*Original Paper*

# Healing the Healer: Exploring Barriers and Solutions to Supporting Workers in the Domestic Violence Sector

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*Abstract*

*Individuals who work with Domestic Violence (DV) survivors are often exposed to traumatic events that can leave them feeling overwhelmed, distressed, and susceptible to experiences of trauma themselves. The purpose of this exploratory study was to understand the health and wellbeing of staff in the DV sector to build capacity around providing safe and supportive working environments. A focus group was conducted with 40 members of a local domestic violence collective while surveys were completed by 61 professionals within the DV sector. Thematic analysis of focus group discussions and descriptive analysis of survey data highlighted primary barriers to supportive and safe organizational cultures including the work environment, leadership, and supervision. Specifically, supervisors and organizational culture play a significant role in contributing to employee health and wellness. Results suggest the need for increased importance on the role that senior/executive staff must take in protecting their staff from trauma-related harms, including focusing on trauma-informed supervision, structure, self-care, education and training, agency policies and the safety of the work environment. Future research could explore the impact of prioritizing the role of senior and executive staff in creating a safe working environment while informing new policies and strategies for mitigating staff burnout.*

*Keywords*

*domestic violence, secondary traumatic stress, compassion fatigue, vicarious trauma, organizational culture, trauma-informed supervision*

## 1. Introduction

Individuals who work with Domestic Violence (DV) survivors are exposed to traumatic events and stories that can leave workers feeling overwhelmed, distressed, and susceptible to experiences of

trauma themselves. The psychological effect of trauma on individuals who work with trauma survivors is often referred to as Secondary Traumatic Stress (STS), Compassion Fatigue (CF) or Vicarious Trauma (VT), ultimately resulting in burnout. Although similar, STS, CF, and VT have been defined in the literature as follows:

•STS has been defined as the trauma and emotional distress experienced by listening to survivor stories with symptoms including re-experiencing the survivor's traumatic event, avoiding any reminders of the event, arousal or hyper vigilance, and psychological symptoms similar to Post Traumatic Stress Disorder (PTSD) such as exhaustion, avoidance, and numbing (Baird & Kracen, 2006; Baird & Jenkins, 2003).

•CF has been defined as "a condition that is the cumulative result of the strong, authentic, empathetic feelings experienced by a healthcare professional while continuously caring for and meeting the emotional and medical needs of patients and/or their families" (Mennella, 2018, p. 1). The symptoms of CF may include emotional numbness, apathy, anger, anxiety, powerlessness, physical problems such as headaches or muscle tension, absenteeism, and substance use (Abendroth, 2011; Billhartz, 2012; Carpenter, 2013; Hooper et al., 2010; Jenkins & Warren, 2012).

•VT is often referred to as secondary trauma and is a harmful shift in an individual's beliefs about themselves, others, and the world around them due to their engagement with client trauma. Individuals who work with DV and sexual abuse survivors are extremely vulnerable to developing symptoms of VT which may include flashbacks, nightmares, numbing, disassociation, emotional exhaustion, depersonalization, reduced personal accomplishment, interpersonal difficulties and difficulty controlling negative emotions. (Peled-Avram, 2017; Cunningham, 2003; Jenkins & Baird, 2002; Bell, Kulkarni & Dalton, 2003).

A likely outcome of STS, CF, and VT is burnout which leaves individuals feeling emotionally exhausted, having a negative attitude towards clients, and experiencing a reduced sense of accomplishment, meaning and commitment to one's job. Health service workers are extremely vulnerable to burnout due to the emotional expectations of the work and may also include a lack of recognition for one's work, conflict between one's values and the values of the organization they work for, and a lack of input into organizational decisions (Bell, Kulkarni, & Dalton, 2003; Tarshis & Baird, 2018; Newell & MacNeil, 2010).

