



# WOMEN WORKING TO SUPPORT WOMEN: PSYCHOSOCIAL CHALLENGES

## Final report

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## Table of contents

Executive Summary.....	6
Introduction .....	6
Context.....	6
Methodology .....	6
Key Findings .....	7
1. Challenging and Emotionally Demanding Work .....	7
2. Psychological Distress and Coping strategies.....	7
3. Motivations and Reasons for Doing the Work.....	7
4. Presentation of Complex Needs .....	7
5. Professional Relationships .....	8
6. Professional Boundaries .....	8
7. Erosion of Support Mechanisms.....	8
8. Opportunities for Mutual Growth .....	8
9. Sustaining Flexibility .....	8
10. Resource-Constrained Service Models .....	9
Nine Recommendations .....	9
1. Improved Psychological Safety for Workers and Managers (for organisations and managers).....	9
2. Informed Leadership (for organisations and funders) .....	9
3. Identification and Monitoring (for organisations and managers).....	9
4. Operational Policies and Processes (for organisations and managers) .....	9
5. Training (for organisations, managers and funders) .....	10
6. Embedded Self-Care (for organisations and managers) .....	10
7. Supervision and Support Mechanisms (for organisations and managers) .....	10
8. Building Vicarious Resilience (for organisations and managers) .....	10
9. Trauma-Informed Funding (for funders).....	10
Chapter 1. Introduction .....	11
1.1 Background and Context for the Study.....	11
1.2 Research Aims and Objectives .....	12
1.3 Crisis after Crisis.....	12
1.4 Structure of Report .....	13
Chapter 2. Notes on the conceptual framing for the study.....	14
2.1 Working with Women .....	14
2.2. Trauma and Trauma-Informed Approaches.....	14
2.3 Trauma in the workplace .....	15
Chapter 3. Methodological approach .....	19

3.1 Mapping Exercise.....	19
3.2. Review of Covid-related Statements and Reports .....	20
3.3 Online survey of managers and supervisors.....	21
3.4 Semi-structured qualitative interviews.....	21
3.5 Ethical considerations .....	22
Chapter 4. Study Findings: Review of organisation statements and reports.....	23
4.1 Key themes .....	24
4.1.1 Individual .....	24
4.1.2 Organisational.....	26
4.1.3 Structural .....	31
Chapter 5. Key Findings from the Online Survey .....	35
5.1 Impacts of the Covid-19 pandemic.....	36
5.2 Staff wellbeing during the pandemic.....	39
5.3 Positive changes and innovative practices.....	41
5.4 Summary.....	41
Chapter 6. Working through Covid: Insights from the first round of qualitative interviews .....	42
6.1 Motivations and reasons for doing this work .....	43
6.2 Ways of working: kindness, empathy and trauma-informed care.....	44
6.3 Exposure, costs, and consequences of the work.....	45
6.4 The impact of Covid-19.....	49
6.5 Psychological distress.....	51
6.6 Financial precarity.....	54
6.7 Maintaining wellbeing .....	55
6.8 Summary.....	57
Chapter 7. Working through a cost-of-living crisis: Insights from the second round of qualitative interviews.....	59
7.1 Expansion of work and increased complexity of need .....	60
7.2 Increased workloads .....	61
7.3 Organisational and role changes.....	62
7.3.1 Expansion (and contractions) in the staff base.....	63
7.4 Increased financial precarity.....	64
7.5 The pervasive impact of the cost-of-living crisis.....	66
7.6 Maintaining health and wellbeing .....	69
7.6.1. Increased awareness/support for health and wellbeing .....	70
7.6.2 Challenges in accessing support .....	72
7.6.3 Personal coping strategies .....	73
7.7 Summary.....	74

Chapter 8. Building Vicarious Resilience.....	75
8.1. Witnessing positives .....	75
8.2 Balancing the negatives .....	76
8.3 Strength to continue/resilience .....	77
8.4 Vicarious resilience as a component of the manager – practitioner relationship.....	79
8.5 Summary.....	79
Chapter 9. Addressing the Challenges: Mitigating the Effects.....	80
9.1 Positive practices .....	80
9.2 Financial wellbeing .....	82
9.3 Nurturing vicarious resilience .....	82
Chapter 10. Conclusions and Recommendations .....	84
10.1 Key Observations .....	84
10.1.1 Challenging and Emotionally Demanding Work .....	84
10.1.2 Psychological distress and coping strategies .....	84
10.1.3 Motivations and Reasons for Doing the Work.....	84
10.1.4 Presentation of Complex Needs .....	84
10.1.5 Professional Relationships .....	85
10.1.6 Professional Boundaries .....	85
10.1.7 Erosion of Support Mechanisms.....	85
10.1.8 Opportunities for Mutual Growth .....	85
10.1.9 Sustaining Flexibility .....	85
10.1.10 Resource-Constrained Service Models .....	86
10.2 Recommendations .....	86
10.2.1 Improved Psychological Safety for Workers and Managers (for organisations, managers and funders) ..	86
10.2.2 Informed Leadership (for organisations and funders).....	86
10.2.3 Identification and Monitoring (for organisations and funders) .....	86
10.2.4 Operational Policies and Processes (for organisations and managers) .....	87
10.2.5 Training (for organisations, managers and funders) .....	87
10.2.6 Embedded Self-Care (for organisations, managers and funders) .....	87
10.2.8 Building Vicarious Resilience (for organisations and managers) .....	87
10.2.9 Trauma-Informed Funding (for funders).....	88
References and Bibliography .....	89

# Executive Summary

## Introduction

This Executive Summary presents findings from the 'Women Working to Support Women in the Welfare Sphere: Psychosocial Challenges' research project, funded by the Nuffield Foundation. The study set out to identify and explore the challenges and changes faced during the Covid-19 pandemic and post-pandemic period by women working in community-based third sector organisations who deliver services, support and advocacy to women and girls who may be socially isolated, economically marginalised and/or disadvantaged in various ways. The main objectives were to: determine how combinations of organisational challenges in service provision and increased service user need are interacting to change service demand and delivery; document how processes of psychological distress may manifest in the personal and professional spheres of women workers, and; determine the impact of increased individual, organisational and structural challenges upon the personal welfare of women workers. The study also sought to identify positive practices which support worker welfare and the efficacy of service delivery to inform considered thinking which, in turn, may enhance policy and practice in this area.

## Context

The third sector has long played a crucial role in addressing the unmet needs of our most excluded communities. As the pandemic reduced the availability and capacity of statutory services, it simultaneously created significant pressures on charities and organisations providing therapeutic, advocacy, support and/or practical services to women and girls. Suppression measures, in particular lockdown and physical distancing, forced many organisations to alter their ways of working and modes of service delivery, resulting in reconfigured work patterns which, along with the increased service user need, placed significant pressures on a predominantly female workforce. Home working became the norm and many organisational protocols and individual coping strategies were disrupted (Al-Habaibeh et al 2021).

As the study progressed and the immediate risks of the pandemic receded, the UK experienced a deepening cost of living crisis. Once again women, particularly those experiencing marginalisation and social isolation, are being disproportionately affected. The pandemic already placed women at greater risk of financial insecurity, and many now face significant risks of being pushed into poverty (Engender 2022). Coming so soon after the pandemic, financial precarity, exacerbated by the cost-of-living crisis, is (re)shaping the provision of support services. Community-based organisations are once again seeing an increase in service demand from women whose needs have been exacerbated by increases in the cost-of-living (Engender 2022).

Previous research exploring the effects of close working with criminal justice-involved women and girls found that re-traumatisation, burnout and vicarious traumatisation amongst workers are widespread and persistent (Burman et al 2018), rendering them vulnerable to psychosocial distress, manifesting in emotional, cognitive and behavioural impacts on their personal and professional lives. In the context of the dual crises of the pandemic and the cost-of-living where service user need intensified and became more complex, the current study focuses on the personal and professional effects that close working with women and girls who may be traumatised because of past (or current) experiences of trauma, mental or physical victimisation, separation, loss, abandonment, illness and/or poverty may have on workers that deliver services to these groups and in turn, to the efficacy of those services that are delivered.

## Methodology

The research entailed, first, a desk-based mapping exercise to identify community-based organisations who work with marginalised, disadvantaged or socially isolated women and girls in a wide variety of ways and in order to plot their service provision (n=979); documentary analysis of organisational statements (n=200) and reports (n=33) on



how the organisation was responding to the pandemic; an online survey of managers/supervisors to gain an understanding of pandemic-related challenges and changes (n=153), and; two sets of semi-structured interviews with manager/supervisors and frontline workers focusing on their views and experiences of the impact of working in this sectors on their personal and professional lives (n= 94 and n=41) .

Ethical approval for the research was granted by the University of Glasgow College of Social Sciences Ethics Committee.

## **Key Findings**

In what follows, findings from various elements of the research are drawn together to distil **10 key observations** which together encapsulate the ways in which working in this sector is experienced, and which highlight the high level of psychological distress which many workers experience and the implications for their personal and professional lives.

### *1. Challenging and Emotionally Demanding Work*

This is challenging and emotionally demanding work where staff are exposed to harrowing testimonies of trauma from service users on a daily basis. Frontline workers and managers/supervisors are trying to cope with a range of adverse physical and psychological outcomes including exhaustion, depression and anxiety as a result of exposure to such testimonies. Existing work-related challenges have been exacerbated by the cumulative effects of intensified service user needs, arduous work conditions, high workloads, job security concerns, additional personal and family needs, alongside increased concerns about service users' safety, health, wellbeing and finances which have been precipitated by the pandemic and the cost-of-living crisis.

### *2. Psychological Distress and Coping strategies*

Psychological distress as a result of working in this sector is common. The interviews revealed various coping strategies that workers and managers/supervisors deploy in dealing with the work and its heavy impact. By and large, such strategies are self-initiated and self-directed, for example, regular physical exercise, recreational and creative activities and time spent with family and friends. However, the most important and effective ways to address the adverse effects of working are those which do not rely on individualised self-awareness or self-care, but which are organisation-led and embedded in policies and mechanisms for identifying, recognising and responding to the risks of psychological distress.

### *3. Motivations and Reasons for Doing the Work*

The interviews revealed that there are distinctive personal motivations for working and continuing to work in this sector, which are related to workers' own lived experiences (or that of family or friends) and a strong desire to "help women". Many participants expressed anger and frustration about the wider lack of support and adversities faced by their service users. Yet despite job precarity, low levels of pay, a lack of progression opportunities and a morally injurious working landscape, workers tend to "stick it out". Nonetheless, increasing difficulties in staff retention and in recruiting volunteers are eroding capacity to do this vital work.

### *4. Presentation of Complex Needs*

It is clear that across the sector, many service users present with complicated and multi-faceted needs. These were exacerbated by the pandemic when existing networks and support systems fell away. Women subjected to domestic abuse; those experiencing poverty, and; those with chronic physical and mental health conditions were particularly affected, as were Black and minoritized women and girls. The cost-of-living crisis deepened workers' concerns about

the welfare of service users who are perceived as presenting with even more complex needs, placing new and pressing demands on workers and jeopardising the sustainability of some support organisations.

### *5. Professional Relationships*

Physical distancing and home working during the pandemic (and beyond) affected workers' abilities to maintain crucial professional relationships with both service users and colleagues. Whilst this has been ameliorated somewhat by creative use of online working/training and opportunities for meeting up with colleagues, many workers continue to feel isolated and insufficiently supported.

### *6. Professional Boundaries*

Whilst the setting of appropriate and recognisable professional boundaries is recognised to be of key importance for working relationships, worker welfare and as a framework for intervention, maintaining boundaries in this sector can be extremely difficult. Even when erected, these are not always sufficiently protective given the pressures and emergencies encountered in the work. Interviews revealed the challenges faced by workers in separating their sense of their own identity from their work. Many termed their work as a "vocation" rather than simply a job and described experiences of 'enmeshment' (Bowen 1978), in which boundaries became unclear or permeable or, in some cases, completely eroded. This can significantly impact emotional well-being.

### *7. Erosion of Support Mechanisms*

There has been significant erosion of (formal and informal) support mechanisms for women workers wrought by the twin crises of the pandemic and cost-of-living due to factors including the reduction of in-person working and the move to hybrid working, alongside marked increases in caseloads. Informed professional and peer support are both highly valued and considered essential to mitigate the traumagenic effects of the work, but this provision is variable across the sector.

### *8. Opportunities for Mutual Growth*

Vicarious resilience is described as 'the strength, growth, and empowerment experienced by trauma workers as a consequence of their work' (Puvimanasinghe et al 2015:743). Social support is very important in the process of building vicarious resilience. There were many descriptions of mutuality, of workers both helping and being helped by women service users, and of there being value in this mutual approach. This is considered to be encouraging, healing, and strength-giving. Yet, with some notable exceptions, the provision of opportunities by organisations for mutual growth and mutual social support of staff and service users that could bolster the development of vicarious resilience are rare.

### *9. Sustaining Flexibility*

Many organisations demonstrated agility and flexibility in adapting to the pandemic through for example, rapidly pivoting to new ways of working and the swift adoption of new means for support provision. Indeed, innovative ways of working are a feature of the sector but took a toll on staff who simultaneously had to adapt to the constraints wrought by the pandemic on their personal lives. In particular, flexibility in working (e.g. the possibility to take time out after a difficult or triggering case or a lateral shift in job role) and in service delivery (e.g. ability to be guided by and responsive to service users and their needs) are considered to be positive for worker welfare. Yet the sustaining of flexibility in staff working can be a challenge, particularly but not exclusively for smaller organisations, largely due to resource and time constraints.



## *10. Resource-Constrained Service Models*

Many organisations are operating resource-constrained service models and are under budgetary constraints which restrict service delivery and place further strain on their staff. Financial cuts, new and stricter assessments and eligibility criteria for funding, and a highly competitive funding environment for third sector organisations mean that many organisations are financially struggling and job precarity is the norm. Widespread concerns over the sustainability of organisations and jobs can be considered structural precursors for psychological distress.

### **Nine Recommendations**

These messages lead on to a set of **nine recommendations** for organisations, managers and funders. These, which are based on the views and experiences of managers and frontline workers, if realised, could potentially improve the experiences of, and outcomes for those who work closely with marginalised women and girls and in turn support the efficacy of services delivered.

#### *1. Improved Psychological Safety for Workers and Managers (for organisations and managers)*

There is insufficient recognition of the likelihood of psychological harm arising from this work and a lack of information, policies and processes within organisations for workers or managers to access to mitigate its traumagenic effects. Organisations should encourage acknowledgment of the potential of psychological distress as a result of this work and conduct 'open conversations' about its likelihood. Psychological distress should be recognised and acknowledged and not individualised, validating the feelings and concerns of staff. This involves creating an environment which facilitates and encourages willingness to talk about or acknowledge the risk of stress, thus increasing the chances that staff will ask for help, or report challenges. Creating such an environment requires ensuring that the duty of care of the organisation is made very clear to staff, with accessible and well-defined information about processes for, and availability of support. This transparency and accountability about care, support, and the need for it normalises and legitimises experiences of traumatisation and psychological distress.

#### *2. Informed Leadership (for organisations and funders)*

Organisations should ensure leadership and management structures that recognise the likelihood of stress arising from this work and the importance of it being addressed. It is vital that leadership embodies a commitment to reform the deeper structures and workplace processes which encourage long hours and high workloads, and which clearly demonstrates appreciation for the role of staff in accomplishing the overall mission of the organisation.

#### *3. Identification and Monitoring (for organisations and managers)*

It is crucial that staff are listened to and that there are opportunities for checking in with staff on their wellbeing. Various methods could be deployed to achieve this, such as direct conversations with managers, 1:1 reflective practice sessions, as well as the use of staff wellbeing surveys and stress audits to monitor staff welfare and assess support needs. Staff should be made to feel comfortable being open about or discussing their mental health and wellbeing and given a voice in decision-making concerning any planned well-being initiatives.

#### *4. Operational Policies and Processes (for organisations and managers)*

Accessible operational policies and process should be introduced to be followed in order to minimise the traumagenic effects of this work, as well as systems that can identify and respond appropriately. These need to be responsive to the racial, ethnic, gender and cultural needs of staff and should be clearly articulated and communicated. Having accessible operational policies and procedures can reduce experiences of psychological distress, by providing clear guidance, thus also reducing the discomfort associated with the responsibility of uncertain decision making.

### *5. Training (for organisations, managers and funders)*

The right training can help staff to recognise their own experiences of work-related psychological distress, support others and cope better when hearing about others' traumatisation. Training should include awareness of the prevalence of burnout, compassion fatigue, vicarious traumatisation and re-traumatisation in the workplace, their impact, and strategies for staying safe and building resilience. Specialised training should be available to managers for identifying, recognising, and responding to psychological distress amongst workers, including strategies for offering support and helpful resources. Whilst appropriate training can provide managers with the information they need to better support staff and enable staff to understand their own trauma, it is important to emphasise that they are not mental health professionals. Those experiencing vicarious traumatisation or re-traumatisation in particular require professional help.

Ongoing training and support for boundary setting and maintaining is required. Consideration should be given to establishing networks across organisations where they do not exist so as to share both good practice and the costs of training.

### *6. Embedded Self-Care (for organisations and managers)*

Given the wider and uncertain terrain within which staff are working, making individual staff responsible for taking care of their own health and wellbeing and developing their own strategies for self-care themselves is insufficient and can have negative consequences. Organisations should embed self-care strategies into staff policies and, where feasible support these with resources.

### *7. Supervision and Support Mechanisms (for organisations and managers)*

In order to ameliorate the potential negative impacts of the work, including lessening the effects of psychological distress, robust structures for support and supervision are imperative to support staff wellbeing, including regular debriefs, structured support sessions, rapid response and external clinical supervision by counsellors familiar with the exigencies of work in this sector.

### *8. Building Vicarious Resilience (for organisations and managers)*

Organisations need to identify strategies to build vicarious resilience and positive growth of workers in order to reduce manifestations of psychological distress. Staff should be given opportunities to recognise positive growth in service users and their own roles in effecting positive changes should be acknowledged. Opportunities (and sufficient time) should be provided for staff reflection and peer communication on this topic to encourage community and connection.

### *9. Trauma-Informed Funding (for funders)*

The concurrent crises (pandemic and cost of living) emphasise the need for longer term, more predictable funding sources. Applying for short-term and 'patchwork' funding is onerous and stressful due to the labour-intensiveness of the process and short turn-around periods. For smaller organisations and those without a dedicated fundraiser this can detract significantly from service delivery. Funders should consider introducing more stream-lined application processes and better alignment of their 'asks' of those applying for funds. Importantly, sponsors and funders should invest in the care of workers and managers in this sector, without this impacting on budgets for the delivery of services to service users. Urgent consideration should therefore be given to the inclusion of resources for staff welfare and well-being within funding sources and budgets.

# Chapter 1. Introduction

## 1.1 Background and Context for the Study

This report presents the findings of the [\*Women working to support women in the welfare sphere\*](#) (WWSWWS) research project. The study set out to identify, track and explore the challenges and changes faced in the pandemic and post-pandemic period by women working in community-based third sector organisations who deliver services, support and advocacy to women and girls who may be socially isolated, economically marginalised and/or disadvantaged in various ways.

The impetus for this research emanated from an interest in the personal and professional effects that close working with women and girls who may be traumatised because of past (or current) experiences of trauma, mental or physical victimisation, separation, loss, or abandonment may have on practitioners and service providers that deliver services to these groups and in turn, to the efficacy of the services that are delivered.

The research commenced in October 2021 following two waves of the Covid-19 virus and at the time of the Delta variant virus when social and economic suppression measures were still in place across most parts of the UK. Shortly after the commencement of the research, in December 2021, the Omicron variant virus arrived causing record infection levels and leading to renewed suppression measures.

It has been well-established that women bore the brunt of the negative impacts of the Covid-19 pandemic and its associated restrictions, which led to increased workload for women both in the home and in the workplace and rendered lower wage frontline posts ever more precarious (see for example Wenham et al 2020; EIGE Gender Equality Index Report 2021). UN Women (2020) declared that one consequence of the pandemic concerned gender inequalities, documenting the disproportionate impacts on women globally. For those women and girls who, variously, through victimisation, domestic abuse, poverty, addiction, disability or chronic ill-health were already marginalised and/or socially excluded, Covid-19 and its successor viruses exacerbated their existing vulnerabilities and needs, created new ones and deepened gender and social inequalities (UNFPA 2020). Indeed, a year on from the pandemic suggests that it both exposed and intensified existing deep gender, class and racial inequalities that, together, negatively impact women's working lives, resulting in increased job and financial insecurity, challenging care responsibilities and struggles managing paid and unpaid work (Warren, Lynette and the UK Women's Budget Group 2021).

The third sector has long played a crucial role in addressing the unmet needs of our most excluded communities and as the pandemic reduced the availability and capacity of statutory services, it simultaneously created significant pressures on charities and organisations providing therapeutic, advocacy, support and/or practical services to women and girls. Following an initial lull in service demand in the early stages of the pandemic, there was a marked increase in service user requests and referrals placing increased demands on resource-constrained community-based organisations (Armstrong et al 2020). Covid suppression measures (lock down, social distancing) forced many organisations to alter their ways of working and modes of service delivery, resulting in reconfigured work patterns which, along with increased service user needs, placed significant pressures on a predominantly female workforce. Home working became the norm and many organisational protocols and individual coping strategies were disrupted (Al-Habaibeh et al 2021).

This project builds upon previous research exploring the personal and professional effects of close working with criminal justice-involved young women and girls (Burman et al 2018) which found that re-traumatisation, burnout, compassions and vicarious traumatisation are widespread, persistent and pernicious in environments of close working, frequently rendering service providers vulnerable to psychosocial distress, and manifesting in emotional,

cognitive and behavioural impacts on their personal and professional lives. A key working assumption guiding the current study is that these effects have been exacerbated in recent years, where service user need intensified and became more complex, and service provider welfare is jeopardised by abrupt loss of services and disruption of essential supports and resources.

## **1.2 Research Aims and Objectives**

The research aims were to identify:

- a. factors and processes which exacerbate or diminish the impact of the pandemic on women workers in providing support services to women and girls;
- b. innovative practices mitigating the traumagenic effects of the work, and;
- c. insights to inform policies and models of working to support resilience and well-being and which uphold the welfare of a vital workforce.

The research objectives were to:

- a. determine how combinations of organisational challenges in service provision and increased or modified client need are interacting to change service demand and delivery;
- b. document how processes of psychosocial distress may manifest in the personal and professional spheres of women delivering support services to marginalised and/or traumatised women and girls;
- c. determine the impact of increased individual, organisational and structural challenges upon the personal welfare of women workers and, on the efficacy of service delivery;
- d. identify any changes that may be positive for organisations and/or their staff, resulting in better or more effective ways of working, and practices which support worker welfare.

## **1.3 Crisis after Crisis**

As the study progressed and the immediate risks of the pandemic receded, the UK lurched into a deepening cost-of-living crisis. Energy costs and food bills are spiralling and there are cuts to income and risks to job security (Kesar et al 2022). Once again women, particularly those experiencing marginalisation and social isolation, are disproportionately affected. Women have unequal access to financial resources compared to men, they earn less, and are more likely to have responsibility for (unpaid) caring for children and elderly dependants. The pandemic already placed women at greater risk of financial insecurity, and many now face significant risks of being pushed into poverty (Engender 2022). Support organisations have once again seen an increase in service demand from women whose needs have been exacerbated by the effects of the cost-of-living crisis (see for example, Engender 2022; Women's Aid 2022).

The current landscape is one of compounding financial precarity. Austerity policies in the UK have led to declining public investment, financial cuts, new and stricter assessments and eligibility criteria for funding, and a highly competitive funding environment for third sector organisations (Chapman et al. 2020). Coming so soon after the pandemic, financial precarity exacerbated by the cost-of-living crisis is (re)shaping the provision of support services for marginalised groups. Although not fully anticipated when the current study began, it quickly became evident that the sharp increase in the cost of living was likely to have a grave bearing on the lives of service users and the ability of organisations to provide services. As such, the study began to examine the impact on the mental, emotional, and physical wellbeing of staff working to support women and girls through this new and pervasive financial crisis.

## 1.4 Structure of Report

This Report, which is written for a wide audience of practitioners who work with women, policy thinkers and academic researchers, consists of 10 Chapters. In what follows, Chapter 2 sets out the conceptual framing of the study and provides a brief overview of trauma and the principles of trauma-informed approaches that are increasingly being used in work with those who may be experiencing/have experienced trauma in their lives. It also provides an outline of the experiences and effects of work-related trauma as a means of framing some of the findings which describe the effects of working closely with traumatised women and girls. Chapter 3 introduces the methodological approach adopted in the study, which incorporated a mapping exercise to identify organisations offering services to women and girls across the UK; a review of statements and reports published by organisations as a response to Covid-19; an online survey of managers and supervisors, and; qualitative interviews conducted at two time points with managers/supervisors and frontline workers. Chapters 4–8 discuss the study findings; Chapter 4 focuses on the findings from the review of organisational statements and reports; Chapter 5 provides the key findings from the online survey; Chapters 6 and 7 each report on the findings from the qualitative interviews, with the former reflecting on working through and beyond the pandemic and the latter on working through the current cost-of-living crisis. Chapter 8 discusses the development of vicarious resilience amongst those working closely with traumatised women and girls and traces the positive changes which act not only as intrinsic motivation to engage in the work, but also contribute to sustaining and empowering workers. Chapter 9 draws on the research findings to suggest ways in which psychological distress can be minimised, and provides examples of good practice for organisations, managers and individual workers which are considered to mitigate the traumagenic effects of the work. Chapter 10 provides a set of recommendations arising from this research for consideration by funders, policy makers and practitioners.

Further information, including preliminary research reports, infographics, blogs and briefings can be found on the project website: <https://womensupportingwomen.uk/>

## Chapter 2. Notes on the conceptual framing for the study

This research study is framed through reference to feminist theoretical and empirical work on good practices regarding working with women and girls in need of advocacy and practical and therapeutic support (that is, placing women's experiences centrally). It is also developed from material on the development and application of trauma-informed approaches for working with women and girls in health, social services and criminal justice settings, and; clinical and empirical research on the psychological impact of working closely with traumatised populations. In what follows, we offer a brief discussion of each and the implications for the study.

### 2.1 Working with Women

Whilst engagement with female service users can sometimes be hard to establish (Batchelor 2005; Lightbody 2017), a body of feminist work on effective practice has highlighted the necessity for gender-responsive relational interventions in working with women in order to enable the development of consistent, positive and trusting relationships (see for example, Batchelor and Burman 2004; Rungay 2004; Gelsthorpe and Hedderman 2012; Brown and Gelsthorpe 2022). This body of research emphasises the importance of the development of strong and positive relationships and an acute awareness of the factors that shape gendered vulnerabilities. This not only requires considerable skill and expertise, but also intense and empathetic engagement and a practice of commitment from service providers in order to address trauma and provide continuity of care and support (Crowley 2021; Brown and Gelsthorpe 2022). Relational work can entail the elicitation of information about service users' lives, their past experiences, and the circumstances leading to their current situations. Hence, close working with traumatised women and girls can be emotionally charged, involving the recollection of events and experiences, and outpourings of emotions, including anger as well as laughter and tears.

As a form of emotional labour, such close and consistent working also requires the adoption of specific forms of self-presentation, demeanour, and emotional states on behalf of service providers in order to maintain composure (Hochschild 1979; 1983). Emotional labour and, in particular, active engagement in the management of emotional states (Hochschild 1979; 1983) can not only be exhausting but also take its toll on service providers' personal and professional lives (Burman et al 2018). Bearing witness to accounts of past and current victimisation, whilst providing support and services to women in need requires considerable resilience and vigilance.

### 2.2. Trauma and Trauma-Informed Approaches

Trauma is at once a ubiquitous and a slippery term; it 'escapes the need for definition' (Marlowe and Adamson, 2011: 623) and has 'remained largely unexamined' (Radstone 2007: 9). Yet the term 'trauma' has become 'naturalised' in contemporary discourse, albeit its complexity has become somewhat simplified for wider public consumption (Plafky 2016).

More than 40 years ago, in 1980, trauma was identified as a psychological diagnosis and codified as Post-Traumatic Stress Disorder (PTSD), in the Diagnostic and Statistical Manual (DSM-111) of the American Psychological Association (APA 1980). This was the first time that PTSD appeared as a separate diagnosis as an Anxiety Disorder. The DSM-III-R update published in 1987 classified trauma as a response to events existing 'outside the range of usual human experience' (APA 1987: 250). For the purposes of this study, we use the Substance Abuse and Mental Health Services Administration's definition of trauma which defines trauma as resulting from 'an event, series of events, or set of circumstances that are experienced by the person as physically or emotionally harmful or life-threatening and that have lasting adverse effects on the person's mental, physical, emotional, and/or social well-being' (SAMSHA 2014). Two types of trauma can be distinguished. Type I refers to 'a single incident or one-off event, commonly associated



with Post Traumatic Stress Disorder (PTSD)', and Type II concerns 'a trauma that is prolonged, cumulative, or repeated over extended periods of time and largely interpersonally generated' (Hennessy, Hunter and Grealish 2022: 400).

