

**EXPLORING THE IMPACT OF TRAUMATIC STORIES  
ON SUPPORT WORKERS IN DOMESTIC VIOLENCE  
SHELTERS**

by

Michelle Srdanovic  
B.A., Simon Fraser University, 1999

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# APPROVAL

**Name:** Michelle Srdanovic

**Degree:** Master of Arts

**Title of Thesis:** Exploring the Impact of Traumatic Stories on Support Workers in Domestic Violence Shelters

**Examining Committee:**

**Chair:** Natalee Popadiuk, Assistant Professor,  
Faculty of Education

---

**Patrice Keats, Assistant Professor, Faculty of  
Education**  
Senior Supervisor

---

**Margaret Jackson, Professor, School of  
Criminology**  
Committee Member

---

**Marla Buchanan, Associate Professor, Department  
of Educational and Counselling Psychology and  
Special Education, University of British Columbia**  
External Examiner

**Date Defended/Approved:** MARCH 31, 2009



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## **ABSTRACT**

This qualitative study explored the impact of women's traumatic stories on support workers in domestic violence shelters. The research design employed a grounded theory methodology based on a constructivist approach outlined by Charmaz (2006). Data collection entailed a series of open-ended interviews with a sample of nine support workers employed in transition houses in the lower mainland of British Columbia. As characteristic of grounded theory methods, I used the constant comparative method throughout three phases of analysis until all categories of data indicated theoretical sufficiency. The findings contributed to an interpretative theory that provides an in-depth description of how support workers process their reactions to traumatic material. In this model, I suggest that their *context, circumstances, actions* and *interactions* mitigate the effects of this trauma exposure. Finally, I address the implications for counsellors and transition house policy, hereby offering a voice to the underrepresented population of domestic violence support workers.

**Keywords:** vicarious trauma; secondary traumatic stress; burnout; domestic violence shelter

**Subject Terms:** counsellors; psychic trauma treatment; job stress; domestic violence

To Mark, for walking along side me on this journey.

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## **CHAPTER 1: INTRODUCTION AND RATIONALE**

An emerging body of literature on traumatic stress has established that individuals who are in contact with trauma survivors are susceptible to experiencing similar symptoms as the trauma survivor. Studies investigating these phenomena initially focused on the effects in first responders such as police, fire fighters and medical services personnel (Andersen, Christensen & Petersen, 1991). The scope in the literature has since expanded to explore the impact of trauma exposure on social workers, nurses, therapists and other helping professionals (Figely, 1995; McCann & Pearlman, 1990). The concepts secondary traumatic stress (STS) and vicarious trauma (VT) have emerged from an examination of this process. Despite conceptual overlap in the psychological literature, there is evidence to support the differentiation of these constructs (Jenkins & Baird, 2002). While the symptoms of STS mimic posttraumatic stress disorder (PTSD), VT emphasizes the subsequent disturbances in the helper's cognitive frame of reference; that is, their view of themselves, others and the world around them ( Figley, 1995; McCann & Pearlman,1990; Pearlman & Saakvitne, 1995).

Preliminary evidence from research on helping professionals suggests that the symptom levels of STS appear to be strongest in therapists who treat survivors of physical and sexual abuse, and in particular, recent assault (Cunningham, 1997; Simonds, 1996). As abuse survivors often share horrific descriptions of traumatic events, the constant exposure to these images may alter their view of the world as malevolent (Follette, Polusny, & Milbeck, 1994). This impact on therapists is correlated with

inattentiveness or dissociating during counselling sessions, a lack of boundaries with clients, inappropriate anger, and the withdrawal or avoidance of empathic engagement with the client (Dutton & Rubinstein, 1995; Yassen, 1995). Yet, regardless of the type of trauma work, research has consistently demonstrated that the presence of a support system can mitigate the impact of secondary trauma symptoms (Sexton, 1999; Tehrani, 2007). For example, processing these reactions through clinical supervision or personal therapy is a protective factor for both STS and VT (McCann & Pearlman, 1990; Salston & Figley, 2003). Likewise, informal support from colleagues, family and friends is helpful in minimizing the potential detrimental effects of trauma related work (Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995).

### **Statement of the Problem**

Research on VT and STS remains in its infancy, consequently, there are several areas that necessitate further investigation (Baird & Kracen, 2006). While trauma therapists have emerged as a population of interest, the impact on other helping professionals who engage with survivors has received limited consideration. One such group of helping professionals are support workers at domestic violence shelters. According to the only direct inquiry into the prevalence of STS in this understudied population, Jeffrey (2006) reports that domestic violence workers experience STS at levels slightly higher than in a comparison group of sexual assault therapists. She asserts that this difference may be due to their overall younger age and limited experience in the field, and that future research is necessary to determine other potential mitigating factors. In her discussion, she asserts:

Overall, this finding merits concern because domestic violence workers have historically been an understudied and underserved population. The fact that many of these workers are not formally trained as psychotherapists nor do they necessarily have the formal support system common to many psychotherapists puts them at further risk of STS (Jeffrey, 2006, p. 51).

Two other studies have included support workers in domestic violence shelters in their sample (Baird & Jenkins, 2003; Tehrani, 2007). Yet, for reasons highlighted by Jeffrey (2006), the findings of these studies do not necessarily represent the experience of domestic violent support workers.

Baird and Jenkins (2003) investigated the correlates of STS, VT and burnout in sexual assault and domestic violence agency staff. The population of domestic violence agency staff comprised a range of jobs including counsellor, therapist, psychologist, intern, crisis worker and hotline worker. Further, the calculation of direct service hours incorporated three different types of support: individual therapy, group therapy, and crisis intervention. Because the experiences of the workers in the shelter were grouped with counsellors and psychologists, the influence of potential differences in formal training and supports as identified by Jeffrey (2006) are indiscernible. Likewise, Tehrani (2007) investigated the impact of STS on the belief systems in a range of helping professionals including domestic violence support workers. She found that access to professional support ranged from 9% to 86% depending on the profession, hereby highlighting the vast discrepancies that exist from one profession to the next. Yet, because domestic violence support workers were included in the category of *other professions* along with mental health workers and social workers, it is difficult to determine how the results pertain to this specific population.

## **Purpose of the Study**

It is evident that domestic violence support workers are in contact with the same group of trauma survivors as domestic violence counsellors and psychologists represented in the literature. Yet, due to the scarcity of research with this population, it remains unclear if the concepts of STS and VT even capture their experience. Further, as underscored by Jeffrey (2006), differences in training and support may be influential. In response to the relative paucity of research that explores their experience, I was compelled to ask the questions: “Are support workers also impacted by this exposure to trauma? And if so, how?”

The purpose of the present study was to develop an interpretative theory that describes the impact of traumatic material on the understudied population of domestic violence support workers. Further, because this study embarked on relatively uncharted territory, I elected not to limit the focus of the investigation to any particular concept. Rather, my intention was to examine the experience of the participants first, and then frame their experience as it related to previous research on VT and STS in similar groups of helping professionals exposed to traumatic stories, such as trauma therapists.

## **Research Questions and Objectives**

In this qualitative study, I explored the general question: “How do support workers in domestic violence shelters experience women’s accounts of trauma?”

Specifically, the objectives of the present research were the following:

- (a) To investigate the impact of traumatic material on support workers
- (b) To gain an understanding of what factors may put them at risk for STS or VT in the context of their exposure to trauma

(c) To identify the factors that assist support workers and those that impede them as they contend with the exposure to traumatic material

As this investigation focused on the exploration of a process, I elected to use a grounded theory methodology to address these objectives. Interview data from nine support workers contributed to the final interpretative model that describes how support workers in domestic violence shelters process traumatic material.

### **Description of a Domestic Violence Shelter**

Criteria for participation in this study included current employment as a support worker in a first or second stage domestic violence shelter in British Columbia. It is imperative, then, to provide a clear definition of domestic violence shelter. For the purposes of this study, I elected to use the term *domestic violence shelter* in order to reach a broader audience, although in British Columbia, the label *transition house* is commonly used. Hereafter, the terms *transition house* and *domestic violence shelter* will be used interchangeably.

According to The British Columbia/Yukon Society for Transition Houses, (2008), 67 transition houses operate throughout British Columbia and Yukon. These programs provide up to thirty days of temporary, safe and supported shelter to women and their children. Women seeking shelter are typically engaged in an ongoing abusive relationship or require safety from a sudden incident of physical or sexual assault. Services provided by support workers include emotional support, and assistance with legal, housing and financial issues. Second stage housing is for women and children who continue to be at a high risk of violence after their stay at the transition house, and offers a combination of independent living and support services from workers available onsite.

## **Significance of the Research**

This research endeavour is important for a number of reasons. As previously mentioned, Jeffrey (2006) conducted the only study that investigates STS in a sample of domestic violence support workers. As this research was quantitative in nature, it remains unclear if the measure of STS, in fact, encapsulates their experience. Because the present investigation is qualitative in nature, it encouraged the participants to describe their own experience. In this way, I anticipate the findings may contribute to a deeper understanding of the impact of trauma exposure as well as provide transition house support workers with a voice in the psychological literature.

Secondly, the findings may offer practical implications, both for counselling psychology and for the agencies that employ domestic violence support workers. Whether it is STS or VT, the presence of secondary trauma symptoms affects their ability to build relationships with clients. As such, the women seeking refuge in domestic violence shelters may not receive adequate support from staff who are also suffering (Follette, Polusny & Milbeck, 1994). For workers who seek out formal support, the findings may enhance the counsellors' awareness of the impact of exposure to trauma in this context. As well, the theoretical model can guide the practice of therapists employed to provide clinical supervision or education to domestic violence support workers. Finally, it is my hope that the results may contribute to policy and procedure that will ensure the well being of support workers so that they, in turn, may provide the best support possible to survivors of abuse.

## CHAPTER 2: LITERATURE REVIEW

This chapter presents an overview of the trauma literature relevant to the experience of domestic violence support workers. First, I briefly examine the effects of trauma on women, and specifically refer to recent literature on interpersonal violence (IPV) in order to provide a context for domestic violence support work. Secondly, as support workers in transition houses witness women's stories of trauma, I review the studies that investigate the impact of interacting with trauma survivors. As there is conceptual overlap in the literature, the present examination will attempt to delineate the related concepts of secondary traumatic stress (STS), compassion fatigue (CF), and vicarious trauma (VT). Finally, this chapter presents the recent findings regarding the effects, risks factors and protective mechanisms for helping professionals exposed to traumatic material. In particular, I highlight the research involving trauma therapists as they work with a similar population as support workers in domestic violence shelters.

For the purposes of this review, it is important to note that I elected to use language quite different from what researchers use in much of the psychological literature. By opting for words such as *survivor* instead of *victim*, or *women who have experienced abuse* rather than *battered women*, my intention is to acknowledge the implicit meaning of these words and diminish the limitations imposed by a language of victimization. Instead, I prefer to use a language that conveys my belief that women are agents rather than passive recipients of violence. In doing so, I do not assume that the women represented in this literature review would also identify themselves as such.

## **The Impact of Trauma**

In ten years of conflict 56,000 Americans were to die in the jungles, river deltas and rice paddies of Southeast Asia. Between 60,000 and 100,000 were to subsequently take their own lives. The conflict in Vietnam was the first war in recorded history whose combat deaths were later to be exceeded by the suicide of its veterans. (Baigent & Leight, 1998, p. 47)

This staggering statistic provides insight into the potentially devastating long-term impact of trauma. Since the Vietnam War and the subsequent occurrence of other large-scale traumatic events, researchers have focused on investigating the impact of traumatic experiences on both groups and individuals. According to the DSM-IV-TR classification of posttraumatic stress disorder (PTSD), a traumatic event is one that involves an actual or threat of a serious injury, a danger to life, or a threat to physical or psychological integrity (American Psychiatric Association, 2004). Indeed, by this definition, a single incidence or the ongoing occurrence of intimate partner violence (IPV) is a traumatic experience. According to Statistics Canada (Aucoin, 2005), 7 % of the Canadian population reported experiencing relationship violence within the last five years. An analysis of the most serious types of violence reported in the survey revealed that 23% of women have been beaten, choked, or threatened with gun or knife by their intimate partner and a further 44% of women reported suffering from a serious injury because of this violence.

### ***Intimate Partner Violence***

For the purposes of this review, the definition of intimate partner violence (IPV) encapsulates the typical experiences of women who seek refuge in domestic violence shelters in British Columbia. According to Golding (1999), IPV comprises psychological, physical or sexual abuse against a woman in the context of a same-sex or heterosexual

intimate relationship. Although women commit violence against women, it is important to note that men are typically the primary perpetrators of violence against women in the context of an intimate relationship (Browne, 1993; Golding, 1999).

### ***Posttraumatic Stress Disorder***

A review of the literature on relationship violence conducted by Golding (1999) suggests that depression, suicidality and substance misuse issues are more common among women who have experienced abuse. However, it is imperative to consider the context of abuse in diagnosing these mental health concerns. According to Browne (1993), posttraumatic stress disorder (PTSD) is the most common diagnosis in women who have experienced IPV. Further, the diagnostic criteria for PTSD make the link between violence and mental health concerns explicit, and thus, dissuade blaming the survivor. American statistics estimate the prevalence of PTSD in women at domestic violence shelters to be in the range of 40% to 84% (Astin, Lawrence, & Foy, 1993; Houskamp & Foy, 1991; Kemp, Green, Hovanitz, & Rawlings, 1995; Kemp, Rawlings & Green, 1991; Saunders, 1994). Although Canadian statistics were not available for comparison, I speculate that the rates of PTSD may be similar for women in transition houses in British Columbia.

According to the diagnostic criteria for PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2004), symptoms within three categories must be present for longer than one month. First, a woman with PTSD consistently re-experiences the abuse through intrusive thoughts, flashback experiences, nightmares, or physiological arousal to environmental cues associated with the experience. The second cluster of symptoms involves avoidance of any thoughts,

emotions, or external stimuli associated with the violence. Lastly, a survivor who has developed PTSD experiences symptoms of increased arousal often characterized by sleep problems, hyper-vigilance or an exaggerated startle response. Consequently, PTSD can be a debilitating experience for a woman fleeing an abusive relationship, and has been found to wield significant impairment in both social relationships and occupational functioning (Saunders, 1994).

### ***Cognitive and Relational Effects***

Women who have survived violence and abuse may also experience significant changes in their cognitive functioning, and in particular, their beliefs about the world around them (Golding, 1999; Saunders, 1994). Findings demonstrate that repeated exposure to violence affects a woman's beliefs of trust, safety and control regarding people and events in her life (Saunders). Specifically, women may experience a decrease in assumed personal safety, a loss of the view of the world as meaningful, decreased alternative options, negative beliefs about the self, and an increased acceptance of abusive behaviour from others. Most importantly, they are likely to develop a tolerance of the cognitive inconsistency of abuse in an intimate relationship, a factor that may contribute to the decision to remain in a violent partnership (Dutton, 1992).

These cognitive effects can then influence the ability for women who have been abused to maintain other relationships. Suspicion and distrust of others can play a role, as well as the increased dependence on the abuser, who typically isolates his partner from outside relationships (Astin, Lawrence & Foy, 1993; Dutton, 1992). In addition, findings indicate that abuse survivors tend to experience difficulty setting appropriate boundaries in relationships, and may become less assertive over time in order to protect themselves

or their children from potential violence (Dutton). Indeed, these relational factors may influence the interactions with both domestic violence support workers and other residents at the transition house. Although I describe these reactions in terms of women who have experienced abuse, these effects are typically associated with all survivors diagnosed with PTSD (Astin, Lawrence & Foy).

### **Secondary Exposure to Trauma**

In recent years, the focus of the trauma literature has expanded to explore the impact on those who encounter survivors of trauma, most frequently first responders and helping professionals. Counsellors are one such group of helping professionals; indeed, studies have shown that trauma therapists are at risk for experiencing symptoms as a result of indirect exposure (Figley, 1995; McCann & Pearlman, 1990, Pearlman & MacIain, 1995). Constructs such as vicarious traumatization (VT) and secondary traumatic stress (STS) have emerged to describe this impact on trauma therapists. Despite their independent lines of inquiry and empirical support for their differentiation, researchers in this area continue to apply these terms interchangeably (Baird & Kracen, 2006; Jenkins & Baird, 2002). For instance, in a recent investigation of secondary trauma in forensic interviewers, Perron and Hiltz (2006) began a statement with the following: “Secondary trauma, also referred to as vicarious trauma, is a relatively new area of empirical study . . . (p. 219)”. Consequently, it is important to consider the findings outlined in the present review as arising from this conceptual confusion.

As trauma therapists assist the same population as domestic violence support workers, the findings on STS and VT in this population are the focus of the present review. First, I define STS and VT separately in order to highlight the differences

between them. Then, because of the aforementioned overlap of these constructs in the literature, the areas of impact, risk factors and protective mechanisms for STS and VT are presented together to provide a holistic depiction of the impact of trauma exposure on helping professionals.

### ***Secondary Traumatic Stress***

The majority of the research on secondary trauma developed from the emergency services literature in the 1970's that investigated the effects of exposure to traumatic events in police, fire fighters, and medical services personnel. Researchers initially observed symptoms akin to PTSD in rescue workers, and in response, developed debriefing procedures with the intent of mitigating the impact (Anderson, Christensen & Peterson, 1991). Charles Figley (1995) was the first to label this experience as secondary traumatic stress (STS), which he defines as the following:

The natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person (p. 7).

According to Figley (1995), STS is a cluster of symptoms that mimic the symptoms of PTSD in the trauma survivor. Thus, those in contact with a survivor are vulnerable to developing the three clusters of symptoms characteristic of PTSD outlined previously in this review: that is, re-experiencing, avoidance, and persistent arousal symptoms.

### ***Compassion Fatigue***

Figley (1995) has since expanded his initial definition to account for the impact beyond the *significant others* of trauma survivors to include therapists and other helping

professionals as well. In helping professionals, he renamed STS compassion fatigue (CF) to emphasize the presence of empathy as related to the development of symptoms. He also suggests that the symptoms of CF are a normative occupational hazard for helping professionals (Adams, Boscarino & Figley, 2006; Figley, 1995). The *Compassion Fatigue Scale* measures CF in psychotherapists; it has two subscales that assess PTSD-like symptoms and burnout respectively (Figley, 1995). The burnout dimension explicitly tests the claim that secondary trauma is different from burnout. Adams, Boscarino, and Figley, (2006) recently used the scale in a sample of social workers exposed to trauma in their work with victims of the terrorist attack on the World Trade Centre in New York. This study was able to predict a relationship between CF and STS and determine the scale as a valid predictor of secondary trauma symptoms.

### ***Vicarious Trauma***

In contrast to STS, the notion of VT emphasizes the psychological rather than the symptomatic effects of working with trauma victims, and focuses on the subsequent shift in beliefs among helping professionals. According to Pearlman and MacJan (1995):

Vicarious traumatization is the inevitable transformation that occurs within the therapist as a result of empathic engagement with client's trauma experiences (p.31).

They argue that the resulting transformation alters the therapists' view of self, others, and the world, and that these changes are both cumulative and permanent. In essence, because a therapist cannot *unknow* this exposure to traumatic material, the lens through which they see the world is altered accordingly.

