

Finding Strength in Compassion

Domestic Abuse Service Providers and the Covid-19 Pandemic



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Project Report

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About the Researchers

[Dr Marian Duggan](#) is a Senior Lecturer in Criminology at the University of Kent. Marian's research on gender-based violence focuses on preventative policies for sexual and domestic victimisation, as well as socio-legal responses to victims.

[Dr Camille Stengel](#) was a Senior Lecturer in Criminology at the University of Greenwich when this research was conducted. Camille now works at the social innovation agency Nesta as Principal Researcher in the Chief Scientist Office.

Alana Pollock is a University of Kent Criminology Graduate who joined the project as a research assistant as her interests focus on sexual and domestic violence.

Findings Snapshot

The Covid-19 pandemic created a host of personal and professional complexities for frontline crisis workers, but many were able to continue providing vital services during this turbulent time.

Our research with specialist domestic abuse service providers (DASPs) at one charity in southeast England provides valuable insight into how they navigated these challenges to meet the unprecedented need for support, what sustained and motivated them throughout this turbulent period, and what advice they have for others.

This case-study approach of one organisation allowed us to explore in greater depth the personal and professional impacts arising from frontline specialists who adopted a positive and proactive approach to such an unprecedented time of crisis.

We found that the DASPs in our study:

- *Responded to adverse changes in their working practice in flexible and dynamic ways by adopting a positive 'can-do' attitude to uncertainty and change.* This functioned to sustain many specialists through some of the toughest points of supporting domestic abuse victims during the onset of the Covid-10 pandemic period.
- *Recognised the need for physical, psychological, and emotional boundaries as part of their self-care practices.* Employing this approach not only ensured they were able to continue caring for victims, but also for themselves and their dependents.
- *Were surrounded by colleagues who actively encouraged and engaged in welfare-focused activities.* This created a positive working culture that helped DASPs navigate the pandemic and draw strength from being immersed in a supportive organisational culture which valued service providers equally to service users.
- *Derived value and reward in helping others, particularly those who were hard to access or who had disengaged with other services.* Many DASPs in our study found that they gained an enormous personal and professional boost from having their efforts recognised, acknowledged, and commended, particularly by those in most need.
- *Reframed challenges as opportunities for personal growth and professional innovation.* This included expanding their roles and embedding their adaptations (where relevant) to ensure the continuation of flexible and responsive service delivery practices as pandemic-induced restrictions were lifted.

Insights and Advice

Below are the insights and advice offered by our participants and arising from our analysis which seeks to inform and sustain supportive approaches to domestic abuse service provision.

For Practitioners and Organisations:

- ❖ *Visibly model and encourage supportive working practices:* This can include accommodating personal and professional boundaries; embedding flexibility into how, when, and where work happens; and scheduling team-building activities during working hours where possible.
- ❖ *Illustrate and embody the organisation's values and ethos:* This can be through investing in the welfare of team members; openly and regularly praising people for their initiatives, activities, and outcomes; and consulting with team members about their preferred manner and frequency of informal / formal / specialist supervision.
- ❖ *Enable colleague engagement and investment:* This can include conducting full and frank consultations with team members about planned organisational developments or changes; employing a range of methods to solicit colleagues feedback; and acknowledging and action this feedback in purposeful ways.

For Government / Policymakers / Funders:

- ❖ *Be alert to the considerable variability of victims' needs (and specialists' support).* Targets and metrics do not convey the considerable time and investment many specialists dedicate to victims with additional or complex needs, or in acute crisis.
- ❖ *Encourage and enable resources for specialist supervision:* As the demand for domestic abuse services continues to grow, a wider range of organisations are training and recruiting in-house domestic abuse specialists to provide responsive and/or outreach services. Domestic abuse organisations should be financially supported to provide specialist supervision for newly trained domestic abuse specialists who are not affiliated to a domestic abuse organisation.
- ❖ *Invest in domestic abuse services.* In addition to funding recruitment and training, funding should also be made available for initiatives and activities which address specialists' welfare and wellbeing in a proactive (as well as responsive) fashion.

Why We Undertook This Research

The COVID-19 lockdown of 2020 brought overnight changes in working conditions for millions of people all over the world. Adapting to this 'new normal' was nothing short of a challenge for everyone. While in Britain we clapped on our doorsteps in solidarity with frontline workers, many of us also hurried to make space to work from home, finding quiet corners for webchat-enabled calls and remotely facilitated meetings.