Emerging from an increasing focus and awareness of the ubiquity of traumatic events and experiences in the lives of many of those accessing health and community services, trauma-informed approaches have developed and multiplied in recent years (Covington 2022; Berliner and Kalko 2016; Johnson 2017; Sweeney et al 2016). Trauma-informed practices are those which realise the impact of trauma, and potential paths for recovery, *recognise* the signs and symptoms of trauma, *respond* by integrating knowledge about trauma into their approach, and *resist* retraumatisation (SAMHSA 2014). There are several different terms used to describe what it means for a service or organisation to be 'trauma-informed' or offering a 'trauma sensitive' service (Covington 2022; Johnson 2017; Hanson and Lang 2016). All such approaches are premised on the understanding that the populations with whom they are working may have experienced multiple or cumulative traumatic experiences throughout their lives, and thus the approach to working with them needs to recognise this as a key consideration, understanding the impact that trauma can have, acknowledging its effects and adapting ways of working to better meet service user needs. At its most basic level, trauma-informed practice means sensitivity to individual lived experiences, with a focus on autonomy, intersectionality, resilience, and community as well as a recognition of systems of power and oppression (SAMHSA 2014; Knight 2015). However, a common feature of trauma-informed approaches is that they are to be realised through a process of organisational change in everyday workplace rather than trauma-specific clinical settings, where one might encounter more specific trauma treatments and specific therapies (Scottish Government 2021 cited in Smith and Monteux 2023).

Some organisations have built their entire policy framework around a trauma-informed model, whilst others have taken on elements within their services or treatment (Johnson 2017). Variation in approach means that it is unclear 'beyond good practice principles and trauma awareness' (Berliner and Kalko 2016: 169), what it actually means for a service to be trauma-informed. Nonetheless, trauma-informed practice approaches have taken root in health care, social work, criminal justice, and many other service sectors. Most community-based organisations providing support services to women and girls characterise their services in this way and, in various ways endeavour to incorporate key trauma informed principles of safety, empowerment, trust, collaboration and choice in their work.

Yet, trauma-informed approaches are not without criticism. The research evidence on their efficacy is as yet very limited and confounded by definitional inconsistency and methodological limitations, with calls for the need for more robust evaluations (see for example, Maynard et al 2019). Conceptual shortcomings have also been identified. Some scholars and practitioners have identified the potential for unintended consequences of a singular focus on trauma in recovery journeys (Berliner and Kalko 2016; Maynard et al 2019; Smith and Monteux 2023). Trauma-informed approaches frame misery and suffering in particular ways and their implementation essentially requires people to consider themselves to be traumatised (Smith and Monteux 2023). As such, viewing and interpreting the past through a trauma lens may well limit peoples' ability to understand their lives in alternative ways (Haslam and McGrath 2020), reducing the possibility of alternative ways of working, and may result in people self-identifying as 'traumatised'.

For the purposes of this study, our particular interest here is on the implications for workers of working closely with women and girls in what we have come to consider to be 'trauma-saturated environments' where trauma is a feature of the client group and trauma working by service providers is foregrounded.

## 2.3 Trauma in the workplace

Trauma is a common experience in the workplace that can negatively affect employees, organisations and the communities with whom they work, although the impacts may be unseen. There is an emerging body of research documenting the experiences and effects of work-related trauma. Trauma can occur through a single traumatic

experience, such as a workplace accident, or as a result on ongoing and cumulative stressful events experiences as part of a job role. Trauma can also result from violence in the workplace, such as a sexual assault, or through a toxic work environment which tolerates racism, bullying or harassment or engenders a culture of overwork. Trauma may also result from an event or experience that is not directly related to the workplace, but which may be triggered by the specificities of the work itself, such as witnessing violence or death, working closely with traumatised populations or hearing testimonies of traumatic experiences.

Lee et al (2020) reveal that trauma is more prevalent in certain occupations, such as health care workers, police officers, fire fighters, emergency service workers and disaster and post-disaster relief workers and those who work closely with traumatised populations. There is a wealth of research on the impacts of trauma and its mitigation on many of those professions and the best means to maintain psychological health and wellbeing in difficult, demanding, and traumatic situations (see for example, Brewin et al 2022; Fullerton et al 2004; Hartlet et al 2013; Martin et al 2009; Maia et al 2006; Morren et al 2007). A developing body of work shows the mental health impacts of Covid-19, where evidence from studies of healthcare workers reveals increased psychological pressure, trauma, and mental illness (Vizheh et al 2020) and higher incidences of secondary trauma (Vagni et al 2020).

Research has explored general reactions to working with trauma survivors in social work, domestic abuse services, mental health, and law enforcement (Baird & Jenkins 2003; Bride, 2007; Ullman & Townsend 2007; Coles et al, 2014). Pearlman and Maclan (1995: 31) suggested that professionals exposed to ‘graphic descriptions of violent events, realities of people’s cruelty to one another, and trauma related re-enactments’ may develop psychological distress as a result of their work. Various terms and symptomologies are used to describe the effects of being direct or indirect witnesses of trauma and abuse, but the most commonly used within the literature are burnout, compassion fatigue, secondary traumatic stress (STS), re-traumatisation and vicarious traumatisation (McCann & Pearlman 1990; Figley 1995; Baird & Jenkins 2003; Bride 2007; Slattery & Goodman 2009; Coles et al 2014). Despite differences in phenomenology and manifestations, the features of these terms overlap and have an interactional effect (Courtois 1993; Pearlman & Saakvitne 1995) and all describe the negative emotional, cognitive and behavioural impacts that working with traumatised others may have (Mathieu 2012). Table 1. summarises common types of work-related trauma.

**Table 1. Types of work-related trauma**

<b>Term</b>	<b>Description</b>	<b>Symptoms and manifestations</b>
<b>Burnout</b>	Whilst not a medical diagnosis, burnout is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon (WHO 2019). A fairly common experience, burnout is a state of physical and/or emotional exhaustion that also involves a sense of reduced accomplishment. It can result from chronic workplace stress due to challenging working conditions which may include unclear job roles or expectations, high workloads, dysfunctional workplace dynamics, a skewed work-life balance, and chronic workplace stress that has not been effectively managed (WHO 2019).	Can manifest in exhaustion, irritability, negativity, difficulty in concentrating, impatience with clients and colleagues, a lack of energy and alienation from work-related activities.
<b>Compassion fatigue</b>	Sometimes referred to as ‘the cost of caring’ (Figley 1995; GoodTherapy 2020), compassion	Manifestations include irritability and anxiety, sleep disturbances, mental and

	<p>fatigue is considered less predictable than burnout and is more related to exposure to client suffering.</p> <p>Compassion fatigue is sometimes replaced by the term ‘empathic strain’ in order to differentiate between compassion, which is considered to be almost indefatigable, and empathy, which diminishes under increased stress, workload or exposure to other people’s trauma.</p> <p>Most research on compassion fatigue has been conducted in clinical settings with direct care providers and there is emerging evidence that caring for those with Covid-19 increases compassion fatigue (Ruiz-Fernandez et al 2020).</p>	<p>physical fatigue and a feeling of being overburdened by the suffering of others.</p> <p>Those experiencing compassion fatigue may avoid interaction (with clients and colleagues) thus impacting on the quality of care provided (Potter et al 2010). The avoidance of interaction with clients and colleagues and the sense of being overburdened relate to feeling less able to offer empathy or make an empathic connection.</p>
<b>Secondary traumatic stress</b>	<p>There is growing literature examining the impact of repeated exposures to traumatic events on psychological wellbeing (Duckworth and Follette 2012). Secondary traumatic stress occurs when an individual is exposed to the traumatic experiences of another or others, resulting in post-traumatic stress disorder symptoms, which include re-experiencing the survivor’s traumatic event, avoidance and/or numbing in response to reminders of this event (Cieslack et al 2013).</p>	<p>Symptoms may include avoiding situations or activities that remind the individual of the trauma that they have heard about; feeling very keyed up; frustrated; angry or irritable and physical effects such as headaches or muscle tension; as well as reduction in productivity, and; sleeplessness.</p>
<b>Re-traumatisation</b>	<p>Whilst the term re-traumatisation lacks a consistent definition, it is commonly understood as a re-experiencing of a previously traumatic event, either consciously or unconsciously, when faced with stressors that are similar to the original trauma incident, situation, circumstance or environment that caused intense physical and/or psychological stress reactions in the first place. Taking a broad view, Follette and Duckworth (2012) define re-traumatisation as ‘traumatic stress reactions, responses and symptoms that occur consequent to exposures to traumatic events that are physical and/or psychological in nature’ (2012: 2).</p>	<p>Symptoms can resurface suddenly and, whilst they may vary from person to person and differ across the lifespan these may commonly include fear, anxiousness, flashbacks, intense negative emotions, and sleeplessness. Whilst some people may not realise that the stress that they are experiencing is related to an earlier trauma in their lives, a subconscious association with the original trauma may re-awaken distressing memories and reactions.</p> <p>Whilst talking about trauma is not the same as directly experiencing trauma (Newman et al 1999), the recounting of trauma narratives can be potentially retraumatising and trigger trauma symptoms even if it has been some time since the original traumatic event(s) occurred (SAMSHA 2014). This is important where service providers may ask their clients to repeatedly recount their personal stories in order to build up a broader picture of need and develop trusting relationships, or indeed where researchers undertake research with</p>

		participants with past or ongoing experiences of abuse (Weiss 2021).
<b>Vicarious traumatisation</b>	Vicarious traumatisation is a cumulative process of psychological and somatic symptoms of acute and post-traumatic stress that can result from the close and constant work of service providers with traumatised individuals (Pearlman and Saakvitne 1995).	Core dynamics include isolation, helplessness, hopelessness, depletion, and altered or collapsed belief systems (Robinson 2015). It may also place strain upon interpersonal relationships and affect their relational strengths (Beaton and Murphy 1995). Individuals may experience difficulty with intrusive thoughts or images of the traumatic experience(s).  Vicarious traumatisation can disrupt an individual's sense of safety, resulting in increased fearfulness, terror, and perception of vulnerability to harm (Robinson 2015), and is shown to erode trust, safety and empowerment (McKay & Pearlman 2008).

The process of vicarious traumatisation has been described in only a few studies, mainly focusing on clinicians in one-to-one therapeutic interactions in general populations (e.g. Saakvitne et al 2000; Figley 1983, 1995; McCann and Pearlman 1990). Mathieu (2012) describes vicarious traumatisation as an 'occupational hazard' in some fields of work. At an organisational level, experiencing vicarious traumatisation may lead to workers turning away from the organisational and social structures that are supposed to help them to cope (Scanlon 2013), although in some instances, it may result in a person working more and harder. The experience of vicarious traumatisation is believed to be one reason why many service providers leave the field prematurely (Bride 2007, Figley 1999). Research shows that vicarious trauma can impact professionals differently depending on their personal history of trauma), their role and responsibilities as service providers, those receiving support (i.e. children, women), and organisational structures (i.e. support systems) (Pearlman and Saakvitne 1995, Ullman and Townsend 2007, Slattery and Goodman 2009, Coles et al 2014). The extent to which one is affected by vicarious trauma also varies, to some degree, depending on coping strategies, resilience, and available support (Gil and Weinberg 2015).

Apart from a small handful of studies on the effects of working with sexual assault survivors (Horvath et al 2020), relatively little is known about the psychological impact of close work with women who have experiences of trauma on women working in the third sector.

## Chapter 3. Methodological approach

In order to address the research aims and objectives, this research study adopted a multi-method approach with four main strands:

- 1) a mapping exercise to identify organisations offering services to women and girls;
- 2) a desk-based review of statements and reports published by organisations as a response to Covid-19;
- 3) an online survey of managers and supervisors; and
- 4) qualitative interviews conducted at two different points in time with managers/supervisors and frontline workers in community-based organisations providing support services to women and girls.

Each are briefly described below. Full details of the Methodology can be found in Appendix 1.

### 3.1 Mapping Exercise

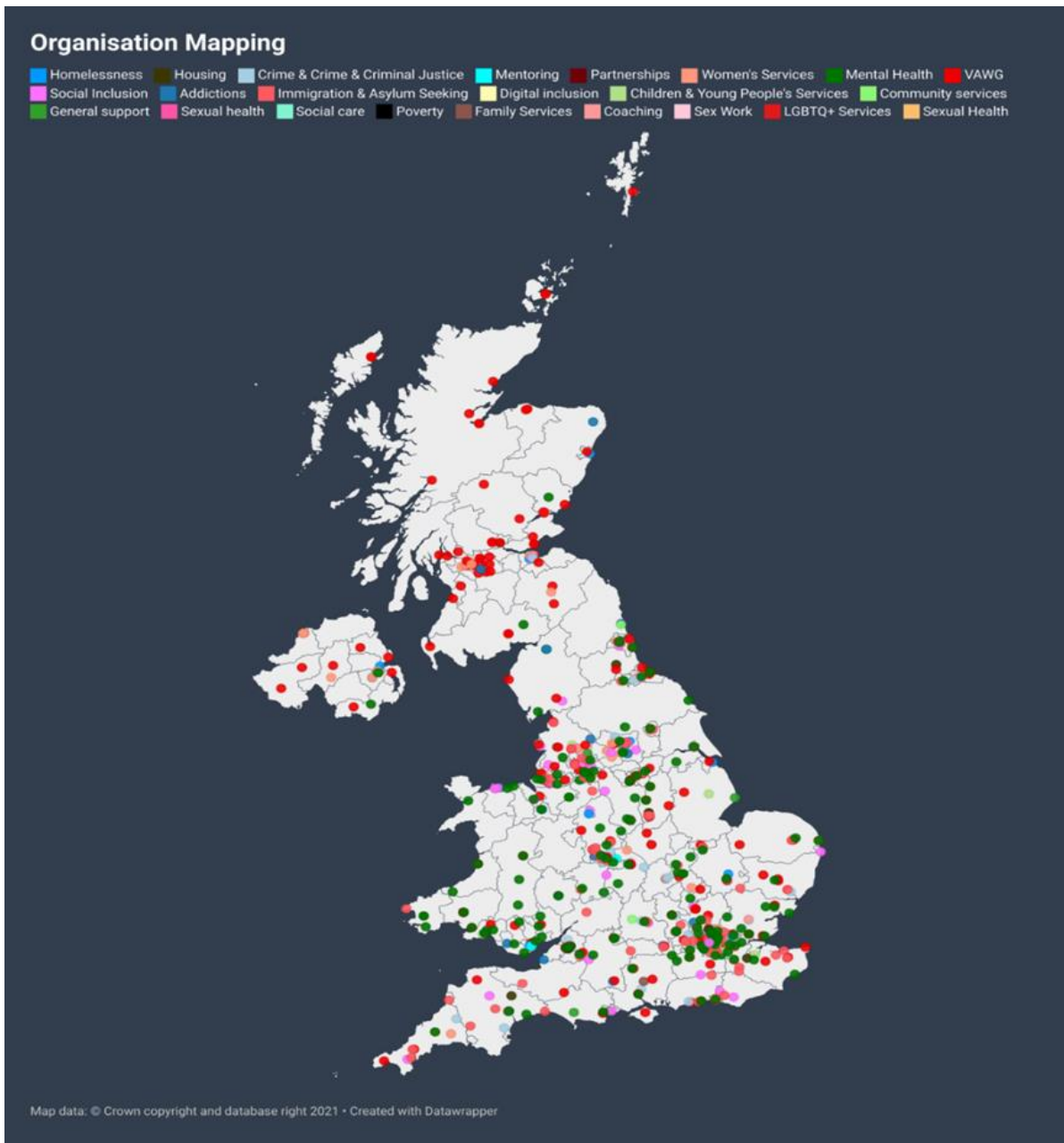
Between October and December 2021, a [desk-based mapping exercise](#) was undertaken to identify community-based organisations across the UK who work with marginalised, disadvantaged or socially isolated women and girls in a wide variety of ways and in order to plot their service provision.

An initial internet search was conducted using keyword combinations ('charity', 'women and girls', 'support services', 'support organisations', 'violence against women and girls', 'criminal justice services', 'women's centres'). This involved not only broader google searches, but also the consultation of relevant directories and hubs such as [Clinks](#), [Women's Aid](#), [Scottish Women's Aid](#) and [Mind](#) amongst others. This identified 535 organisations. Thereafter, their websites and social media profiles were consulted to determine the organisational remit, nature of services delivered and service user populations. A second Google-based search, along with consultation of the [UK government charity register](#) yielded a further 444 organisations, producing a total of 979 organisations of diverse size, remits and geographical catchment areas. These were coded according to their focus (e.g., violence against women and girls; homelessness), client group (e.g., women, LGBTQ+), and type of service (e.g., mentoring; advocacy). Some services were not exclusively focused on women and/or girls, and many provided holistic support covering a variety of issues (e.g., addictions, homelessness, poverty). It is important to acknowledge, however, that many of these organisations provide holistic and overlapping services. (see Appendix 1 for further details of identified organisations and their main remit).

Diagram 1 below shows identified organisations and their main remit plotted on a map of the UK. A wide range of organisations were identified, including those that provide specialist VAWG support services, community and citizen support/advice, immigration, refugee and asylum-seeking, mental health, addictions, poverty, social and digital inclusion, refuge and housing support. The majority were located in England and Wales (83%) with 12% in Scotland and 5% in Northern Ireland. Service provision ranged from advocacy, counselling, mentoring, signposting, health support and advice, financial advice, legal advice, training, employment and education, resettlement and rehabilitation, and practical services such as food and non-food item distribution. Organisations were coded according to their focus (e.g., VAWG; homelessness), client group (e.g., women, LGBTQ+), and type of service (e.g., mentoring; advocacy). In order to facilitate the visual representation of these services (through colour coding), only one code was attributed to each of the organisations.

We do not claim that our mapping of service provision is fully comprehensive, nonetheless it highlights the variety of services and organisations available across the UK to tackle the multiple issues faced by women and girls. The mapping exercise played a fundamental role in guiding subsequent stages of data collection and directly informed the next stage of the study, the review of Covid-related statements and reports.

**Diagram 1. Mapping of identified organisations**



### 3.2. Review of Covid-related Statements and Reports

The websites and Twitter feeds of the 535 organisations identified in the initial internet search (discussed above) were trawled to identify any statements, blog posts or reports which had content relating to COVID-19. Two hundred statements and 33 reports were identified from a total of 231 organisations, produced between the start of the pandemic in March 2020 to the time of the review in December 2021. This included Annual Reports, Covid-related achievements, learning and impact reports, strategy reports and research reports. As such, intended audiences included funders, governmental bodies and other support organisations, as well as the general public. Reflecting longer time periods than the statements, the reports contained more detailed information: reporting upon organisational adaptation to the pandemic, achievements, challenges and learning.



### 3.3 Online survey of managers and supervisors

The survey which was designed for managers and supervisors, aimed to gain a deeper understanding of pandemic-related changes to service demand, adjustments to models of working and service delivery, changes to staffing capacity, resource constraints and other organisational challenges and changes over time. It also sought to determine how organisations recognise and respond to risk for individual employees, including any changes brought in to support staff welfare. It provided an opportunity to document changes that may be positive for organisations and/or their staff, resulting in better or more effective ways of working or mechanisms of support.

The survey was created and administered using [Qualtrics](#), and contained a mix of closed, multiple choice and open questions. Launched in January 2022, it closed on March 28<sup>th</sup> 2022 resulting in 153 full survey responses.

In addition to descriptive statistics, the survey analysis utilised tests of statistical inference and measures of association to discern whether certain features of organisations and the challenges they experienced were associated with particular outcomes. Efforts were made to understand: (1) whether organisational characteristics were implicated in the experience of pandemic-related impacts on service delivery; (2) whether organisational features and challenges presented by the pandemic were associated with negative outcomes for staff wellbeing; and (3) whether the procedures managers used to identify and manage stress changed pre- to post-pandemic.

### 3.4 Semi-structured qualitative interviews

Consistent with feminist methods that place women's experiences in their own voices as primary data sources, semi-structured qualitative interviews were conducted with manager/supervisors and frontline workers. Key themes pursued in the interviews were as follows, but participants were free to cover other issues they considered relevant or important:

- how the job role of may be changing/has changed during the pandemic and how organisations deliver their duty of care to staff;
- experiences of working during the pandemic: including maintaining links between management and with service users; impact of organisational decision-making and adaptations to working;
- strategies for coping (or not) with home working, professional boundaries, and the consequences of bringing others' traumas into their homes, and; exposure to distressing or traumatising testimonies and materials;
- work-life balance and management of concerns about unmet client safety, health, and finances, the requirement for emergency forms of care and implications for hours worked;
- the impact of economic uncertainty relating to individual and organisational futures.

Questions were informed by theoretical constructs drawn from research literature on workers' experience of the workplace, and the intrusive effects of work on mental wellbeing (Hurvich et al 2007; Robinson and Gadd 2016). Experiential correlates extracted from the HEI/50 scale (Hurvich et al 2007) were incorporated into the interview schedule. Interview schedules were piloted and adapted accordingly.

In order to chart the effects on workers as they and their organisations adapted to pandemic conditions, interviews were conducted at two different times. The 1<sup>st</sup> round, conducted with 94 participants, took place over spring- summer 2022, with the 2<sup>nd</sup> undertaken from late winter - late spring 2023. The 2<sup>nd</sup> round interview schedule was adapted to cover any changes to interviewees' role and work, organisational practices post-Covid, and new challenges imposed by the then emerging cost-of-living crisis. Forty-one participants were interviewed in the 2<sup>nd</sup> round.

Interviews were conducted online and audio-recorded, with participant's permission. They were transcribed and analysed using NVivo 12 qualitative data analysis. Findings were organised to create domains of inquiry, according to individual, organizational, and structural experiences and effects of the work. Theory-driven latent content analysis - from perspectives of clinical traumatic stress, women's work, organisational behaviour, and other psychosocial constructs were used to interpret data, with close attention paid to the women's voices.

Interviews are referred to in the Report as whether this was 1st or 2<sup>nd</sup> round, the interviewee's role (manager, frontline or other) and the nature of the organisation in which they work for example, for a 1<sup>st</sup> round interview (005f, criminal justice), and for a 2<sup>nd</sup> round interview (FUP033m, VAWG).

### **3.5 Ethical considerations**

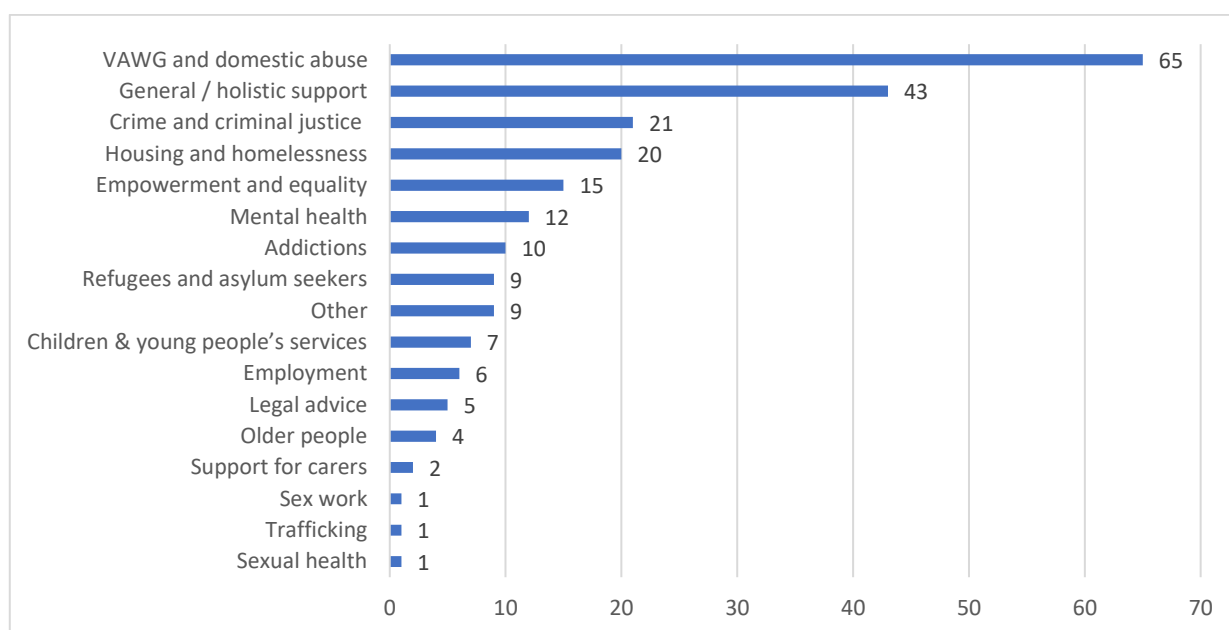
The study was conducted in accordance with the [British Sociological Association Statement of Ethics \(2017\) and broader Guidelines](#) and the [British Society of Criminology Statement of Ethics for Researchers \(2015\)](#). The study gained ethical approval from the University of Glasgow College of Social Sciences Ethics Committee.

Key ethical considerations relate primarily to the sensitive nature of the topic area, the confidentiality of information about research participants and the gaining of valid, informed consent. As feminist research, the study incorporated the key principles of ethical care, reflexivity, inclusivity, flexibility, activism, and empowerment and was structured so as to promote the autonomy, privacy and dignity of participants and ensure the safety of participants and researchers (UK Federation of Women's Aid 2020). Prospective participants were provided with full information about the purposes and aims of the study and how the research findings were to be used and given assurances about confidentiality and anonymity. Given the sensitivity of the topic and the potential for causing distress, we were very attentive to participant demeanour and, as experienced researchers, tried to minimise any potential discomfort, including a debriefing and 'warm- down'. Support materials and signposting to various support services were also available.

## Chapter 4. Study Findings: Review of organisation statements and reports

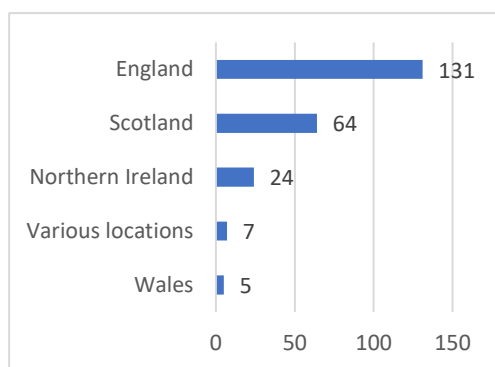
As stated in Chapter 3, [200 organisational statements and 33 reports](#) were identified from a trawl of 535 organisations of which 391 were based in England and Wales, 99 in Scotland and 45 in Northern Ireland, in order to gain understanding of how organisations adapted to the Covid pandemic and associated changing demands. All documents were public-facing and had been produced at different times, with those produced in March – June/July 2020 reflecting initial lockdown measures and expectations, and later ones describing adaptations, achievements, and changes to ways of working. In general, the tone of earlier statements was positive and reassuring, providing practical advice and information about how help could be obtained. Whilst they did sometimes voice concerns such as organisational financial stability, staff wellbeing or the governmental response, these were often pragmatic, referring to fundraising or advocacy campaigns, or thanking staff. The figures below plot the geographical location and main remit of organisations whose statements and reports were reviewed, the main geographical location, and; their geographical reach.

**Figure 1. Main focus of organisation**

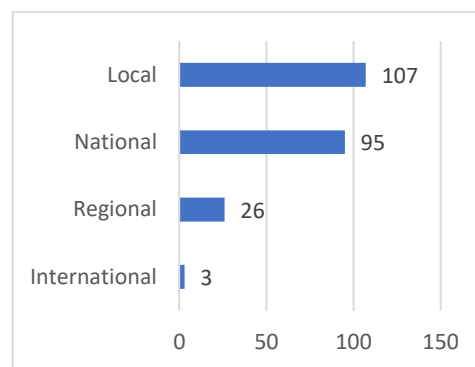


Clearly the majority of documents were produced by VAWG organisations, including specialist services supporting women subjected to rape and sexual assault, domestic abuse, and other forms of gender-based violence. The figures below show that over half were based in England (56%) with just over a quarter based in Scotland (27%). A smaller number were based in Northern Ireland (10%) and Wales (2%). In terms of geographical reach, almost half were local (46%); 41% were national in scope and 11% were regional; a very small number (1%) had international remits.

**Figure 2. Main location of organisations**



**Figure 3. Geographical reach of the organisations**



## 4.1 Key themes

Statements and reports were analysed thematically. Themes were placed into three different levels: individual, organisational and structural, although it is recognised that these overlap and intersect. ‘Individual level’ refers to factors experienced by, related to, or aimed at individuals rather than organisations. ‘Organisational level’ refers to factors or findings related to, or changes made or experienced by organisations. These do have an impact at the individual level and are affected by factors at the structural level, but they are predominantly visible at the level of the organisation. ‘Structural level’ refers to aspects of the overarching societal systems, institutions, hierarchies and norms and patterns that shape and impose controls upon society, in turn impacting upon organisations and individuals.

### 4.1.1 Individual

**Information Provision:** a common use of the statements and reports was the provision of information, advice and guidance about pandemic to their client groups. This included health and wellbeing advice, including when and how to contact the NHS, but also advice on other issues which may be affected by Covid including: visas and asylum issues; mental health; safety tips for those in abusive relationships; criminal justice and closure/delay of courts and cases; advice for drug and alcohol users; wellbeing advice, including nutrition and sleep; financial advice including food-banks, housing and rent support and benefits; gambling issues; and employment rights.

Many organisations provided contact details in their statements to inform service users of how they could reach them despite reduced face-to-face engagement. Statements were also used to signpost to other services (helplines and emergency numbers), but also to local services who might be able to help. Despite the undeniable need for, and usefulness of the Covid-related information, organisations seemed acutely aware of its limited reach, knowing that many women have limited access to digital technology. Indeed, such digital poverty was rendered far more visible during the pandemic, and several organisations tried to address this, as outlined below.

**Support for access to services:** Information about access to services was frequently provided on organisations’ websites and via online newsletters, usually relating to digital inclusion (inc. the provision of laptops, tablets, internet access, and digital skills training for service users to ensure they could keep in touch). This was aided by the provision of grants specifically for such initiatives. For example, a refugee rights organisation based in England set up a ‘tech poverty project’, in recognition of the exacerbation of the digital exclusion faced by its clients, providing data, devices, support and advice, and the option of an interpreter. An organisation working with the homeless set up a digital skills café aimed at upskilling service users in digital communications use.