### ***Constructivist Self-Development Theory***

In an attempt to develop a conceptual framework for VT, McCann and Pearlman (1990) developed a constructivist self-development theory by blending current ideas from self-psychology and object relations theory with social cognition theories. They based this theory on the notion that people interpret events through mental structures called cognitive schemas. Schemas develop through an interaction between an individual's experience and their beliefs, assumptions, and expectations about the world. According to constructivist self-development theory, existing cognitive schemas mitigate an individual's reaction to a traumatic event. These schemas, in turn, are impacted by the traumatic event (McCann & Pearlman, 1990).

Exposure to traumatic material can disturb existing schema about the self, others, and the world in five key areas: a sense of safety, trust, esteem, intimacy and a sense of control (Pearlman & Mac Ian, 1995). The *Traumatic Stress Institute Belief Scale* (TSIBS) measures the level of disruption in these five key areas. The 80 questions on the scale assess beliefs or schemas about both the self and others, resulting in a measure with 10 subscales. The literature has established acceptable reliability estimates for the TSIBS (Pearlman & MacIan, 1995).

### ***Areas of Impact***

In an analysis of the literature on both STS and VT, two distinct categories of effects emerged; the symptoms of psychological distress, and the subsequent relational disturbances in trauma therapists.

### ***Psychological Distress***

Indicators of psychological distress in therapists are characteristic of the intrusion and avoidance symptoms in PTSD. First, intrusive symptoms entail re-experiencing thoughts, imagery and feelings related to the traumatic material presented by a client. Studies have shown that therapists with VT and STS who report intrusive symptoms typically experience flashbacks and nightmares about the stories conveyed by their clients (Figley, 1995; McCann and Pearlman, 1990). Secondly, helpers with STS or VT may show signs of avoidance through their waning efforts to elicit traumatic material or work with trauma victims (Danieli, 1988; Pearlman & MacIain, 1995). Missing appointments with clients, arriving late, and avoiding a discussion of trauma related issues were signs of STS identified by Yassem (1995). In fact, in a study examining the impact on therapists working with Holocaust survivors, Danieli (1988) found that avoidance, along with numbing, denial and distancing, was one of the most common defences used by therapists with STS.

### ***Relational Disturbances***

Research has also demonstrated that secondary exposure to trauma may result in disturbances in both the personal and professional relationships of helpers. Dutton and Rubinstein (1995) proposed that by remaining professionally detached, or creating emotional distance from clients, counsellors may be better able to deal with feeling overwhelmed by traumatic material. In support of this notion, Follette, Polusny and Milbeck (1994) found a significant positive correlation between working with sexually abused clients and a negative clinical response to clients; a response characterized by

inattentiveness during session, a lack of empathy, and feelings of guilt related to one's limitations as a professional.

Conversely, other helping professionals with STS or VT may begin to over identify with clients; that is, they assume excessive responsibility for the client (Dutton & Rubinstien, 1995; Pearlman & Mac Ian, 1995). In extreme cases, this resulted in the client changing roles with the helper, hereby adopting a care-giving role towards the therapist. The authors also suggest that trauma therapists with STS may withdraw from family, friends, and colleagues possibly out of the belief that no one could understand their distressed response to their work. Consequently, this serves to isolate them further from their personal support systems.

### ***Potential Risk Factors for STS and VT***

#### ***Trauma History***

In one of the first studies to investigate VT, Pearlman and Mac Ian (1995) found that a personal trauma history was the most powerful variable in determining the impact of VT in a sample of 188 self-identified trauma therapists. In general, survey results indicated that those therapists with a trauma history reported more schema disruptions than those who did not. Similarly, Cunningham (1997) found that those therapists who had experienced sexual abuse in the past had significantly more distorted beliefs of safety and self-esteem than those therapists who did not have a trauma history.

However, the relationship between a trauma history and vulnerability to VT and STS remains equivocal. Follette, Polusny, and Milbeck (1994) investigated STS among 225 helping professionals and 46 police officers working with childhood sexual abuse survivors. They examined the relationship between the helper's abuse history, current

personal stressors, current PTSD symptoms, and present coping strategies. They found that an inability to utilize coping mechanisms and higher levels of personal stress predicted STS symptoms. Yet, they did not find that a history of trauma predicted the level of secondary trauma symptoms. Similarly, in a study of VT, Schauben and Frazier (1995) found that sexual assault counsellors with a personal trauma history were no more distressed than those who had not experienced trauma. Evidently then, additional research is required to determine the intricacies of the relationship between a therapist's trauma history and their experiences of STS and VT.

### ***Experience and Training***

Pearlman and Mac Ian (1995) also found that novice counsellors with a personal trauma history were more likely to develop VT than were experienced counsellors who had survived a prior trauma. The authors speculated that these findings reflect a process in which survivor therapists may, in some way contribute to their own healing as they share in the process of growth and change in their clients. For those therapists with no history of trauma, being new to the job was correlated with higher levels of VT, particularly in those who did not receive clinical supervision. Their results are consistent with other empirical evidence that suggests that novice therapists are the most vulnerable to the negative impact of secondary trauma (Cunningham, 1997; Jeffrey, 2006; Neuman & Gamble, 1995; Simonds, 1996).

Recent studies have served to scrutinize the propensity for VT and STS in newer helping professionals. They have identified that younger therapists exhibit higher levels of STS (Jeffrey, 2006) and that survivor therapists with a self sacrificing defense style are prone to more symptoms of VT (Adams & Riggs, 2008). Further, Pearlman and

Saakvitne (1995) have argued that without formal trauma specific training, the novice trauma therapist is increasingly vulnerable to potential harm from working with trauma survivors.

### ***Amount of Trauma Exposure***

There is also some evidence in the literature supporting the correlation between a high caseload of traumatized clients with higher levels of STS (Jeffrey, 2006; Simonds, 1996). Schauben and Frazier (1995) found that counsellors who had a higher percentage of survivors in their caseload reported more disrupted beliefs, higher levels of self-reported VT, and more symptoms of PTSD. In this study, the researchers calculated the trauma caseload according to the number of hours spent each week with traumatized clients, the percentage of sexual abuse survivors in a caseload, and the number of years spent treating survivors. Cunningham (1997) reported a similar pattern of results in sexual abuse clinicians; they reported higher levels of VT on the *Traumatic Stress Institute Belief Scale* (TSIBS) and schema disruptions related to safety and trusting others. However, those with higher percentages of sexually abused clients in their caseload reported fewer PTSD-like symptoms on the Impact of Events Scale (IES). While the IES does not provide diagnostic information for PTSD, the results offer conflicting evidence for a positive relationship between high caseload of traumatized clients and the presence of secondary trauma symptoms.

## *Protective Mechanisms for STS and VT*

### *Professional and Personal Support System*

There is substantial evidence in the literature to indicate that when a helping professional has access to both professional and personal support systems, this support minimizes the prevalence and severity of STS and VT (Salston & Figley, 2003; Sexton, 1999). In a survey of 148 sexual assault therapists, Schauben and Frazier (1995) found that the most frequently cited coping mechanism used by the respondents was to seek emotional and instrumental support from others. Similarly, Hollingsworth (1993) found that the most helpful strategies for female therapists included the use of peer support, clinical supervision and consultation, training and personal therapy.

In fact, research has repeatedly established the importance of regular professional supervision for therapists and psychologists. Neuman and Gamble (1995) suggested that access to organizational resources beyond the support of supervision mitigates the impact of exposure to traumatic material. They also recommend the use of ongoing professional development and training as well as regular team meetings to create a supportive work culture among helping professionals. Finally, Tehrani (2007) has established recent support for these findings in her study examining the impact of secondary trauma among 430 professionals who work with traumatized individuals in various capacities. The most available source of support among respondents was talking to friends and colleagues (73%), followed by professional supervision (55%) and talking to family (55%). Yet, the most effective source of support was professional supervision. Thus, it is clear that the development and use of professional support systems can ameliorate the effects of exposure to traumatic material.

### ***Coping Style***

Coping strategies mentioned by helping professionals in the literature generally underscore the importance of balanced life in which their own needs are taken into account alongside those of others, and in particular, the demands of their clients.

Therapists also reported the need for work-life balance (Hollingsworth, 1993; Pearlman and MacIan, 1995). In both studies, helping professionals identified that having holidays and limiting their workload as important factors in mitigating the potentially negative impact of working with trauma survivors.

According to Schauben and Frazier (1995), the most frequently cited personal coping strategies by therapists include an effective diet and exercise program and engaging in spiritually oriented activities. McCann and Pearlman (1990) have also mentioned the importance of spirituality as providing a sense of hope, connection, and meaning when working with trauma. Finally, findings demonstrate that self-awareness may also mitigate the impact of trauma exposure. This awareness entails therapists' identifying their own reactions and potentially salient themes that provoke them, acknowledging their own signals of distress, and understanding the early warning signs of traumatic reactions (Danieli, 1988).

## **CHAPTER 3: METHODOLOGY**

This chapter presents an outline of the grounded theory methodology used in the present investigation. I offer a rationale for this design, and trace the development of grounded theory from its positivist roots to the post-modern constructivist approach advocated by Charmaz (2006). I then present an overview of the sampling techniques, criteria for participation, and participant demographics. A discussion detailing data collection and analysis highlights the use of reflexive strategies in this research, as well as the ongoing interplay between interviews and coding en route to the development of a theoretical model. The chapter concludes by addressing the tests of rigour used to augment credibility in this study.

### **A Rationale for the Research Design**

A review of the literature on qualitative methodology indicates that a grounded theory design is most appropriate when the aim of the research is to explain a process and generate a model of the actions and relationships of the participants (Creswell, 1998). This approach is different from other qualitative designs due to the emphasis on studying a process rather than a setting, culture, or previously determined phenomenon or concept (Charmaz, 2006; Glaser, 1998). The aim of the present investigation was to explain how support workers experience, process, and manage the impact of traumatic material. Further, according to Glaser (1998), grounded theory (GT) is best suited to an inquiry where the researcher need only ask, “What is going on here?” Indeed, the relatively uncharted territory into the experiential world of support workers in domestic violence

shelters begets such a question. As such, I deemed this design to be the most appropriate for the present research question: “How do support workers in domestic violence shelters experience women’s accounts of trauma?” Yet, there are several different and often conflicting versions of GT outlined in the literature. I first provide a summary of these various grounded theory strategies in order to situate the rationale for my particular methodological approach.

### ***History of Grounded Theory***

Two sociologists, Glaser and Strauss (1967) established grounded theory methods at a time when the field of social sciences shifted to defining research in qualitative terms. Their approach contested traditional notions of objectivity revered by quantitative methods, yet offered systematic strategies for data analysis and the subsequent development of theory *grounded* in the data. Since that time, Glaser and Strauss have diverged in their views of GT methodology. Glaser (1992) now adopts a more positivist approach in which the researcher is impartial and as such, approaches the data with an open attitude. In this way, a researcher does not prejudice the development of theory, rather, theory is emergent directly from the data. In contrast, Strauss and Corbin’s (1998) GT emphasizes a set of systematic coding procedures used to generate a theory. The investigator is an active participant in data analysis who may impose meaning in the process. While researchers continue to commend both of these approaches for their rigour and usefulness, critics contend that the positivist assumptions of GT may conflict with the underlying principles of a qualitative inquiry (Charmaz, 2006).

### ***Constructing Grounded Theory***

According to Charmaz (2006), the use of GT guidelines need not clash with post-modern epistemology. She rejects Glaser's insistence on the importance of researcher neutrality and asserts that Strauss and Corbin's procedures are didactic and prescriptive rather than emergent and interactive. Instead, Charmaz advocates for a constructivist adaptation of GT. Her approach emphasizes the data and subsequent analysis as created from the co-constructed meanings of both the participants and researcher. Thus, the resulting theory is an interpretation of meanings, actions and processes rather than the set of cause and effect relationships used to explain and predict reality in a positivist theory. As my epistemological assumptions align with constructivist thought, I elected to use a GT methodology according to the procedures outlined here by Charmaz. Throughout the research process, I viewed these guidelines as a kind of map; together with the participants, we determined the route taken and destination reached.

### **Researcher as Instrument**

Each stage of inquiry along this route was a co-construction between the experience of the participants and the interpretations of the researcher. As a subjective investigator, I believe that I am not separate from the setting, context and processes of the participants (Morrow, 2005). Thus, it is imperative to acknowledge my own personal experience in the anti-violence sector. From 1999 to 2003, I worked at a transition house in the lower mainland of British Columbia, initially as a support worker, and later in an administrative position as an assistant house manager. In a subsequent role as a program coordinator for a victim services program, I developed an interest regarding the effects of secondary exposure to traumatic material. Based on my history in support work, I

expected that I would both elicit and interpret the data in particular ways. Consequently, it was imperative that I assume a reflexive stance as a researcher.

### ***Reflexivity and Representation***

Rennie (2004) defined reflexivity as “self-awareness and agency within that self-awareness” (p. 183). Reflexivity, a type of self-reflection, may be carried out in a number of ways including a self reflective journal, a peer review of the study, and a critical discussion about the research with knowledgeable colleagues (Morrow, 2005). Of equal importance in constructivist research is the matter of representation; that is, because it is impossible to separate the experiences of researcher and participant, a researcher must consider whose reality is represented in the findings (Denzin & Lincoln, 2000). Indeed, Morrow (2005) asserts that issues of representation are particularly critical when the investigator is an insider in the world of the participants. Because of my previous experience as a transition house support worker, I adopted several reflexive practices to critically engage with the data in the course of this research. I used memos to document my personal reactions to the data and conducted a peer review to critically evaluate my findings. I detail the use of these strategies in the subsequent sections on data collection, data analysis, and the tests of rigour.

## **Sample and Population**

### ***Criteria for Participation***

Prior to commencing this study, I obtained ethical approval from the Research Ethics Board at Simon Fraser University. After obtaining approval, I recruited participants by faxing a call out to the local domestic violence shelters in British Columbia to 22 first

stage and five second stage transition homes located from Hope to Squamish (see Appendix A). My intention was to advertise locally first in the hope that the majority of the research interviews could be conducted in person. The call out detailed the research question and three objectives for the study, and requested that participants agree to a 60 to 90 minute research interview by telephone or in person. In developing this criteria, I chose not to specify that participants hold the job of *support worker* per se as I was aware that job titles may vary from one agency to the next. As such, I used the term *supportive role* in order to ensure the potential inclusion of a range of respondents.

### ***Participant Recruitment***

Between August and September of 2007, 18 support workers voluntarily expressed interest in participating in the study. I contacted potential participants by telephone for an initial consultation in chronological order of their inquiries. Several respondents did not progress to the interview stage, either because they ceased contact after their initial response, or because they did not meet the aforementioned selection criteria. Further, in order to avoid the conflict of a dual relationship, I elected to exclude participants with whom I had a previous relationship from my employment in a transition house. Consequently, of the 18 initial responses to the call out, nine participants comprised the final sample for this study. According to Charmaz (2006) the quality of data rests more with the use of theoretical sampling procedures and the quality, length, and depth of the interviews than the sample size. Consequently, the recruitment process occurred from September 2007 to December 2007 to allow for adequate theoretical sampling as discussed in the following section.

### ***Theoretical sampling***

Theoretical sampling in GT research entails the selection of individuals who will provide information about the process under examination, or rather, are *information rich* (Creswell, 1998). This technique allows the researcher to elaborate and refine theoretical categories, to clarify relationships between emerging categories and to explore hunches about a category in order to develop an understanding of the process under exploration (Charmaz, 2006). As the study ensues, the researcher may seek out additional participants to build on salient themes that have emerged in the data. In this way, a GT investigation is different from other qualitative methods in that it involves an ongoing interplay of data collection and analysis. I used this constant comparative method in the present investigation; that is, I began the coding process after the first interview in September of 2007. I then compared all subsequent interviews to the previous data as I moved through the process of data analysis, which concluded in December of 2007.

### ***Participant Demographics***

A sample of nine domestic violence support workers from the lower mainland in British Columbia participated in this study, as indicated on Table 1. I replaced the actual names of the participants and their locations of employment with pseudonyms in order to maintain their anonymity.

Table 1

Participant Demographics

Name	Age	Transition House	Education	Years in Support Work
Anna	28	Dogwood	Diploma	2 years
Beth	27	Dogwood	Bachelors Degree	5 years
Carol	24	Birch	Diploma	2.5 years
Colleen	26	Birch	High School	2.5 years
Lee	36	Fern	Bachelors Degree	8 years
Maria	48	Evergreen	Masters Degree	5.5 years
Monique	35	Alder	Bachelors Degree	10 years
Pam	43	Birch	Bachelors Degree	8 years
Wanda	27	Cedar	Bachelors Degree	2 years

As Table 1 illustrates, the support workers in this sample worked at six different transition houses, and thus, some of the participants worked in the same location. Their ages ranged from 24 to 48, with an average age of 33 years. At the time of the interview, I inquired about the number of years they had worked in a domestic violence shelter. Several reported previous employment at other transition houses prior to their current position, and thus, the demographic information reflects their total years of experience. The length of time worked in a domestic violence shelter ranged from two years to ten years, and the participants had an average of 5 years experience.

## **Data Collection**

### ***Interview Protocol***

For this investigation, I used a semi-structured interview format in order to engage in a flexible and emergent dialogue with the participants while simultaneously ensuring that I addressed the scope of topics during the course of the interview (Charmaz,

2006). Based on the research question and objectives, I created an initial interview schedule of seven open-ended questions in addition to the collection of basic demographic information. The purpose of these questions was to generate a dialogue about how women's traumatic stories affected the participants, and how they processed these potential reactions. As well, at the end of each meeting, I invited participants to add any relevant information that I did not elicit through the interview questions.

As mentioned previously, because GT involves the constant comparative method, I engaged simultaneously in interviews and data analysis (Charmaz, 2006; Strauss & Corbin, 1998). As the research progressed, my interviewing style evolved. In each subsequent interview, my focus narrowed in an attempt to clarify meanings, to delve deeper into ideas mentioned by previous participants, and to seek data that both confirmed and disconfirmed categories as they emerged in my analysis. Thus, although I asked the same basic questions to each support worker, certain questions in the initial interview protocol were refined or expanded.

For example, I initially asked participants to describe a typical day in their role as a support worker in attempt to grasp the intricacies of their work. I noticed that participants responded to this probe by listing their job duties, so I expanded on the inquiry by asking: "And how do *you* perceive your role?" Repeatedly, this additional prompt elicited a meaningful conversation about the multiple and conflicting roles that support workers must take on in addition to hearing women's traumatic stories. As this experience emerged into a distinct category in the data, I sought to explore it more deeply. For example, in later interviews when a participant attested to wearing "multiple hats" in their job, I would respond with the following: "Some participants have

mentioned that it is difficult to juggle these different roles during their shift, has that been your experience or has it been different?” Thus, the final interview schedule also reflects the addition of these prompts (see Appendix B).

