Identity and Emotion Management among Advocates and Counselors for Victims of Domestic Violence and Sexual Assault

Kenneth Hugh Kolb

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Approved by
Advisor: Sherryl Kleinman
Reader: Karolyn Tyson
Reader: Robert Konrad
Reader: Jacqueline Hagan
Reader: Catherine Zimmer

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ABSTRACT

Kenneth Hugh Kolb: Identity and Emotion Management among Advocates and Counselors for Victims of Domestic Violence and Sexual Assault

(Under the direction of Sherryl Kleinman)

Based on participant observation and in-depth interviews, this dissertation examines the identity and emotion management strategies of staff in an agency that assists victims of domestic violence (DV) and sexual assault (SA).

In the first chapter, I investigate how staff were able to pre-empt and mitigate feelings of sadness, frustration, and guilt when their clients were revictimized. As long as staff were able to frame their services as "empowering," even when they steered clients toward specific options, they were able to deflect responsibility for their clients' outcomes. These findings offer an interactionist perspective (Blumer 1969; Mead 1934) on the consequences of "the empowerment model" within social service agencies.

In the second chapter, I investigate how staff dealt with clients they thought of as difficult. When clients lied, returned to their abusers, broke rules, got angry, or failed to show up for appointments, they made it difficult for staff to feel and express sympathy for them. Although staff were able to generate sympathy for some clients by delving into their personal histories of abuse, they stopped doing so when they suspected their clients were exploiting their good will. These findings contribute to Clark's conceptualization of "sympathy overinvestors" (1997) by highlighting how they can refuse sympathy and still maintain a "moral identity" (Kleinman 1996), seeing themselves as good people.

In the third chapter, I show how the female staff enhanced the value of their care-work in the wider context of the devaluation of women's emotional labor. Previous research has shown that women's care-work garners few rewards across occupations (England et al. 1994; Kilbourne et al. 1994) and especially in male-defined workplaces (Fletcher 1999; Lively 2000; Pierce 1995). My findings show how this trend continues, even in a setting in which women's care-work was a central value. The female staff countered outsiders' beliefs that their services were (merely) intuitive and unskilled by displaying skills culturally coded as masculine.

To Vivian

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I. INTRODUCTION

A good deal of research has been conducted on the victims of domestic violence (DV) (Anderson and Danis 2007; Bonomi et al. 2006; Melton 2007; Muftic and Bouffard 2007; Piggott 2007) and sexual assault (SA) (Armstrong 2006; Ben-David and Schneider 2005; Casey and Nurius 2006; Martin et al. 2006). We also know a fair amount about the effectiveness of programs intended to assist victims (Buzawa and Buzawa 1996; 2003; Cramer 2005, Tolman 1995). Yet, surprisingly few studies focus on those whose job it is to help them. Research on volunteers in rape crisis centers (Hellman and House 2006) and homeless shelters (Holden 1997) shed some light on how non-paid workers interpret and manage the strain of their work; but, long-term ethnographic research on full-time paid staff is rare. Loseke's 1992 study of staff within a women's shelter investigated how workers constructed the idea of "battered woman" and "wife abuse." But, this shelter did not offer additional services, such as court advocacy or counseling. Dunn and Powell-Williams (2007) analyzed the rhetorics victim advocates used to explain why their clients chose to stay in abusive relationships, but focused primarily on how staff interpreted their clients' agency in relation to wider structural forces. Dunn's 2001 study of stalking victims captured the experiences of both victims and their advocates, but her setting placed a heavy emphasis on the criminal justice response to this social problem. In contrast, many DV and SA agencies warn staff against rushing to use legal methods, fearing that relying on the criminal justice system could exacerbate the problem (Cramer 2005).

The bulk of research on staff (not victims) has focused on vicarious traumatization, secondary traumatic stress, and compassion fatigue (Baird and Jenkins 2003; Jenkins and Baird 2002; Kinzel and Nansen 2000; Maslach 1982; White 2006). These largely quantitative studies fail to document how staff manage their emotions and identity in this line of work**.** My research seeks to fill this void. To do so, I investigate three main problems that staff at DV and SA agencies face: (a) how to manage their emotions in the face of their clients' suffering, (b) how to refuse sympathy to clients they considered difficult while still claiming a "moral identity" (Kleinman 1996), and (c) how to show that their care-work matters despite the wider devaluation of women's emotional labor. In three separate chapters, I identify how staff at DV and SA advocates and counselors at SAFE (Stopping Abuse in Family Environments)[1] addressed these concerns and I analyze the consequences of their strategies.

In the first substantive chapter, I focus on the "empowerment model" (Busch and Valentine 2000; Cramer 2005; Gutierrez, Delois, and GlenMaye 1995) used by many DV and SA agencies. At SAFE, "empowering" clients meant that staff allowed them to make their own decisions and did not tell them what to do. Yet, in some cases, it was difficult to stand back and allow their clients to make decisions that staff thought of as unwise, dangerous, or both, especially if they suspected their clients were incapable of helping themselves. In one home counseling visit, for example, Melissa, a counselor, was overcome with a desire to whisk her client away from a dangerous situation. However, she worried that such a response might be "disempowering." In her interview, she recounted the scene: the client told her how terrified she was of her boyfriend while he was sleeping in an adjacent room:

> Melissa: What came out of me, something I had to check myself for, was that I wanted to rescue her. My rescuer came out, big time. I was like, 'Oh God! That is not my job! I am not being paid to rescue her.' But I really wanted to rescue her. I really wanted to take her and her child and put them in my car and say, 'We're out.'
>
> Interviewer: So why didn't you?
>
> Melissa: That's not my job.

In Melissa's account, we see that staff members were able to use the idea of empowerment to set limits on their responsibility for their clients' suffering.

Allowing clients to make their own decisions was important for staff. When they told their clients what course to take, they came to see themselves as partly responsible for any negative consequences that result from their intervention. Yet, as long as staff were able to frame their services as "empowering," even when they steered clients toward specific options, they were able to deflect responsibility for their clients' outcomes. This approach allowed staff to preempt and manage feelings of sadness, frustration, and guilt that emerged when they were unable to prevent their clients from being revictimized. These findings offer an interactionist perspective (Blumer 1969; Mead 1934) on the consequences of "empowerment" within social service agencies. Although originally designed to help clients, staff were able to call upon the idea of "empowerment" to buffer themselves from the emotional risks of working with vulnerable clients.

In the second substantive chapter, I investigate the challenge of working with clients whom staff labeled as "difficult." Working with victims of DV and SA usually evoked feelings of sympathy and empathy in staff. Yet, some clients behaved in ways that made it hard for staff to sympathize with them, thus posing a challenge to their “moral identity” (Kleinman 1996). As victim advocates or counselors, their identities defined them as good people who cared for their clients. When their clients lied, returned to their abusers, broke rules, got angry, or failed to show up for appointments, staff initially responded with patience and forgiveness. For example, when a client lashed out at Heather (an advocate) because a judge granted her abuser a continuance for their trial (the client perceived this as a delaying tactic), Heather responded with kindness: “It’s our job to let her know that [the trial will happen]… and to understand that it’s reasonable that she’s upset.” To Heather, working as a victim advocate at SAFE meant sympathizing with clients, even when their behavior made it difficult to do so.

Candace Clark (1987; 1997), argues that people’s behavior determines the amount of sympathy they can expect from others (their “sympathy margin”). On top of that amount, the agency’s mission called on SAFE staff to “overinvest” (Clark 1997) into clients’ margins. As sympathy overinvestors, SAFE staff delved into difficult clients’ histories of abuse to generate additional sympathy for them. However, staff had limits when they suspected their clients were exploiting their good will. When this occurred, staff stopped investing into clients’ margins, explaining that clients had to take some positive steps in order to earn more sympathy. My findings contribute to Clark’s concept of “overinvestors” by showing how staff were able to refuse sympathy to clients and still maintain a moral identity.

In the third substantive chapter, I show how the women of SAFE enhanced the value of their care-work. These findings contribute to past studies that have shown that women’s care-work—attending to the emotional needs of others—is devalued across occupations

(England et al. 1994; Killbourne et al. 1994). Much of the ethnographic work on this topic has been conducted in such male-defined workplaces as law firms, (Lively 2000; Pierce 1995) and engineering (Fletcher 1999). This trend continues in workplaces in which the gender coding is less clear, such as in academia (Bellas 1999) or at an alternative health organization (Kleinman 1996). Yet, even at SAFE, an organization run by women for the purpose of helping women, staff still looked for ways to enhance the value of their female-defined care-work and to counter veiled accusations that their services were merely intuitive and thus unskilled. One option available to the advocates at SAFE was to cite their work in and around courtrooms as evidence that their job entailed more than just sitting and listening to clients. Meg, for example, was upset that a family member doubted her legal expertise regarding a specific type of restraining order. Her description of her response to him highlights how staff reshaped the meaning of their work to enhance its value:

> I think he finally realized that I really did work in the criminal justice system doing this stuff and I really did sit in court and watch all these cases; I really did attend legislative hearings and know a little bit about the law. But I still think that [he believes] my knowledge comes from my experience and my heart… that it's just me being emotional. And I think a lot of advocates get that. Here's an example. A woman did a training [presentation] on DV and she was a survivor. And she was presenting it, and in a very professional way. But this one guy, apparently, didn't like it. He got up and said, "I've never heard such BS in my life." And he just wrote her off as an angry victim. And so we get a lot of that. They think that we are just doing this because we are being over emotional.

To show that her work was important, Meg referred to her legal work—coded as masculine—instead of her attention to her clients emotional needs—coded as feminine. The SAFE counselors, on the other hand, could highlight their expert knowledge and Master's degrees in counseling or social work to show others that they did more than just, in Heather's words, “sit and talk.” As a result, the advocates and counselors challenged, but did not fully reject, prevailing assumptions that “men’s work” has greater value than “women’s work.”

BACKGROUND ON DV AND SA AGENCIES

As an agency, SAFE drew upon a legacy of rape crisis centers and the battered women’s shelters in the U.S. Beginning in the 1970’s, second-wave feminists began to establish agencies like SAFE to help victims and bring about new social policies (Martin 2005). In 1974, for example, the first reference to “wife abuse” appeared in the Reader’s Guide to Periodical Literature (Loseke 1992:14). Also in 1974, the National Organization for Women established its first anti-rape task forces (Martin 2005:97). The first rape crisis center started in 1972, and by 1996 there were over 1,200 (2005:99).

Agencies like SAFE set themselves apart from other organizations that help victims (hospitals, law enforcement agencies, social service departments) by arguing that violence against women—physical, emotional, and sexual—“is a part of a pattern of behaviors rather than isolated incidents of abuse or cyclical explosions of pent-up anger, frustration, or painful feelings” (Pence and Paymar 1993:2). Instead of locating the source of the problem in the pathology of the perpetrator, these new shelters and centers “articulated that violence is a particular form of domination based on social relationships of unequal power… [and that] violence is one mechanism for [men’s] social control [of women]” (Schechter 1982:34).

Frustrated with current policies and protocols regarding victim assistance, these new agencies set out to be more egalitarian. As a result, the first rape crisis centers and battered women’s shelters were often “collectivist, nonhierarchical, nonbureaucratic, and free of professional and technical elitism… [E]arly organizers denounced bureaucracy as alienating, elitist, exploitative, and patriarchal and many refused to associate with mainstream organizations, especially the police and courts" (Martin 2005:96-97). Yet, despite their intentions, they were not immune to reproducing social inequalities. As Matthews (1989) found, the predominance of white, middle-class women has always been "problematic for the American feminist movement as a whole, [including] the anti-rape movement" (1989:519). Throughout the civil rights movement, poor women, and women of color have often felt excluded from feminist struggles (Cole and Sheftall 2003). Because past campaigns against violence against women disproportionately targeted men of color, "incidents that linked race and rape caused further disjuncture between white feminists and blacks in the current feminist movement" (Matthews 1989:520). And, in organizations like SAFE, white middle-class women have held the majority of the organizational leadership positions (Pence and Shepard 1999:7). As a result, racial diversity within organizations has been difficult to achieve: "Women of color had reason to distrust both the campaign against rape and the larger women's movement… significant shortcomings mar the movement's successes, especially as it claims to represent all women" (Bevacqua 2000:200).

Attempting to create a new type of organization has also meant that agencies like SAFE have adopted unique protocols for training staff and assisting clients. For example, many victim advocates are trained in-house, rather than through professional degree programs (counselors at SAFE, however, did have graduate degrees; for more on this, see the third substantive chapter). Also, because many DV and SA agencies cannot afford to hire lawyers for clients, many staff have developed "lay advocacy" skills (Schechter 1982:36), whereby staff members master "the intricate details of local police and court procedures as well as local and state ordinance or laws" (1982:36). This strategy grew out of necessity and political philosophy. By defining abuse as an exercise of power, staff at rape crisis centers and battered women's shelters did not want to mimic abusive relationships by telling their clients what to do. As Schechter argues: "Borrowing ideas from the women's liberation movement, the counseling developed in rape crisis centers focused on the victim's need to retain control over decisions affecting her life and often used self-help methods" (Schechter 1982:38). Instead of requiring clients to obey the advice of staff, they were given the opportunity to determine their own futures. As I will show in the first substantive chapter, this approach also reduces the burden on staff to keep their clients safe. When staff are asked only to restore their clients' "power and control" (Pence and Paymar 1993:2), they do not have to assume the position of expert, nor the responsibilities that come with that title.

SYMBOLIC INTERACTIONIST APPROACHES TO EMOTIONS AND IDENTITY

My study of staff at SAFE is grounded in symbolic interactionism, especially as it is applied to the sociology of emotions and identity. Emotions are often thought of only as spontaneous and physiological. Symbolic interactionists approach emotions as patterned and social, contending that humans have the ability to interpret, negotiate, and control them. From this perspective, individuals and groups possess considerable agency over emotions, often using them to regulate interactions. By signaling to others appropriate ways of feeling and responding, people can use emotions to meet social expectations. Hochschild (1979) used the term "feeling rules" to refer to expectations for how people should feel (or not feel) in particular contexts. These rules are shaped and reproduced through interaction.

Sometimes people have "inappropriate feelings." In order to adhere to feeling rules, they may "work on" their emotions to bring them into line. They may also work on others' emotions. According to Hochschild, “emotion work” occurs when people “induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (1983:7). People may engage in “surface acting” (1983:37), acting as if they have the appropriate feelings. Or, people may engage in “deep acting,” whereby a “real feeling has been self induced” (1983:35). In either case, people can exert influence over their emotions rather than be fully controlled by them.

Emotion work can become a job requirement. Hochschild defines “emotional labor” as “the management of feeling to create a publicly observable facial and bodily display” (1983:7). In some cases, this labor can lead workers to become alienated from their feelings (1983). However, emotional labor is not always harmful to those who enact it. Some workers like it. For example, detectives can enjoy evoking fear and disorientation from criminal suspects (Stenross and Kleinman 1989).

Emotions also offer a window into the social position of individuals. As Clark (1997) has shown, expressions of sympathy often flow from the powerful to the powerless. Those who have social power can reject “sympathy gifts” from those who lack it (Clark 1987:318). People in privileged positions can also wield “status shields” (Hochschild 1983) that “protect them from others’ emotional onslaughts” (Stenross and Kleinman 1989). This type of emotional labor can be carried out individually or collectively. As Hughes argues, workers often “compose a collective rationale which they whistle to one another to keep up their courage, and… build up collective defences [sic] against the lay world” (Hughes 1951:320). In these cases, people can use emotions strategically to determine how they will feel under particular conditions.

Instead of conceiving of emotions as a universal biological phenomenon, symbolic interactionists understand emotions through their interactional context. As Lofland argued, emotional displays of grief, for example, vary according to the circumstances "in which the grieving person is embedded" (1985:181). For example, the death of a child is a tragic event; however, the meaning of this loss can vary among cultures with different rates of infant mortality. Yet, emotions are not only a product of one's position within a given context; they can also re-define that person's position. Dunn (2002) found, for example, that prosecutors were less likely to affirm women's claims to being a victim if they got angry or sought revenge from their stalkers.

As Dunn's example shows, different identities carry different feeling rules. In the caring professions (e.g., social work, counseling) we expect workers to have empathy (an understanding of a client's plight) and to feel and display sympathy. However, not all occupations require emotional labor of the caring and compassionate kind, coded as feminine in U.S. society. In Hochschild's discussion of "the toe and the heel" (1983:137) of emotional labor, she contrasts the sensitive and considerate approach of flight attendants with the harsh and intimidating displays of bill collectors, coded as masculine. For the collectors, feeling sorry for clients impeded their ability to extract payment. In response, they called up images of "loafer" and "cheat" when interacting with clients as a way to "curtail [sympathy and empathy] when [these] would interfere with collecting" (1983:143). Under these conditions, emotional labor becomes an integral part of the work and helps workers maintain their occupational identity.

Symbolic interactionists also understand identity as a social product. As individuals and groups, we can exert influence over the way others see us, and the way we see ourselves.

Schwalbe defines "identity work" as an interactional process in which people attempt **"**to establish, change, or lay claim to meanings as particular kinds of people" (Schwalbe 1996:105). Anyone can engage in identity work. Homeless people, for example, may engage in "identity work" to repair and patch together a sense of self-worth and dignity that others will accept and believe (Snow and Anderson 1987).

Identity work is not reserved for people with tarnished identities. Kleinman's study of a holistic health center found that staff consistently sought to redefine their actions as consistent with a "moral identity": an identity (such as mother) that defines us as good people. As she put it: "Our belief in ourselves as good people depends on whether we think our actions and reactions are consistent with that identity" (Kleinman 1996:5). At "Renewal," the men of the organization, in the face of their unequal and exploitative treatment of their female co-workers, invoked their identity as alternative healers to signify their moral goodness. Similarly, Holden (1997) found that the volunteers who felt angry and frustrated with their clients in a homeless shelter constructed an identity consistent with their belief in themselves as selfless and kind.

Because adherence to feeling rules is necessary for people to "accomplish" an identity, individuals and groups may elicit or suppress particular emotions to support their identity work. If the rationale workers "whistle" collectively is not in tune with prevailing "feeling rules," outsiders may question its authenticity.

This flexible and dynamic approach to emotions and identity provided by symbolic interactionism allowed me to examine the social lives of my research subjects and to see the world through their eyes. By analyzing how staff interpreted and understood their work, I could better understand the rationale behind their identity and emotion management strategies, and the consequences these actions had for their clients and themselves.

METHODS AND SETTING

Volunteer Training

Before I entered SAFE, I trained to become a volunteer at a different agency (for reasons I will explain below). This training totaled 35 hours during nights and weekends, over a period of four weeks. Through seminars and group discussions, the trainers taught "Domestic Violence 101" (their term) to aspiring volunteers. Trainers highlighted common patterns and misperceptions regarding domestic violence and sexual assault. As volunteers, we were taught to help clients "tell their story" through "active listening" techniques. By asking open-ended questions, we practiced ways to help clients develop their own strategy for improving their situation. We were not supposed to tell clients what to do. This strategy – what the trainers called the "empowerment model" – was the core message.

Training sessions focused on the ways that volunteers could help clients help themselves. For example, if a woman called the hotline and hinted that she might flee her abuser, volunteers could offer her a list of crucial items to pack (birth certificate, child immunization records, prescriptions, etc.). Yet, if the client changed her mind and said she wanted to stay, trainers taught volunteers to ask her how she might contact her friends, family, or authorities in case she sensed danger (if needed, the agency could provide her with a donated cell phone so that she could call 911). As volunteers, we were taught not to direct clients or dictate a different course of action, even if we believed there were safer alternatives. Instead, trainers taught us to listen to the client, guide them through a series of questions, and collaboratively develop a “safety plan.” The main lesson of the volunteer training program was that victims of DV and SA have been denied “power and control” over their lives; therefore, the best way to help them was by “empowering” them so that they could help themselves. Telling clients what to do would only deny them “power and control” over their future.

As trainees, we participated in role-playing exercises to practice interacting with mock clients. Sitting back-to-back, one trainee would read from a scripted scenario while the other would ask the “client” questions to learn about her situation and offer options. As the training progressed, past and current clients of the agency were invited to speak to the volunteers, share their stories, and answer questions. After we had completed the 35 hours of classroom training, each of us “shadowed” an experienced volunteer for four-hour shifts on at least two occasions.

Once I finished the training and “shadow” period, I worked as a volunteer. I worked my own shifts, answered the crisis hotline, and conducted client intake interviews once a week, four hours a day, for three months.

Entry into SAFE

I had hoped the agency where I trained to be a volunteer would become the setting for my dissertation research; but, citing funding cutbacks and reduced staff capacity, the directors decided not to participate in my research project. At the time, DV and SA agencies statewide had experienced budget shortfalls due to a reduction in funding from a previously reliable governmental agency.

Unbeknownst to me at the time, another member of my volunteer training group was the volunteer coordinator at a similar agency in a neighboring city. Sharing the same emphasis on "empowerment," this other agency (Stopping Abuse in Family Environments – SAFE) had more staff, less turnover, a larger budget, and served more clients. When I called SAFE to ask about studying their agency, my former training partner answered the phone. We quickly touched base, and she became instrumental in helping me gain access to my new setting.

Entry into SAFE was relatively easy. The co-directors of SAFE were accustomed to hosting graduate students in social work and counseling as interns who needed to fulfill curriculum requirements. As a researcher, my role would be different, yet familiar. Also, my past training and volunteer experience (as well as having an ally on staff who could vouch for me) enabled me to convince staff that my objectives were sincere. In exchange, I offered to share findings with them at the completion of the project. Staff members were receptive and enthusiastic about my fairly broad request: to conduct participant observation and in-depth interviews as a means to learn how SAFE staff managed their emotions and identities in the face of challenging work.

SAFE

SAFE advertises itself as an organization dedicated to helping victims of DV and SA. At the time I conducted the research (from June 2005 to August 2006), the agency had an annual budget of nearly $1 million. Eighty percent came from municipal, state, and federal grants, and twenty percent from private donations. SAFE served an area that contained roughly 60,000 people within an area of 700 square miles. Highly regarded by neighboring social service organizations, SAFE won a regional award the year this study was conducted.

SAFE offered a variety of services to victims and their families, including an educational intervention program for abusers on the root causes of domestic violence. The table below lists the frequency of services SAFE offered from the agency's database over a twelve month period (July 1 2005 to June 30 2006).

Service provided	Frequency/year
Crisis hotline calls (new clients)	36
Walk-in clients	1930
Counseling appointments	112
In-home family counseling appointments	79
Emergency shelter residents	45
Victims support group participants	69
Abuser intervention program participants	46
Court advocacy contacts	853
Domestic violence protective orders processed	198

SAFE employed 25 to 30 people who offered a variety of services. Staff were grouped into three main categories: those who worked directly with clients (advocates, counselors, and shelter staff); those who provided administrative support (fundraising, payroll, volunteer coordination, and program management), and those who worked as public educators (in public schools and in the abusers' intervention program). The majority of the data for this study come from the staff who worked directly with clients. This included one of the agency's co-directors (Kelly[2]), four advocates (Meg, Cathleen, Jesse, and Heather), five counselors (Jen, Emily, Lisa[3], Melissa, and Kim), and two full-time shelter staff

(Rebecca and Christina). Although there were transfers and some turnover at SAFE during my research, all of these individuals were present for at least 10 months between July 2005 to August 2006.

Geographically, SAFE services were dispersed through a number of offices. The main office, where the majority of my research was done, housed the advocates, counselors, and a majority of the administrative staff. A separate emergency shelter was located a few miles away in an undisclosed location and housed the shelter director and a family counselor (in practice, both conducted a wide variety of tasks from client in-take to rule enforcement to administrative paperwork). Also, a smaller and separate SAFE office, located in a neighboring town, offered limited client services. This office was a result of a past merger with a separate agency that focused largely on community education and outreach. Liz, the SAFE co-director who focused on obtaining grant support, worked in this office.

I will focus primarily on the work of the co-director Kelly and the staff she managed: the advocates, counselors, and shelter staff. Although these work titles are often used synonymously in DV and SA agencies, at SAFE, there were clear distinctions.

Advocates worked downstairs in the SAFE office near the front entrance and answered the hotline, received walk-ins, and helped clients navigate the court system. They were more likely, as they put it, to face clients "in crisis." To them, this meant that clients were still seeking basic needs: safety, shelter, and economic security. During the research, there was some turnover among the advocates. Meg, who transitioned to part-time work shortly after I arrived, quit SAFE months later, was replaced by Heather). Jesse, also a SAFE intern, worked part-time while she finished her undergraduate degree and then was hired full-time. Cathleen worked full-time throughout my research, but left soon afterwards to obtain a

Master's degree in social work. The advocates had the most uncertain schedule of the staff; at any moment, a client (or multiple clients) could knock on the office door or call the SAFE hotline. The advocates collected information from clients and helped them solve their immediate problems until they no longer believed they were in crisis. Once out of crisis, the advocates usually referred their clients to the counselors.

Upstairs in the SAFE office, individual and family counselors occupied desks across the hall from the co-director, Kelly. SAFE counselors arranged sessions with their clients by appointment and met with them individually, in a group, or in their homes (as part of the "family counseling" program). With the exception of Lisa, who had transferred from the advocate position, SAFE counselors held Master's degrees in counseling or social work. Each year, SAFE also allowed one graduate student to intern as a counselor (during my research, Melissa worked in this role). Because of their credentials, counselors also earned more money ($33,000-37,000 per year) than the advocates ($25,000-28,000 per year). All staff members made less than the co-directors (roughly $45,000 a year).

Located a few miles away in an undisclosed location, the SAFE shelter housed two full-time staff members (in addition to some night managers who slept in the building). Like the advocates, shelter staff provided "crisis" services to women and their young children (men were not allowed to stay in the shelter). The shelter staff worked where the shelter "residents" (their term for shelter clients) lived. As a result, they spent a great deal of time and energy resolving conflicts among residents and between staff and residents. The shelter staff also provided long-term (individual and group) counseling to residents, but they did not have graduate degrees. Christina, the shelter director at the beginning of my research, was working towards a Master's degree in counseling from a nearby university, but left SAFE before obtaining her degree. Michelle, the other full-time shelter staff member, had recently graduated from college with a liberal arts degree and replaced Christina as shelter director near the end of my research.

