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Redefining boundaries, guilt, and success: Examining the impact of COVID-19 on domestic abuse service providers

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Abstract

The difficulties presented by the COVID-19 pandemic were exacerbated for those working in domestic abuse crisis and support services, many of whom received little public recognition for their efforts at the time. The present study addresses this gap by illustrating the factors informing and sustaining domestic abuse service provision during the COVID-19 pandemic. Eighteen domestic abuse service providers (DASPs) from one organisation in south-east England shared their experiences of working during the pandemic national lockdowns. The thematic analysis outlines the hidden negotiations of remote working, the psychological and pragmatic adaptations DASPs employed to maintain vital services, and the impact of dealing with risk and trauma from intimate spaces and while isolated from colleagues. Key themes include negotiating boundaries, navigating guilt, and re-evaluating success. The importance of ‘compassion satisfaction’ – feelings of pleasure from helping others by doing a job well – significantly helped DASPs to adopt positive attitudes during this period of uncertainty and change. DASPs demonstrated personal and professional growth through acquiring new skills, fostering innovation, and positively reframing their contributions. The findings offer evidence-based insight into factors that may mitigate risk to service delivery in future large-scale crisis situations.

Keywords

COVID-19, domestic violence, service providers, wellbeing, compassion satisfaction

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Introduction

In Spring 2020, rates of domestic violence and abuse (DVA) surged across the United Kingdom as the government implemented furlough programmes and national lockdowns in response to the COVID-19 global pandemic. In many cases, lockdown restrictions significantly increased perpetrators' access to victims while simultaneously curtailing a victim's ability to leave the house, visit relatives, or access face-to-face support (Leigh et al., 2023). Media reports routinely highlighted the increased risk for many DVA victims trapped with abusers, particularly during the first 2 weeks of the initial lockdown. Research into DVA victims' experiences during the pandemic underscored the severity of the crisis for those confined at home with abusers (Pfitzner et al., 2022) and the challenges they faced in accessing support remotely (Leigh et al., 2023; Richardson Foster et al., 2022).

While the focus on DVA victims was essential, it inadvertently helped to conceal the experiences and welfare of frontline professionals providing these critical services. Many domestic abuse services were already operating at limited capacity before the pandemic due to over a decade of austerity measures (Sanders-McDonagh and Neville, 2017). This pre-existing strain meant that services, particularly those catering to marginalised and minoritised populations (Anitha and Gill, 2022; Imkaan, 2020), faced additional financial hardships and difficulties equipping remote workers to handle the surge in requests for help. Evidence from rapid response surveys in the women's sector (Women's Aid, 2020) indicated a range of negative impacts on domestic abuse service providers' (DASPs') mental health and wellbeing, which in turn impacted on service delivery.

The swift transition to remote working posed unprecedented personal and professional challenges for key frontline and crisis support workers (Schrag et al., 2022), including DASPs. People across the country were encouraged to work from home where possible while managing the closure of non-essential businesses, social isolation, distancing restrictions, and limited outdoor activity (Koh, 2020). Although considered essential workers, many domestic abuse services moved to remote delivery to protect staff and facilitate ongoing engagement with victim-survivor clients who were unable to attend group activities or one-to-one meetings in the spaces available. Like many others, lockdown restrictions and the need for privacy while working necessitated many DASPs to work virtually and from home (Montesanti et al., 2022). However, dealing with acute victim/survivor risk and trauma while attempting to safeguard against further abuse from intimate spaces such as bedrooms fundamentally changed the nature of these otherwise private home spaces and the DASPs' feelings of safety and security within them. Yet despite their critical role, surprisingly little attention has been paid to the impact of the pandemic on these professionals who did their utmost to keep victims safe and secure throughout.