### ***Interview Procedure***

After the initial consultation, the participants agreed to a time and location for the interview. Those who were able to meet in person signed the consent form at the start of our meeting (see Appendix C). I conducted all interviews in a research office at the Surrey campus of Simon Fraser University with the exception of one, which took place at a local coffee shop. As well, three of the participants preferred to dialogue by telephone due to their location; in these cases, they faxed a signed copy of the consent form to the confidential fax in my supervisor’s office prior to the interview time. All interviews were audio taped with their permission, and lasted approximately 90 to 120 minutes. At the start of each meeting, I inquired if the participants had any questions about the consent form and reminded them that the interview would be audio taped. A professional transcription company then transcribed the interviews verbatim.

### ***Dialogues in Action***

As I adopted a constructivist philosophy in this study, I approached the interview as a co-constructed negotiation between the participant and myself; an interaction in which the subtle nuances of language and non-verbal communication influenced how the story unfolded. For that reason, I commenced each interview by explaining my interviewing philosophy to the participant, that is, in the words of Charmaz (2006): “An interview is a directed conversation” (p. 25). I encouraged the participants to speak freely

about their experiences, and offered prompts to guide their focus to interview topics. In doing so, I hoped to set the stage for a dialogue that encouraged unanticipated statements and stories, and where the participant could express thoughts and feelings that may not be suitable in other relationships or settings.

Further, because of my prior experience as a support worker, I was particularly cognizant of the need to adopt a reflexive stance in the interviews. Thus, I took on the role of a naive observer whenever possible (Morrow, 2005; Rennie, 2004). For example, one of the participants described a “crossover” as the overlap between shifts at the domestic violence shelter; a term I had also used. Instead of making an assumption based on my previous experience, I probed further for her meaning of this term. In doing so, I learned that the crossover offered an opportunity for her to debrief with colleagues; a deeper layer of experience that I may have otherwise overlooked. As well, I stopped to explore topics of interest, inviting the participant to “tell me more about that,” and often restated their point of view to check for accuracy in my perceptions. Finally, in the case where we met in person, I also recorded my impressions and observations during the interview, which later contributed to the memos used in data analysis.

## **Data Analysis**

Although her approach is a reflexive variation of the aforementioned traditional methods of GT (Glaser, 1998; Strauss & Corbin, 1998), Charmaz (2006) nonetheless provides a framework for data analysis based on several phases of coding. Coding is the process of labelling segments of the transcribed interview with a name that both summarizes and represents the piece of data. The codes serve to separate and sort the information shared by the participants. In this way, qualitative coding takes the segments

of data apart, so that a researcher can then reconstruct them from an analytic framework. I used MAX QDA, a computer software program used for text analysis, to code, sort and analyze the data gleaned from the interviews in this study. The following sections outline the three phases of coding I used in this process of data analysis. While I present them sequentially here, in practice a researcher may move between different types of coding if required by the emerging interpretations (Charmaz; Strauss & Corbin, 1998).

### ***Initial Coding***

For beginning researchers, Strauss and Corbin (1998) recommend the use of line-by-line by coding as a first step in data analysis. This process entails naming the action or process in each line of the data, and prompts the researcher to remain open to new ideas instead of seeking confirmation of already existing categories. Other grounded theorists commence by coding incidents, or pieces of related data using short, simple codes that highlight the action in each incident (Charmaz, 2006). Both methods involve labelling the participants actions and processes rather than topics or concepts. In either procedure, a researcher is less likely to make conceptual leaps before completing the necessary analysis.

In the initial coding phase of this study, I alternated the use of these approaches for several reasons. First, I have been involved in the coding process as a research assistant on two separate projects. Over the course of this experience, I have had the opportunity to code over 25 interviews using the MAX QDA program. Consequently, the learning curve for the present project was less steep. Secondly, because the line-by-line process involves breaking up the data into the smallest components possible, I found that meaning may be lost as a result. Thus, when using line-by-line coding seemed to sever

the data into incomprehensible parts, I chose to code by incident. However, if an incident was rich and layered in meaning and process, I re-coded it line-by-line to provide clarity and avoid applying my own preconceptions. For example, initial codes such as *avoiding phone calls*, *cancelling plans*, and *hiding out in my room* later evolved into the category *isolating self*. Further, I used the words of the participant, or in vivo codes, particularly for experiences that were exclusive to this population (Charmaz, 2006).

### ***Focused Coding***

A researcher begins to develop focused codes by using the constant comparative method; that is, comparing data to data, or the codes from each new interview to those that preceded it (Charmaz, 2006). In this phase of analysis, the goal is to group together shared meanings and similar experiences among participants. By using the most significant and frequent codes from the initial phase of analysis, an investigator can then refine the codes, and move from action oriented codes into broader, more conceptual categories.

In this phase of analysis, I expanded on some initial categories. After coding several interviews, I began to establish an analytical direction, that is, I could observe subtle patterns and significant processes emerging in the data. Some of these patterns were palpable. For example, every participant in this study emphasized the importance of *boundaries* as a way of mitigating the impact of traumatic stories. However, early in the study, the meaning of *boundaries* in their particular context required further investigation. Because I used the constant comparative method characteristic of GT, I asked additional prompts to narrow the examination of this concept. From the results of this inquiry, the code *boundaries* expanded to incorporate new dimensions. The

distinctions offered by the participants were as varied as *taking a break at work* to *withholding personal information from clients*.

Likewise, in this conceptual phase of analysis, I also collapsed codes that were redundant. For example, I initially separated the experiences of *fatigue* and *physical exhaustion*; yet upon comparing the interviews, I decided that these conveyed a similar experience, albeit their different labels. I also established new conceptual relationships between mid-level codes. For instance, I grouped the aforementioned category *isolate self* with *lack of energy for relationships* and *take out emotions in relationships*. Together, they comprised a broader conceptual category I labelled *social effects*. This broader analytical category related back to the original research objective: to describe the impact of traumatic stories on domestic violence support workers.

### ***Theoretical Sufficiency***

As a GT researcher codes and analyzes the transcripts while collecting data, criteria exist to determine when it is appropriate to end the sampling process (Creswell, 1998; Strauss & Corbin, 1998). Theoretical saturation typically occurs when the data that emerges in the analytical process does not generate new insights (Charmaz, 2006). In the present investigation, patterns emerged early in the process of data analysis; there were definite areas of overlap in the responses offered by the participants. For example, all the participants interviewed discussed the challenge of engaging in *multiple roles* and the need for *boundaries* in domestic violence support work. Yet, the repetition of similar stories, events or statements is not indicative of saturation, although it has been confused as such in the GT literature (Charmaz). Rather, the investigator must compare these

similar stories and patterns to discover their unique properties. A researcher attains saturation when no new properties of the pattern emerge (Glaser, 1992).

To illustrate, participants shared similar stories about their *multiple roles* early in my interview process. Upon further analysis and data collection, this story moved from one that simply listed these roles to a category embedded in relationships with other experiences. In this way, I began to conceptualize the dimensions of this pattern. This resulted from asking: “What does that mean?”, “How does it happen?” and “What are the consequences”? I found that *working alone* was important as it necessitated the *multiple roles*. *Multiple roles* also had an impact on *relationship building* with clients because the role of empathic listener often conflicted with the other administrative roles. When I was able to achieve this level of analysis with the conceptual codes in the present study, I considered the amount of data gleaned sufficient. Indeed, Dey (1999) argues that the term theoretical sufficiency is more precise than theoretical saturation. Saturation implies a process that ceases only when a researcher has coded all possible data, and does not allude to the subjective decision making involved. As such, I prefer to claim that I obtained theoretical sufficiency because this term regards my subjectivity as a constructivist researcher.

### ***Memo Writing***

In GT research, memos are important tools to both refine and keep track of ideas that develop in the evolution of theory (Glaser, 1992). These memos are a collection of hunches, interpretations, queries, and notes made by the researcher from the beginning to the end of the investigation (Morrow, 2005). In addition to using memos for the purposes of provisional analysis, I kept a record of my own personal reactions to the data in an

effort to engage in reflexivity (Rennie, 2004). Through this practice, I became acutely aware of my use of language in the interviews, and consequently, I was better able to focus my prompts to refine or elaborate on emerging conceptual categories, as required by theoretical sampling procedures (Charmaz, 2006). Further, by documenting and acknowledging my assumptions, I was able to see when they prevented me from probing deeper with a participant. For example, when a participant disclosed that she was physically assaulted by one of the residents at the transition house, my response shifted to inquiring about details surrounding the incident. Instead of asking her to “tell me more” about her experience, my narrow questions regarding the level of support by management and the safety measures at the transition house reflected my own feelings of frustration. While these self-reflective memos primarily assisted me in the interview process, the conceptual memos were invaluable in data analysis and eventually contributed to the construction of the interpretative theory.

### ***Constructing Theory***

While the initial phases of coding focused on breaking up the data into smaller pieces, the purpose of the final phase of analysis in GT is to build relationships between codes and reconstruct the data as a coherent whole. However, GT researchers diverge when describing how this best be accomplished. Strauss and Corbin (1998) advocate the use of axial coding, which offers a specific framework for organizing relationships around one central code. Yet, Charmaz (2006) suggests that the use of axial coding may cast a preconceived structure on the data, and thus, restricts how researchers learn about the experience under investigation.

On the other hand, Glaser (1992) proposes the use of coding families at this phase to integrate the pieces of data. In this process, the researcher structures an analysis around the codes that emerged in the previous stage of analysis, and generates groups of codes through links in the data. I adopted the emergent concept of developing coding families to construct a theoretical analysis and link my data rather than the formulaic approach suggested by Strauss and Corbin. Further, Charmaz (2006) asserts that, “when researchers treat grounded theory guidelines like recipes, they do foreclose possibilities for innovation without having explored their data” (pg. 114). For this reason, I did not necessarily adhere to fitting the data into the predetermined units suggested by Glaser.

To commence the theory building process, I printed both the conceptual code list and the memos that I had documented in the MAX QDQ program. I sorted the memos according to the codes to which they applied. On each memo, I wrote down the codes or code properties related to the memo. By integrating the memos and codes, I constructed new coding families, and these groupings revealed innovative relationships between the categories. For example, I noticed that *creating boundaries* was inherent in *working alone* in the *residential context* of the transition house. I then diagrammed these preliminary relationships in a conceptual map that depicted preliminary ideas about the movement and direction between the categories. According to Clarke (2003), a conceptual map shows position and processes, and can highlight relationships between different properties that would otherwise remain obscured by a mere categorical analysis. By integrating this initial conceptual map with several subsequent diagrams, I began to see how support workers negotiated through several worlds in relation to their exposure

to trauma. The final conceptual map became the basis for my interpretative theory, which I discuss at length in the subsequent section.

### **Tests of Rigour**

Just as the quest for understanding differs from the pursuit of truth, the criteria for evaluating qualitative research differs substantially from those for a quantitative study. Terms such as validity, reliability, and generalizability are meaningless to a qualitative researcher. Rather, qualitative researchers have identified various standards that are suitable for naturalistic inquiries (Guba & Lincoln, 1989). These standards are based on the determination of the credibility of a qualitative investigation, or the extent to which the findings have a likelihood of being “truthful”. In addition to the reflexive strategies discussed thus far, I adhered to the evaluative criteria commonly used in GT research to establish credibility in this study (Charmaz, 2006; Strauss & Corbin, 1998). I engaged in these strategies to ensure that I acknowledged multiple realities in the data, and yet offered interpretations that were reflective of the participant perspectives. I discuss the use of member checks, peer reviews, and participant quotes in this section.

### ***Member Checking***

In a member check, the researcher seeks out the participant’s view of the findings to verify the extent to which the researcher’s interpretations represent their experience (Creswell, 1998; Dey, 1999; Guba & Lincoln, 1989). In the present inquiry, I sent a summary of the major themes that emerged from my analysis of the interviews to each of the participants in the study by email. I asked them to consider several questions upon reflecting on the findings (see Appendix D). In total, four participants responded to my

request, indicating that the themes were consistent with their experiences. One respondent suggested that I mention the particular challenges faced by support workers upon hearing stories about animal abuse, and the difficulty in securing housing for women who do not wish to leave their pets with the abuser. I have incorporated her feedback as a dimension of one of the categories in the results.

### ***Participant Quotes***

In order to strike a balance between my own interpretations and the actual narratives shared by the participants, I used direct quotes when reporting the results. According to Morrow (2005), when a researcher overemphasizes the interpretive theory at the expense of participant quotes, the reader may be skeptical about the source of the interpretations. When selecting quotes, it is also imperative to achieve fairness or equitably represent the participant viewpoints. To avoid lopsided interpretations that would result from quoting only a select group of participants in the study, I made a conscious decision to ensure each of the support workers had a voice in the findings. In addition, I made minor revisions to some of the quotations for the ease of reading without changing the meaning of the text. For example, I removed “um’s” and “ah’s” from the dialogue, and where English was not a participant’s first language, I added words to enhance flow and comprehension. Where applicable, these additions are indicated by square brackets in the quotation.

### ***Peer Review***

A final reflexive strategy used by qualitative researchers is a consultation with a peer who can provide an external check of the research process (Morrow, 2005; Rennie,

2004). The role of the peer reviewer is to act as a kind of “devil’s advocate.” This individual can keep the researcher honest, ask questions about methods and meanings in the data, and offer alternative interpretations to the researcher (Creswell, 1998; Guba & Lincoln, 1989). In quantitative research, the goal of a peer review is to determine interrater reliability. Instead, I used a peer review strategy in order to gain a perspective other than my own, so that I was able to think more critically about my coding decisions and subsequent interpretations.

In preparation for the review, I printed off the final conceptual code list from the MAX QDA program, and randomly selected 26 quotes from each of the nine interviews. I submitted these documents to a peer in the Simon Fraser University Counselling Psychology Program who has previous research experience coding data with the MAX QDA program. Using the list provided, she assigned one or more of the codes to each of the passages. We then reviewed these together, and discussed the three instances where our coding decisions had differed. This input was valuable in that it led to the formation of new categorical dimensions, adding richness to the interpretation. For example, I had coded *frustrated or irritable* under the broader category of *emotional distress* in this study. The peer reviewer indicated that it was important to highlight the shift in mood; that is, support workers were *more easily frustrated* and *more irritable* since working at a transition house. Because of this review, I was able to expand on this dimension of the category, and mention the mood *shift* in the findings. Indeed, this exercise served to highlight how both the construction of language and the lens of the observer can alter the nuances of meaning.

## CHAPTER 4: RESULTS

For the purpose of clarity, I present the results of this investigation in two distinct sections. The first describes the *categories of impact* according to the initial research objective, that is, to examine the impact of traumatic material on support workers in domestic violence shelters. Then, in the second section, I introduce a *grounded theoretical model* that addresses the remaining objectives of the study: first, to understand what factors put the participants at risk for trauma related reactions and second, to determine how they process these reactions, including the factors that both assist them and impede on this process. Generally, this interpretative model integrates the *categories of impact* into a paradigm of movement that accounts for the *context, circumstances, actions* and *interactions* of transition house support workers as they process traumatic material.

### The Categories of Impact

Im`pact` (noun): The effect or influence of one thing on another, especially in a significant manner; the force or impetus transmitted by a collision (Websters Dictionary, 2008).

Like this definition suggests, the impact of trauma exposure on the participants ranged from consequential to a kind of forceful collision, as indicated by the categories outlined in this section. In order to expand on what would otherwise be a categorical list of emotions, and psychological, physical and social reactions, I approached the investigation a particular way. First, in the interviews I posed the question “how do these

traumatic stories impact you”? Where participants offered a one-dimensional response, such as “I get frustrated,” I asked them for further explanation in order to determine the meaning they constructed around their emotion. On the other hand, if they offered a loaded term such as “burn out,” my prompts aimed at deconstructing the meaning of their experience. In reporting these *categories of impact* on support workers, I upheld their original language wherever possible (see Table 2 for a brief representation of the categories of impact that emerged in this inquiry). The remainder of this section offers a detailed exploration of these four areas: emotional distress, psychological shifts, physical risks, and social effects.

Table 2

Reported Impact of Exposure to Women’s Accounts of Trauma

Area of Impact	Categories of Experience
Emotional Distress	Frustration and irritability Feeling overwhelmed Emotionally drained Burnout
Psychological Shift	Heightened awareness of danger Sense of an unjust world Jaded Novel perspective
Physical Risks	Temporary body reactions Regular exhaustion or fatigue
Social Effects	Social isolation

***Emotional Distress***

The following categories outline the emotional impact of exposure to traumatic stories at a domestic violence shelter. The participants in this study reported frustration and irritability, feeling overwhelmed, feeling emotionally drained, and burnout as the most common experiences of distress.

### ***Frustration and Irritability***

Of all of the emotions conveyed by support workers, frustration and irritability were the most frequently reported responses in the context of exposure to traumatic stories or incidents. Some participants indicated experiencing frustration or anger on the job, especially when confronted with systemic issues and meeting obstacles that prevented them from best supporting the residents. For Monique, these emotions were particularly relevant when the police arrived during her shift to arrest one of the women at the second stage transition house:

I mean the cops are all getting mad because the little girl is holding onto her mom and the [other support] workers are crying in the corner. It was frustrating because they were supposed to be there to help as well, but nobody did anything. So I was the one who had to take the little girl away from her mom [and] I was frustrated with that too.

Similarly, Wanda indicated that she had become increasingly irritable at home since starting her job at a transition house two years prior:

[I have been] not lashing out, but just weird - getting annoyed really easily or certain things frustrate me quicker than they normally would. I think it's my way of releasing feelings that I have of this unjustification for what this woman has gone through, or the anger that I take with me. No one should be treated like that and I do find that if I hadn't experienced that story, I wouldn't be acting out and I know that. So it comes out and I know that's what it's from, 100 percent.

As eight of the nine participants indicated that they had become more irritable, easily frustrated or “snappy” since working at a domestic violence shelter, it seems as though their reactions on-the-job are seeping into their personal life and way of being at home.

### ***Feeling Overwhelmed***

Participants also described feeling overwhelmed or stressed in response to the most horrific stories of violence shared by the women. Pam offered the details of what she labelled as a “very bad” traumatic story and how it affected her at a deeper level:

I have a hard time when a woman has told me that her mother ran over her toes as a child with a vacuum cleaner until she bled. I can see it, I can feel it, and [I get that] moment of overwhelmness - when I’m walking in a field and all of a sudden I feel all the pain of the children of the world. I’ve had those overwhelming, deep, soulful experiences.

Feelings of being overwhelmed acted as a warning sign for Carol, and were pivotal in her decision to avoid contact with a resident who had a similar sexual abuse history to her:

I think I just had to be okay with it [avoiding the resident] because it was getting to be too much – too, too much. I was feeling stressed and overwhelmed at work and I didn’t want to go home with that. I was feeling really good and working through my own stuff, I didn’t want to set myself back at that time because it’s still something I’m working through. I’m still working on trying to accept the fact I don’t need to do everything.

Generally, those participants who indicated they felt overwhelmed shared stories characterized by excess, for example, feeling “too much” compassion for their clients, or hearing “too many” difficult stories.

### *Emotionally Drained*

For some support workers, their emotions had progressed beyond experiences of excess to a point where they were so “full” of client stories, they had room for little else.