For many victims of domestic abuse, the onset of the Covid-19 global pandemic and national lockdown restrictions significantly curtailed their ability to leave abusers, seek sanctuary with relatives, or access face-to-face support. The Government's 'stay at home' directive resulted in the predicted increase in domestic abuse cases. Charities [reported surging victim numbers and needs](#) in the UK and beyond, while the media's depiction of the [rising numbers of domestic homicides](#) highlighted the acute crises facing both victims and charities.

Domestic abuse has long been recognised as a major socio-legal and public health issue that affects [one in three women globally](#). In the pre-pandemic year [ending March 2019](#), over a third (35%) of the 1,671,039 violence against the person offences recorded by the police in England and Wales were domestic abuse-related. In that same period, the police recorded 746,219 domestic abuse-related crimes, an increase of 24% from the previous year.

The succession of national restrictions and lockdowns had not only impacted on the demand for domestic abuse services in Britain, but also how these were designed and delivered. However, this necessary focus on victims meant less attention was paid to how the specialists providing these vital domestic abuse services were coping under pandemic conditions. How were these practitioners navigating the professional and personal challenges of providing support remotely? What obstacles were they facing while continuing to ensure the safety and security for a growing number of victims at elevated risk of harm?

As domestic abuse researchers, we were concerned about the impact of lockdown working conditions on domestic abuse service providers (DASPs), particularly their wellbeing during this chaotic time. We were aware of [pre-pandemic studies](#) outlining the high rates of [stress](#), [burnout](#), and [vicarious traumatisation](#) among frontline practitioners working with victims of abuse. We were particularly concerned about the impacts of the pandemic given that many domestic abuse charities in Britain were already operating at [limited or reduced capacity](#) due to a decade of austerity measures.

The pandemic evidently brought a host of new challenges for ensuring [domestic abuse victims' safety](#) during the lockdown period, yet very little attention was paid to how it affected the specialists working hard to keep these victims safe, secure and—ultimately—alive. Therefore, in tandem with a growing focus on [frontline workers' mental health](#) and sustainability, we sought to understand how DASPs from one charity in South-East England managed to provide essential services to people in crisis situations while experiencing an unprecedented state of crisis themselves.

This report showcases our key findings alongside recommendations for future policy and practice.

How We Conducted Our Research

We took a case-study approach, conducting our research with one domestic abuse charity comprising approximately 30 employees located in South East England. Anyone who had begun their work with the charity prior to March 2020 was invited to take part in an interview to share their reflections on the impact of the pandemic on their work and wellbeing.

Information about the research project was disseminated to all workers at the charity, along with the profile details of the two lead researchers (Marian and Camille). In these communications, we clarified that participation in the study would be fully anonymous, voluntary, and have no bearing on the interviewee's role at the charity. We provided our contact details for anyone interested in taking part to email us directly.

All participants were required to sign and return a consent form prior to the interview being scheduled. To assist in their reflections, we provided all participants with the interview questions in advance so they could prepare notes if desired. The interview questions focused on how DASPs coped with the huge influx of cases and clients; how they sustained quality care remotely; what effect this had on their own lives and emotional wellbeing; what they learned from the experience; and what they might do differently in the future if faced with similar circumstances. Some participants later indicated that they found it helpful to have an insight into what we wished to discuss, particularly those who used this opportunity to source and provide details about their increased caseload numbers.

We interviewed 18 DASPs over three months (August to October 2021). This was 18 months after the start of the first national lockdown in Britain; recent enough to remember how the first 12 months had been, but long enough to allow time to reflect more fully on this period. Participants represented a range of roles and experience from across the charity, giving us a good indication of how the organisation operated and responded during the early pandemic period. More information about our sample can be found in the Appendix.

We conducted all of the interviews remotely via MS Teams. This allowed us to record the sessions (with consent), minimise any unnecessary disruption to the interviewees, and remain Covid-19 compliant. Immediately following the interviews, we provided details about local and national organisations specialising in mental health and wellbeing support. We also provided shopping vouchers to remunerate interviewees for their time, using funding provided by the Universities of Kent and Greenwich.

We transcribed the interviews ourselves using the MS Teams recording, and send these transcripts to participants to check, edit, or confirm as an accurate record. Once these were returned, we deleted the recordings. Marian and Camille undertook an initial thematic analysis of the data, then repeated this process alongside our research assistant, Alana, who joined the project in 2022.

