The Impact of COVID-19 on the Mental Health Well-Being Among Staff of a Domestic Violence Shelter

By

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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ABSTRACT

The purpose of this qualitatively study via the Case Study approach was to recognize the impact that coronavirus disease-2019 (COVID-19) had on the mental health of randomly selected female domestic violence shelters' board members, staff, volunteers, and counselors and therapists. To guide this study, the theory of integrating existing knowledge of a topic generated an in-depth, multi-faceted understanding of a complex issue. The case study aimed to answer how COVID-19 impacted higher levels of stress, depression, anxiety, and post-traumatic stress symptoms in the female gender. The study focused on the experiences of vicarious trauma (VT), secondary traumatic stress (STT), compassion fatigue (CF), burnout (BO), social services fatigue (SSF), acute stress disorder (ASD), and post-traumatic stress disorder (PTSD) among the service providers as well as the work functions of the shelters' staff impacted by the coronavirus disease-2019 pandemic. Multiple data sources will be relied upon to build an in-depth, contextual understanding of the case.

Keywords: domestic violence, intimate partner violence, COVID-19, battered women's shelter, mental health disorder, PTSD

Dedication

I dedicate this doctoral dissertation to **Ellie Marie**. She has motivated me to become a scholarly researcher and has loved me unconditionally throughout this journey. Ellie Marie has scribbled and created priceless artwork in all my textbooks, on all my rough drafts, and in my reliable Bible as I studied and labored to complete this dissertation**. Ellie Marie is *THE BEST GRANDBABY IN THE WORLD!***

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the waters would tell me I could not go on, Dr. Green (Moses) walked ahead and yelled back, "*Do not be afraid. Stand firm and you will see the deliverance the LORD will bring you today. The Egyptians you see today you will never see again. The LORD will fight for you; you need only to be still"* (Exodus 14:13-14, New International Version).

Table of Contents

List of Abbreviations

ABBREVIATIONS	EXPLANATIONS
APA	American Psychiatric Association
APA	American Psychological Association
ASB	Adverse Social Behavior
ASD	Acute Stress Disorder
BO	Burnout
CAS	Coronavirus Anxiety Scale
CDC	Center for Disease Control and Prevention
CF	Compassion Fatigue
CMA	Certified Medical Assistant
CTI	Critical Time Intervention
DSMMD (DSM-5)	Diagnostic and Statistical Manual of Mental Disorders
DV	Domestic Violence
EA	Emotional Abuse
FA	Financial Abuse
H_1N_1 (Influenza A virus)	Hemagglutinin Neuraminidases
ICJI	Indiana Criminal Justice Institute
IPV	Intimate Partner Violence
NCADV	National Coalition Against Domestic Violence
NDVH	National Domestic Violence Hotline
NIAID	National Institute of Allergy and Infectious Disease
NNEDV	National Network to End Domestic Violence
PA	Physical Abuse
PCADV	Pennsylvania Coalition Against Domestic Violence
PTSD	Post-Traumatic Stress Disorder
SA	Sexual Abuse
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SCT	Social Cognitive Theory
SSF	Social Services Fatigue
STS	Secondary Traumatic Stress
USDHHS	United States Department of Health and Human Services
VAM	Violence Against Women
VT	Vicarious Trauma
WHO	World Health Organization
YWCA	Young Women's Christian Association

Chapter One Introduction

Overview

Domestic violence (DV), also known as intimate partner violence (IPV), is defined as deliberately intimidating, verbally, physically, sexually, emotionally, and other abusive actions towards an individual's intimate partner with the goal of gaining power and control (NCADV, 2021). During the global pandemic, COVID-19 left no place for the survivors of domestic violence to escape the abuse (Buttell & Ferreira, 2020). Movement restrictions, social distancing, isolation, and shelter-in-place orders attributed to an exorbitant increase in the number of DV cases around the globe, the nation, and local states (Evans, 2020). This study seeks to identify the elevated number of victims of domestic violence during the pandemic and identifying the impact COVID-19 had on the mental health of DV shelter staff. Furthermore, the study asks what challenges did the IPV survivors during the first three months of the pandemic face? In the state of South Carolina, how were persons who worked in DV shelters impacted by the social distance mandate of the pandemic, and what mental effects did these persons endure during the pandemic?

Chapter One gives the background of the issue and motivations in pursuing the case study, statement of the study's purpose, significance of delineations of the specific research questions, and definitions of the development of the research plan of study (Patterson, 2017). The theoretical framework is offered in Chapter Two as an instrument of in-depth review of literature around the topic of domestic violence, DV shelters, shelters' employees, COVID-19 factors contributing to DV during the COVID-19 pandemic, the pandemic's impact on the mental health of DV shelter employees, and types of mental health disorders experienced. Chapter Three focuses on the methods used to formulate the study through the detailed

explanation of the research design. The researcher's setting, participants, procedures, role of the researcher, data collection, data analysis, trustworthiness, and the ethical considerations are also included in Chapter Three.

Background

In 2000, the United States Department of Justice conducted a survey study to collect empirical data on incidences of rape and physical abuse by an intimate partner (Tjaden & Thoennes, 2000). Tjaden and Thoennes (2000) also reported that clinical and critical issues of domestic violence have been ongoing in the United States. Most of the domestic violence research is primarily focused on women, and Hines and Malley-Morrison (2001) noted the lack of research of male domestic violence victims.

Historical

The first known shelter for battered women as opened in October 1974 in Saint Paul, Minnesota by the Women's Advocates, Incorporated (Kippert, 2015). In 1973, a one-bedroom apartment where women assaulted by their husbands could seek refuge resulted in the overwhelming requests from other battered women and thus led to the opening of The Women's House in October 1974. The five-bedroom house secured 22 women and 15 children (Wies, 2008).

The 1970's and 1980's (Schneider, 2002) hosted the "second wave" feminism also known as the American Women's Liberation Movement. Battered women's shelters were formed by statewide coalitions, and national organizations (Miller,2010) that are still in existence today like the National Coalition Against Sexual and Domestic Violence (NCASDV). Mildred Pagelow, a sociologist (Pagelow, 1992) reported to the National Organization for Women (NOW) her findings from a small study she conducted that one of Maryland's affluent counties

held a greater expectancy of the prevalence and severity of wife abuse. Pagelow's denotation that alcoholism and disturbances of behaviors like personality disorders employed the myth of psychopathology as being the culprit of woman battering (Hamberger, 1993).

Sociologist Pagelow's study (Miller, 2010) resulted in support groups for battered women that were constructed by feminist activists across the United States. The National Taskforce on Battered Women/household violence was established by NOW (Miller, 2010). Individual homes developed into informal battered women's shelters long before the resources were marshalled to open safe houses for battered women (Miller, 2010). According to the NCASDV (Schechter, 1982), over 300 battered women's shelters existed. Direct services to the victims within these shelters were organized through 48 state coalitions in 1982.

Social

Violence against women represents a major public health problem is, and globally 30% or one in three women worldwide have experienced physical and or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2021). Any physical, sexual, emotional, or financial abuse by one's current or former intimate partner is considered intimate partner violence (Arora et al., 2019). By February 2020, DV had tripled from February 2019 (Boserup et al., 2020). According to crime statistics (Nikos-Rose, 2021), there is an indication that sixteen percent of homicides are perpetrated by an intimate partner. Since the Spanish flu (H_1 N_1 influenza) pandemic of 1918, the COVID-19 outbreak is the most severe pandemic (Thibaut & van Wijngaarden-Cremers, 2020). The impact of the coronavirus 2019 pandemic in May 2020 resulted in thirty percent of social care practitioners contracting COVID-19 and becoming seriously ill or dying. Fifty-five percent of service care practitioners experienced great anxiety that they, their coworkers, and families may be put at risk of infection as they performed

their social duties (Samuel, 2020). The response of public service workers, especially those working in battered women's shelters offer information about their perceptions, experiences, behaviors, and attitudes during the COVID-19 pandemic (Schuster et al., 2020).

Theoretical

The mental health of domestic violence female advocates working in an abused women's shelter during the COVID-19 pandemic may have been more predisposed to adverse impacts and vulnerabilities. The interesting problem is the significantly higher levels of self-reported stress, depression anxiety, post-traumatic stress symptoms, and the prevalence of risk factors which are higher and intensified greatly during a pandemic (Almeida et al., 2020). According to Pollock et al., (2020), the potential negative impact of the COVID-19 pandemic on the mental health well-being of social care workers and health care professionals could be lessened by appropriate rigorous planning, peer review, and standards for best practice with appropriate lengths of follow-ups. Pollock et al., (2020) sought to learn if the negative impact affected the workers' work functions because of the additional social and cognitive problems, depression, stress, and anxiety.