According to Colleen, a full-time support worker:

I don't want to listen to anyone anymore. I find it really hard, so much so that I've been looking at other jobs and stuff. It's mentally and emotionally exhausting because it's eight hours a day listening to women in crisis. And I'm starting to find I'm not dealing with my own personal issues because I don't have time, I'm always dealing with other people's issues.

Unlike Colleen, Beth works part-time on the weekend at a transition house. She has less cumulative exposure to traumatic stories, and typically did not interact with the women at the same level of intensity as those who work full-time. She offered a unique perspective in that she spoke to the emotional exhaustion she observed in her colleagues:

What I would find to be more emotionally exhausting would be balancing the roles with everything that goes on. The emotional stuff [from the stories] is hard, yes. But for me again, I have a unique shift and I thank God for this. When you are the only person there all week dealing with it, you don't have a choice.

Indeed, Beth attributed emotional exhaustion not only to the exposure to trauma, but as compounded by the demands of the job. I address the issue of job demands in more detail in the subsequent theoretical model.

## ***Burnout***

Finally, participants frequently talked about “burnout” to describe the consequence of long-term emotional exhaustion. Burnout was an experience surrounded by much speculation and rumour, but none of the participants identified it as their own. Rather, Colleen voiced that she understood how burnout happens to *others* who work in the anti-violence field:

I can see why the burnout is quite quick. I’ve heard the average is three years and I’m at two years now, so I can see that two years leads up to the three years and that’s how it happens. You’re just emotionally done.

Likewise, Anna, who had recently experienced nightmares after working with a particularly challenging family, said the following:

With this situation, I coped. But I’m wondering - because I’ve heard that the longer you work here, the more exhaustion will build up so that it can be the smallest story that will be the straw that broke the camel’s back. And so for me, that is one of my worries - what about when I get to that point and I really can’t cope? I haven’t reached it yet but I’ve heard [that you] just burn out, and there’s no going back.

Indeed, from their perspective, burnout is inevitable if one continues to work at the transition house. When I attempted to deconstruct this term in the interviews, participants consistently ascribed the meaning to a feared place or point rather than a process. Further, their discussion of burnout was associated not only with emotional exhaustion, but with the presence of challenging job demands.

### ***Psychological Shifts***

All of the participants claimed that they see the world differently because of their exposure to women's accounts of trauma. This section addresses the psychological shifts that occurred in the context of exposure to traumatic stories. The categories that emerged were heightened awareness of danger, sense of an unjust world, becoming jaded, and gaining a novel perspective.

#### ***Heightened Awareness of Danger***

Most participants reported experiencing an increased sensitivity to the potential for violence. In this way, their world had become an unsafe place, and they no longer assumed personal relationships as benign. Lee discussed the challenges this heightened awareness of danger posed in her dating interactions with men:

It's affected me in a way [that I am] always looking for the signs of an abuser. Every comment he makes, I wonder 'how did he mean that, what does that mean'? Then, I even look at past relationships and notice that some of the ways I was treated and I'd say they are abusive now.

For Carol, an increased sensitivity to violence transcended into vigilance of the possible dangers to her daughter as well:

I know that with seeing and hearing the stuff that I hear I'm a lot more aware of things that go on in the real world I guess. Now I'm overprotective with my daughter, and I think that's been a downfall I think for her.

For the participants of the study, it was impossible to *unknow* the traumatic stories they heard. Like Lee and Carol, many support workers indicated they had become more

protective of self, and more controlling of others and their environment as a result. I discuss the social repercussions for support workers in more detail later in this section.

### *Sense of an Unjust World*

In addition to the perception of a dangerous world, participants frequently referred to an increased awareness of injustice, particularly when working with women who have multiple barriers; that is, women who are dealing with other issues in addition to a history of abuse or recent incident of violence. Anna, for example, discussed how witnessing the reality of gender inequality encouraged her to act:

Even though I studied feminism in school, working in a transition house has really broadened my mind about all the problems that are only there for women. It makes me want to change things; it definitely makes me want to continue with school just to be able to have a bigger impact with a bigger education.

Wanda conveyed a similar shift in perception, and relayed how this shift impacted her emotionally:

It just gets you thinking about how unjust things can be. Even some of the stories you hear women relay to you about their experiences with the RCMP and how they are treated; you get angry and you get sad and it makes you question humanity a lot. You just can't help it, you kind of see everything different. When you get the statistics and then you really hear what's going on in your neighbour's house, you know the probability that [abuse] is happening - you just can't help but know it's always there.

Thus, hearing stories of discrimination firsthand permitted the participants to grasp the vast propensity for injustice toward women in a more intimate way than would otherwise be possible.

### ***Becoming Jaded***

For many of the support workers, particularly those who had worked at a transition house for several years, the exposure to repeated injustice seemed to render them calloused. It was as though they were unable to experience the same sense of alarm in response to violence against women as they once had. As Monique and several others used the word “jaded” to describe this experience, I adopted the term for this category:

I think after a while you become so jaded. I was talking to a colleague of mine who does marketing for [my agency], she asked me about something that she had heard was happening in [my transition house]. Sometimes you don't think about it anymore, maybe it's major to somebody that doesn't work in that field. But that's our reality all the time - just a regular day.

As mentioned previously, injustice against women propelled Anna to action and protest. Like Anna, Lee seemed, at one time motivated to work toward change in this unjust world. Yet, after eight years of working at a second stage transition house, she questioned the futility of her pursuit:

It used to make me sick that this [violence against women] is happening all over the world, but then you start to feel, well, jaded, because nothing is changing - you are still seeing everything. So why are we even bothering because it's just getting worse for women? Sometimes that's what you think, and I only have so much to give.

According to the participants, it appears that becoming jaded is a gradual process of desensitization to violence, and comprises an element of weariness or surrender.

### *Novel Perspective*

Despite the numerous references to a negative shift in worldview, every participant indicated that the exposure to women's accounts of trauma also provided them with perspective; that is, a way of regarding situations in their own lives according to their relative importance. Maria shared how hearing the suffering of the women in the transition house had resulted in her adopting a more laid-back approach to life:

I still have the full capacity to care about lots of things, but when I know I have to let something go, I just let it go. And I can always learn something [from the women] so I think their stories really color and amplify my life. They really teach me a lot, they are just like me.

Like Maria, Wanda described how connecting with residents altered the lens through which she views others; instead of noticing differences, she recognized their common ground:

[I like] just getting close to people and we have so many more similarities than differences. And it makes you see the world completely different. No one knows what they are doing and it's like we are all just wondering what the hell is going on together; we're all just walking the line.

Overall, it seems that making a connection with the women at the transition house plays a role in the development of perspective. It appears to be rooted in the capacity for empathy, or the ability to see oneself in another person.

### ***Physical Risks***

While support workers described experiencing a wide range of detrimental physical responses in the context of trauma exposure, these were primarily isolated incidents. Conversely, they emphasized physical exhaustion as a chronic experience. To highlight this inconsistency, I delineated the following categories of physical effects according to the duration of impact.

### ***Temporary Body Reactions***

Several support workers indicated that they experienced physical symptoms from their exposure to trauma that seemed to ebb and flow with the level of stress they experienced at the transition house. Body reactions reported in the study included headaches, shakiness, and a disruption in eating and sleeping patterns including waking from nightmares. For example, after supporting a family dealing with sexual abuse issues for several weeks, Anna described the following:

I was getting a physical stress reaction; I was absolutely exhausted and it felt like fireworks, little twitches were going off in my body which was really strange. It went on for a week, the week that I was having the dreams. So I went to the doctor and he asked ‘are you stressed?’ And I’m like ‘yes, yes I am’ and so I just explained that it’s a high needs family that has consumed me and everybody else at work. He even told me [to] take a vacation, and when I went on vacation – the first day I still had a little bit of it and by the second day, they were gone.

Similarly, Maria shared her experience after a particularly challenging confrontation with a resident in that led to her decision to leave the domestic violence shelter:

So when I went home - I had a severe headache and I went to bed and usually, I don't have lots of headaches. When I got up in the morning I still had a headache and I knew [there was] something wrong there. So I called my co-worker in the morning to talk to her about it. For me, later on I realized why this specific woman and her daughter touched me that much - because she's an immigrant and I'm an immigrant person.

For both of these participants, their physical reactions acted as warning signs of something wrong. Subsequently, they both took action to take care of themselves, albeit quite different approaches. I examine the use of self-care and other coping strategies in the subsequent theoretical model.

### ***Regular Exhaustion or Fatigue***

While some participants reported the presence the aforementioned temporary physical reactions, all of the support workers interviewed indicated that their experience of exhaustion was ongoing rather than related to a specific incident at the domestic violence shelter. According to Colleen:

I don't necessarily go home and think 'oh, I hope so and so is okay' or whatever. But I do find, even though I don't think about it all the time, it does effect me because I am wiped at the end of every week - to the point where I don't like to make plans on the weekend to go out because I'm so tired.

So despite the fact that Colleen was not ruminating about women's stories, she made a connection between her exposure to trauma and her ongoing fatigue. Carol, on the other hand, attributed her low energy to job demands:

Just the job, I mean it takes a lot out of you. I'm usually tired after work, but now I'm finding myself quite drained quite a bit because we've been so busy and so full - it's just been nonstop lately.

As these participant narratives indicate, it was difficult to ascertain whether regular exhaustion was a result of the secondary exposure to trauma per se. I speculate that challenging job demands may exacerbate the experience of habitual fatigue in domestic violence support workers, as emphasized in the grounded theoretical model.

### ***Social Effects***

Participants in this study consistently reported a decrease in both the frequency and quality of their social interactions since working at a transition house. Their increased isolation appeared to be rooted in three differing conditions as outlined in this section.

### ***Social Isolation***

First, because most participants experienced persistent exhaustion, many did not have the mental capacity or the physical energy for social engagements. Colleen described this phenomenon:

I try and make plans for the weekend and then I am just constantly cancelling with people because I don't have the energy to go out - and I don't want to listen to anyone anymore.

Similarly, Lee echoed Colleen's experience almost verbatim:

Often times I wasn't doing things with friends because I was too tired from work. My friend - all she ever wanted to do is go out all the time. I just didn't have the energy after working all week.

Secondly, while most support workers reported the presence of a support network, some spoke the inability of friends and family to comprehend the complexities of their work.

This was a challenge for Monique in her relationship with her partner:

Sometimes I just have to come home and I need 10 minutes [to] tell my partner what's happened in the day. At first he thought he needed to fix something and I said 'no I just need you to listen, not fix'. I have to listen to people all day so I need somebody to listen to me. And some days, he's like 'are you done yet?'

Finally, as conveyed by Beth, many participants became increasingly cautious in their social interactions due to the heightened awareness of potential danger:

Sometimes I don't want to go out, I want to roll up in a little ball. Especially because I think this stuff can happen to anybody so I'm just really, really controlling with my personal life in regards to who I let in. I could do this, I could do that but I won't because I'm too scared that something bad could happen.

Thus, it appears that a combination of constant fatigue, limited levels of support and over-self-protectiveness may impact the ability for support workers to maintain genuine social connections. As a consequence, their social relationships, in general, suffered.

### ***The Limitations of Categories***

A discussion of the emotional, psychological, physical, and social effects of trauma exposure permits a mere glimpse into the experience of domestic violence support workers. While these categories reflect mutual experiences and shared meanings, they are limited in that they do not account for the movement of a process, or the potential intervening conditions (Clarke, 2003). Indeed, the effects of the exposure to traumatic

material are not inevitable, just as the relationships among the categories are not linear in nature. Rather, the *context*, *actions* and *interactions* of the support workers can mitigate this impact. The theoretical model in the subsequent section accounts for these factors.

### **The Grounded Theoretical Model**

In order to address the remaining objectives in the present investigation, I developed an interpretative model that describes how support workers process traumatic material. The model articulates the factors that assist support workers contend with the exposure to traumatic material as well as those that impede on this process. As mentioned previously, one of these mitigating factors is the *context* of support work. The following narrative from Monique illustrates the significance of this *context*:

A year ago we had a partner show up. It was scary. I don't know if he had a conviction but he had murdered somebody and he was involved in drugs and gangs, and she had disclosed to us that he carried a gun with him, so that was very frightening. I happened to be standing at the bus stop when she drove by with him and she waved to me. Why would you do that - why would you tell him you know me? Now he knows who I am.

The prevalence of safety issues in a residential setting are just one example of how the *context* of transition house support work may exacerbate the impact of traumatic stories. Similarly, the *actions* and *interactions* of the support worker can mitigate this impact. For example, Lee explained how the *action* of eating her lunch at her desk, coupled with her *interactions* with persistent residents equated to a lack of self-care:

Most of the time you eat your lunch at the desk while helping people and answering phone calls and dealing with what's going

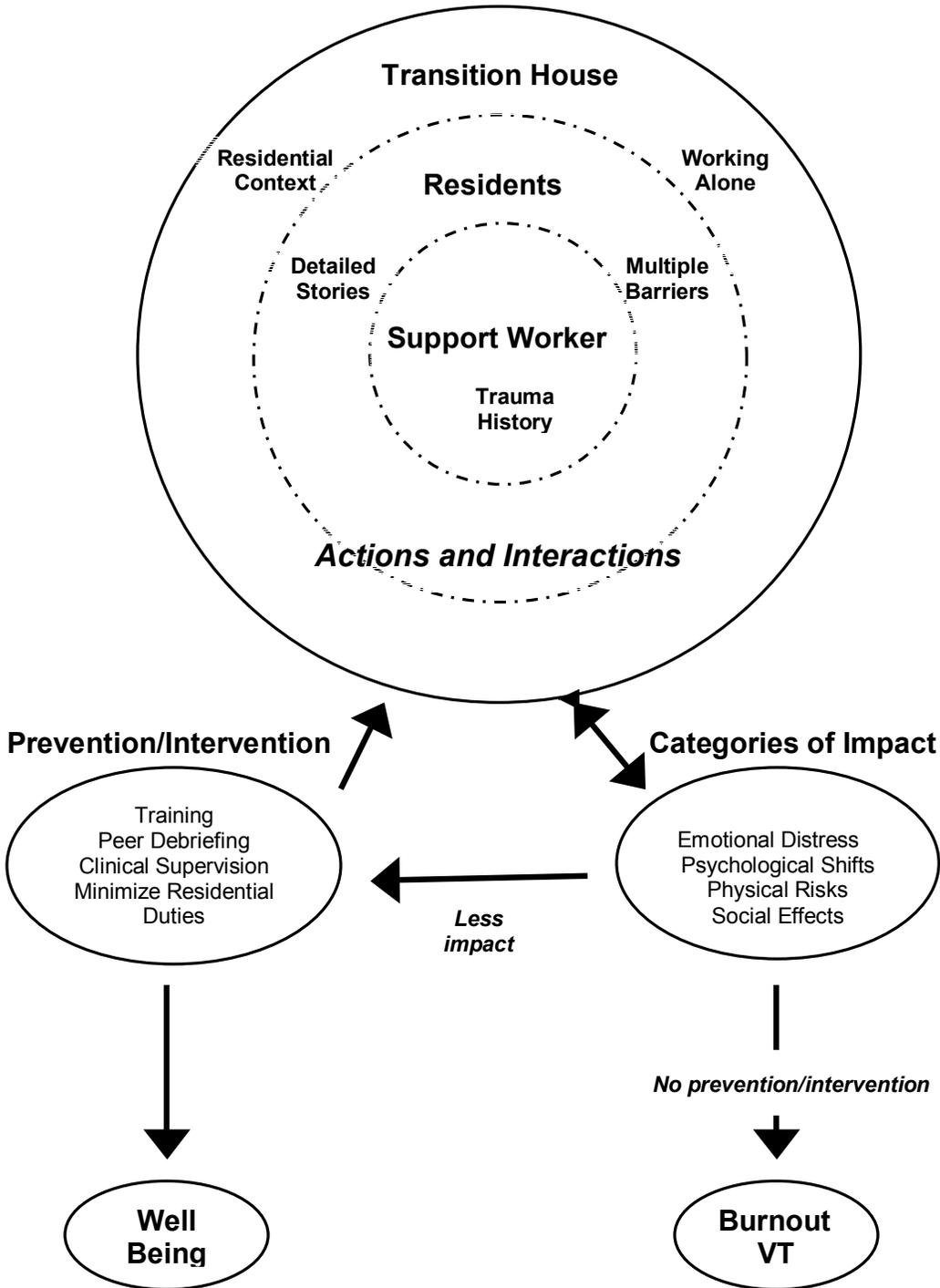
on because there's some people who don't have good boundaries. Some women will step away and some women will keep talking to you and you can't respond because you are eating your lunch. I think that's one thing we don't do a lot of [is] self-care.

This lack of self-care likely inhibits her ability to process the impact of trauma exposure. These participant quotations serve to establish how the *context*, *actions*, and *interactions* are relevant factors to the processing of traumatic stories.

In this section, I begin by presenting a model that accounts for these factors (see figure 1). I then offer a brief explanation of the model; that is, how these factors mitigate the aforementioned *categories of impact*. It is important to note that like all interpretive theories, the intention is not that this model be generalizable, but rather, that it articulate a process shared by a select group of support workers (Charmaz, 2006). In this way, it is grounded in the data collected in the course of this study.

Figure 1

A Grounded Theory Model of Action and Interaction by Domestic Violence Support Workers Exposed to Traumatic Stories



### ***The Influence of Context***

First, this model depicts the influence of *context*; that is, the circumstances that both surround and affect how support workers process women's accounts of trauma. They negotiate the impact of these stories as they move in and out of three distinct contexts, or worlds. To account for this movement, I depicted these worlds as permeable circles, and then placed them inside one another to designate relationship and influence. The following discussion and exemplary quotations serve to introduce the relevant circumstances in each world as they emerged in the findings.

### ***The Three Worlds of the Support Worker***

Let us begin in the world of the *support worker*. Each individual support worker has personal life experiences that may mitigate the impact of her exposure to trauma. For example, Pam described how her experiences with sexual, physical and spiritual abuse were the driving force in her decision to work at a transition house, and that she implicates this work in her own recovery:

I just felt the work with the women was really important because I felt my mother was never ever honoured. I really had a strong feeling for family and how it worked. I was abused as a child, although I was never abused by a partner, how that worked out for me is beyond me sometimes. But I knew what it was like to be abused by your mother which was to me the ultimate to a certain degree. So I wanted to relate, to try to understand it and try to make it all a little bit better I guess.

In the present investigation, more than half of the support workers implicated the influence of their own *trauma history* in this process. As such, the presence of a *trauma history* is indicated as a common circumstance in the world of the support worker.

Then, if we move outward to include the second circle, we account for an additional layer of influence, that is, the relationships with *residents* in the domestic violence shelter. The circumstances of these relationships also mitigate the impact of the traumatic material. Participants described two particular circumstances that hindered their ability to process traumatic material in this context; that is, hearing *detailed stories* and working with women with *multiple barriers*. I present these circumstances in a categorical manner with the understanding that in reality, these relationships are co-constructed and variable experiences. Beth, for example, discussed how she avoided contact with the details of women's traumatic stories:

I just didn't think I needed to read that affidavit or even ask her about it. On the weekends, it's not as important, it's more about down time, so it's okay if I decide that it's not worth it – me hearing all that, why bother?