For individuals who work within the DV sector, STS, CF, VT, and burnout can have a profound impact on their personal and professional lives. Beckerman and Wozniak (2018) identified hyper vigilance, negative impacts on personal life, a harmful shift in worldview, and a lack of coping methods in DV workers who were deeply affected by the stories they heard from those they were supporting. Additionally, Iliffe and Steed (2000) found that DV workers reported feeling drained, upset, and horrified by the stories they heard, resulting in feeling less safe, more wary, and fearful, isolation from friends, family and coworkers, powerlessness and being distrustful of others. Furthermore, individuals who work with trauma survivors may experience a heightened awareness of the reality and occurrence

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of traumatic events making them more aware of their vulnerability, experiencing a loss of control and unsafe or insecure feelings, difficulty with intimacy and feelings of avoidance, anger, and guilt (Trippany, White Kress, & Wilcoxon, 2004). Accumulation and/or sustained feelings can result in physical illness, rage, diabetes, hypertension, apathy, depression, insomnia, and weight gain with impacts to organizations including absenteeism, tardiness, poor client care, inadequate communication, decreased quality of client care, increased staff turnover, lack of engagement and lost dollars in revenue (Mattioli, Walters, & Cannon, 2018; Newell & MacNeil, 2010).

There is an increasing amount of research around the importance of organizational culture and supervision teams taking an active role in supporting the health and wellbeing of employees. Research suggests there is a correlation between high levels of burnout and low organizational support, inadequate wages, excessive overtime, unpaid vacation, difficult working relationships, and a lack of mentorship or guidance (Babin et al., 2012; Slattery & Goodman, 2009; Iliffe & Steed, 2000). Additionally, ineffective supervision can have detrimental effects on employee well-being. Individuals who are exposed to trauma often work without quality supervision are more likely to experience symptoms of burnout, STS and VT with workers feeling isolated and alone, unable to process their feelings about their trauma work, struggling to find creative ways to cope, experiencing very high or unmanageable caseloads, having no access to appropriate training and overall, experiencing symptoms of burnout very quickly (Beckerman & Wozniak, 2018; Baird & Jenkins, 2003; Peled-Avram, 2017; Newell & MacNeil, 2010).

To understand how STS, CF, VT, and burnout may impact individuals in the DV sector and to build upon the research surrounding the role of organizational culture and supervision in safe and supportive working environments, the purpose of this study is to explore the health and wellbeing of staff within the DV sector and explore potential barriers and solutions to providing safe and supportive working environments. In a previous study with the same co-hort as this project, 68% of workers in the DV sector reported personal experience with or witnessing DV (Milaney et al, 2021). Given previous researchers arguments about the deleterious impact of DV work and the high rates of personal experience among workers, the research questions are as follows: 1) How does working in the domestic violence sector affect the health and wellbeing of staff? 2) How can we build capacity to create healthy workplace cultures and provide safe and supportive working environments?

## 2. Methods

To help understand the health and wellbeing of staff within the DV sector, the chosen method for this study was qualitative with the goal of understanding and utilizing participant' experiences to find ways to build capacity and enhance organizational culture. Data was collected through focus groups and surveys interviews. In total, 101 participants were recruited from a local DV collective for this study (organizations included addictions, children, disability, ethno cultural, funders, government, health, immigrant, justice, mental health, research, sexual abuse, treatment, and women's shelters). First, a

focus group was held with 40 participants to discuss barriers, gaps, and strategies to providing safe and supportive working environments for those who work in the DV sector. Second, survey interviews were administered to either supervisors, directors, and executive directors (n = 35) or front-line staff (n = 26). The instrument for both groups was similar and asked questions about organizational policies, perceived barriers to organizational support, and strategies to reduce perceived barriers. This study received ethics approval from the University of Calgary (REB19-1009).

## 3. Results

### 3.1 Focus Group

Focus group discussions about the barriers, gaps, and strategies to providing safe and supportive working environments for those who work in the DV sector highlighted four key themes: 1) organizational support; 2) organizational self-care; 3) training and policies; and 4) workload and expectations.