This study extended the existing knowledge of the mental health issues of those who work within battered women's shelters during a pandemic by bringing more attention to the issues of burnout, stress response, and undisclosed mental illness (Carmassi et al., 2020). Operating in negative emergency settings can lead to physical and mental exposure risks. Placing more observations on the hazards of therapy with trauma victims can prompt one to recognize burnout within themselves because of situations of demanding emotions. Becoming emotionally exhausted as a human service professional reaps a loss of a sense of self-accomplishment at

work, dehumanizing their clients, and possible withdrawal from work because of the excessive stress of a pandemic (Baird & Jenkins, 2003).

Situation to Self

Ontological, axiological, and epistemological methodological assumptions give the researchers information of what is concerning and important to the research. One's personal values will affect how one conducts research. To assist a researcher in getting closer to participants being studied, and epistemological assumption is ideal (Creswell & Porth, 2018).

This area of discussion will fulfill the researcher's opportunity to introduce the motivation and awareness for conducting this study. This conversation will further identify and detail philosophical assumptions of the different individuals' perspectives and experiences and views of the nature of the real world (ontological), the values and biases known in the research (axiological), and the researcher's proximity to the participants being studied to gather a convergence of truth (epistemological) (Ahmed, 2008; Chiappin, 2018). The philosophical assumptions of the qualitative researcher direct the development of the researcher's problem and questions.

The philosophical assumptions are influenced by the gathering of the data to answer the researcher's questions (Creswell & Poth, 2018). ontological, axiological, and epistemological assumptions are identified in this section.

Because a case study can be approached from various philosophical positions, there is no need for an assigned and fixed epistemological, ontological, or methodological position (Rosenberg & Yates, 2007). Lakatosianism and Bayesianism are two methodological theories that make a clear evaluation of the credentials of rivaling scientific methodological theories.

Together they serve as guidelines for methodological judgement and why a particular theory was selected (Carrier, 2008; Ahmed, 2008).

To guide this study, the researcher has chosen the worldview paradigm of social constructivism. In the beginning, Constructivism was a learning theory and has progressively expanded into a teaching theory, education theory, a theory of the origin of ideas, and a theory of personal and scientific knowledge (Matthews, 2002). According to Watts (1994), constructivism implies caring and is not an epistemology of take-it-or-leave-it. The caring for personal theories, ideas, personal esteem, self-image, people, and human development proposes a hierarchy of human needs in motivating behavior (DeRobertis & Bland, 2020). Constructivism gives each of us a unique experience and from the epistemological perspective, constructivism focuses on how one knows and what meaning one places on this knowledge (Crotty, 1998). Influencing a qualitative researcher's basic worldviews, a paradigm determines just how the study will be conducted (Creswell & Poth, 2018). A researcher's attempt to comprehend his or her lived world through the exploration of the complexity of the participants interpretation rather than a few groups of categorized events (Cody, 2021).

Problem Statement

The issue of increased domestic violence ~~(Jackson et al., 2021)~~ during the coronavirus disease 2019 (COVID-19) pandemic brought significant concern and impacted the mental health of those who provided victim services to the survivors (Jackson et al., 2021). These providers of social services were increasingly stressed (2021) with the fear of contracting the disease, had difficulty getting and providing personal protective equipment (PPE) and were challenged with recruiting staff during the pandemic to maintain adequate staffing levels (Jackson et al., 2021). The current COVID-19 crisis and the limited availability of evidence-based information on the

mental health of those who provide services within domestic violence shelters to survivors poses a problem that prompted this research (Hooper et al., 2021). The impact of Intimate Partner Violence (IPV) during the global pandemic, COVID-19 left no place for the female survivors to escape the abuse (Buttell & Ferreira, 2020).

The population of abused women increased by 8.1 percent in the United States after the imposed COVID-19 pandemic stay-at-home orders. Before the pandemic one in four women experienced and survived intimate partner violence of the verbal and physical kind (Meador, 2021). During the pandemic, the incident of physical intimate partner violence was greater than 1.8 percent (Iverson et al., 2022). An increase in cases and severity of emotional and sexual domestic violence was noted in April 2022 (Thiel et al., 2022), and according to the South Carolina Law Enforcement Division, between 2019 and 2020, a five-percent increase was recorded (MUSC, 2022).

The gun violence and homicide rates of domestic violence escalated up to 1,000 percent during the COVID-19 pandemic (Meador, 2021). It is believed that the increased isolation, disruption of social networks, unemployment, and a 20 percent surge in gun sales contributed to the expanded percentage of gun violence and homicide rates of domestic violence during the pandemic's mandated lockdown (2021). Devotedly great effort has been used to investigate abused women survivors and their experiences and even how they were impacted by intimate partner violence during a pandemic. However, while searching through, Social Services Abstracts, PsycINFO, ProQuest, and PsycArticles it was suggested that few studies have been conducted to date on the women's shelter workers that directly assist the domestic violence survivors during and after the COVID-19 pandemic. Staff members at shelters and crisis centers have been studied by Glen and Goodman (2015), Beckerman and Wozniak (2018), Merchant and

Whiting (2015) and Baird and Jenkins (2003). These researchers maintained a focus on the stress, burnout, and or the secondary traumatization and the increase in burnout among the domestic violence agency staff.

Domestic violence shelter workers find that they must utilize their known coping strategies to work through their experiences of assisting abused women (Wu, 2012). Individuals witnessing the same event often construct their own mental reality (Golinski, 2005) and will have various reactions (Hansen, 2004). The potential negative impact of the COVID-19 pandemic is that social care workers and other health professionals, specifically domestic violence shelter workers, may have encountered greater amounts of anxiety, stress, depression, and additional social and cognitive problems during the mandated shutdowns of the coronavirus disease 2019 (Pollock et al., 2020). Research to date is limited on the impact the coronavirus disease 2019 had on the mental health and experiences of domestic violence shelter staff workers, and there is a noticeable deficiency of investigation in this area of personal interest. Existing studies about domestic violence shelter workers' mental health during the COVID-19 pandemic do not employ standardized measures of compassion fatigue and secondary trauma (Brown et al., 2020). This researcher planned to explore the richness and depth of identifying the mental health disorders of vicarious trauma, secondary traumatic stress, compassion fatigue, burnout, social services fatigue, acute stress disorder, and post-traumatic stress disorder brought on by the coronavirus disease 2019 pandemic.

Purpose Statement

The purpose of this case study is to explore the link between the mental health experiences of domestic violence shelter staff workers and the COVID-19 pandemic. Mental health experiences consist of one being in contact with and observing how one manages stress,

relates to others, and makes choices (USDHHS, 2020) based on their emotional, psychological, and social well-being. The increased number of calls with the mandated lockdowns may have resulted in secondary traumatic stress, burnout, compassion fatigue, etcetera (Kalia et al., 2021). A qualitative approach investigating meaning and subjectivity has been adopted to assist in this exploration and to collect rich information about the staff workers' coping strategies (Wertz, 2005). The theory guiding this study is Albert Bandura's theory of self-efficacy (Bandura, 1986) as it examines the self-judgments people place on themselves about their capabilities to execute an organized course of action (Bandura, 2002).

Significance of the Study

The information gathered in this case study uncovers the strengths, vulnerabilities, and helpful coping strategies of staff workers in a domestic violence shelter for women during the novel coronavirus disease 2019 (COVID-19). These workers are also known as domestic violence advocates and work closely with the survivors of intimate partner violence (Ho et al., 2020). The personal fears of one's health, increased workload, physical exhaustion, isolation, sleep disorders, and emotional disturbances contributed to the mental health symptoms experienced by the staff workers (Goyal et al., 2020). Domestic violence human service workers, shelter staff workers or shelter advocates are specifically known to provide victim advocacy services to the survivors. These workers face copious amounts of challenges like balancing their roles as advocates, letting go of being the survivors' hero, managing crisis and repeatedly hearing the survivors' stories and shelter shock while enforcing rules of the shelter (Merchant & Whiting, 2015). These challenges occur during the everyday life of a domestic violence shelter but are exacerbated during a pandemic; therefore, this study explores how the coronavirus

disease 2019 impacted these challenges and the mental health well-being of the shelter advocates.

The novel coronavirus disease 2019 (COVID-19) pandemic inflicted mental health problems on an unprecedented global scale, (Holmes et al., 2021). Combined stressors have been studied before in other disease breakouts and disasters and have been categorized as collective emotional trauma (Adams et al., 2006). These emotional traumas may include posttraumatic stress disorder (PTSD) and anxiety depression. Other research (Adams et al., 2002; Norris et al., 2002) suggests that these events increase psychological, health, living problems, and psychosocial resource losses.