This quotation illustrates the negotiated nature of relationships in that the extent to which residents disclosed details in their stories depended on the willingness of both the support worker and the resident to engage in this way.

Finally, if we move to the outermost circle in the model, we can see that these resident-support worker relationships occur in the larger context of the *transition house*. The circumstances of the transition house mitigate both the relationships with the

residents, as well as the subsequent impact of traumatic material on support workers. One of these circumstances is *working alone*, as explained by Carol:

It's kind of hard sometimes because we are single staff so if we are running out and we have to screen women and there are issues happening at the house it can make for a chaotic shift.

As outlined in the model, participants implicated both *working alone* and a *residential context* as factors that impeded their ability to manage the impact of exposure to trauma.

### ***Actions and Interactions in the Three Worlds***

The placement of the circles in this model also indicates position and power. As one moves from the inside to the outside of the model, personal power or agency decreases. For example, a support worker has more control over her own actions than the practices at the transition house. In this way, I specify that support workers are active in mitigating the impact of traumatic material rather than passive recipients of these effects. Yet, it also demonstrates how the *context* can limit their sense of agency.

This sense of agency is reflected by both the *actions* and *interactions* assumed by the support workers in each context or world. In this model, I define *actions* as purposeful movements initiated by the support worker that may enhance or impede on their ability to process traumatic material. For example, as I discuss in the subsequent section, Pam reported that she initiated the action of *creating boundaries* in the context of her relationships with *residents* in order to manage the potentially upsetting impact of engaging in a horrific story of violence:

Boundaries, boundaries, boundaries, and you need to stop them if it's too much. And you don't share about your own life, ever.

Similarly, support workers partook in various *interactions* in the three *contexts* or worlds illustrated in the model. I define *interactions* as reciprocal or mutual engagements that may enhance or obstruct the processing of traumatic material. For example, in the *context* of the *transition house*, Wanda often debriefed with her colleagues during the *shift crossover* in order to process her reactions:

What we try to do is when we do the shift change we always debrief. We are told that that's very healthy, to talk about what's going on and debrief with each other. And even to just verbalize it to someone else, it's just helpful to talk about it.

I discuss these and other *actions* and *interactions* at length in the subsequent section. Table 3 serves to both summarize and organize the next section, which provides a detailed explanation of each of the aforementioned *circumstances*, as well as the *actions* and *interactions* of the participants. I repeat the applicable segments of this table at the beginning of each section for the ease of the reader. Finally, I will address the remaining components of this theoretical model, that is, the *prevention and intervention* strategies, as well as the risks for *burnout* and *vicarious trauma* in the final discussion chapter of this paper.

Table 3

Circumstances, Actions and Interactions that Mitigate the Impact of Traumatic Stories on Domestic Violence Support Workers

Context	Circumstances	Actions/Strategies	Interactions
Support Worker	Trauma history	Self-preservation strategies Self-care practices	Support network
Residents	Detailed stories Multiple barriers	Creating boundaries Seeking closure	Multiple roles The system
Transition House	Working alone Residential context	Training Learning by experience	Shift crossover Relationships with management

*Context: The World of the Support Worker*

Context	Circumstances	Actions/Strategies	Interactions
Support Worker	Trauma history	Self preservation strategies Self care practices	Support network

*Circumstances*

**Trauma history.** As expected, the participants in this study offered a variety of narratives about their world outside of the domestic violence shelter. Some embraced the role of mother, partner and student; yet, many identified as trauma survivors. For example, Anna conveyed her personal history in an abusive relationship attracted her to working with others who had survived abuse. She indicated this experience enhanced her ability to connect with the residents:

I was in an abusive relationship when I was a teenager and had a baby and the abuse started once I got pregnant and then progressed to - I cut all contact but kind of he got a little crazy and tried to kidnap me and called me incessantly. I think definitely I have that understanding, a bit of an experience and a bit of understanding.

In fact, most of the participants who offered this information did so when describing their reason for working in the transition house. Carol was the only participant that implicated her trauma history as obstructing her ability to cope with the exposure to other's trauma. In her situation, a child who disclosed sexual abuse shared a history similar to her own:

So that specific case I will admit I think was a little more personal for me. You try to keep yourself separated from the situation and from the women and their stories because you don't want to cross any boundaries. I don't think I crossed boundaries with that one, but the impact of that, because of my own history - I ended up in therapy. Honestly I'm still in therapy. That put me back in therapy.

Despite these initial challenges, Carol reported that the assistance she sought to help her process her reactions had been helpful:

Honestly, I think [counselling] has been very good for me, it's been very positive. It's made me deal with my own history and my own past that I never dealt with. I guess you expect something like that to eventually come back to you but you are never ready for it. At the same time, as hard as it was to go through, it's been pretty good for me now.

Thus, while a trauma history reportedly enhances the ability for participants to empathize with the residents, it may have the potential to interfere with a support worker's ability to

cope, at least initially. It seems that if a trauma remains unaddressed, it is more likely to impede on the ability to manage the impact of traumatic stories.

### *Actions and Strategies*

*Self-preservation strategies.* Every participant in this study acknowledged that women's traumatic stories affected them, and that they attempted to cope with the effects. At a first glance, I may have naively grouped these actions together as self-care strategies. Yet upon further analysis, it was clear that while some actions served to care for the self, the function of others was to protect the self from harm. For example, after hearing a particularly graphic story of violence at the transition house, Monique did the following:

I tried not to think about it but I think it slips in when I talk about things - people say 'doesn't that impact you'? I don't like to think about it. Sometimes I just kind of put it in the back of my head and sure, it does impact me, but I try not to think about things.

Colleen also implicated avoidance as a survival strategy if she felt particularly affected by a women's story:

I just try not to – and don't think about it. My life is busy enough, so I don't really do anything for myself either. Like some of my coworkers garden or read or write or whatnot and I don't do anything. I don't go for a walk; I don't debrief myself, nothing. So that's something that I realize I need to work on - I think I need to find something that is relaxing,

Further, when I asked Bev what was most helpful in managing the impact of the traumatic stories she hears at work, she responded by stating, "having goals to do

something else and leave there.” Monique also reported an avoidance of any traumatic material, such as media violence:

We were watching a documentary that was really good and they were showing pretty graphic stuff I got up and left. I can’t deal with it. They’re like ‘oh it’s really good’ but I can’t sit and watch this. It makes me sick.

It seems that these coping techniques may permit support workers to function in the interim. Yet, whether planning for the future or trying not to think about it, the underlying strategy is to avoid accessing and processing the traumatic material.

*Self-care practices.* On the other hand, many participants seemed to move toward the impact rather than distance themselves from it. Common practices included journaling, reading, exercise, taking a vacation, and spiritual and holistic practices such as mindfulness meditation. Rather than rely on a clichéd definition of self-care, I deconstructed the meaning conveyed by the participants. In their world, self-care involved a combination of self-awareness (e.g., “this story is upsetting me”), processing the impact using strategies that they had found success with in the past (e.g., journaling) and then finally, nurturing the self (e.g., exercise). Carol’s story, for instance, reflected this process of self-care:

I try and have some down time in between [the transition house and home] before I pick my daughter up from daycare. I find if I pick her up right away, I don’t get time for myself and then that’s usually when things stick in my mind. I have to take some time for myself in order to separate the two. I like to read a lot so I’ll read or I’ll journal first if I need to get it out. Then I can spend some time with my daughter, and that usually makes me feel better.

Pam also indicated how her self awareness compelled her into self-care mode:

About once a month it gets to the point that it rattles [me] so I go home and I [do] more self-care stuff. I work out a lot, run a lot, yoga - I really enjoy. I take it easy, do something for myself, go to the spa, read a book, light candles. But really I allow myself to be affected by stuff when it happens which I think, doesn't happen very often. It only happens if it's huge, but I can say 'it's okay, that was really tough for me'. I accept it and work through it like that.

Overall, self-care practices appeared to enhance the ability for support workers to process or work through the impact of women's accounts of trauma.

### ***Interactions***

***Support network.*** Most of the support workers in this study indicated the presence of a stable and available support network. Yet, as mentioned earlier, their support network was limited by the ability for others to truly grasp the intricacies of working at a transition house. Anna, for example, discussed the difference between debriefing with her colleagues and talking with her partner after a difficult shift:

It was great to talk to them [co-workers] about it. It was nice because I didn't talk to everybody, just a couple of coworkers but we were definitely on the same page and a lot of them were bringing it home as well. So it was nice to be able to have that and have somebody actually really understand what you are talking about. Because had I talked to my partner, I couldn't have said too much, and it would have been 'what's the matter, just cheer up'.

Further, confidentiality prevented many support workers from divulging freely to their loved ones. Wanda reported the consequences of having what she called a "secret job":

It is tough because it's nice to be able to explain why you are kind of crabby or explain why you've had a stressful day. You can say 'well, I had a stressful day' with no details and [my partner] is very understanding of the work that I do so he's okay with it. But it's tough because you can't really go into detail and I'm a talker – it's hard to really, really just talk about it with people that are most close to you. You can't.

Overall, it seems that the presence of a support network is valuable as a social distraction rather than a debriefing opportunity. Thus, it does not necessarily assist support workers in coping with their reactions to women's trauma.

***Context: Support Workers Relating to Residents***

Context	Circumstances	Actions/Strategies	Interactions
Residents	Detailed stories	Creating boundaries	Multiple roles
	Multiple barriers	Seeking closure	The system

***Circumstances***

***Detailed stories.*** As every woman's story of abuse is unique, support workers consistently reported an increased susceptibility to detrimental effects if they knew the details of the abusive situation. According to Beth:

The stuff that impacts me the most are not the larger stories but the smaller details, and maybe because you have some relationship with the women. If you hear these things all the time, they just become numbers. It's when you get the details, she's no longer a statistic she's no longer another one in an abused relationship. These are kids who are abused, they are [name] and [name] who are abused in this situation in this way. It makes it harder because you can't desensitize to them.

For Beth, the details of violence make it all the more real. Similarly, Maria related that the nuances in a women's behaviour often impacted her more deeply than the stories:

When she first came into my car, she [had] a cup of hot chocolate in her hand. Her son kick[ed] her out so she didn't have a place to go and then her son's friend drove her to a spot that I could pick her up. I am fine with this. But once she came into my car, I think she spilled some hot chocolate. You know what she said to me? 'Oh, please, I'm a clean person, I'm so sorry, I'm sorry, I'm a clean person'. Why did she have to tell me she's a clean person? Because she's so worried I will kick her out. It's those little things [women] say that make it hard on me, I see an individual [who] has been through too much trauma in her life.

Indeed, an awareness of the intimate details of abuse seems to draw a support worker closer, not only to the story, but also to the woman who has survived the abuse. Further, the participants noted the importance of creating boundaries if the details of the story become upsetting. Thus, if a support worker is unable to monitor her reactions, then she is more likely to be impacted.

***Multiple barriers.*** All participants indicated that they frequently support residents who have multiple barriers. Women presenting with multiple barriers are dealing with any number of the following issues in addition to abuse: immigration or citizenship problems, family or criminal court issues, a language barrier, substance misuse problems or mental health concerns. Further, in order to secure additional funding, some transition houses have expanded their mandate to accept women on parole or probation. Pam, who has 10 years of experience as a support worker noted that both the type and number of issues faced by residents, has shifted:

It was a hard thing this coming back the second time around. It was different, the work has changed. Before our mandate was [to accept] battered women in violent situations, families in crisis in that way. Now have a room for parolees, we deal with homelessness, drug abuse, and we do not have second stage anymore so now we're doing second stage to a certain degree in house. If a woman is getting her children back, then she could be here for 2 years. The politics behind it are so huge.

Just as these situations pose a challenge for residents, they may negatively affect support workers. Like Colleen, many participants indicated they have little or no training in some or all of the aforementioned issues:

Some of the women are very mentally unstable and we are not trained in mental health, I don't have any training on how to deal with the women. We'll call after hours just to get advice on how to work with the women - we try to as long as they're medicated. But even still sometimes it's just so severe and there's nothing we can do for them. And I think those ones are the ones that get me the most because to me, they don't have a choice. They are so mentally unstable that whatever they have wrong with them, it's not something that they can control even with medication.

Support workers also acknowledged their increased frustration when advocating for women confronted with multiple barriers. As previously mentioned, they reported feeling the most stressed or overwhelmed in situations of excess; in this case, it seems there is the presence of "too many" obstacles to overcome.

### *Actions and Strategies*

**Creating boundaries.** Every participant interviewed suggested the importance of “boundaries” in managing the potentially distressing impact of women’s accounts of trauma. By deconstructing the meaning of this word, I determined five distinct ways in which participants create these limits in their relationships with the residents.

First, all of the support workers discussed the necessity and potential difficulty in taking a break during their shift. Most reported that they work alone and may be supporting up to 12 people at one time. Thus, they needed to actually create the time and space for a break. Monique discussed how she learned to navigate setting this boundary:

How do I cope? Sometimes I just tell people ‘look I haven’t had a break, sorry, I just need 20 minutes to a half an hour to go eat something.’ Some people don’t like that but I’m no good to you if I don’t get to have a break. And most women will be great, they’ll be okay with it. I won’t do it if somebody is crying or upset but if they want something that can actually wait, they’ll have to wait.

Participants also discussed the need to maintain a personal distance from women’s stories. For example, many resisted phoning the transition house on days off to find out if a resident has returned to her abusive partner. According to Lee:

So I try not to focus on work when I’m off. I don’t want to talk about work, I don’t want to be near work and I don’t call in. I leave and I’m done, and I’ll see you tomorrow. One day my manager called me at home to ask me something, and I said ‘why are you calling me?’ because it can wait until Monday.

Similarly, all the participants addressed the importance of withholding personal information and their own stories of abuse as another way to maintain professional

distance from the residents. Pam shared the complexity of this task as working in a residential context was like “living with” the women:

We have all this ethical stuff, boundaries and everything else and yet we are supposed to be common people. But then you're not sharing your common story. I understand at work because a lot of women, if you actually do tell them something they'll use it against you. It works out wonky anyway, because you see them in their pj's but you are trying to be professional at the same time.

Further, support workers spoke frequently about the need to manage their shift by setting priorities, and yet, remaining flexible to respond to sudden crises. For example, support workers often engage in “one-on-ones” which are open-ended private dialogues analogous to a session with a counsellor. As there are no time constraints around these meetings, workers must advise a woman that a one-on-one is over. Wanda indicated this was particularly important if she felt overwhelmed or upset by a women's story:

So it sounds cold but you have to set those boundaries in order to get [the women] moving on their process. You can't sit there for hours and hours listening to someone talking about something horrible. In order to be fresh for them and just for our own sanity too, you have to know where your limits are, and when you can't take anymore.

Lastly, participants set boundaries by saying “no” to residents and by being realistic about the limits of their assistance. Anna reported that empowering women to take initiative was a challenge for her at first:

Now I'm an empowerment technician, really. It's important to teach women how to function on their own and how to do things

for themselves because we're not always going to be there. And we can't do it all.

Overall, I speculate the emphasis on creating boundaries in support work is related to the lack of boundaries inherent to the residential context in which the participants work. I address this inference at length in the discussion of this paper.

*Seeking closure.* The purpose of a transition house is to provide stability to women who are moving from one place in their lives to another. For some residents, this means moving away from an abusive relationship into a violence free life. Participants reported that not knowing what happened to a resident after she left made processing their reactions all the more difficult. For Carol, an outreach program has been a way to seek closure:

It's been great because my co-worker came up with this outreach program so it's kind of nice that we do get to follow through with some women and see how they end up. When you have those stories that really get to you, then they leave and you don't know what happened, those ones can be quite hard. It sets your mind at ease especially when you know that they are doing quite well but they also have supports in place - that you are not just sending them out there and saying good luck.

Yet, other women who enter the transition house return to their abusive situations. While participants indicated this situation was not ideal, most like Wanda were able to frame it in a way that permitted acceptance:

We could say 'you shouldn't go back' but we shouldn't be using words like that because we can't make their decisions for them. All we can do is support them and remind them they were extremely

brave to get out of the situation. But it's extremely brave to go back too. It sounds like there's this disconnect there but there's not. We know that it takes a woman I think it's something like an average of 15 times before they actually finally leave for good. So we have to expect it, we are not shocked by it and it has nothing to do with any way that we've failed them.

Thus, it appears that finding a way to resolve both the unknown or undesirable endings to a women's traumatic story may assist support workers in processing that story.

### ***Interactions***

***Multiple roles.*** During my first interview, I queried regarding a typical day at the transition house, which elicited laughter from the participant. I subsequently amended my question to examine the role of a support worker, from which emerged one of the most salient themes in this study. Participants consistently described the need to take on many roles, or wear many different hats in their interactions with the residents. As outlined in Table 6, I divided these roles into two distinct categories: those that entailed supporting the client, and those that were unique to work in a residential context.

Table 6

#### Conflicting Roles in Domestic Violence Support Work

Supportive Roles	Administrative/Household Roles
Provide emotional support (one on ones)	Mediate conflict between residents
Crisis support (often by telephone)	Maintain household (cleaning, cooking)
Provide practical assistance with forms, information and referrals	Maintain health and safety in house (picking lice to asking women to leave)
Act as an advocate	Fundraise for transition house
Support the children	Ensure women follow rules and do chores
Role model/address parenting issues	Drive and pick up residents

In the process of data analysis, it became evident these roles often conflicted with one another. For Pam, this inconsistency often obstructed her ability to connect with the women:

So you really don't know - you're picking up clients, you're answering phone calls, you're listening to residents, you're doing groceries, you're everything. You're basically everything. You're wearing all the hats and then you're changing light bulbs. But it's the most difficult when you are doing one on ones, and the next minute you are helping them parent, and the next minute, you are telling them to clean the dishes. This hierarchy really prevents me from doing the real work with them.

This sentiment was echoed by Colleen almost verbatim:

I just find that all of that stuff [enforcing rules] takes away from the connection. It's not the end of the world if someone doesn't mop the floors that night, but it's communal living and they have to do it. I just don't want to get onto someone about mopping the floors, because I'm sure if I was in a crisis situation, I wouldn't give a shit either.

Further, as indicated by Beth, switching back and forth between these roles was exhausting:

You have to stop them in the middle of talking and get the phone. Sometimes you can't call someone back because they are crying and you are trying to juggle it all, and then there is another issue in the kitchen going on, someone screaming and you have to intervene with this as well. And this is hard to balance these roles and it is ever changing – even when you work part time it can be really exhausting.

Overall, it seems that the necessity to take on multiple roles in their interactions with the women is a blatant source of frustration for support workers. However, this did not appear to impact their ability to process their reactions to trauma per se. I speculate this phenomenon is more closely related to job demands than trauma, which I address in more detail in the subsequent discussion.