Research has acknowledged the difficulties victims faced in seeking support, with some studies recognising the efforts by those responding to the crisis (Brooks-Hay et al., 2022; Healy et al., 2022; Pfitzner et al., 2022). Carrington et al. (2021: 545) surveyed domestic abuse practitioners in Australia, two-thirds of whom described providing support to new clients reaching out for the first time during the early pandemic period. Anitha and Gill's (2022) study with 'by and for' practitioners working to meet the needs of racially minoritised DVA victims highlights how women from these communities were disproportionately impacted by the pandemic, necessitating frontline workers to exercise discretion and 'challenge rather than reinforce social inequality' (p. 465). Similarly, Engleton et al. (2022) conducted interviews with sexual assault practitioners in Detroit, an area characterised by a high population of

Black residents, who reported reduced victim-survivor engagement and increased resourcing difficulties due to impacted public transport availability. These studies provide essential insights into the practical and logistical challenges affecting DVA service provision for victims and, to a lesser extent, domestic abuse practitioners during COVID-19. This article complements existing studies by demonstrating how service specialists in one organisation adapted to exceptional circumstances while under extreme pressure. The insights provided by DASPs who were active throughout this heightened crisis period demonstrate important lessons about the need for ongoing, everyday support to ensure a solid foundation and sense of connectedness among specialist practitioners.

Drawing from our empirical study, this article explores the personal and professional challenges faced by DASPs while ensuring continuity of information, support, outreach, and safeguarding measures for new and existing DVA victims. The analysis highlights how DASPs navigated the transition to remote working and adapted to conduct real-time interactions with victims in a sensitive, confidential, and secure manner. The DASPs' insights highlight how the acute changes to working conditions during the pandemic drew into sharp focus the everyday and ongoing pressures faced by specialists. The findings provide unique insights into changes in crisis workers' welfare, wellbeing, and workloads focusing on emotional labour, work-life balance, collegiality, self-care, boundary-setting, and avoiding burnout. The article concludes with safeguarding and wellbeing recommendations to ensure the continued provision of essential services offered by domestic abuse providers. By offering recognition and the opportunity for learning, this article shares lessons that can be applied elsewhere for greater sustainability and retention of domestic abuse specialists.

Background context

Domestic abuse represents a significant public health issue affecting approximately one in three women globally (World Health Organization, 2021). In England and Wales, domestic abuse accounts for a substantial portion of police-recorded crime. In the pre-pandemic year ending March 2019, domestic abuse-related offences accounted for 35% of all violence against the person offences recorded by the police, totalling 746,219 crimes (ONS, 2020). While both men and women can be victims of DVA, men primarily constitute the majority of perpetrators, and women the majority of victims.

The onset of the COVID-19 pandemic in March 2020 and subsequent national restrictions profoundly impacted the provision and demand for domestic abuse services. Charities and experts immediately reported a surge in cases as victims were confined with their abusers under lockdown conditions (Carrington et al., 2021; Justice Studio et al., 2020; Women's Aid, 2020). Despite emergency government funding, many domestic abuse charities faced challenges in meeting the escalating demand, with significant service reductions reported (Ivancic and Kirchmaier, 2020; Women's Aid, 2020). Criticism regarding the adequacy of government support underscored long-standing financial strains exacerbated by years of austerity measures (Women's Aid, 2021).

The rapid shift to emergency working conditions added to the burdens of frontline crisis workers, who were already at heightened risk of vicarious traumatisation (Montesanti et al., 2022). This process, akin to secondary traumatic stress, can profoundly impact mental health and wellbeing due to prolonged exposure to trauma material (McCann and Pearlman, 1990). Symptoms and experiences of vicarious traumatisation are like post-traumatic stress disorder (PTSD) and often include intrusive thoughts, anxiety, panic and agitation, loss of sleep, and anger (Killian, 2008). Some cite

avoidance of social contact, becoming judgemental, and having negative altered beliefs about the self and others (Pearlman and Saakvitne, 1995). Splevins et al. (2010) found that trauma workers often find their own way to cope and manage stress; many cited 'getting used to it' and the passage of time to help them manage negative aspects of their job.