The shelter advocates experienced housing and shelter shortages and lost wages by the exacerbated social distancing (Williams et al., 2021). The shelter advocates experienced allocating limited resources, maintaining trust, and handling emotions while ensuring care of themselves and their colleagues (Banks et al., 2020). Some of the workers (Gao & Sai, 2020) felt as if they were working a never-ending shift. The social and emotional isolation of being away from their families, missing the cuddles of their children, and having trouble remaining calm created elevated levels of stress. According to Van Kessel et al., 2021), one-in-three women and one-in-five men mourned the loss of loved ones, became frustrated that the pandemic dragged on, and were challenges with depression, stress, and weight gain, physical and mental health complexities. In their own words (Van Kessel et al., 2021) Americans describe the struggles and positive aspects of the COVID-19 pandemic. Financial concerns were also impacted by the impending furloughs caused by the pandemic (Heavner, S. F., 2021).

Research Questions

The research questions drawn from the problem and purpose statements focused on the impact the COVID-19 pandemic played for or against the mental health of those who worked in domestic violence shelters during the pandemic. The questions in a qualitative case study address descriptions of the case and the themes that emerged from the study (Creswell, 2013).

Many domestic violence or intimate partner violence victims (Lindauer & Farrell, 2020) were trapped with their abusers and were unable to safely connect with protective services and shelters because of the stay-at-home orders imposed during the coronavirus disease 2019. This news prompted the first research question.

1. What challenges in connecting with intimate partner violence survivors during the first three months of the COVID-19 pandemic were perceived by therapists at local domestic violence shelters?

Domestic violence advocates expressed their concerns that the potential increase in intimate partner violence, the limit in personal movement, and the confinement to homes made it extremely difficult for the victims to seek shelter (Lindauer & Farrell, 2020).

Research question two followed the evidence of domestic violence programs in the state of South Carolina which served 620 victims (NCADVA, 2021), an average of four contacts per hour on the hotline while turning away 134 requests for services on one single day in 2020.

2. In the state of South Carolina's Low Country, how were people who worked in domestic violence shelters impacted by the social distancing mandate during the pandemic?

Domestic violence service providers reported (Haag et al., 2022) increased stress and mental health challenges during the COVID-19 pandemic. The service providers attributed not having a template for best practice while responding to instant situations was the central concern.

Question three presented itself from reports (Rapisarda et al., 2020) of service workers experiencing grief, insomnia, depression, anxiety, post-traumatic stress disorder and burnout resulting from the potential effects of the coronavirus disease 2019.

3. What mental effects did the staff of domestic violence shelters endure during the COVID-19 pandemic?

The traumatic experiences manifested the coronavirus disease 2019's impact on the mental health of service workers as the work-related stress increased and the need to adapt to change increased (Rapisarda et al., 2020).

Definitions

Acute Stress Disorder (ASD) – A stressor-related and trauma psychiatric disorder that occurs after witnessing or experiencing events that involve death, physical injury or threats to the physical integrity (Ophuis et al., 2018).

Adverse Social Behavior (ASB) – A mental health consequence of physical and verbal violence, intimidation, threats or acts of violence in the general working population (Sterud & Hanvold, 2020; 2021).

Battered Women – Women from any socioeconomic level who have been physically and or sexually assaulted by their intimate partners (Vass & Haj-Yahia, 2021).

Burnout (BO) – Feelings of ineffectiveness and lack of achievement along with exhaustion compounded by insomnia in highly job-related unresolvable stress (Nunn & Isaacs, 2019).

Compassion Fatigue (CF) – Refers to professionals feeling empathy for their clients experiencing emotional, behavior, and cognitive changes with negative consequences for (Figley, 1995).

COVID-19 - Coronavirus disease 2019 (Yong, 2020).

Domestic Violence (DV) - A pattern of behaviors also known as intimate partner violence (IPV) used against one's intimate partner to maintain power and control using intimidation and or physical harm (NDVH, 2020).

DV or IPV Shelters – Emergency venues of protection for women who have been physically, psychologically, and or sexually abuse by their present or former partner (Glen & Goodman, 2015).

Emotional Abuse – A repetitive pattern of interaction that causes emotional and psychological damage (Hornor, 2012).

Financial Abuse – The act of one intimate partner taking control over the other partner's ability to acquire, access, maintain or use economic resources to enforce dependence versus independence upon the victim (PCADV, 2022; Stutts, 2014).

Intimate Partner Violence (IPV) – A threatened or actual physical, sexual, and psychological abuse by a current or former intimate partner (Mutiso et al., 2021).

Mental Health Disorders – A combination of perceptions, behaviors, emotions, and abnormal thoughts (WHO, 2019).

Mental Well-being - Enhanced mental health (Granlund et al., 2021).

Pandemic - A condition of health that has globally spread (Grennan, 2019).

Physical Abuse – The intentional bodily injury that may include choking, pinching, shoving, kicking, slapping, or using physical restraints or drugs inappropriately (DSHS, 2022).

Post-Traumatic Stress Disorder (PTSD) – This disorder was one set within the anxiety disorder criteria but is now categorized as a stress disorder (Taylor Miller et al.,2021). As a mental disorder, PTSD is developed after a person has been exposed to a traumatic event that is accompanied by reexperiencing the event and arousal, numbing, or avoidance as symptoms (Conversano et al, 2019).

Secondary Traumatic Stress (STS) – Reactions that are conceptualized, to the emotional demands on those in the helping professions of trauma that includes exposure to horrifying, terrifying, shocking images and intrusive traumatic memories from the traumatized victims' stories (Jenkins & Baird, 2002).

Sexual Abuse – Taking advantage of victims without consent through the means of making threats and or using force to induce unwanted sexual activity (APA,2022).

Shelter Advocates – Professionals who provide services of counseling, advocacy, referrals, information and related services to survivors of domestic violence (CCADV, 2022).

Social Services Fatigue (SSF) – The experience of low compassion satisfaction and high compassion fatigue among helping professionals who support traumatized clients, especially among those in the violence intervention programs (Fontin et al., 2021).

Trauma – An emotional response to a terrible accident, sexual assault, or natural disaster that may present with unpredictable emotions, flashbacks, shock, and or denial (APA, 2016).

Vicarious Trauma (VT) – Chronic exposure to secondary trauma that causes an individual to internalize the emotional experience so much so that he or she feels they are personally experiencing the shared trauma and can result in a disturbed sense of safety and justness of the world and even a total change of worldview (Ravi et al., 2021).

Women's Advocates – Persons who provide support and advocacy services to domestic violence survivors within an emergency shelter setting (AcademicInvest, 2022).

Summary

The coronavirus disease 2019 (COVID-19) included mandated lockdowns to assist with the social distancing protocol. These stay-at-home orders inadvertently included DV victims to isolate and adhere to the lockdown mandates with their abusers. For the IPV survivors that were able to be granted emergency shelter, the DV advocates faced mental health disorders for the first time or exacerbated the ones they already had because of the added necessity of social distancing and proper cleaning to provide a health and safe environment for the IPV survivors. Self-efficacy was not within reach of the staff, and many felt the mental pressures of STS, BO, and CF. This qualitative study will learn about coping skills the women's advocates used while working during the COVID-19 lockdowns as they assisted the abused survivors.

Chapter Two: Literature Review

Overview

Intimate partner violence cases, also known as domestic violence, increased during the COVID-19 pandemic and resulted in numerous risk factors (Moreira & Pinto de Costa, 2020). The mandated lockdowns caused a severe increase of intimate partner violence and a few new types of violence cases during the pandemic (Fawole et al., 2021). Mental health workers, victim advocates, social service workers, first responders, and relief workers are continuously exposed to trauma via direct and secondary dangers (Connorton et al., 2012). Identifying the elevated number of victims of intimate partner violence during epidemics (Kalia et al., 2021) and identifying the impact COVID-19 had on the mental health of domestic violence shelter staff trough the review of conducted research will assist in highlighting the research gap of which this study is the focus.

This research study explores and describes the experience of trauma, adverse social behavior, vicarious trauma, secondary traumatic stress, compassion fatigue, burnout, social service fatigue, acute stress disorder, post-traumatic stress disorder, and Coronaphobia in staff workers of a domestic violence shelter during the COVID-19 pandemic. A reaction to the potential effects of the coronavirus is known as Coronaphobia and is an emotional construct based on fear and anxiety. The first published measure of COVID-19 related psychopathology with the psychometric was based on the Coronavirus Anxiety Scale (CAS). Although being daily exposed to trauma does not predestine that the domestic violence staff will experience vicarious trauma, they are greatly susceptible (Collins & Saxena, 2016; Kanno, 2010; Lee et al., 2020b; Maegli, 2014; Molnar et al., 2017).

The theoretical framework offers theories from the field of counseling. Related literature describes domestic violence, shelters for victims of domestic violence, domestic violence shelters' employees, coronavirus disease 2019 (COVID-19), factors contributing to domestic violence during the coronavirus disease 2019 pandemic, and the impact COVID-19 has on domestic violence shelters. Adverse social behavior (ASB), vicarious trauma (VT), secondary traumatic stress (STS), compassion fatigue (CF) and social service fatigue (SSF), burnout, acute stress disorder (ASD), and post-traumatic stress disorder (PTSD) are the types of mental health disorders discussed in this chapter.