Our project underwent full ethical review at the University of Kent. In addition to this report, our outputs include an animation, a blog, a Toolkit, and academic journal articles (in progress). More information on this research and our outputs can be found on our [project website](#).

Our Findings

Our findings are presented over the next few pages, grouped under six subheadings: *Three-word Reflections*; *Adapting through Adversity*; *Remaining Realistic*; *Compassion Satisfaction through Continued Engagement*; *Embodying an Empathetic Environment*; and *Pursuing Positive Outcomes*. These sections reflect the core themes we identified from our analysis of the data. Alongside this analysis, we provide fully anonymised interviewee excerpts to demonstrate our participants' experiences in their own words.

Three-word Reflections

During the interviews, we invited participants to select three words which summed up their experiences of providing vital domestic abuse services during the first twelve months of the Covid-19 pandemic. Upon analysing these contributions, we were pleasantly surprised to discover that there were more terms used that indicated positivity (n=24) than negativity (n=14) or were neutral / descriptive words (n=14). Below is a word cloud that demonstrates what our participants said. The larger the font, the more frequently this word was chosen:



As indicated in the above image, the most popular word used by our participants was *challenging*. This was followed by *rewarding*, and then *intense*, *stressful*, and *frustrating* equally (see Appendix for the full list of words in participant order).

This exercise proved interesting as DASPs reflected on the pandemic period being a difficult but ultimately enriching experience. This positive outlook was one which characterised the broader insights gleaned from our findings, which are outlined below.

Adapting through Adversity

Like many, domestic abuse service providers initially struggled with the overwhelming increase in their workloads, coupled with the transition to online communications. Several expressed having concerns about the effect working from home would have on their relationships with housemates, partners, or children. This was coupled with apprehensions relating to technology in terms of access, proficiency, and reliability.

Due to the high-profile nature of domestic abuse in the initial weeks of the first national lockdown, virtually all our participants indicated that they felt they needed to work extended hours to keep up, even when they were officially 'off the clock'. Doing this type of work from home also heightened feelings of '*inescapability*' and '*overlap*' between DASPs' personal and professional spaces and selves:

You know, working with trauma from your bedroom in a house share, like, it's probably really not ideal and unhealthy, but it was fine, but I was just conscious of that impact that could have, being in that space.

Initially, it was a little bit difficult to stop working. So, you know, being sat at your desk all the time, you just carry on, and you don't have the little breaks for chat like you do when you're in an office with other people. So, yeah, it was much more difficult to boundary that I suppose, and not, just not give yourself a break and carry on working, really.

DASPs spoke of the difficulties they faced when trying to ensure the smooth running of support services during the pandemic. Compared to face-to-face meetings, communicating remotely with victims meant putting in a lot of extra work to build trust and rapport. Some participants worked with children and young people, many of whom were unfamiliar with having conversations on the telephone or who struggled to find privacy to speak in confidence while at home. Assessing how victims were getting on was also rendered more difficult due to the barriers presented by having to do this over the telephone or through a computer screen:

It's a different thing, isn't it, like with providing empathy and understanding and things like that, it's a different level of communication. So, where you'd normally communicate quite physically, body language and things like that, a tilt of the head and a nod, things like that, you can't do that over the phone. And so, obviously we weren't very practised at the beginning in using our voices. So, uhm, yeah, it was kind of a whole new way of supporting people really.

I couldn't read body language, so I wasn't sure for those quieter members, where I thought: mmm.... I'm watching them, are they flicking on their phone, are they looking anxious, are they in danger? I couldn't read any of the warning signs

Despite this unease, the DASPs we spoke to described how they adopted an agentic 'can-do' attitude towards the unique challenges they faced as the pandemic continued. Several reflected on how their management of situations during this otherwise chaotic period instilled feelings of calm and reassurance among many of the victims they worked with during this time. Furthermore, they came to discover that offering online and remote services vastly increased accessibility for previously hard-to-reach victims such as those with anxieties about new places or people, had very young children, found it difficult to travel, or worried about being recognised while attending a group or drop-in in their own area.

Remaining Realistic

The mental load undertaken by our participants increased significantly as a result of the pandemic-induced conditions. Several DASPs described feeling more responsible than usual for victims they knew to be trapped in unsafe situations with abusers. This was expressed alongside initial feelings of anxiety and guilt as a result of the pandemic having shaken their confidence in their ability to provide the help so urgently sought by victims:

yeah, a lot of self-doubt came with that, but I think that's just lone working isn't it, which is strange, 'cause you wouldn't necessarily ask for triple assurance about stuff in the office, but it almost felt like you weren't holding it on your own, so it's very odd.