*The system.* Support workers in this study often referred to struggles faced advocating for women within “the system”. The system, according to the participants, was any government institution or bureaucracy characterized by excessive red tape and routine. Typically, support workers were required to navigate the courts, police, income assistance, subsidized housing and child welfare agencies in this process. Consequently, they became increasingly aware of systemic issues, as conveyed by Beth:

I think it’s the systemic things that continue to shock you, no matter how long you do this. You do an affidavit and then you hear they go to court and lose their kids, and it’s a situation that you thought was straight forward, so how is that? And so the barriers that women face are compounded by the systemic barriers that they have. It’s not helpful that you do all this work to support them and then at the end of the day it’s not recognized in the court or not recognized by the system.

As well, the presence of these challenges impeded on relationship building with the residents, especially if they viewed the transition house as part of the system. Monique discussed her position in relation to the system:

Yeah, there’s certain times that I’m fighting the system. But generally, I think I don’t have time to fight the system because I’m too busy working in the trenches at work so the women are able to

get out and get housing, get everything established, get on income assistance. Then you have to deal with the women who are upset at you, like you created these barriers. I can't deal with it all, it's just so up here.

Like the multiple roles required by their job, their experiences working against the system were a source of great frustration. They also seemed to exacerbate the impact of women's accounts of trauma, by making a hopeless situation seem even more hopeless.

***Context: The Transition House***

Context	Circumstances	Actions/Strategies	Interactions
Transition House	Working alone	Training	Shift crossover
	Residential context	Learning by experience	Relationships with management

***Circumstances***

***Working alone.*** All participants in this study indicated they worked alone during their shift. Further, as mentioned previously, one support worker could be working with up to 12 residents during any one shift, as well as responding to crisis phone calls.

Working alone had several implications. First, as discussed by Pam, it often entailed a frantic pace:

I like feeling like I'm running my own shift. But at the same time, when there's a full house, it's nuts. There's no way of putting it besides that. If you don't prioritize when it's quiet, you'll be in trouble later.

However, the most important repercussion of working alone in the context of trauma was the lack of immediate support available during a crisis, as reported by Colleen:

If I was having a really rough time at work I know I could call her [the manager] at any time to come in, which is a relief to know. But still I don't want to have to call her to come in. It would really be nice to have someone else at work even for four hours. I find the working alone very hard because we have to make all the decisions ourselves. It's good for having to make quick decisions but it's hard to not have someone to bounce things off of. You really have to trust yourself and trust that you are making a right decision which I generally do but sometimes I wish I had someone to run this over with. Instead I shut the door to the other side and sit down by myself and go over it.

While Colleen indicated that she did have access to support from her manager if she needed it, Maria's experience at her transition house was quite different:

It's just essential [to have] support when there's a crisis. When you are working at transition houses there's always some crisis there, and when there's a crisis, who can you call? There's nobody you can call. Who can actually make decisions? Nobody can make decisions. Who can you get for support? Nobody, that's who you can get for support, that's sabotaging, that's not a healthy place to work. So then you carry that kind of damaging effect and negativity every day to your home. And you're not really happy working there.

Indeed, working alone limited the opportunities for participants to process their trauma related reactions. Yet, most did indicate they were able to debrief with the next support worker on shift. However, because this shift change was brief and not necessarily set up to offer a debriefing session, working alone seems to increase the likelihood that support workers leave the transition house with traumatic reactions that remain unresolved.

***Residential context.*** Working as a helping professional in a residential setting presented an additional layer of complexity when defining relationships between the women and the workers. Lee summarized the intricacies of working in this context:

It's just like we are living with these people for 8 hours every day, and I literally mean living with them, even though we do have an office. But you're there, you're always there and they're always there. They end up asking things of us they wouldn't ask of their own relatives.

In fact, it seems that by working in a house where the women eat, sleep and bathe, support workers are required to work harder to establish the professional boundaries that might be taken for granted by helpers in another setting. Beth addressed this challenge:

I don't think I can do residential full time, it wears on you. It's very different than outreach because you are with all of these people all of the time and there's no break from it because you are in the same house. It's not like an hour appointment and then you are done, you have to tell them when it's done.

Further, residential support work may involve distinct health and safety concerns. Participants spoke frequently about picking lice, driving residents in their own vehicles, and the ongoing risk for verbal or physical assault by the residents or their abusive partners. Carol spoke about these risks in the context of a near break-in:

They broke into the neighbour's house thinking it was the transition house, and the neighbours saw them and called the police which is good, we have neighbours that are fantastic in that way. But to have a security system in place just to ensure - I mean one worker trying to watch the whole house, it's not a small house it's quite a big house.

Indeed, it is possible these safety concerns mitigate the impact of traumatic stories. Further, like working alone, working in a residential context may increase the risk of violence to domestic violence support workers.

### *Actions and Strategies*

**Training.** One of the most striking findings to emerge from the findings was the discrepancy in professional development opportunities among the support workers in this study. While two participants indicated they received adequate to extensive training related to the operations of the transition house, the remaining seven participants received no training, or had taken applicable courses elsewhere. Although Maria's story is typical, she also works as a counsellor and thus, had more opportunities for professional development than most support workers:

The first about three or four years I took lots of training by myself because I couldn't ask my agencies to pay and especially [as a] support worker you usually don't get lots of free training. But if you are [a] family counsellor of course it's different. So most of my training right now is from that agency and it's free. But if I were only a support worker the agencies will not pay you to get training.

To offer a voice from the other end of the spectrum, Wanda reported she received extensive training from her agency in preparation for her role as a support worker:

The training was fantastic but sometimes you don't know until you're in it. That was neat because they mentioned that in the training. This is the theory of it all but you're not going to have any idea until you're actually talking to that woman on the phone

who's crying or you're looking at that person's face and hearing those things.

As Wanda describes, experience is a large component of learning how to do transition house work. Yet, the results seem to indicate that training is an underutilized strategy for assisting support workers. A support worker who has not received formal direction on how to provide emotional and crisis support may be especially vulnerable to the detrimental effects of their exposure to trauma.

*Learning by experience.* As training varied from one agency to the next, participants reiterated that much of their learning occurred on the job. Anna shared the challenges she faced in setting boundaries with the women when she started work at the transition house two years prior:

I'm learning how to get a thick skin, I'm really learning how to make clear boundaries for myself on what I'm going to do and not do, and knowing when to shut the door in the office when there's a child coming at your every 10 minutes going 'can you play this with me, can you play that'. I found in the beginning when I first started working it was very hard. I'm still learning that.

Further, Carol's story illustrates that even when there is a norm in place to guide a support worker, it cannot replace the significance of immediate support and crisis intervention training:

Another time a woman was drinking at the transition house and I had caught her with alcohol. What we normally do in those types of situations is tell them to go to bed and we will sort it out the next morning, but I took the alcohol away which she did not like at all. I didn't know what else to do I couldn't call anyone, and I

couldn't let her wander around the house drinking. And we had been working with her for three months already, she was in one of our longer term programs. So I never, ever saw that as something that she was capable of doing. She ended up - she hit me a few times, at that point I had managed to get her into her room. I told her she needed to stay there and I ended up calling the RCMP. Now, if I can sense a woman's going to get irate, I won't even bother addressing her in certain things without somebody else there. I think you kind of learn from that point.

On one hand, it seems that experience is critical for developing skills that cannot be grasped solely through training. Most situations shared by the participants did not conclude as gravely as Carol's. Yet, her story illustrates how the reliance on experiential learning may put support workers in domestic violence shelters at risk, not only for a trauma related response, but also for a traumatic incident.

### ***Interactions***

***Shift crossover.*** In a transition house setting, the "crossover" or "changeover" is customarily a fifteen to thirty minute period between shift changes where the support worker who is off will update the worker coming on with relevant information about the residents. While this dialogue ensures that house operations run smoothly, most participants indicated the primary function of this time was to debrief with their colleague, particularly if they had a challenging shift or if a women's story had affected them. Participants like Wanda repeatedly referred to this peer debriefing as the most efficient way to process their trauma related reactions:

If the shift crossover wasn't available, I don't think I'd be able to do this work. If it you just had to hear it and keep it, you had to

take care of everything it would be very difficult. It does [help me process my reactions] because it's a way of not keeping it inside - what you've heard. It's silly but it's like sharing the stress almost so it affects you less when you pass it on.

Many participants indicated they would use unpaid time by coming in early or leaving late if their colleague needed support, or if they needed to debrief, as Beth did:

One of the good things about the transition house set up in regards to it affecting me personally is that when I come in for my shift, I get to crossover. When I crossover, I leave and I say 'here you go, it's your stuff now' and I don't take it with me because it's like offloading for me. I find those two points to be critical so I don't take it home with me. I'd even stay late to get the stuff of my chest because you need to share what you just heard. And they know the same person you are talking about, so it's a lot more effective.

I speculate that the crossover has evolved into an opportunity to unload the impact of a traumatic incident because support workers do not have access to clinical supervision. Further, as confidentiality limits the conversations they can have outside of work, it seems the best person to understand a support worker is another support worker; someone who knows the resident, and understands the context of the transition house. I address the ethical considerations regarding peer debriefing in the subsequent discussion.

***Relationships with management.*** As with availability to training, participants' interactions with management imparted a wide range of experiences. Generally, when a support worker experienced her supervisor as supportive, that supervisor offered opportunities for debriefing that mitigated the impact of women's accounts of trauma.

Wanda reported she was able to confide in her superiors if she experienced any detrimental effects:

And in my place of work it's really great, my Executive Director and our Program Manager have totally encouraged that [debriefing reactions]. They are like 'if there's any issues, you talk about it - or if you need to take time off, or talk to a professional, you just let us know'. It's so very supportive - it's not 'oh it's your job, suck it up'. That really helps.

Yet, as apparent in some of the previous stories shared by participants, a lack of support from supervisors may have a devastating impact. Primarily, it seems to shut down lines of communication about trauma reactions, which seem to be imperative to maintaining the well-being of support workers. Anna reported that even though there is a written debriefing policy at her transition house, rumours about unsupportive management influenced her willingness to seek out these opportunities:

I hear a lot of stories, but I haven't really encountered the very bad parts of our admin yet. So now there is that fear about saying 'I'm stressed and I need to take some stress leave' or 'I need to talk to somebody' because you wonder if they are going to think 'okay, is this person weak' or 'you're not coping so why don't you go move on to a new job'?

Further, Colleen discussed the widespread fallout from her experiences with a previous supervisor:

The supervisor we had before was not supportive to us and there was gossip within the workplace and it was just a bad dynamic at work. I think it's caused some damage as far as the organization

and how we feel about our jobs, because there's a lot of stuff we were told we couldn't do and we are allowed to do now.

Overall, it appears that in order for management to be effective in mitigating the impact of traumatic stories on support workers, any open-door policy is best backed up by action in order to foster a positive morale in the transition house. I address the implications of these results for policy and procedure in more detail in the subsequent discussion.

## **CHAPTER 5: DISCUSSION**

This final chapter examines the grounded theory model of action and interaction by domestic violence support workers in the context of the existing literature on secondary traumatic stress (STS) and vicarious trauma (VT). I discuss the new insights gleaned from this model, and highlight the significance of job demands as separating support workers from other helping professionals that they are commonly grouped with in the literature, such as trauma therapists. Subsequently, the concept of burnout, emphasizing job demands, is relevant to this population. Thus, I review the applicable findings on burnout with a specific focus on role issues and residential factors. Finally, I outline the risk factors for STS, VT and burnout in support workers to set the groundwork for potential policy and procedural implications for both transition houses and counselling psychology. The chapter ends by addressing the limitations of the present investigation as well as suggesting future directions for research.

### **Comparing the Findings to Previous Literature**

Most of the research investigating the impact of secondary trauma exposure is quantitative in nature. Previous researchers have focused on the identification and measurement of these concepts in trauma therapists, and investigated the variables or factors that correlate with their occurrence. This study was a qualitative exploration of the impact of traumatic material, so it is important to note that indicators of VT and STS reported by the participants do not necessarily denote that the participants *have* VT or STS. Rather, the comparisons serve to answer the fundamental question of this grounded

theory investigation, that is, “how do transition house support workers experience women’s accounts of trauma?”

### *Indicators of Secondary Traumatic Stress (STS)*

As mentioned previously, STS is a cluster of nearly identical symptoms to posttraumatic stress disorder (PTSD) except they are present in the person witnessing the trauma (Figley, 1995). According to the findings of this study, there is minimal support for the presence of STS; overall, the participants exhibited STS symptoms in four particular areas. First, the majority of support workers in this study reported a noticeable increase in irritability characteristic of the *persistent arousal* cluster of symptoms in PTSD. Yet, there is also evidence that challenging job demands, including the presence of role conflict, can increase levels of frustration (Kirk-Brown & Wallace, 2004). Secondly, one participant, Anna, indicated several *re-experiencing* symptoms, in particular, dreams and sudden recollections of the sexual abuse stories conveyed by a family she had recently supported. As I interviewed her only a week after this family left the transition house, I speculate that her experiences reflected a normal, acute and crisis-related reaction (Figley, 1995).

The most persuasive evidence of STS in the participants was the widespread presence of *avoidance* related symptoms. As highlighted by the category *self-preservation strategies*, at least half of the participants regularly engaged in efforts to avoid thoughts, feelings and activities that reminded them of the women’s accounts of trauma. Further, the category *jaded* revealed the presence of diminished affect or desensitization in some of the support workers in this study. Yet, this desensitization is also characteristic of the depersonalization aspect of burnout, as addressed in the next

section. Finally, the frequent reports of *social isolation* may be indicative of the participants' detachment and estrangement from others, which is also characteristic of the *avoidance* related symptoms of STS.

### ***Indicators of Vicarious Trauma (VT)***

An examination of the literature on VT in relation to the present findings permits insight beyond the presence or absence of a particular symptomology. Indeed, VT developed from studying the experiences of trauma therapists, so an overlap between VT and the reported impact on support workers exposed to trauma in this study is not surprising. In fact, all of the participants interviewed described a “transformation in their inner experience” (Pearlman & MacIan, 1995, p. 31) through their empathic engagement with the women. The resulting subcategories of *psychological shifts* depict the details of this transformation. By applying the framework of constructivist self-developmental theory, the impact of traumatic material on support workers can be understood by examining the shift in their beliefs about self, other and the world around them. To review the theory, these shifts or disruptions occur in five key areas: trust, safety, power, esteem and intimacy as described below (McCann & Pearlman, 1990).

### ***Disruptions in Trust and Safety Beliefs***

Support workers in the present investigation reported a shift in their sense of trust, as well as in their perception of safety in others and in the world around them. As outlined in the category *heightened awareness of danger*, support workers were less trusting in their own ability to judge others along a continuum from harmless to abusive since working in a transition house. Consequently, they were increasingly sceptical of

others intentions; in fact, one of the reasons for their increased *social isolation* was that support workers were more protective or cautious in their relationships. They also conveyed a diminished trust in the world: for example, Lee stated, “I now know that bad things happen to good people.” The category *sense of an unjust world* further highlights this shift. In summary, it seems that the lens through which support workers view the world reflects their increased awareness of abuse and subsequently, the belief that “bad things” can happen ubiquitously.

### ***Disruptions in Power and Esteem Beliefs***

Pearlman and MacIan (1995) assert that repeated exposure to traumatic stories that convey helplessness and vulnerability may evoke similar feelings of despair in a therapist. According to the dimensions of VT, this experience denotes a disruption in beliefs about personal power. Indeed, some participants expressed futility in their efforts to improve the circumstances for women at the transition house, as indicated by the category *jaded*. I also observed a conflict in several of the support workers; a struggle to hold onto the ideal that women could be powerful, juxtaposed with the realization that others in the world were often more powerful in comparison. For example, they shared stories about how residents lost custody of their children to abusive men and conveyed their frustration when supporting women with *multiple barriers*. In the face of these challenges, support workers also expressed diminished esteem for others and humanity in general as indicated by the category *jaded*. Overall, the results did not point to an impact on self-esteem.

### ***Disruptions in Intimacy Beliefs***

A shift in beliefs about intimacy is also indicative of VT. This dimension is similar to the detachment and estrangement characteristic of *avoidance* symptoms in STS. Upon further examination, it is evident that the participants' *support network* is particularly relevant in this area of disruption; the stories in this category highlight their sense of separateness from others. According to the results, support workers believed that their closest family and friends were unable to understand their experiences. Further, the findings indicated that while confidentiality played a role in their sense of a "secret job," friends and family also expressed discomfort or disinterest in hearing their stories. Consequently, most of the domestic violence support workers in this investigation reported experiencing some degree of *social isolation* in the context of their work with trauma survivors.

### ***The Missing Link***

Overall, the constructs of STS and, in particular VT provide a conceptual framework for understanding the experiences of domestic violence support workers exposed to women's accounts of trauma. There is an overlap in the present findings and the existing research in terms of a shift in worldview, and in the presence of arousal and avoidance symptoms of STS. While this overlap accounts for the *psychological shifts* and *social effects* that arose from participants' exposure to traumatic material, these constructs fail to describe the other two categories of impact. Specifically, STS and VT do not account for the levels of *physical and emotional exhaustion* present in support workers, or the unique job demands that appear to contribute to this exhaustion. According to Jeffrey (2006):

Work environment variables may also have a large impact on the development of STS. For instance, coworker support and cohesion, well-defined job roles, physical safety, financial security, and clear physical boundaries between worker and client space likely all impact risk of STS. These variables and more need to be examined across samples of trauma workers (p.31).

In contrast to Jeffrey, I speculate that such work environment variables not only *mitigate the impact* of STS or VT, but also have a *direct impact* on support workers that could result in burnout. As stated in Chapter 1, the rationale for this investigation was rooted in the paucity of research on domestic violence support workers. Because the few studies on support workers grouped them with counsellors, therapists, and psychologists (Baird & Jenkins, 2003; Tehrani, 2007) the effects of their particular work environment have yet to be considered.

### **New insights**

The new insights gleaned from the present findings resulted from an examination of the *differences* between support work and trauma therapy. These differences are important to address as they enhance our understanding of the factors that likely put support workers at risk. First, while domestic violence support work occurs in a residential context, a therapist typically arranges contact with trauma survivors by appointment. Secondly, support workers provide emotional and crisis support to women fleeing abuse, and trauma counsellors provide therapy. As indicated by the results, these job-related factors consistently contributed to the emotional and physical exhaustion of the participants in this study. Further, they may also mitigate the impact of STS and VT. As burnout results from workplace conditions, this issue prompted an examination of the burnout literature.

## ***Burnout***

The concept of burnout is not new, in fact, it is far better developed in theory than are the trauma related concepts of VT and STS (Jenkins & Baird, 2002). Further, participants made reference to this term and it emerged in the results as a category to indicate the impact of long-term emotional exhaustion. Maslach and Jackson (1984) define burnout according to the combined presence of three symptom areas: emotional exhaustion, depersonalization characterized by a diminished concern for the client, and finally, a reduced sense of personal accomplishment. While the participants described burnout as a “place” in their narratives, the literature suggests that it is a gradual process. The experience of all three symptoms is indicative of the greatest degrees of burnout, although emotional exhaustion is said to be the hallmark of the syndrome (Maslach, & Jackson, 1984; Savicki & Cooley, 1982). To date, most burnout literature uses the definition offered by Maslach and her colleagues, and therefore, it will serve as the reference point for the present discussion.