Theoretical Framework

The relational cultural theory (RCT) emerged in the 1970's as a reaction to the dominant perspective of females in psychology and approaches with provisions of a useful guide that enables the researcher to connect from a model of diverse human experience. To promote growth-fostering relationships and to move toward connectedness are the main tenets of the relational cultural theory. Individuals with histories of interpersonal trauma often have limited experience forming, maintaining, and recognizing healthy relationships; therefore, because RCT holds healthy relationships as the central hub to better mental health, RCT provides a framework with an emphasis on developing healthy relationships while promoting healing and recovery in the traumatized individuals (Kress et al., 2018).This Wellesley University born feminist theory focused on women and marginalized populations and has continued to maintain its focus on oppressed populations, but now includes all genders. This feminist rooted and psychodynamic theory is what makes relational-cultural theory distinguished. People are empowered, developed, and set to grow through connections with other individuals because healthy and growth-fostering relationships increase people's sense of zest, self-worth, connectedness, and clarity (Dipre &

Luke, 2020; Frey, 2013; Miller, 1976; Miller, 1986). The relational cultural theory (RCT) views isolation as one source of personal and cultural suffering for individuals; therefore, this theory fits well with this case study. The very act of isolation during the coronavirus disease 2019 because of mandated safety and social distancing protocols created isolation for many individuals. This study may contribute to the advancement of RCT's experiences of mutual empathy between the researcher and or therapist with their clients (Comstock & Duffey, 2006). Real engagement along with authentic therapy are necessary entities for the development of mutual empathy (Jordan, 2000).

Albert Bandura's (1986; 2002) theory of self-efficacy believed that a full understanding of human change and adaptation must come from an integrated causal structure that operates through the self-system to cultivate behavioral effects. Bandura contends that behavior is highly stimulated by self-influence and that there is a closer tie to actual controllable behaviors and self-efficacy perceptions of an individual. Self-efficacy is the judgment people place on their capabilities to execute an organized course of action. The self-efficacy construct, in recent theory and research, has served as the determinant of task-motivated performance and behavior (Harrison et al., 1997). This self-system is a conduit for external influences and with Bandura's belief this sets up the social cognitive theory (SCT). Because the many spheres of people's lives are not withing their control socially and institutionally, this theory has adopted three distinguished modes of agencies: personal agency exercised individually requires the individuals to bear upon themselves and their environments their direct influence to better manage their lives; proxy agency in which individuals' desired outcomes are secured by influencing others to act on their behalf; and collective agency in which individuals perform in concerted ways to shape their future.

Researchers can utilize discourse analysis to investigate spoken conversations by gathering data collection from their private jotted notes. Over the course of the events, the researchers' private notetaking versus overt notetaking processed a refined and undisruptive discussion that enabled the open-ended questions to be answered with continuous flow; however, the researchers are cognizant to immediately take note of phrases, words, and sentences along with poignant quotes and major themes that summarize the discussion (DeWalt & DeWalt, 2011). Albert Bandura's theory of self-efficacy equips this case study well in that executing a plan of action in the COVID-19 situations gives those affected the ability to successfully overcome the obstacles the situation has prompted (Lopez-Garrido, 2020). This case study may advance Bandura's theory of improving one's resilience and success of how they think of themselves and manage their expectations. This can be done vicariously through the modeling of experiences and recognizes how one's physical and mental states greatly influence one's self-efficacy (Chowdhury, 2021).

Abraham Maslow created a theorized model of five levels of hierarchy of needs that enables counselors to think strategically and creatively. Maslow's model assists counselors and their clients to comprehend their goals, practices, and experiences as they develop their career plans. Today, Maslow's theory offers advanced empowerment of knowledge that enables individuals to identify their values, skill sets, strengths and interests. At any given moment in time, the relationships between need satisfaction and desire can predict a definite pattern in an individual; therefore, human needs are operational organized systems. With concern for this organization of systems that works for individuals and or an organization's performance of its employees (Upadhyaya, 2014), Maslow's theory was able to develop the relationship between the level of and desire for need satisfaction. A five-level hierarchy of needs was postulated by

Abraham Maslow and suitably named *Maslow's Hierarchy of Needs.* Prepotent needs must be satisfied by an individual before he or she can become aware of the motivated desire for higher needs. Physiological and Security are the first two needs, and they require biological maintenance in the form of food and water and protection from their environments. Social and Esteem make up the next two levels and require the desire for belongingness, meaningful relationships with others, self-respect and respect from others. Self-actualization reflects the desire for one's potential in life to be filled and is the highest order of need (Graham & Balloun, 1973; Maslow, 1943; Maslow, 1954). It has been noted by Jazvac (2017) that the needs and values and motivations of each client are different. The counselor must actively keep the clients' whole person in consideration before prompting any rash career choices. It is beneficial to know that every individual will fit into Maslow's theory.

Related Literature

In March 2020, the United States' government along with many other countries issued orders for their residents to stay home. The stay-at-home orders were in response to the COVID-19 pandemic (Hsu & Henke, 2021). The national news outlets reported that after the shelter-in-place orders were implemented, the United States' domestic violence call centers received surges of calls (Mithani, 2020). Domestic violence is an issue that creates concerns and problems internationally. Due to these excessive calls, shelters for battered women were impacted. This section will offer information about domestic violence and how it occurs across all socioeconomic statuses (Dewey, 2012). Survivors of domestic violence are offered emergency protection through shelters that are designed specifically for those of domestic abuse (Bybee & Sullivan, 2002). Those employed by domestic violence shelters are often advocates that provide their clients time to acclimate, connect, and adjust to their temporary living (Hughes, 2020). The

coronavirus disease 2019 (COVID-19) is a respiratory disease caused by SARS-CoV-2 (CDC, 2021) and was a contributing factor that impacted the increase of domestic violence and the number of survivors admitted into shelters (DeBerardis et al., 2021).

Domestic Violence

Approximately 1 in 5 women and 1 in 7 men have experienced physical violence caused by physical force from their intimate partner (CDC, 2020). There is an estimated global cost of $1.5 trillion dollars on the violence against women and girls (UNWHO, 2020). Approximately 49%of men are more likely to use emotional abuse towards their intimate partners (Karakurt & Silver, 2013) to reinstate their dominance and power in the home, especially when status reversal is present (Kaukinen, 2008). It is estimated that more than ten million persons are annually becoming abuse victims in the United States. Each minute, an average of twenty persons are experiencing intimate partner violence, which represents 15% of all violent crimes. Statistics were recently reported that 2.3 million people experienced domestic violence and abuse in March 2020 (Walls & Drape, 2021). Exposure to such physical abuse can lead to a vast array of short and long-term health issues, both physical and mental. A plethora of serious effects are products of domestic violence and have negative impacts on the well-being and health of the survivors, their children, and the perpetrators. Intimate partner violence creates varying degrees of trauma, such as hypervigilance, post-traumatic stress, depression, anxiety, and flashbacks among the survivors (Tarshis & Baird, 2018). The astronomical costs for primary and secondary care services that involve treating the injuries of the physical and mental, and the preventive measures to ensure safety for the victims and their children, are constantly rising (Walls & Drape, 2021). The intimate partner violence survivors experience homelessness, isolation, and unemployment because of the abuse they have endured (Bagwell-Gray & Bartholmey, 2020).

Across the socioeconomic spectrum, domestic violence occurs. Safety planning for domestic violence (DV) and intimate partner violence (IPV) survivors require acts of reducing harm and fulfilling four distinct themes of strategies: building personal resources, engaging informal networks, minimizing the damage to self and family through enduring violence, and removing the stressor and or avoidance (Dewey, 2012; Wood et al., 2021). Survivors of IPV utilize a diverse range of protective strategies and intensely use the placating strategies the most (Irving & Liu, 2020). During times of crisis, IPV increases in response to unprecedented levels of unemployment, financial hardship, and complicated interactions with emasculation and misuse of alcohol induced stressors (Lyons & Brewer, 2021).

Shelters for Victims of Domestic Violence

The contemporary social problem of providing vulnerable populations with basic human needs is addressed by the sociology of human services such as shelter, food, and clothing, safety, psychological support and an encouraging, intimate, and secure atmosphere (Hughes, 2020). In 1971, an advice center about marriage for women was operated in England. The advice soon focused on the issue of domestic violence within those marriages; therefore, globally, this is documented as the first domestic violence shelter. This lone shelter was soon followed by others, and they all began the process of gaining financial support from outside sponsors. To remain in operation, these free-standing centers were soon absorbed by the likes of district attorney's offices, mental and community hospitals, and the Young Women's Christian Associations (YWCAs). In 1972, an established telephone crisis counseling hotline for women victims of domestic violence opened in Saint Paul, Minnesota, by the Women's Advocates, Incorporation. In the United States, all domestic violence shelters are members in state coalitions against domestic violence as well as the National Network to End Domestic Violence (NNEDV).