Trauma-informed working can present significant difficulties in ensuring the creation and reinforcement of psychological and physical boundaries generally. Our participants indicated that in order to continue effectively helping victims of domestic abuse during this pandemic period, they had to make sure they recognised and respected their own limitations:

You can feel like you're not, you're never doing enough. So, having that internal voice to say, 'Actually you're doing enough. You need to stop now because you, you're not gonna have anything left if you carry on'. So, it's not about saying you can't cope, but that you have to respect your own limitations really, and take notice of your stress levels.

you just worry about if you don't answer that call, they could be in real danger at that time. So, you overwork. But I gave a good talking to myself and sort of reset my mind and, yeah, it was alright after that.

Adopting this approach meant that DASPs could do their job much more effectively which ultimately benefited victims. If they were to ensure sustainability, the DASPs in our study realised that they needed to be present, focused and in control—perhaps even more so than usual—to protect their mental, physical and emotional energies:

That's the hard thing as well, on Zoom [victims] will stay on there all the time chatting to you, but you're like, 'Oh, I've got another one in a minute' but you can't say that. Yeah, self-control, it's got to be. People probably look at me going: well, you're the last person that would shut the computer, but that's what you need to do.

I think we've all learned to be a bit more boundaried because we can't give it to others if we, if we've got an empty cup ourselves, and I think that's something I've definitely learned during this last year or so.

Being self-forgiving, self-preserving, and self-compassionate meant DASPs recognised the value and importance of protecting their own emotional capacities. Establishing and justifying these boundaries helped them remain resilient and let go of the desire to be 'perfect'. This also resulted in an important shift in how they evaluated success:

We couldn't help but feel that, 'Oh, are we really giving them a good service?' ... I think we just felt a bit of professional guilt in that sense. So then when people are actually like, 'No, you know, we've really appreciated it and we're so grateful for it' then you kind of feel, OK, maybe we just have to shift our perspective of what it is actually that we're offering during this time, and what we are offering is helpful. It might be different, but that's OK, it's still helpful.

Compassion Satisfaction through Continued Engagement

DASPs shared the importance and value they placed upon receiving messages from victims who had thanked them for their vital work. While receiving positive feedback was not unusual, hearing this during such a fraught period indicated to DASPs that the relevant people recognised and valued their extra time, effort, and attention. This provided positive boost for many:

For me, the most rewarding [part] was the continuation of the engagement. That, for me, spoke volumes because these are clients that have disengaged from services before, but actually I've still got them on my books. They're still engaging.

Whenever you've made a difference to someone's life and they tell you, that is always rewarding. ... to know that you've made a difference and to hear that, 'Thank you, I wouldn't have been able to do it without the support, and everyone has been great'. I'll never get bored of hearing that. I think it's what makes our jobs worthwhile.

Compassion satisfaction was evidently interwoven with job satisfaction, as many DASPs spoke about feeling rewarded both personally and professionally through seeing the positive impact and improvement in victims' lives. Despite the myriad difficulties faced, several participants indicated taking pride in being able to continue delivering much-needed services. In some cases, they were one of the few specialists able to connect with vulnerable victims in urgent need and often with little other recourse to seek help:

you became a really important service and a real lifeline for people because it just highlighted their lives, and the isolation of their lives because of domestic abuse ... I felt like there was just a real connection that you were providing something that was really vital to people

I remember, one mum in particular said that it really was like a sort of lifeline to the outside world for her son and he would always ask, 'When are the sessions happening?'

DASPs derived a genuine sense of joy and gratification from helping rebuild victims' trust. They reflected on the immense satisfaction they derived from seeing victims connecting back with themselves, as well as reaching out to others as part of their healing process:

You forget that actually, Wow, like, sometimes our clients hang on every word that we say and what a privilege that is, and I'll try and remember that every day even when it's proper stressful. Yeah, so I'm lucky to be able to do this job. I love it.

For me, the most rewarding was the continuation of the engagement. That, for me, spoke volumes because these are clients that have disengaged from services before, but actually I've still got them on my books. They're still engaging.

Knowing that victims acknowledged the importance of the efforts they were making proved important for informing and sustaining DASPs attitudes of positivity, strength, and resilience. This was important to offset the negative periods and to stay focused on how to keep going and stay strong.