Other methods of increasing access to services included providing mobile numbers for women to text if they felt unsafe in making calls, arranging 'safe' contact times, and money for phone top-ups. For example, one Scottish domestic abuse organisation who were concerned that their clients would be unable or unwilling to reach out to them, regularly updated their website to include '*specific, relevant and important info to promote safety & understanding about domestic abuse.*'

**Increased concern about service users:** This was a key theme of statements reports, website messaging and social media, underpinned by fears and knowledge of how the pandemic could worsen the situations that their clients experience. As a local refugee and asylum seeker organisation stated, '*situations that would have been easily managed in normal circumstances escalated more rapidly and deeply into crisis.*'

A key theme was intensified concern about client safety, especially for those experiencing domestic abuse, and how lockdown would leave them more isolated, at risk, and under greater control, but with reduced ability to access help. Many statements highlighted the ways that Covid suppression measures were used as part of the repertoire of abuse by some perpetrators and highlighted the increase in coercive controlling behaviour reported to them. For example, a national domestic abuse organisation posted the following on their website:

*While in lockdown or self-isolation, women and children are likely to be spending concentrated periods of time with perpetrators, potentially escalating the threat of domestic abuse and further restricting their freedom. Domestic abuse isn't always physical – it's a pattern of controlling, threatening and coercive behaviour, which can also be emotional, economic, psychological or sexual. Abuse is a choice a perpetrator makes, and isolation is already used by many perpetrators as a tool of control. In the current climate, it is certainly more challenging for women suffering abuse. Lines of communication could be severely limited if women are unable to leave the home.*

As well as abuse intensifying, organisations described how suppression measures, such as lock-down and mask-wearing could trigger traumatic memories of domestic abuse and coercive control. It was recognised that all of these factors could result in a deterioration of the mental health of those subjected to abuse, including any children in the household. Concerns around increased violence during the pandemic also included how traffickers and organised crime groups might exploit the situation. There was also an emphasis on the ways in which the pandemic was impacting heavily on Black and minoritised women and girls, and those living with disabilities or long-term health conditions where access to services was severely curtailed.

Another key theme was reduced move-on options, affecting those in refuges, young women in supported accommodation, homeless women and those leaving prison, which often resulted in prolonged stays in unsuitable accommodation. Economic impacts were raised frequently. There were repeated calls for the government to address this, with requests including increasing social security payments, making universal credit payments immediately available, and increasing statutory sick pay to match the real living wage. Such structural inequalities had an additional impact upon those experiencing domestic abuse, with specialist organisations describing how economic impacts of Covid upon individuals and families could also worsen abuse. Typical of this kind of messaging was that disseminated by a Scottish organisation which described how lone parents, women (particularly those from an ethnic minority background), young mothers, and families with a disabled parent or child were especially at financial risk. Another financial fear was for those addicted to gambling, and how the pandemic could exacerbate this.

Across service user groups and organisations, the fear of deteriorating mental health was common, related to marginalisation, isolation, economic impacts, and increased abuse in the context of reduced ability to access support for mental health. Several organisations were involved in campaigning to raise awareness and change around the increased challenges faced by their service user groups as a result of the pandemic. Such campaigning was usually

with the acknowledgement that these issues had existed without adequate attention by government prior to the pandemic, and that policy, resources and sustained commitment were now ever more pressing.

Many statements and reports also recognised the impact upon staff and volunteers of having increased concerns for those with whom they worked in the face of increased service demand and intensity of work, and noted the ways in which their ability to address these concerns were constrained due to pandemic restrictions. Organisational statements also acknowledged the increased pressures and demands upon staff who were working from home and balancing childcare, or ill or isolating alongside a recognition of the personal social and economic challenges faced by staff in the context of reduced or constrained organisational funding and resource. The gendered impacts of the pandemic upon women workers, as well as the women and girls they serve, were written starkly in this collection of statements and reports, with a particular emphasis upon those already experiencing structural inequalities.

#### 4.1.2 Organisational

**Increased demand for services:** As the pandemic progressed, increased demand for services became abundantly clear. Virtually all organisations flagged increases in calls made to telephone helplines, volume of online contact and requests for refuge bed space. Demand for employment support rose as securing job interviews became more difficult, and provision of support for sex workers was more challenging due to risk of increased violence and loss of earnings. Some striking statistics illustrate the increased demand: an English organisation working with women on a range of issues including criminal justice involvement, mental health, disabilities and domestic abuse reported a 72% increase in women seeking their support. An organisation supporting the families of women held in prison reported a 247% increase in service demand. A Scottish organisation working with single parents said that they had seen a 300% increase in calls to their helpline and online chat function. A Northern Irish mental health organisation providing services for those with intellectual disability, autism and and/or addictions saw a 350% increase in people accessing their wellbeing online hub, which they had adapted with Covid-19 specific support.

Impacts of increased service demand included long waiting lists for services, intense and long working hours, and having to make difficult decisions very quickly, sometimes with limited information. For some organisations, alongside the increase in numbers of services users or calls, the additional Covid-related needs or concerns of clients added to the workload, as illustrated through research conducted by a UK wide organisation working with Muslim women, who found:

*In 2020 the number of individual service users and the time spent on initial queries is consistent with previous years. However there has been a 132% increase in the time that is being spent on additional enquiries. This validates the feedback from the team that in 2020 the work has felt more intense, and they have been working harder even though the volume of calls has not dramatically increased.*

Domestic abuse organisations in particular saw initial reductions in demand, likely due to factors such as women being unable to make calls or get online to ask for help, and confusion about what services were open and how to ask for help. However, over time, particularly as the first lockdown eased, demand for services surged to unprecedented levels. The switch to digital services was so successful for some organisations that the number of service users expanded and hence workload greatly increased. This can be illustrated by a national health-focused organisation working with young women and girls, who described how, whilst the numbers of face-to-face clients had dropped by 69%, tele-health consultations increased by 361%, and even higher (447%) in areas of deprivation.

**Changes to service delivery:** Most organisations reported changes to their service delivery as a result of the pandemic. The predominant theme was a (often very rapid) move from face-to-face services to online, telephone and messaging



services. Some organisations contacted clients to find out preferences of method of communication, with factors such as safety, or digital access influencing their choices. For some, moving services online had meant increased accessibility and audiences for training courses, support groups or individual services, or upscaling of operations. For example, an organisation providing holistic support to women stated that due to a six-month resilience grant, they had gone from twice weekly in person sessions to providing the same service online seven days a week.

Some changes to ways of delivering services were viewed as very positive, having resulted in more effective or better ways of working, as described by a small locally-based organisation supporting rape and sexual assault victim/survivors:

*Although COVID19 brought challenges we have learned and adopted some of the new ways of working. Online support was not for everyone, but some service users preferred their support carried out in this way. [Organisation] has now included online support to the support services we offer. Another positive learning that we have adopted is attending meetings remotely. This reduces our travel time etc and found that sometimes business was carried out a lot more efficiently and effectively online. It also allowed us to attend meetings that in the past we were unable to do so due to time or distance.*

Other changes to service delivery included the provision of food meals/parcels and non-food items such as bedding and clothing to service users.

Whilst many benefits of online, telephone or virtual methods of service delivery were identified, with plans for continuation of some adaptations, challenges were noted too. These included digital exclusion, but also the functioning of relationship-based modes of delivery, and ways in which online delivery could be experienced as less personal. as found by a local women's organisation addressing issues of equality and empowerment:

*Survey responses from services provided to women indicated that most kept their services running at a reduced rate, or by using online tools. They noted that whilst this was better than the alternative, many women and volunteers weren't happy with this arrangement and the lack of face-to-face contact during times of stress such as pregnancy, grief and mental health problems left many feeling isolated.*

As social distancing measures and rules changed, so did modes of service delivery, with blended face-to-face and online services arranged, including meetings outside. Some organisations were able to continue with some services in their normal mode of operation, usually services like pre-existing helplines, emergency accommodation, refuges, food banks, and pre-existing outdoors activities. However, for many such services, activities had to be done in line with Covid safety measures, such as social distancing, hygiene measures, limited numbers, and having to conduct regular health and safety assessments, which could be challenging.

For those organisations who did manage to keep some services open, demand for these could be high, given the scarcity of such provision, for example, as described by this organisation supporting homeless people: "As the only operating face to face crisis service in [city] open during the daytime in the first lockdown period, a significant demand was placed on our daily food provision".

Changes in service delivery could also mean adapting the focus of the work, as the needs of service users also changed during this time. A local English organisation addressing social inclusion described how Covid had resulted in changes in the needs of those they work with, creating high demand for benefits and other support services, which 'meant that the content of the sessions shifted from planning and working towards long-term goals to focusing on pressing needs and short-term goals.' For staff providing support, such changes also had inevitable impacts upon their day-to-

day work and plans. Some activities and services were simply put on hold, with plans to return to these in the future, largely due to funding or difficulty of conducting some activities remotely.

**New services/initiatives:** A large number of organisations gave details of new and creative ways of supporting their client groups through the challenges of the pandemic and lockdowns. These new initiatives served various functions, but many were aimed at tackling the challenges of lockdown for different populations. For example, one criminal justice focused organisation described how and why they had set up a week of virtual activities on zoom:

*The week was themed around relationships which was very fitting due to the COVID-19 pandemic. This has been an important factor to ensure the people we support do not become isolated, maintain links formed and promote the principles of Citizenship.*

Numerous examples of initiatives adopted by organisations gathered during the analysis of the statements showcase the creativity and innovation evident during this time. These included the provision of resource packs for adults and children, such as welfare packages of essentials and financial packages, including access to data, help with bills and rent, second-hand bicycles for children, and family funds for essential goods for women with no recourse to public funds. New practices were implemented such as doorstep welfare checks, Walk & Talk services, single parent family monitoring systems, outreach services for asylum seekers in emergency accommodation, sexual health service for young women with digital requests for STI home testing kits, remote prescribing and postal provision for contraception, and urgent legal advice surgeries focused on the needs and rights of women. New forms of communication were developed including letters, notes and phone calls to help address isolation; the creation of community (maga)zines and newsletters; films about staying safe; podcasts and webinar series with information on safety, rights, government funding and advocacy, and; digital roadshows for women to share their experiences and concerns. There was the development of interest/issue focused online groups, e.g. arts and crafts, fitness, pre and post-natal mental health; online training and courses for qualifications.

**Plans to retain new/adapted services:** A common theme, particularly in the reports, was the identification of particularly effective new or adapted services, that organisations planned to retain. This was often because a new initiative or mode of delivery increased accessibility, often meaning increased attendance. For example, a sexual health clinic working with young women described how, in addition to their face-to-face clinics, they would retain the tele-health model that they had introduced during the pandemic, as they found that it increased accessibility. Many organisations planned to keep running courses and meetings online, or at least to offer this as an option, to enable more people to attend more easily without additional time and cost commitments. For others, being forced to adapt meant the identification of a safer or more appropriate mode of delivery:

*A chat bot was introduced to our website to help victims in confinement with their perpetrator to contact us more easily. In April and May this addition literally saved lives, with two separate families who got in touch online being rehoused in our emergency refuge accommodation. We put more resources in to interpreting, removing barriers to support those from our BAME community and we brought our popular Freedom Programme online.*

Covid-19 specific funds meant that organisations were able to develop and trial new initiatives for which they planned to seek further funding. An organisation working with sex workers appealed to individual donors to support a voucher scheme for food, medicines, and hygiene products, and were planning to relaunch this campaign to address ongoing hardship amongst their clients.

There were wider sectoral and societal impacts of changes to service delivery, for example, increased sharing of evidence and good practice with the sector and for policy purposes, as described by a national women's organisation:

*[we] developed a clear role in supporting the sector with international level engagement and examples of concrete good practice, through a newsletter, a webinar series and contributing international evidence to shared sector policy submissions. Through an adaptation grant... an additional newsletter generating more in-depth information was developed in collaboration with [a university]. Alongside this process, a new communications strategy has been developed.*

**Collaborations:** Covid-19 prompted new and productive collaborations between organisations to better address emerging challenges. These had different purposes, including campaigning for better governmental responses; improving client safety; accessing funding and resources; and joining together to improve or increase services, as well as avoiding service duplication. Examples given include:

- **Campaigning:** an organisation providing support and services to Black and minoritised women and girls experiencing violence stated that they were working across the sector to encourage an effective government response.
- **Service delivery:** An organisation helping women experiencing violence were working nationally in collaboration with others to effectively provide a whole range of services. Another organisation working with refugees and asylum seekers highlighted that they had worked with the local council's homelessness team during this time to help meet the needs of their clients. A support hub with other charities was formed by an organisation working with older people to ensure that people received the support they needed, with a dedicated helpline.
- **Funding and resources:** At the local level, a domestic abuse organisation in England described how they had forged collaborations with other local organisations to source goods and funds for their service users.
- **Safety:** contacting police forces for information on strategies in place to protect sex workers was an action undertaken by one organisation.

**Staffing:** Some organisations had placed staff on furlough. For example, a local English criminal justice organisation supporting young people furloughed three of its staff *'in an effort to maintain financial sustainability.'* Others described the redeployment of their staff, often because of illness, self-isolation, or changed service delivery - and the need to ensure that they were adequately trained and supported for their new roles. For example, an organisation supporting people in Northern Ireland (and Ireland) with mental health issues, various disabilities and addiction described large scale redeployment of their staff:

*In anticipation of large numbers of staff in our residential services self-isolating or being advised to shield, 100s of staff have volunteered to be deployed to support residents and their colleagues in our residential services. Our teams are working to ensure that those who are redeployed have the training and skills they need to do any new role safely.*

Redeployment took many different forms, for example, a national organisation supporting Muslim women described how their helpline manager moved to delivering frontline service due to the high demand. Other organisations described the impact to volunteering workforces, with both increases and decreases in numbers described, due to changes in activities conducted during the pandemic.

**Impact upon staff:** In the reports and statements many organisations thanked their staff and volunteers for their work and adaptability throughout the pandemic. For example, an organisation working to support older people stated:

*We are proud of our response - by the end of the first week, all staff were working from home and we set about meeting people's most pressing needs alongside our usual work. We can't thank our staff and volunteers enough for their outstanding work.*

Thanks and statements of appreciation were sometimes given in relation to the increased difficulty of the work that staff were undertaking, as described by a homeless organisation:

*Our work is equally challenging and rewarding, and at times, heart-breaking and exhausting. Whilst many organisations were forced to step back throughout the restrictions, [we] stepped up. The passion and dedication demonstrated everyday by our staff is awe-inspiring and I am extremely proud of all our teams for their achievements. Alongside our amazing staff, we are supported by some 200 volunteers whose commitment enhance our services and enrich the lives of those we work with.*

The reports and statements also showcased staff efforts, for example one organisation asked their staff to make short videos of how they had adapted their services to demonstrate their creativity and commitment.

Concerns about the impact upon staff were detailed more frequently in the reports rather than the statements. Practical concerns included Covid-19 infection, with measures to minimise risk to staff as well as clients; and physical implications of working from home such as equipment, home office space, and digital access and security. Such practical issues were often detailed to justify why certain services could not continue, or to explain how services would take place once they could resume. The emotional impact of these practical changes upon staff and clients was raised, as by this homeless organisation:

*Our work relies on face-to-face communication, showing and expressing empathy, listening and supporting people to prioritize the needs most important to them at this stage in time, even if they can't see the implications of their decisions and in seeing the bigger picture. With PPE now acting as a barrier with staff wearing face masks, visors, gloves and aprons it became very clinical, in addition to physical barriers preventing access to the service.*

The emotional and mental impacts upon staff were also outlined. For example, as described by a local organisation supporting families in crisis, who said of frontline workers, including their staff: *"People who have worked on the front line during the pandemic will be coping with the adverse physical and psychological outcomes including trauma, exhaustion, depression, anxiety, and isolation from social networks."*

Organisations acknowledged the extent to which many staff were balancing home working with childcare, or working extended hours, for example to reach domestic abuse clients at the safest times. Some described the potentially long-term impacts upon staff of needing to conduct traumatic work from home and the loss of critical face-to-face work in relationship-based practice.

*Many are now offering online or telephone support and delivering remotely. This brings both opportunity to reach women who find it difficult to attend session in person, and challenges for staff working remotely during the pandemic, who are "...living at work rather than working from home" meaning an increased potential for vicarious trauma as a result.*

The isolation and reduced support that could result from separation from colleagues and managers was another theme, with some organisations describing initiatives they had put in place to address this, including increased support and supervision. For example, a national health- focused organisation working with young people described how they had established a national counselling network through which their counsellors could share best practice on meeting the challenges of 19 delivering therapy remotely.

A local organisation supporting young people who are homeless or in/leaving the care system, described setting up a new strategy support group:

*We have reacted to the challenges of the pandemic through flexible leadership and support for colleagues through initiatives such as our new Agile Working Framework and a focus on health and wellbeing. Our new Colleague Wellbeing and People Strategy Support group has supported our investment in making life better in the workplace for all colleagues.*

Several organisations spoke more generally of their duty of care to their staff, particularly during this time, as described by a Northern Irish women's centre: 'We are aware we need also to protect our staff and volunteers, in terms of their physical and mental wellbeing. We have a duty of care to their health and safety'.

Some reports spoke of the financial limitations within their organisations which could impede their ability to support their staff through these times of increased challenge, with calls for funders and the government to recognise such support needs as a key part of the work. For example, as described by a UK-wide umbrella organisation working with Black and minoritised women and girls experiencing violence:

*Organisations are offering what they can within existing resource (e.g. more regular welfare check-ins, flexible hours) however many are not funded to offer staff clinical supervision. As one member has highlighted, the impacts of staff carrying out this type of work in isolation from home in addition to the stressors fuelled by COVID-19 'has harmful impacts in the longer term'. It is critical that funders recognise the importance of supporting organisations with the ongoing and increased needs for positively supporting the mental health of staff.*

Impacts upon staff were not all negative: there were also benefits from pandemic-related changes for staff noted in some reports as well as concerns, as illustrated by a national organisation supporting Muslim women, who outlined the positives as well as negatives:

*...there have been many benefits to working from home and some of the team would like to continue working remotely, at least some of the time because they value the flexibility that it provides to support caring responsibilities and the concentration that is possible when working in a quiet remote location.*

Benefits across organisations included positive changes to staff communication; flexible working patterns; improved digital skills and communications; accessibility of online training, meetings, and events; increased camaraderie amongst teams; and for some, increased confidence amongst staff who found themselves working more independently.

### 4.1.3 Structural

**Gendered Impacts:** The reports and statements clearly had different audiences, and as such, their messaging differed, with some far more attentive to structural inequalities. Such organisations were often those with an explicit feminist ethos in their work, and/or those who provided specialised services to women. Their reports and statements draw attention to the ways in which the impacts of the pandemic intersected with wider, pre-existing gender inequalities, exposing and compounding these, creating disproportionate burdens upon their clients and workers. These revealed that, for women and girls generally, gender inequalities exacerbated by the pandemic were experienced in a multitude of areas: physical and mental health, economic status, job security, formal and informal working responsibilities, and relationships with families and friends. For example, as described by a Welsh organisation focused upon gender equality:

*We know that women still shoulder the majority of child and elder-care responsibilities, with formal childcare settings closed, and informal arrangements with family members outside of the household no longer able to take place this is likely to have adverse affects throughout this crisis. In particular for single parent households, with no one to balance these caring responsibilities with – of which 90% are led by women. With the duty of child education and care moving from the paid economy, to unpaid labour, this crisis is revealing the inadequacies of the current childcare system that is propped up by informal family arrangements.*

At the same time, violence against women and girls also increased, described as a double pandemic (or ‘shadow’ pandemic in the words of the UN). However, some reports described how these inequalities were not experienced equally by all women and girls. These spoke to the need for the application of an intersectional lens by drawing attention to the additional disadvantages experienced by marginalised groups of women and girls, including Black and minoritised women, women living with disabilities, and LGBTQ+ women. Having such protected characteristics meant increased risk from both pandemics. Yet one key report also described how the experiences of women with protected characteristics were not often included in wider responses to COVID-19, including policy and funding.

Staff working in organisations supporting marginalised, disadvantaged and isolated women are more likely to themselves be women, and several reports acknowledged the additional burden that these workers were shouldering during the pandemic. Indeed, where UN Women (2020) declared gender inequalities a pandemic consequence, documenting impacts on women globally, they directed attention in particular towards women workers. This was borne out in several of the reports and statements, with one campaigning organisation stating that ‘*We all know that women are key to fighting this epidemic as workers, carers and community supporters.*’ and many highlighting the double burden upon them. For example, a national domestic abuse organisation detailed this:

*As women are more likely to take on caring roles at home, in organisations where most or all staff are women, this double burden is likely to have a particular impact. This is true across the domestic abuse sector as reflected in the experiences of providers responding to our survey.*

This was also described in a joint statement issued by 10 national organisations representing services delivering violence against women and girls services, ‘*we honour the women in specialist VAWG services who have given everything to support survivors over the last year. But we know the heavy toll that this has had.*’

There were multiple dimensions to this double burden identified, including worries about infection and health; additional caring responsibilities whilst juggling work; precarious jobs; increased workloads; the many implications of working from home; and all whilst often experiencing isolation from colleagues and reduced organisational support. For example:

*Frontline staff are themselves feeling anxious about their health and the possibility of becoming ill. Alongside, managing staff shortages due to social isolation, delivering trauma- informed work at home whilst juggling caring and family responsibilities is incredibly stressful; and challenging.*

Those organisations who were committed to addressing or ameliorating intersecting inequalities often detailed their efforts or plans including joint campaigning collaborations. For example, some organisations included appeals to the government to recognise the increased burden upon their workers at this time: ‘*We also call on Government to recognise our workers within frontline services as “key workers”.*’ Such campaigns and appeals underline the fact that the deepening of gendered social and economic inequalities resulting from the Covid-19 pandemic gives cause for grave concern.



**Access to funding:** Fundraising appeals were included, particularly in organisational statements, ranging from general appeals to support the running of services, to specific requests for items for clients. Many key fundraising events were cancelled, and charity retail stores had to close, for example, a major UK wide organisation working with children described having to close over 700 stores, and a local English homelessness organisation stated that its trading income was down by 66%. However, some organisations described new ways of fundraising that had been successful for them, for example, an organisation supporting women into employment: *“New, ambitious and innovative means of fundraising have been successfully developed, notably an online auction run in partnership with [a magazine] which helped raise funds when in-person events and sales were not possible.”*

Many organisations had concerns over the sustainability of funding and were working hard to limit the impacts on their services, such as through putting a spending freeze on non-essential items and on recruitment; and pausing changes to projects or developments that were not essential to existing capacity. Concerns over the sustainability of funding were shared by many organisations, who worked hard to limit the impact on their services.

Applications to emergency funding sources had been successful for some organisations, who expressed gratitude for this and reported on its uses. Others spoke of the need for longer-term funding, as the pandemic was only exacerbating previous, long unaddressed inequalities. Short-term funding could help but also placed additional pressure on organisations. Others, often small organisations, felt excluded from mainstream emergency funding sources, due to issues including a lack of infrastructure, skills, knowledge and experience, and spoke of the need to build capability and capacity to apply. For example:

*Now the 6-month resilience funding period is approaching an end, what do we do now? Never have the funding responsibilities felt so stressful, never have so many of our group needed ongoing support in our community. Yet the priorities of funders and funding streams have seemingly moved sharply away from communities such as ours. Where we previously found funding application success, we are seeing more and more application rejections. This is the first time since we set up in 2014 that I have personally felt an overwhelming sense of fear about need, and the ability to provide what our women require to simply survive this period in history.*

The unequal nature of the emergency funding was highlighted, with some services described as especially disadvantaged in accessing this, in particular those working with Black and minoritised women, deaf women, those living with disabilities, and LGBTQ+ domestic abuse survivors. A national refugee council stated that: *“70% of organisations have been able to access specific funding to meet the challenges of continuing services throughout lockdown. This was slightly lower for refugee-led and community-based groups at 66%.”*

Several organisations stated that the pandemic had highlighted and exacerbated such pre-existing issues of inequality, disadvantage, and isolation, of funding and governmental commitment, and of long overdue societal change. Organisations shared campaigning initiatives around this, emphasising that short-term, emergency funding did not replace the need for long-term sustainable funding, resources, commitment and policy, for example: *“Welcome the government funding to support women involved in the sex industry, but acknowledge that more investment is needed, with a larger ringfenced specific amount to be available through other crisis & victim funds.”*

Finally, several organisations joined together in national sectoral collaborations to encourage a more effective government response, as illustrated by this joint statement by six leading women’s organisations addressing violence against women and girls:

*Before COVID 19, specialist VAWG services were existing on a shoestring, unable to meet demand for help. Whilst the UK government has delivered emergency funding for the VAWG sector over the past year, it has been*

*piecemeal, fragmented and unequal. In some areas, it took months and numerous different complex funding streams to deliver, and was severely challenging for life-saving frontline services to access at a time of crisis. There was no ringfence on funding for services led by and for Black and minoritised women, Deaf and disabled women, and LGBT+ [DV] survivors, who face the most severe funding challenges and often required major adaptations in order to work remotely.*

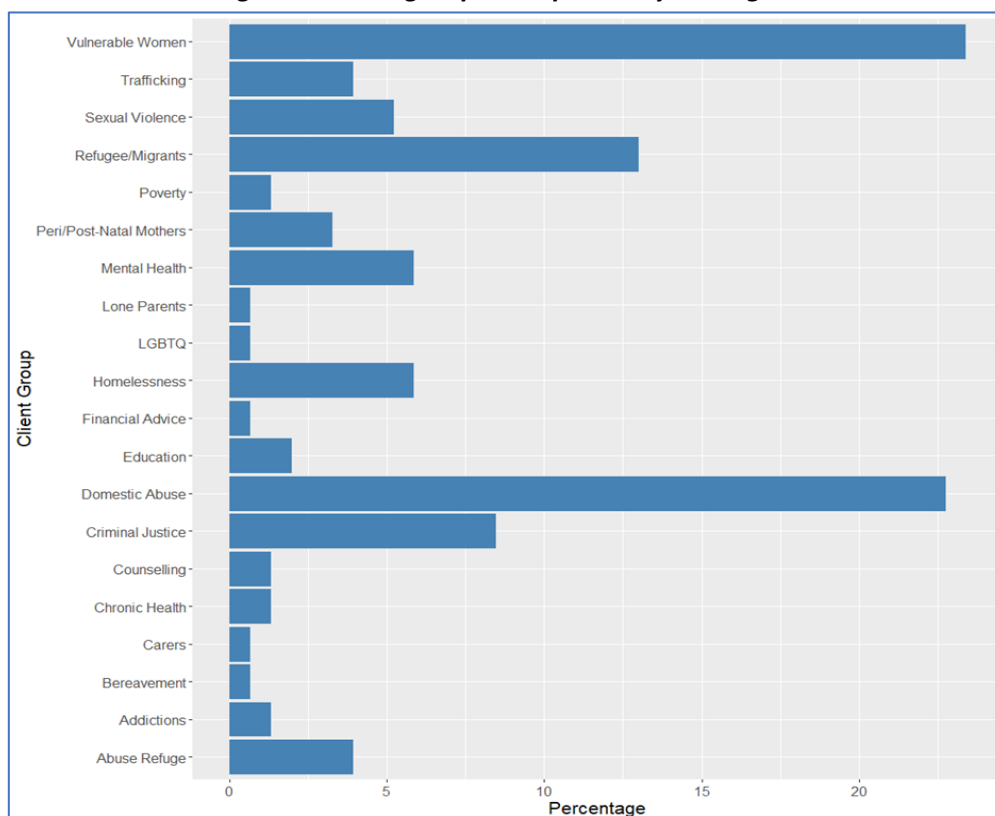
Again, such campaigns illustrated the exacerbation of pre-existing intersectional inequalities by the COVID-19 pandemic, including the lack of focused policy and resources to address these.

## Chapter 5. Key Findings from the Online Survey

The [online survey](#) targeted at manager/supervisors aimed to address project objectives by: determining how combinations of organisational challenge in service provision and client need during Covid interacted to change service demand and delivery; and detailing the impact of Covid-induced challenges on the welfare of workers and on the efficacy of service delivery. The survey was launched in January 2022. At this time, some Covid suppression measures were still in place; many staff remained working from home, and cases of Covid were still very high in the UK, with high levels of staff absence across sectors. Initial invitations to participate in the survey were sent out by email to the 979 organisations identified during the desk-based review. Reminder emails were sent to the same contact list on five occasions throughout February and early March 2022. Survey links were also shared via the project website and Twitter account. The survey was closed at the end of March 2022 and resulted in a total of 153 fully completed survey responses, representing a 15.5% response rate. This is fairly low by usual standards, but represented a wide range of organisations, and it should be noted that it was conducted at the tail end of the pandemic when organisations were still operating with high levels of service demand and reduced staffing. As became clear from the later interviews many organisations were in the midst of ongoing change and challenge, and hence time was very tight.

Surveys were completed anonymously. In addition to descriptive statistics, the analysis utilised tests of statistical inference and measures of association to discern whether certain features of organisations and the challenges they experienced were associated with particular outcomes. Efforts were made to understand: (1) whether organisational characteristics were implicated in the experience of pandemic-related impacts on service delivery; (2) whether organisational features and challenges presented by the pandemic were associated with negative outcomes for staff wellbeing; and (3) whether the procedures managers used to identify and manage stress changed pre- to post-pandemic.