There is considerable overlap between the concept of burnout and the findings in the present investigation. All four of the subcategories for *emotional distress* suggest the experience of emotional exhaustion is significant for the participants. Further, most support workers reported *regular exhaustion or fatigue* as a physical effect of their work. While these are presented as distinct experiences in the findings, I speculate there is conceptual overlap between the reports of physical exhaustion and emotional exhaustion. For example, participants also used terms such as “wiped” and “drained” to denote the experience of physical exhaustion. As it is difficult to ascertain whether this terms are strictly emotional or physical experiences, I consider both categories as relevant to

burnout. Further, depersonalization and a reduced sense of accomplishment are related to the dimensions of desensitization and futility expressed in the category *jaded*.

### ***The Work Environment***

As previously mentioned, burnout is related to workplace conditions rather than exposure to specific kinds of issues, such as trauma. As such, I will address the workplace factors that, according to the participants, contributed to their experience of burnout, and in particular, emotional and physical exhaustion. I summarize these factors under two broad headings: residential issues and role issues. These two headings highlight the previously mentioned *differences* between support workers and trauma therapists. Specifically, these groups work in different contexts; hence residential issues are relevant only to support workers. Likewise, they take on different roles in their interactions with the same population of women who have experienced violence, that is, crisis support versus therapy. This additional layer of examination serves to deepen our understanding of the experience of support workers and offers a conceptual framework for some of the most saturated and developed categories in the present findings.

***Residential issues.*** Research indicates that a primary environmental factor related to burnout is the degree of intensity required in a job. Job intensity is affected by such factors as length of contact with clients, ratio of clients to staff and size of caseload (Maslach & Jackson, 1982). As intensity rises, the individual has less time and more stress. In light of the current findings, I speculate that the transition house would be considered an intense setting. Indeed, because contact is not limited to appointments, the potential duration of contact with clients exceeds that of most helping professionals. In fact, several participants relayed that their experience of working in a house was akin to

living with the women, as indicated by the category *residential context* in the findings. Further, the staff to client ratio during a shift is often one support worker to 12 women and children. While most are able to take a break behind closed doors, this time may be interrupted by women in crisis, or by conflict between residents in the house. Further, because all the participants in this study work alone, they are required to juggle numerous job demands simultaneously. Thus, the variables inherent in residential support work contribute to a potentially higher level of job intensity.

A perceived lack of control of the work environment is another important mediator in job stress. According to Maslach and Jackson (1982, 1984), a lack of control may come from having too much to do within a limited period or from working in a setting where one has little influence over the outcome, despite their level of contribution. In a residential setting where there are minimal physical boundaries to dictate time and space between the support workers and the residents, it makes sense that the participants' narratives were saturated with dialogue regarding ways to maintain control, for example, by *creating boundaries*. I contrast this experience with that of trauma therapists, who may experience greater control over their work as a result of a more predictable separation between themselves and their clients. In this case, clients may also adapt their behavior according to the professional office setting, while a house does not offer the same assumed atmosphere. Further, the very nature of crisis work entails a certain degree of chaos. Consequently, I speculate that a perceived lack of control may be pivotal in the potential burnout of domestic violence support workers.

***Role issues.*** A second difference between support workers and therapists is the type of service provided to trauma survivors. While support workers offer emotional and

crisis support to women fleeing abuse, trauma counsellors provide therapeutic interventions. Most support workers indicated that the provision of emotional support through “one-on-ones” with residents was a major component of their job. The findings indicate there are two issues relevant to this task: multiple roles and role ambiguity.

A recent study by Kirk-Brown and Wallace (2004) speculated that role conflict, or the need to engage in multiple roles under the guise of one job would be a predictor of emotional exhaustion. The investigators used the *Maslach Burnout Inventory* (MBI) with a group of workplace counsellors who were also required to provide therapy to their colleagues, a potential role conflict. Similarly, the results of the present study underscore the presence of *multiple roles* inherent in support work (see Table 6 for review). Because these multiple roles often conflict with one another, they indicated their ability to connect with residents was compromised. While the results of the investigation by Kirk-Brown and Wallace did not necessarily support the hypothesis that role conflict predicted burnout, it was, however, associated with job dissatisfaction. Indeed, most of the participants indicated that the need to wear multiple hats was a source of frustration. Whether this conflict is related to burnout, per se, in transition house workers would require additional investigation.

Further, role ambiguity, or a lack of clear guidelines for implementing a role has also been identified as a factor that leads to burnout (Kirk-Brown & Wallace, 2004; Maslach & Jackson, 1984). While all of the support workers described the provision of emotional support as pivotal to their role, much discrepancy existed on exactly how this played out in an interaction with a resident. For example, according to Pam, this difference between support workers and therapists seemed to lay solely in the job title:

You don't have to be a psychologist to help people, yet that's nearly a mantra at our work 'we are not therapists, we are not therapists.' Well I see myself as a counsellor but not with an M.A., I'll be the first one to say that. I mean I know that I could do it, sit and note take and everything else. I've been through enough therapists to know what kind of questions they've asked me and how they do their note taking.

Lee, on the other hand, was reluctant to delve too deeply in when taking on this role with the residents:

And when a woman is right there and crying, I'm not sure how far to go into detail - she doesn't want to wait until she can make an appointment with a counsellor. There are so many women that confuse us - until we clarify - they think we are counsellors, and it's really important to clarify. I just don't want to say things that I'm not qualified to and do any damage.

Yet Maria, who recently completed her Master's degree in Counselling Psychology, offered a distinction between her part-time role at the transition house and her position as a counsellor at another location:

[At the transition house] I will see my role as emotional support worker and also information provider. So what I do is I just provide some really basic listening skills and support and probably a little problem solving and also managing their day to day behaviour. Agencies don't expect us to go into details with the residents and they don't really expect me to have a therapeutic session with a client.

These perspectives indicate that there appears to be a range of techniques used by support workers in their primary role: providing emotional support. This role ambiguity may

increase the possibility for burnout. As well, this discrepancy speaks to the vast differences in training opportunities as I discuss in the next section.

### **Implications for Domestic Violence Shelters**

In order to provide a foundation for the policy and procedural suggestions for transition houses, it is imperative to summarize the factors that put support workers at risk for trauma related reactions, such as VT. This was the third objective in the present investigation. In light of the findings, I also consider the risks for burnout as relevant to this discussion. As such, I implicate both VT and burnout as potential outcomes in the grounded theoretical model presented earlier in this paper (see Figure 1 to review).

#### ***Risk Factors for Support Workers***

Recent psychological literature has identified several risk factors for VT, STS and burnout in trauma counsellors. The results indicate that several of the factors that put counsellors at risk are also relevant to domestic violence support workers. First, support workers engage intensely with a high caseload of traumatized clients. Secondly, many are new to the job; the participants in this study had an average of five years of experience. Further, the aforementioned issues with role ambiguity, as well as the challenges inherent in a residential context likely increase the risk of burnout. Finally, the relationship between a support workers' trauma history and their vulnerability to trauma related reactions is unclear from the results of this qualitative study, just as it is in the general literature. While some of the participants revealed a personal history of violence, they offered it as their reason for their interest in domestic violence support work.

Most importantly, several of the protective factors afforded to counsellors do not reflect the experience of many of the participants. While most trauma therapists have access to regular clinical supervision, only one participant indicated that a formal debriefing service was available to her if she felt impacted by a client's traumatic story. Further, there were inconsistent training opportunities across transition housing agencies. While several participants reported training was infrequent or not available, others indicated they received regular opportunities for professional development. Overall, those who received consistent training seemed to report less exhaustion or burnout, but similar experiences of VT. With regard to their support network, even though some participants indicated that they had a strong support network outside of their workplace, the debriefing opportunities were limited. Finally, while peer support was the most frequently reported source of assistance, because participants work in isolation, the availability of colleagues restricted this support. Thus, the context of this support occurred most frequently during a shift crossover.

### ***Suggestions Related to Policy and Procedure***

Based on the aforementioned risk factors, the following discussion emphasizes several areas of concern in domestic violence shelters. While these primarily draw attention to context surrounding domestic violence support work, this emphasis does not absolve the support worker from her responsibility to implement actions and engage in interactions that promote her own self-care. Rather, the purpose is to highlight the outermost circle of the theoretical model where the support worker has the least power or influence. Further, as these comments relate to the experience of the participants in this

study, it is important to reiterate that they are not necessarily transferable to the scope of domestic violence shelters in British Columbia.

To provide a framework for addressing policy implications, I reviewed a policy model outlined by Rudolph and Stamm (1999). Briefly, they assert that researchers must consider suggestions and recommendations in terms of their *effectiveness*, that is, the likelihood that they will work. In addition, the *efficiency* (the cost/benefit analysis) as well as the *administrative feasibility* (the ramifications for implementing the policy), and *political feasibility* (the broader ramifications) are significant to this process. As a researcher, I present ideas in terms of their *effectiveness* only. The remaining criteria are best deemed by the agencies and institutions involved in transition house operations. As such, I suggest the following discussion regarding peer support, training and residential issues stand as areas for consideration rather than policy and procedural recommendations per se.

### ***Peer Support***

The findings related to the *shift crossover* indicate that the process of peer support, to some extent, is already effective. For this reason, it was difficult to dismiss this process despite the potential ethical considerations inherent in a peer-debriefing model that evolved without training or supervision. For example, a support worker cannot that her reactions shared during a *shift crossover* will remain confidential. Further, the “offloading” process conveyed by the participants may be a concern if both support workers involved are struggling with the impact of traumatic material. Thus, the question may remain, how can both agencies and support workers ensure that it meets the requirements of a debriefing opportunity? First, if agencies integrated this overlap as part

of the shift, it would be equally accessible to all support workers, not just those who are willing to stay late or come in early. Secondly, access to external professional and confidential debriefing and counselling services need augment both the availability and ethical considerations inherent in peer support. Most of the participants in this study underscored the importance of this suggestion. The story of Anna, who experienced nightmares she described as “very, very disruptive” highlights the problem in relying solely on peer debriefing as a means of processing the impact of traumatic material:

I think it was so bad because I was working alone and didn't get to talk, there would be the occasional crossover or occasionally with another childcare worker that I would talk, but even if you were working with other people it was just so hectic. So the minimal time, the 15 minutes - our crossovers were actually half an hour long every time.

In Anna's case, the support from her colleagues during crossover was not sufficient to assist her, and she likely would have benefitted from the additional support outside the agency. Further, informed peers would best provide this support; information on STS, VT and burnout could be offered to new transition house staff as part of the orientation process and then supplemented by yearly training sessions. Such opportunities might better prepare support worker who adopt a peer-debriefing role by providing them with a context for monitoring not only their own reactions, but also the reactions of their peers.

### **Training**

In addition to training on VT, STS and burnout, support workers may also benefit from training that assists them in clarifying their role at the transition house. While most participants in this study relayed feelings of competence in the practical aspects of their

job, they presented a wide range of ideas about what entailed emotional support. Indeed, it seems that most of the learning in this area was experiential. Further, the emphasis on boundaries seems to reflect the vast amount of energy invested in creating distance from residents in the residential context rather than on purposeful engagement with the women. As a counsellor trainee, I am aware that all counsellors, and especially those who work in the context of trauma, undergo extensive training in order to develop a set of applied skills utilized from assessment to termination in their relationships with clients. Thus, it is concerning that support workers exposed to the same population of traumatized women are not typically afforded similar opportunities to learn and acquire the skills necessary to the provision of emotional and crisis support so central to their jobs.

### ***Residential Issues***

Finally, while it is difficult to alter the role conflict inherent in supporting women in a residential context, there may be ways to reduce the frustration and exhaustion that generally ensues. Most of the participants in the present investigation made suggestions for improvement in reference to this area. First, both the availability of management and the addition of staff during times of extreme crisis at the domestic violence shelter seem to be important. As well, I speculate if invited to do so, support workers may be able to generate creative ways in which to reduce their accountability for household duties, and increase the accountability of the residents. Indeed, this may require a shift in mentality for some, from managing the behaviour of the women to empowering the women to manage their own behaviour. For example, support workers and management may begin

by redefining the role and job duties that support workers take on in relation to the women they are there to support.

### **Implications for Counselling Psychology**

The results of this study may also have implications for counselling professionals who encounter domestic violence support workers in a variety of arenas. First, for those who provide therapeutic services to support workers, it is imperative that therapists refrain from making assumptions that the experience of the trauma therapist is the same as the support worker exposed to trauma. As such, it cannot be assumed that a support worker exposed to trauma is experiencing VT or STS when, in fact, burnout may play a pivotal role. Further, it is important to acknowledge that because most support workers do not have access to clinical supervision, they likely have not had an opportunity to process their reactions before seeking counselling. Finally, because many support workers in this study indicated their own trauma history inspired them to support women who had been abused, therapists need inquire about previous trauma. When a support worker's secondary trauma reactions are intertwined with those from an unresolved primary trauma, adequate service need address this complexity (McCann & Pearlman, 1990).

In addition to a therapeutic role, counsellors and therapists may be able to contribute to the well being of support workers by way of a training and educational program that outline the potential effects of exposure to trauma. This could serve as the introduction to a peer support model offered earlier in this discussion. Indeed, Munroe (1999) asserts that clinicians have the responsibility to warn of the potential harm of exposure to trauma, and that training sessions should offer strategies for coping with this exposure. Further, he states:

We cannot be content to train psychologists who expect to do therapy, but must consider researchers, non-psychologists, and others who will be exposed (p. 216).

Indeed, the fields of counselling and clinical psychology have generated much of the knowledge about VT, STS and burnout. I believe we have a duty to disseminate this information to those who are likely impacted.

### **Limitations of the Study**

As outlined in the discussion, the grounded theory model offers insight into the impact of traumatic material on domestic violence support workers, and in particular, highlights how their experience is *different* from that of trauma counsellors. However, there are limitations that require consideration when reviewing the interpretations in the present investigation. These limitations arose primarily in the process of data collection.

According to Charmaz (2006) “the quality and credibility of a study starts with the data, and it is the depth and scope of data that make the difference” (p. 18). As outlined in the methodology section of this paper, I engaged in an intensive interview process in order to obtain the depth required for a grounded theory model. To summarize, the interview procedures focused on eliciting stories and deeper meanings from the participants. Further, the use of both purposeful sampling and the constant comparative method allowed for the ongoing exploration of salient themes as they emerged in the data (Morrow, 2005). Thus, while I am confident that I explored beyond the surface of the narratives in the interviews, there are potential concerns with the scope of the data in this investigation; that is, the amount and variety of data.

### *Adequate Amount of Data*

Although grounded theorists claim that a sufficient number of participants is important in the development of an interpretative theory, rich data is not achieved by the mere number of participants in a study (Charmaz, 2006; Morrow, 2005). In reality, the ideal number varies drastically in the GT literature. For example, Creswell (1998) recommends that researchers seek out 20 to 30 participants in order to saturate the categories of a theory. Indeed, a small number of participants can lead to what Dey (1999) calls a “smash and grab” method of data collection; because of the limited number of viewpoints, the data is susceptible to superficial analysis. Yet, this traditional emphasis on sample size rivals the post-modern view that sampling procedures or the quality, length, and depth of interview data are more important than the number of participants (Charmaz).

Consequently, the number of participants interviewed in the present study may pose a concern for traditional grounded theorists. To reiterate, a sample of nine support workers from the lower mainland comprised the sample for this study. As mentioned previously, this sample was *information rich* because of the use of theoretical sampling methods. The length of the interviews ranged from 90 to 120 minutes, which I believe was ample time to attain the necessary depth for theoretical sufficiency. As such, I deemed the number of participants adequate. However, because the sample was restricted to the lower mainland, I am unable to claim that the results pertain to support workers across the province as I had originally intended. Indeed, support workers who reside in other areas in British Columbia may face unique issues. For example, I speculate that both isolation and dual relationships with the residents may pose a problem for support

workers in smaller, more rural communities. Further, the participants that did volunteer in the present investigation did so of their own initiative, there was no stipend for participation. As such, perhaps the research topic intrigued them in some way, and the experience of this *intrigued* group may differ from support workers who did not participate.

### ***Adequate Variety of Data***

According to Morrow (1995), even when a researcher interviews a sufficient number of participants to achieve saturation or theoretical sufficiency, a single source of data poses limitations. Similarly, Charmaz (2006) likens interviews, the most common single source of data, to “snapshots” that provide information relevant to one moment in time rather than across time, as events unfold. Positivist grounded theorists revere the concept of *triangulation* in reference to the use of multiple data sources, such as participant observation, field notes, interviews, focus groups, participant checks, site documents, journals and electronic data. Typically, the purpose of triangulation is to seek out corroborating evidence for a theme or interpretation (Creswell, 1998).

While I used participant checks to verify the credibility of the initial findings, the sole reliance on interview data and observation notes in the present investigation has its limitations. During the data collection process, I did not determine it necessary to obtain additional sources of data beyond interviews as my focus was limited to the experience of support workers. Site documents and electronic data, for example, would not convey their experiences. Yet, despite engaging in a member check, the present interview procedures pose a concern for obtaining the temporal dimension advocated by Charmaz (2006). For example, at the time of our interview, Anna had recently supported a family dealing with

multiple levels of sexual abuse, an experience that left her evidently distressed. Had our conversation occurred at another time, the data may have differed. As such, the use of multiple interviews could have expanded on the temporal dimension of the grounded theory model.

Overall, it is important to acknowledge that the data in this study is specific to the context of this research; that is, the participants and researcher constructed it within a particular timeframe. In this way, the interpretative theory generated from this data is not necessarily generalizable or transferable beyond the immediate situation, nor was this the goal of the present study. Rather, the findings are tentative and descriptive in nature.

### **Future Directions**

The results of this investigation offer a deeper conceptual rendering of the experience of domestic violence support workers. Specifically, they refine current ideas about STS and VT in helping professionals by defining how the context of support work can mitigate these effects. As well, the findings indicate that despite supporting the same population of traumatized clients, support workers and trauma therapists work in different contexts, and this context may mitigate the impact of trauma in distinct ways. In particular, the residential and role issues inherent in transition house support work are significant. Hence, burnout may be more relevant to this population than to other groups of helping professionals like the trauma therapists with whom they are typically grouped in most studies on VT and STS.

Because this is the first study to explore the experience of support workers as they process traumatic material, further investigation could help to illuminate the intertwined

relationship between the concepts of burnout, VT and STS in this population. Within the present model, several factors or *circumstances*, *actions* and *interactions* emerged as mitigating the impact of trauma exposure. While some of these were determined to be risk factors or protective mechanisms for VT, STS and burnout in the literature, any one of them could serve as an area for more detailed exploration. For example, while many trauma related studies cited in this investigation discuss the need for *self-care*, the actual process of *self-care* outlined in the present findings seems to be unique to this population. This kind of detailed investigation may assist in expanding on a theoretical framework that connects the relationships among these factors in the population of domestic violence support workers.