Embodying an Empathetic Environment

DASPs described a stark contrast between working in isolation and working alone, and the feelings of relief and reassurance that came with sharing these struggles—and their own vulnerabilities—with colleagues. This demonstrated the importance of having a strong, supportive network of peers to rely on who genuinely cared and looked out for one another:

I'm pretty much a people's person, I don't really work very well totally on my own. I prefer to have people around to talk to and bounce ideas off of and engage with. So, it was quite alien to me really, yeah.

it's such a serious job and there are things that happen that are quite harrowing at times. But we've got this constant, you know, united group of women around you who've got this great sense of humour

A vital aspect of DASPs resilience was retaining this supportive and nurturing work environment. Being surrounded by like-minded specialists in a positive organisational culture reinforced their optimistic outlook and made them feel visible and valued:

I think having IDVAs [Independent Domestic Violence Advisors] in the senior management team really helps because they do know what we're going through.

just seeing your team respond in a way that was, like, everybody was all in, despite everything else that had been going on. So, we're there for that same purpose and that same drive and that same want and need and looking out for one another. But yeah, so that has been really rewarding to be able to be part of that.

In the face of apprehension, confusion, and uncertainty, participants described how much they valued their colleagues for promoting collectivity, cohesion, openness, listening, and being open to new ideas. This fostered a caring environment which encouraged flexibility, creativity, and responsiveness in order to best protect DASPs welfare:

the good thing about [the charity] is that, like, we are allowed to have our own autonomy. ... if we were uncomfortable then we were respected to make those decisions for ourselves and our family, which I think was such a massive plus to feel supported throughout the pandemic

We talk about being trauma-informed as an organisation, but we're not trauma-informed if we're not looking after ourselves. So that, I think that needs to be the priority, you know, the priority for the organisation moving forward

Several of our participants were also domestic abuse survivors, which brought a different type of challenge. Self-care was therefore essential, with colleagues highlighting the importance of prioritising mental health, taking breaks, and being mindful of and alert to symptoms of burnout and fatigue. These activities were also scheduled during work hours to demonstrate their importance and the need to find balance during the working day:

... we know our people are struggling, so we help ourselves as well as others around us. So, I think that's probably just, because the organisation is who we are, you know, caring? It's not a corporate site, is it, that's just 'do-do-do'. So, I think a lot of that is, well it is - everyone who's in there is caring, basically, yeah.

Pursuing Positive Outcomes

Connectivity and solidarity were key to keeping DASPs in a mindset where they could keep going and deal with all the chaos and unpleasantness that often characterised their daily jobs. This was—and remains—vital. DASPs needed to find balance through support in order to keep going through the tough times (which ordinarily would be numerous and frequent, outside of a global pandemic and national lockdowns). Our participants advocated regularly checking in with each other as continual engagement made it more difficult to remain isolated. Sharing problems or bad days with others was considered to be cathartic and part of normalising their responses to high-pressured trauma and crisis situations:

you don't realise the importance of offloading that mental workload onto your other colleagues and allowing them to do the same

This was particularly important for those who cited feeling lonely during the pandemic, even when working in a space surrounded with others (i.e., family members). Under ordinary circumstances, they would have been surrounded by colleagues who empathised with the work they were doing or what they were experiencing and responded accordingly.

Though physically isolated from colleagues during the pandemic, DASPs retained a sense of camaraderie by scheduling remote debriefs and informal catch ups where they could share feelings of vulnerability, confide in others, and seek advice. Maintaining these supportive relationships during the pandemic was especially crucial to protect against any negative feelings, lessen experiences of isolation, and contribute to their feelings of resilience and growth. The resulting impact was a successful, sustained service in which our participants felt hugely invested:

I felt like we really played a part in the pandemic, I have to say and I feel very proud to be part of [the charity] and proud of who we are and what we're doing. ... So yeah, that for me was a real positive, feeling part of a team that's making a difference. Yes, it's been hard work, but you know that's a major positive for me, yeah.

The mental fortitude demonstrated among our participants in their reflections indicated how they had positively reframed their attitudes, reminding themselves that they were only human, and they did best they could in such unprecedented circumstances:

There were big achievements. We learnt how to deliver much needed services at a time where people were so isolated, which helped them with their safety and their mental health. So, we really had to reach people at a time when it almost, at the beginning, felt impossible. But we got through that and achieved it pretty well.