**Figure 1. Client groups as reported by managers**

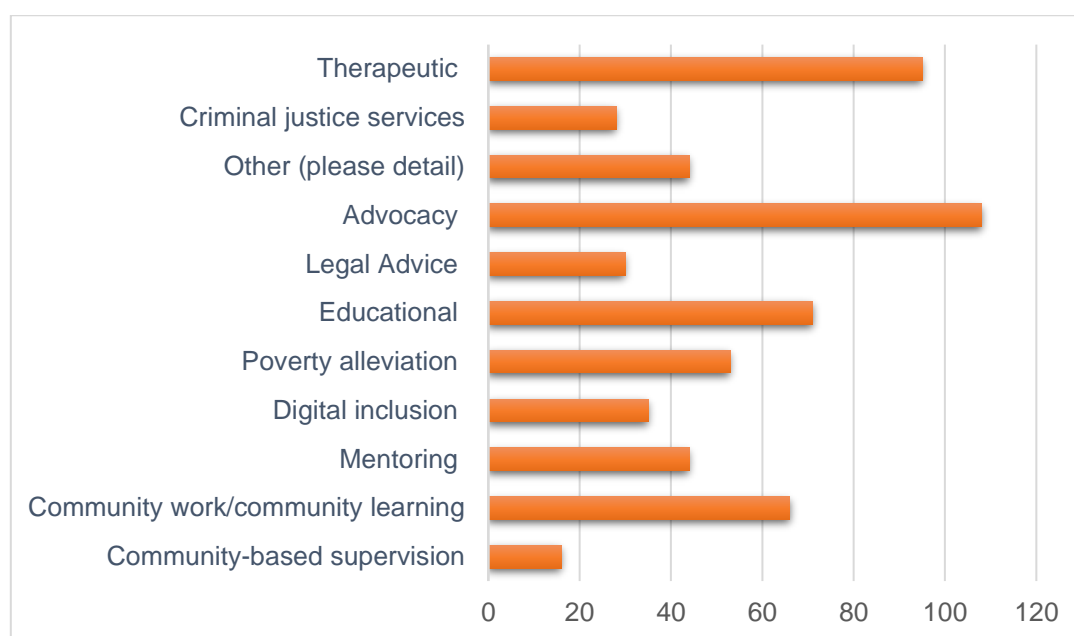


Almost all (99%) of respondents identified as female. More than two-thirds described their role as organisational lead, manager or supervisor; 8% were team leaders, whilst 15% said their role also included front-line work. The remaining 10% described their role as ‘other’ – such as manager of a specific project, or a service delivery role with some team leader responsibilities.

Thirty-two per cent said their organisation works at a national level, either UK-wide or nationally within Scotland, England, Wales or Northern Ireland. The majority (88%) stated they worked for a charitable organisation, with a small number working within social enterprise or community interest companies (6%), public sector organisations (2%) and community groups (2%).

As can be seen from Figure 2, a wide range of different types of services were delivered, from therapeutic services, advocacy and mentoring through to community learning. The most frequently reported client groups were ‘vulnerable or disadvantaged women and girls’ (23%); those subjected to domestic abuse (23%), and refugees, migrants and asylum seekers (13%). Eight percent delivered services for criminal justice-involved women; 6% were housing or homelessness services, and 6% supported women with mental health conditions or neurodiversity. The client groups that were least frequently mentioned included LGBTQ+ individuals (0.6%), women needing financial advice (0.6%) and women experiencing loss or bereavement (0.6%).

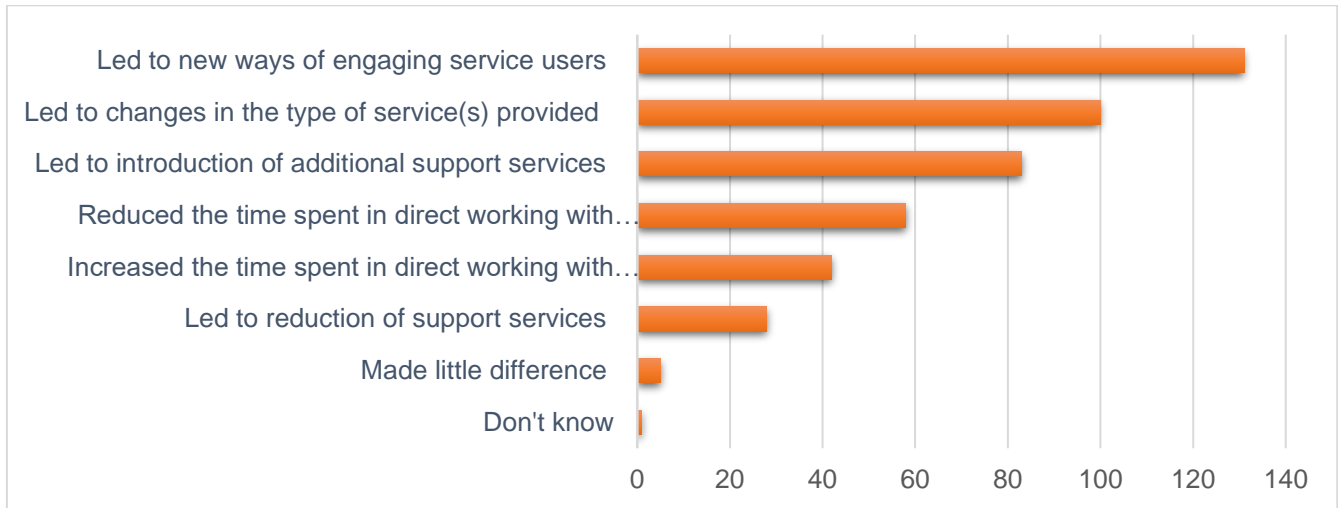
**Figure 2. Nature of services or support offered.**



## 5.1 Impacts of the Covid-19 pandemic

The findings highlight the significant impact that the Covid-19 pandemic and its associated restrictions had on organisations that deliver services to marginalised women and girls. More than 80% of respondents reported that demand for services delivered by their organisation had increased since the pandemic began: 52% described this increase as ‘significant’. Less than 5% reported a decrease in service demand. In addition, three quarters (76%) stated that the pandemic had affected their organisation’s ability to meet some or all of its planned work and objectives.

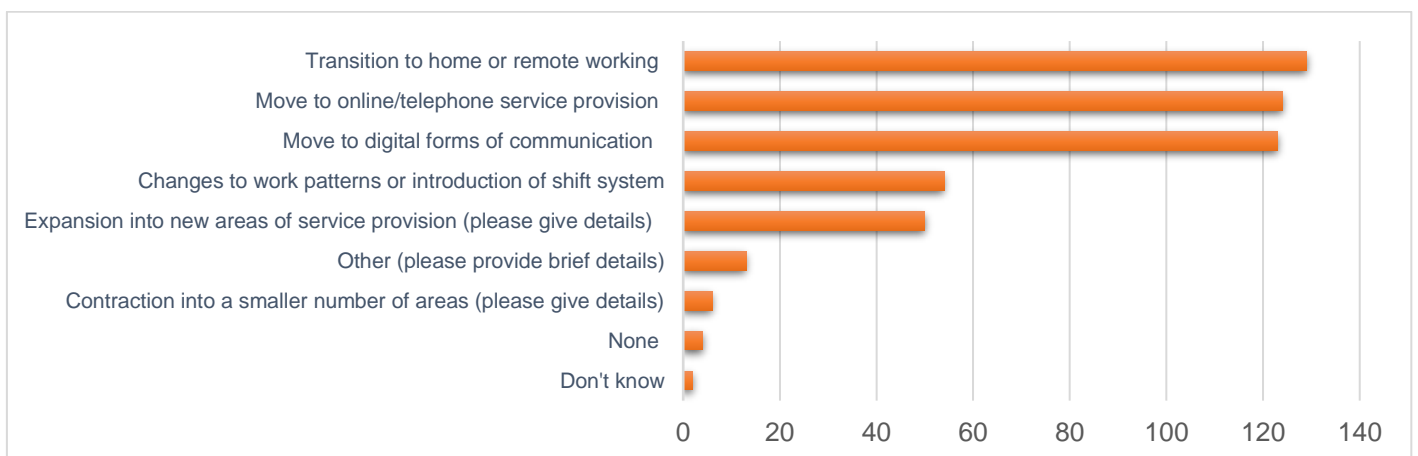
**Figure 3. Impact of lockdown measures and restrictions on service delivery and work with service users**



However, responses to the survey suggest that organisations showed a significant level of adaptability in response to the pandemic. As shown in Figure 3, this included the introduction of new ways of interacting with service users, new and additional support services and changes to the types of services provided. A small number of respondents (n= 28) had to cut back or reduce the support services offered. In terms of time spent working directly with service users, some organisations were able to increase direct interaction, although most reduced direct contact. This could potentially be explained by the variety of services offered by these organisations and their ability to adapt these services towards remote or socially distanced ways of working.

As shown in Figure 4, most organisations (n=129) transitioned to home or remote working. Most also moved towards digital communication and online/telephone service provision. Just under a third of all respondents said their organisations had changed working patterns for staff or introduced shift systems. Many organisations had expanded into new areas of service provision since the pandemic began (n= 50), while a very small number(n=6) contracted to focus on a reduced number of services. The vast majority (84%) of respondents said that some or all the changes made to service delivery by their organisation in response to the pandemic had been made permanent, in particular the transition to home, remote, or flexible working and an increased emphasis on online service delivery.

**Figure 4. Changes and adjustments to the organisation as a result of Covid-19**



The survey allowed participants to select a range of options for describing changes to staffing levels and hiring procedures in response to the pandemic. Responses to the survey suggest a mixed picture in terms of changes to staffing within organisations, as highlighted in Figure 5 below.

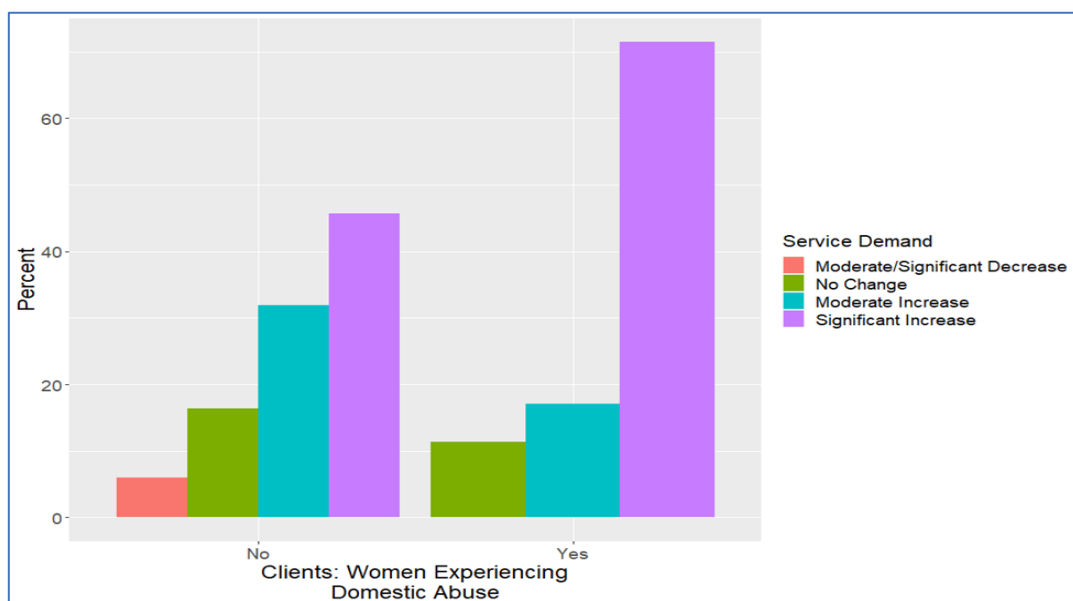
**Figure 5. Staffing changes during the Covid-19 pandemic**



Very few participants reported that the pandemic had led them to make staff redundant (n=9) or freeze recruitment (n=12), but just under half (n=77) reported that their organisation had hired new staff or volunteers since the pandemic began, while a significant number had to reduce their staff numbers consciously or experienced a reduction in volunteer numbers. Some organisations placed staff on furlough or redeployed existing staff into different roles. A significant number (n=34) reported no changes to staffing.

**Changes to service demand:** Most organisations reported increases in demand for services during the pandemic, although for some this was after an initial lull. Changes were most marked amongst those organisations delivering support to women subjected to domestic abuse. Figure 6 shows that 71% of managers delivering service to women subjected to domestic abuse reported a 'significant' increase in service demand; 17% reported a 'moderate' increase, 11% reported 'no change'. In contrast, among managers whose organisations did not cater for women subjected to domestic abuse, just under half (45%) noted a 'significant' increase and almost a third (32%) reported a 'moderate' increase.

**Figure 6. Changes in service demand by organisations delivering services for domestic abuse**



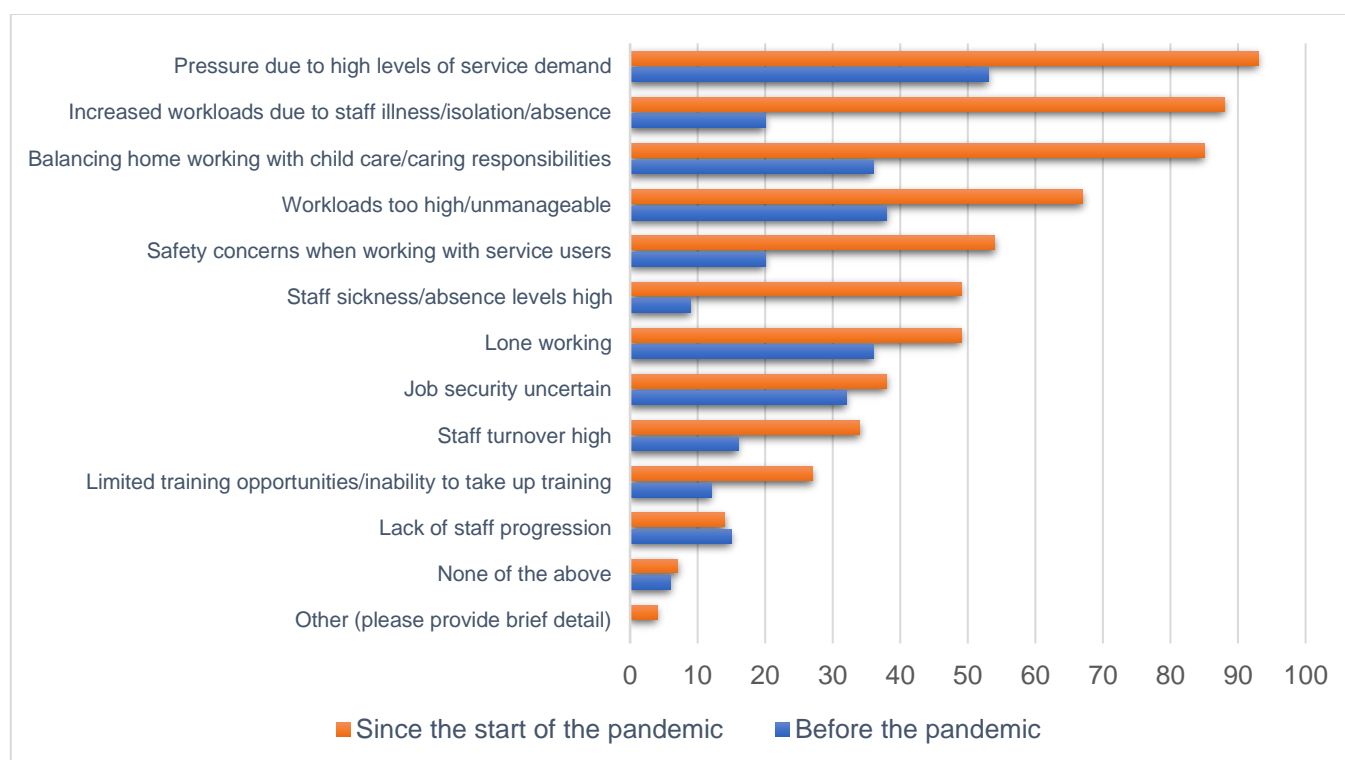
## 5.2 Staff wellbeing during the pandemic

Respondents were asked to characterise the impact of the Covid-19 pandemic on the day to day working lives of staff within their organisation. Over half (57%) described this as ‘negative’, while a further 9% characterised it as ‘very negative’. Thirteen per cent reported no noticeable impact, and 21% described the impact as positive. This is related to a number of positive changes and innovative practices that were introduced during the pandemic and which are explored below.

Respondents were also asked to assess the impact of the pandemic on staff wellbeing: over two thirds (67%) described the impact as ‘negative’, with a further 10% classifying it as ‘highly negative’; 13% reported ‘no impact’, and; another 10% described a ‘positive impact’.

Figure 7 shows that even before the onset of Covid-19, managers/supervisors already had significant concerns about a number of work-related factors affecting the wellbeing of their staff. Almost all of these concerns have increased since the pandemic began. Prior to the pandemic the main concerns related to pressure due to high levels of service demand and workloads that were considered too high/unmanageable. The number of respondents selecting these as concerns since the pandemic began increased by 75% and 76% respectively. Balancing work with childcare or other caring responsibilities was already a concern for almost a quarter of respondents prior to the pandemic and appears to have increased significantly, with 55% listing it as a concern since the pandemic began.

**Figure 7. Work-related and staff wellbeing concerns before and since the beginning of the pandemic**



Concerns which increased most significantly since the pandemic began related to high levels of staff sickness/absence (a huge 444% increase) and increased workloads due to staff illness/isolation/absence (a marked 340% increase). There was also a significant increase in concerns for the safety of staff when working with service users (170% increase), presumably due, in part, to the increased risk of contracting Covid-19. Other pre-existing concerns which also increased during the pandemic, but from lower base levels than the other factors, included high staff turnover (112% increase), limited training and staff development opportunities (135% increase), lone working (36%); and lack



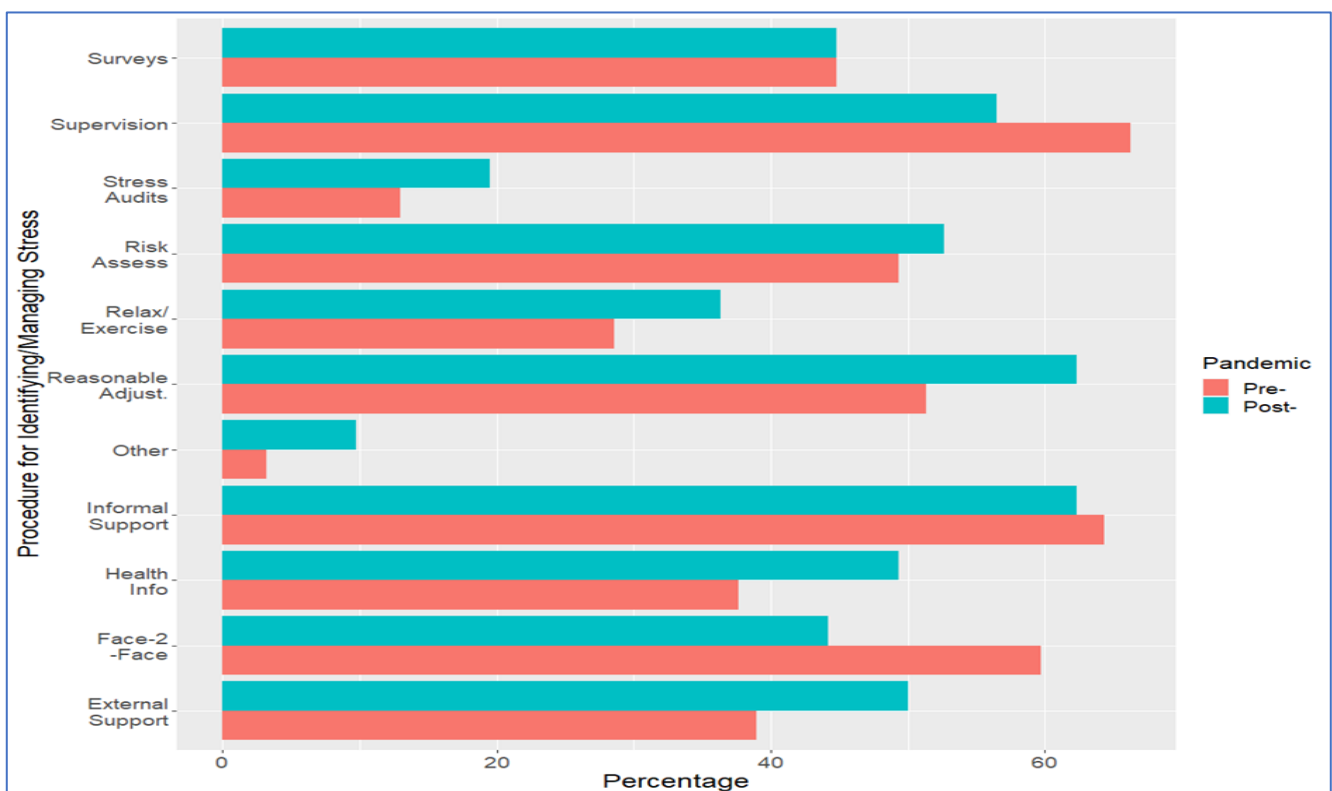
of job security (18% increase). Concerns about a lack of opportunity for staff progression remained stable, although this must be balanced against the fact that a feature of work in this sector is the limited opportunity for promotion.

Respondents identified factors which were experienced as significant challenges experienced by staff in their organisation since the pandemic began. The main challenges identified were: heightened concerns for service users; reduced contact with colleagues and supervisors; increased isolation and loneliness; home working; poorer mental health and wellbeing; childcare and other caring responsibilities; online/digital working (e.g. lack of technical knowledge/support/other barriers). Other challenges included the loss of neutral spaces to work with service users, restriction of movement (of staff and service users), increased economic hardship, and poorer physical health.

In terms of staff wellbeing, managers who reported having some staff from an ethnic minority background in their organization tended to perceive more negative impacts of the pandemic on staff wellbeing, although the reasons for this association are not entirely clear.

Respondents were also asked to describe what procedures their organisation used to manage and identify stress among their workforce prior to and following the COVID-19 pandemic. Figure 8 plots the percentages of managers reporting a given procedure for managing/identifying stress pre- and post-pandemic. There is a fair amount of variation in the procedures that were used by managers: the most widely utilised procedure pre-pandemic was supervision (66%), followed by informal support (64%) and face-to-face support (60%). However, under post-pandemic conditions, supervision was no longer the most commonly used procedure; rather, both informal support (62%) and implementing reasonable adjustments (62%) were the most widely used procedures. Similarly, fewer managers (44%) reported using face-to-face support, a change most likely attributable to social distancing guidelines.

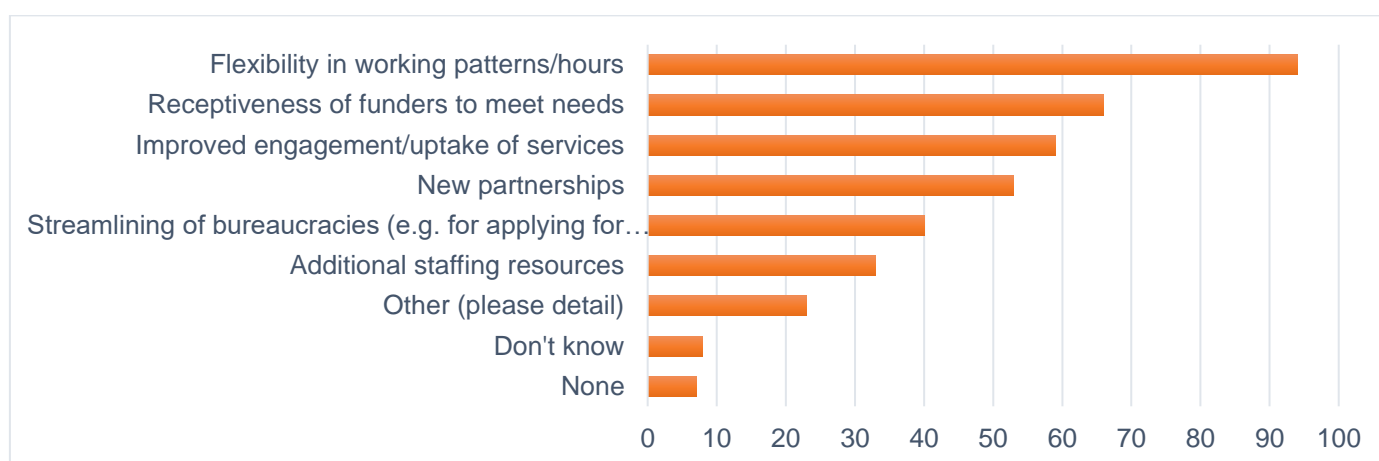
**Figure 8. Percentage of manager reporting procedures for identifying/managing stress in workforce pre- to post-pandemic**



### 5.3 Positive changes and innovative practices

While it is clear that the pandemic had significant negative effects on organisations and staff, three quarters of respondents (75%) stated that the pandemic led to changes they would consider to be positive for their organisation and staff. As can be seen from Figure 9, improved flexibility in working patterns/hours was considered a positive development by three fifths (61%) of respondents. More than two fifths (43%) considered funders were receptive to meeting organisational needs, and over a third said their organisation had seen improvements in uptake for their services since the pandemic began. Other positive changes to ways of working included new partnerships, streamlining of bureaucracies, and additional staffing resources.

**Figure 9. Positive changes since the start of the Covid-19 pandemic**



Initiatives aimed at improving staff wellbeing included: recognising the need to ameliorate some of the negative effects of working through the pandemic. Over half (57%) of respondents reported that their organisation had introduced new initiatives or processes aimed at improving staff wellbeing.

### 5.4 Summary

The online survey captured views from a wide range of organisations, delivering diverse services to women and girls. The findings highlight the significant impact that the Covid-19 pandemic and its associated restrictions had on organisations and staff within them. Lockdown and social distancing led to home or remote working, which in turn led to changes in work patterns, and there was a move towards digital communication and online/telephone service provision.

Increases in service demand during the pandemic were reported across organisations, but with the biggest increases reported by those working to deliver services to women subjected to domestic abuse.

Managers reported having concerns about the wellbeing of their staff prior to the pandemic, in particular increases in service demand and associated high workloads. These concerns increased markedly during Covid. The strategies managers used to identify and manage stress also shifted pre- to post-pandemic, with a greater emphasis on using reasonable adjustments, external support, mental health information and other methods, while making less use of face-to-face support and structured supervision and mentoring. Provision of mental health information and access to external sources of support also increased during the pandemic, as did the use of risk assessments and stress audits to capture information about staff wellbeing.

## Chapter 6. Working through Covid: Insights from the first round of qualitative interviews

*The day that I stop doing this ...that is the day that I need to give this up because I will always, always care. I will recognise that I can't save them and unfortunately, I can't go back and change what it is that has happened to them to have led them down that path in the first place. But if I can I will make sure, as much as possible, that they are okay. (027f, Criminal justice)*

In this chapter we present findings from the first round of interviews, which took place over early spring and summer of 2022 when some Covid suppression measures were still in place following the arrival of the Omicron variant. The interviews aimed to determine the impact of increased individual, organisational and structural challenges upon the personal welfare of women workers caused by Covid and, how this might affect the efficacy of service delivery. Interviews also explored how processes of psychosocial distress may manifest in the personal and professional spheres of women delivering support services.

Interview participants were gained through a variety of methods: our Project Advisory Group assisted in disseminating calls for interview participation through their networks; respondents to the online survey were asked to provide email addresses if they were willing to be contacted for an interview, and; calls for participation were advertised widely through social media and the project website.

Interviews were conducted with 94 participants, drawn from 66 organisations across the UK variously delivering therapeutic, advocacy, specialist support and practical services, including to LGBTQIA+, minoritized ethnic, and other marginalised communities. Most worked holistically with service users, addressing more than one issue (e.g., homelessness, substance misuse, victimisation, poverty). Many focused on supporting women and girls affected by gender-based violence (rape and sexual assault, domestic abuse, honour-based abuse; financial abuse); the criminal justice-involved (e.g., former prisoners, probationers, and those considered vulnerable to criminal justice involvement); and those struggling with mental health issues. The services that they delivered included helplines, mentoring, resettlement, dedicated longer-term advocacy support, housing, legal advice, skills development and refuge provision.

As Table 1 shows, 57 of the 94 participants were in managerial positions, although the majority (47) retained/had recent experience of frontline duties.

**Table 1. Numbers and role of interviewees, 1<sup>st</sup> round of interviews**

Interviews	Frontline workers	Managers/supervisors		Other (e.g. research, training & development)	Total interview participants
		Managerial/supervisory role only	Managers/supervisors with frontline experience (current or recent)		
1 <sup>st</sup> round	33	10	47	4	94

Interviews were transcribed and analysed using NVivo 12 qualitative data analysis software and calibration exercises ensured inter-rater reliability (Bryman 2016). Findings were organised to create domains of inquiry, according to individual, organizational, and structural experiences and effects of the work. Theory-driven latent content analysis - from perspectives of clinical traumatic stress, women's work, organisational behaviour, and other psychosocial constructs were used to interpret data, with close attention paid to the women's voices. The key themes arising from the interviews are described in the following sections.