Shelter staff asked residents to set goals for themselves, participate in counseling programs (both group and individual), refrain from all substance abuse, and keep the shelter location a secret. Also, to maintain a positive atmosphere in the house, staff required residents to keep the house clean, get along with other residents, and be inside the shelter by evening. To stay in the shelter, residents had to sign a contract that outlined these expectations. If clients broke the rules, staff issued verbal and written warnings. Violations ranged from minor (smoking inside), to potentially hazardous (leaving candles unattended), to extremely dangerous (revealing the location of the shelter to an abuser).

Despite their organizational duties, one of the most important differences between the advocates, counselors, and shelter staff (at least for the purposes of this study) was the meanings the workers associated with their jobs. SAFE advocates often described their work as largely misunderstood and underappreciated by outsiders. Upstairs, the counselors sympathized with the emotional burden the advocates' bore because their clients were the most likely to be revictimized. Shelter staff also faced unique challenges; in their isolated work environment, they were often outnumbered by the clients they served. However, with the possible exception of shelter staff, the advocates were unique within the agency because they knew that the services they provided could mean the difference between life and death. Because of my interest in emotional labor and identity work, I spent most of my time with, and collected the majority of my data from, the advocates.

Data Collection

I visited the SAFE main office about once a week (except on holidays) to conduct fieldwork or in-depth interviews for roughly seven hours each visit. Although I focused my research on the main office, I also visited the shelter once a month, and attended staff meetings at the satellite office. In addition, I accompanied the advocates as they worked with clients in court on 12 different occasions (court sessions usually lasted three to four hours).

Staff granted me nearly unlimited access to client consultations and private meetings. They also allowed me to roam about the office and ask questions during spare moments. I also helped out around the office by occasionally answering crisis calls, conducting client in-take and a wide variety of other tasks – from photocopying to delivering furniture to helping clients get protective orders signed by judges.

Reliability of Data

I made my research objectives known to all the staff and took notes openly. At first, they repeatedly glanced at my note pad. However, as weeks and months passed, they seemed to take my presence for granted. Lisa, was the most aware of my note taking. She once said: “We must have just given you some juicy quotes right then.” In her interview, I asked her what she thought of my presence:

> I think you’ve blended in really fine. In fact [laughs], Cathleen and I were just talking yesterday about how we feel funny because we vent whenever you’re around. All the stuff that is bothering us, we tell you about it. And it is probably because of how free we feel in telling you stuff that we won’t tell each other.

Consistent with Lisa’s statement, staff often told me that they enjoyed having someone ask questions about their work. For SAFE staff, a sympathetic audience was not a guarantee; outsiders were often uncomfortable discussing DV or SA.

One of the refrains of staff who dealt directly with clients was that their workload limited the time they had to “process” (think about and manage their work-related stress). For example, Cathleen, an advocate in her second year at SAFE, voted to minimize any talk about clients during a staff retreat because “there isn’t time to think about taking care of yourself.” By asking the advocates and counselors how they dealt with their emotions, I gave them an opportunity to focus (even if briefly) on themselves. To counteract the possibility that staff would only vent their frustrations with me, I made a concerted effort to seek out examples of staff satisfaction and optimistic feelings about their work, especially in in-depth interviews.

I closely observed interactions among staff and asked questions grounded in the immediate context. I asked staff to provide specific examples whenever they described client cases or their own interactions. When respondents replied with “generalized accounts,” I probed for more specificity and detail (Weiss 1994:72-73)

When staff were busy preparing documents or talking with clients, I observed the interaction and did not interfere with their work. Afterwards, when they had a quiet moment, I asked them about what had just occurred and how they understood it. Staff introduced me to clients as someone who was researching the agency and “shadowing” staff around the office; then they would ask the client if they felt comfortable with me in the room. Clients accepted my presence on every occasion, but I declined to observe the few sessions when I was not convinced that the client wanted me there. I collected data primarily from my observations of staff during their interactions with each other and with clients. Although I did record the general outline of cases, I only did so to better gauge how staff understood and reacted to their clients. I did not interview clients or ask them questions.

Once I returned from the field, I typed the fieldnotes as soon as possible, while they were still fresh in my mind. On average, seven hours in the field yielded 8,000 to 9,000 words of notes (roughly 25 double-spaced pages). In total, I collected 43 sets of fieldnotes.

In addition to fieldnotes, I digitally recorded and transcribed interviews of all staff who had direct contact with clients (14 in total). These interviews lasted from 75 to 90 minutes each and were based on a semi-structured interview guide prepared in advance. On average, the transcripts yielded about 13,000 words (or 40 double-spaced pages).

All questions, and the focus of my observations during fieldwork, were guided by an inductive, grounded approach (Charmaz 2006). I was constantly looking for emerging themes and directed my questions accordingly. Operating from a symbolic interactionist perspective (Blumer 1969; Mead 1934), I paid close attention to the meanings staff ascribed to their actions, including how those meanings varied by the category of workers. I looked for the meaning of such folk concepts as “empowerment, “difficult client,” or “caring,” and how staff used those terms in interaction. I also focused on the interplay of social constraints and agency within SAFE; staff’s identity and emotion management strategies were creative, but limited by the conditions of their work. For fourteen months at SAFE, I was constantly “looking and listening… watching and asking” (Lofland and Lofland 1995: 19)

All fieldnotes and interview transcripts were entered into Atlas.ti, a qualitative data analysis program, to facilitate coding. My coding strategy consisted of three stages:

identification, conceptualization, and refinement. First, I identified and coded all persons, places, and topics of discussion. For example, if Heather and Meg were talking in the district court's hallway about Kelly's training policies, I would code this passage as "Heather," "Meg," "district court," "Kelly," "training." The next stage of coding consisted of labeling conceptual codes as they emerged. For example, any discussion related to "empowering" clients and domestic violence protective orders would be coded "empowerment model" and "DVPO."

Finally, after identifying conceptual codes that became lasting issues, I refined them into subcategories. For example, staff discussed DVPOs with each other, or clients, on 141 different occasions. Of these times, 22 different issues emerged. These ranged from discussions about DVPOs' inability to fully protect clients (23 times), to the difficulty staff had convincing judges to sign them (16 times). After completing all three coding stages, if I wanted to know how many times Cathleen discussed DVPOs, I could simply use Atlas.ti's co-occurrence query tool to locate the 55 different occasions of overlap between the codes "Cathleen" (frequency 322) and "DVPOs" (frequency 141). If I wanted more specific information, such as direct quotes from all the times Cathleen not only discussed DVPOs, but worried about the possibility that DVPOs might cause violence, I narrowed my search to see the co-occurrence among the codes "Cathleen" (frequency 322) and "DVPOs – can cause violence" (frequency 16) to find those specific passages (there were six such instances).

It was during the refinement of conceptual codes that themes began to emerge from the data. As I saw trends and patterns accumulate, I used the Atlas' "memo" feature to build my analysis. Because Atlas memos are anchored to specific passages of data, a brief one-paragraph memo could grow to multiple pages over the course of a year. Searching back for the original passage that started the memo, Atlas shows the memo in its entirety, not just the nascent paragraph. Using this approach, I could re-interpret initial observations with insight gathered months later.

The coding strategy and grounded method I employed allowed me to cover topics I did not expect to study when I entered the field (i.e., the role of the empowerment model in helping staff cope, and the complex ways staff struggled to cultivate sympathy for their clients). Although this method involved uncertainty at the outset, its flexibility allowed for a deeper investigation into the issues that concerned the research subjects and not just the researcher.

A Note on Terminology

I use the label “abuser” rather than “batterer” to refer to those who exercise power and control and outright physical and/or sexual violence. This term allows for a more comprehensive depiction of people who control, oppress, and hurt others. However, some at SAFE used the term “batterer.” This term was also common in the training literature and educational materials they offered to clients. I argue, however, that “batterer” connotes physical abuse, with the expectation of markings, bruising, and swelling. Emotional abuse, on the other hand, leaves no visible scars.

Staff consistently used “batterers” and “abusers” in conjunction with the male pronoun. Staff were quick to point out to me that 95 percent of their clients were women, and that was why they used male pronouns. The “Power and Control” theory of abuse, which staff claimed, implies that anyone can be an abuser. For example, lesbians can abuse one another, physically or non-physically. If abuse is rooted in cultural values that promote domination, no one is immune to their effects (Pence and Paymar 1993).

I use the term “victim,” although there is a debate among DV and SA agencies about whether to use “victim” or “survivor.” Staff almost always used the term “client” when referring to people who sought services, but they usually used the term “victims” to refer to all people who suffer abuse (whether or not they sought out SAFE services). Staff used “survivor” on occasion, but usually to refer to a former client who had succeeded in achieving their goals. Staff also used “survivor” to move away from the stigma associated with “victim” (Dunn 2005). However staff typically used “survivor” during abstract discussions about violence against women, not specific clients.

Like the staff, I use “client” to describe people who sought services from SAFE, and “victim” to refer to people who (staff believed) suffered abuse. To complicate matters, staff were willing to accept anyone as a client; yet, in order to be a victim, staff had to believe the person had experienced abuse. In other words, any victim could be a client, but not all clients were considered victims.

Finally, I will use female pronouns to refer to SAFE clients. This usage not only reflects the empirical reality of SAFE clients (98 percent were women), but also the way staff referred to “clients” and “victims” as women during hypothetical discussions.

There were a few male clients. However, in fourteen months of fieldwork, I only witnessed one case in which staff believed a man had suffered abuse, and it involved a father who feared physical abuse from his son. In four other cases, men sought services from SAFE, but their stated concerns were to protect their children or a female relative. In six other cases, staff believed that men sought out SAFE services as a way to exact revenge on their female partners (i.e., seeking an arrest warrant for their female partner after they had been arrested themselves).

Most staff members defended their usage of female pronouns with me at some point (I never initiated the topic). This could be a result of my role as a man researching an organization composed almost entirely of women (one man worked as a public educator and another as a facilitator in an educational intervention program for abusers). In most cases, staff used female pronouns to describe clients as a form of grammatical shorthand. They knew men could be abused by other men, and occasionally by women, but they believed it was easier (and more accurate) for them to refer to victims as women.

END NOTES

1. All names and places are pseudonyms.

2. The other co-director, Liz, was in charge of finances, community awareness, and management. Her primary office was located in a satellite office in a neighboring city.

3. Lisa had worked as an advocate at SAFE years before my research began. During the first 12 months of research she worked in the family counseling program. In the last four months of my research, she was hired as court liaison, acting as an intermediary between SAFE and the criminal justice system (judges, magistrates, law enforcement, district attorney, and private lawyers).

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II. “EMPOWERMENT” AND RESPONSIBILITY:

EMOTION MANAGEMENT AMONG STAFF IN A DOMESTIC VIOLENCE AND SEXUAL ASSAULT AGENCY

Staff at agencies that assist victims of domestic violence (DV) and sexual assault (SA) struggle with how best to serve their clients. They know that their advice can potentially mean the difference between life and death. To help clients, many agencies have adopted what they call “the empowerment model,” whereby advocates and counselors do not intervene or “rescue” clients. Instead, they “empower” clients to help themselves. Although there has been much research on the empowerment model as a resource to help victims (Busch and Valentine 2000; Cramer 2005; Gutierrez, Delois and GlenMaye 1995; Pence and Paymar 1993), little research has been done on how the model affects service providers.

Health and social service organizations that serve vulnerable clients often develop protocols for how their workers should cope with the emotional strain of their work (Kinzel and Nansen 2000). Administrators in these workplaces acknowledge the unique occupational risks their employees face. Vicarious traumatization, secondary traumatic stress, compassion fatigue: these hazards can hinder agency morale and increase staff turnover (Jenkins and Baird 2002; Baird and Jenkins 2003; White 2006, Maslach 1982). However, even when staff have guidelines on how to manage their emotions, workers often craft their own "tacit local practices" (Garot 2004: 761) to interpret and respond to client suffering.

Responses to clients' suffering vary among workplaces. In some jobs, such as bill collecting, workers may want to instill fear in their clients (Hochschild 1983). In other jobs, managers may require the opposite. In both cases, workers use emotions in the course of their work to meet others' expectations. Hochschild (1979) identified these norms as "feeling rules." Shaped and reproduced during interactions, these rules offer guidance on how people should feel (or not feel) in particular contexts. In the case of workers who offer services to "at-risk" clients, these rules can affect the way they feel about the outcomes of their clients' cases. Lofland found that the amount of grief a person feels and expresses, for example, is shaped by the "interactional context in which the grieving person is embedded" (1985:181). Those who work at DV and SA agencies find themselves in close proximity with clients who have not only suffered abuse, but are likely to suffer again. If staff believe it is their job to keep their clients safe, yet are unlikely to succeed, they may experience feelings of frustration, sadness, and especially guilt.

Some professions encourage workers to adopt a stance of "affective neutrality" (Parsons 1951), distancing themselves emotionally from the experiences of their clients. Surgeons, for example, may interpret a patient's death as an unfortunate consequence of an otherwise well-executed procedure. Yet the nurse whose job it was to tend to that patient's emotional needs may have a different response. Goodrum and Stafford (2003) found that "victim services counselors" shared the grief of the family members of murder victims, while the detectives and prosecutors of the cases did not (see Stenross and Kleinman [1989]) for more on detectives detaching themselves emotionally from victims. In jobs where staff are expected to empathize and sympathize with victims, failing to feel for victims is a violation of feeling rules.

Despite the emotional risks involved with offering services to victims, staff often find ways to manage the emotions they find painful and upsetting. Emotions often manifest themselves spontaneously and physiologically (e.g., tears, increased heart rate, perspiration), yet symbolic interactionists (Blumer 1969; Mead 1934) contend that humans have the ability to interpret and negotiate their meaning. From this perspective, individuals and groups can engage in “emotion work” to ward off uncomfortable feelings they experience in the course of their jobs (Hochschild 1983). For DV and SA agency staff, this can include managing their own emotions, as well as those of their clients or co-workers. According to Hochschild, “emotion work” occurs when people “induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others” (1983:7). A person may engage in “surface acting” (1983: 37), behaving as if s/he has the appropriate feeling. Or, s/he may engage in “deep acting,” whereby a “real feeling has been self induced” (1983:35). This “work” regulates interactions by signaling to others the appropriate ways of feeling and responding in particular situations.

When “emotion work” becomes necessary for earning a wage, it becomes emotional labor (Hochschild 1983:7). For example, if a co-worker is having difficulty coping with the suffering of their clients, the rest of the staff may remind that person of how they “should” feel. This form of emotion management can begin before a tragic event occurs. That is, staff can pre-empt particular feelings by reminding themselves (and others) how they should feel if something bad were to happen to a client. To cope with the likelihood that such suffering will occur, staff appropriate the resources available to them—even policies originally designed to help clients, such as the empowerment model—to mitigate the painful feelings their work evokes.

Yet, “empowering” clients also carries emotional risks. For people who see themselves as caring and compassionate, it may be difficult to watch clients make decisions they think of as unwise, dangerous, or both. In addition, if staff believe their clients are incapable of helping themselves, their desire to empower them may conflict with their impulse to keep them safe at all costs. For example, staff may be at a loss on how to empower victims of DV and SA who “suspend reflexivity” or become “numb” (Mills and Kleinman 1988:1023) because these clients are usually incapable of exercising their own agency. In such cases, staff may be tempted to take a more directive approach with clients. Yet, if they intervene, they run the risk of seeing themselves as responsible for their clients’ fates.

In this paper, I examine how advocates and counselors for victims of DV and SA at SAFE (Stopping Abuse in Family Environments)[1] reconciled their dual desires to keep their clients safe and “empower” them to make their own decisions. In many cases, these goals aligned. Yet, if staff feared their clients were about to make counterproductive decisions, or were incapable of helping themselves, they “steered” them towards some options and not others. As long as staff were able to frame their services as “empowering,” they were able to deflect responsibility for their clients’ outcomes and buffer themselves from feelings of sadness, frustration and grief. If they admitted to intervening on their clients’ behalf, however, they lost access to this emotion management strategy. These findings offer an interactionist analysis (Blumer 1969; Mead 1934) of a concept with broad appeal among social service providers: “empowerment.” A symbolic interactionist approach allows me to explain how staff's use of this concept in practice helped them cope with the difficult conditions of their work. In particular, I analyze how those who "empower" can manage their emotions by reshaping the meaning of a protocol originally designed for their clients.

METHODS AND SETTING

The data in this chapter are part of a larger ethnographic project of staff at an agency that assists victims of domestic violence and sexual assault. I first trained as a volunteer at a nearby agency for 35 hours during nights and weekends over a period of four weeks (in addition to two, half day "shadow" shifts). After training, I answered the crisis hotline and met with walk-in clients once a week for three months.

Through the contacts I established during my volunteer work, I secured an informational interview with a similar, although much larger, agency. I requested permission to study staff while they interacted with each other and clients. In exchange, I offered to help out at the agency wherever I could and fully share the results of my research at the completion of my project. They granted me nearly unlimited access and allowed me to take part in client sessions, observe staff meetings, and ask questions of staff as they worked. I also participated in a number of tasks: over a period of fourteen months at the agency, I answered phones, made photocopies, ran errands, and on a few occasions I accompanied clients in court to seek approval of their protective orders from a judge.

Stopping Abuse in Family Environments (SAFE) is an agency that helps victims of DV and SA. At the time, June 2005 to August 2006, the agency had an annual budget of nearly $1 million (with 80 percent from municipal, state, and federal grants; and 20 percent from private donations) and served a local population of roughly 60,000 people within a 700 square mile area. Highly regarded by neighboring social service organizations, SAFE won a regional award for outstanding service the year this study was conducted.

The agency employed between 25 and 30 people who offered a variety of client services: a crisis hotline, court advocacy, counseling, support groups, and an emergency shelter. Off-site services also included an educational intervention program for abusers[2], community awareness projects, and a youth educational program. Staff were grouped into two categories: those who worked directly with clients (advocates, counselors, and shelter staff) and those who provided administrative support (fundraising, payroll, volunteer coordination, and program management). The data for this study come from staff who worked directly with clients. This included one of the agency's co-directors in charge of direct services (Kelly), four advocates (Meg, Cathleen, Jesse, and Heather), five counselors (Jen, Emily, Lisa, Melissa, and Kim), and two full-time shelter staff (Rebecca and Christina). The other co-director (Liz) was in charge of agency finances and worked in a satellite office in an adjacent town.

Although the titles of staff who worked with clients (advocates, counselors, and shelter staff) are often used synonymously in DV and SA agencies, at SAFE, there were clear distinctions. Advocates did not have graduate degrees. They worked downstairs in the SAFE office near the front entrance, answered the hotline, received walk-ins, and helped clients navigate the court system. Like all staff, the advocates were trained to attend first to the emotional needs of their clients to "empower" them to help themselves. Then, if the candidates believed the client might benefit from a legal remedy, they were allowed to help them navigate a number of confusing civil and criminal options. SAFE Counselors and shelter staff also sought to "empower" clients, but they referred all legal questions back to the advocates.

Advocates were more likely, in their terms, to help clients "in crisis." To them, this meant that clients were still seeking to meet their basic needs (safety, shelter, economic security). Of the clients who ultimately sought recourse in the criminal justice system, the majority of them came to SAFE with legal solutions in mind. They often came to SAFE to inquire about Domestic Violence Protective Orders (DVPOs)—a type of restraining order—or affordable local lawyers. However, as advocates and their clients interacted, advocates were able to exert influence over which options a client might eventually choose. For example, even if a client came to SAFE with a hastily filled-out DVPO, advocates could inform the client of the possible negative consequences of such an approach. Or, if a client called the hotline only to talk about their worries, SAFE advocates could inform them of their legal options. Of all the interactions I observed between advocates and clients, legal options were almost always discussed. In most of these cases, a client would first tell the advocate that they had "heard about" a DVPO, or free legal services, and then advocate would explain, in detail, how the process worked.

Of all staff, the advocates' daily schedule was the most uncertain: at any moment, a client (or multiple clients) could knock on the office door or call the SAFE hotline. Over time, once advocates had helped clients solve their immediate problems and no longer believed they were in crisis, they often referred them to the counselors.

Upstairs in the SAFE office, individual and family counselors occupied desks across the hall from the co-director, Kelly. SAFE counselors arranged sessions with their clients by appointment and met with them either individually, in group, or in their homes (as part of the "family counseling program"). With the exception of Lisa, who had transferred from the advocate position, SAFE counselors had post-graduate degrees in either counseling or social work. Each year, SAFE also allowed a graduate student to "intern" as a counselor during their final semesters (during my research, Melissa worked in this role). Because of their credentials, counselors also made more money ($35,000-37,000 per year) than the advocates ($25,000-28,000 per year); and all staff made less than the co-directors (roughly $45 thousand a year). Counselors worked with clients to establish emotional and practical strategies (not legal suggestions) to develop long-term solutions to their problems.

Located a few miles away in an undisclosed location, the SAFE shelter housed two full-time staff members (in addition to some night managers who slept in the building). Like the advocates, shelter staff also provided "crisis" services to women and their young children (men were not allowed to stay in the shelter). The shelter staff worked where the shelter "residents" (their term for shelter clients) lived; as a result, they spent a great deal of time and energy interacting with them. The shelter staff also provided long term (individual and group) counseling to clients, but they did not possess post-graduate degrees. Christina, the shelter director at the beginning of my research, was working toward a Master's in counseling from a nearby university, but left SAFE before obtaining her degree. Rebecca, the other full-time shelter staff member, had recently graduated from college with a liberal arts degree and would later replace Christina as shelter director near the end of my research. Again, if residents of the shelter had legal questions, shelter staff referred those inquiries back to the advocates on the first floor of the main SAFE office.

I visited SAFE (and their satellite offices) an average of once a week, for fourteen months. As a participant and observer, I was present in the main office, shelter, or court (accompanying the advocates) about seven hours per visit. Staff introduced me to clients as someone who was researching the agency and shadowing them in the office. I took notes throughout the day (which I expanded and typed immediately afterwards). I also conducted fourteen interviews, averaging between 75 and 90 minutes each, using a semi-structured interview guide (Lofland and Lofland 1995). I digitally recorded and transcribed each interview.

All questions, and the focus on my observations during fieldwork, were guided by an inductive, grounded theory approach (Charmaz 1983; 2006). I was constantly “looking and listening… watching and asking” (Lofland and Lofland 1995:19) in order to identify themes as they emerged. Operating from a symbolic interactionist perspective (Blumer 1969; Mead 1934), I paid close attention to the meanings staff ascribed to their actions, including how those meanings varied by the category of workers. I looked for the meaning of such folk concepts as “empowerment” and “suffering” and how staff used those terms in interaction. I also focused on the interplay of social constraints and agency within SAFE; for example, staff’s strategies to deflect responsibility for their clients’ suffering were creative, but limited by the conditions of their work.

THE EMPOWERMENT MODEL

The use of “empowerment” is not unique to SAFE. Many social service fields (e.g., social work, public health, community development, GLBTQ advocacy, and child protection services) view empowerment as “a theory and a practice that deals with issues of power, powerlessness, and oppression…. The goal of empowerment is to increase personal, interpersonal, or political power so that individuals, families, or communities can take action to improve their situation" (Gutierrez, Delois, and GlenMaye 1995:535).

Nationwide, many agencies that assist victims of DV and SA use the empowerment model as one part of a larger community-coordinated response to abuse. This comprehensive response, often referred to as the Duluth model, was designed in Minnesota in 1981, and defines abuse as the act of exerting "power and control" over victims by physical and non-physical means (Pence and Paymar 1993). To address this problem, staff "empower" clients to help them regain "power and control" over their lives.

While many equate abuse with bruises and scars, a power-and-control definition of abuse also includes "intimidation," "emotional abuse," "isolation," "coercion and threats," and "economic" control (Pence and Paymar 1993:3). With this rationale, the best way to help clients is to "empower" them to make their own decisions. Instead of ordering clients to pursue a specific course of action, it is better to provide them with the tools they need to determine their own futures.

At SAFE, staff's description of "empowerment" centered around one main idea: to help clients help themselves. According to Heather, an advocate with nearly ten years of experience at DV and SA agencies, "sometimes I want to tell them what to do, but I can't do it." When a client needed a new apartment, for example, Heather resisted calling landlords on her behalf. Instead, she said she "empowered" the client do the work herself. Although the client was upset at first, she ultimately agreed. Days later, she informed Heather that she had found an affordable place to live. Heather congratulated her: "You did it! You did all the work yourself. All those steps you took to get where you need to be, and you did it."

This case was especially gratifying for Heather because she was able to keep the client safe in a new apartment and “empower” her at the same time.

Rebecca, a recent college graduate on staff at the shelter defined “empowering clients” as resisting the temptation to help them more than they were helping themselves: “I ask myself, ‘Am I doing too much?’ If we follow an empowerment model, some residents need to do these things for themselves.” At SAFE, staff asked clients to show their willingness to improve their situation by setting goals, participating in counseling, and seeking assistance from local social service agencies. If clients did not agree to these terms, staff explained the benefits of empowerment until they did. If clients continued to oppose SAFE’s approach, staff had permission from the co-directors to withhold services. These findings are consistent with those of Loseke (1992) who found that shelter staff scaled back their efforts to help if they believed they were putting in more work than their clients.

To SAFE staff, helping clients too much could hurt them. According to Jen, an individual and family counselor for five years, “it is giving them an illusion that they are doing something when they’re not.” Christina, the shelter director at the beginning of my research, agreed:

> When you enable somebody to be in need, that means that if you need some food, I’m going to continuously give you food, rather than telling you how to go get it or providing you with whatever it is you need in order to go get it when I’m not here.

From these two accounts, Jen and Christina show how “empowering” clients at SAFE meant adopting a non-directive approach that called on clients to be responsible for making their own decisions.

Because SAFE adhered to an “empowering” approach, not all staff needed professional credentials to offer services to clients. Although the counselors who worked upstairs in the SAFE office had graduate training in social work or counseling (with the exception of Lisa), the advocates—who worked downstairs and interacted with new clients "in crisis"—lacked such degrees. As a result, the advocates' salaries were 15-20 percent less than the counselors'. Considering SAFE's budget concerns, these savings were important. At the time of my research, the agency had recently lost a substantial amount of public funding, and the co-directors had reduced the number of advocates' hours in the office per week from 120 to 80. "Empowerment," then, not only served as a way to help clients; it also provided the SAFE co-directors with a less expensive way to hire and train advocates with little experience or training.