I think we've done really well to be able to still adapt and, and reach our clients. There's only so much we can do, and I think we've probably gone above and beyond

Having had the opportunity to reflect back on these challenges and how they were overcome proved to be a valuable exercise for many participants who noted how rewarding it was to have the opportunity to diversify their approach to service delivery:

It's been super hectic and super busy, but it has given me some time to reflect or maybe, how we can work differently, maybe gaps in service, how we can reach more clients for example

Looking to the Future

Undertaking trauma-informed work with victims of violence can leave practitioners vulnerable to secondary traumatic stress, vicarious traumatisation, burnout, and compassion fatigue. However, the domestic abuse service providers who took part in our research demonstrated key insights into what drives positive outcomes and successful approaches that sustain frontline crisis workers during times of unprecedented adversity.

Our research has demonstrated that the emotional and mental welfare of domestic abuse practitioners needs to be a political priority, reinforced with adequate, sustainable funding and resources to ensure specialist supervision and support as part of efforts to sustain and retain these high-quality professionals:

the whole mental health arena that's being highlighted isn't just about the women and children that we work with, it's about ourselves, where we see the impact of working in this underfunded, under pressure sector

As we move towards a post-pandemic era, domestic abuse victimisation remains a high-profile political and public health priority, yet the legacy of austerity measures has made a significant impact on the ability for service providers to meet spikes in demand for support. In an effort to address this, [the government has recently released funding to train hundreds of new domestic abuse specialists](#). Many of these new practitioners will join those already deployed throughout the public sector (i.e., housing, welfare, children's services etc.) as part of outreach [efforts and the diversification of domestic abuse support provision](#).

However, newly qualified domestic abuse specialists operating in the wider statutory or voluntary sector risk being isolated from colleagues who can truly understand and relate to the unique experiences involved in providing specialist domestic abuse support to victims. In addition, certain roles or types of domestic abuse support may be more challenging for specialists to undertake remotely or in isolation. Therefore, fostering connections with, and ensuring access to, dedicated domestic abuse services is of increasing importance.

Our research has illustrated that, when given the capacity to be properly supported by their specialist organisation and colleagues, domestic abuse service providers drew strength and resilience in the face of adversity, managing to thrive personally and professionally. This support involves, but is not limited to, acknowledging and valuing efforts, flexibility, encouraging autonomy, demonstrating trust, and investing in staff welfare and wellbeing:

in traumatic situations we've had to think much more about the wellbeing of staff, but actually staff work with trauma all day every day and that that should be our standard practice, this stuff that we've put in place during Covid, to be flexible in responding to the needs of staff, making sure that we know what the needs of staff are and responding to it, not just in a crisis

While our research focused on domestic abuse practitioners and the national lockdown periods in England and Wales, our findings are relevant as a best-practice guide for recruiting and retaining specialists in the post-lockdown environment. We hope the information in this report will inform approaches to work and wellbeing which recognise the importance and value in investing in the welfare of domestic abuse service providers.

Appendix

Three-Word Reflections

<i>Participant no.</i>	<i>Three Words</i>		
1.	Rewarding.	Solitary.	Hopeful.
2.	Intense.	Growth.	Surprising.
3.	Stressful.	Challenging.	Grateful.
4.	Lonely.	Confusing.	Empowering.
5.	Confidence.	Completer / finisher.	Negotiator.
6.	Hectic.	Rewarding.	Challenging.
7.	Challenging.	Adaptive.	Stressful.
8.	Exhausting.	Challenging.	Resilient.
9.	Intense.	Challenging.	Frustrating.
10.	Challenging.	Inspiring.	Appreciation.
11.	Different.	New experiences.	Perseverance.
12.	Shaky.	Proud.	Steadfast.
13.	Challenging.	Frustrating. (<i>only two provided</i>)	
14.	Relentless.	Sense of duty.	Achievements.
15.	Busy.	Learning.	Uncertain.
16.	Challenging.	Motivational.	Rewarding.
17.	Adaptable.	Passionate.	Personal.
18.	Exhausting.	Demoralising.	Chaos.

Our Interviewees

In order to preserve their anonymity, we have omitted identifying characteristics about our interviewees from this report. We did not ask participants to provide any demographic information.

In terms of their experience with the charity:

- Six had roles that were more administrative or operational while fourteen undertook client-facing roles.
- Nine participants indicated that they had some form of managerial or supervisory responsibility for others in the team, while six did not.
- Participants' length of time working at the charity ranged from 1 to 15 years (mean: 9 years, median: 4 years; mode: 4 and 7 years (bimodal); range: 14 years)