Traditionally, research on trauma and burnout among frontline support workers has focused on statutory workers, therapists, and healthcare professionals, with more recent work directed towards advocacy workers, volunteers, and researchers. An early study by Ghahramanlou and Brodbeck (2000) suggested that sexual and domestic violence counsellors may be at an increased risk of vicarious trauma due to personal trauma histories and being younger than healthcare practitioners. Despite the essential nature of their work, there is a notable gap in research on the mental wellbeing of domestic abuse practitioners specifically, highlighting a critical area for further investigation (Beckerman and Wozniak, 2018; Frey et al., 2017).

While vicarious traumatisation is a recognised risk in trauma-informed professions, studies also acknowledge the potential for positive outcomes which can mitigate the negative effects of exposure to trauma. Compassion satisfaction relates to the pleasure professionals derive from helping others, which can enable trauma workers to cope, learn, and grow from difficult experiences (Stamm, 2002). It is positively correlated with vicarious resilience, where trauma workers derive beneficial effects from witnessing survivors undergo healing and growth (Hernández et al., 2007). The beneficial impacts of trauma work on service providers, however, may be overshadowed by a focus on service user outcomes. Therefore, studies into compassion satisfaction and vicarious resilience have indicated that crisis workers can also gain satisfaction and sustenance through a mixture of collegial and organisational support, gratitude from clients, and a shift in personal perspective. Understanding these dynamics within the context of domestic abuse service provision is essential for developing effective support strategies and enhancing the sustainability of this specialist sector.

The research study

The study explored reflections from DASPs relating to the first 12 months of the COVID-19 pandemic (March 2020–March 2021). Data collection took place approximately 18 months after the first UK national lockdown (autumn 2021). The study was advertised to all 28 members of a medium-sized DVA charity via email. A purposeful sampling method was employed, focusing on participants from one charity to gain detailed insights into organisational dynamics. Participants were required to have worked at the charity prior to March 2020 and continued for up to 12 months afterward, ensuring they could reflect on pandemic impacts on their regular working practices.

The study underwent ethical review at the lead researcher's institution before data collection began. The project was advertised to all employees at the charity, and 18 DASPs volunteered to take part. Interviews were conducted via MS Teams and recorded with participant consent for transcription purposes. Questions centred on (a) changes in roles or methods of working due to the pandemic, (b) the personal and professional impacts of these changes, and (c) any learning to be shared from their experiences. Participants were reminded that they could skip questions, should only provide as much information as they felt comfortable sharing, and were free to stop or withdraw at any point.

At the end of each interview, the researchers provided details of mental health wellbeing services and a £50 shopping voucher as a token of appreciation for participants' time and input.

Transcription was undertaken by the researchers whereupon the recordings were deleted. Thematic analysis (Braun and Clarke, 2006) was employed, involving a two-stage coding process to identify descriptive labels and then develop categories and themes for analysis. Upon completion of the analysis, the researchers presented the findings directly to all members of the organisation via a video recording and research-briefing note.

Participants held various roles, including administrative, operational, client-facing, and therapeutic (i.e. outreach work, counselling). The mean tenure at the charity was 9 years, with a median of 4 years. Nine participants had managerial or supervisory responsibilities, while nine did not. Most participants (n=13) engaged in face-to-face interactions with victims or stakeholders, while others had office-based roles. To ensure confidentiality (due to the small sample and organisation size), a demographical sample overview is not disclosed, and participants are identified by interview number only. However, white females were in the majority among workers at this organisation.

Findings and analysis

The following critical analysis of the findings is presented across three sections. The first explores DASPs' experiences of managing personal and professional boundaries. This is followed by a focus on navigating guilt. Finally, we consider the re-evaluation of success.