Yet, the "empowerment" approach also had limitations. It became more difficult to apply when staff believed their clients were incapable of helping themselves. Cathleen, an advocate, said that clients had to "move beyond the crisis situation" before she could help them develop their own goals and strategies. In an interview, Kelly, the co-director with over 20 years of experience helping victims, said that "empowerment" was more difficult for some clients than others: "[If] they're overwhelmed, or if they can't do everything for themselves … you have to understand what is appropriate for the helper to be doing … and what is appropriate to expect the client to do." Asking clients to make their own decisions, although preferable, was not the only option at SAFE. Staff reserved the right to step in and become more directive, but only as a last resort.

SAFE staff often were ambivalent about telling clients what to do. Staff believed that intervening, although helpful in the short run, might do more harm than good in the long run. In private, the advocates admitted that they had ideas about specific things clients could do to improve their safety; yet, they almost always kept these thoughts to themselves. For example, the advocates routinely presented their clients with three main options: (a) "safety planning" (devising a strategy to anticipate and react to future abuse) (Davies, Lyon, and Monti-Catania 1998); (b) legal remedies (both civil and criminal); and (c) long-term counseling (individual and/or group therapy). Although they presented all of these options to clients, they often had private thoughts about which options would be most beneficial. Yet, they hesitated to tell clients what to do because they feared that this would "disempower" them. In one case, when a client told Cathleen that she wanted to stay with her violent abuser, Cathleen privately disagreed. When she told Jesse and Heather (also advocates) her misgivings about the clients' decision, her co-workers commiserated about how difficult it was to not reveal their beliefs with their clients. When Cathleen said, "I know we aren't supposed to tell clients what to do, but she needs to get out because he's a psycho," Jesse and Heather nodded in affirmation. They agreed with Cathleen's strategy to keep quiet and allow her clients to make her own decisions, even if they were ill-advised, because the lasting benefits of "empowerment" would outweigh the immediate risks.

STEERING

At SAFE, "empowering" clients could also mean standing back and watching them make bad decisions. This posed a dilemma for SAFE staff: how could they "empower" clients to make their own decisions yet decrease the likelihood of (what staff believed to be) counterproductive or even dangerous decisions? Staff saw themselves as caring and compassionate people; however, their inaction in the face of client suffering could challenge their claims to a "moral identity" (Kleinman 1996). To resolve this dilemma, staff subtly steered clients toward options that staff believed would have fewer negative consequences.

This helped them influence their clients’ behavior (to keep them safe) without seeing themselves as responsible for the outcome of the clients’ cases. From staff members’ perspective, their clients still had made their own decisions.

Staff did not often steer clients, and said that they only did so when they believed it was in the client’s best interests. For example, staff were hesitant to help clients obtain protective orders (DVPOs) if they doubted a judge would approve them. They feared that initiating a legal challenge with few chances for success might enrage the abuser and allow him to feel vindicated if he won in court. In one case, a client came to SAFE for a DVPO on the advice of law enforcement. She said that her ex-husband had made threats and she wanted the court to force him to stay away from her and her child. Heather (an advocate) knew from her experience that judges required specific examples of recent abuse or threats in order to approve a DVPO, especially in cases that might involve denying custody rights. To determine whether a client might be eligible for a DVPO, she asked the client questions that would elicit the kinds of answers a judge would require. For example, with her notepad in hand, Heather asked, “How would he threaten you?” and, “Why are you afraid to be alone with him?” When the client did not respond with specifics, Heather kept probing. When the client said that one time he threw a chair at her, Heather put her pen to paper and interjected “When did he do that?” But the client said that this incident took place years ago, and because of the circumstances surrounding the incident, she was not afraid at the time. Heather began to doubt the client’s ability to get a DVPO approved by a judge, and she began to explain the negative consequences of failure in court.

Heather worried that applying for a DVPO might do more harm than good and began to steer her toward other options. But the client was reluctant to give up on a DVPO. Instead of telling her what to do, Heather took a non-directive approach. When the client asked, “What do we need to do?,” Heather responded, “Well, that’s up to you to decide.” When the client described her abuser’s temper and bouts of anger, Heather listened quietly, permitting the client to speak uninterrupted for fifteen to twenty minutes at a time. When Heather did speak, however, she repeated the reasons why a judge would be unwilling to grant a DVPO in this case. She stopped short of telling her to drop the idea, and said, “I’m not telling you not to fill out the paper work… [but] it takes a lot, a lot, a lot to keep a parent away from their child [with a DVPO]… it takes something drastic.” Heather asked the client if she had been to the Department of Social Services (DSS) for help, and the client said that she had, but they were not helpful. The client also said that she had consulted a lawyer about suing him for custody, but could not afford the cost ($2,000). Despite the legal costs and her past disappointment with DSS, Heather still believed these were the client’s best options and offered to call DSS and inquire about her case. Eventually, the client stopped asking about the DVPO. Just before she left, she agreed to try DSS one more time.

After the client’s session, I talked to Heather on the front porch. She reaffirmed her doubts that a judge would have signed a DVPO. Although protective orders often include no-contact clauses, which could prohibit her abusers from getting near the client and their child, their stated purpose is to protect victims from eminent harm (not act as a custody ruling). Replaying the client’s inability to cite specific threats, Heather said that she suspected the client wanted the protective order as a substitute for a custody trial: “It was like she wanted to get a protective order as cheap custody... She needs social services and an attorney.” Heather did not blame the client for her tactic; instead, she cited the high cost of legal fees and bad advice from law enforcement. Heather speculated that sheriff’s deputies had probably directed her to get a protective order without knowing the eligibility requirements: "I think law enforcement means well, but they don't go to civil court a lot and see how [protective order] hearings go…   they don't see the judges' reactions." After the client had left, Heather still expressed concern for her well being, "I'm worried about her [emotional] health," and depicted her role as merely an information provider: "I still would have assisted her [with a DVPO], but when she learned it wouldn't give her custody she didn't want to do it."   Yet, Heather's account puts responsibility for the final decision on the client, not her. Heather believed she had given the client the information and the perspective she needed to make an informed decision. She had steered the client away from applying for a DVPO, and she could leave the session believing she had kept her client safe. In her interpretation, she had "empowered" the client.

As Heather's example shows, staff steered clients in ways that allowed them to claim that their clients' decisions were their own, thus allowing them to distance themselves from full responsibility for the outcomes of clients' cases. To do this, staff employed a variety of strategies to influence clients' decisions: asking leading questions, encouraging clients to imagine an alternative future, engaging in emotion memory work, and framing advice as "opinion."

Asking Leading Questions

SAFE staff acknowledged that they could influence their clients' decisions. They justified their interventions by framing them as ways to encourage clients to take advantage of local resources or to explore different options. Cathleen explained that she asked questions in a particular way: "I usually phrase things [so that] … I'll turn it into a question

… a leading question.” This strategy typically took the form of presenting options as questions, such as, “Have you thought about entering the shelter?,” or “Has anyone suggested you file for a protective order?”

For clients who resisted identifying as a victim, SAFE staff showed them diagrams depicting the characteristics of DV and SA victims to influence their decisions. In one case, a woman in the hospital resisted taking legal action because she did not yet think her injuries constituted abuse. I asked Cathleen, in private, what she thought the victim should do: “I’m thinking, ‘You need to take out a [protective order] and press charges … because eventually [Child Protective Services] will find out and they might take the baby.’” Yet, Cathleen did not say this to the client. Instead, she steered her towards this decision by showing her a brochure with a list of tactics abusers commonly use. She then gave the client a pen and asked her to mark all of the tactics that applied to her life. At the end of the exercise, the woman had checked off over half the items. Cathleen described how the client’s facial expression changed as she came to see herself as a victim for the first time. Within minutes, she agreed to press charges and file for a protective order. By interpreting her leading questions (“has he ever done this to you?”) as a way to help her client make an informed decision, Cathleen was able to see herself as “empowering” her client while helping her maintain custody of her child.

Staff approached steering with caution. Abusers ordered victims around, and SAFE staff did not want to engage in the same behavior. Heather, an advocate, explained that she steered only as a last resort: “If I really saw a situation where [something bad] is going to happen, and this is where it’s headed, I may have presented a different route and was more encouraging in that route.” During staff-client interaction, I never observed staff tell them, "This is what you should do." Instead, their approach was less direct. Staff knew that abusers manipulated their victims into making specific decisions, and that their clients were attuned to this strategy. In her interview, Lisa described victims' alertness to hidden agendas (or "subtext") behind questions or suggestions:

> [I would ask] them questions to maybe get them to some conclusions, but in the most subtle way I could find, so they didn't pick up on it. And I think women in crisis are very attuned to [that], because they've had to be so on eggshells with their batterer. They are very keen on subtext and worry, so you had to be really careful with them. It's a very tricky thing to do.

It was important for staff to believe that their clients were making their own choices, and not merely obeying staff, as they would their abuser. As caring and compassionate people, staff did not want to associate their services with abusive behavior. Framing their services as "empowering" helped solve this problem.

Imagining Alternative Futures

Because of their years of experience working with DV and SA victims, SAFE staff believed they were able to predict the likely consequences of their clients' decisions. Staff did not believe their clients were incompetent or unable to choose options wisely. Instead, they understood that good decisions required information and perspective: two things that abusers routinely undermined in their victims. In her interview, Christina said that she encouraged clients on the verge of making a mistake "to look at some different options." She described a former shelter resident who wanted to move back in with her abuser. Christina did not tell the woman to stay. Instead, she outlined other choices:

> And I really just talked to her and told her what some different options were, such as, "You have the option, if you stay in the shelter, you can go to treatment, you can get your benefits from social services. If you decide to go

> back to school, that’s a very good possibility.” … And so, she thought about it, and just decided to stay. And that’s what she did. She went to treatment, is getting all of her services, and probably looking at going to school pretty soon.

Christina was concerned about the client’s safety. Christina’s steering, however, accomplished more than just keeping the client in the shelter. Sitting back and watching the client make a potentially dangerous decision could have made it difficult for Christina to see herself as a caring and compassionate person. Yet, pushing the client to stay would violate the empowerment model, and make it more difficult for her to interpret any negative consequences of her steering as beyond her responsibility. Instead, by subtly influencing the client, Christina could believe she had done something to help the client and “empowered” her at the same time.

SAFE staff often persuaded their clients to consider different options by asking them hypothetical questions. Lisa described her “What if?” method to help clients imagine alternatives to their existing plans: “I try to get them to visualize something as a ‘What if?’ thing, not a, ‘Well, you should do this.’ Or, ‘Why don’t you do this?’ But just, ‘What if this happened, what would that be like?’” By asking clients to explore other options, Lisa encouraged them to consider the (potentially) positive outcome of a new course of action. If clients changed their minds, Lisa could frame their decision as originating from them, not her.

Pointing out dangerous flaws in clients’ plans was not antithetical to the “empowerment model.” Instead, staff believed it helped clients make more informed decisions. In her interview, Rebecca discussed the case of an “ideal” resident who considered leaving the shelter and moving in with another resident. But Rebecca worried that the other resident still had a “long way to go” in her recovery process:

> That wasn't a stable situation to be going into. And personally I was like, "I don't know about that." But I wasn't going to present it like that. I talked to [the client] … and a lot of times she said, "Well, I'm thinking about it." And it is kind of asking questions and thinking through … "Do you have any concerns about this? What would that be? What would happen if that came true?" She eventually decided not to [leave].

To Rebecca, helping the client "think through" her options revealed the potential downsides to her original decision. From Rebecca's point of view, this strategy helped her empower the client while steering her away from danger.

Engaging in Emotion Memory Work

SAFE staff reported that victims often wanted to return to their abusers. Under the empowerment model, such a decision would be left to the client. However, staff also worried that clients might make unwise decisions if they forget the trauma and abuse they had suffered in their relationships. Lisa, for example, warned clients that after they "get all their bad feelings out" by calling their abuser to account for their behavior, they might become nostalgic for the past (before the abuse began). To pre-empt their clients' urge to return to an abuser, SAFE staff often showed them a diagram that depicted abusive relationships as a cycle consisting of three stages: "Tension: walking on eggshells;" "Eruption: abuse," and, "Respite: honeymoon period." To steer clients away from believing the "honeymoon period" would last forever, SAFE staff often asked them to remember the emotions they had felt during episodes of past abuse.

Staff framed this type of steering as a way to remind clients of the logic behind their original decision to leave. Staff did not see themselves as telling clients what to do. As

Heather put it, she could keep a client from making a dangerous decision by "refresh[ing] [her] memory about how bad it was." Despite their influence, asking clients to "remember experiences emotively" (Hochschild 1983:41), allowed staff to frame clients' decisions as their own. Melissa, for example, had clients recall a specific event, and then asked them "How did that feel in your body?" This helped clients remember the past cognitively, emotionally, and physiologically.

Clients usually reconsidered their plans after staff engaged them in emotion memory work. Melissa described one counseling session in which she worried that her client might visit her abuser despite warnings from the police that he was dangerous. She asked the client to think back and remember the sensations she experienced during a specific incident of abuse months earlier. In her interview, she described how the client reacted to this technique:

> She started crying after that process came down and said, "I'm really scared!" And I said, "Okay, that doesn't mean that you have to do anything, now you just know that you're scared, and a good way to deal with fear is to go really slow…. It doesn't mean that you still can't see him and that you can't be with him. But just go [slow]."

Soon after, the client decided against visiting her abuser. By using emotion memory work, Melissa could influence the client's decision while interpreting her role as non-directive and empowering.

Framing Advice as Opinion

SAFE staff framed specific advice as just an opinion the client might consider. Instead of telling clients what to do, Melissa tried to appear non-directive: "And I make it very, very clear that this is very much me. And these are the reasons why I'm worried about you.… And I'll very much frame it with, 'That's my opinion.'" While an "opinion" carries less weight than expert advice, it can also be influential, especially when it comes from someone whose job it is to help victims. Staff said that clients routinely tried to decipher what staff "really believed," and staff went to great effort to conceal their private thoughts. Staff knew their views held considerable weight with clients. Yet, by framing their advice as opinion, staff could steer clients and still identify themselves as not responsible for the final decision.

Offering "opinions" rather than directives fostered a less hierarchical relationship between staff and clients. This was important to staff, especially in cases where clients did not accept staff's "opinion." Staff did not consider themselves people who issued mandates and demanded obedience—like abusers. As Kelly, the co-director, explained in her interview, if clients failed to comply with a demand, they might not return, fearing their advocate or counselor would be angry with them. To avoid this, Kelly made sure her clients knew it was okay to disagree with her:

> I really take pains to let them understand that this is my opinion, coming from where I'm coming from…. And I understand that they might not see it that way at all, but I feel like I have an obligation to share with them what I've learned and seen over the years, working with lots of different people…. [They can] use that information however they want. They can go away, think about it, come back … because my goal is to keep the clients coming back.

To SAFE staff, evoking shame from clients for making the "wrong decision" was not only "disempowering," it contradicted their moral identity as good helpers.

To steer clients using this strategy, SAFE staff occasionally waited for outside authorities to give explicit advice on their behalf. For example, Cathleen visited a client in the hospital after her abuser had beaten her badly. The client wanted to return to him despite his abusive behavior and lengthy criminal record. Privately, Cathleen disagreed with the client’s plan, but she didn’t voice her thoughts. Instead, a sheriff’s deputy in the room told the client she should press charges. Then, the hospital nurses also strongly urged the client to leave the relationship. Cathleen later told me how she tried to subtly “second” their advice by nodding in agreement in the background. When I asked her why she did not tell the client to leave, she responded, “I’m thinking that, but I didn’t need to say it because the nurses were saying it” (emphasis added). By deferring to authorities, Cathleen accomplished the same goal without saying a word.

Unlike the sheriff’s deputy and the nurses, Cathleen had different obligations to the client: her job was to “empower” clients, not tell them what to do. Law enforcement officials and medical personnel, on the other hand, operate under different professional guidelines. Their job does not call for allegiance to the empowerment model, they are free to tell clients what they think they should do. By allowing them to influence the client for her, Cathleen was able to maintain her claims to “empowering” clients.

Although the empowerment model was originally designed to help clients, staff used it as a resource to manage the emotional risks of working with clients they knew would likely suffer again, or even be killed. In the following section, I will describe how staff used the idea of empowerment as an emotion management resource. Later, I will show why it was so important to frame their steering as “empowering”; because when staff admitted to intervening, they could not deflect responsibility when their clients’ situations did not improve.

“EMPOWERMENT” AS AN EMOTION MANAGEMENT RESOURCE

By seeing themselves as people who “empower” rather than “rescue” clients, staff could narrowly define how they, and other SAFE staff, should feel if their clients suffered at the hands of their abusers. An interaction between Melissa (a counselor) and her client exemplifies this process. As part of a community outreach project, Melissa often met with clients and families (including abusers) in their homes. In one case, a client confided to Melissa that she feared her abuser would become violent again. During this conversation, he was sleeping in an adjacent room. Both Melissa and the client knew this was a potentially dangerous situation. If the abuser knew what they were talking about, he might become angry. As the client spoke, repeatedly glancing over her shoulder, she described his frequent outbursts of rage. At the time, Melissa said she was overcome with a desire to remove the client from the house. In her interview, she described how she resisted that temptation:

> Melissa: What came out of me, something I had to check myself for, was that I wanted to rescue her. My rescuer came out, big time. I was like, ‘Oh God! That is not my job! I am not being paid to rescue her.’ But I really wanted to rescue her. I really wanted to take her and her child and put them in my car and say, ‘We’re out.’
>
> Interviewer: So why didn’t you?
>
> Melissa: That’s not my job.

In this case, the abuser did not wake up and hurt her. However, by citing “That’s not my job” in a matter-of-fact tone, Melissa used the empowerment model as a resource for setting the limits of her responsibility for her clients’ suffering. She may have been tempted to “rescue” her client, but she believed this type of intervention would be “disempowering.” By justifying her decision to let the client to make her own decisions (in this case, to stay in the home), Melissa was able to pre-empt any feelings of guilt or sadness that might result if the client's abuser harmed her again. The "empowerment model" not only offered Melissa guidance on how to help her clients, but also on how she should feel if her clients were re-victimized.

Staff often described the pressures they experienced in their work. Although they hoped for the best, they knew that most of their clients would be abused again. Murder was a rare occurrence, but it did happen. Two SAFE clients were killed by their abusers shortly before I began visiting SAFE, and the daughter of a former staff member (not a SAFE client) was brutally killed near the end of my research. In these first two cases, I will show how staff used the empowerment model to manage the feelings that emerged in the aftermath of their clients' deaths.

Years earlier, when Lisa was an advocate, she worked with a client who had recently won a hard-fought legal battle to secure ownership of the home she once shared with her ex-husband. Instead of selling the home and leaving, the client wanted to stay. Privately, Lisa disagreed with this decision. She told other staff about the lethal warning signs in the case. Due to the terms of their separation agreement, he had access to a neighboring property. Lisa believed he was lingering in the area as a way to taunt her client. In addition, local law enforcement had suspected the ex-husband of arson in a number of fires in the area. Lisa spent hours talking with the client. As the days passed, Lisa's fear increased: "That last day, I had a flash feeling: 'I'm not going to see you alive again.' I looked at her like I was never going to see her again." Lisa knew that the SAFE co-director, Kelly, had been urging the client to reconsider her plans, but Lisa had decided to take a less direct approach and keep her premonition to herself. The client told Lisa she would leave in a few days.

However, the next day, the client died in a fire in her house. Police suspected arson, but did not have enough evidence to file charges.

Lisa stood by her decision not to intervene. Years later, Lisa still replayed the case in her mind, asking herself, “Could I have done more?” But she believed she was correct in not telling the client to leave. She feared for the client’s safety, but she also worried that ordering her to flee would have been inconsistent with her role at SAFE: “As an advocate, I had to censor that emotion: ‘Oh my God, you’ve got to get out!’”

By using the idea of empowerment as a resource to interpret her role in the client’s murder, Lisa was able to reassure herself that she took the right approach. She stood by her decision to let Kelly, not herself, intervene. She framed her hands-off strategy as a show of respect for her client, who had stood up to her abuser and had refused to give in to fear: “She wanted to get what she deserved from him.” Though she mourned her client’s death, Lisa still believed the empowerment model was best for the client. According to her rationale, forcing her client to flee would have offered temporary protection: only through “empowerment” could the client learn how to protect herself. By believing they had empowered their clients instead of rescuing them, SAFE staff could maintain an image of themselves as competent and caring people, regardless of the outcome.

The second case involved Jesse and Meg, both advocates. Seven months before I began research at SAFE, a client of theirs was killed by her estranged husband. This case garnered much attention in the local media. Initially, Jesse and Meg met with the client downstairs and worked with her to create a “safety plan” (in this case, a communication strategy to notify relatives and police at a moment’s notice). When the client returned to SAFE after her abuser became violent again, they referred her to a local volunteer attorney to obtain a DVPO. The client also sought refuge in SAFE's shelter for a night. Despite Jesse and Meg's help, the client's abuser tracked her down outside her workplace and killed her just before he committed suicide.

Jesse and Meg were distraught about the murder. Eight months later, as Meg and I drove past the church where the client's wake had been held, Meg said, "I think of [her death] every time I pass it." Nearly a year after the murder, I observed Jesse break down in tears during a staff meeting:

> Every client who has come in since November, I worry is going to be another [murder victim]. This job takes a toll.   I worry whenever a client comes in with the same stalking history or tells you where to look for their body if they are killed.

Although everyone on staff knew of the case, no one had worked as closely with the client or were as affected as Jesse and Meg.

Jesse and Meg blamed the structural limitations at SAFE for their inability to give the case the attention it deserved. They continuously cited insufficient information and their heavy case load as reasons why they could not help the client as much as they would have liked. As Jesse explained during a staff meeting: "Now I feel like I need to write down every little thing and be really thorough, and we can't because we have too many cases." That any case could quickly turn into a tragedy was a burden borne by SAFE staff. Yet, calling attention to insufficient time and information helped them cope when clients suffered. In this case, unbeknownst to SAFE staff, the abuser had previously threatened suicide and been admitted to a local hospital for observation, signs that staff were trained to interpret as predictors of lethality. However, the hospital never contacted the police (as is required in cases involving domestic abuse). Moreover, Meg and Jesse were unaware that the client had spent the night in the SAFE shelter. The client did not tell them, and the shelter staff's admission policy did not require them to notify office staff of every new client. Ironically, lack of time and information—which often serve to make work more difficult for workers—helped Meg and Jesse emotionally in this case: they could point towards these limitations as evidence that they were doing the best they could under difficult conditions.

Yet, citing a lack of time and information was not enough to remove Meg and Jesse's worries that they could have done more to help their client. Staff routinely complained that they did not have enough time and resources to give any client the attention they needed. To buttress this interpretive strategy, Meg and Jesse also called upon their role as people who "empower" to set the limits on their responsibility and how much grief and sadness they should feel. In her interview over a year after the client's death, Meg, an advocate with eight years of experience, still shed tears when describing the client's murder:

> I found out that he had attempted suicide. A huge red flag…. There were so many gaps of communication…. For some reason [she] didn't feel safe enough to tell us [herself]. And I'm not saying it's her fault…. And of course I blame myself because I keep thinking if I would have known these things … I think we would have put more safety plans into place … but we can only do that if we've got enough advocates to handle the case loads that are coming in. When you've only got a half an hour with somebody because you've got three other people waiting you're not doing an effective job. I'm not saying that would have prevented anything, there still would have been a miscommunication. But I want to go to bed at night knowing I did everything. And I can't do that in this case.

Even though Meg could not absolve herself of all responsibility ("of course I blame myself"), she also cast clients' suffering as inevitable in this line of work ("I'm not saying that would have prevented anything"). Seen through the lens of the "empowerment model," this reasoning makes sense: if SAFE staff believed that telling the client what to do (e.g., to flee or hide) might have been counter-productive, then making clients (and not staff) responsible for their decisions is the best way to help them. This strategy minimizes blame for both staff and the client, and casts tragedy as an unfortunate—but unpreventable—event.

Emotion management in the face of tragedy was not only an individual strategy. As a group, staff reminded each other of the pressures of their work and suggested ways to deal with the high-stakes nature of their job. Meg asked Kelly, the co-director, whether any new staff would be hired to lessen the advocates' workload. In response to Meg's query—"Is there any light at the end of the tunnel?"—Kelly said that significant changes were unlikely. Without few organizational resources to help staff cope with their clients' suffering (such as time off, reduced workload, additional employees, etc.), all Kelly could offer Meg and Jesse were interpretive strategies to cope with the likelihood of tragedy in the course of their work. For example, Kelly reminded the staff that they "need to see that they can't totally control things," and that they should look for the silver lining in their client's case: "She was offered lots of services … and we want people to make their own choices." With this reasoning, controlling clients was not only impossible, but counter-productive. As a result, staff (as a group) set limits on their level of responsibility for clients' suffering. Using this rationale, staff could interpret suffering as an unfortunate product of their clients' decisions.

By defining their role as people who "empower" rather than "rescue" clients, staff minimized their influence on the outcome of their clients' cases. Anne, a counselor who worked upstairs, said that Jesse and Meg should not see themselves as responsible for their client's murder:

> I really hold how little power each of us has in the big scheme of things…. And if everybody had done everything by the book, some men are still going to kill their wives or their lovers…. None of us have the power to stop evil, or whatever you want to call it…. It is a risk with every woman who walks in here, [they] could be in the paper the next day.

Cathleen, an advocate, also interpreted tragedies as unpreventable: “The fact of the matter is that we’re not there 24 hours a day protecting someone…. If someone is really on a mission to kill you, they can probably do that.” Considering the likelihood that their clients would suffer again, adhering to an “empowering” approach was important for staff. As long as they did not directly intervene, they were able to remove themselves from blame when their clients suffered.

INTERVENTION AND RESPONSIBILITY

Relying on the empowerment model became more difficult when staff suspected their clients were incapable of making informed decisions and helping themselves (e.g., if they were numb, in crisis, or very young). In those cases, staff were more likely to be directive, or, as Melissa stated above, allow their “rescuer” to come out. However, intervention impeded the emotion management strategies staff typically used to deflect responsibility for the outcomes of their cases. When staff “rescued” their clients, they were more likely to blame themselves, and in some cases, their clients, if their cases did not go as planned.