Domestic violence shelters offer crucial services for women who are victims of intimate partner violence, and typically house a socioeconomic demographic. The shelters become homes to women who are poorer, less formally educated and have little to no money or access to social networks with environments that are created to be violence free and nonchaotic to not resemble the abusive environments from which they have escaped. Unfortunately, those who would prefer the amenities of residing in a temporary domestic violence facility find themselves in a mixed sex homeless shelter because there is no available space in the women's domestic violence shelter. A large part of this inconvenience is the result of small numbers of single-sex homeless shelters that cater to the needs of women and children. Survivors of DV can find advocacies to obtain a community of resources that increases their social support, and when the survivors have been exposed to empowerment-based practices they have the potential to counteract the power and control they experienced from their perpetrators (Bybee & Sullivan, 2002; Dewey, 2012; Hughes, 2020; Tierney, 1982; Wies, 2008).

Safe shelter collaborative is a technology service that identifies emergency shelters by location, number of available beds, and directly solicits donations for hotel placement when needed (Danis et al, 2019). To determine the quality of residents' experiences within a domestic violence shelter, the significance of the environment is equally important (Hughes, 2020). The length of shelter stays for battered women is positively and significantly contributed to emotional abuse (Ben-Porat & Sror-Bondarevsky, 2021).

Domestic violence shelters offer the residents respect, emotional support, and all the appropriate amenities needed (Jonker et al., 2014). The shelters' quality of services for their abused clients may be improved with effective critical time intervention (CTI). This is the critical period of transition from shelter to living in the community because there is an increased risk of

adverse events that brought them to the shelter reoccurring (Lako et al., 2013). To obtain and secure the survivors' hopefulness upon their exit from the shelters, the staff must treat them well during their residency (Sullivan & Tyler, 2017).

Domestic violence has transformed from a private misery and shame subject to an object of great concern and discussion for the public. Besides assisting the survivors in becoming trauma informed and empowered, the shelters' staff must put forth the efforts to achieve positive results in the survivors' well-being (Sullivan, 2018; Tierney, 1982). The shelters' staff offer different services, classes, and groups during the survivors' stay, but only three quarters of survivors sometimes engage in these voluntary services (Nnawulezi et al., 2018). Domestic violence shelters have been viewed as a refuge of short-term arrangements, and often the focus is placed on separating the survivor from the abuser. The women seeking shelter from domestic violence are younger than those not applying for shelter, and so are the women with children. Studies suggest that women with children tend to have a stay of about 54 days and women without children stay in domestic violence shelters for about 44 days (Ben-Porat & Sror-Bondarevsky, 2021). The stay of days is possible because of the passed new laws, established government agencies and task forces, and community organizations explicitly making efforts to support these survivors (Tierney, 1982). A shelter stay reduces the intensity and frequency of new violence (Berk et al., 1986).

Domestic Violence Shelters' Employees

Specific challenges for those who work in domestic violence shelters are results of their exposure to traumatized populations. They are eyewitnesses to situations that may mirror their own lives; therefore, the exposure makes it difficult to set boundaries between themselves and the survivors. This is especially true when the survivors are still experiencing the danger and

trauma of the domestic violence. Victim advocates are professionally trained to provide emotional support to emotionally, psychologically, physically, and sexually traumatized survivors. Shelter advocates usually have internally inspired motivations for working in a domestic violence shelter, and they concentrate on providing protection for the survivors while law enforcement focuses on restoring peace among the perpetrators of the survivors. Even though the shelter advocates are fighting under difficult circumstances, they often see themselves as good soldiers (Bemiller & Williams, 2011; Ben-Porat, 2015; Cummings et al., 2021). One of the main purposes of the leaders and staff working in a shelter for abused women is to provide advocacy for the survivors while delivering services socially and collectively. This is implemented by the interpretation of the shelter's mandates (Wathen et al., 2015). The Board of Directors' members each hold a responsibility of fund-raising, addressing, and approving by-laws and most importantly to uphold the mission of the shelter. These responsibilities create safer communities, services and support for the survivors who seek shelter (United Way of the Lowcountry, 2021). Although face-to-face communication is the preferred method of advantageous means of delivery social services to and for the shelter residents, domestic violence service providers also rely upon faxing, telephones, smartphones and devices, computer-mediated technologies, social media, specialized databases, software, and agency-specific technologies (Murray et al., 2015).

To represent the relationship between the advocacy, shelter culture, and retention of the advocates, the advocates must face the challenges of managing shelter shock, letting go of being a hero, and balancing advocate roles while working in a shelter for domestic violence. When referring to domestic violence, the term *advocate* is used. When referring to mixed groups of mental health workers, the term *trauma worker* is used. Typically, advocates have relatively

short-term training specializing in domestic violence issues and or sexual assault issues. Advocates are not usually formally trained mental health or trauma workers; however, they are aware that the survivors are in a new state not of their own making seeking their support and services (Amadasun, 2020; Frey et al., 2016; Merchant & Whiting, 2015). Women's advocates assert that they provide their clients time to adjust, connect, and acclimate to their temporary living establishment and have found that this empowers the survivors to set their own goals and make their own decisions about their futures. The advocates use the terms *client-centered or client-focused* to describe their acts of careful listening, providing control, directing the pace at which the survivors will disclose or reveal what has happened to them, their goals, choices, and/or thoughts of the moment (Hughes, 2020). Although the survivor support workers gain a sense of belonging, esteem, and self-actualization and practice from a trauma informed stance, there is the risk of revictimization, the act of the survivors' issues triggering painful memories or feelings in the worker, as they use their own lived experiences to assist the survivors in their trauma recovery. Revictimization is a personal cost to being involved in this area of social support. In supporting domestic violence survivors, it is important to recognize the role one plays in the survivors' healing process as individuals and the community in which they live (Ashcroft et al., 2021; Gilbert, 2020; Schauben & Frazier, 1995). The highest turnover retention of domestic violence shelter advocates consists of African Americans and is largely due to the absence of coping strategies, paid and unpaid leave, and salaries that have variables of position levels (Wood et al., 2019).

Coronavirus Disease 2019: COVID-19

The world has struggled with combatting the constant threat of emerging viral pandemics throughout the history of man. Within the last twenty years, the struggle has been with SARS-

CoV in 2002, H1N1 in 2009, respiratory syndrome coronavirus in the Middle East in 2012, Ebola in 2014, and Zika in 2015 (Sheek-Hussein et al., 2021). A respiratory disease caused by SARS- CoV-2 was discovered worldwide in 2019 and was given the condensed name, COVID-19. This virus spreads from person to person through respiratory droplets expelled by an infected person's coughs, sneezes, talking, or touching surfaces that have become contaminated by symptomatic and asymptomatic individuals. The highly contagious persons are known as *super spreaders,* and they can rapidly infect multiple people with a cough, myalgia, fever, and/or fatigue that appear within the incubation period of two to 14 days. The COVID-19 symptoms that lead to the illness range from mild to severe, and certain worries about the virus, protective and risk factors are likely to be implicated in coronavirus pandemic-related mental health (CDC, 2021; Liu et al., 2020; Sheek-Hussein et al., 2021).

The highest mortality worldwide of communicable disease is lower respiratory infections (Murdoc & Howie, 2018). On March 11, 2020, the World Health Organization, also known as WHO, declared the global pandemic of Coronavirus Disease 2019. To reduce the spread of the respiratory disease, imposed quarantines were warranted. This, however, resulted in isolation, emotional strain, mental health issues, and economic instability and employee retention (Christian, 2020; Mittal & Singh, 2020). In the wake of the SARS-Cov-2 (COVID-19) pandemic, the United States has suffered over 600,000 deaths, and this has historically impacted marginalized communities and has exacerbated the racism, poverty, and many other underlying structural inequities (Levin, 2021). Screenings for unmet social needs while providing trauma-informed care to those exposed to the trauma of COVID-19 could increase the resilience of the individuals (Brown & Palakshappa, 2021).

It could be argued that COVID-19 is deemed a new type of mass trauma, because its impact has rippled every aspect of society either with personal and community restrictions, financial setbacks, or social media impingements (Horesh & Brown, 2020). It is a fact of reality that the COVID-19 global pandemic sent many people into a state of frenzy, excruciating pain, hardship, and death. Since the first reported SARS-CoV-2 infection in the United States, more than a year ago January 20, 2020, nearly 30 million confirmed infections, and more than 500,000 SARS-CoV-2 caused deaths to have occurred (NIAID, 2021). On Thursday, September 2, 2021, the state of South Carolina topped the entire United States for COVID-19 cases as hospital reports record coronavirus disease patient count (Post & Courier, 2021).