Managing personal and professional boundaries

Participants unanimously acknowledged that transitioning to remote work was a daunting and substantial adjustment. Ensuring privacy was a key concern, particularly since the majority of participants shared their living space with others, such as family members, friends, or housemates. While some were able to carve out dedicated workspaces, others had to navigate shared environments, juggling their professional responsibilities alongside those of others in the household:

I had a little counselling sign that I stuck up on the bedroom door going 'In counselling' so that people would know just not to interrupt during that time. (DASP3)

In addition to prioritising victim/client confidentiality, participants emphasised the importance of establishing physical boundaries to prevent children from overhearing sensitive and distressing conversations.

Despite efforts to relocate to alternative spaces or create clear physical boundaries, many struggled with the lack of separation between their work and leisure environments. Visual indicators of their work materials often served as constant reminders of emotionally charged tasks infiltrating their personal and home lives. This challenge was particularly pronounced for those working from bedrooms, typically spaces associated with sex or sleep; intimacy or vulnerability. Participants working directly with victims/clients, conducting risk assessments, safety planning, or counselling, reported heightened feelings of 'inescapability' and 'overlap' compared to those working from other parts of their homes:

Because I've got double screens and things, I had to leave it all set up, so you sort of wake up to your, you know, it was just unhealthy. You wake up to your computer right there by the end of your bed. Yeah, it just wasn't right. (DASP14)

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 the impact that could have, being in that space. (DASP12)

Similar findings around space and safety were outlined by Sleath et al. (2024) with respect to sexual violence service providers. The intimacy of using bedrooms as workspaces also posed practical concerns for DASP participants who utilised device cameras to enhance communication with victims/clients during conversations. DASPs were acutely aware of the heightened risk, as perpetrators were more likely to be present at home due to lockdown restrictions. This awareness led to concerns among participants about the potential of perpetrators to observe them during video calls, thereby compromising the safety and confidentiality of interactions:

I was very resistant to going to video calls. . . . I was really worried about the safety stuff anyway around phone calls and I was like, that will be even harder if there is a perpetrator in the room, it's even more obvious what's going on if they can see my face on the screen and they can see something's going on. . . . I created a space that feels like a workspace and that also where you can't see that it's my bedroom because I don't want my clients seeing my room. (DASP18)

Working from home also disrupted the natural boundaries for work practices and hours that are typically provided by office-based environments, where structures and rules are already established and require less conscious effort to maintain. Home-based work demanded greater discipline, contributing to some participants feeling obligated to work even outside of designated hours. DASPs accustomed to a regular daily routine or fixed hours experienced this disruption more keenly, while others appreciated the flexibility it afforded:

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. (DASP13)

I literally worked when I could, rather than having such a rigid routine. (DASP4)

DASPs implemented physical and mental boundaries by routinely shutting down computers and laptops, storing them away daily, or over weekends, or relocating work materials to different areas when not in use. For some, this ritual served as a substitute for the commute, providing essential mental separation during the workday. However, several participants noted a tendency to work longer hours than usual despite these efforts:

I think one of the things that was really important was closing your computer at night, at the end of the day, . . . 'cos I think there was a danger actually that you never stopped working. You'd be sat at your computer doing things and you'd suddenly realise it's three o'clock in the afternoon and you haven't really had any lunch 'cos you just crack on and you just keep going. Yeah, I think probably some people would actually over work, and not really be able to get away from it. (DASP5)

I always tried to, like, every week put my laptop in the bag and put my work bag in the cupboard so it was out of sight, but inevitably you're like, well, I'm in this room again and this is where I have all those difficult conversations. (DASP7)