Custody battles were common at SAFE. Staff believed abusers often used children as a means to control and manipulate victims. A handout that staff routinely shared with clients, the “Power and Control Wheel” (Pence and Paymar 1993:3), stated that abusers make their victims “feel guilty about the children[,] … [use] visitation to harass her, [and threaten] to take the children away” (pg. 3). This happened often. During my research, I observed two cases where clients’ children were kidnapped across state lines by their mothers’ abusers. Also, on twelve different occasions, Child Protective Services investigated SAFE clients for failing to secure a safe home environment for their children—though the violence in the household was the result of the father abusing the mother.

Of all the custody cases, one involving a Latina client and her six year-old daughter stood apart. It involved a level of violence, and staff intervention, that was unmatched by others. The abuser not only physically abused the client, but had also threatened to assault two public educators who worked at SAFE. SAFE had a long history with this abuser, as well as his brothers. Lisa described these men as particularly brutal and all the more dangerous because of their belief that domestic abuse was justified by their religion. The client came to SAFE for help and claimed that her abuser, her ex-husband, had filed a false report accusing her of slapping their child, which had restricted her custody rights.

Kelly, the co-director, chose to intervene on behalf of this client more than any other I observed during my time at SAFE. As the supervisor for the advocates, counselors, and shelter staff, she often reviewed case files and offered them advice on how to proceed with clients. Her involvement in this case, however, was different. In her interview, I asked her why: "Losing custody of her child to a batterer, that's about one of the biggest buttons I have; just the injustice to that victim, the danger to that child…. You can still see [months later] that I feel very passionate about this case." As the case wore on, staff came to believe that it was impossible to "empower" either the mother or the child because they were incapable of helping themselves.

Kelly justified her intervention this way: the mother had become "passive" due to past trauma and the child was too young to make informed decisions. During supervised visitations, the child resisted meeting with her mother. Kelly and the in-home counselors, Emily and Lisa, believed the father was turning the child against her mother. As Lisa described it: “It is very unusual for a child not to want to see her mother…. I thought to myself, ‘That’s not right.’” Suspicious of the daughter’s reaction, staff sought ways to question the child without her father being present.

Upstairs, in the counselor’s office, Kelly pressed Emily and Lisa to visit the child at her elementary school without the father’s consent or knowledge—against school policy. Lisa agreed with Kelly’s strategy, but worried about the consequences for SAFE as an organization: “We kind of risked our relationship with the school…. We could have gotten in trouble.” Emily also was surprised by Kelly’s ethical breach: “And Kelly said to me, ‘You can’t be too cautious in this case…. We’ve talked about the ethics too much.’ This surprised me. I didn’t think Kelly would say something like that.” Although there were no repercussions from the school, meeting with the daughter without the father’s permission was a considerable risk for SAFE staff. If the plan had backfired, SAFE staff might have lost access to other clients’ children at the school.

To justify their directive approach, staff highlighted the client’s passivity and the child’s vulnerability. First, Kelly said that the client was no longer capable of helping herself: “She had become passive about her child because she had been defeated through several legal battles…. [He] always told her, ‘I’m going to take the child from you.’” Kelly then described the history of abuse this client had suffered and witnessed in the Latina/o community in which she grew up. As Mills and Kleinman (1988) found, victims may become numb when they fear they are in “a bad situation for which they believe there is no escape” (1988:1012). Yet, staff could claim that almost any client had become so demoralized by their abuser that they had become “numb.” What made this case different? Staff pointed to the vulnerability of the child. As Lisa described it: “If [the child] was in duress, you don't want to wait until she's twenty to hear about it." Staff believed the client had escaped her estranged husband and was safe from immediate harm, yet was too "passive" to help her daughter. The daughter then became the focus of staff's attention, and staff justified "rescuing" her because she was too young to help herself.

Prioritizing the needs of children was common at SAFE. Under state law, staff were required to report any suspicion of child abuse to Child Protective Services. This occasionally meant that SAFE staff had to report their own clients. In one such case, Heather grappled with her concern for a child and her loyalty to the mother. Ultimately, she reported the mother. She justified her reasoning to Jesse: "They may take the baby away, but I'm worried about this baby. The house has no water, no heat, and no electricity." In that case, as with many others at SAFE, the advocates believed the interests of the child trumped the benefits of encouraging the mother to make her own decisions (e.g., choosing where to live). In another case, Christina, the shelter director at the time, returned from vacation to drive across the state to retrieve a client's child from Child Protective Services. In her interview, she acknowledged that rescuing clients' children was not a sustainable solution: "I was thinking, what am I going to do the next time? I knew it wasn't my responsibility, I knew that." Although staff usually encouraged clients to take the lead in solving their problems, if children were at risk, they believed the risks of intervention outweighed the long-term benefits of the mother's "empowerment."

Once staff abandoned claims to empowering the Latina mother and her child, however, they became unable to manage their emotions by deflecting responsibility from their clients' decision. Kelly, along with Emily and Lisa, convinced a local lawyer to take on the case for free. In court, the mother won back custody of her child. Although Emily and

Lisa celebrated the client's victory, they soon faced the emotional consequences of their interventionist approach. For example, when it was time to transfer custody, the child surprised staff by crying and refusing to go with her mother. Emily described her shock at the time: "I thought to myself, 'Have I made a horrible mistake?'" In her interview, Lisa feared their "rescue" had backfired: "I was worried that the social workers were going to put [the child] back with [her father].... I was wondering if we were doing the right thing." Eventually, the child calmed down. Hours later, Emily drove the mother and daughter, both smiling, home in her car. Yet, Lisa and Emily began to recognize the consequences of their decision to intervene.

Once the client regained custody, staff then became critical of her parenting style. Although staff continued to affirm their trust in the mother, they began to revisit the previous allegations that the mother had slapped the child. Emily said she started to become "leery" of the mother. Lisa revisited her initial doubts: "I wasn't entirely sure that [the mother] hadn't hit [the daughter]. I didn't know [anymore]." Criticism of SAFE clients was rare. Yet, Emily and Lisa had risked their professional relationship with the school to help the mother regain custody. Instead of merely helping the mother to help herself, they had begun to make decisions for her. As they began to disagree with the mother's choices as a parent, they could no longer cite their efforts to "empower" the client as a means to minimize their involvement in the case's outcome.

Staff became increasingly frustrated as the mother continued to resist their efforts to help the child. Months after the custody transfer, Kim and Melissa (also counselors) took over the case from Emily and Lisa. Lisa had moved into a new position as a SAFE liaison with police and court officials, and Emily had left to begin her own private practice. Even with new staff in charge of the case, the same dynamic emerged: the more staff became directive with the mother, they more critical they became when she did not cooperate with their decisions. For example, after the client regained custody, she became involved with another man who also began to abuse her. He was convicted and sent to jail. For financial reasons, the client moved to a new home, which became the third residence for the child in six months. Kim, who was new to the case, became concerned about the child's need for stability and the mother's ability to provide a stimulating environment for the child. To remedy this, Kim arranged for the child to attend an arts camp over the summer for free, including transportation. The mother agreed at first, but then refused. Kim became frustrated:

> [The child] is out of school for the summer, and she goes to a babysitter all day. Well, there is only one other kid there; it's not very stimulating. It's basically a place for her to go while her mom's at work. So we had put a lot of thought into what else she could provide -- offer -- her… [but] she pulled out [of the arts camp]…. It would have been such a neat experience for [the child] to be so stimulated by all these other kids her same age…. I had some frustration with the mother for not understanding [the child's] needs for play…. I think she really views her role as providing for [the child's] basic needs: food, clothing, shelter... things like that, but maybe less in tune with [the child's] emotional needs. Although they are very close and there is a lot of love, so I don't want to create a false picture, [but] she has the opportunity and, I believe, some responsibility to look for some opportunities for [the child] to find out what her interests are, and to expose her to other children. So that was frustrating.

Kelly also became critical of the client: "I do not think that [she] is as good a parent as she needs to be…. She is so focused on survival … she's not able to think much beyond that in terms of her child's larger needs." Kim and Kelly invested a considerable amount of energy into the case. When the mother chose not to accept their advice, they became upset. Typically, staff countered their misgivings with clients' decisions by citing the benefits of their emerging “empowerment.” Yet, in this case, staff could not frame their steering as empowering.

Different definitions of “motherhood” also played a role in Kelly and Kim’s frustrations. Nearly all of the advocates and counselors were white, middle-class women (with the exception of Melissa, a self-identified middle-class Latina). The idea that a mother would only provide the bare necessities (food, clothing, shelter) conflicted with staff’s belief that mothers should provide social stimulation (arts camp), and emotional development (address their “need for play”). These conflicting notions of parenting are not surprising considering how race and class shape women’s expectations regarding gender performance (Bettie 2003; Wilkins 2004) and their access to the resources needed to enact the role of mother (Lareau 2002). Thus, because of the mother’s race and class, staff likely saw her as less capable of overcoming her “passivity.” However, such clients at SAFE were not rare: the majority of SAFE clients were either working-class, non-white, or both; and few received the reaction that this client did. In this case, staff’s frustration and guilt are best explained by their abandonment of the empowerment model. That is, once they began making decisions for the mother and her child, they felt responsible for the well-being of both.

Melissa, who worked on this case with Kim, suspected that staff criticized this client more than others. Melissa recounted a conversation with Kelly about the case:

> And Kelly said, “This is a parenting issue…. Life is more than just going to school.” And she came down pretty hard on the mother about it. I get it. And I understand that the kid needs a little bit more than that.... But I wonder if some of the backlash is that the mother needs to be the perfect parent, or more of a perfect parent than not…. There is a lot of passion and a lot of investment in that case in ways that are different…. I was surprised to have that comment shot back. Because I have moms that are doing a lot less, that are given a lot more slack.

Considering the amount of work put into “rescuing” the child, the conflicting notions of motherhood, and the abandonment of the empowerment model, staff’s frustration make sense in this context. The “backlash” that Melissa observed shows how staff were willing to offer more “slack” to clients when they could frame their steering as empowering. Once staff stepped in and started making decisions for the client, they became less patient as they came to see themselves as responsible for the consequences of their intervention (“Have I made a horrible mistake?”). Furthermore, when staff begin to blame their clients (“I do not think that [she] is as good a parent as she needs to be”), it becomes more difficult to reconcile their feelings of frustration with their claims to a moral identity.

DISCUSSION

The “empowerment model” offered staff strategies to remind each other how they “should” respond emotionally to their clients’ suffering, but they could not use it to exempt themselves from all responsibility. Clients came to SAFE seeking help, and staff agreed to help them as best they could. Despite cultural norms that valorize independence and self-reliance, staff became invested in how cases turned out. Because of their experience and perspective, they believed they were uniquely capable of helping victims of DV and SA; and, when their clients suffered from abuse, staff questioned themselves about what they could have done to prevent it. As long as they could convincingly call their services as “empowering,” they could buffer – though not eliminate – feelings of frustration, sadness, and guilt that arose when they second-guessed their actions.

Meg, for example, could not fully manage away her feelings of grief. She eventually quit SAFE. In her interview after leaving the agency, she said she never fully recovered from her client's death. She recounted her lingering frustrations with her workload and lack of time to "process" her emotions after her client's murder. She stated that she wanted to spend less time at SAFE interacting with clients and more time in court as a liaison between SAFE and local judges, lawyers, and law enforcement. When this job opportunity became available at SAFE, she applied for the position. When Kelly, the co-director, awarded Lisa the post, Meg became upset and left within weeks. She said working with such vulnerable clients was becoming too difficult for her. Her decision was not surprising. At the time her client was murdered, recent budget cuts had made her job more difficult (increased workload, less time available for leaves-of-absence). Although she was able to call upon "empowerment" to manage her emotions, this approach was not enough to cope with the grief her client's death evoked.

Jesse also experienced profound grief and sadness after her client's death. Months later, to cope with her stress and focus on her school work, she reduced her workload to one day a week for a few months. After she returned to a full schedule, she was still troubled by the case. In the advocates' office with Heather (Meg's replacement), Jesse recounted the numerous miscommunications surrounding the client's murder: "We didn't even know she was in the shelter, our shelter, that's ridiculous" [emphasis in original]. Jesse also complained that the advocates were not getting enough support at SAFE. When I asked Jesse to clarify what she meant by support, she said, "More advocates, more trainings … an acknowledgment that we are doing a hard job." Yet, at that time, the advocates' office had returned to full capacity (120 hours per week), and other staff repeatedly acknowledged Jesse's suffering, officially and informally. This was not enough for Jesse. For example, after Kelly, the co-director, reminded Jesse to blame the killer, not herself, Jesse told me she wanted more detailed instructions from Kelly (her boss) on how to deal with her stress and worry. When I asked Jesse to clarify her statement, she responded, on the brink of tears, that she wanted “specific things to say and think” in order to cope with the emotions caused by her client’s death.

Ironically, the empowerment model, though not designed to help staff, offered them the coping resource that Jesse sought. As long as staff were able to frame their work as empowering, they gained access to a ready script of “specific things to say and think” when their clients suffered. This framework helped staff define how they should be feeling (individually, and as a group) when their clients’ suffered. Using this rationale, staff could identify negative client outcomes as an unfortunate consequence of giving clients the ability to regain “power and control” over their lives.

Steering clients was the most effective means staff had to pre-empt or reduce their feelings of grief, frustration, and sadness. When they steered clients, and were able to frame their services as empowering, they could believe that they had helped clients make safer decisions yet not assume responsibility for the potential consequences. If they refused to steer clients as they watched them put themselves in danger, it would be more difficult to claim a caring and compassionate identity. Viewed in this light, steering clients helped staff believe that they had done something to help (e.g., “What if ‘this’ happened, what would that be like?”), but were ultimately not responsible for the outcome (e.g., “None of us have the power to stop evil”).

It was only when staff “rescued” clients that they could no longer deflect responsibility for the outcomes of clients’ cases. Staff admitted to having specific ideas about what clients should do, but they usually kept those thoughts to themselves, and the empowerment model offered little guidance to staff on how to act on their fear that clients were making poor decisions or were incapable of helping themselves. Should staff stand back and watch their clients suffer? Or should they intervene and make decisions for them? Neither option was desirable. "Rescuing" increased the emotional risks of their work, and could also affect the way they saw themselves. If the client did not cooperate, they might direct their frustration at the person they had been trying to help. To grieve the loss of a client was compatible with their moral identity, but to be angry when a mother pulled her child out of an arts camp was not.

Staff knew that their clients would likely suffer again, and this knowledge made their work challenging. Because agencies that assist victims of DV and SA adhere to a definition of abuse that includes emotional and verbal abuse in addition to physical harm, staff know that their clients will suffer at least some form of abuse again. Such an expansive definition of abuse puts a considerable amount of pressure on staff by increasing the odds against keeping their clients completely safe. In the absence of structural solutions—more staff, more time off, increased pay, etc.—it is not surprising that staff patched together an emotion management strategy from the most readily available resource: the "empowerment model."

CONCLUSION

Originally intended to help clients, SAFE staff used the empowerment model as a resource to buffer themselves against some – but not all – of the emotional strain that accompanies working with a clientele who have suffered in the past, and will most likely suffer in the future. The model staff used is not unique to SAFE. Besides the purported benefits to their clients, this approach is popular among social service organizations because it allows agencies to employ non-expert staff or volunteers who are less experienced or credentialed. If the client is depicted as the expert of their situation (as they were at SAFE), “empowering” them could be as simple as allowing them to make their own decisions. At SAFE, for example, only the counselors and co-directors of the agency had advanced degrees (with the exception of Lisa); the advocates and shelter staff did not. Because of the limited resources available to agencies that serve vulnerable populations, the empowerment model is an inexpensive way of helping clients that also has benefits for staff.

Staff’s ability to set limits on what they should be feeling in the course of their work shows that emotion management can be a group process. Staff’s responses to clients’ suffering were not merely individual strategies. By consoling one another and reminding each other how they should be feeling, the group was able to foster a unique a subculture of emotions whose feeling rules were at odds with people outside the agency. Victims came to SAFE staff for help; their clients’ revictimization signaled staff’s inability to keep them safe. Yet, staff could cite their clients “empowerment” as a way to reduce their feelings of grief and frustration.

Many jobs involve helping vulnerable clients. Doctors, for example, promise to do no harm; yet, they cannot cure all sickness or injury. Although they make no claims to healing all wounds, continued suffering or death signals a failure of their services. How do they manage this responsibility? For many professionals, their jobs offer a “status shield” (Hochshild 1983) that protects them against criticism from their clients. As professionals, they “answer to themselves rather than to others” (Stenross and Kleinman 1989:449). They can claim authoritative expertise that absolves them from responsibility for the negative results of their work (i.e., "Although the operation was flawless, the patient died"). Yet, SAFE advocates without graduate degrees could claim no status shield. Instead, they developed their strategy organically.

Even if there were organizational policies in place to manage their emotions, we might still expect them to adopt, as Garot found, "tacit local practices" (2004:761) to mitigate painful feelings when bad things happen to the people they are trying to help. These findings suggest that workers whose clients are at risk find ways to re-interpret cases where their services fail. Whether they cite their professional credentials or appropriate a philosophy for helping their clients, we can expect them to account for negative outcomes in ways that absolve them of blame.

END NOTES

1. All names of organizations, places, and people are pseudonyms.

2. I use the label "abuser" rather than "batterer" to refer to those who exercise power and control and outright physical and/or sexual violence. This term allows for a more comprehensive depiction of people who control, oppress, and hurt others. However, some at SAFE used the term "batterer." This term was also common in the training literature and educational materials they offered to clients. I argue, however, that "batterer" connotes physical abuse, with the expectation of markings, bruising, and swelling. Emotional abuse, on the other hand, leaves no visible scars.

Staff consistently used "batterers" and "abusers" in conjunction with the male pronoun. Staff were quick to point out to me that 95 percent of their clients were women, and that was why they used male pronouns. The "Power and Control" theory of abuse, which staff claimed, implies that anyone can be an abuser. For example, lesbians can abuse one another, physically or non-physically. If abuse is rooted in cultural values that promote domination, no one is immune to their effects (Pence and Paymar 1993).

I use the term "victim," although there is a debate among DV and SA agencies about whether to use "victim" or "survivor." Staff almost always used the term "client" when referring to people who sought services, but they usually used the term "victims" to refer to all people who suffer abuse (whether or not they sought out SAFE services). Staff used "survivor" on occasion, but usually to refer to a former client who had succeeded in achieving their goals. Staff also used "survivor" to move away from the stigma associated with "victim" (Dunn 2005). However staff typically used "survivor" during abstract discussions about violence against women, not specific clients.

Like the staff, I use "client" to describe people who sought services from SAFE, and "victim" to refer to people who (staff believed) suffered abuse. To complicate matters, staff were willing to accept anyone as a client; yet, in order to be a victim, staff had to believe the person had experienced abuse. In other words, any victim could be a client, but not all clients were considered victims.

Finally, I will use female pronouns to refer to SAFE clients. This usage not only reflects the empirical reality of SAFE clients (98 percent were women), but also the way staff referred to “clients” and “victims” as women during hypothetical discussions.

There were a few male clients. However, in fourteen months of fieldwork, I only witnessed one case in which staff believed a man had suffered abuse, and it involved a father who feared physical abuse from his son. In four other cases, men sought services from SAFE, but their stated concerns were to protect their children or a female relative. In six other cases, staff believed that men sought out SAFE services as a way to exact revenge on their female partners (i.e., seeking an arrest warrant for their female partner after they had been arrested themselves).

Most staff members defended their usage of female pronouns with me at some point (I never initiated the topic). This could be a result of my role as a man researching an organization composed almost entirely of women (one man worked as a public educator and another as a facilitator in an educational intervention program for abusers). In most cases, staff used female pronouns to describe clients as a form of grammatical shorthand. They knew men could be abused by other men, and occasionally by women, but they believed it was easier (and more accurate) for them to refer to victims as women.

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III. SYMPATHY WORK:

IDENTITY MANAGEMENT AMONG STAFF IN A DOMESTIC VIOLENCE AND SEXUAL ASSUALT AGENCY

Staff at agencies that assist victims of domestic violence (DV) and sexual assault (SA) consider themselves good people who help others in vulnerable situations. Their identity is dependent, in part, on the behavior of their clients. When clients lie, return to their abusers[1], break rules, express anger at those trying to help them, or fail to show up for appointments, they break the norms of victimization (Holstein and Miller 1990) and make it more difficult for staff to see them as innocent and blameless (Clark 1987; 1997; Dunn 2001; Loseke 1992). As a result, staff may be unable to feel and express sympathy for the same people they have chosen to help. This poses a problem for staff: how can they refuse sympathy for particular clients and still identify themselves as caring and compassionate people?

As people who work with victims, advocates and counselors in DV and SA agencies can point towards their patience and willingness to forgive clients as evidence of their "moral identity" (Kleinman 1996:5). Much like social workers can cite their profession as evidence of their moral worth (Loseke and Cahill 1986), feeling and expressing sympathy for victims sets DV and SA agency staff apart as good people. Yet, behaving in ways that staff define as "difficult" can threaten a victims' claims to sympathy from others. Candace Clark, in her work on the socio-emotional economy, argues that as long as people adhere to "sympathy etiquette"—claim some sympathy, reciprocate sympathy gifts, do not make false claims to sympathy, do not claim too much, or accept too readily—they can "protect or enhance their sympathy margins" (Clark 1997:159). This "margin" represents the total amount of sympathy a person can typically expect from others. Typically, sympathizers enhance the margins of sympathizees "in times of trouble… depending on what they know, think they know, or suspect about a [sympathizee's] social value" (1997:131). Yet, DV and SA advocates and counselors may be willing to deposit more sympathy "credits" into victims' margins than anyone else, even when they defy staff's expectations of how victims should behave. Clark identifies this phenomenon as sympathy "overinvesting" (1997:181-185). If overinvestors identify themselves as "good" people, granting additional sympathy helps indicate their moral worth. For these "deviant sympathizers" (1997:182), their circumvention of prevailing sympathy rules (granting too much) is due to their membership in "emotional subcultures" whose "rules for creating sympathy margins" are "at odds with those of the larger culture" (1997:185). Yet, even overinvestors have limits: they "are nice—up to a point" (1997:183). They are willing to offer "excuses and justifications" (1997:183) for difficult behavior, but they may object if they believe their clients are taking advantage of their eagerness to confer sympathy. To stop investing sympathy further into clients' margins, however, can threaten their own identity claims. To extend upon Clark's analysis, I will show how sympathy overinvestors can refuse sympathy to difficult clients yet maintain their moral identity.

Erickson defines authenticity of self as a commitment to "one's self-values" (1995:127). When a person behaves in ways that run counter to their values, we can expect them to take steps to remedy the inconsistency. This can be done in two ways: agents can either change their behavior or try to reshape the meaning of their behavior. In Kleinman's study of a holistic health center, the men of the organization chose the latter. In the face of their unequal and exploitative treatment of their female co-workers, they pointed to the financial sacrifices they were making for the organization to assure others of their social worth. To maintain their moral identity (a social role—such as mother or pastor—that defines someone as a good person) they had to believe their "actions and reactions [were] consistent with that identity" (Kleinman 1996:5).

When sympathy overinvestors experience emotions that violate "feeling rules" (Hochschild 1979;1983)—how they should feel under particular circumstances—they may question the authenticity of their identity. As Joffe (1978) found in her study of abortion counselors, despite their initial "sympathetic pose toward client groups" (1978:113), the counselors became intolerant of cynical clients and angered by repeat aborters. The emergence of such unexpected emotions highlighted how "clients hold considerable leverage in determining whether such work can be experienced by counselors as morally suspect or 'heroic'" (1978:119). Wolkomir and Powers' (2007) study, also of abortion clinic staff, described the effects that difficult patients can pose to the identities of those who serve them. Although "easy" patients were a source of satisfaction, "hostile," "ambivalent," and "hard" patients (2007:162-166) made it difficult for staff to "feel like good helpers" (2007:165). For these patients, staff responded by either "detaching" emotionally or "building boundaries" around the most troubling aspects of their cases (2007:162-164). Their experiences show that "[h]elping others can be a risky business" (2007:155), especially in regards to staff's perception of themselves. Holden's (1997) research on homeless shelter volunteers details a similar risk. When required to enforce arbitrary policies—behavior they interpreted as inconsistent with their positive moral identity— the volunteers responded by re-fashioning their clients' identities as immature and in need of structure. This strategy allowed them to affirm their belief in themselves as selfless and kind people.

Yet, maintaining a caring and compassionate moral identity limits one's ability to penalize clients for their "difficult" actions, especially if they think it is inappropriate to scold or reprimand them. Unlike Holden's (1997) homeless shelter volunteers, DV and SA advocates and counselors have difficulty casting their clients as child-like, and thus deserving of rules, because they believe the status of their clients is "morally unambiguous" (Best 1997:13). In addition, because many DV and SA advocates and counselors are former-victims (Martin 2005), they can call upon their own past errors in judgment to explain their clients' behavior. As a result, they may associate harsh or infantilizing treatment of their clients with their own experiences of abuse. Because they seek to "empower" their clients to retake "power and control" over their lives (Pence and Paymar 1993), they see demanding their clients to change their behavior as counter-productive and harmful (for more on the empowerment model, see chapter one). Also, unlike the staff at abortion clinics, DV and SA staff are less likely to question the morality of their services (Joffe 1978) or withdraw emotionally from difficult cases (Wolkomir and Powers 2007). Believing in victims and offering them sympathy are part of their primary purpose. As a result, maintaining this caring and compassionate identity poses a unique challenge to DV and SA staff because they have limited means to dissuade their clients from behaving in ways they see as inappropriate. Yet refusing to offer sympathy, even in the face of "bad" behavior, could put their moral identity into question.

Although a person may claim a moral identity, there is no guarantee that others will accept that claim (Goffman 1959). Consequently, people engage in "identity work" (Snow and Anderson, 1987), projecting an image of themselves to others, gauge how others interpret their identity, and tailor their actions accordingly (Schwalbe 1996; Schwalbe and Mason-Schrock 1996). In the case of DV and SA advocates and counselors, they know that clients and outsiders look to them for guidance on how much sympathy victims deserve. As "sympathy entrepreneurs," they work to "create moral boundaries distinguishing the sympathy-worthy from those undeserving of sympathy" (Clark 1997:125), and elicit compassion from others for their clients. By engaging in identity work, these staff members "establish, change, or lay claim to meanings as particular kinds of people" (Schwalbe 1996:105)—caring and compassionate people in particular. Yet, identity work is not limited to the revered or esteemed. Homeless people, for example, may try to repair and patch together an identity of self-worth and dignity that skeptical outsiders will acknowledge and believe (Snow and Anderson 1987).