3.1.1 Organizational Support

Participants spoke of the need for organizations and leadership to acknowledge and address their role in employee burnout instead of placing blame entirely on employees. Participants re-iterated the importance of organizations establishing a safe and supportive environment as follows: 1) establishing daily and weekly debrief meetings; 2) creating support networks within the agency; 3) carefully selecting strong leadership teams in which supervisors are open and available to discuss emotional impacts of trauma work; 4) creating supportive space for workers to deal with the process of grieving and frustration in trauma work; and 5) considering the individuality of each staff member and asking what they need to be successful.

*"It is on us to take care of ourselves, but responsibility lies within organizations to create supports and safety."*

*"Hold leadership accountable to support."*

*"Burnout does not come from clients—it comes from hitting our heads against the wall and not moving forward."*

*"Choose your team wisely—pick people who you know can build a strong team that works well to support each other."*

3.1.2 Organizational Self-Care

Participants spoke of the importance of organizations and leadership teams encouraging self-care within the work environment by embedding it into job roles and making it a daily responsibility. Some participants reported not knowing what self-care was or how to do it, while others acknowledged their work roles included no form of self-care. Suggestions for having the leadership team "on board" with self-care included the following: 1) establishing a wellness committee to create scheduled self-care activities at work such as weekly yoga sessions; 2) encouraging self-care activities that are work appropriate such as clothing swaps or libraries; 3) empowering staff to have difficult conversations as

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self-care may be hard for some; 4) promoting a culture the focuses on rest, response and learning; 5) developing a sense of community with other agencies to bring people together and collaborate with each other; 6) finding innovative ways to support and encourage self-care; and 7) modifying work hours to encourage a healthy work-life balance.

*"I just don't know what to do—counselor says I need a hobby—I end up helping others… that is my hobby. I like helping people, it is hard to get away from that."*

*"Self-care should be part of daily responsibility of your day—need to empower and support staff to engage in self-care"*

*"We don't perceive our own wellness as part of the work—it is done on the side or after work."*

*"Set aside time to support each other—we have to be creative."*

### 3.1.3 Training and Policies

Participants discussed the need for ongoing training around trauma and burnout including safety awareness training, psychological health and safety standards, and vicarious trauma training. Additionally, participants identified the need for HR policies and practices that are trauma-informed to help mitigate triggers that could be re-traumatizing.

*"It can be a small circle and we may know the abuser… may be a trigger for staff."*

*"We bring our own stuff with us…. how can we create policies and procedures that do not further traumatize?"*

*"HR policies knowing it is okay [for staff] to access counseling."*

*"Guiding principles are voice, trust and collaboration."*

### 3.1.4 Workload and Expectations

Participants identified workload and expectations as the biggest challenges they face when trying to take care of themselves. Participants described these barriers as follows: 1) small agencies with limited number of employees results in workers being extremely busy and having no time for healing strategies; 2) workers being asked to do more with less as funding gets cut, leaving no funding for culture and wellness; and 3) staff are encouraged to heal people, meet unrealistic expectations and work under high pressure.

*"Small agency with 3 full time employees—hard to develop culture because there is work to be done."*

*"Sometimes there is just too much work—made to feel guilty if there is waitlist."*

*"Society encourages us to wear exhaustion as a badge of honor… the harder you work, the more tired you are, the busier you are—the better employee you are."*

### 3.2 Surveys

Surveys completed by frontline staff and leadership highlighted the importance of organizational support, safety, and self-care; however, identified barriers and strategies to these barriers were different between the two groups.

### 3.2.1 Organizational Support

Of the frontline staff who participated in the survey, 37% were aware of organizational policies while

63% were very aware. This compares with 19% of supervisors being aware and 71% being very aware. Interestingly, 10% of supervisors were only slightly aware or not at all aware of organizational policies. 50% of frontline staff reported feeling supported by organizational leadership when dealing with stress and burnout, followed by 42% feeling very supported, and 8% feeling no support at all.