## 6.1 Motivations and reasons for doing this work

Interviewees referred to their personal values, positionality and experiences as powerful reasons for drawing them to work with marginalised and socially isolated women and girls. Key here was a desire to “help others” or “make a difference” to women’s lives:

*My attitude is, [women] walk in with their heads down looking all stressed, but then walk out with their held up, and a smile on their face. And I think, if I’ve done that, then I’ve done my job. (006f, Social inclusion)*

Around a third (n=30) spoke about their own lived experiences of marginalisation, disadvantage or abuse and/or had close members of their family with experiences similar to those who they were supporting. This was particularly the case for those working in the VAWG sector:

*My motivation for working with women is I’m also a survivor of gender-based abuse, specifically economic abuse. So when this role came up I thought oh my goodness, this is philosophical. There was no one to help me. I will make the help. So it felt like a bit of serendipity for me, and yeah, the role’s really exciting. (008t, VAWG/Financial inclusion)*

*I did experience domestic abuse when I was a child, in my family of origin, so part of me does wonder how much my subconscious decided. And even if it wasn’t a conscious decision that I want to work in domestic abuse, now that I’m here, it feels very much like I’ve found my niche. (036m, VAWG)*

These personal experiences acted as intrinsic motivation not only to engage with the work in first instance, but equally to continue it despite its challenging nature. As one participant commented her “battle scars from life” (003mf, Mental health) have given her strength, resilience and deep appreciation of the challenges many women face. Such experiences bring a depth of understanding of experiences and emotions of women and girls and are considered to provide many of the skills required to handle the difficulties associated with this work (as discussed in more detail in Chapter 8). For instance, as in the following quotes from a frontline worker and a manager:

*I am a survivor of domestic abuse, I was 17, I was really young in a really very violent relationship, developed PTSD, and that went on for 20 years, even though I left after three years he continued to harass us for 20 years. So I have an understanding of what it’s like to be a woman with children, just fighting to be heard, fighting to understand what’s happening, and not getting really anywhere with services. (041f, Children & Young People)*

*And also, I think, in terms of emotional damage on myself, so I’ve got two theories on that. .... So, one theory is that I grew up in an emotionally dysfunctional household. (...) So, that actually is incredibly useful at work. Because you can be in a situation where you don’t actually enjoy everything about it, but because I’m used to it, to me, it’s just...it’s given me a lot of resilience. I don’t expect life to be happy and wonderful all the time... (005m, Housing/Homelessness)*

Interviewees also spoke about their strong sense of social justice as motivation to work in this sector:

*I think what really propelled me in this is just a very innate and very endless... a very passionate belief in social justice. Honestly, about community solidarity, about platforming young peoples’ voices, platforming voices in services, seeing a lot of systemic violence I think had a really big impact on that. (045m, VAWG)*

*So I suppose we've got a strong commitment to social justice and levelling the playing field, so there is a real commitment to that that goes alongside [colleague's] lived experience as somebody that was herself excluded from school and came from a situation of disadvantage and overcome that... (039m, Arts & Inclusion)*

Linked to a sense of social justice and the desire to help women improve their lives, several interviewees described themselves (and their organisations) as having a 'feminist ethos', of having a strong awareness of the causes and impacts of gender inequalities, alongside a strong political awareness of the structural inequalities to which many women are subject, all of which motivated them to work in the sector:

*From a really early age I was very interested in equality, so part of very early feminist movement, very strong interest in gender, and when you begin to look at inequality, you realise there are many forms of inequality. My driver is the belief that everybody is born equal and deserves equal access to life, and I believe that people who experience a positive, supportive, successful childhood have the resilience to support this area of work. (011m, Children & Young People)*

## **6.2 Ways of working: kindness, empathy and trauma-informed care**

The motivations and ideologies described above translated into an ethics of care and kindness, where empathy and compassion were considered key requirements to do the work well. A common theme was the importance of showing kindness, respect and understanding and creating nurturing and supportive environments for service users.

*And people often describe [organisation] as radical, but it's not, it's just a place that expresses love openly and eradicating judgement as much as we can. But that is quite radical in this day and age, I think. (025mf, Women's Centre)*

That said, reflecting established practice in models of working productively with women and girls (Batchelor and Burman 2004; Rungay 2004; McIvor 2007; Gelsthorpe and Hedderman 2012; Brown and Gelsthorpe 2022, Crowley, 2021), interviewees highlighted the need to build meaningful relationships and sustain close engagement with service users to ensure the success of their support/intervention, as the following quotes illustrate:

*So, you know, it's building that professional relationship as well as also making somebody feel like somebody does actually care about them. (067m, Adult social care)*

*So, my every day is, it's so different because the needs of each lady and each case is so different. Basically, I get assigned a case and then we kind of have to go through a needs assessment process, which is different for any every individual, of course. And then it's kind of just establishing what that lady needs from the service, so we can work in a collaborative way, because that's the nature of [organisation]. (021f, Criminal justice)*

Building trust is considered a key component for the fostering of strong relationships working with women, and interviewees spoke of the need for honest and authentic exchanges, which include being realistic about what support can and cannot be provided:

*We will agree, we have to put some agreements in place before we start a piece of work because things can and do often become much bigger than you initially think. We set out with any survivor who is having a continuing service from us terms of business. Before we start the work, we agree that we will do with you X, Y and Z. That doesn't mean to say that if something else comes up we won't help with that but it is just so everyone has got a bit of a clearer idea. Previously we didn't tend to work on that model, we just took things on and then sometimes it feels that there is no end and it doesn't work that way. (014m, VAWG)*

*We cannot change 14 years of abuse. All we can do is be a consistent, loving, compassionate relationship that may give [service users] a few tools to help cope with it, but we can't change all of that. (011m, VAWG)*

Some interviewees, particularly those with lived experience, spoke about their use of self-disclosure as a means of building trust. There was, however, also a recognition of the need to strike a balance within these supportive relationships, to prevent the erosion of boundaries and the creation of dependencies. As one explained:

*I think my main concern of closeness is just trying to avoid any kind of dependency over a six-month period in which we can extend it if needs be, but it's usually it's just to be kept within that. So its trying to get that balance... (021f, Criminal justice)*

Given the often-complex nature of service users' needs and their experience, participants emphasised the importance of flexibility as a key principle. Within certain boundaries, this allows workers and organisations to be guided by and responsive to service users and their needs.

*...we need to be very flexible and very open minded how to support residents, because it's about them and we need to, together, work out what is beneficial for them and how we can support them, it's not the other way when I tell residents what support they need, it's they tell me what they need and we make it work. (001m, VAWG)*

Whilst virtually all described their workplace and ways of working as 'trauma-informed' there was little consistency in how this was defined or explained. Interviewees spoke variously about the need to create and maintain a working environment with service users that is perceived by them as "safe"; others spoke about the need to provide opportunities for service users to (re)gain a sense of competency and achievement. Somewhat relatedly others, particularly those working with criminal justice-involved women and girls, spoke about the need to instil "predictability" in lives which were often chaotic and without structure; this was considered best achieved through setting up schedules, structures and routines to help women "gain control" and regulate their behaviours in more productive ways. The variety of ways in which interviewees spoke about their trauma-informed work is both testament to the ubiquity of trauma-informed discourse and approaches in this sector but also highlights the different understandings and ways in which this is put into practice.

### **6.3 Exposure, costs, and consequences of the work**

Both frontline and managerial staff reported being very upset by challenging or distressing incidents involving their service users and relayed numerous distressing examples of death, loss and harm told to them which they found difficult to forget, even several years later.

*So, I think fundamentally the job is very challenging, so you fall in love with girls and then they die (...). We've lost about four ... since I've been here, so that's one a year. (011m, Children & Young People)*

*It does take its toll, especially when we had a woman died quite recently and she'd been one of our volunteers, and that was domestic abuse, but she'd taken her own life. That was really upsetting because I rang the ambulance for her, I spoke to her on the phone, and she was discharged straightaway, and was found dead a couple of days later. (044mf, Health & Wellbeing)*

Without undermining those tragic events, those with more experience tended to describe how dealing with distressing accounts from women became "easier" over time; the accumulation of experience often meant that hearing women's testimonies of trauma became normalised or "contextualised" as an inevitable part of the work.



For the most part however, interviews starkly revealed the ways in which working closely with those who have experienced trauma has a demonstrable emotional impact.

***Emotional impacts and 'emotional labour'***: There were numerous and quite visceral descriptions of the heavy physical and emotional toll caused by the intense and demanding nature of the work, which in turn translated into both psychological/emotional and physical impacts, such as physical exhaustion, sleeplessness, stress, and relationship difficulties:

*I mean I think that sometimes it stays with me, you know, words that people use or phrases or, you know... I mean sometimes you'll have people who just cry for, you know, 20 minutes and there's something about having the endurance just to be with that and not try and fix it because you can't. All you can do is be one human being with another. I do think that the human aspect of it is why I am who I am and I think that that does, at times, mean that I can be very, very, I'll just say it, knackered emotionally. (003mf, Mental health)*

*I always say, I love my job. It's really fulfilling (...) but it's emotionally the most draining and challenging job I've ever had. (056f, Women's Centre)*

The emotional and physical exhaustion of staff was linked to the complexity of service users' situations, their (often) multiple vulnerabilities, and the frustrations with the ineffectiveness of broader social systems and entrenched inequalities. Whilst frontline workers were particularly affected by exposure to service users challenging and often traumatic experiences, managers too discussed the costs and consequences of the work both on their staff and on themselves:

*It affects me less now because I am not on the front line. It affects me more because I am trying to support the workers through it. It is hard going emotionally, you are hearing about some of the worst experiences people can ever go through. Then to be frustrated by issues with statutory agencies that should help. (014m, VAWG)*

There is little doubt that this work is experienced as both hard and emotionally charged, which requires both empathetic engagement and 'going beyond' whilst at the same time requiring workers to suppress their emotions when interacting with service users in order to achieve professional goals. Hochschild (1983) termed the regulation or management of emotional expressions with others as part of a professional work role as 'emotional labour', whereby workers – mainly those on the front-line – work to modify their inner emotions. Interviewees spoke extensively of the painful labour of endeavouring to suppress and manage their emotions to avoid compromising their ability to do their job, although the challenges of doing this effectively were highlighted by many. They spoke of how they 'prepare themselves' before going into work or before meeting with particular service users. These ranged from small rituals of preparation to taking some brief 'timeout' between interactions. This can be exhausting when done repeatedly through a working day and is often emotionally costly:

*If a service user is telling me about her story and I start crying ..., then it's not good for her. So, I need to...and I encourage my team also ... to work on that. And when something is particularly difficult ... how we bounce back from that difficult situation, that difficult story that we've just heard, how we, kind of, recover from that as a kind of, more focus, we need to provide support. So, it's really tricky to protect your emotions, but also to present, not as a machine to the service users, to provide them with the emotional support as well. (001m, VAWG)*

*Crying in front of clients is generally, I would say, a no-no. If somebody's telling you something quite emotional and things, you have to kind of be very distant from that situation. Because if somebody's telling you something and then they burst into tears, you're either going to shut down because you think, oh well, I'm upsetting somebody else now, I'm not going to tell them anymore of my story, or they're going to go, well they can't handle*



*what I've already told them, so I'm not going to fully explore, and you run the risk of a client then shutting down and not telling you anything else. (060f, General advice)*

**Levels of exposure:** A common theme that emerged in interviews was the very high workloads that many staff carry. Both managers and frontline workers described operating within overwhelmed services, having to handle large caseloads, and working over their contracted hours, at night and over weekends with little respite. This entails listening to individual service users recount their victimisation; reviewing case files containing harrowing information; hearing about or responding to the aftermath of abuse, bereavement, loss or other traumatic events day after day after day. There was a shared understanding that, due to service users' inter-related needs, it was frequently impossible to keep work confined within a set schedule, particularly but not only during Covid-19.

*And I think sometimes you can't finish...you can't just work nine till five. You have to be flexible with your hours and if you haven't got that flexibility in your personal life, that can add to the work stress. (076m, VAWG)*

*This is part of my...that's my work, I focus...I do everything possible when I can. If I need to work at home at night I do because for some complicated cases I can't do it during the day when I can't focus because there's a lot of distractions.. (008t, VAWG/Financial inclusion)*

The length or intensity of exposure to trauma and traumatised service users is recognised as a key precursor to work-related trauma (Schauben and Frazier 1995). Interviewees variously reported 'feeling numb' or 'overwhelmed' by the relentlessness of their workloads and the exposure to others' situations of marginalisation, trauma and vulnerability. It was common for frontline workers to be unable to "let go" and "forget about things" as neither their concerns nor service users' lives were put on hold after working hours:

*Sometimes particular cases are particularly bad and you just can't switch off from them at all ... at the moment I might think there's nothing in particular, but then this afternoon there might be. I think there's always the feeling that someone might come in with something. (012mf, Refugee & Migrant)*

*But like two weeks ago when [a service user's baby] passed away, yes, that was really upsetting, I took that home with me. Who's not going to take something like that home (011m, Children & Young People)*

Managers also spoke about the inability to switch off, as in the following examples:

*Well, I suppose the only thing in these roles is that it always is incredibly busy. The big thing that I've had to watch out for is trying not to let it bleed into my weekends or evenings, and that's why I'm trying not to let...I'm trying not to hang on to things. But then it's so difficult, isn't it, because we work with such vulnerable clients, and there are obvious safeguarding things that come up. (036m, VAWG)*

*But I think there's always particular stories, particular clients who can get really get to you, if they've had really hard circumstances, or there's something that you've not been able to resolve for them that they were desperate to get resolved. I think that can be quite hard. So, I think it is...it's not the...I would say this is definitely not the sort of job where you finish at 5 o'clock and you forget about it. (059m, General advice)*

Frontline workers spoke of feeling responsible for their clients and the constant diary juggling in order to 'squeeze in' women into their busy schedules, and feelings of guilt when they were not able to do so immediately:

*I still feel that sense of responsibility there because of trying to... I feel guilty saying to a [woman], oh great, yeah, I can work with them but I won't be able to book them in for a week and a half. I feel very uneasy saying that.*

*Or .... I'm like, I'm really sorry, I'm booked out. I can see you a week Wednesday. I still feel responsible that I should be squeezing them in somewhere, and so there's that balance of listening to what my line manager is saying and not overbooking, but also that feeling of guilt if I don't see them. (002f, Housing/Homelessness)*

**Moral Injury:** A characteristic of the impact of this work on workers is that of 'moral injury' which results from actions (or the lack of actions) which violate one's moral or ethical code. According to Shay (2014), a sense of moral injury can occur in response to witnessing or hearing about behaviours or situations that go against an individual's values and moral beliefs. It became clear that many interviewees consider that many of their most vulnerable service users have been "let down" by statutory agencies over long periods of time which has, in turn, exposed them to greater peril. They described being in a constant state of anger and frustration caused by what they witness at work, particularly regarding the inequalities and oppression experienced by those whom they support:

*I think for a lot of colleagues and for myself ...I think the wider, the challenging very, very, challenging landscape of the work, specifically systemic failures, cuts to services, a lack of trauma-informedness amongst different services, maybe like social workers or police, etc. Seeing that systemic violence is absolutely...and seeing young people, women, not get the support that they so desperately need because of all those factors is definitely something I personally struggle with a lot. (045mf, VAWG)*

Numerous examples were provided by interviewees of circumstances and events in which their clients had been let down by what they considered to be the deep injustice and unfairness of the "system", be that criminal justice, social care, benefits, housing, or education:

*The system. The clients are never a problem, the system is a nightmare but that's why we're in it, you know, we deal with things that are nightmares and we deal with the stuff of nightmares in our world don't we in criminal justice. (004m, Criminal justice)*

*But what it brings most often for me now is frustration, anger, disbelief. It is more negative emotions towards the processes that should be in place (...) there are a lot of institutional issues that we come against every day in our job. (014m, VAWG)*

There were also many examples of service users struggling to get access to support they so desperately needed and the outrage and despair that caused workers:

*Especially when there's kids involved. Especially when women have been failed by the services put in place to safeguard them, yeah, that can be really frustrating. I think it triggers a lot of my own frustrations when I was a young kid going through really similar stuff, you know, it triggers a lot of why isn't anybody listening, why don't we just do this, why are these women being blamed for something that's not their fault, you know, why can't we just recognise the trauma and recognise...you know, a lot of work we do is with women with really complex mental health needs who find it difficult to engage with services, and because they find it difficult are often dismissed, when it's actually their trauma, it's their trauma. (044mf, Health & Wellbeing)*

Whilst funding cuts, austerity policies and a continuous lack of resources were acknowledged as manifestations of systemic failure, there was a deep and abiding belief that many vulnerable women are 'invisible' and not getting the help they require:

*Because we just end up ... we go round in circles when we're trying to get support for women from public services, it's a real battle. And that's one of the things that really upsets and distresses our staff team, that we have to fight so hard to get people really basic things .... (025mf, Women's centre)*

Relatedly, several interviewees observed that when women have support, it is either not the right support or not enough support:

*And there's incredibly vulnerable women out there that, we talk about it all the time, some with whom we work are incredibly vulnerable in just about every way you could be vulnerable and they're getting the most simple kind of support really. So, yeah, it's frustrating, it's definitely frustrating. (048f, Social Inclusion)*

These descriptions of morally injurious landscapes, where workers were daily witnessing and experiencing violation of their moral codes were common across all kinds of support organisations. Whilst working through Covid had intensified the anger and frustration, interviewees emphasised that the feelings of powerlessness and hopelessness about the situation of many of their service users predated the pandemic. For many, little had changed during long years of service.

*So many of these things are issues we've been talking about for literally decades. I know I wasn't one of the first to be looking at it, because all these people, have been looking at these for years before I ever got involved, and yet, I've been doing it for 30 years. (018m, Criminal Justice)*

*I guess, with this particular work, the systems that my clients are living in, I guess, the culture ....because I feel like I started [role] in 2008, and we're still in the same position, two women are killed each week, you know, the laws are still rubbish, the courts don't, I did a lot of court work, and that was the most frustrating thing ever, people experiencing secondary trauma from [agencies] they're dealing with, and being let down. (061f, Adult Social care)*

A sense of moral injury was also sparked by the perceived disconnect between the demanding nature of the work and the poor recognition of the sector (and its ongoing precarity). As one said, "How far can we stretch people who are holding up society, they're working with the most vulnerable in society – unseen, unrecognised, grossly underpaid" (011m, Children & Young People).

Once again, the pandemic and associated restrictions intensified these feelings, particularly when organisations found themselves overloaded and their workloads increasing even more by the slowing down of statutory support services.

*On a kind of professional service delivery level, I was beyond frustrated at the number of services who just closed their doors and went home, and staff were not working. You know, it was, oh we can't do this, you know, and this is too difficult. And I'm thinking, but women are facing even more dangerous situations, because you know, now, if a woman is separated from the abusive partner, he'd have no doubt where she was, because she couldn't leave the house. (007m, VAWG)*

## 6.4 The impact of Covid-19

When emotional labour and high levels of exposure are combined with bearing witness to traumatic experiences of past and current abuse, victimisation, cruelty, bereavement, loss, and abandonment, and where moral values and personal principles are compromised, the potential for psychological harm is increased. The additional pressures brought by Covid-19 significantly intensified the potential for psychological distress, where boundaries between work and the home were eroded and concerns about service users (and loved ones) worsened.

Following an initial lull in requests and referrals, most interviewees registered large increases in service demand, increased numbers of calls to helplines and increased waiting lists – and consequently larger workloads, with many organisations being forced to expand the scope of their intervention in order to meet service users' pressing needs.

*So, in 2020, everything closed for our women, everything. Or, if they didn't close, they withdrew to a telephone helpline. That is not sufficient to help women with multiple and complex disadvantages. It's not enough. It terrified our women and they were terrified we would close as well during the first lockdown. So, very quickly, within about 10 days, we had two suicide attempts and we had five attempts at really quite significant self-harm amongst our group of women. And we got together as a group of directors, and I said, it's obvious, within a short time, that everything is closing down for them. The mental health teams, they're all closing down. There's no counselling available, there's no social groups. They are in their homes, they are isolated. They are terrified of this pandemic. And I said, we're going to lose a woman if we don't step up. (017mf, VAWG)*

Lockdown measures increased the social isolation and some organisations, particularly but not only those providing mental health support, were faced with suicide risks and self-harming service users:

*I can't tell you the number of times we've had to work on protecting somebody from themselves, that they've tried to commit suicide in Covid. The incidence of that has gone through the roof, exhausting. It's exhausting to do it, so you may go out thinking you were you going to have a two-hour contact, and you have a fourteen-hour contact, because we won't leave somebody until they're safe. But sometimes we bring out the emergency services and we take them to their mental health assessment unit, who assess them as being fine, because they can't do anything for them, and just literally discharge them. (011m, Children & Young People)*

The pandemic had major effects on organisations' abilities to meet planned work objectives and workers had to adapt to major changes in the ways in which services were delivered which meant bringing the work and service users stories of trauma into their own homes. Like others working through the pandemic, many did not have a dedicated office space and had to work from bedrooms, kitchens or, in some cases, their cars, and it became increasingly difficult to set clear parameters of the work. This was accompanied by increased staff isolation, which resulted in an almost inevitable loss of an informal work support network:

*I guess keeping contact with people because, again, both with meetings and with the families that we support. You couldn't just go meet up, you couldn't go stop by and say, how are you doing? So there was this kind of I think everyone felt very isolated honestly. (022m, Children & Young People)*

The new models of working exacerbated persistent norms of overwork and expectations of availability creating conflict with domestic and unpaid caring responsibilities. While workers experienced difficulties in boundary setting even pre-pandemic, given difficulties in separating themselves from their work and their services users, many found themselves bringing the challenges, frustrations, and trauma of their service users into their homes and family lives. Importantly, these had to be managed alongside increased concerns about service users, for example, increased risk of victimisation during lockdown and lack of access to support, as well as concerns for themselves and their families.

*Isolating and isolated with no support, and you don't...you can never underestimate the benefit of the support you just get from going to work, doing it, having a chat, having a coffee, stopping for a walk round the block, we do that in this office, and not having anything, and being neglected by us. Now, we think that we tried to keep in touch with staff, but now we know it wasn't to the level they needed. (011m, Children & Young People)*

The availability of 'spontaneous' or 'informal' support – from peers and managers – was significantly hampered during the pandemic. This was particularly challenging for those who commenced their job at that time and considered themselves deprived of opportunities to build a professional support network as a buffer against the exigencies of the work:

*I think being present is important. So, I think Covid has brought about the challenges that way, because a lot of people do work remotely in our organisation. There are some people who come into the office all the time, some people who've never set foot in the office anymore, and then there's the hybrid ones. But I think the most difficult people are the ones...to connect with are the ones who've started during Covid and who work from home. We've got quite a few members of staff now who I've never met, and until 2020, that was never the case, you knew everybody, even if just from saying hello in the corridor. (059m, General advice)*

The move to home-working and online digital platforms required new ways of interacting with service users and introduced uncertainty for staff. The need to (re)adapt to changing and often unclear guidelines, intensified concerns for service users' wellbeing and the cumulative effect of such instability took a toll. The online survey revealed that managers main concern pre-pandemic was the pressure placed on their staff due to high levels of service demand and unmanageable workloads. These concerns increased through the pandemic, as workloads grew higher and were exacerbated due to staff illness and increased caring responsibilities. At an organisational level, there were also concerns around compromising collaborative work and organisations becoming further isolated.

The pandemic also brought increased financial struggles for organisations, workers, and service users, adding to an already uncertain landscape. While some interviewees described support from funders and trustees, others saw themselves struggling with short-term and/or quick turnaround emergency funding which was described as draining resource. Staff not only had to expend valuable time drafting funding applications with tight deadlines but had to spend funds quickly within pre-defined time periods and justify that expenditure in detail. It is important to acknowledge, however, that for some organisations Covid provided a period for rethinking and reconsideration regarding longer-term sustainability.

## **6.5 Psychological distress**

The potential for psychological distress due to the nature and intensity of the work was widely recognised:

*I think it has, it took me a wee while to fully understand the impact of the role on me personally, it could be at work you can hear a lot of really traumatic stories, a lot of...you can hear a lot and you can witness quite a lot of really horrible situations and things and you've got that professional boundary there. So, it's like a wall but you're not understanding, suddenly I've become much more emotional in my personal life, things that I used to be able to deal with, I would just burst out crying for in my own life. I had it pointed out to me that the emotions are going somewhere and that's into my personal life. (015f, Criminal justice)*

*Sometimes it's the...it's not necessarily that [workers] have heard about a traumatic thing, but it's almost...it's like the transference of very negative emotions. Feelings of hopelessness and despair can get passed on in a session, and then, you have the mental holding of those feelings. So, it's then about how do you pierce through that? (036m, VAWG)*

For some, the high levels of stress associated with the work led them to consider leaving:

*Yes, personally I think also I want to move away from trauma. I think there is...I just can't, I don't want to do it anymore. I really don't want...I think proximity to the trauma has had an impact on personal relationships, it has had an impact on...I am a heterosexual woman, it has had an impact on my feelings of safety around men sometimes, unfairly as well, I am going to be honest. It has an impact on capacity for friendships and, as I was saying before, you take a lot of this home. It is hard, it is really, really hard to separate and to leave that within the workspace and go home. Especially with poor pay and high stress, it becomes really hard to balance. Yes, I*

*think myself and my colleague actually are very, very, very deliberately choosing to move out of frontline services for those reasons. (045mf, VAWG)*

A considerable number considered psychological distress to be inevitable - a 'normal' or 'expected' response to working closely with traumatised victims and/or repeatedly hearing and seeing the effects of trauma. However, several managers held the view that some workers were more 'prone' to experiencing distress, and that this was dependent on individualised abilities to handle testimonies of trauma. For example:

*Because what I find is, some staff members are better able to deal with the trauma than others, you know. And I think that's, sometimes it's a character, and it's a personality thing ...I describe it sometimes as, certain people have softer hearts, and feel things a little bit deeper, and you know, there is just...and I hate to say it, some of us are kind of harder to this sector, because we've been in it for quite a lot longer, you know. But what generally happens with BME women is, number one, they don't ask for support. So, they don't talk about their issues, they don't ask for support. (FUP088f, Women's Centre)*

For these managers, the need for staff self-awareness of psychological distress effectively places the onus on individual workers to be vigilant about the impact of their work and can create a moral imperative for workers to look after their own health and avoid 'risky' behaviours and situations. Other managers took a different view considering that psychological distress is not due to an innate inability to cope but rather could be triggered by particular cases or events, as in the following example:

*Even though I've been working here for eight years, so I would assume I have some good level of resilience, but things change and sometimes... this is the character of this work is, you know, you feel like you manage all your emotions, the difficult aspects of the work and then something happens that really triggers you. (001m, VAWG)*

As previously discussed, most participants described the work of their organisations as 'trauma-informed' and, whilst many also understood their organisations to have a responsibility to put in place mechanisms to support workers and minimise the impact of exposure to trauma, relatively few were able to provide concrete examples of such mechanisms to identify, prevent or counteract indirect traumatisation of staff. The following example illustrates an exception:

*We use a vicarious-trauma scale when we look at casework, so we look at the safety of the woman and then the impact on the worker; and then that helps me understand if somebody is working with a lot of people that are having an impact on them, it helps me see that maybe we need to adjust that and take some work off that person. (025mf, Women's centre)*

For the most part, however the term 'trauma-informed' was invariably portrayed as maintaining an awareness of trauma as experienced by service users and the need to ensure support responses are appropriately adapted to recognise those experiences. Rarely did interviewees relate trauma-informed working to staff-facing, trauma-informed or aware approaches.

*A lot of organisations talk about being trauma informed. And often they are delivering a trauma informed service to the service users, but I'm not always sure that they're very trauma informed for the staff. And I think sometimes that's getting a bit missed. (074mf, VAWG)*

That said, most managers were aware of the likelihood of indirect traumatisation although their responses to perceived or reported psychological distress were more likely to be initiated following a disclosure:

*Yes, I mean, there's definitely that element of secondary trauma, isn't there, that [I've] got to be careful about. I mean, we do have mechanisms in place to try and mitigate against that. And particularly if I know that a [frontline worker] had a tough day, or a tough session, then we'll do a debrief as soon as possible, either that day, or early the next morning. Because sometimes, you just need to just get it out, yes, it's just shit, and I hate that people are going through this awful thing. And then, just to ask the [worker] what they need at the moment and try to provide that for them. (036m, VAWG)*

Indirect exposures to trauma can not only negatively affect the well-being of those delivering therapeutic and support services but also undermine the quality and efficacy of services (Burman et al 2018). This in turn can have significant implications for the availability of services for service users and how they experience such services.

The interviews revealed the different ways in which workers experience exposure to trauma. They identified wide-ranging symptoms, including sleeplessness, disengagement, high levels of absenteeism, staff illness, loss of trust, a sense of hopelessness, and an erosion of a sense of safety.

*.... our last crisis worker just got totally overburdened and she left, she was off sick for a while and she left, and she'd only been doing the job for a few months .... (012mf, Refugee & Migrant)*

*Well, I didn't used to handle it very well. In my last job I was dealing with a lot of domestic abuse and sexual violence in one-to-one settings, and it was really overwhelming. And I became quite traumatised myself and had to go off on sick; and I left that role because of how traumatising it was. And I didn't necessarily feel I was being kept safe within that environment. (025mf, Women's Centre)*

While there was an awareness of the likelihood of psychological distress arising from the work interviewees often described it as a "silent" phenomenon, often remaining "dormant" until being "triggered" by specific experiences or reaching the "last straw". As one participant put it, "you don't know that it's happening until it's too late". Interviewees spoke widely of the triggering nature of some of the experiences or stories they were confronted with at work. This was particularly exacerbated for those with lived experience, but equally can occur due to past exposure to trauma at work. Triggers can be unexpected and unpredictable, and several participants spoke of having to work through identifying them: *...it's just how it happens. It's not every client. It's not a particular type of client. It's just something about that client's circumstances that they'll be with you, you'll think about, but it goes. Do you know what I mean? It goes. (008t, VAWG/Financial inclusion)*

Interviewees with lived-experience shared accounts of having their own trauma resurface, prompted by situations at work which sometimes led to mental breakdowns. As one said:

*My god, in 2017, 2018 I had a mental breakdown, unfortunately, due to childhood trauma, and not dealing with that as I've grown up yeah. So, something had triggered in my last role, which had completely, kind of, knocked me for six. (...) ...I think when I talk about when I had my breakdown, I do think part of that was due to vicarious trauma, and it's speaking to my own trauma. We have quite a few people within our organisation have been victims of domestic abuse themselves. And have worked through that and then come through to actually then continue to try and support others. And I have, unfortunately, witnessed on of my colleagues who was severely triggered by what she heard. (026f, VAWG)*

This particular interviewee went on to say:

*Trauma's always there and, you know unfortunately sometimes that little dormant part, it could be some, you know, one word that triggers us. And yeah, so there has been times that's happened and yeah ... it knocks you for*



*six because you think you're all well and good, and then just one thing. And you're trying to work out what triggered me, I don't understand, for me to feel this bad, what triggered my trauma to come to the forefront of my mind, to make me feel this low (026f, VAWG)*

Re-traumatisation can in turn intensify the trauma of service users, acting as a 'domino effect':

*...it's more of a domino effect, one triggers the next, which triggers the next. So, I'm not sure. I wouldn't see it as a blending of that experience, but almost like an, again, a triggering, or a domino effect, or...where you can relate and recognise what you're going through because someone else is now...is going through it. And that can be a bit of a harsh reality sometimes ....it's actually about people triggering their previous trauma, their own trauma, as a result of hearing about others experiences with that. So, it's a question... it's something that is waking up your own experiences from...that you've been through yourself. (018m, Criminal Justice)*

## 6.6 Financial precarity

The financial precarity of organisations and the effect this has on staff and service users were raised by most participants, who reflected on the tremendous impact of financial struggles on wellbeing, the sustainability of organisations and the wider sector, and, ultimately, on the support provided to service users. Core funding in this sphere is relatively rare and, where it is in place, concerns were expressed about the likelihood of reduced funding. As one manager put it, *"it's stress-inducing, it's the money, it's the sustainability, it's that constantly having to, you know, keep going without core funding, it's the short-term nature of funding and, yeah, yeah, that's the biggest stress". (039m, Arts & Inclusion)*

Most staff are on rolling contracts, on average ranging from six months to two years, where continuation of their job was wholly dependent on gaining funding. Interviewees described some level of 'funding patchwork' with organisations relying on multiple funding sources or schemes of short-term duration. This not only impacted the sustainability of organisations but is also a great source of stress for those working under already arduous conditions. Short-term funding and fixed-term positions hinder career progress and create immense instability for those working in this sector.