Symbolic interactionists (Mead 1934; Blumer 1969) construe identities as social constructions that have real consequences. Victims of stalkers who fail to "accomplish victimization," for example, may not receive fair treatment from the criminal justice system (Dunn 2001). This is due, in part, to expectations of how victims should feel and behave (Dunn and Powell-Williams 2007). To obtain legal remedies, victims must not only suppress expressions of anger, ungratefulness, or apathy, they must also admit their vulnerability and "present themselves as innocent and therefore blameless" (Dunn 2001:288). As long as one's victimization is perceived as "no fault of her or his own" (Loseke 2000:48), they are given extensive leeway in relation to their behavior and decisions, thus allowing them to make mistakes that otherwise would not be so easily forgiven. Thus, victim status often operates to "exemp[t] them from blame" (Best 1997:108) for their "bad behavior." Yet, if their victimization is perceived as partly their own fault, they risk losing others' benefit of the doubt—and, subsequently, their help. In Loseke's study of a DV shelter, for example, staff were more likely to deny services if they believed a client had "create[d] their victimization" (1992:16).

Feeling and expressing emotions is an important part of many settings and jobs, not just victim services. Hochschild (1983) defines "emotion work" as the management of feelings in others. When this work is exchanged for a wage, it becomes "emotional labor" (1983:7). In either case, managing emotions can take two forms. An individual can engage in "surface acting" (1983:37), behaving as if they are experiencing the appropriate feelings, or use "deep acting" to induce those feelings from within (1983:35). Past studies have examined the costs and benefits of emotional labor among paralegals (Pierce 1995; Lively 2000), airline employees (Hochschild 1983; Williams 2003), academics (Bellas 1999), research engineers (Fletcher 1999) and social service case workers (Garot 2004) (for more on emotions at work, see Lively 2006). Although this type of work can expose individuals to psychological distress or alienation from their own feelings (Hochschild 1983), some workers find emotional labor enjoyable and satisfying (Stenross and Kleinman 1989).

In the case of DV and SA agency staff, experiencing a lack of sympathy could put their moral identity in jeopardy. To be a good advocate or counselor is to be a "good person" who sympathizes with victims when no one else will. They define themselves in opposition to outsiders who doubt the veracity of victims' claims. As DV and SA advocates and counselors, they interpret victims' flaws as a product of their abuse, not as personal moral failings.

At SAFE (Stopping Abuse in Family Environments[2]), staff granted all new clients a substantial sympathy margin and were willing to forgive and excuse isolated incidents of difficult behavior by depicting them as victim-related. However, when these clients continued to violate victim norms, they risked exhausting their (previously abundant) margins. In response, staff delved into clients' sympathy biographies to find evidence they could use to generate additional sympathy. When this approach failed, and staff came to believe that their clients were taking advantage of their gifts of sympathy, they refused them services. Although staff were eager to forgive their clients failures, they still held them to account for their willingness to improve their situation. By setting limits on what they were willing to tolerate, staff were able to stop overinvesting into clients' margins yet still claim a moral identity.

METHODS AND SETTING

The data in this chapter are part of a larger ethnographic project of staff at an agency that assists victims of domestic violence and sexual assault. I first trained as a volunteer at a nearby agency for 35 hours during nights and weekends over a period of four weeks (in addition to two, half day "shadow" shifts). After training, I answered the crisis hotline and met with walk-in clients once a week for three months.

Through the contacts I established during my volunteer work, I secured an informational interview with a similar, although much larger, agency. I requested permission to study staff while they interacted with each other and clients. In exchange, I offered to help out at the agency wherever I could and fully share the results of my research at the completion of my project. They granted me nearly unlimited access and allowed me to take part in client sessions, observe staff meetings, and ask questions of staff as they worked. I also participated in a number of tasks: over a period of fourteen months at the agency, I answered phones, made photocopies, ran errands, and on a few occasions I accompanied clients in court to seek approval of their protective orders from a judge.

Stopping Abuse in Family Environments (SAFE)[2] is an agency that helps victims of DV and SA. At the time, June 2005 to August 2006, the agency had an annual budget of nearly $1 million (with 80 percent from municipal, state, and federal grants; and 20 percent from private donations) and served a local population of roughly 60,000 people within a 700 square mile area. Highly regarded by neighboring social service organizations, SAFE won a regional award for outstanding service the year this study was conducted.

The agency employed between 25 and 30 people who offered a variety of client services: a crisis hotline, court advocacy, counseling, support groups, and an emergency shelter. Off-site services also included an educational intervention program for abusers, community awareness projects, and a youth educational program. Staff were grouped into two categories: those who worked directly with clients (advocates, counselors, and shelter staff) and those who provided administrative support (fundraising, payroll, volunteer coordination, and program management). The data for this study come from staff who worked directly with clients. This included one of the agency's co-directors in charge of direct services (Kelly), four advocates (Meg, Cathleen, Jesse, and Heather), five counselors (Jen, Emily, Lisa, Melissa, and Kim), and two full-time shelter staff (Rebecca and Christina).

The other co-director (Liz) was in charge of agency finances and worked in a satellite office in an adjacent town.

Although the titles of staff who worked with clients (advocates, counselors, and shelter staff) are often used synonymously in DV and SA agencies, at SAFE, there were clear distinctions. Advocates did not have graduate degrees. They worked downstairs in the SAFE office near the front entrance, answered the hotline, received walk-ins, and helped clients navigate the court system. Like all staff, the advocates were trained to attend first to the emotional needs of their clients to “empower” them to help themselves. Then, if the candidates believed the client might benefit from a legal remedy, they were allowed to help them navigate a number of confusing civil and criminal options. SAFE Counselors and shelter staff also sought to “empower” clients, but they referred all legal questions back to the advocates.

Advocates were more likely, in their terms, to help clients “in crisis.” To them, this meant that clients were still seeking to meet their basic needs (safety, shelter, economic security). Of the clients who ultimately sought recourse in the criminal justice system, the majority of them came to SAFE with legal solutions in mind. They often came to SAFE to inquire about the DVPO process or ways to obtain legal counsel. However, as advocates and their clients interacted, advocates were able to exert influence over which options a client might eventually choose. For example, even if a client came to SAFE with a hastily filled-out DVPO, advocates could inform the client of the possible negative consequences of such an approach. Or, if a client called the hotline only to talk about their worries, SAFE advocates could inform them of their legal options. Of all the interactions I observed between advocates and clients, legal options were almost always discussed. In most of these cases, a client would first tell the advocate that they had “heard about” a DVPO, or free legal services, and then the advocate would explain, in detail, how the process worked.

Of all staff, the advocates’ daily schedule was the most uncertain: at any moment, a client (or multiple clients) could knock on the office door or call the SAFE hotline. Over time, once advocates had helped clients solve their immediate problems and no longer believed they were in crisis, they often referred them to the counselors.

Upstairs in the SAFE office, individual and family counselors occupied desks across the hall from the co-director, Kelly. SAFE counselors arranged sessions with their clients by appointment and met with them either individually, in group, or in their homes (as part of the “family counseling program”). With the exception of Lisa, who had transferred from the advocate position, SAFE counselors had post-graduate degrees in either Counseling or social work. Each year, SAFE also allowed a graduate student to “intern” as a counselor during their final semesters (during my research, Melissa worked in this role). Because of their credentials, counselors also made more money ($35,000-37,000 per year) than the advocates ($25,000-28,000 per year); and all staff made less than the co-directors (roughly $45 thousand a year). Counselors worked with clients to establish emotional and practical strategies (not legal suggestions) to develop long-term solutions to their problems.

Located a few miles away in an undisclosed location, the SAFE shelter housed two full-time staff members (in addition to some night managers who slept in the building). Like the advocates, shelter staff also provided “crisis” services to women and their young children (men were not allowed to stay in the shelter). The shelter staff worked where the shelter “residents” (their term for shelter clients) lived; as a result, they spent a great deal of time and energy interacting with them. The shelter staff also provided long term (individual and group) counseling to clients, but they did not possess post-graduate degrees. Christina, the shelter director at the beginning of my research, was working toward a Master's in Counseling from a nearby university, but left SAFE before obtaining her degree. Rebecca, the other full-time shelter staff member, had recently graduated from college with a liberal arts degree and would later replace Christina as shelter director near the end of my research. Again, if residents of the shelter had legal questions, shelter staff referred those inquiries back to the advocates on the first floor of the main SAFE office.

I visited SAFE (and their satellite offices) an average of once a week, for fourteen months. As a participant and observer, I was present in the main office, shelter, or court (accompanying the advocates) about seven hours per visit. Staff introduced me to clients as someone who was researching the agency and shadowing them in the office. I took notes throughout the day (which I expanded and typed immediately afterwards). I also conducted fourteen interviews, averaging between 75 and 90 minutes each, using a semi-structured interview guide (Lofland and Lofland 1995). I digitally recorded and transcribed each interview.

All questions, and the focus on my observations during fieldwork, were guided by an inductive, grounded theory approach (Charmaz 1983; 2006). I was constantly "looking and listening… watching and asking" (Lofland and Lofland 1995:19) in order to identify themes as they emerged. Operating from a symbolic interactionist perspective (Blumer 1969; Mead 1934), I paid close attention to the meanings staff ascribed to their actions, including how those meanings varied by the category of workers. I looked for the ways staff came to define clients as "difficult," and how staff used that term in interaction. I also focused on the interplay of social constraints and agency within SAFE; for example, staff's strategies to generate sympathy for their clients were creative, but limited by the conditions of their work.

A CARING AND COMPASSIONATE MORAL IDENTITY

SAFE staff saw themselves as being more forgiving of victims' mistakes than anyone else. As a consequence, they overinvested in their clients' sympathy margins. This was a product of their distinct type of moral identity. Unlike those who help others through "tough love"—castigating, reprimanding, and scolding clients—SAFE staff claimed to be caring and compassionate. They believed that they should provide an honest assessment of clients' situations, but communicate it in a kind and gentle manner. They often told me they could find more lucrative or less stressful jobs, but they chose to work at SAFE because it aligned with their "self-values" (Erickson 1995:127). Heather, an advocate, described her work as central to her identity: "I know what I do and I love what I do. And it's my calling in life." Melissa, a counselor, called upon her employment at SAFE to signify her belief in herself as a good person: "I never have to worry about what I'm doing for the world. You know, on my death bed, I don't have to think back and say, 'what did I do?'" For SAFE staff, their work was a vocation, not a job; it signified to themselves and others that they were virtuous people, capable of expressing more sympathy for victims than they would find elsewhere.

It was not by accident that SAFE staff shared a common identity. Kelly, the SAFE co-director in charge of hiring advocates and counselors, screened out applicants she believed did not share these values: "I'm looking to see if they have the passion for [this line of work], if they come from a really committed, dedicated place, where they know this is hard work…. And that they have compassion for people, in general… [and] are nonjudgmental." To work at SAFE, new hires had to convince Kelly that they were "warm and compassionate and understanding" people (for more on staff's care work, see the third substantive chapter). Accepting a job at SAFE meant stepping into a new subculture of emotions: "Many occupations have their own rules for creating sympathy margins. The rules may be imposed by management, yet workers also shape and modify the rules informally as they interact with clients or customers and each other" (Clark 1997:185). At SAFE, staff accepted the agency's subculture. Upon entry into the organization, they were eager to sympathize with victims.

One dilemma posed by this moral identity, however, was the question of how to be "caring" and "compassionate" when clients behaved in ways that SAFE staff defined as difficult (i.e., lie, return to their abusers, break rules, express anger at those trying to help them, or fail to show up for appointments). Cathleen, an advocate, became frustrated when she suspected that clients were abusing her trust to get money from SAFE. But she worried that she might be appearing unsympathetic to their plight and apologized for doubting her clients: "I know, it makes me seem like I'm hypersensitive to clients working the system, but we just had three calls in a row like that today." Reluctant to blame her clients, she questioned herself for lacking sympathy: "I ask myself, am I being too critical?" Feeling frustrated and angry towards clients challenged the basis of staff's moral identity—being more sympathetic to clients than outsiders who did not understand the dynamics of DV and SA. Jen, a counselor, admitted that it was frustrating when clients took too long to see the abusive patterns in their relationships, but she did not allow herself to feel that way for long. To manage her emotions, she reminded herself of her own missteps as a victim: "And I can get frustrated… but then I remember: 'I was in therapy… it took a long time for me, too.'"

Jen's status as a former victim—all staff had experienced some abuse in their lifetime—made her transition into the emotional subculture at SAFE an easy one. She believed she understood the reasons why clients acted as they did because she had "been there."

Staff wanted to sympathize with their clients. When they could not, it was difficult to reconcile their feelings with their perception of themselves as caring and compassionate. For example, Andrea, a counseling intern who spent six months at SAFE as part of her graduate degree program, expressed irritation when a client continued to miss her appointments. In an aggravated tone, she said, "I don't take it personally, but it *is* kind of frustrating…. The reason I'm doing this is to help people, and [the client] is not allowing me to help [her]." Yet, soon after, she offered a lengthy explanation for why the client was missing her appointments (too busy searching for jobs). To be frustrated, upset, or angry with clients violated the feeling rules at SAFE.

To account for their "inappropriate" feelings, staff often responded with their own guilt and confusion. Such a reaction makes sense considering the emotional subculture at the agency. To refrain from sympathy-giving or offering services ran counter to their moral identity. When Rebecca denied a woman re-entry into the shelter because she refused to abide by house rules, she had trouble accounting for her decision and her lack of sympathy: "I felt kind of guilty because I didn't have a concrete reason to be like, 'I've got it documented, she did this so she can't come back to the shelter.'" Rebecca's response was typical. Not feeling sympathy for clients required an explanation.

Staff's identity still required constant management and maintenance by reminding one another of what it meant to be a DV and SA advocate or counselor. For example, when I mentioned that a local defense lawyer had subpoenaed a client's confidential files at another

DV and SA agency, Jesse and Heather said that, if given the opportunity, they would defy a court order. When I joked with Heather that I would not write down her remarks in case my fieldnotes were ever subpoenaed, she responded proudly: "You can write it down. I don't care. I'll go to jail for it." Jesse followed Heather's lead, "me too." By projecting an image of themselves as willing to make sacrifices for a good cause, they reaffirmed the meanings surrounding their moral identity.

Yet, maintaining a moral identity was not an end unto itself; rather, it was a consequence of the agency's policy on how to keep clients returning to SAFE in spite of their difficult behavior. For example, when a client directed her anger at Heather (an advocate) because a judge kept granting her abuser continuances to delay her case from being tried, Heather responded with patience: "It's our job to let her know that things are moving… and to understand that it's reasonable that she's upset." Staff expected clients to lash out and be upset with the people trying to help them. Meg, an advocate, saw her patience with clients as a way to make them feel welcome and establish solidarity: "I experienced [DV] myself, so I have that bond with [clients]. And I can say, "yeah, I know how that feels."…. We [both] live in a society that not only accepts [DV], but perpetuates violence against women." SAFE staff saw their services as the last chance for many clients. Staff feared that becoming angry or frustrated with clients might turn them away; offering them sympathy, on the other hand, increased the likelihood they would keep seeking services at SAFE. When a shelter resident continued to break shelter rules, Christina initial reaction was to give her an extra chance: "I want to have a relationship with that person in a way that is not judgmental. I want her to know that I understand what just happened." Forgiving clients' failures kept their clients returning to SAFE. They believed this strategy could keep their clients safer, it also enabled them to affirm their moral identity.

GRANTING SYMPATHY

As sympathy overinverstors, SAFE staff granted clients large amounts of sympathy. Knocking on the office door or calling the crisis hotline almost always entitled clients to a provisional victim status, guaranteeing a sympathy margin large enough to withstand most breaches of victim etiquette at SAFE (outlined below). As Holstein and Miller (1990) explain, being a victim shields one from blame for most of, if not all, their mistakes. Staff were willing to justify almost any behavior that could threaten their clients' claims to being innocent and blameless victims.

Initial Overinvestment

Staff did not have difficulty granting sympathy to new clients. Unless staff suspected a newcomer to the office of abusing others (for example, men looking for shelter residents, or parents who abuse children), they trusted new clients and rewarded them with ample reserves of sympathy.

Yet, staff did not expect all clients to be perfect. Over fourteen months, in private interviews and discussions, staff identified few clients as "ideal." Many clients behaved in ways that staff described (in private) as unhealthy and counterproductive. These behaviors most often included lying, returning to abusers, expressing anger at staff, breaking agency rules, and failing to show up for appointments.

Staff were willing to forgive these actions, to a point. For example, staff expected some inconsistencies and inaccuracies in clients' accounts. At the office, when discussing clients' dishonesty, staff often told each other that: "victims who lie are still victims." In fact, stories that were "too perfect" became a cause for suspicion. For example, Cathleen, an advocate in her second year at SAFE, suspected a client of attempting to get a Domestic Violence Protective Order (DVPO)—a type of restraining order—to prevent her abuser from using his work truck, of which they shared joint ownership. SAFE staff wanted to keep their clients safer, not help them "get back" at their abuser. Cathleen became skeptical of her clients' true motives: "She always repeated the exact same story. Most victim's stories are garbled somewhat, they aren't the exact same every time." It became difficult for Cathleen to reconcile her mistrust of her client with her moral identity. I followed her into the kitchen as she consulted Kelly, the SAFE co-director, for advice on how to respond. Kelly told Cathleen to expect dishonesty in some cases:

> I don't have doubts that victims are lying sometimes. They may lie for any number of reasons. I also try to keep in mind that [lying] may also be the effects of substance abuse. Also, some lie to get revenge.

By blaming drugs or the abuser, Kelly found an external cause for the client's dishonesty. Cathleen responded to Kelly by explaining that she understood why clients lie, but she did not want to be an accomplice to those lies: "It does bother me if people are dishonest with me and I help them accomplish what they are trying to achieve." At SAFE, lying, on its own, was easy for staff to justify. Lying, as a means to manipulate staff, however, was unacceptable. Had she sought a DVPO to improve her safety, Cathleen would have willingly obliged. Instead, Cathleen suspected her client wanted a DVPO out of malice, this put her sympathy margin in jeopardy. Yet, despite their concerns, Kelly and Cathleen were able to interpret the client’s actions from the standpoint of their moral identity and forgive her on the basis of her past suffering.

Blaming abusers was another tactic staff used to explain clients’ behavior. One of Cathleen’s clients, for example, developed a pattern of leaving her abuser and then returning to him a few weeks later. Cathleen’s frustration is not uncommon. As Dunn found, “despite training specifically designed to recognize battered women’s agency and to honor *all* the choices they make (including “staying”), victim advocates have considerable difficulty doing this” (2007: 977-978). Yet, even as Cathleen expressed her dismay to her coworkers, she put the blame on her client’s abuser: “[S]he keeps coming back [to SAFE]. And I just get frustrated. Not so much at her, but really it is with him… he has that level of control.” Although Cathleen appeared frustrated, she was able to account for her feelings by framing the client’s actions as part of a common pattern of SAFE clients: they repeatedly leave and return to their abusers. Other advocates in the office reminded Cathleen that abusers often exert financial and emotional control over their victims, making it harder for them to escape. Among SAFE staff, returning to an abuser could be cast as an unfortunate, though understandable, decision.

Breaking agency rules was another behavior that tested staff’s ability to feel and express sympathy for clients. In the shelter, there were strict rules governing behavior. With stays ranging from one night to two months, the shelter housed 45 different residents over a twelve-month period. To stay in the shelter, residents had to set goals for themselves, actively participate in counseling programs (group and individual), refrain from taking illegal drugs, and keep the shelter location a secret. Staff also required residents to keep the house clean, get along with other residents, and return to the shelter by dinner. Residents signed a contract to abide by these rules, and violations triggered verbal and written warnings from staff. The most common offenses included smoking inside, leaving candles unattended, or revealing the location of the shelter to an abuser. Repeated violations were grounds for expulsion. An average of one resident was asked to leave, or left in protest, each month. Also, during the screening process, staff refused to admit, on average, one potential resident every two months, if they believed they might not obey house rules. To justify these policies, staff cited their responsibility to keep all residents safe: breaking rules could put everyone in the entire house in danger.

Enforcing the rules posed a dilemma for the staff's moral identity. They saw themselves as sympathetic people who helped those in need, not as rule enforcers (see also Holden's 1997 study of homeless shelter volunteers). Christina, the first shelter director during my research, struggled with her conflicting duties of helping victims and policing their behavior. Difficult clients made it harder for her to see herself as caring and compassionate: "I hate to ask people to leave." Years before, Christina had been a resident in the same shelter where she now worked. In her private interview, she detailed the mistreatment she suffered at the hands of former staff that she still characterized as uncaring and cold. Now that she was the shelter director at SAFE, she defined her approach in opposition to theirs "I know what it feels like when staff treat you like you're nothing… I wanted to bring some life back into to what it is supposed to be." Christina said that being an authoritarian was exactly the kind of director she did not want to be. Her response is similar to the frustrated shelter staff in Loseke's study that had a more difficult time seeing "the meaning of shelter work" (1992:123) when their residents did not abide by the rules.

Christina was particularly patient with shelter residents. Yet, her ability to sympathize was tested by another resident who kept breaking shelter rules despite being given a second chance to return.

> It can be frustrating…. [S]he came in, we did the screening, we took her back in. And we said, "okay, we're going to start over." And, she may have stayed a week…. She started breaking all the rules in the shelter. She ended up leaving [when she suspected we were going to ask her to leave], and she never… she didn't even get her things, she just left.

Christina had put a lot of effort into this client's case. Months earlier, she helped the woman communicate with child protective services to regain custody of her daughter through the courts. But the client relapsed into drug use and lost custody again. She returned to her abuser and married him. Once Christina let her back in the shelter, the client began to skip appointments with local counselors and social service agency representatives. As a person who wanted to help victims, Christina was frustrated by the client's inability to take advantage of the opportunities SAFE offered her. However, Christina held out the possibility that she could work with the client again. She still perceived her client to be innocent and blameless, not only of her original victimization, but of her current situation as well. Although the client's pattern of difficult behavior began to shrink her sympathy margin, Christina was able to keep it from expiring.

Similar to the strategies employed by Meg and Jen (above), Christina called upon her own victimization to re-interpret the clients' repeated mistakes: "I just understand it because I have myself had to learn some hard lessons the same way. Like going back and doing something again until I finally get it." By depicting her client's behavior as a temporary setback, Christina left open the possibility for a positive outcome, and kept her sympathy margin intact. Also, sympathizing with the client allowed Christina to highlight her ability to care for clients, which in turn affirmed her moral identity.

Forgiving Clients' Behavior

SAFE staff believed that their ability to work with difficult clients set them apart as good people. Yet, clients' public transgressions were especially hard to excuse. These instances could tarnish staff's public reputations, especially in court. The SAFE advocates (Meg, Cathleen, Jesse, and Heather) helped women fill out paperwork for DVPOs on a daily basis (about 200 per year). Not only was the task time-consuming, it often meant staff had to vouch for clients with local judges and magistrates. If clients reneged on their commitment to a DVPO, it hurt staff's standing with court officials. To pre-empt this problem, staff went to great lengths to warn clients against initiating the legal process if they suspected they might change their minds later. Staff feared that clients who mislead judges might call other SAFE clients' claims into question. Thus, staff believed that discouraging uncertain or ineligible clients from seeking DVPOs preserved their image as honest and unbiased brokers before the court.

Despite staff's painstaking efforts to explain the commitment necessary to obtain a DVPO, many clients changed their minds at the last minute. If a client initiated or had contact with her abuser, staff worried that this would anger law enforcement and cause them not to enforce future DVPOs for other clients. In one case, a SAFE client asked a judge to cancel her DVPO soon after it had been issued. She wanted to visit her abuser without making him subject to arrest for violating the no-contact clause. When the judge asked the client why she wanted to cancel the DVPO, she accused Heather, an advocate, of coercing her into filing for the order in the first place. The judge cancelled the DVPO and scolded Heather in front of the courtroom.

Heather did not blame the client or express frustration. Although she had years of experience with DVPOs at SAFE and at other DV and SA agencies, she did not defend herself in court. When she returned to the SAFE office, word spread quickly about the case. One by one, staff poked their heads into the advocates' office and asked Heather how she was feeling. In her explanations to them, she used a number of strategies to deflect blame from the client and continue to overinvest in her client's sympathy margin.

Instead of being upset with the client, Heather took pride in her ability to withstand criticism on behalf of a client. By absorbing responsibility for the client, Heather believed she was helping her:

> There's a point when victims are ready [to file for a DVPO] and when they're not… and she's not ready yet…. That's okay, it's part of the job… it takes the heat off [the client] and it makes it easier, especially with abusers, to say that we made them do it, we made them take out the charges…. It's frustrating, [smiles] but that's what an advocate does.

To staff, Heather theorized that the client's mother had pushed her daughter into filing for the DVPO against her will. By not disputing the client's claims in court (i.e., taking the "heat" for her), Heather was able to call attention to her altruistic character. Being berated by the judge offered Heather a chance to show how caring and compassionate she was: she could sympathize with clients under the harshest circumstances.

Not all staff's explanations for clients' behavior occurred after the fact. Staff often laid the groundwork for absolving clients' behavior well in advance of its occurrence. For example, Rebecca, a recent college graduate, who worked at the shelter, said she expected "angry residents" as inevitable in this line of work. Given the strict rules of the shelter, she saw their defiance as predictable: “Sometimes they leave in the middle of the night because they are mad at us or they know we’ll ask them to leave.” When she became shelter director after Christina left to work in another social service organization, she predicted her increase in authority would be met by more anger from residents: “I’m going to be more unpopular than I used to be… some don’t like us.” Among SAFE staff, anger did not put clients’ sympathy margins at immediate risk. Although Dunn found that stalking victims’ anger impeded their ability to receive assistance from criminal justice officials (2001), SAFE staff believed they were willing to forgive clients in ways that skeptical lawyers, judges, or law enforcement were not.

Though it made their work harder, staff described clients’ missed appointments as behavior typical of victims. “No shows” in court left advocates waiting and wondering why clients failed to follow through on their plan to press charges or file for a DVPO. This happened often. Two clients, on average, failed to show up for court hearings each month. These cases represented a considerable loss of time and effort for staff. Yet, staff did not require clients to explain all of their absences; staff could rationalize clients’ “no shows” for them. Lisa, for example, forgave a client’s absence in court by speculating about her lingering romantic feelings for her abuser: “I feel worried for her…. She’s trying to make a huge adjustment in her mind.” Although the client had never told her this, Lisa was able to create a story line favorable to the client. Implicit in her explanation, though, was that victims deserve second chances and should be excused for their behavior. Even as clients depleted their claims to sympathy, staff were able to re-interpret “difficult” behavior in ways that justify their overinvestment into their clients’ margins.