*"I find that often we put the responsibility of staff mental health on the staff themselves but don't really look at how the agency treats staff or look at improving communication process or the culture of the organization. I think these are extremely crucial to address staff mental health." (Supervisor survey)*

Frontline staff were asked "My organization has strategies in place to help me deal with stress and burnout". Over 40% of respondents somewhat agreed. Results are shown in Figure 1.
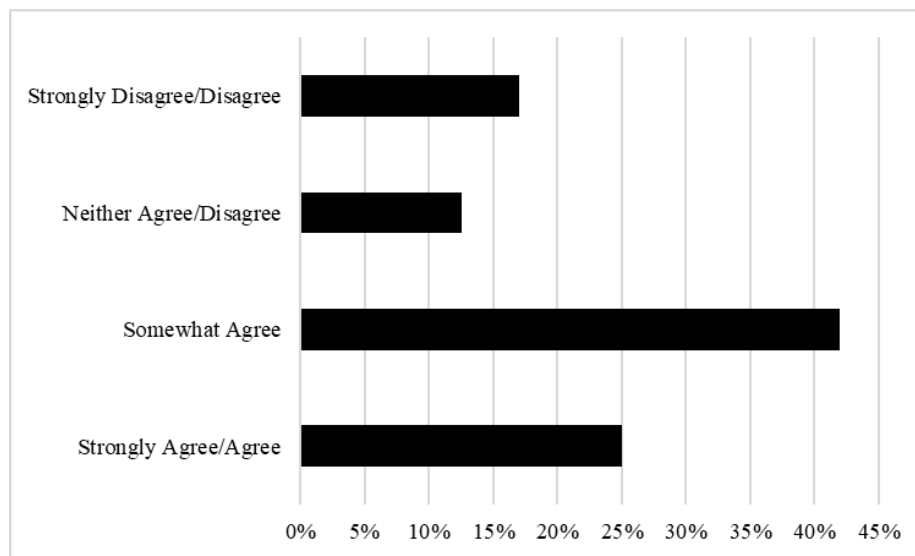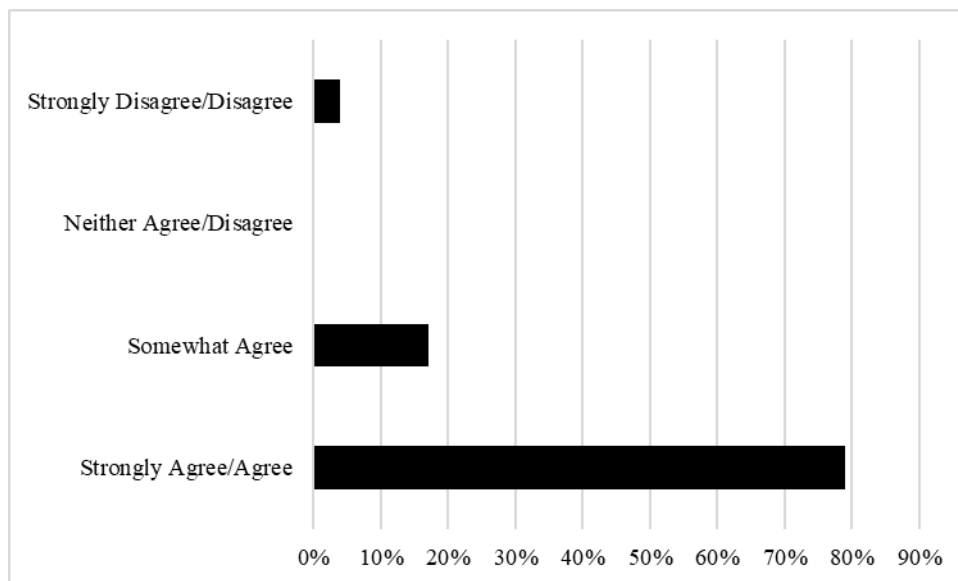