Limited attention or complete ignorance in disaster management plans have psychologically impacted the world's inhabitants. Multiple organizations reported a parallel mental health pandemic during this COVID-19 pandemic, and long-term societal mental health consequences remain to be seen (Amadasun, 2020; Chen et al., 2021; Cherry, 2020; del Rio & Malani, 2021; Sheek-Hussein et al., 2021). Not many individuals are aware that pandemics are classified as disasters (Liu et al., 2020), meaning they wreak disruption of the functioning of a society or community with widespread human, economic, material, and excessive environmental losses that result in the society or community unable to cope. Three suggested categories (UNDRR, 2020) of groups of people impacted by COVID-19 consist of the innermost circle or those who are directly experiencing symptoms and traumatic treatments. Secondly, the larger middle circle or those who are witnessing the suffering of patients, family members, etcetera, and thirdly, the largest circle or those who are realistically and unrealistically fearful of the infection, community-at-large, social isolation, or financial hardships. Directives on social distancing

impeded individuals from the social support that mitigates the risks to mental health issues (Xiao et al., 2020).

The high infectivity and fatality rates of COVID-19 resulted in mass hysteria that generated a plethora of psychiatric manifestations. This mass fear of COVID-19 has been termed "Coronaphobia" and is strongly associated with elevated hopelessness, generalized anxiety, depression, suicidal ideation, and functional impairments (Asmundson & Taylor, 2020). The fear of infection, fear of touching objects or surfaces that have been contaminated with the coronavirus disease 2019, fear that foreigners are infected (xenophobia), COVID-related nightmares, checking and rechecking for COVID are several signs of this mass fear (Dubey et al., 2020; Lee et al., 2020a; Taylor & Asmundson, 2020). Since the onset of the Coronavirus Disease 2019 pandemic, mental health has worsened for individuals around the globe, and the individuals have presented common distress reactions of fear of illness, anger, insomnia, anxiety, perception on insecurity, and risky behaviors. An estimated 10% of the world will develop severe psychological problems during this global pandemic (Sheek-Hussein et al., 2021; Swaziek & Wozniak, 2020; Taylor & Asmundson, 2020). There are intuitively obvious specific risk factors that favor the establishment and emergence of strains of COVID-19 that are vaccine-resistant. The high number of infected people, high probability of the resistant strain having an initial emergence, and the low rate of vaccination have been the suggested culprits of these risk factors (Rella et al., 2021).

Vaccines are necessary to alleviate the full-length spike protein of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the cause of COVID-19 (Baden et al., 2021). To date, an estimated 80 million doses of vaccine have been administered in the United States. Multiple mechanisms have been implemented in the vaccine to prevent the SARS-C0V-2

infection, and like most vaccines the production of antibodies and induction responses in memory T-cells are the measures of prevention used (del Rio & Malani, 2021). There is evidence that contributes to the notion that a median incubation period for COVID-19 is approximately 5 days (Lauer et al., 2020). This is under the assumption that the infection occurred at the initiation of monitoring. It is estimated that 101 of every 10,000 cases will develop symptoms after a quarantine or active monitoring session.

Factors Contributing to Domestic Violence During the COVID-19 Pandemic

The coronavirus disease 2019 has multifacetedly impacted victims of violence and the agencies that serve them. The prediction is that an increase of more than 30 million victims of gender-based violence worldwide will take place during the lockdowns of COVID-19 (ICJI, 2020). The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women (VAM) as gender-based violence of any act occurring in public or private life that result in physical, sexual, or psychological harm or suffering to women victims (WIN News, 1995). These violent acts also include threats, coercion, or arbitrary deprivation of freedom (DeBerardis, et al., 2021; Mahase, 2020).

The reduction of activities, income reduction, increased consumption of alcoholic beverages, fear of contracting the coronavirus disease 2019 (COVID-19), the impossibility of social interaction, and just having an uncertainty about the future are all possible contributing factors that increased women's vulnerability of domestic violence during the pandemic (Marques et al., 2020). Mandatory lockdowns that were ordered to curb the spread of the respiratory disease resulted in those who experience intimate partner violence being trapped at home with their abusers. This isolated the battered victims from people and resources that could have been

great helps in their survival (Godin, 2020). The importance of ensuring support and medical care services was prevalent for women and their children affected by the exacerbated risk of domestic violence during the COVID-19 pandemic's stay-at-home orders (WHO, 2020). Experts, along with domestic violence survivors, agree that the spike in domestic violence cases was due to stay-at-home orders that resulted from the COVID-19 global pandemic (BBC News, 2020).

The severity and prevalence of intimate partner violence has been grossly increased by the COVID-19 pandemic and studies show that these factors will increase more post disaster due to specific stressors. Perceived stress (how a person distinguishes a threat from a stressor and how they will behave and think as they adapt to the degree of stress) is associated with intimate partner violence and the experience of a disaster. The percentage of the causes of violence related to the COVID-19 pandemic is 90%, according to statistics (Cannon, et al., 2021; Wanging, 2020).

Coronavirus Disease 2019's (COVID-19's) Impact on Domestic Violence Shelters

Research on the coronavirus disease 2019 pandemic suggests that the disease exacerbated existing structural concerns for victims of intimate partner violence and sexual assault (Wood et al., 2021). The COVID-19 crisis detrimentally impacted the underserved population of domestic violence survivors, and many were not afforded the same opportunities as others which caused some to suffer physical and mental health issues (Watson et al., 2020). Domestic violence shelters were forced to re-imagine their delivery of services while also responding and adapting to the unprecedented challenges of the pandemic. Abiding by the safety and social distancing protocols, staffing needs, personal protection equipment, cleaning supplies and services, financial needs of the survivors and operational expenses while maintaining the daily routine of the shelters were added stressors. These stressors contributed to overall lower capacity during the

COVID-19 pandemic than before. Norwegian shelters for battered women remained open and adapted to the new circumstances brought on by the pandemic (Bergman et al., 2021). Some intimate partner violence survivors shared that while they resided at abuse shelters during the COVID-19 pandemic, they felt supported while other intimate partner violence survivors shared that they felt that they received the bare minimum of support from the IPV service providers (Ravi et al., 2021). It is believed that the levels of trauma symptoms varied among the survivors and is an explanation for the responses being divergent. Domestic violence survivors with lower trauma level symptoms may be more able to adapt to the shelters' COVID-19 related restrictions (Horesh & Brown, 2020; Ohio Domestic Violence Network, 2010; Southhall, 2020).

To quantify the burden of domestic violence during the COVID-19 pandemic, it is assumed that domestic response organizations may benefit from partnering with COVID-19 testing sites that will incorporate domestic violence screenings (Anurudran et al., 2020). In the United States American region, studies show that crowded battered women's shelters constituted ideal sites for COVID-19 outbreaks (Ortiz et al, 2021). These domestic violence shelters offer even less support when the survivors are male, but with an already constrained space and resources during the coronavirus disease 2019 pandemic, fewer victims, especially women and children were serviced (Fromson et al., 2020). The full effect of fundamental unmet needs of shelter-seeking victims resulted in less housing, less food, less toiletries, and less means of transportation exposed the mental health struggles from the residents and service providers (Mengo et al., 2020). The impact of the coronavirus impeded the survivors' ability to provide for their basic and essential needs because of economic produced unemployment and the loss of access to help seeking services. Unfortunately, the isolation and social distancing recommendations of the CDC regarding the COVID-19 outbreak, decreased the accessibility to

shelters for the survivors. Reports of staff reductions because of quarantine, isolation, or the need to be with their children home from closed daycare centers and schools impacted the financial worries of several shelters. Not only was it necessary for the shelters to adapt and adjust their social services during the COVID-19 pandemic they were forced to continue functioning throughout the pandemic (Bergman et al., 2021; Bagwell-Gray & Bartholmey, 2020). The mental health of the staff as well as the victims raised concerns when numerous responses outlined the mental and emotional strain caused them both personally and professionally (ICJI, 2020). The staff members endured and were affected by fears of contamination, disruption of normal supportive structures, moral injury, retention issues, and stress caused by the acts of working during a pandemic. The highly challenging conditions of the coronavirus, increased work hours, and increased risk of experiencing or exacerbating mental health issues forced the support staff to act more safely in a much more constrained context than usual while also maintaining connections with the survivors, continuing the risk assessments, crisis management, problem solving, etcetera (Holmes et al., 2020; Greenberg, 2020; Ashcroft et al., 2021).

The most vulnerable intimate partner violence survivors are the ones who utilize domestic violence shelters. It has been characterized that these vulnerable survivors frequently report their severe abuse, have higher rates of mental health disorders, and tend to have the greatest lack of social and financial resources (Glenn & Goodman, 2015); therefore, the COVID19 pandemic astronomically added to the abundance of stressors these vulnerable survivors already possess. Isolation is one of those stressors; therefore, if a resident of the shelter exhibits symptoms of the coronavirus disease 2019, they must endure isolation as much as possible. Because the act of isolation can be triggering to the abused survivor, it is imperative that the resident is commonly explained the necessary action to assist with limiting the spread of

the disease (Arizona Coalition, 2021). Increasing the survivor's confidence and clarity as she grasps what she needs to do to adhere to best health practices against this virus will assist the survivor in managing her psychological distress (Holmes et al., 2020).