GENERATING AND REFUSING SYMPATHY

Some clients' infractions were severe and frequent enough to force staff to decide whether or not to keep their margins intact. Staff still tried to explore their clients' sympathy biographies to generate additional sympathy for them, or refill their margins after they had already reached empty. In other cases, when staff concluded that their clients were taking advantage of their gifts of sympathy, they stopped forgiving and excusing their behavior. To account for their absence of sympathy, staff cast doubt on those clients' blamelessness and willingness to improve their situation. In doing so, staff refused sympathy while still maintaining their moral identity.

Exploring Clients' Sympathy Biographies

Staff expected their clients to be angry and frustrated. For example, in the advocates' office, I observed Jesse take a call on the crisis hotline. After a few minutes of talking, a frustrated and confused Jesse put down the phone. The client had hung up on her. After the call, Jesse told me that Meg and Kelly had warned her that this was a "draining client." I asked Jesse to explain what this term meant:

> I mean, the client first says that she needs to go to a doctor's appointment because of an eye problem, and then later she says that she has chest pains. I've taken first aid classes before and I know that chest pains are more serious than an eye infection, so I said she should call 911 if she has chest pains, and she hung up on me.

The client continued to call Jesse for weeks, usually requesting transportation to and from doctors' appointments. Jesse began to complain to the other advocates about how it was becoming more difficult to "feel sorry" for this client because she was so demanding. A week after the hang up, Jesse found a message from the client on her desk to which she let out a deep breath and exclaimed with a mix of humor and frustration, “Someone save me from [this client]!” She put the message down and did not return the call. The client’s sympathy margin was near its end.

Hours later, however, Jesse called the client back. When I asked Jesse what made her return the call, she cited the client’s particularly painful past. Her eye infection, for example, was a result of being hit in the face while being raped by two men. Her transportation issues were caused by her inability to afford an apartment closer to public transportation, though her landlord had been threatening to evict her if she called the police for help again. Although the client had nearly exhausted her sympathy margin, Jesse could tap into the client’s tragic past as a means to generate additional sympathy for her. Staff continued to refer to the client as “draining” and complained about her persistent complaints and requests; yet could still draw upon her tragic history to produce more sympathy.

The client’s past trauma went a long way in sustaining clients’ claims to sympathy. For example, one SAFE client became well known among DV and SA agencies in the region for lobbying the state legislature to enhance the penalty for non-fatal strangulation (making it a felony crime). The client had been brutally assaulted by her abusers, and her bruised-laden photos served as compelling evidence in support of the new law. SAFE staff often referred to the client as the “poster child” of the new statute. Afterwards, SAFE advocates secured a scholarship for the client to attend a community college. Within months, however, the client started using illegal drugs again and moved in with a new abusive partner, a man SAFE staff knew and had warned her about. Later, the client stopped attending classes, leaving her scholarship unused. Throughout her setbacks and breaches of sympathy etiquette, though, staff were able to cite her injuries and suffering to explain her current behavior.

When Meg learned that the client had lied to her about selling drugs, she sighed and called upon the office refrain: “Victims who lie are still victims.” Lisa speculated that the client’s erratic behavior might be a result of post-traumatic stress disorder—placing the blame back upon her original abuser. When the client became irate because staff stopped giving her money after months of assistance, Cathleen responded by blaming herself for not warning the client that financial assistance at SAFE was only temporary: “This usually happens after an advocate has set boundaries… [about] the limit of what we can do to help.” Drug use, lies, anger: SAFE staff responded to this behavior with efforts of their own to maintain an image of their clients as blameless victims trying to help themselves.

Refusing Sympathy

When staff believed there was no end to a client’s infractions, they refused to offer any more gifts of sympathy. In the case just mentioned, staff forgave and justified the client’s behavior for months. Then, staff began to suspect she was using her suffering to get money from SAFE. A sheriff’s deputy warned Meg that the client was selling drugs again. The next time the client asked for rent assistance, Jesse doubted her motives and asked Cathleen, “Is she still in crisis?” Cathleen replied, “Not really, but she pretends like she is for money.” Weeks later, the client was caught selling drugs and sent to jail. When a sheriff’s deputy told Meg and Lisa “she’s in jail now, and she deserves to be in jail,” they both nodded quietly in agreement.

For staff, lying to avoid shame or embarrassment was excusable; lying to manipulate staff, however, was not. After this last episode, staff did not reach out to the client in jail (as they had done with other clients). A new drug conviction, a new relationship with a known abuser, and continued requests for money—all while staff were helping her find a job and a safe place to live—proved too much for staff. They no longer saw the client as blameless ("she pretends… for money") or working towards improvement. Her margin was empty and staff could not find a way to generate any more sympathy for her. Under most circumstances, accusing a client of lying and denying them services was inconsistent with staff's moral identity. Yet, in this case, they saw no other option.

Even as overinvestors, staff set limits. Jen, a counselor in her forties, expected effort on the part of her clients, even if it was minimal. When dealing with a client who had stopped taking her medications, she said: "If you're not taking your meds, we are really wasting our time here." For another client who kept missing appointments, Jen eventually stopped trying to get the client to reschedule:

> I kept putting my hand out there farther and farther and she wasn't meeting me halfway. Instead of it being 50/50, it was more like 60/40 or 70/30. At this point, I just had to back off if she [was not] putting in the effort.

SAFE staff required some evidence that their efforts were helping clients move, however slowly, in the right direction. Staff believed that clients could not be helped unless they wanted to improve their situation. Even if staff still held them blameless for their original victimization, they still held them to account for their willingness to improve their situation (i.e., take their medication, show up for appointments, display effort).

In addition to requiring clients to work on their own behalf, staff also required some evidence (albeit small) that their clients' claims to victimization were accurate. In one case, a client had accused her partner of assault, but, after her hearing in court, Meg doubted whether the client was a victim: "The thing that makes her different from most of our clients is that she just isn't afraid of him…. I basically told her she wasn't eligible for a [DVPO]."

Back at SAFE, Cathleen confirmed Meg's analysis: "Is she really fearful of him? If so, why is she trying to contact him?" Although staff initially granted the client a generous sympathy margin, this amount was contingent upon their belief that she was indeed a victim.

Despite their skepticism, Meg and Cathleen referred the client to the shelter. There, she began to start fights with other residents. She also gave her abuser the shelter's phone number, one of the worst violations of shelter rules. At this point, staff began discussing how to remove her from the shelter.

Weeks later, new information surfaced. The client, who was six months pregnant, became delusional and threatened suicide. Staff called 911 and the client spent two weeks in a psychiatric ward. When the client returned to the shelter, Rebecca explained to me that hospital psychiatrists had prescribed her medication: "It was good for her to get a diagnosis." Staff's descriptions of the client quickly changed. They began to reframe her past inappropriate behavior as the product of a pre-existing mental disorder. She became a victim again; instead of faulting an abuser, they could shift their blame to her condition. With a revised sympathy biography, staff could recalculate her sympathy margin. Upon her return from the hospital, staff allowed her to stay in the shelter.

Weeks later, her sympathy reserves ran out again. She voluntarily left the shelter and reunited with her former abuser. In the advocates' office, when Cathleen and Jesse heard that she was now engaged to marry him, both shook their heads in disappointment. Jesse joked about how she might approach the client and try to stop the wedding: "No! Take [the ring] off. Throw it away!" Joking at a client's expense was rare. However, in this case, staff's initial skepticism about the case, combined with her disruptive behavior in the shelter (even if the product of a mental disorder), proved to be too much. When staff no longer considered her a true victim in real danger (a status that entitled her to sympathy), the client was no longer shielded from criticism (or sarcasm). Instead of improving her situation, staff believed the client was doing the opposite. Yet, because staff still overinvested in other clients, they could interpret their lack of sympathy in this case as the exception, thus keeping their moral identity intact.

CONCLUSION

The ability to feel and express sympathy was a crucial element of SAFE moral identity. When clients acted in ways that staff could no longer interpret as reasonable, staff struggled with their inability to feel or display sympathy for them. Staff wanted to have a positive influence on their clients. Being unable to help clients improve their lives could put the value of their work into question. I am not suggesting that staff sought to generate sympathy for clients with the intention of authenticating their moral identity; rather, forgiving clients' behavior allowed them to affirm this identity. Staff worried that expressing frustration or disappointment with clients could turn them away, increase their shame, or prevent them from seeking services in the future. From their perspective, it was better to overinvest in clients' sympathy margins then doubt their motives. Staff saw forgiving clients as a strategy to keep them safe by encouraging them to come back even if they made mistakes.

With few exceptions, staff granted sympathy to anyone who sought their help. Staff interpreted walking through the SAFE door or calling the hotline as an act of courage. If clients behaved in ways inconsistent with expectations for victims, staff could blame their abusers. But, their patience had limits. To generate sympathy for clients once their margins had run out, staff delved into their personal histories, highlighting particularly difficult episodes or events to justify having additional sympathy.

Understanding staff's actions as a product of their moral identity explains why they either generated sympathy for clients who behaved inappropriately or cut off the flow of sympathy and severed their relationships with them. Staff's moral identity provided few resources to stop their clients from misbehaving. What they could do, and do well, was forgive and excuse clients when no one else would. However, if clients continued to lie, get angry at staff, break rules, or not show up, there was little the advocates and counselors could do. Conceptualizing a client who was both a victim and unsympathetic was beyond the interpretive framework that staff possessed. As a result, staff overinvested in sympathy as long as they could. When the margin ran completely dry, with no hope for renewal in sight, they severed contact.

Studying the sympathy rules at SAFE also helps us understand how individual and group identity work depends, in part, upon the behavior of others. At SAFE, staff's moral identity was bound to the actions of their clients. As people who defined themselves by their ability to give sympathy, they needed clients who would adhere to sympathy etiquette and accept their gifts of sympathy. In this sense, staff and client shared a paired identity, where the authenticity of each partner's identity claims was dependent upon the behavior of the other. Without people willing to offer them services, a victim could not become a client; and without staff willing to grant them sympathy, a client would have difficulty claiming the status of a victim.

Using this reasoning, future research may find that this process also works in reverse. Clients may manage the identity of their service providers as a way to authenticate their own identities as victims. Clark's work on how sympathy can maintain "micro-hierarchies" (1997:229-233) suggests this would be the case. We may also find that this type of paired identity work may take place in other professions—teachers and students, doctors and patients, police officers and criminals—within the socio-emotional economy. The exhaustion of one person's sympathy margin can have dramatic effects on the identity claims of their counterpart. Research on identity work currently focuses on the relationship between individuals and their immediate audience. However, by focusing on paired identity work, we might trace the residual consequences of one person's behavior on another's identity, and *vice versa*.

END NOTES

1. I use the label "abuser" rather than "batterer" to refer to those who exercise power and control and outright physical and/or sexual violence. This term allows for a more comprehensive depiction of people who control, oppress, and hurt others. However, some at SAFE used the term "batterer." This term was also common in the training literature and educational materials they offered to clients. I argue, however, that "batterer" connotes physical abuse, with the expectation of markings, bruising, and swelling. Emotional abuse, on the other hand, leaves no visible scars.

Staff consistently used "batterers" and "abusers" in conjunction with the male pronoun. Staff were quick to point out to me that 95 percent of their clients were women, and that was why they used male pronouns. The "Power and Control" theory of abuse, which staff claimed, implies that anyone can be an abuser. For example, lesbians can abuse one another, physically or non-physically. If abuse is rooted in cultural values that promote domination, no one is immune to their effects (Pence and Paymar 1993).

I use the term "victim," although there is a debate among DV and SA agencies about whether to use "victim" or "survivor." Staff almost always used the term "client" when referring to people who sought services, but they usually used the term "victims" to refer to all people who suffer abuse (whether or not they sought out SAFE services). Staff used "survivor" on occasion, but usually to refer to a former client who had succeeded in achieving their goals. Staff also used "survivor" to move away from the stigma associated with "victim" (Dunn 2005). However staff typically used "survivor" during abstract discussions about violence against women, not specific clients.

Like the staff, I use "client" to describe people who sought services from SAFE, and "victim" to refer to people who (staff believed) suffered abuse. To complicate matters, staff were willing to accept anyone as a client; yet, in order to be a victim, staff had to believe the person had experienced abuse. In other words, any victim could be a client, but not all clients were considered victims.

Finally, I will use female pronouns to refer to SAFE clients. This usage not only reflects the empirical reality of SAFE clients (98 percent were women), but also the way staff referred to “clients” and “victims” as women during hypothetical discussions.

There were a few male clients. However, in fourteen months of fieldwork, I only witnessed one case in which staff believed a man had suffered abuse, and it involved a father who feared physical abuse from his son. In four other cases, men sought services from SAFE, but their stated concerns were to protect their children or a female relative. In six other cases, staff believed that men sought out SAFE services as a way to exact revenge on their female partners (i.e., seeking an arrest warrant for their female partner after they had been arrested themselves).

Most staff members defended their usage of female pronouns with me at some point (I never initiated the topic). This could be a result of my role as a man researching an organization composed almost entirely of women (one man worked as a public educator and another as a facilitator in an educational intervention program for abusers). In most cases, staff used female pronouns to describe clients as a form of grammatical shorthand. They knew men could be abused by other men, and occasionally by women, but they believed it was easier (and more accurate) for them to refer to victims as women.

2. All names of organizations, places, and people are pseudonyms.

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IV. MAKING CARE-WORK MATTER:
VICTIM ADVOCATES AND COUNSELORS' RESPONSES TO THE DEVALUATION OF WOMEN'S EMOTIONAL LABOR

One way that dominant groups (by race, class, and gender) preserve their position in society is by "differentiating" themselves from subordinate groups (see Reskin 1987: 63-67). Dominant groups claim exclusive ownership of particular traits and skills, assigning them greater value than those relegated to other groups. For example, white heterosexual upper-middle-class men claim the ability to control their emotions—a valuable trait. At the same time, they depict women, people of color, and the working class as controlled *by* their emotions—a less valuable trait. By claiming that their emotions are driven by cognition, rather than affect (Mumby and Putnam 1992), dominants cite their disproportionate representation among lucrative jobs that require this trait as evidence of their "natural" rationality (Kanter 1977; Reskin 1987). As a result, they argue that job segregation (and, by extension, inequality) is a "natural and even desirable" outcome (Putnam and Mumby 1993: 63) and deny that their emotional "inexpressiveness" is an "instrumental requisite for assuming adult male roles of power" (Sattell 1976: 471)

Symbolic interactionists contend that emotional displays have no inherent or fixed value. Consequently, members of subordinate groups can challenge prevailing stereotypes regarding race, class, and gender that assign less value to their supposedly "innate" emotional skills. For example, women who attend to the emotional needs of their clients and co-workers may dispute assertions that their care-work is not worth as much as men's. In the law firms studied by Pierce (1995) and Lively (2000), the female paralegals' believed that their "nurturance and deference to the lawyers for whom they work" (Pierce 1995:31) enabled the firm's male lawyers to win high profile cases. In the research engineering firm studied by Fletcher, female staff were surprised to find that their efforts to nurture and sustain co-workers "disappear[ed] from the definition of "real" work because it [was] constructed as occurring naturally [among women], motivated more by affection and emotionality than by intention and rationality" (1999:28). In both of these male-dominated settings, women were cast as innately suited to attend to the emotional needs of others. Such a rationale depicts women's care-work as unskilled labor (Aronson and Neysmith 1996; Davies 1995; Mumby and Putnam 1992; Putnam and Mumby 1993) and is used to justify its devaluation, thus reproducing gender inequality.

Even when the gender coding of work is less clear, attending to the emotional needs of others is still devalued. In academia, Bellas found that individual research, because it is associated with men's traits (independence, rationality) brings greater rewards than academic work coded as feminine:

> Teaching and service are most closely aligned with social prescriptions of appropriate feminine activities, and, on average, women spend more time in these activities than men... [They] clearly involve substantial amounts of emotional labor – labor that is generally not viewed as involving valuable skills and is consequently poorly rewarded (1999:97).

These findings show that, regardless of the necessity of caring, organizational leaders seldom recognize its contribution.

Yet, dominants cannot differentiate themselves from subordinates all on their own. Women can also play a role in this process, even in organizations where we might not expect it. Women may believe that their emotional labor is important and contributes to the organization, yet still be susceptible to prevailing notions that the “men’s work” of the organization determines its worth. For example, Kleinman found that the female members of a holistic health organization, despite their claims to rejecting conventional notions of status and gender, looked toward male practitioners to make their work matter: “the men’s gender, then, became a resource for bringing legitimacy to the organization and to themselves” (1996:8). Without the women, the organization could not function. But without the men, the women feared the organization would not be taken seriously by outsiders.

Given the devaluation of women’s care-work in these settings, what happens in a setting managed by women, composed almost entirely of women, and organized specifically to help women? In this environment, how will female staff challenge prevailing notions that their care-work is unimportant?

Despite working in a supportive environment—an agency that assists victims[1] of domestic violence and sexual assault—the mainly white, female, middle-class staff had limited opportunities to receive external praise for their care-work. Although they said they derived satisfaction they derived from interacting with clients, they also lamented that their job offered few chances for “pats on the back.” Their eagerness to attend conferences and trainings also suggested that they sought validation from outside the office. In this difficult low-paying job, strict confidentiality polices inhibited the staff’s ability to share their work experiences with outsiders; and men outside the agency often criticized them as “man-haters." In addition, the stigma of victimization made it difficult for them to find people outside the agency who wanted to talk to them about their work.

Given these constraints, staff enhanced the value of their care-work by incorporating skills coded as masculine that people who doubted the legitimacy of their work (mostly men) could not dismiss as inborn or intuitive to women. They did this in two ways: staff who possessed graduate degrees—the counselors—professionalized their interactions with clients by calling upon their expert knowledge; staff who did not—the advocates—highlighted their knowledge of and proficiency in legal procedures. In both cases, staff challenged, but did not fully reject, prevailing assumptions that "men's work" has greater value than women's.

METHODS AND SETTING

The data in this chapter are part of a larger ethnographic project of staff at an agency that assists victims of domestic violence and sexual assault. I first trained as a volunteer at a nearby agency for 35 hours during nights and weekends over a period of four weeks (in addition to two, half day "shadow" shifts). After training, I answered the crisis hotline and met with walk-in clients once a week for three months.

Through the contacts I established during my volunteer work, I secured an informational interview with a similar, although much larger, agency. I requested permission to study staff while they interacted with each other and clients. In exchange, I offered to help out at the agency wherever I could and fully share the results of my research at the completion of my project. They granted me nearly unlimited access and allowed me to take part in client sessions, observe staff meetings, and ask questions of staff as they worked. I also participated in a number of tasks: over a period of fourteen months at the agency, I answered phones, made photocopies, ran errands, and on a few occasions I accompanied clients in court to seek approval of their protective orders from a judge.

Stopping Abuse in Family Environments (SAFE)[2] is an agency that helps victims of DV and SA. At the time, June 2005 to August 2006, the agency had an annual budget of nearly $1 million (with 80 percent from municipal, state, and federal grants; and 20 percent from private donations) and served a local population of roughly 60,000 people within a 700 square mile area. Highly regarded by neighboring social service organizations, SAFE won a regional award for outstanding service the year this study was conducted.

The agency employed between 25 and 30 people who offered a variety of client services: a crisis hotline, court advocacy, counseling, support groups, and an emergency shelter. Off-site services also included an educational intervention program for abusers, community awareness projects, and a youth educational program. Staff were grouped into two categories: those who worked directly with clients (advocates, counselors, and shelter staff) and those who provided administrative support (fundraising, payroll, volunteer coordination, and program management). The data for this study come from staff who worked directly with clients. This included one of the agency's co-directors in charge of direct services (Kelly), four advocates (Meg, Cathleen, Jesse, and Heather), five counselors (Jen, Emily, Lisa, Melissa, and Kim), and two full-time shelter staff (Rebecca and Christina). The other co-director (Liz) was in charge of agency finances and worked in a satellite office in an adjacent town.

Although the title of staff who worked with clients (advocates, counselors, and shelter staff) are often used synonymously in DV and SA agencies, at SAFE, there were clear distinctions. Advocates did not have graduate degrees. They worked downstairs in the

SAFE office near the front entrance, answered the hotline, received walk-ins, and helped clients navigate the court system. Like all staff, the advocates were trained to attend first to the emotional needs of their clients to "empower" them to help themselves. Then, if the candidates believed the client might benefit from a legal remedy, they were allowed to help them navigate a number of confusing civil and criminal options. SAFE Counselors and shelter staff also sought to "empower" clients, but they referred all legal questions back to the advocates.

Advocates were more likely, in their terms, to help clients "in crisis." To them, this meant that clients were still seeking to meet their basic needs (safety, shelter, economic security). Of the clients who ultimately sought recourse in the criminal justice system, the majority of them came to SAFE with legal solutions in mind. They often came to SAFE to inquire about the DVPO process or ways to obtain legal counsel. However, as advocates and their clients interacted, advocates were able to exert influence over which options a client might eventually choose. For example, even if a client came to SAFE with a hastily filled-out DVPO, advocates could inform the client of the possible negative consequences of such an approach. Or, if a client called the hotline only to talk about their worries, SAFE advocates could inform them of their legal options. Of all the interactions I observed between advocates and clients, legal options were almost always discussed. In most of these cases, a client would first tell the advocate that they had "heard about" a DVPO, or free legal services, and then advocate would explain, in detail, how the process worked.

Of all staff, the advocates' daily schedule was the most uncertain: at any moment, a client (or multiple clients) could knock on the office door or call the SAFE hotline. Over time, once advocates had helped clients solve their immediate problems and no longer believed they were in crisis, they often referred them to the counselors.

Upstairs in the SAFE office, individual and family counselors occupied desks across the hall from the co-director, Kelly. SAFE counselors arranged sessions with their clients by appointment and met with them either individually, in group, or in their homes (as part of the "family counseling program"). With the exception of Lisa, who had transferred from the advocate position, SAFE counselors had post-graduate degrees in either Counseling or social work. Each year, SAFE also allowed a graduate student to "intern" as a counselor during their final semesters (during my research, Melissa worked in this role). Because of their credentials, counselors also made more money ($35,000-37,000 per year) than the advocates ($25,000-28,000 per year); and all staff made less than the co-directors (roughly $45 thousand a year). Counselors worked with clients to establish emotional and practical strategies (not legal suggestions) to develop long-term solutions to their problems.

Located a few miles away in an undisclosed location, the SAFE shelter housed two full-time staff members (in addition to some night managers who slept in the building). Like the advocates, shelter staff also provided "crisis" services to women and their young children (men were not allowed to stay in the shelter). The shelter staff worked where the shelter "residents" (their term for shelter clients) lived; as a result, they spent a great deal of time and energy interacting with them. The shelter staff also provided long term (individual and group) counseling to clients, but they did not possess post-graduate degrees. Christina, the shelter director at the beginning of my research, was working toward a Master's in Counseling from a nearby university, but left SAFE before obtaining her degree. Rebecca, the other full-time shelter staff member, had recently graduated from college with a liberal arts degree and would later replace Christina as shelter director near the end of my research. Again, if residents of the shelter had legal questions, shelter staff referred those inquiries back to the advocates on the first floor of the main SAFE office.

I visited SAFE (and their satellite offices) an average of once a week, for fourteen months. As a participant and observer, I was present in the main office, shelter, or court (accompanying the advocates) about seven hours per visit. Staff introduced me to clients as someone who was researching the agency and shadowing them in the office. I took notes throughout the day (which I expanded and typed immediately afterwards). I also conducted fourteen interviews, averaging between 75 and 90 minutes each, using a semi-structured interview guide (Lofland and Lofland 1995). I digitally recorded and transcribed each interview.

All questions, and the focus on my observations during fieldwork, were guided by an inductive, grounded theory approach (Charmaz 1983; 2006). I was constantly "looking and listening… watching and asking" (Lofland and Lofland 1995:19) in order to identify themes as they emerged. Operating from a symbolic interactionist perspective (Blumer 1969; Mead 1934), I looked for ways that staff interpreted and shaped the meaning of their services—and how their actions and decisions were influenced by those understandings. I also focused in on the interplay of structure and agency within SAFE: on the one hand, staff were able to shape and construct the meanings surrounding their work; on the other hand, they were simultaneously confined and constrained by outside perceptions that women's ability to care was neither valuable nor learned.

THE DEVALUATION OF WOMEN'S EMOTIONAL LABOR

Hochschild defines "emotion work" as "the management of feeling to create a publicly observable facial or bodily display" (1983:7); and when this work is exchanged for a wage, it becomes "emotional labor" (1983:7). In either case, managing emotions can take two forms. An individual can engage in "surface acting" (1983:37), behaving as if they are experiencing the appropriate feelings, or use "deep acting" to induce those feelings from within (1983:35). From this perspective, individuals and groups can elicit and suppress emotions from themselves and others. At SAFE, attending to the emotional needs of their clients—care-work—was a requirement of the job; their emotional labor most often consisted of caring, nurturing, and expressing sympathy for their clients (for more on how staff managed their emotions of grief, sadness, and frustration, see the first substantive chapter).

Not surprisingly, most care-workers are women. Researchers have studied airline attendants who soothe irate passengers (Hochschild 1983) and paralegals who "play mom" (Pierce 1995:3) to insecure litigators. In both cases, female employees were more likely to manage the emotions of others so that their workplaces could function smoothly. One reason why more care-workers are women is because "social expectation has made this undefined, unacknowledged activity central to women's identity" (DeVault 1991:3-4). Caring for others (on the job and in the home) offers women a chance to "do gender" (West and Zimmerman 1987). That is, care-work enables women to re-affirm what it means to be women. Yet, the construction of care-work as women's work also plays a role in the reproduction of gender inequality.

Although emotions are generally "devalued and marginalized" (Putnam and Mumby 1993:39-40) for both men and women at work, women still receive less credit than men for displays of (what are culturally coded as) their “natural” emotions. In the workplace, “being in a job requiring nurturing carries a net wage penalty” (England et al. 1994:94), and “occupations lose pay if they have a higher percentage of female workers or require nurturant skill” (Kilbourne et al. 1994:708). The devaluation of care-work, then, has consequences inside and outside the workplace: “The low market value of care keeps the status of women who do it – and, ultimately, all women—low” (Hochschild 2002:29).