**Figure 1. Percentage of Frontline Staff Who Believe Their Organization Has Strategies in Place to Deal with Dtress and Burnout**

Frontline staff were asked "I feel safe at work". Over 75% of respondents strongly agreed/agreed. Results are shown in Figure 2.
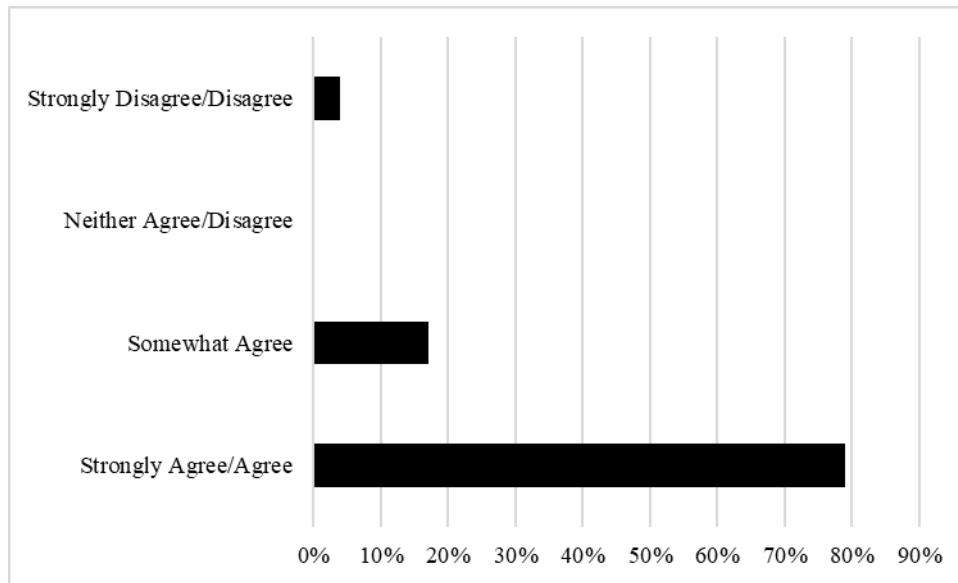
**Figure 2. Percentage of Frontline Staff Who Feel Safe at Work**

Frontline staff were asked if they had self-care strategies in place. Over 75% respondents strongly agreed/agreed. Results are shown in Figure 3.



**Figure 3. Percentage of Frontline Staff Who Have Delf-Care Strategies in Place**

*"I avoid working and checking emails in evenings, weekends and holidays, except in emergencies. Ensure there is time for my health and spiritual needs during time off". (Frontline staff survey)*
*"I do a lot of outdoor activities to help me with burnout, I take time to myself so I do not bring it home to my own family… I sit with my Elders or talk to them when needed." (Front-line staff survey)*

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*"When feeling overwhelmed or burned out I try to make time (30-60 minutes) to tackle a task or research a topic that gets me inspired. This could be professional or personal development goals."* (Front-line staff survey)

3.2.2 Barriers

There was a difference in priorities between frontline staff and supervisors regarding barriers to a safe and supportive working environment. Frontline staff identified inadequate funding as the biggest barrier while supervisors reported a lack of leadership training.

Front-line staff ranked barriers as follows: 1) Inadequate funding; 2) Inadequate resources (e.g., limited training, high caseloads); 3) Lack of effective supervision to deal with burnout; 4) Lack of organizational time/support for debriefing/mentorship/peer support; 5) Lack of training/education for leaders; 6) Lack of organizational policy to respond to burnout/secondary trauma; 7) VT support is not prioritized. Supervisors ranked barriers as follows: 1) Lack of training/education for leaders; 2) Inadequate resources (e.g., limited training, high caseloads); 3) Inadequate funding; 4) Lack of organizational policy to respond to burnout/secondary trauma; 5) Lack of organizational time/support for debriefing/mentorship/peer support; 6) Lack of effective supervision to deal with burnout; 7) Lack of autonomy; 8) VT support is not prioritized.