Further, the potential limitations in the present investigation highlight a promising path for future research. Because of the temporal issues with the present interview procedure, future studies could use data from multiple interviews in order to emphasize the processing of traumatic material over time. As well, the sample of support workers could be expanded beyond the local transition houses in order to capture the experience of domestic violence shelters across the province. Further, this study offers a tentative model that needs to be tested on a population of domestic violence support workers. These research directions may contribute to the density and complexity of the grounded theoretical model, as well as determine the potential transferability of the theory (Morrow, 2005); that is, the ability for other support workers to apply this model to the actions and interactions in their own transition house.

A final area of further exploration could entail action-oriented research that serves to benefit a specific group of transition house support workers. For example, the

development and subsequent implementation of a training session on VT, STS and burnout in a transition house would present an opportunity to measure the consequences of such intervention. Similar research designs could test the efficacy of regular clinical supervision, and training sessions focused on the development of skills related to the provision of emotional support, which were two additional areas of concern in the present findings.

### ***Final Words***

What began as a grassroots movement in the 1970's has emerged into the transition house sector in British Columbia. The early stories of women sheltering other women in their basement with few resources, and little support or recognition is a contrast to the established network of residential services available to women and children fleeing abuse today. The British Columbia/Yukon Transition Housing Society now represents 67 Transition Houses and 12 Second Stage Programs in this province (2008). Indeed, this growth may be perceived as progress for the women fleeing abuse. Perhaps it is time for us to turn our attention to the women that work to support them; one of the participants in this study offers a potential direction:

I'm moving more in the direction of professionalizing this work. Let's take the energy [we use] for all of the mundane things and put that energy toward the women. Let's heal ourselves. And let's be gentle with each other so we can do the work that's required when we are there. That's what I hope for.

I am hopeful that the voices of the participants in this study resonate with other domestic violence support workers. I also anticipate that this interpretative theory may act as a

catalyst for future research in this area. Finally, I hope that the findings are helpful to support workers in domestic violence shelters by generating a dialogue aimed at enhancing opportunities for mental and emotional wellbeing in front line anti-violence work in British Columbia.

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# APPENDIX A: CALL OUT TO PARTICIPANTS

SIMON FRASER UNIVERSITY

FACULTY OF EDUCATION



8888 UNIVERSITY DRIVE  
BURNABY, BRITISH COLUMBIA  
CANADA V5A 1S6

## Call for Participants

### Exploring the Impact of Traumatic Stories on Support Workers in Domestic Violence Shelters

**This study is a Master of Arts Thesis Project**

*Investigator: Michelle Tassone-Srdanovic*

*Supervisor: Dr. Patrice A. Keats*

You are invited to participate in a study to discuss your experience as a witness to women's stories of relationship violence. The purpose of this research is (a) to investigate the impact of these stories on support workers (b) to gain an understanding of what factors may put you at risk for trauma related reactions and (c) to identify what helps support workers contend with this exposure to traumatic material and what impedes on this process. Your input will contribute to a greater understanding of the factors associated with trauma exposure in your particular work context as well as give a voice to frontline workers in the psychological literature. It is anticipated that the findings will generate a dialogue aimed at ensuring the wellbeing of transition house support workers.

#### **Criteria for participation:**

- 1. You are employed in a frontline position in a transition house in British Columbia*
- 2. You work in a supportive role that entails exposure to women's traumatic stories*
- 3. You are willing to discuss your experience as a helping professional*

Your participation will involve a **research interview** by telephone or in person and will last approximately **1 – 1 ½ hours**. All information discussed in our interview will remain **strictly confidential** and will be used for the purposes of this study only.

**If you have any questions or would like to participate, please contact me:**

*Michelle Srdanovic*

**at [srdanovi@sfu.ca](mailto:srdanovi@sfu.ca) or at 778-782-8479**

## APPENDIX B: INTERVIEW PROTOCOL

*Investigator: Michelle Srdanovic*

**A. Research Question:** How do support workers in domestic violence shelters experience women's accounts of trauma?

### **B. Information for Participants**

The purpose of the current study is to explore the experience of support workers who provide crisis counselling and emotional support to women living in domestic violence shelters. Specifically, the objectives are to (a) to investigate the impact of traumatic material on support workers (b) to gain an understanding of what factors may put them at risk for trauma related reactions and (c) to identify what assists them contend with the exposure to traumatic material and what impedes on this process.

### **C. Review Consent Procedures**

### **D. Interview Questions**

#### ***Demographic Information***

1. Age and current living situation
2. Educational background and training

***Prompt: any training on secondary trauma reactions in workplace?***

3. Current job title, number of years in front line support work, number of years with current organization

#### ***Workplace Issues***

1. Could you describe a typical day in your role as a support worker?

***Prompt: How do you perceive your role?***

***Prompt: The presence of multiple roles?***

2. What kinds of stories/experiences of domestic violence do you encounter?

#### ***Impact of Women's Trauma***

3. How do these stories about domestic violence impact you?

4. What is your experience when you leave the transition house? What do you carry with you and how does this impact your life?

5. What helps you process your reactions? What impedes on this process?

***Prompt: How are you different since doing transition house work?***

***Support Systems***

6. Describe your current support system (including supervisors, colleagues, friends and family).

7. What is available to you in your workplace in terms of formal and informal support?

***Prompt: What would need to be in place (in your organization and/or provincially) to best support transition house workers?***

***Additional Information***

8. Is there anything else you would like to add that you feel is important that we have not talked about?

**E. Check -In**

Inquire about level of distress and available support systems. Provide information regarding self care techniques and grounding exercises, and offer a referral to free counselling services in the local community if additional support is necessary.

# APPENDIX C: PARTICIPANT CONSENT FORM

## SIMON FRASER UNIVERSITY

### Informed Consent By Participants in a Research Study

The University and those conducting this research study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This research is being conducted under permission of the Simon Fraser Research Ethics Board. The chief concern of the Board is for the health, safety and psychological well-being of research participants.

Should you wish to obtain information about your rights as a participant in research or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated in this study, please contact the Director, Office of Research Ethics by email at [hweinber@sfu.ca](mailto:hweinber@sfu.ca) or phone at 778-782-6593.

Your signature on this form will signify that you have received a document which describes the procedures, whether there are possible risks, and benefits of this research study, that you have received an adequate opportunity to consider the information in the documents describing the study, and that you voluntarily agree to participate in the study.

**Project Title:** Exploring the Impact of Traumatic Stories on Support Workers in Domestic Violence Shelters  
**Investigator:** Michelle Srdanovic  
**Department:** Education

Having been asked to participate in the research study named above, I certify that I have read the procedures specified in the Study Information Document describing the study. I understand the procedures to be used in the study and the personal risks to me in taking part in the study as described below.

#### **Purpose and goals of this study:**

The purpose of the current study is to explore the experience of support workers who provide crisis counselling and emotional support to women living in domestic violence shelters. Specifically, the objectives are to (a) to investigate the impact of traumatic material on support workers (b) to gain an understanding of what factors may put them at risk for trauma related reactions and (c) to identify what assists them contend with the exposure to traumatic material and what impedes on this process. The goal is to produce an interpretative theory that will provide and in-depth understanding of how the participants experience secondary trauma as well as offer a voice in the psychological literature to the underrepresented population of domestic violence support workers.

#### **What the participants are required to do:**

You will meet with the investigator at Simon Fraser University or another location to participate in an audio-taped interview that is expected to last between 1-1 ½ hours. If you do not live locally or arrangements cannot be made to meet in person, the interview will be audiotaped over the telephone. You have a right to decline answering any questions during the interview or may withdraw your participation at any time. As well, you are invited to ask the investigator any questions you might have about the interview or the purpose of the study.

#### **Risks to the participant, third parties, or society:**

Although it is unlikely, there is a possibility you may experience some psychological distress as a result of discussing your experiences working with survivors of trauma. As part of the interview process, the investigator will check in with you regarding your level of distress and available support systems. You will

be provided with information regarding self care techniques and grounding exercises, and you may be offered a referral to an agency that offers free or affordable counseling in or near your community for additional support. In cases where the investigator is not familiar with the local services, this referral will be made from the Red Book.

**Benefits of study to the development of new knowledge:**

The findings of this research will provide valuable knowledge about the impact of traumatic material on the understudied population of domestic violence support workers, as well as define areas for further exploration. As such, you will be contributing to a great understanding of the factors associated with trauma exposure in your particular work context, and will be able discuss what helps you process the traumatic stories you hear from the women you encounter. In the course of your interview, you may also find support by giving voice to your reactions. Finally, it is anticipated that the findings of this study will generate a dialogue aimed at enhancing opportunities for mental and emotional wellbeing in domestic violence support workers in British Columbia.

**Statement of confidentiality:**

The data obtained from this study, including your name and contributions, will be kept confidential to the extent allowed by the law. It will be maintained in a locked filing cabinet and/or a computer protected by a password. The data will only be accessible to the investigator and supervisor of this project.

**Interview of employees about their company or agency:**

You may be asked questions about your employer, however, your employer has not been asked for approval of your participation in this study.

**Inclusion of names of participants in reports of the study:**

Knowledge of your identity is not required, nor will you be identified by name in any of the reports prepared by the investigator. Rather, code names will be used for all names reported in the interview.

**Contact of participants at a future time or use of the data in other studies:**

The investigator may wish to contact you to expand on information provided in the interview, or to invite you to comment on the findings. Your participation is voluntary and you have the right to decline further contact.

I understand that I may withdraw my participation at any time. I also understand that I may register any complaint with the Director of the Office of Research Ethics.

Dr. Hal Weinberg  
Director, Office of Research Ethics  
Simon Fraser University  
8888 University Drive  
Multi-Tenant Facility  
Burnaby, BC, V5A 4Z2  
hal\_weinberg@sfu.ca

I may obtain copies of the results of this study, upon it's completions by contacting Michelle Srdanovic by email at [srdanovi@sfu.ca](mailto:srdanovi@sfu.ca) or by telephone at 778-782-8470. I understand the risks and contributions of my participation in this study and agree to participate:

The participant and witness shall fill in this area. Please print legibly.	
Participant Last Name _____	Participant First Name _____
Participant Contact Information (address, city, postal code) _____	
Participant Signature <input type="text"/>	Date (use format MM/DD/YYYY) <input type="text"/>

## **APPENDIX D: MEMBER CHECK**

### **Exploring the Impact of Traumatic Stories on Support Workers in Domestic Violence Shelters: Major Themes Shared by Participants**

*Investigator: Michelle Srdanovic*

#### **1. Research Question**

How do support workers in domestic violence shelters experience women's accounts of trauma?

#### **2. Information for Participants**

The purpose of the current study was to explore the experience of support workers who provide crisis counselling and emotional support to women living in domestic violence shelters. In the course of data analysis, several themes emerged; that is, experiences that were shared by most or all of the participants. These themes are outlined below according to the each of the original objectives of this study.

#### **3. Objective (a) Investigate the Impact of Traumatic Material on Support Workers**

It is imperative to note that the impact of traumatic stories on the participants can not be understood unless the context of residential support work is considered as a mitigating factor. For example, a participant may have reported feelings of being overwhelmed by stories of violence, but her experience of being overwhelmed was compounded by what she describes as the lack of opportunity to adequately debrief these feelings. In general, the impact of transition house support work on the participants emerged as indicated in the categories outlined below.

##### *Emotional Impact:*

Participants were most likely to report feeling overwhelmed or stressed as a result of challenging job demands, or in response to the most horrific stories of violence shared by their clients. Many reported experiencing frustration or anger on the job, particularly when advocating within "the system" and meeting obstacles that prevented them from best supporting their client. They also described themselves as more irritable or easily frustrated at home since working at the transition house. Finally, participants recounted feeling sad or upset as an initial response to client's stories of trauma, and these feelings often morphed into frustration or stress when participants were not able to process them.

##### *Physical Impact:*

Most support workers reported experiencing regular exhaustion, low energy and/or fatigue. It was difficult to ascertain whether this physical impact was a direct result of the

secondary exposure to trauma, although I would speculate that it is exacerbated by challenging job demands and may be related to burn out as well.

*Psychological Impact:*

The psychological impact on the participants is consistent with the construct of vicarious trauma. Participants reported “seeing the world differently” since working at the transition house; generally as more violent and less safe, resulting in a sense of cynicism or hopelessness. Support workers also regularly reported a heightened sense of responsibility for certain clients, and in these cases were more likely to “take their work home” and ruminate about the client’s wellbeing. Some indicated they had experienced dreams or nightmares about clients with particularly traumatic stories.

*Social Impact:*

The primary social impact reported was increased isolation, which appeared to be a consequence of two differing conditions. First, because most support workers experience regular physical exhaustion, they were less likely to have energy for social engagements outside of work. Secondly, many participants indicated a general sense of having a “secret job”, in part due to confidentiality issues and also because of complex job demands that were hard for others to understand. While most support workers indicated they had active social networks, their connections were limited by the inability for others to truly grasp the impact of their work.

**4. Objective (b) Gain an Understanding of Factors that Put Support Workers at Risk for Trauma Related Reactions, such as STS or VT**

Recent psychological literature has identified several factors that mitigate the incidence of vicarious trauma and secondary trauma in counsellors. The results of the present investigation indicate that the factors that put counsellors at risk are also present in transition house work:

1. High caseload of traumatized clients: It is speculated that most of the clients at the transition house are traumatized.
2. New to the job: Most support workers interviewed had been working in the field for less than five years.
3. Trauma history: The relationship between a support workers trauma history and the experience of vicarious trauma is unclear from the results of this qualitative study. While some of the participants revealed a personal history of violence, this was not reported as a factor that mitigated the impact of their client’s traumatic stories. Rather, it was most likely implicated as a reason for their interest in transition house support work.

Most importantly, several of the protective factors afforded to counsellors do not reflect the experience of many of the participants interviewed:

4. Clinical supervision: Only one of the participants interviewed indicated that a formal debriefing service was available to her if she felt impacted by a client’s traumatic story.
5. Ongoing training and professional development: Several participants reported this was infrequent or not available.

6. Support network: Half of the participants indicated that they had a strong support network outside of their workplace, while the others reported that their external supports were limited.
7. Peer support: While this was the most frequently reported source of assistance by those interviewed, because participants usually work in isolation, the support of their colleagues is limited by their availability.

## **5. Objective (c) Identify what Assists Support Workers in the Context of Exposure to Traumatic Material and What Impedes on this Process**

### *Boundaries*

Every participant interviewed discussed the need to implement “boundaries” in order to effectively manage the potentially distressing impact of the traumatic stories shared by clients. As training in this area varied from one agency to the next, many shared that such boundaries were learned experientially on the job. And because most participants work alone and do not have access to clinical supervision, the context of residential support work almost necessitates that this skill is learned in order to prevent “burn out” or becoming “desensitized”. Participants discussed the following boundaries as critical to maintaining personal wellness in their work:

1. Taking a lunch or dinner break during their shift. (This was the greatest challenge for participants as they work alone and most are not able to leave. Thus, they need to set aside time during the shift to take a break, which is often interrupted several times by the women in the house, who may be in crisis. Many participants indicated that they often don’t take a break during their shift, which may be as long as twelve hours.)
2. Not phoning their workplace when they are off to find out what has happened with a client, and in particular, if she has returned to her partner. It is important “leave work at work”.
3. Withholding personal information about themselves or stories of own experiences with abuse from clients.
4. Managing their shift by setting priorities and then being flexible enough to respond to crises that may arise. (For example, because clients do not have appointment times as they would in an office setting with a counsellor, support workers must advise women that a “one on one” is over, particularly if they feel overwhelmed or upset by her story.)
5. Empowering clients to advocate for themselves. (Participants indicated the need to say “no” to some clients, and to be realistic about what they can actually do to assist the women in the house.)

### *The Function of the Crossover: Peer Support*

In a transition house setting, the “crossover” is customarily a ten to fifteen minute period between shift changes where the support worker who is off shift will update the worker coming on about what is going on in the house. While this appears to be designed to ensure house operations run smoothly, most participants indicated that the primary function of this conversation was actually to debrief with their colleague, particularly if they had a challenging shift or if they were impacted by a client’s story. Participants even indicated that they would use unpaid time by coming in early or leaving late if their

colleague needed support, or if they needed to debrief for a longer period. It is speculated that the “crossover” has evolved into an opportunity to unload the impact of a traumatic incident because most participants do not have access to clinical supervision. Further, as confidentiality limits the conversations they can have outside of work, it seems the best person to understand a support worker is another support worker, someone who knows the client, and is aware of the recent events in the transition house.

*Self Preservation Strategies*

Many participants relayed the importance of self care activities outside of work. They shared that they use the following strategies to mitigate the potentially detrimental impact of the stories they hear from their clients:

1. Taking a vacation or time off of work
2. Journaling, reading, regular exercise
3. Spiritual or holistic practices
4. Avoidance of work related subjects (For example, some participants don’t watch the news, violent films or television).
5. Seek support from family, friends or people who work in a similar field (As mentioned previously, half of the participants indicated this was a strategy they used, while some reported that their support network was limited by the inability for others to understand the impact of their job.)

*Conflicting Roles:*

One of the most consistently discussed themes that emerged in the interviews was that transition house support workers are required to take on many roles, or wear many different “hats” during a shift. Participants discussed at least twelve different roles (which are outlined below.) These seemed to fall into two distinct categories: those that entailed supporting the client, and those that are particularly unique to working in a residential context. In the process of data analysis, it became evident that these roles often conflict with one another, which may impede on relationship building with clients. Further, most support workers indicated that the most rewarding part of their job was supporting the women. For example, a participant discussed how challenging it was support a woman in tears and then later in her shift, remind the same client to sweep the kitchen floor.

Supportive Roles	Administrative/Residential Roles
Provide emotional support (“one on one’s” with the women in the house)	Conflict negotiation or mediate between women in the house
Crisis support work (often on the telephone)	Household duties and maintenance (light housekeeping, painting, cooking)
Provide practical assistance with forms, information and referrals	Ensure rules are followed and chores done, including asking women to leave
Act as an advocate with other agencies	Maintaining client records
Role model/ address parenting techniques	Fundraising
Support work with the children	

### *Clients with Multiple Barriers*

All the participants indicated that they frequently support women who have multiple barriers; that is, in addition to a history of abuse or violence, their clients often have:

1. immigration/citizenship problems
2. family or criminal court issues
3. a language barrier
4. substance use or misuse problems
5. mental health concerns (including PTSD)
6. parole or probation orders
7. abusive behaviours toward their children

Just as these situations pose a challenge for the clients; they can mitigate the impact of transition house work. Many support workers indicated they have not received training in some or all of the aforementioned areas, which may lead to frustration as much of their learning must happen “on the job”. Further, when advocating for their clients in “the system”, support workers are often confronted with the reality that these barriers can increase the marginalization of their clients. As previously mentioned, participants indicated that they feel the most stressed or overwhelmed when supporting women with multiple barriers.

### **6. Implications for Policy and Practice**

Results indicate that most or all the participants share similar ideas about how to ensure the ongoing well being of transition house support workers. These suggestions for policy and practice are summarized into the following categories:

1. Staff meetings, professional development, conferences
2. Limit household duties and maintenance required by support workers
3. Training on mental health and substance misuse issues
4. Access to professional and confidential debriefing services outside of the agency