*...very precarious, short term. This is the longest contract I have ever had, and I have worked in gender services for about ten years, was a three-year contract which is usually quite unheard of. (045m, VAWG)*

*And that is a year-on-year thing. I mean, we have just had [government] funding, but again, even though it's government funding, they tend to only roll it out on a rolling contract year after year, so you don't know. They want us to create a sustainable project, but they're not willing to guarantee three years funding for it. (022m, Children & Young People)*

The precarious nature of this work inevitably adds to the emotional toll of a line of work which is rewarding, but far from well-rewarded. For women workers in this sector, many of whom work part-time for very low wages, and have done so for many years, there is very little return on experience in terms of wage growth. Interviewees described being on low wages with little prospect of salary increase and limited opportunities for progression.

Allied to the short-term nature of funding, the onerousness of application processes further threatened organisations. Applications were time-consuming and complex requiring a great deal of investment with no promise of return.

*There was a lot of job insecurity around because of funding base which can be very frustrating because funding applications and hearing about a funding application can go quite slowly. So, you just have to be telling your*

*frontline workers, fingers crossed but we are still waiting to hear. That could be awful for them and very stressful for the team (...) (022, Children & Young People)*

Interviewees described a 'trend' of progressive funding cuts experienced by their organisations, and broadly the welfare sector. It is also important to acknowledge here the knock-on effect of these financial cuts, where cuts to one service (even statutory service) results in an increased demand for the third sector.

*I think cuts to services are something that has really had a major impact. ... I felt it being a service that is meant to but not necessarily meant to be preventative. ... we have had one of our partner organisations, which is a domestic violence organisation, they have had major cuts to their service. Then following that we have had housing. Within our current organisation as well we have had within our local authority, people in high crisis, complex needs situations are now... council housing is near impossible to get. (045mf, VAWG)*

Once again, these pre-existing challenges were further exacerbated by Covid. Lack of access to sustainable funding opportunities and the need to furlough staff due to the suspension of certain services, added to an already uncertain landscape. Managers in particular described the struggle of taking on the 'responsibility' for ensuring staff financial wellbeing through ensuring their jobs and salaries, as one manager said: 'That was a sickening thing, when I was worried about my staff's mortgages, their jobs, their families'. (011m, VAWG)

## 6.7 Maintaining wellbeing

**Professional and personal boundaries:** Reflecting on their own health and wellbeing as it relates to their work, interviewees consistently pointed out the importance of setting appropriate and recognisable boundaries, but also described the difficulties of erecting and maintaining those boundaries. Boundaries allow practitioners to set the structure and parameters for working relationships with service users and provide a framework for intervention. As a first step in boundary erection, interviewees described the imperative of setting clear expectations with service users around the scope of their support and what they can do, to counteract the expectation that they will provide support, guidance, and emotional scaffolding 24/7.

Interviews also revealed the challenges faced by workers in separating their sense of their own identity from their work. Many described their work as a "vocation" rather than simply a job. Thus, whilst most recognised the need for erecting strong and appropriate boundaries, both physically and emotionally, they also described examples where it was difficult to do this:

*Just in experiencing these highly volatile cases there is absolutely a vulnerability that surfaces. You bring in your full self. It is very challenging to have your professional and your personal separate, they mix in. There is no separating them in this type of work. I think that that is very helpful for me bringing this work, I have to bring in my full self because I wouldn't be in this work otherwise. As I said before, you bring in your values, you bring in stuff around morals and all that type of stuff. I think that there is a vulnerability in that and I think that is being raw and honest with colleagues and seeing it and then definitely builds trust, builds relationships quite immediately. (045mf, VAWG)*

*I'll be honest with you – there were times when I felt to myself like it ... I'd be out getting the shopping and I thought I'll just go home tonight and end it. I felt like that. And suicide cases as well – brings it back. Like the women who had the still births. I don't have a family and I've never been pregnant but I really felt for her. Couldn't stop thinking about her for days... (003mf, Mental health)*

Associated with challenges in establishing clear boundaries, there were descriptions of what might be termed 'enmeshment' (Bowen 1978), in which the boundaries in relationships with service users became unclear or permeable or - in some cases, completely eroded. This can happen on an emotional level in which two people 'feel' each other's emotions such that there is a lack of differentiation which can significantly impact emotional well-being.

**Coping strategies:** Interviewees provided a full range of coping strategies that they deploy in dealing with the work and its heavy impact. By and large, coping strategies were self-initiated and self-directed. For instance, many referred to the importance for them of regular physical exercise such as yoga, pilates, running, gym workouts and long and strenuous dog walks. But other more sedentary activities were mentioned, such as recreational and creative activities or hobbies such as crafting, drawing, painting, knitting, and writing:

*I placed an additional emphasis on my own coping mechanisms. I have an arts degree, I am quite creative. I got back into painting, I got back into drawing and I tried to maintain routines of that. I think routine again for me was really, really important. (045m, VAWG)*

For many women, social activities with family and/or friends were key strategies for maintaining or promoting their own health and wellbeing:

*...just creating the family time and creating time for you as well. So I create times for myself just, you know, just do something I don't normally do, which is like say for example, because I'm not so much a big gamer, but sometimes I do just, okay, let's just, you know, go into something and do a game or whatever it is. But I do try to do something creative to not have to think about some of this .... Because sometimes you go to a meeting and then next time maybe you'll read about it in an article or see it in TV and it'll remind you again. So that's what I'm saying that I will try and create different times where it's just like, you know what, let's just take time off. (010f, family advocacy)*

Communicating and offloading to colleagues, in particular, was also described as an important strategy for dealing with the challenges of the work:

*You know, I'm not new in this field of work ...many years ago, I developed, we called, it wine and whine. So, wine and a moan.... And it was a group of four of us, very close friends, who worked in relative fields, and we would meet once a month, straight from work, last Friday of the month. And we would go for tea, bottle of wine on the table. And the rule was, you know, whilst we were eating, you could complain about work, you could moan about things, what have you. But when we finished eating ... that was it, and then you would socialise. (007m, VAWG)*

*The best way that I found dealing with it was to kind of debrief with your colleagues, so to speak with them about it and get it out of your head. Something that we all kind of promote is that if you've had a really hard call you take a break, go a walk, take your lunch break or something and try and get away from it, or do something different. (020mf, Women's rights)*

These personal strategies played a crucial role in minimising stress related to the work. However, as recognised by some participants, the most important and effective ways to address the adverse effects of working in trauma-saturated environments are those which did not rely on individualised self-awareness or self-care, but which are organisation-led and embedded in policies and mechanisms for identifying, recognising and responding to the risks of psychological distress. This is further discussed below.

**Organisational responses to staff wellbeing:** Reactive and prepared organisations that are both aware of and responsive to the impacts on their staff of working in trauma-saturated environments are key to worker well-being.

Yet relatively few interviewees were able to describe particular organisational processes or policies that directly address psychological harm emanating from the work, despite the prevalence and ubiquity of trauma-informed practices with service users. Those that could described a range of embedded care strategies for staff, for example the regular occurrence of reflective practice sessions, informal and formal structures of support, external clinical supervision that sit alongside case reviews, clear mechanisms for disclosing adverse impacts, and processes for managers and workers to follow, with options for flexible working, workload reduction, 'time-out' and, in some cases, the opportunity to temporarily change jobs within the organisation.

Adequate supervision and support mechanisms (e.g., regular debriefs, structured support sessions, clinical supervision, rapid response, external supervision) were perceived to be central in preventing and responding to the potential negative impacts of the work, including lessening the effects of psychological distress. Interviewees reflected in particular on the value of clinical supervision and support mechanisms available at their workplace and the role they play in reducing the adverse impacts of the work. There was an emphasis around the need for preventive intervention, instead of reactive responses to staff burnout. Flexibility within the workplace (e.g., the possibility to take time out after a difficult or triggering case), regular clinical supervision, and appropriate workloads were also pointed out as key preventive approaches.

Notably, such strategies were not always in place, even within organisations adopting trauma-informed approaches. While professionals are increasingly expected to be hyper aware of the effects of trauma in their client's lives and engage in trauma-informed practice, the same awareness did not necessarily exist from organisations with regards to their workers. Effectively, the poor support available for professionals (regardless of their role) seemingly revealed a lack of 'internal' worker-facing trauma-informed practice. While there was an acknowledgement of the impact of the work, organisations often lacked adequate responses to minimise such impact. Importantly, this appeared to be linked to the precarity of organisations and the sector, with funding limiting not only what can be done for service users, but equally hindering support for service providers.

*It's really hard to say, because I don't know where it would come from, like how does an organisation like us access that sort of support and training. There isn't a kind of body that would look after [our] wellbeing. (039m, Arts & Inclusion)*

## 6.8 Summary

Women tend to be drawn to work in this sector due to personal values, political positionality and/or their own lived experience or that of family and friends. The importance of empathy and compassion was emphasised by many interviewees, as was showing kindness and respect and creating nurturing and supportive environments for working effectively with women. That said, interviews also revealed that both before but especially during Covid, the intense and demanding nature of the work dealing with the complexities of service users' situations can lead to physical and mental exhaustion and feelings of being overwhelmed. The additional pressures brought by Covid intensified the potential for psychological distress, where boundaries between work and the home were eroded as workers brought the challenges and frustrations and concerns about service users into their home working environments. Although all interviewees were acutely aware of the importance of erecting professional boundaries as frameworks for intervention, maintaining those boundaries could prove challenging.

Psychological distress is considered to be an inevitable response to working closely with traumatised victims and hearing and seeing the effects of trauma, and interviews revealed the range of ways that exposure to trauma manifests in workers lives, from sleeplessness, anxiety, absenteeism, loss of trust, a sense of hopelessness, and an erosion of a sense of safety. The importance of supervision and support mechanisms are considered vital and

essential for mitigating the negative impacts of the work. A key structural challenge to wellbeing concerns the financial precarity of many organisations causing uncertainties about job security and the viability of projects.

A wide variety of self-initiated coping strategies are deployed to deal with the everyday travails of working, yet relatively few organisations implement what might be considered worker-facing trauma-informed practice.

## Chapter 7. Working through a cost-of-living crisis: Insights from the second round of qualitative interviews

*I think that we are really still problem solving around Covid ... I think it has so changed the normal, and we're not clear what the use of .... the new normal is. So, everybody is struggling with work patterns and wellbeing. That whole thing of, we respond to crises with remarkable resilience, but you pay the price afterwards, and we're still paying that price. And the cost-of-living crisis is just like another wave that just knocks you down. (FUP031m, VAWG)*

In this chapter, we present the findings from the second round of qualitative interviews, undertaken during February to May 2023. Whilst recovery from the pandemic was underway, this period saw a sharpening in the cost-of-living crisis in the UK. Food and energy prices rose steeply through 2022 and into 2023 and the price of consumer goods and services rose at the fastest rate in four decades in the year to October 2022 (ONS 2023). The fall in disposable incomes is at its steepest since late 2021. The cost-of-living crisis, alongside cuts to Universal Credit, is leading to increased need with rising costs of essentials and more people relying on foodbanks than ever before. The deep inequalities in the UK have been rendered ever more visible and once again women are disproportionately affected. It is women who constitute the majority of those in temporary work and on zero-hours contracts and who are the first in line to unemployment, underemployment and/or the negative mental health impacts associated with precarious work (Engender 2022). Whilst the impact of Covid placed women at greater risk of economic insecurity, the cost-of-living crisis coming so soon after the pandemic worsened women's existing economic inequality and, for many on low wages, made a bad situation even worse. It is against this background that the key themes of the second round of interviews are presented.

During the initial round of interviews, 63 of the 94 interviewees expressed interest in taking part in a second interview. All were subsequently contacted between January - February 2023 for a second interview to ascertain whether they were still willing to do so. Forty women responded, of which 38 were interviewed for a second time. The remaining two were 'no shows' at the prearranged time(s) and although we did try to reschedule, there was no further response from them. We were also contacted by three more frontline workers who had not participated in the first round but wanted to contribute their views after becoming aware of the research. Overall, 41 women were interviewed in the second round.

Table 1 shows the numbers and roles of interviewees. As in the first round, many of those interviewed who described their role as that of manager or supervisor (18 out of 23) also performed frontline duties.

**Table 1. Numbers and role of interview participants, 2<sup>nd</sup> round of interviews**

Interviews	Frontline workers	Managers/supervisors		Others (e.g. research, training & development)	Total interview participants
		Managerial/supervisory role only	Managers/supervisors with frontline experience (current or recent)		
2 <sup>nd</sup> round	15	5	18	3	41

Similar to the first round of interviews, re-interviewed participants were based at a wide range of organisations (n=30). These included participants working in VAWG organisations (10), homeliness/housing (2), mental health (1), criminal justice (6), financial advice and inclusion (4), refugee and migrant services (1), employment inclusion (1), children and young people services (1), adult social care (1), general advice (2), women's centres (4), and women's services (5).

## 7.1 Expansion of work and increased complexity of need

A key theme of the second round of interviews was an expansion in service demand which began during Covid-19 but has continued to rise. The following comments are representative:

*The numbers have just exploded since about last summer really. (FUP014m, VAWG)*

*The demand for our work is massive, still beyond what we can manage. (FUP016mf, Employment inclusion)*

*Well ...we're getting lots of new arrivals and people who have been here with us for longer, are experiencing more problems, financial problems, debt, utilities and things. (FUP012mf, Refugee &, Migrant)*

The increased volume of calls and referrals has been exacerbated by the increased complexity of needs presented by service users. For some participants, this is part of a broader trend within the sector:

*I think generally, over the last probably ten years, the trend has been for the challenges and barriers that people face to become increasingly complex. So, you're dealing with people who got a lot more to contend with and it's much harder to help them. (FUP005m, Housing/Homelessness)*

For others, this is a result of the gendered impact of the pandemic and the ongoing cost-of-living crisis and the exponential effects these combined crises have had on the lives of women and girls who are already socially or economically marginalized. Service users are approaching organisations with new and increasingly complex needs, with a shift towards more debt and energy advice requests.

*...this is something that absolutely affects women. Cases are far more complex. We find that we are dealing with, as part of the domestic abuse advocacy, far more than just domestic abuse advocacy. We are helping with benefits, all of that, with housing, etcetera. (FUP007m, VAWG)*

*I think we're seeing a lot of crisis intervention need. So I think that's even more impactful on the girls now because people are finding themselves without any money, without any heating or food. (FUP008t, VAWG/Financial inclusion)*

During Covid, many organisations pivoted to provide emergency food stuffs and non-food items such as adult and baby clothes and shoes and created food banks, which have continued post -pandemic:

*It definitely has changed, on projects, like things like the foodbank project, more and more in work people having to access that, so it was previously – not exclusively, but a large portion of clients were people who were on low fixed income through benefits who had no scope to increase their income who were struggling. But now people who are working are seeing their bills going up and unable to afford the bills. I would say one of the big changes as well has been the type of query we're getting, benefits has always been one of our biggest enquiry areas, and I think for the first time for a long time, that was overtaken this year by people with queries about energy, that's been a huge area of growth, people not being able to afford their bills or worrying about not being able to afford their bills. (FUP059m, General advice)*

*We've applied for more funding for household support, so for food, and for bags of shopping, and help with gas and electricity bills, and we've been successful with that, but it's not a massive amount of money, and it's nearly all gone straight away, within a couple of weeks, it's just...we got 5,000, and it's nearly all spent already.' (FUP054m, Women's Services)*



As well as practical support, new support groups were created to respond to increasing mental health needs reflecting a rethinking around priorities concerning service user needs.

*(...) like many other organisations we are absolutely facing the tsunami of mental health issues for service users. (FUP007m, VAWG)*

*I think there's more demand, so we've got more people on our books. I've started another new group, actually there's quite a lot that's gone on, we had a core group of women who were under 30, and they asked us, they asked me, if I would set something up to help them, particularly. So I now have a mostly online group, motivational group, for our younger women, in the evening. (FUP016mf, Employment inclusion)*

## 7.2 Increased workloads

It was clear from the first round of interviews that workloads are generally very high, with many verging on the excessive. By the time of the second round, workloads had increased yet again despite organisational expansion, leading many staff to leave.

*One of the other reasons a lot of staff left, is that senior management I don't think realised how much work we all had, and they kept bringing in new things, and then a bunch of people left, and then we had nobody to do things anymore, and it got to the point where I was actually the only [job role] officer. I am currently still the only one there, and there is a lot of people who needed support from a [job role] officer, and of course it's just me working four days a week. (FUP057f, VAWG)*

Workload is a key workplace stressor. As restrictions were lifted, participants found themselves having to manage growth and service expansion, and for many already strained workers, their workload became more difficult to manage:

*And I think the main stressor for us is workloads, because no matter how difficult the emotional stress, if you have then workload stress on top of it, you aren't able to be resilient and manage it. (FUP016mf, Employment inclusion)*

*My workload is really, really heavy and I suppose it comes in part and parcel with my role of being a senior [role] and as the one in charge you have to always be available. I am meant to have a non-working day where I use flexitime to do that throughout the week, but even on that day I will still usually be on my emails working and things. (...) it is probably a personal thing rather than actually a work thing. Although my workload is just really high, so you couldn't physically do my workload within the hours that you are given, I don't think, unless you are superhuman. (FUP020mf, Women's rights)*

**Waiting lists:** another effect of the marked increases in service demand is the lengthening of waiting lists. As one participant explained, "Because demand has gone up so much over like a sustained period of time, the waiting times have gotten longer" (FUP059m). Waiting lists were described as stress-inducing, not only for service users, but also for staff who are concerned about being unable to assist vulnerable service users. For example:

*And I really struggle with waiting lists, it's really hard sort of having people message saying, 'I really need support' and it feels like the gap is widening between what the support services can offer and that seems to be very limited, which I don't blame them for, they're stretched as well. So, it feels like people are left a little bit, so it's hard .... (FUP061f, Adult Social Care)*

*...we have waiting lists in some of our services and the [government] was really helpful during COVID .... in terms*

*of passing on COVID emergency money rapidly, and with very few bureaucratic hurdles. So, we got additional money, waiting list money to deal with waiting lists that were emerging as lockdowns eased. But that money runs out soon. So that is going to be a real problem, that probably will lead to redundancies, unless we get a commitment to extend the funding, which I doubt seriously. (FUP031m, VAWG)*

Commonly, participants spoke of 'feeling guilty' about waiting lists and not being able to help women who urgently require assistance, recognising the potentially traumatising nature of waiting lists whilst highlighting their own powerlessness and that of their overwhelmed services. Notably, many spoke of the overall effect that expanded demand, waiting lists and staffing pressures had on the efficacy of the services they provide:

*.... just so disappointed by the experience women have and it's probably getting worse I think. We're stretched and so other services are stretched, local governments are stretched. So I think our experiences are getting worse. The standard and the acceptability around what is understood as good care and good support, I feel like the bar keeps being lowered. I know people in the NHS talk about that too. But I'm definitely seeing that in the sector, that it's so rare that I see women have a really positive experience where I'm like, wow that was how it should be and how she deserves to be treated, yeah. (FUP043m, VAWG)*

Whilst indicative of the commitment that women workers have to their work and their service users, this is also symptomatic of the stress-inducing nature of this work.

### **7.3 Organisational and role changes**

Precipitated by Covid and the need to alter or adapt ways of working, changes to organisational structures were common in the post-pandemic period. These changes ranged from alterations to job roles to fundamental restructuring on a large scale:

*It's hard, the organisation is going through a lot of change and we are going through quite a lot of organisational change, a big change.' (FUP019f, VAWG)*

*We've had a lot of shuffling, restructures, just to make things a bit more manageable, I suppose. (FUP014m, VAWG)*

Changes in role and job description were common. Several participants described expansions in their responsibilities which corresponded variously with increased demand from service users, changes in service provision or, as in the following case, due to loss of staff:

*One of our partners left, so during that time I took on some additional responsibilities around funding and a bit higher level, sitting in on management meetings and different things like that. Yes, a little different. Same role, but a little bit different in my duties. But everything that I was previously doing but just a little bit different with a little bit more probably. (FUP020mf, Women's Rights)*

For the most part, changes meant more work, but not necessarily more pay. However, a very small number of participants (n= 5) reported positive role changes being made, such as migrating staff from short-term to permanent contracts, albeit with expanded roles, and more job security:

*So I'm now on a permanent contract with my main organisation that I'm working with, which is good and a positive. I think that was one thing we were talking about .....an issue with this fear of not having job security, so that's a big change.... (FUP061f, Adult Social Care).*

### 7.3.1 Expansion (and contractions) in the staff base

A major change for many organisations was an expansion of their staff base, with new waves of recruitment since the first interviews resulting in larger teams:

*We have just taken on another tranche of volunteers, just because we are getting so many requests, and we want to be able to provide support for all of the women that come to us. So, we've just taken on another five volunteers, who are currently undergoing training and shadowing sessions, and support from us, before they have [service users] of their own. (FUP037f, Education provision)*

In the majority of these cases, staff recruitment was in response to increased demands which continued post-pandemic. As one participant put it “we saw *more and more and more people coming through the door*” (FUP002mf). However, recruitment within this sector is not without its challenge. We heard from many participants about the reductions in volunteer staff in particular and difficulties they were experiencing in how to build up the volunteer base post-Covid:

*I mean, we're still quite short-staffed and struggle to recruit, although it's got better, because we've had a major push on recruitment, so that has actually improved a little bit. But yes, I think a lot of the staff are having their roles changed. So, the people who are losing their jobs have been offered different jobs in the organisation, or they're finding other jobs in the service. And then in our mainstream work, everybody's job has been changed, because we've reorganised how we do things. So, that's... so, yes, I think there are some people who probably are finding it quite difficult. (FUP005m, Housing/Homelessness)*

Set against the background of expansion, keeping staff in post also emerged as a key theme. Whilst there are particular, often personal, motivations for engaging in this work and it is work which staff find rewarding, it is rarely well-rewarded. Many work part-time for very low wages, and have done so for many years, but there is very little return on experience in terms of wage growth. Money concerns and uncertainty about the viability of job futures is leading to a lowering of staff morale and, in some cases resignations.

Some of those working in smaller local organisations described processes of enforced downsizing. Various reasons were put forward for this, stemming from reduced funding, the need to close or reduce physical office space, staff redundancies and the cost-of-living crisis forcing staff to seek better paid positions. Worries around staff turnover and retention reflected the poor financial compensation associated with ‘charity’ work. For example, “*we're really struggling to recruit new staff, particularly for the lowest paid positions, because it's not affordable for people.*” (FUP080m). Others highlighted a new issue arising from the increase in remote working, opportunities to work for charities based in higher-paid cities whilst working from home – leaving local charities struggling to recruit as they cannot compete with city-based salaries:

*We've had one or two cases where people have been able to go and get a job that's at a London-based organisation and they've been paid London weighting even though they're based in the North East, which obviously we just can't compete with. So that's an issue and I think that still is a concern. (FUP059m, General Advice)*

Low pay is a key reason for staff seeking alternative employment.

*I haven't had a pay rise since 2015 because of the funding situation and probably some before that. And the ones that I have had, have had like one, two per cent. So, it's very difficult to feel like you're supporting the staff appropriately when that's true. (FUP031m, VAWG)*

Furthermore, limited opportunities for progression mean a ‘sticky floor’ for many workers. This lack of opportunities for promotion and upward mobility was described as a key reason for staff loss. As one participant put it, *within the organisation, like steps up don’t really exist. So, there’s a lot of issues surrounding that, and because of that, about five people left* (FUP057r, VAWG). Other key reasons given for difficulties in retaining staff regard the nature of the work itself; the high personal costs that come with exposure to others’ misery, the relentless nature of the work, and the high levels of stress and sickness caused by burdensome workloads and job precarity:

*I don’t think it’s just particularly [organisation] it’s maybe across a national level, people would prefer to work in some kind of easier environment for a similar salary than in this environment, and I completely understand.* (FUP001m, VAWG)

*The demand has increased, staff sickness has increased in the main service, people have left. And the ones that are leaving are actually not going to other [similar] agencies. They’re going to other jobs. Different types of work for the stress level ‘cause there’s just no let up...* (FUP008t, VAWG/Financial inclusion)

It is important to highlight that, even for those not challenged by staff loss, participants emphasized the instability of the sector due to frustrations associated with the work, the high levels of stress, and the low pay associated with short-term positions. While undoubtedly made worse by the impact of Covid-19, as noted in the first round of interviews, and the cost-of-living crisis, as discussed further below, these concerns are not new. Indeed, for many there is a sense of perpetual crisis, with constant firefighting both in terms of the precarity of funding and the ever-growing needs of service users.

## 7.4 Increased financial precarity

Raising funds and increasing income is one of the biggest challenges for the third sector. Income from both local and central government, as well as income from grants and government contracts has declined. Government spending cuts have resulted in charities having to scale back their efforts and reduce or close vital projects. During the first round of interviewing, most participants raised issues around the financial precarity experienced by the sector. In the second round of interviews, these issues remained significant, although shaped by the impact of post-Covid adaptations and the stringencies of the cost-of-living crisis.

**A precarious funding landscape:** Despite the emergency funding distributed during Covid, a dominant theme continued to be the challenges of accessing sufficient funding to maintain services and meet demand. Participants reported that their organisations continued to rely on a “funding patchwork” where they need to seek funds from a variety of sources for different amounts spanning different periods of time:

*So ... we’re kind of accessing different pots of money and different funding and accessing different services ..... it’s a very time-consuming job and what we’re trying not to do is make people redundant. So just because you are paid from one pot of money and that pot of money is gone, we try and redeploy [staff] in another area and either until we can get re-funding for that job again. Or [staff] are placed in another area to support another service where they’ve maybe got high demand or additional funding. And I think a lot of services that we work with have had similar funding changes. So a lot of the services don’t necessarily provide the same service that they did pre-COVID to what they offer now, and, again, some of that is to do with funding and targets.* (FUP060f, General advice)

Not only does this require significant effort to continuously craft funding applications (something that smaller organisations find extremely difficult), but also leads to some organisations constantly having to adapt roles and

services to match the funding streams and, where feasible, adapting funding applications to meet funder criteria. In practice, of course, this potentially affects the shape of the work and reach of the organisations as the following quote highlights:

*There is, we're looking at the local council funding... now the problem with that is it's usually only for people on benefits or people on very low incomes, and for people who can attend 100%. But with the kind of woman we've got, if she's on...she's got children, or she's got mental issues or physical health issues, or other family responsibilities, or a zero hours contract, they can't guarantee that they can attend 100%. Even if we get that funding, we won't be able to guarantee that we'll keep it, unless we only take on people without issues, but that's not what we're here for. So, what we really need is a sympathetic funder who understands what we're trying to do. (...) So, we can't just pick on young fit women who don't have any issues, 'cause that's not what we're here for. (FUP006f, Social inclusion)*

There is little doubt that third sector organisations have faced continual financial challenges over the last decade. Many have been resilient in their response and adept at accessing new opportunities (Chapman 2020). But the dominant message from this research is that there is a marked chilling of the funding landscape. Funding insecurity is a widespread concern, with implications for job security:

*I mean, it's something, to be honest, it's for all of us, really, across the board. So, that's one kind of common factor, I think, that we all have, that nobody has a permanent contract, we're all on rolling contracts. Within our team, we've got the comfort of knowing, you know, we've got funding 'till September 2024, but after that, it's like a whole black hole, nobody knows what's going to happen. (FUP088f, Women's Centre)*

*I think there's often a worry in this sector as well about your job. You know, your job...you're always thinking about, am I losing my job next year... getting redundancy notices, your short-term funding. That weighs really heavy on third sector workers. And that was a message we got from my last employer. We did a lot of consultation, people have said, I'm constantly worried about my job. And that has an impact... (FUP008t, VAWG/Financial Inclusion)*

The examples above highlight the morally injurious landscape of funding described in the previous chapter. Restrictions imposed by funding, while to an extent anticipated by many organisations, lead to strong feelings of injustice, frustration and anger, contributing to an already stress-filled working environment. The threat of redundancy is always looming due to funding precarity, which particularly affects those on the frontline of organisations.

