Work
Session 8: Reflection and Wrap-Up

needs of the host organization and other practical considerations. The curriculum is therefore organized into eight units, and each one presents advocacy-based skills content combined with interactive activities and discussions in which participants can engage. A brief overview of each unit session is provided in the following. Along with the free Facilitator Guide, prospective facilitators also receive a set of power points that correspond with each unit. [Table 1](#) presents a summary of the major topics discussed in each session of the Survivor Advocacy Training Program.

Session one: Introduction and getting to know each other

This session involves opportunities for participants to introduce themselves to other group members and get to know one another. Additional session objectives include a discussion of the definition of *advocacy*; the different types of advocacy (i.e., self-advocacy, peer advocacy, group advocacy, and political advocacy); and group norms such as respect, confidentiality, challenging oneself, and assuming best intentions of other group members. Lastly, group members are invited to discuss the concept of *positive advocacy*, including the principles of reinforcing the good and challenging the bad.

Session two: Identifying advocacy needs in your community

In session two, participants are tasked to identify needs relevant to advocacy work in their communities via individual and group brainstorming. Furthermore, group members also discuss what changes they would like to see transpire within their designated community. Following group discussion, members are asked to create an individual vision board detailing their representation of the advocacy work they hope to accomplish during the program.

Session three: Making your argument

Session three focuses on helping group members understand the power of crafting a persuasive argument in advocacy work. Following a simple, engaging debate activity, participants also discuss the different techniques utilized to make a persuasive argument, such as incorporating personal stories, statistics, expert opinions, and societal norms.

Table 2. Example of utilizing ACA advocacy competencies in the See the Triumph research campaign.

ACA Advocacy Competency	See the Triumph Activity/Value Example
Competency #38 (Social/Political Advocacy): Identify the appropriate mechanisms and avenues for addressing these problems.	Although most of our past efforts have involved social media channels, we have begun to develop new resources that are designed for use in face-to-face contexts, such as workbooks to be used in discussion groups and curricula for arts-based workshops and a survivor advocacy training program.

Excerpt adopted from [Table 1](#): Examples of See the Triumph Campaign Activities and Values That Reflect Each ACA Advocacy Competency (Murray & Crowe, 2016).

Session four: Options for different types of advocacy

This session focuses on more in-depth information about written and verbal communication and provides activities and discussions focused on different types of writing and public speaking activities, including telling one's personal story, writing letters and blogs, and using social media.

Session five: Planning events and organizing community

The focus of session five involves participants gaining a deeper understanding of their personal leadership style related to how they work with others, in addition to specifics related to planning an event. Specifically, participants are invited to take a personality inventory to identify their individual work style, and they learn about steps in planning and organizing events.

Session six: Basic helping skills

Session six is focused on promoting participants' basic helping skills. Group members engage in activities and discussions designed to increase their listening and peer support skills, including concepts such as nonverbal communication techniques, use of reflections and questions, and utilization of silence and minimal encouragers.

Session seven: Overcoming challenges to advocacy work

In session seven, group members discuss barriers related to advocacy work, including overcoming fear and stigma, followed by later discussions around self-care activities. Additionally, the facilitator also provides an opportunity for participants to discuss the possibility of retraumatization and posttraumatic stress symptoms in their work as future advocates.

Session eight: Reflection and wrap-up

The program curriculum concludes with session eight, in which participants are invited to reflect upon and process the training program overall, including discussion of next steps and peer-to-peer networking following the completion of the program.

Program evaluation resources

The Facilitator Guide contains resources for facilitators to evaluate the impact of the program on participants. Upon completion of all eight sessions, training participants are asked to complete an evaluation form regarding their experience in the program. Program developers are interested in learning about participants' experience to inform enhancements for future training programs. The evaluation form is completed anonymously without any place for participants to include identifying contact information.