*"Most organizations don't have a lot of redundancy across roles so if someone is burnt out or has to go on leave it impacts their team. This can create an environment of frustration when someone isn't taking care of themselves because we all know what it will lead to. I think respecting people's personal boundaries around their health and wellness creates difficult grey areas for employers in the context of burnout and secondary trauma."* (Supervisor survey).

3.2.3 Strategies

Frontline staff identified the need for organizations to advocate for funding for balanced workloads as the most important strategy to reduce burnout, followed by developing organizational polices and encouraging staff to follow them, providing training and capacity building, and hosting events and opportunities to self-care.

*"Advocate to governments and service providers on the importance of self-care. Collect and publicize statistics on prevalence and effects of burnout (effects on staff, absences and on service delivery)."* (Front-line staff survey)

*"I think everyone working in frontline work is doing amazing and they do need to be compensated for their hard work and praised…Be open and aware of what your staff may be experiencing. Talk on the regular about self care and how important it is, if our managers follow this model then the frontline staff will see that self-care is important too."* (Front-line staff survey)

*"More wellness days. We have three per year. It's not enough and often it isn't meant to address burnout, stress, or mental health-related issues."* (Front-line staff survey)

*"Organizational day-staff attend a day of sessions on self care, burn out, etc. to build capacity and team cohesion. These sessions can occur in one hour time slots, and following a learning session there*

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*could be some self care exercises scheduled like yoga, adult crafts, art exercises, meditation, cooking a small meal in community kitchen setting, etc." (Front-line staff survey)*

Supervisors identified the need for training and capacity building as the most important strategy to reduce burnout, followed by advocating for funding, hosting events and opportunities for self-care, and developing organizational polices and encouraging staff to follow them.

*"Organizations need to learn how to ensure that staff are the product they need to survive and make sure they are put first-introducing the concept of the inverse hierarchy." (Supervisor survey)*

*"I believe it really comes down to effective leadership where staff and supervisors feel safe to communicate their experiences and needs without feeling shame or worry of being seen as incompetent. Relationship based leadership and building high trust cultures is essential." (Supervisor survey)*

*Education for all staff and leadership to better understand the signs of CF and VT. I believe it is important for staff to have the information, be aware of signs and be self-aware enough to know when they are experiencing symptoms. If it is more normalized and validated staff might feel less shame and judgment surrounding the issue. Stigma is getting in the way of preventative conversations." (Supervisor survey)*

Frontline staff and supervisors suggested specific ideas for organizational policies including: 1) debriefing sessions, case consultations; 2) onsite self-care opportunities; 3) access to counselling; 4) maximum caseloads; 5) extended mental health days; 6) policies that empower staff to "feel connected to the bigger WHY of the work we do as an antidote to vicarious trauma and burn out"; 7) policies on how change is communicated, who is included in change processes, how to make change and policy development more of a collaborative process with staff rather than a top down process .

*"If staff have been affected by a client passing or being severely abused then provide them with more support, debrief the situation but also ensure your staff are okay, Provide them the time to grieve… build relationships with them." (Front-line staff survey)*

## 4. Discussion

Results from this study highlight the need for organizations to take an active role in creating and sustaining an organizational culture that promotes health and wellness such as embedding trauma-informed supervision, developing trauma-informed organizational structures and policies, and modelling and incorporating strategies for self-care.