Types of Mental Health Disorders (MHD) Cause and Effect

A long, heated, and unending crusade over how to define a mental disorder has been engaged by psychiatrists and psychologists equally (Varga, 2012). The compilation of depressive and anxiety disorders has conjured up a syndrome characterized by clinicians. A clinically significant disturbance in an individual's behavior, cognition, or emotion regulation that has a reflection of a dysfunction in the development process, biological process, or psychological process with an underlined mental functioning and are usually associated with distressful social, occupational, or other important activities is how this syndrome, mental disorder, has once been described and defined (American Psychiatric Association, 2013).

Mental disorders, also known as mental illnesses, affect one's thinking, mood, behavior, and feelings. These conditions can be debilitating for some. Mental disorders are diagnosed in over half of the United States of America's residents (Rosenberg, 2013). Anxiety disorders, depression, eating disorders, and post-traumatic stress disorders are a few of the commonly known of these disorders, illnesses, or conditions. Mental health disorders are the leading global disabilities (Collins & Saxena, 2016). More than a few contributing factors make up a mental disorder; therefore, there is no single cause for mental disorders. Family history, stress, life experiences, history of abuse, and even biological factors are such contributing risks (NIH, 2021). Individuals with severe mental disorders are particularly susceptible and affected by disruptions to services, isolation, and the possibility of relapse. Psychological distress is quite common after a trauma with residual effects of continue fears of subsequent trauma causing

events, post-traumatic stress disorder, and acute stress. There are diverse preferences for disclosing one's mental health issues to their supervisors. This may be highly due to fears of discrimination and the stigma mental issue holds. (Cherry, 2020; Holmes et al., 2020; Terao et al., 2021).

Trauma

A traumatic event is defined in the *Diagnostic and Statistical Manual of Mental Disorders* as exposure to actual or threatened death, serious injury, or sexual violence (5th ed.). Crisis and Trauma Resource Institute maintain that trauma is an emotional, psychological, and physiological wound induced injury (Crisis & Trauma Resource Institute, 2017; American Psychiatric Association, 2013). Trauma is a universal angst that can be an exceedingly personal experience at any stage of life, have profound consequences, sexual, emotional, physical, and or psychological detriments. Trauma has also been defined as an event or experience or witness to extraordinary measures that physically and or psychologically threatens to challenge the individual's well-being, coping skills, and overall belief system (Levenson et al., 2016). When traumatized persons are treated with encouragement, self-determination, compassion, respect, and validation, a corrective emotional experience can be enhanced, reinforced, practiced, and learned. Trauma and stressors from life events, especially childhood traumatic experiences, have long been adversely, strongly, and cumulatively linked to mental health disorders (Haugebrook et al., 2010).

The negative consequences associated with working with trauma survivors that may include damaged emotional well-beings of the service providers are known as indirect trauma. Although the term trauma is broadly used to refer to a traumatic event, indirect trauma can also lead to burnout (Tarshis & Baird, 2018). The nature of, as well as the pattern and intensity of,

one's stress response contribute greatly to any long-term effects of trauma. Specific effects to one's physical, emotional, and mental health are determined by genetic vulnerabilities, the developmental stage the traumatic event occurred, the history of the previous trauma, traumatic history of the family, and the capacity of family, healthy relationships, and the community to buffer the effects of the trauma. The Three E's of Trauma- Event(s), Experience, and Effect are known as a developed concept to define trauma by the SAMHSA. The exposure to trauma, the experience of the trauma both influence the long-lasting adverse effects of the trauma (Perry & Winfrey, 2021).

Social service providers working in domestic violence shelters during the wake of the COVID-19 pandemic found that as they supported the victims, they, themselves were challenged with anxiety and depression. These challenges resulted from the heavier workload and safety measures of working and possibly residing in the domestic violence shelter during the coronavirus disease 2019 pandemic (Slakoff et al., 2020). Intensive ongoing interactions with those who have been affected by trauma may generate indirect trauma reactions. Trauma is contagious and is transmitted nonverbally and the manifestations of a caregiver's pain directly identifying with a victim's suffering closely resemble one another (Boulanger, 2018; Diehle et al., 2017). Insomnia and other sleep disorders were prevalent during the COVID-19 Pandemic and the stress produced psychological and physical ailments. This induced stress included isolation environments, the coronavirus disease, the service providers' occupations, and levels of education (Shang et al., 2020). The mental health of community service employees and healthcare sector employees who continue to work during the pandemic were compared to one another, and it was found that social service workers experienced negative moods, anxiety, stress, and depression just like the healthcare sector workers but at lower levels (Kabasakal et al.,

2021). Because much of the focus is on the prevention and treatment of COVID-19, immediate effects of collective trauma of the coronavirus pandemic became the utmost concern. Feelings of humiliation, vulnerability, heightened vigilance for new threats, and identity crises are results of this long-term psychological upheaval in shared effects by any sized groups, societies, nations, etcetera. Pandemics, genocide, mass shootings, mass violence, economic and natural disasters, terrorist attacks, and wars and or military conflict are just a few events that have caused collective trauma. Pandemics, military conflict, and economic downturn are usually prolonged but less dramatic than hurricanes which are immediate and limited in duration (Cherry, 2020).

Adverse Social Behavior (ASB)

The prominent effects of sickness absence and long-term work incapacity is known as ASB. Attending work while sick is known as *presenteeism* and is principally due to workers not having sick leave and/or being reluctant to apply for workers' compensation while they stay home to heal (Johns, 2010). This mental health disorder tends to include verbal and physical violence and intimidation in the workplace. This long-term interpersonal aggression or workplace bullying is considered persistently crafty and inhuman because the aggressors use their superior positions and psychological forms of bulling to harass others (Choi et al., 2018; Kim, 2020; Sterud & Hanvold, 2021). Although the exact nature of the relationship between certain types of work and the increased risk of common mental disorders has been contentious, there is evidence linking depression, anxiety, and work-related stress between the two (Harvey et al., 2017). It is common practice to keep oneself safe from persistent threats to health because this ensures safe working conditions (WHO, 2021). Adverse mental health problems and aggravated pre-existing mental health disorders were suggested in preliminary findings (Moreno et al., 2020).

Vicarious Trauma (VT)

Pearlman and Saakvitne (1995) defined vicarious trauma (VT) as caring for and about others negatively affecting the caregiver resulting from empathic engagement with the traumatic stories with the client. Indirect exposure to traumatic events in the relationships of helping that can result in emotional and psychological transformation, changes in identity, beliefs of self and others, spirituality, views, arousal symptoms, avoidance, and intrusion and having difficulties separating professional and personal lives is known as vicarious trauma. The process of vicarious traumatization develops over a length of time, the symptoms can appear suddenly are not necessarily specific to one client (Halevi & Idisis, 2018). This profound, long-lasting, and harmful effect is well recognized among the professionals in social services. They are aware of the risk for long-term changes in self-perception and worldview (Brooks, 2011; Dekel & Baum, 2010; Devilly, Wright, & Varker, 2009; Tarshis & Baird, 2018). VT commonly has trauma history, age, psychological well-being, social support, education, gender, coping styles, and socio-economic status as its key factors. It is assumed that VT results in anxiety symptoms and chronic medium levels of distress that places the traumatized persons at risk of developing further impairment.

Vicarious trauma is equivalent to the mental and physical health being overwhelmingly affected by the coronavirus disease 2019. The coronavirus disease 2019 placed the staff and survivors in the same traumatizing circumstances and have found themselves helping survivors cope with the very trauma they have encountered. This concept is known as *shared traumatic reality* and applies to circumstances in which the helper not only helps the survivors but is also personally threatened, hurt, and changed by the same event (Dekel & Baum, 2010). Some clinicians, therapists, counselors, etcetera have reported being tired of hearing about the

traumatic event and unintentionally discouraged the survivors from discussing the event while also feeling guilty about orienting themselves to their own needs than the survivors' needs. Some professionals have suffered emotions of powerlessness because of their sense of physical danger without any means of protecting themselves (Batten & Orsillo, 2002; Holmes, et al., 2020; Lerias & Byrne, 2003; Shamai, 2005). It has been documented that traumatic events' psychological effects extend beyond the directly affected and adversely affects those who remain in close contact with the traumatized survivors (Michalopoulos & Aparicio, 2012).