One explanation for why men’s emotions are worth more than women’s is that dominant groups differentiate themselves as polar opposites of (and superior to) subordinate groups (Reskin 1987). For example, “essential” traits of men are more valuable than women’s traits not because of any inherent added-value, but because of their association with the dominant group. When comparing the market value of men’s and women’s “natural” characteristics, this distinction is clear:

> [M]en are [portrayed as] aggressive, daring, rational, emotionally inexpressive, strong, cool headed, in control of themselves, independent, active, objective, dominant, decisive, self-confident, and unnurturing. Women are portrayed in opposite terms, such as unaggressive, shy, intuitive, emotionally expressive, nurturing, weak, hysterical, erratic, and lacking in self-control (especially when menstruating), dependent, passive, subjective, submissive, indecisive, and lacking in self-confidence (Johnson 2005:86).

By guarding valuable traits for themselves, dominant groups need only to act “naturally” in order to demonstrate the importance of their work.

Differentiation is not exclusive to gender. Dominant groups (by race, class, gender, and sexuality) depict themselves as the standard bearer to which all other groups are compared. For example, while white men do not require a qualifier added to their titles, “others” do (i.e., Black writer, female doctor, gay athlete, etc.). Such labeling implies not only difference, but inferiority. We also see this stratification within subordinate groups, as well. As Carbado explains, to talk of race is to talk about the experience of Black men in general, and heterosexual Black men in particular: “Articulation of racism as an experience is hetero-male normative” (1999:11). Because some Black men are able to differentiate themselves from other Blacks, (such as all women, gays, and lesbians), their experiences come to define the group experience, and their successes (or failures) determine the worth of the group.

Understanding the process of differentiation by dominant groups explains why men’s emotional labor has more value than women’s in the marketplace; men’s “natural” abilities represent the high-water mark for human traits and skills. As Johnson argues, manhood is associated with the core values of the culture:

> values associated with manhood, such as control, reason, strength, industry, courage, decisiveness, dominance, emotional control, and inexpressiveness, toughness, wisdom, abstract principles, intellectual and artistic genius, even God…. By identifying himself as a man, he gains privilege by associating himself with what’s socially defined as the best that *humanity* can be [emphasis in original] (2005:165-166).

Inversely, emotional labor coded as “feminine” becomes “invisible work” (Daniels 1987)—it goes on behind the scenes, but is not important enough to be placed on center stage (Kolb 2007).

When dominants take on jobs typically reserved for subordinates, they still accrue greater rewards. For example, Williams (1992) found that men who do “women’s work” (nursing, social work, elementary school teaching) benefit from a “glass escalator” that puts them on a faster raise and promotion schedule than their female co-workers. For these men, care-work was an opportunity to excel at a task that does not come “naturally” to them. Yet, for women, the perception that they were “born” to care for others made it more difficult to get credit for their work. As Lorber put it, “In a gender-stratified society, what men do is usually valued more highly than what women do because men do it, even when their activities are very similar or the same" (1994:33). In addition, men have the option to engage in care-work; women do not. Failing to care on the job exposes them to demeaning stereotypes like "iron maiden," (Kanter 1977:236), "bossy woman" (1977:201), or "bitch."

Women's care-work is also devalued on the basis that it is "instinctual" and non-cognitive—though men often benefit from displaying their "intuitive" emotions. Pierce found that male litigators are well compensated for "aggressive and manipulative" displays (1995:31) during legal proceedings and negotiations. For example, a white executive may be rewarded for using anger and hostility in the boardroom; yet, for people of color or working class employees, expressions of anger and rage become a liability. Cohn (1987) documented the ways that male defense intellectuals' use of "dispassionate" language when discussing war and death enhanced their status. Yet women who are emotionally "distant" (especially regarding the suffering and pain of others) are subject to penalty rather than reward.

Some workplaces, however, reward their female employees for their care-work. Agencies that assist victims of DV and SA, for example, are generally run by women for the purpose of helping women. In her interview, Kelly, the SAFE co-director, explained her hiring criteria by defining what she did not look for in a new hire:

> How do I put this? If they're the opposite of warm and compassionate and understanding. If there is something about them that is either too business-like… anything about them that might be off-putting to somebody who is feeling very uncertain, very insecure, very frightened or traumatized, very embarrassed. If they have any of those traits that don't put people at ease, [like] being too stiff or formal.

In many jobs, being business-like and formal counts in one's favor—not at SAFE. Kelly only hired people she saw as warm, compassionate, understanding, and capable of putting others at ease.

Yet, outside this supportive environment, staff faced wider perceptions that dismissed such emotional labor as a product of "women's intuition" rather than expertise. For example, when a brother of Meg, an advocate, asked her for advice about how to deal with an instance of DV in their family, she offered a number of possible remedies. But when she mentioned a DVPO, he immediately questioned her expertise. She described at length how people doubted the legitimacy of her work and her legal proficiency:

> I think he finally realized that I really did work in the criminal justice system doing this stuff and I really did sit in court and watch all these cases; I really did attend legislative hearings and know a little bit about the law. But I still think that [he believes] my knowledge comes from my experience and my heart… that it's just me being emotional. And I think a lot of advocates get that. Here's an example. A woman did a training [presentation] on DV and she was a survivor. And she was presenting it, and in a very professional way. But this one guy, apparently, didn't like it. He got up and said, "I've never heard such BS in my life." And he just wrote her off as an angry victim. And so we get a lot of that. They think that we are just doing this because we are being over emotional.

Meg believed she possessed valuable skills. Yet, to show her brother that her work mattered, she highlighted her legal work (coded as masculine). This was a common strategy among the advocates who worked downstairs at SAFE. Upstairs, the counselors used another approach to display the value of their skills: they highlighted their status as professionals (again, an identity associated with masculinity). I will discuss these strategies in more detail below. But first, I will identify the immediate constraints staff faced when seeking validation for their work.

LIMITED OPPORTUNITIES FOR EXTERNAL PRAISE

Heather, a 40 year-old advocate with seven years of experience, believed she was fulfilling her "calling" by helping victims of DV and SA. A former victim, she had worked at agencies similar to SAFE before arriving, and had no career plans beyond this line of work. Yet, for all the intrinsic rewards that Heather reaped at SAFE, she often stated that her job offered few "pats on the back." Staff believed that there were not many people who understood the true nature of their work. As a result, for some staff, opportunities to be recognized for their skills and abilities outside of the office were rare. This was due to three main factors: limited exposure to colleagues from other agencies who valued their care-work, the private nature of their job, and a "man-hater" stereotype that staff experienced from men. In combination with the devaluation of women's care-work in general, these limitations made it difficult for the female staff to feel appreciated for their work.

Few "Pats on the Back"

Staff repeatedly claimed that client success stories were enough to sustain them, but they also stated that external validation and recognition for their work was important. One key indicator of staff's need for "pats on the back" was their anticipation and excitement about technical trainings and conferences. Unlike interactions with adversarial defense lawyers or unsympathetic social service representatives, these events offered staff opportunities to be surrounded by colleagues who understood and valued their work.

Attending a conference and training offered staff a chance to get away from the office and break up the daily routine of work life; or, in Lisa's terms, a chance to go on a "non-profit vacation." In some cases, staff were even willing to pay their own registration fees and travel costs. To Heather, these events were about more than learning new techniques or skills: “It’s not necessarily that you go in there and learn new things… you come out feeling better.” Staff often characterized these events as opportunities for rejuvenation. According to Lisa, “There will be lots of celebrations for the workers. I just really like trainings because you come out refreshed.” Interacting with colleagues was important to staff. Cathleen, for example, routinely petitioned Kelly, the co-director, for permission to participate in them: “I think it just helps you… [to] put faces with people in other agencies that you’ve had contact with over the phone. And just meet other people doing this work… and it just kind of helps you get re-energized.”

Shelter staff, because they were isolated in their own building and often surrounded by more “residents” than co-workers, had the fewest opportunities to interact with colleagues who understood the unique demands of their work. To fill this void, Christina, the first shelter director during my research, arranged months in advance to attend a statewide conference:

> When I went to that conference a couple of years ago [2004], it was so awesome. It just pumped me up… they had trainings, they had great speakers, they had people there from all over… I was just raring to go… I was just fueled up… *I wanted to feel that feeling again*… I applied for a scholarship to go to the conference, because I was told through the agency that they might not have money for me to go… And I was like, “I’ve got to get to that conference. Somehow, I’ve got to go to that conference” [emphasis added].

Christina attended the conference, but was disappointed; she said she failed to recapture the energy she recalled so vividly. When I asked her why, she cited the lack of recognition directed specifically toward DV and SA agency staff: “The conference was totally different this year. It was focused a lot on the victims.” Although one might expect a DV and SA conference to focus on victims, her disappointment reflects a need for external validation of her work. Weeks after her return from the conference, unable to "feel that feeling again," Christina decided to leave SAFE (citing, in her words, "burn out").

Yet, not all staff relied as heavily on conferences and trainings to obtain positive feedback. Kelly and Liz, the agency co-directors, often commented on how people routinely sought them out to thank them for the service SAFE provided for the community. To Kelly, this was an especially gratifying and important part of her job:

> I run into clients in the community and they remind me what a difference [SAFE] has made in their lives. And how they are so much better off now, and 'thanks for being there.' There is plenty of reward. There needs to be. There needs to be plenty of reward because this is hard work and there's times when there isn't any reward and you're tired. And there are times when clients treat you terribly. And there are times when clients die. So it is good that there are also rewards. And they're not that rare.

Even as co-director, Kelly needed some type of external recognition to compensate for the difficult nature of her job. Yet, her position in the agency gave her opportunities to receive external praise unavailable to other staff members. Because the SAFE advocates and counselors worked mainly with clients inside the office, they had fewer opportunities to act as representatives to the community. Their position inside the office kept them largely out of public view, and unavailable for public praise.

Private Work

It was hard for SAFE staff to show themselves, and others, that their care-work was legitimate and serious because of the restrictions on how much they could talk about their interactions with clients. Much of the work at SAFE was conducted in secret. Beyond visitors, everyone at SAFE (including myself) signed a confidentiality form. Advocates and counselors stored all client information into a password-protected database. Staff never used their last names when answering the phones, and often declined to identify themselves at all if they suspected the caller had an ulterior motive (such as an abuser seeking information about a client). Before meeting with staff, clients often waited in a private room downstairs with the door closed. In court, advocates sought out empty hallways or unused conference rooms to talk with clients. When meeting clients the first time, staff often finished their introduction, as Meg did, with "everything you tell me is confidential."

Unable to discuss their work in detail with outsiders, staff often expressed frustration that friends and associates outside of SAFE did not understand their job. Lisa recounted an instance at a meeting unrelated to SAFE when a friend of a friend, who did not know where Lisa worked, began to criticize victims of DV for not leaving at the first sign of violence, "[She said] 'Why don't some women just get it together and leave?'" At that moment, Lisa worried that another woman who had just left the room, whom Lisa knew to be in an abusive relationship, would overhear the conversation. Lisa did not speak out to defend the woman because she did not want to violate her trust: "Luckily, I wrapped up the conversation before she got back because I didn't want her to feel judged by them." Yet, for all of Lisa's work, no one knew she had shielded the woman from an insensitive comment. In her interview, Lisa said that confidentiality rules prevented her from taking a more pro-active approach to speak out on clients' behalf: "I can't even defend the victims." Although issuing a public defense of clients would enable others to thank her for her work, this was against SAFE policy. Instead, by keeping silent, her work remained invisible.

Beyond SAFE's confidentiality policy, staff often found it difficult to talk about or even acknowledge their work outside the office for fear of the reaction it might cause. DV and SA are disturbing topics. They call attention to men's violence against women and atrocities that many people do not want to acknowledge or discuss. Organizations like SAFE exist, in part, because those not directly affected by such violence want to keep it that way – preferring that others do the emotional “dirty work” (Hughes 1984:343-345) of attending to the needs victims. Rebecca, on staff at the shelter, described the difficult reaction she received from a store clerk when she was running an errand on her lunch break:

> I said, “I work in a DV shelter.” And he was like, “oh, man, oh, man, that’s horrible, that’s just horrible. You know I have a wife and I would never, ever…” like I’m accusing [him]. I definitely get that feeling sometimes… And sometimes people are like, “that’s really hard, I couldn’t do that.’ I get that a lot. I feel like it changes the mood sometimes when I say [where I work]. People get more somber.

Rebecca also found that there was little middle ground on the topics of DV or SA; people did not want to talk about it, or they wanted to talk about it at length (requiring her to explain the dynamics of DV and SA all over again to a new audience). As she said, “We start talking about domestic violence at dinner, and it becomes this big conversation. And I certainly have plenty to say, but sometimes I just don’t want to bring it up or talk about it."

One reason DV and SA are such difficult topics for discussion is that they call attention to the stigma associated with victims of violence. In Goffman’s terms, victims may carry “blemishes of individual character” (1963:4). In the case of SAFE clients, these “blemishes” may be due to lingering suspicions that victims of DV and SA are partly to blame for their plight, either because they did not leave their abusive partner or somehow brought the abuse upon themselves. Such stigma translated into awkward and difficult exchanges with outsiders about their work. As a result, unless staff believed they were surrounded by people who already understood and appreciated the dynamics of their work, they often remained silent.

“Man-haters”

SAFE staff were careful about revealing their place of work to outsiders, especially to men they did not know. Staff reported that when women were critical of victims (see example above), they were not openly hostile to DV and SA agencies in general. Some men, on the other hand, were not so generous. On my first full day at SAFE, Jesse joked about a common stereotype of DV and SA agency staff: “man-hater.” Yet, instead of rejecting this stereotype, staff adopted it as a badge of honor. They did not believe they were biased against all men, only abusive ones. Instead of bemoaning the label, they used this stereotype to buoy their moral identity – their belief in themselves as good people (Kleinman 1996). For example, staff smiled and laughed when Meg recounted a time when a man in a prison cell awaiting trial yelled at her, saying “‘There’s that domestic violence bitch, she got my bail jacked up.’ When I heard that, I knew I had arrived.” Staff also laughed at Cathleen’s use of the stereotype to ward off harassment at a gas station:

> “[he said], ‘hey baby, you look pretty good.’ I said, ‘well, I just got done with a sexual assault conference [laughs]… I work with victims of domestic violence and sexual assault.’ And he was like, ‘oh really, that’s cool, that’s cool.’ And then he just walked off [laughs].”

These types of stories were common among SAFE staff, yet the smiles they elicited from one another reflected the hostility staff learned to expect from unknown men.

SAFE advocates were never certain of the unstated beliefs of the men around them. For example, a male member of Cathleen’s band, despite knowing where she worked, made an accusatory joke about DV victims: “He said, ‘What do you say to a woman with two black eyes? Nothing. She obviously didn’t listen the first 2 times.’” To make things worse for Cathleen, none of the other band members present took offense at the remark. She was visibly upset when she recounted the event in the SAFE office. Afterwards, she said she was almost always on guard among men, never knowing who might demean DV and SA victims and, by extension, her work.

Not all staff experienced hostile or negative remarks about their work. Those with graduate degrees had different experiences in the community. Emily, who had graduate degrees in education and counseling, said, “I smile, and I say…, ‘I work with kids in the families. And I go into the homes. And I don’t stop the violence… I’m working with them after the crisis. It’s fun, I like it.’” Emily’s degrees added legitimacy to her care-work at SAFE. Also, by describing her services as including, but not limited to, helping victims of DV and SA, even skeptical men who had a negative image of SAFE might still see the value of her other counseling services in general.

SAFE staff also believed age and experience played a factor in how much they worried about being seen as a “man-hater.” Emily, for example, was more than 20 years older than Cathleen. She had lived in the community for years, and was able to limit her interactions to people she knew who would be receptive to her work. Liz, one of the co-directors, also believed that her confidence in herself and her association with SAFE had grown with age:

> Long ago… I would always get a response or a bad joke [from men], like “I haven’t beaten my wife this week, ha ha.”… Now I always tell people what I do. This is who I am…. I’ve been doing this for 18 years… but it’s harder for women who aren’t married, or just trying to get a date.

Liz was aware that revealing her work might elicit a strong response from men, but she could also call upon her high-status position (co-director of SAFE) and years of experience to present a confident front against hostile reactions—strategies unavailable to younger staff, such as Jessie (early twenties) and Cathleen (mid-twenties).

Staff did believe that quiet support for their work existed among strangers; yet, when pressed for examples of times when this happened, staff almost always described private encounters with other women. For example, Lisa described a short conversation she had with another woman during a party. Upon hearing what Lisa did for a living, the other woman seemed receptive and positive; however, both were aware that others in the room might not be so sympathetic to DV and SA work. To determine if this stranger was supportive, Lisa first used sex category (female) and then political beliefs (liberal) as cues to predict how sympathetic this person might be. Despite their shared interests and beliefs, Lisa characterized the encounter as quiet and subtle, so as to not alert others:

> A woman said, "what do you do during the day?" And I said, "during the day I work in a DV agency." And she said, "oh, okay, so you do DV work." And it was just a simple nod, like, "oh, good." And it turns out she worked for an environmental agency, but she looked like a [political] lefty. And it seemed to be like, "okay, we're of a similar…" it felt like she was saying, "okay, yeah, [we understand each other]…" It wasn't anything over the top, it was just a millisecond of a moment where it was like, "okay, we're in the same boat."

Working for an environmental agency, in this case, carried a similar connotation to assisting victims of DV and SA. Both jobs signified the employees' concern about a social problem and their desire to work towards change in a context where many people oppose (in some cases, to the point of hostility) the mission of their jobs. As a result, Lisa (and her new acquaintance) both treaded lightly in their attempts to seek out support from strangers. For Lisa, receiving external praise outside of SAFE was a risky business—accomplished through "millisecond" nods and quick estimates of whether others were "in the same boat."

MAKING CARE-WORK MATTER

Despite the devaluation of women's care-work in general, combined with the obstacles limiting their ability to reap external rewards for their work (privacy concerns, stigma associated with DV and SA, and the "man-hater" stereotype), staff developed strategies to show that they provided an important service. Upstairs, the counselors used their status as professionals to legitimize their care-work, while the advocates downstairs highlighted their legal knowledge to show that they did more than just "sit and talk." As women engaging in care-work, both groups highlighted the technical and skillful aspects of their jobs to answer implicit (and sometimes explicit) criticisms that their work consisted solely of "feminine," non-cognitive, emotional reactions to clients' suffering.

Professional Emotional Labor

Upstairs in the SAFE office, counselors (with degrees) called upon their graduate training to show that their work with clients meant more than just offering a sympathetic ear and a shoulder on which to cry. The counselors defined themselves as professionals who possessed "a monopoly of some esoteric and difficult body of knowledge" (Becker 1962:35) to which non-professionals lacked access. For example, while the advocates downstairs were instructed to listen to their clients and allow them to determine how and where the discussion would lead, the counselors carefully mapped out specific strategies for each client before each appointment. In one case, a client who had been raped had trouble communicating with her mother. Melissa, who had recently received her Master's in social work, described the counseling techniques she employed to identify the root cause of the hostility between the two:

> It was a really, really intense session…. both mom and daughter had a breakthrough and there was some closeness there… I wanted to see what they looked like when they fight, so I could see what their interactional pattern was. So I knew I had to let them go, but I didn't want to let them go so much that they would not come back. And I think I timed it perfectly. So it was just… the escalation happened just enough so that we could get a really good picture of what really goes on. And then we could talk about it, but not so escalated that they can't come back and talk about what just happened. So that felt really, really good. And I was exhausted afterwards.

Melissa took pride in her skills and her ability to manage the tension between mother and daughter. Her use of counseling jargon ("interactional pattern"), for example, sets her work apart from the lay skills of listening and talking.

Downstairs in the SAFE office, the advocates used a non-professional approach. Their tactic, "empowering" clients, meant giving them control over the direction and intensity of the conversation. While counselors also tried to "empower" clients, client sessions upstairs and downstairs at SAFE took different forms. To see the contrast, consider Heather's approach to client interactions as an advocate:

> Someone comes in and they are just feeling so overwhelmed and so bad about themselves and their life and things that are going on. And we sit and talk, and they talk. And before they leave, they'll want a hug or they'll say, "you know, you really understand."

In contrast to Melissa's methodical, pre-planned approach, Heather's goal was to listen and offer sympathy if needed. Yet, to "sit and talk" with clients did not allow the advocates downstairs to characterize their care-work as specialized or professional.

One reason for this non-professional tactic was the different role that advocates played in SAFE. The advocates were trained to help clients during the initial stages of crisis following victimization (the counselors dealt in long-term healing strategies). The advocates' job was to help clients solve immediate problems (shelter, employment, medical care, etc.) and "empower" them, not tell them what to do (for more, see the first substantive chapter). Yet, such a passive, non-directive method of helping clients also made it more difficult for the advocates to claim that they were experts or that their services resulted in measurable outcomes.

"Empowering" clients made it difficult for the advocates to take credit for their clients' successes. In one case, a client was initially upset because Heather (an advocate) made her search for an apartment by herself. Later, when the client found a place to live, she broke down in front of Heather. Heather, also crying, told the client to take pride in her accomplishment: "You did it! You did all the work yourself. All those steps you took to get where you need to be, and you did it." After the client left, Heather described how overjoyed she felt: "I want to cry, I'm very emotional… those are the pats on the back that keep you going, this is what you work for… this is what it's all about." Yet, because the client had done the work herself, it was difficult to measure Heather's exact contribution to the client's achievement.

By helping others to help themselves, the advocates were left with little evidence to show that their services were effective. Rivas, in her analysis of the personal attendants of clients with disabilities, explains how helping others to help themselves ultimately diminishes the importance of the service provider: "[Personal attendants] want to be valued and recognized as important people, yet they also want to help the [client] feel independent, which means that they must transfer authorship of their actions and make themselves invisible" (2002:79). Heather's client found a new apartment, yet an outsider may have trouble determining the exact contribution of Heather's services. Because of their professional status, SAFE counselors, on the other hand, did not fully "transfer authorship" of clients' achievements. Melissa's successful session (managing the fight between a mother and daughter) was a result of her skillful management of the interaction. In other words, Melissa's could receive recognition for what she did, rather than what the clients did.

Unlike the advocates, the counselors could employ new techniques with clients as another way to display their professional expertise. For example, Emily, a counselor, used an experimental counseling technique with a client to "access her trauma" via her sensory, rather than cognitive, memories. Emily said that she had recently learned this technique at a continuing education training conference, and wanted to use it to help the client remember events surrounding the sexual abuse of her two daughters by a family relative. During her first attempt, however, the client became overwhelmed and passed out. Emily considered calling 911, but the client recovered in minutes. She framed this episode as an example of the risky nature of counseling:

> If you stay in the field, you have to take some leaps. You have to take some risks and try some things that you've never tried before. So, for instance, in the TLC work, the Trauma and Loss Certification that [SAFE counselors learned] last January, which is a much more sensory focus as opposed to cognitive behavioral work, where you are looking at thinking-feeling-acting patterns…. you go right into to the sensory memory… which is a new way of working for me… In one of the sessions she just passed out. I never had a person pass out… And I'd never had that happen with any former [clients]… And, we put the fan on, we were fanning her… and so she came to. So that was one of those sessions were it was like, "geez, I wonder if we did that right?"

Although Emily admitted that her technique needed more practice, employing new and potentially dangerous methods signified the professional nature of her work.

Emily's client experienced a setback (passing out), but the danger involved in her work enhanced the value of her emotional labor. Work that involves risk is normally associated with masculinity, and reserved for those with training and experience. The medical students in Becker et al.'s (1961) *Boys in White*, for example, believed that to practice medicine was to master techniques that could potentially harm a patient if misapplied (see pages 254-273). Emily's use of innovative (and risky) techniques set her work apart from the advocates' "sit and talk" approach downstairs.

Aware of the status that comes with a professional degree, those without it were careful to avoid identifying themselves as counselors. Lisa described her discomfort at being confused for one:

> But I was going only on intuition and some of the books that I had read, but that is not the same thing as having a Master's degree in Counseling…. I just didn't feel like it was appropriate for me to be doing therapy. I was basically doing child therapy, that's not right. And that didn't feel ethical to me, and I didn't like it. I didn't feel like I was qualified, I did the best I could but I did not feel like I was qualified. So I felt a lot of discomfort and I felt like it was very unethical, and that's why I left the [family counseling position].

Yet, none of the counselors with degrees ever expressed fear that untrained staff were overstepping their bounds with clients. Instead, quite the opposite occurred: counselors often applauded the advocates and shelter staff for their ability to handle clients in crisis on a moment's notice. It was only those without degrees who called attention to their lack of graduate training. They knew that "intuition" was not enough to be a professional and were careful not to appear as if they were practicing without a license.

By distancing themselves from professional status, however, non-degreed staff increased the importance of the "counselor" title. Rebecca's position in the shelter, for example, was formally titled "family counselor." Yet, she avoided that label: "I don't know how to do play therapy with 2 year olds… [people] ask where I got my MA, and I would say [laughing] I don't have a Masters, I have a Bachelor's in English." Meg also worried that a licensed practitioner might someday question Rebecca's lack of credentials: "I'm worried that some MSW [Master's of Social Work] will say, 'she's a what?'" Soon afterwards, Meg joked that she was proud of not having a graduate degree: “I’ve got three letters after my last name, KMA: kiss my ass.” The rest of the advocates’ in the office erupted in laughter. Meg’s defiance was a way to establish solidarity with other non-credentialed staff, yet the group’s laughter also signaled their awareness that outsiders placed a greater value on the counselors’ professional status.

Legal Care-work

Although the advocates downstairs lacked professional status, they had a different avenue to pursue to enhance the value of their care-work. By helping clients navigate confusing legal procedures, they could cite the cognitive, adversarial, and technical duties of their job. These skills, normally coded as masculine, helped the advocates avoid accusations that their “women’s work” was primarily driven by intuition.