McCann and Pearlman (1990) highlighted the relationship between vicarious traumatisation and caring occupations, where professionals exposed to patients' suffering can suffer direct negative effects or absorb these from working in trauma-informed environments. To limit the damage of exposure to distressing content, professionals undertake specialist training and engage in regular clinical and managerial supervision (Baird and Jenkins, 2003; Ben-Porat and Itzhaky, 2009). Such frameworks of care are necessary to limit the impact of vicarious traumatisation on high turnover rates of staff in care environments (Li et al., 2014). For DASPs, dedicating time and effort to maintain their own wellbeing was vital to ensure sustained support for DVA victims. These participants recognised the importance of acknowledging their own limits and needs, demonstrating a proactive approach to self-care (Andrews et al., 2020). Bell (2003) found that individuals who emulate positive coping models experience lower stress levels and develop resilient strategies for managing work-related challenges. DASPs with managerial responsibilities were particularly conscientious about their practices, mindful of their role in setting a positive example. This included refraining from sending emails after work hours and advocating for clear boundaries around work and personal time:

I think that feeds down to other staff as well when you're saying, 'No, I stop at five', you know? If I notice that I'm feeling a bit run down, I take a few days off, I don't, I don't just try and push through, I allow myself a break. And I think it's important to model that for others as well. (DASP13)

Andrews et al. (2020) highlighted that workers often require external validation to prioritise self-care. Therefore, DASPs who felt a duty to model a self-care behaviour likely had a positive impact on their colleagues, encouraging them to prioritise their own wellbeing.

Acknowledging and navigating guilt

DASPs' reflections frequently highlighted feelings of personal and professional guilt. These feelings were often related to not being able to provide their usual level of service, not being able to respond to everyone needing help, and not being able to spend sufficient time with their own family members due to increased workloads:

You look in your diary you sort of think, well there's a gap there, and yes, there is, but also if you fill it up completely you don't have any processing power. You can't hold on to who that client is. (DASP18)

I still wanted to reach the targets and sometimes I was quite drained in trying to do that, but I was still determined we were going to get a way around this and do it. And I wouldn't expect anything less of me to do that, even though [the CEO] would say, 'Well, no, you haven't got to', I still felt I had to do it, but that's me. That's my ethos, that's the way I work. So yeah, that was a struggle at times. (DASP10)

As DASP10 highlights earlier, the management within this charitable organisation was proactively attempting to ameliorate some of the guilt being felt by those trying to work at pre-pandemic levels. Research by Cayir et al. (2021) underscores that effective management styles are built on trust, respect, and non-hierarchical approaches. DASPs expressed deep appreciation for the guidance and reassurance provided by senior management team members, especially during periods when they felt guilty about the constraints in service provision:

We couldn't help but feel that, oh, are we really giving them a good service? Especially as our wait lists are really, really long, unfortunately, 'cause we have so many referrals, so some people have waited for such a long time then all we can offer them is, like, this. . . . I think we just felt a bit of professional guilt in that sense. (DASP7)

That's a big part of my working identity, my ability to do those things and all of a sudden I'm like, OK, now I'm just someone who's nodding at the end of the phone, 'cause I have no idea what's going on anymore! So, I think that that was a combination of the impact of the pandemic on me, personally, but also the higher caseloads and trying to emotionally hold clients, where you're already feeling kind of fragile because of the stuff that's going on. (DASP18)

The feeling of emotional fragility outlined by DASP18 earlier is particularly pertinent as it indicates vulnerability and an awareness that victim/survivors are often seeking strong and stable reassurance. Some DASPs felt uncertain about these demonstrations of personal vulnerability and expressed guilt in relation to the heightened feelings of responsibility they held towards colleagues, clients, children, and companions. In addition, while DASPs recognised the importance of activities such as taking breaks while working from home, some reflected on internalised feelings of guilt and incurring judgement which hindered their ability to prioritise self-care:

I felt almost guilty. I wasn't even getting up to make cups of tea in the beginning, and it was like, 'What am I even doing?' It was almost like I had to kind of provide more effort and prove that I am working. I'm at home, but I am working, you know? So yeah, just book that in your calendar. Book it out. I still don't do that! (DASP8)