Against this backdrop of funding precarity, participants reflected on the disconnect between resources and level of need, and how this requires ingenuity and effort to try to meet demand:

*And then it's, you know, you have to be incredibly creative, because you will future plan your financial year based on the assumption, or the hope, that you're going to have X amount of funding coming in. But you'll always have a plan B, and a plan C. So, for us, usually it means scaling back somebody's hours, you know, because we've not had the full level of funding, or we can't find the match funding for it, or we're not able to match fund from our reserves, and things like that. But the demand of the service is still as high as what it has always been, and it's just getting more. So, I think sometimes that does make working in this sector even more challenging, because the need is exponentially increasing, but the resource, it is just drastically decreasing. (FUP088f, Women's Centre)*

## 7.5 The pervasive impact of the cost-of-living crisis

Following decades of austerity policies, there can be no doubt that organisations supporting women and girls are directly experiencing the gendered impacts of the cost-of-living crisis. As the Women's Budget Group (2022) point out, zero or low wage rises and cuts to social security alongside steep rises in energy, food and household costs are having an exponential effect on women who are more likely to be poorer, have lower levels of savings and are less likely to be able to increase their hours of paid work due to caring responsibilities.

There are certain groups of women who are likely to experience increased hardship as a result of this current crisis: single parents; women from Black and minoritized ethnic backgrounds; those with disabilities and/or chronic health conditions; those subjected to domestic abuse, and; those with 'no recourse to public funds', who are excluded from claiming social security benefits (Women's Budget Group 2022). These are all groups of women with whom organisations in this study work closely and the interviews highlight the ways that the crisis is driving up the all-too-familiar scenario of increased demand.

**Organisational impacts:** Whilst experiences of the cost-of-living crisis at an organisational level were varied, the majority of participants expressed concerns over the pressure placed upon already limited resources and the increased competitiveness of funding:

*The funding landscape is even more competitive. And I've seen so many small charities fold in the last...I mean, if you read the Third Sector Times, something like 52 small charities declared bankruptcy in the last month. So, it's really, really, really competitive and it's affecting funders, it's affecting us. So, I think it's affected, really, across everything. (FUP016mf, Employment inclusion).*

Interviewees also spoke of having to provide services outside of their area of expertise (e.g., financial and debt advice) to respond to cost-of-living crisis service user needs and the toll this is taking on staff health and wellbeing.

Another common theme was the additional financial pressure resulting from the increased costs of running services (e.g., energy bills, rent, petrol costs). As one participant said, 'Oh, it affects it a lot. The cost of just running the services tripled, to be honest' (FUP001m, VAWG). This was particularly marked for organisations providing accommodation services.

*Because it's all temporary supported accommodation, so you can't ask somebody to pay a bill, to be responsible for a bill, they might only be there a few months and sharing with other people they don't know, other households. So, we take the bills, but then that means we have to pay commercial rates for energy, we can't...we don't pay the same rate that you or I pay in our home, it's a higher rate. So, that's all very difficult as well. (FUP005m, Housing/Homelessness)*

*... our key funding came to an end in September, which has obviously been unfortunate timing, because it combined with the cost of everything going up and that hasn't been replaced. So we've had to try and replace that from other places. So that key part of funding did come to an end. We've had a lot of regular donors stop their giving and our costs have gone up. So I guess the nature of what we do, as a [service], is we have the ovens on all day. So yeah as you can imagine our bills have increased when our income's gone down. (FUP043m, VAWG)*

The crisis has had a widespread knock-on effect impacting organisations within and beyond the third sector. Participants described how challenges experienced by other organisations inevitably resulted in increased demand for their own services.



*So the food bank ... sometimes they don't have enough food... So we have now had incidences where people have turned up for food and they've actually ran out of food. ... They're going to come back to us to be, like, what's available, where can I access, what, kind of, services are available right now because I have nothing .... When they've ran out means that they literally have nothing So we've now started to [supply] emergency crisis food parcels meant to last one or two days for people who tell us they have nothing. So that means you have no tins in the cupboard, you have no pasta, no rice, nothing to make any substantial meal tonight, here's a food parcel. (FUP060m, General advice)*

**Staff-level impacts:** As well as impacts upon organisations and the women they support, increases in costs of food, petrol, childcare, and household bills are affecting financial situations of staff and their families.

*I think I feel a bit forced to live in a way that I don't want to live, if that makes sense ... I really don't want to live with anyone else, but I feel like, oh I'll probably have to get a lodger or invite a friend to move in, which isn't what I want. But I think I need to do that to pay the mortgage. I mean there's people in a lot worse situations. I think before that felt financially possible and now the finances have just changed and the cost of things has changed and things are feeling very stretched. (FUP043m, VAWG)*

Others, whilst not necessarily struggling financially, noted that they were no longer able to save or have extra money available after all expenses had been paid:

*Whereas I had some free money a couple of years ago, some disposable income, I could save up and have my lounge decorated, I now have no disposable income. Every bit of money goes on keeping my house, paying my mortgage, paying for the bills. And I just think, you know, here I am on x amount of thousands a year, I should be comfortably off, but I'm not. And I have felt the pinch over the last 12 months, certainly, yeah. (FUP017m, VAWG)*

*.... looking at my energy bills yesterday, I nearly died, 'cause we were in credit two months ago and now I'm...now I owe the energy supplier money. And I went, oh my God!! ....I'm going to need to rejuggle my bills and see where else I can take money off. I've already been trying to cut...shopping is ridiculous. (FUP008t, VAWG/Financial inclusion)*

In response to a question about what would have a positive impact on the work of their organisation and the wellbeing of its staff going forward, almost three quarters of interviewees said financial sustainability and job certainty; with around a third also saying better pay. Yet the organisational response to the cost-of-living crisis and its potential impact on staff were highly divergent. Whilst overall, there was an acknowledgement of the potential impact given the already precarious nature of the sector, levels of support provided to staff varied greatly. Some more financially secure organisations were able to provide one-off payments, as in the following examples:

*We had back in November, a one-off payment from our organisation to help with the cost of living, but it doesn't go far, you know, and we are mostly working from home and we do still get some payment towards that because we work in a hybrid way, but it is now... (FUP014m, VAWG)*

*... We got an email the other day saying they were giving us a bit of a one-off bonus. So, we get that in February, which is good. (FUP032f, Housing/Homelessness)*

While one-off payments “don't go far”, a very small number described recent pay rises and salary uplifts. For one participant, this was the first pay rise she had received for more than five years:



*We have had, like a 3 per cent uplift this year, you know, in our salaries, which I mean, I've never had an uplift in the time that I've been working within [organisation] ... And that's something our CEO really fought for, and you know, it was great that we were able to get that. But there's still that recognition that it still leaves a massive gap ... when it comes to the cost of living. (FUP088f, Women's Centre)*

*I mean, we do get like per month very small increments of more money, but it's like 70p or something like that, and by the end of the year, you're maybe making like two pounds extra than you were the previous year. (FUP057f, VAWG)*

A very small number of organisations had introduced pay policies outlining a transparent framework about how pay decisions are made, salary bandings, and how performance might be rewarded. Participants from organisations which introduced this found it valuable, but recognised the financial constraints that the whole sector is under. There were other (non-financial) sources of practical support offered within some larger organisations, such as financial advice on savings, tax or pensions or subsidised access to pension advisors. Larger organisations were able to increase mileage costs for staff that travel to meet clients, the provision of travel loans and Monzo cards.<sup>1</sup> Smaller organisations lay on fruit, vegetables, and breakfast cereals at work.

Various support schemes are in place, for example, to cover childcare; there are cycle to work schemes, and a small number of organisations gave increases in (paid) annual leave. Some strive to fund increases in working hours as a means for augmenting staff income, although this is rare and can only be done within the financial remit of the organisation. As one manager explained:

*Some people asked can they change roles, so they took on more responsibility so their salary would go up. But we have a lot of part-time staff and a lot of them were asking to increase their hours. So we're having to look at a business case for them doing so, we can't just say, 'yeah, sure, you can come on for another two days a week' or something like that. (FUP018m, Criminal justice)*

Whilst some organisations introduced multiple initiatives, others have little to no support in place, often relying on the proactiveness of the staff in seeking or accessing services, with some asking if they could access the support available for service users.

It was common for participants to describe themselves as 'lucky' or 'fortunate' in comparison to their service users whose lives were so much more affected by price increases, and reported suppressing their own concerns and struggles in light of others' experiences. Others felt fortunate as they had partners working within more stable sectors, or were themselves close to retirement:

*I guess I'm more fortunate than others in that, you know, I live in a household where there's two incomes. I'm really quite good with money, but I have noticed a massive, massive difference. I mean, I've been with this organisation 20 years and if I go back to my starting wage to now there's, I think, £4,000 difference. So, within 20 years that's all it's gone up and if you think of the cost of living how much that's gone up over 20 years. So, yeah, you just manage with what you've got, don't you? (FUP027f, Criminal justice)*

Interviewees spoke extensively of the impact of the crisis on service users and how this compounded and intensified their existing struggles. Many described service users seeking food banks, explaining the domino effect of poor and reduced provision across the welfare sector.

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<sup>1</sup> A Monzo card is a debit card which can be used for day-to-day spending and cash withdrawals.

*£5 a week on asylum support, which is a bit, but yeah, but nothing else. I think these grants have gone down quite well, the household support fund, is it? And the money, the £66 a month on the utilities' bills that some of our clients get. But then, I think some of them, you know, in certain types of properties, emergency accommodation, haven't been getting that yet anyway. So, in some ways, the worst affected have been the ones who were already in the worst positions. Like victims of domestic abuse. (FUP012mf, Refugee & Migrant).*

Frontline workers and managers alike are very conscious of the impact that the cost-of-living crisis is having on service users:

*I've got no idea how these women cope. I mean, the other night ... I came down the stairs and the kids are like, 'Mummy, the house is freezing'. And that's because I didn't have the heating on. But I can put that heating on and I can turn that thermostat up and I can make my children warm. These women can't do that. And that's what we're hearing. And ...I find that so difficult to be in that moment with them. (FUP008t, VAWG/financial inclusion):*

*I think for the team ... the concern is that they're seeing survivors [struggle] ...they've been able to really mirror this at the moment as well and of course this is difficult because we've no money. You know, because nobody has any money ... you know, things like that, childcare, especially through dissolution of a relationship and things like that, that's coming up quite a lot. (FUP014m, VAWG)*

## **7.6 Maintaining health and wellbeing**

As in the first round of interviews, participants relayed a range of negative psychological impacts of the work and described how they felt that these have worsened:

*Yes, last year .... there was a lot going on. And I don't think I realised at the time how heavy it was, and then it was more around then that it did get... Yes, I did feel the burnout in which I had taken a bit of time off, but I think that eased a bit then afterwards and things got a bit easier and now it's just more about managing my time and my own stress out. (FUP032f, Housing/Homelessness)*

*... just so disappointed by the experience women have and it's probably getting worse I think. We're stretched and so other services are stretched, local governments are stretched. So I think our experiences are getting worse. The standard and the acceptability around what is understood as good care and good support, I feel like the bar keeps being lowered. (FUP043m, VAWG)*

There were several participants whose narratives suggested that they, or their colleagues, were experiencing symptoms of psychological distress, ranging from changes in their world view, feeling traumatised, changes to their inter-personal and intimate relationships, physical illnesses, and sleep disruptions. The triggers for these were different, and participants related them to the particular characteristics of the work, for example, anger and sleep deprivation resulting from stories of abuse; physical exhaustion relating to the constant relational needs of a woman with a chaotic lifestyle; emotional strain and feelings of responsibility relating to the multi-layered traumas and barriers of people living with disabilities.

*I've been really struggling in the last month, I'd say, I've really, really struggled with what I'm witnessing, what I'm bearing witness to and I find it absolutely heart-breaking, in fact it makes me want to cry just saying it. ... Some of the individual stories are just sort of heart breaking. (FUP019f, VAWG).*

*I think, working in the disability community I know that there will probably be situations that will feel very deep emotional stresses,...as an example, I often get, especially the mentees from the [mentoring programme], are still in touch, they still reach out and say, 'I'm still having no luck, is there anything else that you could signpost me to', and that's...I find that quite emotionally retraumatising, because I was very, very close with them for six months (FUP016m, Employment inclusion)*

*I was absolutely exhausted in fact at the end of the shift. Yeah, I was absolutely exhausted. I was getting cold sores, I was getting sore heads, and just feeling quite rundown. Uh huh. Uh huh. But I don't think at the moment I was able to actually realise that that's what I was feeling. I think I was just going until the end of week or tomorrow by automatic pilot. Well, then I ended up having some time off. And I think it was then that I realised that it was actually having like that impact on me. Yeah. I was exhausted. I don't even think I was actually sleeping as such. (FUP015f, Criminal justice).*

Experiences of psychological difficulties including vicarious traumatisation were not always recognised as such, with some participants feeling that despite the challenges they were facing, it was not something that would affect them. Despite the following participant describing a change in her world view, namely the normalisation of what is witnessed through work, she also later stated some resistance to the idea of vicarious traumatisation because she feels invincible:

*You feel a bit mad don't you, you feel like the whole world is full of horrific sexual violence and, you know, because that's every... It's hard to kind of not...well, it's not entirely true ... and I don't think that all men are perpetrators, you know, I've got close male friends and relatives who I know they're not. I'm not completely like, you know, it's absolutely everywhere. But I do kind of think... I've reached the point where I think they're probably the exception, you know, rather than the rule and that worries me ... obviously my work, sort of it skews your sense of the world. And also, I think it affects...yes, I think it has an effect on your kind of ability to be intimate, as well. And we never talk about that, I said that in my last interview, I don't think we ever talked about it at work, or the supervision in the world, we never talk about what's it like for us? (FUP019f, VAWG).*

### **7.6.1. Increased awareness/support for health and wellbeing**

While professionals are increasingly expected to be hyper-aware about the effects of trauma in their clients' lives, the first round of interviews revealed that the same awareness and trauma-informed approach did not necessarily exist from organisations with regards to their workers. The second round suggested that there had been an increase in organisational awareness in relation to staff's mental health and the dangers of vicarious trauma. This may have emerged perhaps from the adjustments that were made to assist staff throughout the pandemic, and the subsequent learnings, but may also have been due to increased experiences of poor mental health of staff during this time.

*And it's only since Covid really that people are starting to recognise the impact and starting to make moves...'cause I'm hearing that from the management...senior management, talking about it and it comes up at meetings, how are you supporting your staff? Staff need more support now. But I had, kind of, done a bit of that with my staff in my previous job pre-Covid. And then Covid hit and it got even worse. Our sickness rates went...which might not be the same across the board, but our sickness rates went really high during Covid, related to stress. So I did a whole wellbeing week and we got vicarious trauma training...we did yoga sessions, we changed the way people worked. We did consultation on a four-day working week to give people a better work/life balance. (FUP008t, VAWG/Financial inclusion).*

*I think [the pandemic] made us much more conscious of staff wellbeing in a lot of ways. I think we were so focussed on staff wellbeing during the pandemic that coming out the other side has, perhaps, you know, having to focus on the wellbeing of the organisation as well as on the staff. Which should be the same thing, you'd hope, but some of it has been about making sure that or recognising that they can't work at home every single day. Overall, there's a much greater awareness, I think, of how we can support staff more effectively, even if we don't get it right all of the time. (FUP018m, Criminal justice)*

Due to the shared experience of the pandemic, there was a sense that people felt more comfortable being open about or discussing their mental health and wellbeing and requesting or making use of available support provided by their organisations. In the following quote, one participant described how she thought that more staff in her organisation were struggling, but she also was not sure whether this might also be due to an increased acceptability of being honest about one's experience:

*Yeah, I do have a number of staff who are clearly struggling with their mental wellbeing, it feels like it's more than it was but I'm not sure whether they're just more comfortable disclosing, which would be a good thing. Yeah, my sense is that it's a little bit more, but I, like I said, I don't know if it is more like just know about it more. (FUP031m, VAWG).*

Notably, discussions in the second round revealed that since the pandemic, some managers were taking a more proactive approach to supporting and helping staff maintain good mental health as opposed to reactive responses described in the first round.

*We've kind of had to evolve our practices, coping practices, I guess, as the service kind of evolves. We are now sort of thinking about doing some things, like maybe weekly yoga, or something like that, as a team, you know. Again, kind of focusing more on maintaining good mental health, rather than kind of responding to when one of us kind of starts to burn out, and different things like that. (FUP088f, Women's centre)*

*We had our annual staff conference where the focus was staff mental health. We had various workshops that came in and the full focus was on staff wellbeing. We do have mental health first aiders across the organisation who are there and support staff. (FUP055m, Children & Young People)*

There was the introduction of new and improved practices such as: external counselling; group reflective practices; staff outings and activity days; as well as innovative practices such Wellbeing Wednesdays, virtual coffee chats, and Wellbeing or 'Duvet' Days, which are in place to help support staff mental health. Some organisations had also developed strategies and policies around staff wellbeing. A mixture of one-off, ad-hoc activities, and ongoing more regular activities were described.

*I think the Wellbeing Wellness stuff that's shared every Wednesday, I think that's the big thing that's been implemented since we last spoke, to help. Because again, from doing that...and we carried out the staff survey. So from the staff survey, we identified it would be really good to ensure we have an element of wellness within the organisation. So, we did that. (FUP028m, Employment inclusion)*

*One of the things that one of our members of staff introduced, actually, was called a, it's a monthly brew and bletcher, as she calls it. So just an online, you know, have a cup of tea and chat with your colleagues for half an hour, on the third Wednesday on every month. (FUP018m, Criminal Justice)*

The need for such activities and practices to be part of explicit strategic approaches was discussed. Several participants raised the need for (increased) organisational strategy and policies around mental health and wellbeing,

and for these not only to be readily accessible, but to be a regular part of conversations so that staff are comfortable with using them:

*I think to be fair, yes, there should be processes and that should be an integral part of what you do, knowing that your advisers...even before Covid and cost of living crisis, this is hard work that we do and you hear hard things. But...it's all well having processes written down. I definitely believe that it has to be part of your practice as management to have open conversations and check in times. Otherwise you lose that element of trust. And then somebody to build up the courage to come and say to you, I'm feeling this way...I mean, I've...I've suffered from anxiety for, God, about 12 years or something now but it's...it's a hard thing to do, to come and tell somebody. And if you're in a workplace that doesn't embed that ethos, then to come and say that to somebody is a big thing. You...there's that, oh will I be judged, will they think I can't do my job because of this. (FUP008t, VAWG/Financial inclusion).*

*I will say though, that I think the pandemic, as awful as it was and all of the deaths and sickness and long term health issues that came out .... the good thing that did come out of it is that it did bring to light, at least within our organisation, a lot of issues that were kind of just sitting beneath the surface, that people were just putting up with... structurally, and with everything, that overhaul, like with all the overhaul that did happen, not just the pandemic bringing it to light within our organisation, but within other organisations, so with us interviewing other organisations and learning from them, it's actually creating real good two way learning.(FUP057f, VAWG).*

### 7.6.2 Challenges in accessing support

Despite some organisations describing an increased awareness of providing proactive support, participants also highlighted the constraints of making these available and accessible namely; time to attend wellbeing initiatives, especially in relation to priorities to provide services and flexible and or part-time working schedules.

*We do have mental health first aiders across the organisation who are there and support staff. But, yes, I think the difficulty will always be more...I think we get...so the priority of the role...not the priority, but what becomes a priority is managing our contracts and getting the young people seen. Even though there is a high level of support for staff I think sometimes it can be lost a little bit outside of supervision and what is there. (FUP055m, Children & Young People)*

Several managers expressed that constrained budgets prevented them from being able to provide additional support for wellbeing activities. One stated that she used her own income from delivering training to pay for staff counselling because of a lack of available funding:

*There have been issues where I've offered free counselling to three team members now, where they've had issues in their private life, that have caused them to feel really quite distressed. And because I can earn an income delivering training, I keep that aside, so that if any of the team members have hardship or an issue, they're offered training or counselling or anything that makes them feel recovered. (FUP017mf, VAWG)*

Where it was positive to see organisations taking a more proactive role in supporting their workers, managerial descriptions of supporting their staff revealed the potential for overload upon the managers themselves, with their own boundaries or self-protective mechanisms not always priority:

*So just appreciating your team, and for them to know, the important thing, they say, is they can call me at any time. So, if we've had a woman who has self-harmed, who needs to go to A&E, they can call me at ten o'clock,*

*11 o'clock at night, and I'll advise them or I'll take over, or, you know, they're not just left with it on their own, and that makes a difference to the team. (FUP017mf, VAWG)*

*The way I manage my staff is to hopefully manage them with...that they hopefully don't have the same capacity issues that I do, I would hope so. I wouldn't expect them to be holding as much as I am. I always check in regularly with them to make sure that they are...see what is on their workload and check how they are getting on. If there is a particularly busy time, I discuss with them about cancelling outreach or seeing if I can take something off of them if they are too busy. I hope that that is the way they feel. The area of work and what we do is bound to be distressing and upsetting and it can cause that vicarious trauma, that is something that I would worry about. Nobody has ever raised it with me, but I would worry about that if anybody ever did. (FUP020mf, Women's rights).*

### **7.6.3 Personal coping strategies**

As in the first round of interviews, participants described a firm need to be clear about boundaries around working hours, and to adhere to these. Boundaries could be placed around the working environment, around time, and/or around use of technology. Consistent with the findings from the first round, being able to take time off work, whether short or long-term, was greatly valued. Often this awareness of the importance of boundaries and time away from work arose from previous experience of not having done so, and of resultant experiences including compassion fatigue and burnout.

*But I do recognise that the emotions that come with that, also remind me of, like, some of the places I've worked, where, when things are overloaded and stressed, then sometimes the emotions can get quite muddled. And so I think that that's why, and there can almost be that compassion fatigue, you know, in terms of how people respond. So I think that we are very clear to be very human in how we respond, but we're also very aware that the cost can also be quite great, and so we do need to have weekends that are completely clear, and we do need to have, you know, make a decision at what time we'll finish at night. (FUP003mf, Mental health).*

*It's like when I come home from work, I switch off everything. I don't leave my phone on. And that was actually one of the things that led to my burnout the last time, was with that situation, because it was such a... The client was very vulnerable, I actually left my phone on, but I actually had to change. (FUP032f, Housing/Homelessness).*

Social support was once again described as a key coping mechanism:

*There's people that I could speak to, those colleagues that I reach out to, if I've had a particular situation like that, but it's informal, it's my closest allies, it's my colleagues, my mum, my best friends. ....it's my own support network, as opposed to anything more formalised, I would say. (FUP016m, Employment inclusion)*

The importance of in-person support was raised, with participants highlighting the desire to come together more:

*I think it's better now that we're in the office ... because I feel like when you're at home, you don't have that same, kind of, camaraderie. I felt like I couldn't just phone a colleague on Teams or Zoom and be, like, oh I've just had this really hard, difficult phone call because you just don't want to bother other people... Whereas when you're back in the office it's easy just to, kind of, turn round to somebody or open your door and be, like, ah somebody's just phoned to say they're on the bridge to go and kill themselves and I've had to talk them down or whatever and let off that steam. (FUP060f, General advice)*

*Because for the frontline staff, it's really important that they work as a team, it's really important that everybody knows what's going on, it's important that the manager can have interactions with the staff. And also, in terms*

*of their own well-being, an important part of coping with the fact that it's quite emotionally taxing work is being able to come into the office and just offload and debrief, and just have ....people around you say, oh, yes, that is really difficult, or, I had that and I tried X, Y, and Z, or just to sympathise, to offer suggestions, to...so that people feel they're not on their own with it. (FUP005m, Housing/Homelessness)*

## **7.7 Summary**

The second round of interviews highlighted similar concerns and challenges to those raised in the first round. However, the cost-of-living crisis has intensified all of these. Due to shortages of funding, insecure employment contracts, and people re-evaluating their careers, it has become difficult to hire new people into stressful jobs on a low wage. This has resulted in staff shortages and those remaining having to do additional work. More effective management of caseloads, the ability to pass on cases, and taking time away from work (short or long-term) were all cited as coping mechanisms which were valued highly. However, many of these coping strategies were unravelling in the current fiscal environment.

Findings from both rounds of interviews paint a rather bleak picture of high workloads and very challenging work environments against a background context of shrinking financial resource, rising costs and increasingly complex service user needs. These are shared concerns of staff regardless of the size or location of the organisation in which they work. There is little doubt about the negative impact that all of this can have on staff welfare and the resultant psychological effects. Yet within this context and despite some dire circumstances, interviewees also spoke of many positive experiences and the ways in which they endeavour to build resilience to withstand the challenges of this work. The following chapter explores the development of resilience in more detail.



## Chapter 8. Building Vicarious Resilience

This chapter focuses on the ways in which interview participants described the more positive experiences of their work, how they derive strength from witnessing the effects of their work and the resilience of their clients and, crucially, how they build resilience in the face of significant challenge. This speaks to a growing body of research that focuses upon the possible positive effects of trauma working which is in parallel to the more commonly documented negative effects of trauma exposure. In exploring these findings, this chapter addresses the study objectives of identifying practices that may be positive for organisations and their staff and which support worker welfare.

Historically, research has focused predominantly upon the pathological or negative effects of trauma working, and it is only more recently that this has begun to expand to explorations of potential positive impacts. As with the negative effects of trauma working, there is 'definitional overlap' (Frey et al 2017:45) when it comes to exploring the positive effects of such work. Where constructs related to the negative impacts are captured by terms including vicarious traumatisation, compassion fatigue and burnout, similarly there are several different constructs related to the positive impacts which include vicarious resilience, vicarious post-traumatic growth, and compassion satisfaction. Whilst these all rely upon noticing or observing progress in clients, they have other dimensions that differ. The negative and positive effects of trauma working are not experienced by all, and nor are they mutually exclusive; service providers can experience both 'distress and personal growth simultaneously' (Puvimanasinghe et al 2015: 745).

The concept of vicarious resilience is of significance here, and is described as 'the strength, growth, and empowerment experienced by trauma workers as a consequence of their work' (Puvimanasinghe et al 2015:743). In particular, it is about the growth of workers that may result from being witness to and inspired by their clients' processes of resilience (Hernandez-Wolfe et al 2015). Compassion satisfaction, as with compassion fatigue, does not necessarily mean that the worker undergoes internal changes, but rather experiences feelings of satisfaction, gratification and pleasure (Frey et al 2017: 46), as a result of conducting work that makes a positive difference. Whilst similar, a key difference between these constructs has been suggested to be 'satisfaction with or valuing of the therapy process' (Frey et al 2017: 45), which is a part of the vicarious resilience process and compassion satisfaction experience, but not necessary for vicarious post-traumatic growth to take place. Where relevant, nuances of these constructs are explored in relation to our research findings, but the theme will be largely explored under the blanket term of vicarious resilience.

In this study, participants provided many examples of vicarious resilience processes resulting from indirect exposure to their service users' traumatic experiences. Despite the high workloads, the pressure they were put under, the demanding and often chaotic nature of the work, and the horror of listening to others' traumatic experiences, many spoke of positive meaning-making and effects of their work which transformed them and their experiences. Importantly, as in other research (Puvimanasinghe et al 2015; Frey et al 2017), vicarious traumatisation and vicarious resilience were not mutually exclusive, rather they coexisted in interviewees' discourses. Many participants also spoke of service users' own resilience and how they had taken courage and strength from that. Witnessing service users' own resilience and recovery process strengthened interviewees' motivation to carry out this work, their understanding of service users' experiences, and provided an increased sensitivity.

### 8.1. Witnessing positives

As discussed in Chapter 6, several participants reported finding positives in doing their work, captured through descriptions including the work being '*rewarding*', '*motivational*', '*inspiring*' and '*empowering*'.

The importance of seeing change or progress in their service users was emphasised, although what this meant did of course differ by organisation according to its aims and focus of work. Observing changes and progress gave a sense of satisfaction which was often described as 'reward':

*I think it is a rewarding job. I think for my workers who are doing frontline work I think it can be really challenging they still get enough reward from it in order to still carry on with that work, so they see a real change in women who they're working with and feel like they're making a really big difference. (045mf, VAWG)*

*And the thing I love most about it, and actually one of our staff said this the other day, that the thing that they love most about [organisation name] is that you can see the change, so you can see someone come in at a crisis and then their life feels like a disaster and they don't know what to do and what direction to go, and then six months later they might have become a volunteer and be delivering a group.(025m, Women's Centre)*

Seeing changes and progress in clients was described as motivational and inspirational, and gave them faith, hope and joy as well as feelings of empowerment and of enrichment. This echoes the findings of Puvimansinghe et al (2015), who found that for those working with refugees and asylum seekers, empowering their clients in turn empowered the service providers 'as they witnessed the effectiveness and value of their interventions' (ibid: 753).