Initial program implementation and feedback

The See the Triumph Survivor Advocacy Training Program was introduced to an IPV survivors' advocacy group from 2015 to 2016. During these months, the agency director utilized the See the Triumph Survivor Advocacy Training Program to begin the discussion of what advocacy means to survivors of IPV in the local community. Several components of the See the Triumph Advocacy Training Program curriculum were referenced and implemented by the director, such as: (a) the definition of advocacy and the different types of advocacy; (b) identifying advocacy needs in the local community to include a need for increased educational efforts and community/political awareness; (c) options for

advocacy-related activities, such as sharing one's personal story, writing letters to officials running for office, and hosting community-wide advocacy events in partnership with other supportive agencies (i.e., law enforcement); and (d) overcoming challenges related to advocacy work. In general terms, the program curriculum was not implemented in a prescriptive manner, following each component of the weekly curriculum with its designated activities and other discussion topics; however, the spirit of the curriculum was infused into designated monthly meetings of the survivor advocacy group, which included several key components of the training curriculum as detailed previously.

The first author obtained feedback from the agency director, who served as the primary facilitator of the See the Triumph Survivor Advocacy Training Program with the survivor advocacy group during the months in which the first author was also present as a cofacilitator and observer. The director's feedback highlighted the relevance of the content included in the training program and a need for deeper discussion about what advocacy looks like in the local community (personal communication with agency director, 2016). The director's feedback also pointed to the structure of the training program, noting the need for the facilitator to omit some of the discussion points and activities that did not seem relevant or particularly helpful to the group of survivors; for example, given the professional background of many of the members, the director felt that activities such as the vision board activity included in session two was not appropriate. The director also was inclined to let group members guide the conversation around advocacy in the direction it needed to go without adhering to a strict curriculum or program agenda. In summary, the director reported that the curriculum, in its truest form, may be best implemented in a more structured training environment with survivors who are closer to the beginning stages of engaging in advocacy-related work, as opposed to individuals with some history of advocacy engagement such as those represented in this group.

Discussion and recommendations for program implementation

As mentioned in earlier sections, the See the Triumph Survivor Advocacy Training Program is not intended to be implemented in a strict, prescriptive manner. However, the content and activities in the curriculum do include items that were proven to be effective learning tools grounded in the research literature on advocacy training programs. The American Counseling Association Advocacy Competencies provide a relevant framework for illustrating how helping professionals can begin to think about advocacy for their clients, no matter what population they may serve.

Additionally, engaging in advocacy efforts within the community on various systemic levels can also prove to be particularly rewarding for counselors and other mental health professionals who possess a strong passion for promoting social change; however, we also note that engaging in this type of advocacy work is not a requirement for therapeutic healing alone but can be used in addition to and/or in conjunction with other forms of healing interventions provided by counselors or other mental health professionals. Furthermore, helping professionals who engage as a facilitator in a program like the See the Triumph Survivor Advocacy Training Program should be mindful of potential dual relationships and power differentials created if they are also serving in other related helping roles (e.g., clinical practitioner, advocacy training facilitator, program administrator, agency director, etc).

Areas for further research, limitations, and conclusion

To improve our understanding of advocacy training programs specific to IPV, further research is needed in this area, as research is currently limited. Areas for future research could include qualitative investigations that seek to uncover the subjective experiences of IPV survivors in advocacy-related work. Furthermore, quantitative measures such as program evaluations could seek to investigate the effectiveness of training programs such as the See the Triumph Survivor Advocacy Training Program with other sample populations. From a limitation standpoint, we know that systemic interventions are particularly difficult to measure, as the actual effectiveness of the

intervention program can be difficult to obtain in an objective sense. However, there may be other ways to measure the impact of this advocacy training program, such as through qualitative feedback from participants, facilitators, community and political leaders, and other partner providers (i.e., law enforcement, social services, health-care providers).

Overall, we hope the See the Triumph Survivor Advocacy Training Program will serve as another tool that counselors and other helping professionals can use to assist survivors of IPV in their healing process as they pursue advocacy work in their respective communities.

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