You know, there was always that as well at the back of your mind and it's as if you had to prove you were doing it . . . I'm not running around 24/7 so they might think I'm not working? Yeah, that was always my biggest worry, that people might think you're not working. And I spoke to a couple of people about that, and they said the same, even though, you know, we wasn't meant to be putting ourselves out there and struggling and things like that. But again, that's us, that's the ethos of our work. That's how we all feel, we want to be doing something. (DASP10)

Participants unfamiliar with working from home expressed concerns about the need to exceed expectations to demonstrate their productivity in a manner comparable to pre-pandemic times. Several DASPs expressed guilt, particularly noting that their (male) partners, often furloughed, were assuming the majority of domestic, caregiving, and homeschooling responsibilities. Others mentioned the difficulty of being in close proximity to family members, especially children, while struggling to allocate meaningful time with them:

I missed [her son] and, actually, going downstairs, I felt a bit guilty really, if I'm honest, 'cos every time I got down there he clung to me, 'cos he missed his mum but I didn't have the time to give him. It was really tough, really, really tough. (DASP14)

Mum guilt. Because, as a single mom . . . I just felt like there was only so much I could do in the day and then still manage to do my work, and then obviously keep up with the school work and all of the additional parental pressures that every parent experiences. But then also the work guilt, which anyone gets if they even have a day off. So, it was just such a balancing act, really. (DASP17)

This mention of ‘mum guilt’ from DASP17, and the related emotional labour it invokes (Mikolajczak et al., 2007; Sanz-Vergel et al., 2012), resonates with findings from Frey et al. (2017), indicating that female workers often struggle more with balancing work and family responsibilities, which can impact confidence, performance, and stress levels. This is important to acknowledge given the high propensity for women to be employed in services based on some form of caregiving.

In addition, DASP17 was herself a survivor of DVA. She outlined less-visible situations where service users who have transitioned to be service providers may also be grappling with internalised and individualised manifestations of guilt:

Just dealing with your own triggers . . . Nine times out of ten people that do this job have their own experiences of domestic abuse so, things like that and those, kind of narratives [of guilt] and, and the internalisation of those triggers can feel really, really difficult in those already difficult circumstances. So having to, yeah, change the narrative and remind yourself, actually, there’s only so much that you can do. (DASP17)

While individuals with lived experience of DVA can bring valuable insights to their service provision, it is necessary to ensure adequate support to mitigate against vicarious trauma. Workers with personal trauma histories may be more susceptible to experiencing vicarious trauma than those without such histories (Pearlman and Mac Ian, 1995). Killian (2008) also noted that personal trauma histories contribute to compassion fatigue, suggesting that organisations should offer opportunities for helping professionals to process these traumas through counselling, thereby managing compassion fatigue. However, the remote working conditions imposed by the pandemic significantly complicated access to such support.

Re-evaluating and recognising success

The isolated and augmented working conditions meant DASPs had to redefine their criteria for ‘success’, fostering greater self-belief and confidence that they were making a beneficial impact. Communication anxiety arising from isolated working conditions can lead advocates to doubt their effectiveness, diminishing feelings of personal accomplishment and increasing fatigue (Babin et al., 2012). Recognising these limitations is especially important in the DVA sector, where roles entail heightened responsibility, particularly when the safety of victims/clients is at risk (Iliffe and Steed, 2000). As articulated by DASP3, it is vital to recognise one’s limits, to ‘realise that you can only do what you can do, and you can’t do everything’. However, she also underscored the pervasive sentiment in the DVA sector: ‘If we don’t do everything, then women will die even more’. Others echoed this sentiment, noting that they often serve as the primary professionals or specialists able to reach vulnerable victims in urgent situations with few other options for seeking 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. (DASP13)

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?’ (DASP7)

Nevertheless, adopting self-preservation strategies and redefining success necessitated a shift in mindset from a form of 'prevention guilt' to a more pragmatic outlook on what could realistically be achieved in the moment. This adaptive approach was evident in the DASPs' narratives:

You can feel like you're never doing enough. So, having that internal voice to say, 'Actually you're doing enough. You need to stop now because 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. Be aware of what's going on, for you, physically. (DASP13)

I think we've all got to stop at one point and say, we've done really, really well . . . we can be really realistic with what we want to deliver and listening to people. And I think we just continue to work out what's best for our survivors and develop programmes where we can reach as many people as we can safely, without the impact on staff. But I'd just say, if I had to say, the main thing would just be realistic, be realistic about what I can do. (DASP14)

I think we've done really well to be able to still adapt and reach our clients. There's only so much we can do, and I think we've probably gone above and beyond, so I don't think I would necessarily change anything. (DASP17)

These narratives illustrate the participants' readiness to embrace imperfection and recognise their humanity (Norrman Harling et al., 2020). Practitioners in Australia outlined similar sentiments around risk and the emotional toll of adjusting to significant changes to service delivery (Carrington et al., 2021: 551). Research by Schrag et al. (2022) also noted how the pandemic-inspired disruption to patterns and habits of service faced by the advocates in their study prompted similar pragmatic and psychological workarounds.

Linked to this, the DASP participants with managerial or supervisory responsibilities acutely recognised the importance of leadership on staff mentality:

There was a lot of time spent just trying to get people to change their mindset about what we could do. (DASP9)

However, a key catalyst of this shift towards viewing interactions as 'successful' was the heightened value DASPs placed on receiving positive feedback and heartfelt thanks from victims/clients during such challenging times. Recognition of their additional time, effort, and dedication bolstered DASPs' feelings of accomplishment and motivation:

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. (DASP7)

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. (DASP8)

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. (DASP16)

This reassurance demonstrated how compassion satisfaction had a profound impact on DASPs' perceptions of success and accomplishment. As outlined earlier, many DASPs expressed personal and professional fulfilment from witnessing the positive changes and improvements in the lives of victims/clients. Similar outcomes were highlighted by Berg and Soares (2023) who noted how some workers found being a key worker during the pandemic 'motivating at times, increasing some workers' engagement and reward from work . . . and recognition of their contribution to society' (p. 34). Knowing that their efforts were recognised and appreciated by victims was vital in maintaining and reinforcing DASPs' positive outlook, strength, and resilience. This recognition helped offset challenging periods and kept them focused on persevering and staying resilient. Stamm (2002) described this phenomenon as 'reaping the rewards' of trauma work, where seeing the tangible difference they made in people's lives sustained workers during difficult experiences. Similarly, Guhan and Liebling-Kalifani (2011) found that staff reported that the gratitude expressed by clients outweighed the negative aspects of their job. Participants derived genuine joy and satisfaction from aiding in the rebuilding of victims' trust. They reflected on the immense gratification of witnessing victims reconnect with themselves while reaching out to others as part of their healing journey:

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. (DASP6)

Limitations

While primary data collection is a vital avenue for the production of new knowledge, this study is not without its limitations. The study employed a purposeful sampling method from a single domestic abuse charity; therefore, sampling bias limits the generalisability of the findings in situations characterised by different operational contexts or resources. The study also included a relatively small number of participants (18 DASPs) who do not capture the full diversity of experiences or perspectives within the wider DASP community. It does not capture the realities of domestic abuse organisations operating, for example, in rural areas; with a specific 'by and for' remit (i.e. meeting the needs of minoritised communities); with minimal income; with much smaller or much larger staff numbers; or in areas characterised by higher need and/or lower socio-economic status. The participants in this study voluntarily opted in, potentially biasing the sample towards individuals who were more comfortable discussing their experiences or who had stronger opinions about the topic. From an ethical standpoint, conducting the research remotely via online software presented challenges in the form of limited interpersonal access to participants while discussing sensitive topics and difficulties ensuring comprehensive support for participant wellbeing. While these challenges were mitigated where possible, the limitations of remote and online data collection were acknowledged by the researchers.