*I do it because I think it's important work. I do it because I love making a difference in people's lives. And I think it makes me a better person. It is soul work, really, this feeds my soul, I guess. (079f, VAWG)*

*I have seen women go from complete shells of themselves to confident, independent, capable women within that time [18 weeks of the service]. And that is just so empowering. It is not every client, I'll be honest. Some of them don't. It depends on the client and where they are at and what they're working with, and how prepared they are to change. But the work itself is incredibly inspirational. (079f, VAWG)*

Whilst it was change and progress in the women that acted to provide feelings of reward or to build resilience, these did not have to be big or dramatic to be meaningful or significant to practitioners:

*And it's those little moment of kindness and attentiveness, the little changes that you see in women, like the ones that come and they don't talk, and then next thing you know, they're wearing a glittery hat, and they're shouting raucously. And you think, where did that woman come from? And it's these tiny little things that fill my heart and soul with joy. And I'm always looking for the tiny beautiful things about [organisation], and that's how I cope with it.' (017m, VAWG).*

## 8.2 Balancing the negatives

The positives described above were not only of independent value, but could help to balance negatives that were experienced through the work:

*I think, yeah, other things are negatives really, but you have to remember, if you're sitting with somebody and what you've done, or you've just watched somebody deliver something that's brilliant, and you have just transformed their day. And when they just pour out that gratitude, or, you know, they're so pleased with what they've achieved that they can't hold themselves still, that makes up for it. (029m, Criminal Justice Arts & Inclusion).*

*Sometimes, [interviewer name] it's absolutely hell and I sit there, you know, when they start bickering and fighting amongst themselves?... And I'm always the dragon, I always have to go in and sort it out. And I say to my partner,*

*why am I doing this? And he'll say, I don't know, you're not getting any financial gain. I say, I'm just getting a headache. And then I can have real dips in motivation, but then when I go again, or I hear about something wonderful, something little, I just think it's just something I've got to keep doing. (017m, VAWG).*

The positive experiences that practitioners had related to witnessing changes and progress of the women in the course of their work could build a resilience against the negatives. As the quotes suggest, without these positives, practitioners may not have motivation or resilience to keep doing the work.

### **8.3 Strength to continue/resilience**

Seeing positive changes and progress acted not only as intrinsic motivation to engage in the work, but also gave practitioners strength. The following quotes illustrate that practitioners are very aware of the necessity of being part of and witnessing such change in giving them the resilience to continue in the work despite its challenging nature:

*Another thing is I really love being able to even though we have had very difficult cases and not all of them we are able to resolve or some of them just take years, when you see the light at the end of the tunnel, it's priceless. Then you think, all this time, you know, all the effort, all the suffering for this person, and now you see a little bit of a result, kind of to some degree has more weight than all the cases where we haven't been able to see the end of it. It gives you strength to continue helping the other people so I really like that. I feel like we have a meaningful impact on some of the cases. (083mf, Refugee & Migrant).*

*I guess this is what keeps me in the role is when you see those improvements that people have. It is just so rewarding. I am not sure what the word is but...it is motivating but also motivating in my own personal way in that it gives me faith and hope I suppose that people are getting better from poor mental health. It gives you a lot of joy I think actually. (064f, Mental health).*

As outlined by Puvimansinghe et al (2015: 759), positive emotional reactions of workers to growth or progress in their clients do not alone indicate vicarious resilience, but instead it is the internalising of their 'appreciation and awareness of clients' strengths, resilience and capacity to grow'. This would suggest a conscious effort to acknowledge such changes.

**Importance of acknowledgement:** External acknowledgement of change or progress appeared to be important to practitioners, particularly feedback or gratitude. Such acknowledgement could be from a client, or from a colleague.

*It is rewarding and you do get quite a lot of positive feedback from clients, and therefore that makes your job worthwhile because you are making some level of change to at least one person's life. And if you can make a change to one person's life, keep one person alive, keep one person at home, then...you're doing a good job. Yeah. (060f, General advice).*

This noticing of achievements is a component in the development of vicarious resilience. The importance of such acknowledgement, in 'valuing the process of recovery work' (Frey et al, 2017:45) was noted by Hernandez et al (2007), who found that the effects of vicarious resilience could be increased by drawing attention to it.

**Feelings of mutuality:** There were descriptions of mutuality through the work, of the practitioners both helping and being helped by the women clients, and of there being value in this mutual approach. One practitioner described the mutual relationship of women helping women as encouraging and healing, and another highlighted the role of the relationship in mutual growth:

*And I've tried in the time I've been here to try and keep that as an ethos, that we are...you know, we're not up and women are here, or, we're not there...we're just women helping women. And actually they help us. You know, there are things that they say and things that...they have healing aspects to us. And they speak in to our lives and are an encouragement. ... I think for a women's organisation to be successful and to...you have to retain that, we are women helping women and they're helping us. (075m, Sex work support).*

*This is why we're here, this is the reason why we're here is because women want that place to go to with other women and form those relationships and learn together and grow together. And yeah, it's great, I love it. (028m, Women's Services).*

Several practitioners described how the coming together of women to support other women gave them strength, and reflected the 'power of community to make change' (025m, Women's centre). The following practitioner described how she found that the nature of the work – sharing in a mutual activity – gave her strength, not only because she was able to see the resilience of women clients, despite the experiences that had brought them to the service, but because it presented her with an opportunity that she did not normally have or participate in.

*Just being on the edge of that big table, with all the other women, and I'm looking at them thinking, they're really happy. They're not thinking about their domestic abuse. They're not thinking about their debts or...and I just think this is such a lovely space for me to be in. So, I get strength from being amongst women, particularly women from my own community, who I've never socialised with .. , as a whole group of women, it's really lovely. It's really nice. All different ages. All different life experiences. Just coming together doing a bit of craft, it's beautiful. (017mf, VAWG).*

Below the importance of mutual support as not only powerful but having longevity, is described:

*Every single day is a positive. Every single day. When we see women taking ownership of their own health, being able to move beyond the trauma, being able to sit down, they just...you know, we do a cuppa and a chat on a Thursday, and we do a knitting class on a Monday, and listen to the women sit and drink tea and laugh and talk with each other, is just magical, you know, there's real power in women sharing stories, there's real power in women being able to come together and lean on each other and support each other. (044m, Health and wellbeing).*

These findings point to the importance of social support in the process of vicarious resilience, a theme that is discussed also by Frey et al (2017:49), whose study suggests that 'authenticity, engagement, and empowerment in peer relationships contribute to vicarious resilience'.

**Lived experience:** As discussed in Chapter 6, several workers said that either they, their friends or colleagues, had lived experience of the issues that they were working to address. Most said that this lived experience had been one of, if not the main motivating factor for doing the work. What was less clear was what role their lived experience played in the process of vicarious resilience, although some did describe how it enabled them to do the job:

*So, it was just a lot that I was able to unfortunately experience, but it built a resilience in me, and inspired me to go, this is where I want to do and what I like. So, a lot of the stuff that the clients present with is something that, in a way, will resonate on one level.' (035m, VAWG).*

*I have lived experience of violence against women and girls as well, so...there's a personal link there, and so some of it is triggering, and some of it is traumatic, but that's also the reason why I do the job. (080m, Women's Centre).*

This chimes with previous work (Frey et al. 2017) which outlines the dual role that previous personal histories of trauma may have both in subsequent vicarious traumatisation and resilience processes. They highlight that resilience may result when practitioners have lived experience of the issues they are working to address, but the extent to which it is either triggering or strengthening may be mediated by support, 'reflection and discussion with colleagues, supervisors and/or consultants' (ibid:49). In other words, it may contribute to the development of vicarious resilience but perhaps only with careful boundaries and meaningful support.

#### **8.4 Vicarious resilience as a component of the manager – practitioner relationship**

Where vicarious traumatisation appears to differ according to factors such as degree of exposure and caseloads, likewise the vicarious resilience process may also differ according to role. In this research, vicarious resilience appeared to be a relevant construct in relation to managers who experienced growth and resilience as a result of experiencing that of their staff. Several managers described this process, and the pleasure they get out of seeing staff growing and progressing, and how this is satisfying and rewarding.

*I usually get a lot of pleasure out of seeing staff growing, developing, progressing, especially people who've not had the advantages that others have. So they've gone into hairdressing or catering or unskilled jobs as well, because they've missed opportunities for reasons of inequality, and then coming in, working with myself, just progressing, getting qualifications and actually, they cry if you give them positive reinforcement, because they're so delighted that somebody's seen a skill in them. So I get a lot of pleasure out of that, and I still get pleasure out of that. (011m, Children & Young People).*

*I think sometimes being able to see people achieve what they have the potential that you can see them in, is quite nice, because it can be very disheartening, especially in this line of work ... so in this job I get a lot of satisfaction about not only being able to watch my staff grow, the placements and volunteers grow, I can watch the service grow, and be like, this is amazing, what we achieve. (035m, VAWG).*

#### **8.5 Summary**

The interviews revealed many examples of the positive impact of working in this sector, and in particular the ways in which workers lives can be enriched through the opportunities that they have for seeing progress in their clients. Whilst acknowledging the pressures and exigencies encountered in the workplace which cause distress, interviewees also spoke of the positive personal growth they have experienced, which tends to manifest in increased self-awareness, more resourcefulness and creativity in their approaches to the work, a deeper understanding of their clients and, above all, a sense of hope that lives can be improved with the right set of resources. The findings of this research add to the body of research that suggests that it is possible for helping professionals to experience their own resilience as a direct result of the work they do.

This suggests a more hopeful outlook for those working closely with traumatised women and girls. That said, such optimism was always tempered with a sense of realism. Opportunities for seeing progress are few and far between and when they do emerge can be subverted by a lack of resources (e.g. permanent housing; mental health services), snatched away by violence and hampered by adversity in service users' lives. Witnessing the growing strength and empowerment of services users can be undermined suddenly due to factors outside the control of workers, underlining the fragility of support work and often leading to anger and frustration amongst workers. The following chapter presents some insights into the ways in which working environments may be strengthened to support staff wellbeing.

## Chapter 9. Addressing the Challenges: Mitigating the Effects

This chapter draws on the insights and experiences of interviewees to suggest ways in which psychological distress can be minimised, or at least recognised. It includes examples of good practice for both organisations, managers and individual workers which are considered to mitigate the traumagenic effects of the work.

Previous research indicates that people who have experienced trauma (including vicarious traumatisation) can overcome their negative experiences if the right environment and support structures are in place (Covington 2008; Najavits 2002). Organisational support including through **good leadership which engenders a sense of being protected** by the organisation predicts lower work-related stress and subsequently, lower burnout (Senreich et al. 2020). It became clear through the research that many organisations do not have recognisable processes in place to support the well-being of their staff, even where they are explicitly deploying a trauma-based approach in their work with service users. Too often the safety and well-being of staff are overlooked, or support can be cursory, in forms that are not always accessible to all staff. For the most part there was a notable lack of structure for identifying and/or responding to psychological distress; instead it was left to staff to self-disclose or an attentive manager to spot. Some organisations – particularly the larger organisations and those that have a national remit - did evidence good practice in supporting staff welfare both pre- and post-Covid, as reported by their staff. These are **workplaces that seem to take their duty of care towards their employees (and volunteers) seriously**, which normalise rather than individualise the traumagenic effects of working and which have introduced **strategies to minimise stress and support staff wellbeing**, such as robust structures for support and supervision, and the provision of regular external clinical supervision.

### 9.1 Positive practices

Various strategies for reducing levels of symptoms and disruptions due to psychological distress have been recommended and identified in relevant literature (e.g. **formal and informal support**, including externally provided counselling; balancing professional and personal lives; **active coping strategies, and; dedicated training for trauma work** (see for example, Slattery & Goodman 2009; Coles et al. 2014). All of these are echoed in this research. Perhaps the most important first step to mitigate the effects of workplace trauma concerns the **recognition of the likelihood of vicarious traumatisation or re-traumatisation from the work**. This clearly relies on strong and informed leadership and **management structures which embed workplace wellbeing into organisations** and is made a strategic priority. Indeed, embedding staff wellbeing in organisational processes and policies is seen as having considerable benefits in attracting and retaining staff.

Many research participants described their organisation's ethos in positive terms, particularly where it embodied empathy and care of others. It is clearly important that these extend to the care and support of staff. At the same time, participants recognised that organisations are operating under severely constrained financial conditions and face uncertain futures, but a lack of clear strategies and associated processes for mitigating indirect trauma may be considered an abrogation of organisational responsibility for staff wellbeing. Our research demonstrates that **recognition of the likelihood of psychological harm** arising from this needs to take place at both individual and organisational levels. At the individual level, this involves having awareness, and having an **awareness of the need for self-care**, including the **maintenance of good boundaries**; and having confidence in the organisation to provide support, including peer support and collegiality. At the organisational level, this requires a recognition of the prevalence of psychological distress, its warning signs (psychological, behavioural, emotional and physical) and its impact; and recognising that **being trauma-informed needs to extend to the care of staff**.



Normalising the likelihood of psychological harm and removing any stigma surrounding trauma was seen by many participants as a vital step in mitigating its effects. Managers being readily available and approachable to staff was seen as substantiating communication about the organisational duty of care. In turn, talking about the effects of trauma was considered to create a sense of safety through providing a support network. The creation of an environment that acknowledges the likelihood of psychological distress needs to emphasise the importance of engaging with, and then listening to staff. We heard about organisational efforts to put in place better methods and structures for engaging with staff, and in particular offer **channels for staff to disclose concerns about their wellbeing** as it relates to the workplace. Some of these were put into place during Covid, with some being retained post-pandemic.

Several participants raised the issue that in order for organisations to truly understand how their staff are being affected by their work, there is a need to document both individual and organisational needs in relation to psychological wellbeing and distress. Suggestions included administering **staff wellbeing surveys** such as validated psychological measures of wellbeing; **anonymous stress audits** to gather data about sources of stress; gathering data as a baseline measure of areas frequently affected by trauma (burnout, motivation, feelings of hopelessness, sleep, well-being, engagement, performance, commitment, turnover intentions, social connection, and working relationships); and collection of data on staff absences. The suggestion was also made that **anonymous survey results should be shared with employees along with planned initiatives** to address gaps in well-being and trauma support.

There was an emphasis on regularity and structure with regards to **check-ins with staff**, and for these to incorporate discussion of wellbeing as well as support needs. Likewise, appraisals that focus not just on performance but upon development were appreciated. **Reflective practice** was considered to be especially important as a means to allow workers to explore their experiences and the emotions attached to those experiences in 'safe' supportive environments. It was suggested that reflective practice groups enabled discussion of impact upon individuals and were a space to process, as well as a space in which to learn from one another. Assurances of confidentiality are however important.

When asked about wellbeing support, many participants found regular 1:1 supervision and support to be of significant value. **Externally provided clinical supervision** was particularly valued, albeit only by counsellors who understand the sector. Where organisations were unable to offer externally provided clinical support, alternatives such as **training in peer supervision** were also seen to be of benefit. Other suggestions included training around the effects of working with traumatised populations and its likely effects; having more flexibility in their role – that is, the possibility of **lateral shifts in job role**, and; more resources to counteract the high workloads which many believe are a major source of stress.

Increasingly viewed as an employee benefit, **opportunities for flexible and/or hybrid working** can support staff wellbeing by giving staff personal choice and some autonomy, which can also potentially improve work-life balance. Hybrid working needs to be premised on trust, and this can in turn be beneficial to staff wellbeing: trust can be very empowering and can also help with staff retention. Taking this a step further, some participants relayed how their organisations have allowed an **element of choice in shift patterns**, and others have introduced '*alternative working*' opportunities which give staff more **autonomy in deciding how to structure their working days/weeks** which are different from a traditional 9-5 Monday to Friday, such as working a 4 day week with compressed hours.

A very small number of interviewees reported that their organisations offer staff a **wellness stipend** – either in the form of vouchers or a modest amount of financial resources that can be utilised to gain counselling, referrals to trauma specialists or access to forms of therapeutic support. This was however the exception rather than the rule and in the current constrained circumstances may not be feasible for many organisations.



The research highlighted the **importance of self-care** for workers (and managers) as part of a coping strategy to maintain health and wellbeing. In general terms, self-care means adequate sleep, reasonable exercise, eating a healthy diet and individualised forms of relaxation. We were provided with extensive examples of self-care in the interviews and the reported benefits of devising a self-care plan and sticking to it. Frontline workers spoke of the importance of scheduling “*switch-off time*” for relaxation to try to “*reset*.” This often incorporated breathing exercises, mindfulness practices, and meditation, as well as working out at a gym, running, walking in countryside or lengthy dog walks. Others described rooting their self-care practices in recreational activities, spending time with friends and family. The importance of self-care was also often something promoted to staff by managers who devised various team activities to support wellbeing and provide opportunities to develop positive, bonding relationships with other team members.

Too often however the safety and well-being of staff are overlooked, or support can be cursory, in forms that are not always accessible to all staff. As such, staff are often left with responsibility for their own self-care within the organisational setting, with a lack of access to organisation-led initiatives. Even when adequate resources and time are provided, and the importance of the wellbeing of staff is acknowledged, there is the risk that by emphasising self-care, staff are responsabilised to take care of themselves, with organisations abrogating responsibility. Guarding against this requires policies that include **self-care as one part of support for staff**. For example, in our research we found that some organisations have **embedded self-care practices into staff policies** and, rather than simply responsabilising staff to take care of themselves, have supported these with some resources.

## 9.2 Financial wellbeing

The financial precarity of organisations and the effect this has on staff was a key theme across all aspects of the research, with many accounts provided of the impact of financial struggles on worker wellbeing. Financial precarity acts as a structural precursor to poor mental health. The cost-of-living emergency is exacerbating precarity, with a disproportionate impact upon women’s lives, acting as a real contributory factor to staff stress and anxiety. Our research found that money concerns and uncertainty about the viability of job futures is leading to a lowering of staff morale and, in some cases resignations.

As described in Chapter 7, key concerns described included how to manage finances in the face of increased austerity, and examples were given of ways in which staff financial wellbeing can be supported. Important here are initiatives around **financial education** and guidance and **assistance to help staff understand their finances** including ways to save money, manage debt and boost savings as well as longer-term needs such as pensions. This is not all provided in-house but we were told that some organisations provide information about **external support for financial matters**, and /or bring in external financial advisers to provide open sessions available to all staff. Other well-received mechanisms include discount schemes on transport, gym membership, and yoga and exercise classes.

Provision of **clear communication about the financial situation of the organisation**, how pay structures are worked out, and how performance might be recognised all seemed to be very important. Many organisations in our research are very small so progression to the next level is not possible – as ‘*there is nowhere to go*’. Yet research participants seemed to value the opportunity of lateral shifts within their organisation, where this was possible, although once again this was considered more challenging for small organisations to accommodate.

## 9.3 Nurturing vicarious resilience

As outlined by other authors (e.g. see Frey et al 2017), it is crucial to identify **strategies to build vicarious resilience** and positive growth of workers, as well as working to prevent vicarious traumatisation and other manifestations of

psychological distress. Frey et al (2017) have a number of suggestions for doing so, based upon their research with advocates working with sexual assault and domestic violence victim/survivors. These include: supervision that helps workers **identify progress and growth in their clients**, and explicitly position the witnessing of this as vicarious resilience; the inclusion of not only information about vicarious traumatisation in training, but vicarious resilience, such as practices that utilise rewarding parts of the job as buffers against the challenges; organisational practices that facilitate **sufficient time and contact for workers with their clients**, so that they can be part of, and witness growth in their clients, and a 'relational organisational climate that fosters authenticity, reflectivity, and mutual communication about stressors, concerns, and disagreements' (Frey et al 2017:50), **enabling workers to see the opportunities for growth in their service users** despite the difficulties they face, and to assist workers in helping service users to grow.

Much of this chimes with themes that emerged in this research. Participants described how it is important that workers **have opportunities to be able to experience, witness and recognise changes, growth or progress in service users**. The importance of reminding workers to recognise their own personal roles in such growth and progress was emphasised. Importantly, external **acknowledgement by supervisors and managers of workers' contributions** to positive changes in clients was seen as contributing to the building of vicarious resilience. This requires **building in sufficient time with clients to see progress happen**, or to give clients a chance to express it to their workers, and **supervision/reflective practice time so that managers can acknowledge growth**, and the workers role in it. It also requires a clear undertaking by organisations to ensure wherever possible that spaces and resources for the development of vicarious resilience in the face of adverse working conditions are provided.

## Chapter 10. Conclusions and Recommendations

In this final section, we draw from the research findings to provide some insights which might usefully inform policies and models of working to support resilience and well-being, and which uphold the welfare of a vital workforce. As set out in the Executive Summary, we do this by distilling **10 key observations** from the research findings which together encapsulate the ways in which working in this sector is experienced. and which highlight the high level of psychological distress which many workers experience and the implications for their personal and professional lives.

### 10.1 Key Observations

#### 10.1.1 Challenging and Emotionally Demanding Work

This is challenging and emotionally demanding work where staff are exposed to harrowing testimonies of trauma from service users on a daily basis. Those working on the front line and managers/supervisors are trying to cope with a range of adverse physical and psychological outcomes including exhaustion, depression and anxiety as a result of exposure to such testimonies. Existing workload challenges have been exacerbated by the cumulative effects of intensified service user needs, arduous work conditions, high workloads, job security concerns, additional personal and family needs, alongside increased concerns about service users' safety, health, wellbeing and finances which have been precipitated by the pandemic and the cost-of-living crisis.

#### 10.1.2 Psychological distress and coping strategies

Psychological distress as a result of working in this sector is common. The interviews revealed various coping strategies that workers and managers/supervisors deploy in dealing with the work and its heavy impact. By and large, such strategies are self-initiated and self-directed, for example, regular physical exercise, recreational and creative activities and time spent with family and friends. However, the most important and effective ways to address the adverse effects of working are those which do not rely on individualised self-awareness or self-care, but which are organisation-led and embedded in policies and mechanisms for identifying, recognising and responding to the risks of psychological distress.

#### 10.1.3 Motivations and Reasons for Doing the Work

The interviews revealed that there are distinctive personal motivations for working and continuing to work in this sector, which are related to workers' own lived experiences (or that of family or friends) and a strong desire to "help women". Many participants expressed anger and frustration about the wider lack of support and adversities faced by their service users. Yet despite job precarity, low levels of pay, a lack of progression opportunities and a morally injurious working landscape, those that we interviewed spoke about "sticking it out". Nonetheless both interviews and survey findings also highlighted the increasing difficulties in staff retention and in recruiting staff and volunteers which are eroding capacity to do this vital work.

#### 10.1.4 Presentation of Complex Needs

It is clear that across the sector, many service users present with complicated and multi-faceted needs. These were exacerbated by the pandemic when existing networks and support systems fell away. Women subjected to domestic abuse; those experiencing poverty, and; those with chronic physical and mental health conditions were particularly affected, as were Black and minoritized women and girls. The cost-of-living crisis deepened workers' concerns about

the welfare of service users who are perceived as presenting with even more complex needs, placing new and pressing demands on workers and jeopardising the sustainability of some support organisations.

### **10.1.5 Professional Relationships**

Physical distancing and home working during the pandemic (and beyond) affected workers' abilities to maintain crucial professional relationships with both service users and colleagues. Whilst this has been ameliorated somewhat by creative use of online working/training and opportunities for meeting up with colleagues, many workers continue to feel isolated and insufficiently supported.

### **10.1.6 Professional Boundaries**

Whilst the setting of appropriate and recognisable professional boundaries is seen to be of key importance for working relationships, worker welfare and as a framework for intervention, maintaining boundaries in this sector can be extremely difficult. Even when erected, these are not sufficiently protective given the pressures and emergencies encountered in the work. Interviews revealed the challenges faced by workers in separating their sense of their own identity from their work. Many termed their work as a "vocation" rather than simply a job and described experiences of 'enmeshment' (Bowen 1978), in which boundaries became unclear or permeable or, in some cases, completely eroded. This can significantly impact emotional well-being.

### **10.1.7 Erosion of Support Mechanisms**

There has been significant erosion of (formal and informal) support mechanisms for women workers wrought by the twin crises of the pandemic and cost-of-living and due to factors including the reduction of in-person working and the move to hybrid working, alongside marked increases in caseloads. Informed professional and peer support are both highly valued and considered essential to mitigate the traumagenic effects of the work., but this provision is variable across the sector.

### **10.1.8 Opportunities for Mutual Growth**

Social support is very important in the process of building vicarious resilience. There were many descriptions of mutuality, of workers both helping and being helped by women service users, and of there being value in this mutual approach. This is considered to be encouraging, healing, and strength-giving. Yet, with some notable exceptions, the provision of opportunities by organisations for mutual growth and mutual social support of staff and service users that could bolster the development of vicarious resilience are rare.

### **10.1.9 Sustaining Flexibility**

Many organisations demonstrated agility and flexibility in adapting to the pandemic through for example, rapidly pivoting to new ways of working and the swift adoption of new means for support provision. Indeed, innovative ways of working are a feature of the sector, but took a toll on staff who simultaneously had to adapt to the constraints wrought by the pandemic on their personal lives. In particular, flexibility in working (e.g. the possibility to take time out after a difficult or triggering case or a lateral shift in job role) and in service delivery (e.g. ability to be guided by and responsive to service users and their needs) are considered to be positive for worker welfare. Yet the sustaining of flexibility in staff working can be a challenge, particularly but not exclusively for smaller organisations, largely due to resource and time constraints.

## 10.1.10 Resource-Constrained Service Models

Many organisations are operating resource-constrained service models and are under budgetary constraints which restrict service delivery and place further strain on their staff. Financial cuts, new and stricter assessments and eligibility criteria for funding, and a highly competitive funding environment for third sector organisations mean that many organisations are financially struggling and job precarity is the norm. Widespread concerns over the sustainability of organisations and jobs can be considered structural precursors for psychological distress.

## 10.2 Recommendations

These messages lead on to a set of **nine recommendations** for organisations, managers and funders. These, which are based on the views and experiences of managers and frontline workers, if realised, could potentially improve the experiences of, and outcomes for those who work closely with marginalised women and girls and in turn support the efficacy of services delivered.

### 10.2.1 Improved Psychological Safety for Workers and Managers *(for organisations, managers and funders)*

There is insufficient recognition of the likelihood of psychological harm arising from this work and a lack of information, policies and processes within organisations for workers or managers to access to mitigate its traumagenic effects. Organisations should encourage acknowledgment of the potential of psychological distress as a result of this work and conduct 'open conversations' about its likelihood. Psychological distress should be recognised and acknowledged and not individualised, validating the feelings and concerns of staff. This involves creating an environment which facilitates and encourages willingness to talk about or acknowledge the risk of stress, thus increasing the chances that staff will ask for help, or report challenges. Creating such an environment requires ensuring that the duty of care of the organisation is made very clear to staff, with accessible and well-defined information about processes for, and availability of support. This transparency and accountability about care, support, and the need for it normalises and legitimises experiences of traumatisation and psychological distress.

### 10.2.2 Informed Leadership *(for organisations and funders)*

Organisations should ensure leadership and management structures that recognise the likelihood of stress arising from this work and the importance of it being addressed. It is vital that leadership embodies a commitment to reform the deeper structures and workplace processes which encourage long hours and high workloads and which clearly demonstrates appreciation for the role of staff in accomplishing the overall mission of the organisation.

### 10.2.3 Identification and Monitoring *(for organisations and funders)*

It is crucial that staff are listened to and that there are opportunities for checking in with staff on their wellbeing. Various methods could be deployed to achieve this, such as direct conversations with managers, 1:1 reflective practice sessions, as well as the use of staff wellbeing surveys and stress audits to monitor staff welfare and assess support needs. Staff should be made to feel comfortable being open about or discussing their mental health and wellbeing and given a voice in decision-making concerning any planned well-being initiatives.

#### **10.2.4 Operational Policies and Processes** *(for organisations and managers)*

Accessible operational policies and process should be introduced to be followed in order to minimise the traumagenic effects of this work, as well as systems that can identify and respond appropriately. These need to be responsive to the racial, ethnic, gender and cultural needs of staff and should be clearly articulated and communicated. Having accessible operational policies and procedures can reduce experiences of psychological distress, by providing clear guidance, thus also reducing the discomfort associated with the responsibility of uncertain decision making.

#### **10.2.5 Training** *(for organisations, managers and funders)*

The right training can help staff to recognise their own experiences of work-related psychological distress, support others and cope better when hearing about others' traumatisation. Training should include awareness of the prevalence of burnout, compassion fatigue, vicarious traumatisation and re-traumatisation in the workplace, their impact, and strategies for staying safe and building resilience. Specialised training should be available to managers for identifying, recognising, and responding to psychological distress amongst workers, including strategies for offering support and helpful resources. Whilst appropriate training can provide managers with the information they need to better support staff and enable staff to understand their own trauma, it is important to emphasise that they are not mental health professionals. Those experiencing vicarious traumatisation or re-traumatisation in particular require professional help.

Ongoing training and support for boundary setting and maintaining is required. Consideration should be given to establishing networks across organisations where they do not exist so as to share both good practice and the costs of training.

#### **10.2.6 Embedded Self-Care** *(for organisations, managers and funders)*

Given the wider and uncertain terrain within which staff are working, responsabilising individual staff to take care of their own health and wellbeing and develop their own strategies for self-care themselves is insufficient and can have negative consequences. Organisations should embed self-care strategies into staff policies and, where feasible support these with resources.

#### **10.2.7 Supervision and Support Mechanisms** *(for organisations and managers)*

In order to ameliorate the potential negative impacts of the work, including lessening the effects of psychological distress, robust structures for support and supervision are imperative to support staff wellbeing, including regular debriefs, structured support sessions, rapid response and external clinical supervision by counsellors familiar with the exigencies of work in this sector.

#### **10.2.8 Building Vicarious Resilience** *(for organisations and managers)*

Organisations need to identify strategies to build vicarious resilience and positive growth of workers in order to reduce manifestations of psychological distress. Staff should be given opportunities to recognise positive growth in service users and their own roles in effecting positive changes should be acknowledged. Opportunities (and sufficient time) should be provided for staff reflection and peer communication on this topic to encourage community and connection.

### **10.2.9 Trauma-Informed Funding** *(for funders)*

The concurrent crises (pandemic and cost of living) emphasise the need for longer term, more predictable funding sources. Applying for short-term and 'patchwork' funding is onerous and stressful due to the labour-intensiveness of the process and short turn-around periods. For smaller organisations and those without a dedicated fundraiser this can detract significantly from service delivery. Funders should consider introducing more stream-lined application processes and better alignment of their 'asks' of those applying for funds. Importantly, sponsors and funders should invest in the care of workers and managers in this sector, without this impacting on budgets for the delivery of services to service users. Urgent consideration should therefore be given to the inclusion of resources for staff welfare and well-being within funding sources and budgets.



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