*4.1 Trauma-Informed Supervision*

Our results support previous findings that highlight the crucial need for effective supervision within organizations in the prevention and mitigation of STS, CF, VT, and burnout (Beckerman & Wozniak, 2018; Bell, Kulkarni & Dalton, 2003; Peled-Avram, 2017; Trippany, White Kress, & Wilcoxon, 2004). Although organizations may say they are trauma-informed, it is vital that the principles of trauma-informed supervision are in action and embedded within the organizational culture to ensure the health and wellbeing of staff are prioritized. Trauma-informed supervision must inspire, teach, support,

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model, challenge, evaluate, collaborate, and advocate (Peterson, 2015). Strategies for capacity building around trauma-informed supervision could include: 1) defining what trauma-informed is and how to practically apply it; 2) ongoing training around boundary setting, conflict resolution, problem solving, and vulnerability; 3) encouraging supervisors to build their self-awareness through reflective questioning and dialogue; 4) sharing current research, evidence, and best practices for trauma-informed supervision; 5) challenging supervisors to reduce power differences with staff and create shared decision making and input into organizational decisions; and 6) advocate for their staff to ensure there are adequate resources to protect their health and wellbeing. Future research could explore the impacts of embedding trauma-informed supervision through the administration of follow up surveys and focus groups to assess any changes in understanding and response trauma and burnout. Results could help inform the development of needed strategies and recommendations.

*4.2 Organizational Structure and Policy*

Similar to trauma-informed supervision, our findings support the need for organizational structures and policies to be grounded in principles of trauma-informed practice. Trauma-informed practice is guided by principles of safety, trustworthiness, choice, collaboration, and empowerment as well as respect for diversity (reference?). Suggestions for building trauma-informed organizational structures and policies include: 1) clearly defining roles, responsibilities, and job descriptions; 2) establishing open, transparent lines of accountability and decision making; 3) ensuring staff caseloads are manageable and providing options for time away from direct client contact; 4) creating formal measures of informed consent with staff regarding risks of trauma work at time of hiring; 5) creating and implementing 'best practices' and strategies to protect staff; and 6) having opportunities for staff to participate in social change activities such as work towards influencing policy. Future research could evaluate the impact on DV workers' experiences of STS, CF, VT, and burnout once organizational policies and practices have shifted towards a lens that is trauma informed.

*4.3 Self-Care Strategies*

Self-care must be built into policy and modeled by executive staff, leadership, and supervisors. Our findings suggest that organizations must take responsibility in ensuring self-care is encouraged and offered as part of the job role. Strategies for building self-care into organizational structure and policy could include: 1) establishing peer support groups, counselling services, and debrief sessions; 2) pairing newly hired staff and practicum students with more experienced staff; 3) stress management sessions, yoga classes, a walking or a meditation group, or artistic activities; and 4) team retreats (could be hosted by organizations with resources). In alignment with trauma-informed supervision, staff should be engaged and included within the decision-making process of self-care activities. Future research should explore if and how partner organizations embed trauma-informed principles of self-care into policy and practice and how they could be adapted. Furthermore, future research could examine how building capacity with other agencies in the DV sector supports self-care strategies and normalizes it within the sector.

*4.4 Limitations*

A limitation of this study was the use of surveys which can be open to interpretation and/or subject to bias while limiting the range of responses from participants (Simon & Goes, 2013).

*4.5 Conclusions*

DV workers are extremely vulnerable to stress and trauma due to their ongoing exposure to DV survivors' traumatic stories, and often, personal experiences with violence. Barriers to providing safe and supportive working environments for DV workers include a lack of organizational support, supervision, and self-care, training and policies that are not trauma-informed, and unmanageable expectations and workloads. Potential solutions to address these barriers include an organizational culture that promotes health and wellness such as embedding trauma-informed supervision, developing trauma-informed organizational structures and policies, and modelling and incorporating strategies for self-care. The primary responsibility for self-care is on individual workers; however, leadership/executive staff have an important role to play in creating and sustaining organizational cultures supported with policy that promote health and wellness to mitigate the experiences of STS, CR, VT, and burnout.

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