Conclusion

The domestic abuse sector in England and Wales was already beset by challenges stemming from political decisions to reduce funding long before COVID-19 began (Sanders-McDonagh and

Neville, 2017), yet having to pivot swiftly to support victims remotely, and from home environments, presented a range of fresh challenges. The decision to impose national lockdowns as a protective measure against the COVID-19 pandemic evidently had significant implications for domestic abuse victims trying to access these services (Kourti et al., 2023). While the increased risks faced by domestic abuse victims during this time were, quite correctly, given much socio-political and media attention, comparatively little focus was paid to the frontline DASPs working tirelessly to keep victims safe and alive during disruptive and adverse conditions. The reflective snapshot outlined in this study has illuminated the profound challenges and adaptive strategies employed by DASPs, and in doing so, it has shed important light on sustainability practices for specialist services in a post-pandemic climate. Recognising the factors informing and sustaining staff retention in specialist occupations is vital to ensure services continue. After a decade of austerity-inspired budget cuts coupled with growing demands for support, the rapid adaption to COVID-19 demonstrates the DASPs' resilience, creativity, and dedication.

Trauma-informed working can present significant personal and professional difficulties, necessitating ongoing support mechanisms and self-care strategies tailored to the unique challenges faced by DASPs, especially those with personal experiences of trauma. This is supported by early research by McCann and Pearlman (1990) who noted the importance of a supportive environment in ameliorating the negative effects of trauma-informed work. Working with domestic abuse victims already involves high levels of emotional labour, and the loss of human connection has been highlighted as a significant factor for frontline domestic abuse workers operating elsewhere throughout the pandemic (Montesanti et al., 2022). Relatedly, the findings illustrate the importance of compassion satisfaction in sustaining DASPs' morale and effectiveness. Recognition and gratitude from both victims/clients and conscientious managers/leaders played a pivotal role in bolstering DASPs' sense of accomplishment and motivation amid adversity. Rogers (2003, cited in Montesanti et al., 2022) similarly outlined organisational innovation as being rooted in the characteristics of the organisation's leaders; internal characteristics such as staff expertise; and external characteristics such as access to resources. Fostering positive attitudes among providers can be of significant benefit in response to unexpected crisis situations (Berg and Soares, 2023; Montesanti et al., 2022). The participants in our study acknowledged that being immersed in a supportive organisational culture was vital to transitioning towards and sustaining their eventual optimistic outlook.

Our findings provide key directions for future policy and practice among organisations and funders/commissioners to develop and provide resource to supportive working environments. To ensure the sector remains robust and resilient, approaches should focus on prioritising staff wellbeing, providing adequate resources for remote working, and acknowledging the invaluable contributions of DASPs in safeguarding vulnerable individuals. While the rewards of helping and supporting victims can help balance emotional toll and feelings of disconnection, adequate long-term funding is crucial to ensuring continued high-quality support for domestic abuse victims in times of crisis and beyond. The cost of training an Independent Domestic Violence Advocate (IDVA) is £2,500–3,000 in England and Wales; therefore, DASP sustainability is a critical issue for many organisations already navigating financial difficulties including the cost-of-living crisis and forthcoming national insurance contribution rises.

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Ethical considerations

The project underwent a full ethical review at the University of Kent prior to commencement.

Consent to participate

Participants' informed consent to participate was obtained via written documents outlining the project's aim and purpose alongside the voluntary nature of participation and right to withdraw at any time. These were signed and returned to the researchers prior to the commencement of the interview.

Consent for publication

Participants' informed consent for publication was obtained via written documents which outlined that all information and excerpts would be fully anonymised in any publications.

Author contributions

Marian Duggan: research design, data collection and analysis, writing up of findings.

Camille May Stengel: research design, data collection and analysis, writing up of findings.

Alana Pollock: compiling the literature review, assistance with analysis and writing up of findings.

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Declaration of conflicting interests

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Data availability statement

The data from this project has not been made publicly available due to the small sample size.

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