Those unfamiliar with DV and SA advocacy and counseling may see legal solutions as the best way to solve victims’ problems; yet, SAFE staff consistently warned their clients of the negative consequences of this approach. Studies have shown that legal remedies can enrage abusers, result in costly and inflexible legal arrangements (Buzawa and Buzawa 1996; 2003; Pence and Shepard 1996), and cause “victim disempowerment” (Cramer 2005:280). Kelly, as SAFE co-director, constantly cautioned the advocates against seeking legal remedies before attending to clients’ emotional needs because this strategy might “escalate things in the wrong way.” The advocates understood these risks. Heather characterized one client’s DVPO, for example, as an exercise in futility: “It is not going to help, he’s crazy. He got out of jail the other day, spinning wheels in front of her house and cussing her out.” Even sheriff’s deputies, whose job it was to serve DVPOs to abusers and arrest them if they violated the terms, doubted their effectiveness as a long-term solution. As one deputy who often worked with SAFE said, “When it boils down to it, a DVPO is still a piece of paper, and some day it is going to expire.”

Yet, the advocates believed that legal work offered them something that their care-work could not. As Jesse put it, legal work was appealing because “at least it makes you feel like you are doing something.” Although the advocates worried openly about the effectiveness and unintended consequences of legal remedies, they still believed this approach was one of the few ways to offer their clients a service that anyone could understand and respect. Whereas talking about “restraining orders” and “pressing charges” resonated quickly with clients and outsiders, “empowerment” was a fuzzy concept that required a long explanation.

When I asked the advocates about what they saw as the biggest difference between attending to clients’ emotional needs and helping them with legal tasks, their refrain was that legal solutions offered clients “immediate” and “concrete” results. Although it may be difficult to calculate how much an hour’s worth of “talk” helped a client, advocates could measure victories in court by months of imprisonment, years of probation, sessions of “intervention” classes required, or distance (in feet) that abusers must stay away from their clients. In her interview, Kelly, the co-director, explained the appeal that the legal approach—DVPOs in particular—held for advocates and clients:

> It is a legal document that is recognized by our system, respected by our system; understood and enforced by our system... It’s clear what you have to have to qualify for one. And it’s even more clear what you have once your order is granted, what your rights and protections are… So that’s very gratifying… it’s concrete and it’s immediate, that’s comforting to people. It feels like they’ve really done something.

For workers exercising devalued skills in a setting with few external rewards, the advocates were drawn to work defined by skill and rationality (i.e., “men’s work) rather than intuition and emotion (i.e., “women’s work”).

Despite the dangers involved with legal remedies, courtroom victories were easier to identify and celebrate than the private work of talking and “empowering” clients. When Jesse, an advocate, brought back good news from court, everyone in the office surrounded her in the kitchen to hear her report. In the middle of the room, Jesse said, “It went so well. She got full custody, he has to help her pay the mortgage on her house, and he has to keep the kids on his insurance as long as is possible under the law,” Cathleen gave her a “high five.” Such visible displays of celebration were rare at SAFE and almost never occurred after successful “talk” sessions with clients. Afterwards, Kelly, the co-director, invited Jesse up to her office to replay the good news. Unlike their private care-work which often took place behind closed doors in secret, staff could cite victories in court as “concrete” evidence that they had helped a client in ways that anyone could understand.

Legal work also offered the advocates a public arena where they could display their expertise. The courtroom consisted of two areas: one public and one restricted. Facing the room, in the restricted area, was the judge’s bench. In front of the judge were two, eight feet long tables, behind which sat the opposing legal teams. The public were separated from this area by a three foot tall wooden partition and sat on long, wooden benches. Among the lawyers and the judge, a few people were permitted to work in front of the partition: the clerk of court, bailiffs, parole officers, and SAFE advocates.

In the building that housed the court, the advocates were granted nearly full access to the adjacent rooms and hallways. They often escorted clients through the back door to the hallway where the judge's chambers were located. This private entrance, unlocked by pass-code, also allowed the advocates to enter conference rooms in order to conduct private meetings with lawyers and assistant district attorneys. Although the advocates acknowledged that the court room was unattractive (the restrooms were generally unclean and cigarette butts littered the exterior corridors), they knew their access was limited, and thus special. When court was in session, the clerks made copies of DVPOs for them, the judge was open to discussion during free moments, and the bailiffs allowed them to sit where they pleased. On the rare occasions when the advocates had to accompany clients to court in other counties, they enjoyed no such privileges.

In court, the advocates sat near the lawyers, dressed like lawyers, and were often mistaken for lawyers. One day in court, I observed a defense lawyer silently hold up a yellow legal pad with the words: "are you a DA?" for Lisa[3] to see. A few months later, a defense lawyer approached Lisa in court, whispering that his client was willing "to do what he needs to do" in order to avoid jail time. Although Lisa declined to "deal" on her client's behalf in this instance, advocates occasionally used their mistaken identity to their advantage. On another occasion, an abuser accepted, without question, Meg's explanation that he would have to attend an "intervention" program, though these terms had not been settled by his lawyer. When I asked Meg if she was surprised when he nodded in agreement, Meg explained: "He perceived me as an extension of the court system." She did not disabuse him of this notion.

The advocates knew their legal skills were valuable. After a client told Cathleen she came to SAFE because she could not afford to pay a lawyer to help her file a DVPO, Cathleen privately complained to Heather and Jesse in the advocates' office: "Isn't it messed up that we aren't lawyers, and we do DVPOs, and [lawyers] can charge $1,500 for it?" As part of their legal duties, the advocates faxed DVPO paperwork to lawyers' offices, forwarded criminal case files, collected arrest reports, and, in some cases, even photographed clients' physical injuries. Because they did this legal work on a daily basis, the SAFE advocates often knew more of the intricacies of laws pertaining to DV and SA than their clients' lawyers. In some cases, the lawyers asked SAFE advocates for advice. In court one day, a client's lawyer approached Cathleen to inquire if a particular plea agreement would interfere with her client's ability to seek a DVPO in the future. Cathleen provided the answer on the spot (it would not). On another occasion, a judge asked an assistant district attorney about what type of pre-existing legal arrangement a client had with her abuser. Unsure of the answer, he turned to Meg, seated behind him. She stood and told the judge: "There is a [voluntary] consent agreement, not a DVPO." Questions in court often required specific, technical answers, talents not typically associated with "feminine" care-work.

Legal work allowed the advocates to exercise another skill coded as masculine: "gamesmanship" (for more, see Pierce [1995], pages 53-59). Traveling back to the SAFE office from court one day, Meg described a win in court when an abuser (who she believed had intimidated his victim into not showing up in court) unwittingly admitted his own guilt to a judge:

> And this guy says , "I didn't assault her, I just pushed her," and the district attorney, she just looks over at me, and it takes her a second to figure out what he just said, and she says, "the state rests." And the judge said, "I guess so." The man didn't realize that pushing someone *was* assault.

Meg laughed after telling me this story and made no effort to conceal her *schadenfreude*. Unlike care-work, legal battles were often a zero-sum game. Succeeding in a competitive environment allowed Meg to counter accusations, such as that made by her male cousin (described above), that her work at SAFE came merely from the "heart."

Yet, engaging in "masculine" legal work did not keep SAFE advocates from attending to their clients' emotional needs. In many cases, staff engaged in legal and care-work simultaneously. For example, in court one session, the judge called Cathleen up to the bench to help a woman who was unable to fill out a DVPO:

> [The client] was in crisis and had her baby there who was crying because it was hungry and tired. And she said, "I've been through this before… I don't need help"… And I said, "I know you're in crisis. And I can tell that things are very stressful right now." But I explained my role as an advocate, and I said, "I really think it would be best to rewrite the order. I can help you with that, we can get you a free attorney who can represent you in the case, and that way you'll have an order that can actually be enforced by law enforcement if he violates it. It's accurate…"… So we re-did it and at the end she was really grateful… I felt really good about that.

Cathleen derived satisfaction from both her care-work (comforting a client in crisis) and her legal work (fixing a flawed DVPO). Although her knowledge of legal procedures may be of greater value outside of SAFE, Cathleen also believed that she would not have been able to help the client without attending to her emotional needs first:

> Well, as she was filling it out, I was walking her through it, and her baby was just crawling everywhere, and crying, and hungry, and cranky, and tired. And I said, "do you want me to hold her?" And she said, "yes." So I held her and I was able to snap [my fingers] and do little silly things and keep the baby entertained while I was still guiding her through the paper work. And I would do something and the baby would laugh or do something funny, and the client would laugh with it, and you could tell that she was relieved to have someone there helping her. And at the end she said something like, "I'm so glad that I ran into you."

Cathleen saw value in both her services: care-work and legal work. From her perspective, one task was not inconsistent with the other: offering legal advice *was* caring. As a result, Cathleen could adhere to SAFE policy (attend to clients' emotional needs first) and legitimize her services at the same time. Yet, these different tasks do not bring about the same rewards. As a woman, her “feminine” ability to soothe a crying baby could be dismissed as “intuitive,” while the “masculine” ability to edit and revise a legal document could not. By displaying expertise in both realms, Cathleen could show her skills had value yet not contradict her image as a woman who cares.

CONCLUSION

Studies have shown the devaluation of women’s care-work (nurturing, caring, sympathizing, empathizing) across occupations (England et al. 1994; Kilbourne et al. 1994), but this process is most often associated with “masculine” professions like engineering (Fletcher 1999) and law (Pierce 1995; Lively 2000). In those environments, we do not expect employers to reward women for their efforts to attend to the emotional needs of others, despite the benefits for the organization and its clients. Even in settings where the gender coding of work is less clear, such as in academia (Bellas 1999) or at an alternative health organization (Kleinman 1996), we see similar results: “men’s work” adds legitimacy to an organization in ways that “women’s work” does not.

The findings of this study suggest that this trend continues, even in organizations that explicitly value women’s care-work. At SAFE, female care-workers believed in the value of their emotional labor, but they still “masculinized” their services (i.e., highlighted their rational, cognitive aspects) to enhance their value. Aware of accusations that their care-work was merely intuitive, they reshaped the meanings associated with their services. As with any work, participants may find ways to contest stereotypes and legitimize their skills. At

SAFE, an organization run by women for the purpose of helping women, the advocates and counselors for victims of DV and SA did just that.

SAFE staff were aware that some outsiders (mostly men) doubted that their work consisted of more than a “feminine” reaction to suffering clients. In response, they took advantage of opportunities to frame their work as technical and specialized. By calling attention to their professional counseling techniques or their legal know-how, female staff at SAFE tapped into commonly accepted symbols of expertise (which, unsurprisingly, were also coded as masculine). In so doing, they challenged (but did not reject) existing gender frameworks that assign more worth to men’s work than women’s. Although their mastery of both “feminine” and “masculine” skills question the gender exclusivity of these abilities, “masculinizing” their services also reinforced the idea that men’s “natural” abilities matter most.

These findings do not imply that the women of SAFE were ashamed of care-work or tried to conceal the “feminine” aspects of their job. Rather, they routinely articulated pride in their services and in SAFE as an organization. To them, care-work and legal work were not contradictory. As Cathleen’s encounter in court with the mother and her crying child shows, staff believed that offering legal services and attending to their emotional needs were both parts of the same job: helping victims. However, care-work did not offer them the status rewards available to them in and around the courts. As a result, framing legal work as care-work allowed the advocates to reap external rewards for their work and maintain an image of themselves as caring women. The SAFE advocates were the first to admit that they did not work at SAFE for status or accolades. However, portraying themselves as professionals or legal experts was the most readily available means to accrue the "pats on the back" they believed they deserved.

At SAFE, staff faced a number of challenges. Their job was defined by privacy and stigma; when they could talk about their work, they had difficulty finding audiences who understood their work. For the advocates—who lacked credentials—it was more difficult to convince others that their work was skilled labor. Compared to the private nature of interactions in the SAFE office, the court room offered staff a public arena to reap external rewards for their work. In court, they held a prominent visible position to display their skills and wield influence with powerful associates. To the advocates, legal victories were tangible proof that their work was legitimate and effective.

These findings also help us understand workplace behavior beyond agencies that assist victims of DV and SA. We might expect the same phenomenon in other social service agencies. Female care-workers in jobs with few opportunities for appreciation may also gravitate towards offering services that allow them to display skills coded as masculine. For example, helping clients navigate legal and bureaucratic systems outside the office may offer more rewards than adhering to a "sit and talk" approach behind closed doors. Yet, this strategy has consequences. Although women may reap greater respect for showing their ability to conduct "men's work," these efforts still reinforce prevailing notions that what men do best counts most—even when women are the ones doing it. In addition, even if women display mastery of "men's work," there is little reason to expect them to receive the same amount of credit. Reskin (1987) described the ways that dominants preserve and protect their group position in labor markets, and Williams' (1992) findings regarding the "glass escalator" men ride to the top in "women's" jobs confirms this analysis. No matter how well women care-workers frame their services as technical, skillful, cognitive, and rational, their emotional labor will still be devalued because of its association with femininity (Johnson 2005; Lorber 1994) and essentialist notions that their ability to care comes "naturally."

END NOTES

1. I use the label "abuser" rather than "batterer" to refer to those who exercise power and control and outright physical and/or sexual violence. This term allows for a more comprehensive depiction of people who control, oppress, and hurt others. However, some at SAFE used the term "batterer." This term was also common in the training literature and educational materials they offered to clients. I argue, however, that "batterer" connotes physical abuse, with the expectation of markings, bruising, and swelling. Emotional abuse, on the other hand, leaves no visible scars.

Staff consistently used "batterers" and "abusers" in conjunction with the male pronoun. Staff were quick to point out to me that 95 percent of their clients were women, and that was why they used male pronouns. The "Power and Control" theory of abuse, which staff claimed, implies that anyone can be an abuser. For example, lesbians can abuse one another, physically or non-physically. If abuse is rooted in cultural values that promote domination, no one is immune to their effects (Pence and Paymar 1993).

I use the term "victim," although there is a debate among DV and SA agencies about whether to use "victim" or "survivor." Staff almost always used the term "client" when referring to people who sought services, but they usually used the term "victims" to refer to all people who suffer abuse (whether or not they sought out SAFE services). Staff used "survivor" on occasion, but usually to refer to a former client who had succeeded in achieving their goals. Staff also used "survivor" to move away from the stigma associated with "victim" (Dunn, 2005). However staff typically used "survivor" during abstract discussions about violence against women, not specific clients.

Like the staff, I use "client" to describe people who sought services from SAFE, and "victim" to refer to people who (staff believed) suffered abuse. To complicate matters, staff were willing to accept anyone as a client; yet, in order to be a victim, staff had to believe the person had experienced abuse. In other words, any victim could be a client, but not all clients were considered victims.

Finally, I will use female pronouns to refer to SAFE clients. This usage not only reflects the empirical reality of SAFE clients (98 percent were women), but also the way staff referred to "clients" and "victims" as women during hypothetical discussions.

There were a few male clients. However, in fourteen months of fieldwork, I only witnessed one case in which staff believed a man had suffered abuse, and it involved a father who feared physical abuse from his son. In four other cases, men sought services from SAFE, but their stated concerns were to protect their children or a female relative. In six other cases, staff believed that men sought out SAFE services as a way to exact revenge on their female partners (i.e., seeking an arrest warrant for their female partner after they had been arrested themselves).

Most staff members defended their usage of female pronouns with me at some point (I never initiated the topic). This could be a result of my role as a man researching an organization composed almost entirely of women (one man worked as a public educator and another as a facilitator in an educational intervention program for abusers). In most cases, staff used female pronouns to describe clients as a form of grammatical shorthand. They knew men could be abused by other men, and occasionally by women, but they believed it was easier (and more accurate) for them to refer to victims as women.

2. All names of organizations, places, and people are pseudonyms

3. Although Lisa was technically not an advocate at the time, she had been one years before. In the middle of my research period, she transferred from the family counseling position to a newly created position at SAFE: court liaison. Her new job required her to represent SAFE's interests to criminal justice officials. In court, her official duty was to interact only with lawyers, judges, and law enforcement. As she transitioned into her new position, she often helped clients with their cases, just like the other advocates.

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V. CONCLUSION

When I tell people that I study advocates and counselors for victims of domestic violence (DV) and sexual assault (SA), they usually respond in two ways: first, they express sympathy for those in this line of work, usually along the lines of “that must be so hard”; second, they ask what solutions I offer to end abuse. I tell them that yes, victims’ advocates and counselors have difficult jobs—high stress, low pay, and little recognition. Answering their question about how to end abuse, however, is more challenging.

As a sociologist, the primary objective of this dissertation is to contribute to a body of knowledge on emotion management and identity. To non-sociologists, this goal is less than compelling. As someone who wants to see an end to sexism and violence against women, I wish I had come up with a remedy for DV and SA. I began this project sympathetic to their cause; and after spending nearly two years on this project (training, volunteering, and collecting data), my desire to help them has grown. I understand that, to some, a solution to reduce DV and SA is more important than a sociological contribution. However, if I cannot solve DV and SA, I can at least help advocates and counselors see their work from a different perspective. If I cannot end abuse, I can help those who serve victims by showing them how their emotional experiences at work (painful or satisfying) are tied to maintaining their sense of themselves as good people.

To work at SAFE is to be a member of a social category: those who help the less fortunate by offering them services to improve their lives. Yet, how does this work affect them, and what do their jobs teach us about emotions, identity, and status?

RECONCEPTUALIZING “STATUS SHIELDS”

The job of advocates who worked downstairs at SAFE carried unique risks. With little formal training or specialized education, they dealt with SAFE’s most vulnerable and at-risk clients. Trainings and workshops helped them feel more confident in their skills, but they still felt considerable pressure to help their clients in a meaningful way. Consider Jesse’s tearful plea during a staff meeting: “This job takes a toll. I worry whenever a client comes in with the same stalking history or tells you where to look for their body if they are killed.” Jesse’s client had come to SAFE asking for help, and she could not prevent her murder. No one at SAFE accused Jesse of failing her client, but Jesse still felt grief, frustration, and the nagging feeling that she could have done more to keep her client safe. Jesse asked her superiors for “specific things to say and think” to cope better with her emotions, but she was never fully satisfied with their answers. In the first substantive chapter, I argued that staff’s strategy of calling upon the idea of “empowerment” to mitigate painful emotions worked only as a buffer, not an antidote. Yet, why was Jesse so vulnerable, emotionally? What is it about the nature of her position at SAFE that put her at risk for blaming herself for her clients’ suffering?

Arlie Hochschild’s concept of “status shield” (1983) is useful here. She explains that some professions offer their occupants a protection against the emotional onslaughts of their clients. Heart surgeons, for example, can cite their expert training to deflect criticism from angry patients or their family members. Because of their credentials and expert status, surgeons can interpret a patient's death as an unfortunate consequence of a well-executed operation. Yet Jesse's emotional distress did not originate in her clients. Rarely did the advocates believe that their clients blamed them for not offering effective services. Yes, clients became upset; but SAFE advocates interpreted their clients' anger as misplaced. From the advocates' perspective, when their clients lashed out, they were just venting frustration because of their mistreatment at the hands of their abusers. In Jesse's case, she did not believe that her client, if she were still alive, would blame her for not having kept her safe. Instead, Jesse doubted her own services. In this sense, Jesse lacked the professional status to shield herself from the onslaughts of her clients and herself.

Upstairs, the counselors were insulated from the painful emotions experienced by the advocates. The counselors did not offer their services to clients who were in crisis or at immediate risk—that was the job of the advocates. In addition, the counselors could cite their professional degrees as evidence that their services were the best their clients could expect; and if their clients did not accept the conditions the SAFE counselors imposed on them (showing up for appointments, working toward goals, or taking their medication), then the counselors could justify severing ties with them. The counselors were able to set clear boundaries on their clients' behavior and their responsibility for clients' safety. When Melissa was confronted with the temptation to rescue a client, she responded without hesitation: "that's not my job." The advocates did not believe their job required them to be responsible for their clients' fates, either. Yet, when the advocates' clients suffered, they had less status protection than the counselors to deflect blame.

These findings suggest a need to reconceptualize the meaning and consequences of status shields. Instead of insulating workers from accusations from others, these "shields" may also protect employees from their own self-doubt. Future research on social service organizations could explore how staff with little status deal with the vulnerability of their clientele. Without status to protect them, to what extent do they see themselves as responsible for their clients' wellbeing?

INTERDEPENDENT NATURE OF IDENTITIES

SAFE staff needed clients. And victims need DV advocates and counselors. To affirm their identities, each is dependent on the other. Without people willing to seek their help, SAFE staff may have difficulty showing themselves and others that they are good and kind people. The same goes for victims: without someone to accept their claims that they had been wronged, they would have difficulty "accomplishing" victimization (Best 1997; Dunn 2001). The interdependent nature of SAFE staff and their clients offers insight into how our identity explains more than just who we are; it defines our position within a wider web of identities.

To see how staff's and clients' identities complemented each other, let us take the case of Andrea, a graduate student who worked at SAFE for a semester as part of her Master's in Counseling program. She needed to spend a specified number of hours in direct contact with clients to meet the requirements of her degree. In addition to her course requirements, Andrea also reported that she saw herself as the kind of person who liked to help victims and the less fortunate. During her first weeks at SAFE, she described her internship as an ideal arrangement, allowing her to accomplish both goals. Yet, over time, a problem emerged. In the second substantive chapter, I described how she became frustrated with a client who kept skipping appointments: “I don’t take it personally, but it *is* kind of frustrating…. The reason I’m doing this is to help people, and [the client] is not allowing me to help [her].” Andrea’s irritation during this episode stems from a number of sources. First, she wanted to help a victim. Second, clients’ “no-shows” impeded her ability to accrue enough hours and experience to become someone who helps victims. Her claims to a “counselor” identity depended, in part, on the behavior of her clients.

Victims also depend on others to affirm their identity. As long as Andrea’s client followed a few steps, Andrea could continue to define her as a victim. However, making an appointment was not enough. Andrea expected her client to come to the office, talk about her victimization, and put some effort into improving her situation. As Dunn (2001) and Loseke (1992) found, accomplishing a victim identity requires some amount of cooperation with people whose job it is to help them. They need counselors to offer them help. As long as Andrea is willing to see her, her client can claim a victim identity because there is someone who acknowledges her suffering and offers her help.

To understand the complementary relationship of identities, we can think about identities that form as two halves of a pair. Examples include victim/abuser, criminal/police officer, and patient/doctor. Yet, identities are not limited to one counterpart. Victims not only require advocates and counselors who are willing to help them; they also depend on judges willing to hear their cases, donors willing to support agencies like SAFE, and politicians willing to legislate on their behalf. This line of inquiry can lead to a new focus in the understanding of “identity work” (Snow and Anderson 1987). In addition to examining how people shape the meanings of their own identity, we study how one person’s behavior affects the identity of others. For example, when victims do not behave “like victims,” how does this affect the identity of those who help them, and *vice versa*? Because identities are interdependent, how a person manages their identity can have implications for how others manage theirs.

STATUS AND STIGMA IN SOCIAL SERVICES

Weber ([1914] 1978) argued that “status-honor” is determined by one’s association with esteemed groups and their lifestyle. In Sherman’s study (2007) of workers in luxury hotels, for example, she described how the status of wealthy guests “symbolically rubbed off on” (p.162) the staff who served them. Analogously, when SAFE advocates were in the courtroom, they benefited from an association with the legal profession. In court, they were often mistaken for lawyers and found that outsiders respected their legal-work more than their care-work. In the third substantive chapter I argued that despite their training to focus on their clients emotional needs of their stigmatized clients, they gravitated towards the higher-status and male-defined realm of legal-work. These findings also suggest that status and stigma play an important role in the decision making processes of social service providers.

As victims, SAFE clients were tainted by stigma because others perceived them as having “blemishes of individual character” (Goffman 1963, p.4). In court, defense lawyers often questioned SAFE clients about their complicity in abusive relationships: “If the abuse were as bad as you say, why didn’t you leave?” At first glance, it would appear that SAFE advocates would be at risk of having their status suffer by association with a stigmatized group. Yet, this did not happen. The advocates saw defending their clients as part of their job; while others may fault SAFE clients for staying or not pressing charges, the advocates blamed abusers. As the last line of defense for a stigmatized group, their clients' flaws offered the advocates an opportunity to display their virtuosity and patience. As a result, their clients' stigma enhanced the advocates' status among people who respected the sacrifices they made on behalf of abused women.

Yet, SAFE advocates were not immune to stigma. Every staff member reported an instance of past abuse; at some point, they too had been victims. They rarely revealed their personal histories to court officials. Yet, regardless of what they told others, most judges and lawyers assumed the advocates were former victims—after all, why else would they choose to enter such a difficult line of work? The advocates feared that these assumptions led judges and lawyers to distrust them and suspect that they were incapable of being objective in cases of alleged abuse. The advocates may have been closely affiliated with legal professionals in court, yet their identity as former victims served as a reminder that they were not members of that group; their job was to act as mediators. Caught in the middle between lawyers and their clients, their status fluctuated back and forth.

Status rewards may help explain how and why social service providers tailor their services for their clients. Although they sat alongside lawyers, the SAFE advocates lacked the credentials to be considered colleagues. When they moved to the back of the courtroom to talk with their clients, their knowledge of legal proceedings made it clear that they were not fully victims: they were there to help, not be helped. These shifts in status also affected how they interpreted their work. The SAFE advocates experienced negotiating plea agreements and speaking in judges' chambers as exciting in ways that their care-work in the office was not. Yet, listening to clients and sympathizing with them, when it occurred in the back hallways of court, took on a different meaning. Because the work of social service providers offers few chances for external rewards and status, the setting and circumstances in which services take place can make some ways of helping clients more enticing than others. By accounting for the status and stigma that social service providers negotiate, we can understand why they may find some services more appealing than others—even when those decisions conflict with agency policy.

FINAL LESSONS

It is my hope that advocates and counselors for victims of DV and SA can use my findings to shed light on their work. Whether or not one has a graduate degree, for example, can affect the way they manage feelings of self-doubt that can arise when their clients are revictimized. For those who claim a “moral identity” (Kleinman 1996), it may be helpful to understand that their identity work is not an individual matter; other people’s behavior, especially those they are trying to help, may make it harder for them to feel good about who they are and what they are trying to do. And for all those in social service organizations, examining the role of stigma and status in their work may help them understand why it is more enticing to offer some services rather than others.

This dissertation will not bring about an end to DV and SA. However, it can help those whose job it is to help victims. By examining their work from the standpoint of the sociology of emotion and identity management, they can see that their work is affected by forces that originated long before agencies like SAFE came into existence. The social construction of status, stigma, and what kinds of work “matter” all shape their experiences.

Their work is one piece of a larger puzzle. If this dissertation helps them fit a few of those pieces together, I consider it a success.

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