There are associated factors that state vicarious trauma depends on the level of experience of the one being vicariously affected. It is believed that the greater the experience level the more negative the association (Brown, Serpe, & Brammer, 2020). Vicarious traumatization may lead the therapist, service provider, etcetera, to blame the victim and find themselves avoiding working through the trauma just like the victim avoids the same. Hopelessness, fear, anxiety, helplessness, rage, and deep sadness are some of the negative responses of this disorder (Astin, 1997; Nuttman-Shwartz, 2015). Closer attention has been paid by researchers to the notion that individuals are exposed to vicarious trauma and the effects of that trauma (Bober & Regehr, 2006; Brooks, 2011; Kanno, 2010; Tosone et al., 2012). Initiating inconsistencies in the clarity of vicarious trauma, researchers have been steadily working towards that goal (Bercier, 2010). The researchers are aware of the causes of vicarious trauma, compassion fatigue, burnout, and secondary trauma stress and the difficulties establishing trust, maintaining boundaries, and setting limits with their clients, but they have not been able to qualitatively study the effects of vicarious trauma on those who provide the services of mental health (Kanno, 2010; Molnar et al., 2017; Schauben & Frazier, 1995). The overall meaning and adaptation can be reconstructed by vicarious trauma and the production of uncomfortableness,

debilitating symptoms that mimic those of post-traumatic stress disorder are also caused by vicarious trauma (Collins & Saxena, 2016; Hahn, 2010; Mello, 2014).

There are three common factors that are proposed contributions to the etiology of vicarious trauma in therapists: (a) exposure to trauma patients, (b) the chronicity of the trauma work, and (c) the individual therapists' personal trauma and capacity for emotional empathy. The severity of various traumatization in the public arena is higher than front-line nurses (Li, et al., 2020).

Secondary Traumatic Stress (STS)

Re-experiencing traumatic symptoms accompanied by intrusive and recurrent recollections, hallucinations, flashbacks, and intense psychological distress was once used to define secondary traumatic stress (APA, 2000). When emotional exhaustion is the result of a collection of symptoms, this is often referred to as secondary traumatic stress (STS), because that collection of symptoms relates to the traumatic experiences of others. Few experiences or little exposure with trauma survivors and high sexual violence caseloads have been cited as predictors of secondary traumatic stress, while the number of hours worked each week, service hours that are directly related to the survivors, and counseling adults who have survived sexual child abuse are the only consistent predictors of secondary traumatic stress (Benuto et al., 2018). The individual subjected to the trauma of another presents emotional changes in the social services provider and is often the cause of detrimental emotional stability in their relationships. Secondary traumatic stress is viewed as an occupational hazard to those engaged in direct practice of providing services to the traumatized population, and when left unrecognized or unattended, this secondary trauma leads to burnout, decisions of persons leaving their field of employment or

other risks. Even though a quicker onset and temporary response is expected, being traumatized is the result (Tarshis & Baird, 2018).

The top two reasons many social services providers leave the profession prematurely are the emotional disruptions and indirectly becoming victims themselves (Bride et al.,2004). This mental disorder is also known as compassion fatigue (CF) and has sharp affections towards those emotionally affected by the trauma of another. These terms are used frequently in an interchangeable manner and incorporates the symptoms of avoidance, intrusion, and hyperarousal. Secondary traumatic stress presents with nearly identical symptoms as post-traumatic stress disorder; however, PTSD symptoms are directly connected to the person suffering and STS is associated with the exposure to knowledge about a traumatizing occurrence (Bercier, 2010; Daly, 2015; Figley, 1993; Figley, 1995; Kanno, 2010). The positive correlation between STS and the average size of the service helper's workload is prevalent within the agency, organization, or program (Jirek, 2020). Encountering traumatic material and/or working with traumatized clients profoundly impacts the experiences of the helping professionals. Being directly traumatized, being vicariously traumatized as a social service professional and being vicariously traumatized as a researcher make up the three layers effect of STS (Berger, 2021; Morrissette, 2004).

Compassion Fatigue (CF) / Social Services Fatigue (SSF)

When the capacity for compassion in health professions is diminished and the professionals find themselves too weary to accommodate those who are suffering, the result is defined as compassion fatigue (Cocker & Joss, 2016). Compassion fatigue (CF) limits one's ability to engage in the relationship of caring or being empathic towards their clients because of exhaustion, the inability to concentrate, preoccupation with trauma, apathy, decreased self-

esteem rigidity, perfectionism; therefore, an undesirable negative change occurs between service providers and service users that could present thoughts of self-harm or committing harm on others (Tarshis & Baird, 2018). The ongoing and snowballing process of a demanding work environment that requires one to maintain relationships with needy individuals can take on a physical or psychological distress in the needs providers. The loss of compassion, depression, avoidance, fear, and intrusion are typical results of such distress (Austin et al., 2013; Nolte et al., 2017; van Mol et al., 2015).

Under most circumstances, the very act of being empathic and compassionate extracts a cost. One suffers as he or she views the world from the sufferer's perspective; therefore, it is understandable why compassion fatigue would reduce one's capacity in bearing the weight of the suffering of others. Compassion fatigue is a by-product of the emotional demands and environment of a caregiver's workplace that can become so draining and fatigue-filled to the point of one making the option to vacate their place of employment. After experiencing the physical aches and pain and emotional despair, frustration, and hopelessness, the professionals basically have an inability to nurture others. Compassion fatigue is often triggered by poor coping skills, the inability to balance personal, home, and professional lives, and just enduring workplace stressors too often (Figley, 2002a; Kreitzer et al., 2020; Nolte et al., 2017). The indirect exposure to trauma survivors and is also known as the cognitive-emotional-behavioral changes experienced by caregivers is labeled compassion fatigue (Craig & Sprang, 2010). Although there is no significant difference between females and males on compassion fatigue, compassion satisfaction, burnout, and resilience, protective factors against developing compassion fatigue and burnout are closely linked to resilience and compassion satisfaction. In contrast to standard burnout, CF has a sense of isolation, confusion and helplessness associated

with its symptoms. Once he or she recognizes the symptoms of CF and act accordingly, it is highly treatable with modern methods (Figley, 2002a; Gonzalez et al., 2019). Compassion satisfaction is negatively correlated with CF and burnout; however, there is a positive association between CF and burnout (Slocum-Gori et al., 2013). According to documentation (Figley, 2002c), there are four implications in preventing mitigating CF. First, obtaining a comprehensive overview of compassion fatigue to one's vital education. Second, desensitizing from traumatic stressors assists in moving forward. Third, reducing exposure and utilizing the correct dosage of exposure is challenging but effective. Fourth, assessing and enhancing social support is therapeutic and with all four of these implications working together, the one helping those who suffer may continue to work with compassion and empathy.

A condition brought on by the constant necessity to engage battered victims who reside in a domestic violence shelter in completing forms, answering questions, and disclosing tremendously intimate information is known as SSF. This condition is the direct result of external pressures being brought to bear upon domestic violence service programs. In the efforts of relieving the anguish of a victim, the ongoing demand for action leaves behind a residue of emotional energy that escapes from the empathic response to the one in anguish. (Dewey & Germain, 2014).

Burnout

A personal state of prolonged physical and psychological exhaustion that is related to a person's work overload, emotional demands, lack of autonomy, role ambiguity, and lack of social support and lack of recognition for one's work, conflict between one's organizational practices and values, and lack of input into organizational decisions (Bemiller & Williams, 2011; Tarshis & Baird, 2018) is called burnout. Psychological syndrome in response to chronic

interpersonal stressors on the job is the current conceptualization of burnout (Maslach et al., 2001). Individuals who are undergoing the wiles of burnout tend to leak or display a negative impact on their coworkers, and they are often unhappy with their employment and have a perception of an ineffective system until change has occurred. This display is a result of personal conflict and disrupted job tasks. Burnout is believed to be "contagious" and perpetuates itself through informal interactions at the workplace (Maslach & Leiter, 2016). The effect of burnout has been known to negatively "spill over" into people's home lives. Having feelings of an overall sense of failure, frustration, cynicism, and exhaustion is often confused with secondary traumatic stress (STS) and vicarious trauma (VT); however, a myriad of factors occurring over a period in burnout that consist of job mismatch potential, lack of perceived control and feelings of exertion conclude a contrast to STS and VT. Burnout and secondary traumatic stress both have the difference of severity and length of trauma exposure, and mimics the "not-me" syndrome in that they perceive their coworkers' burnout and secondary traumatic stress but exempt themselves from the same perception (Bemiller & Williams, 2011; Berg et al., 2016: Burke & Greenglass, 2001; Leiter & Maslach, 1988). Burnout research stems from the caregiving and service occupation roots that interpersonally connects a provider and a recipient. Standardly, there was no burnout definition; however, there were three (emotional exhaustion, depersonalization, and personal accomplishment) underlying core dimensions of the burnout experience that led to Maslach's development of a multidimensional theory (Devilly, Wright, & Varker, 2009; Maslach, 1982; Maslach, 1998).

Acute Stress Disorder (ASD)

The result of exhaustion, anxiety, insomnia, detachment from others, indecisiveness, deteriorating work performance, and resignation from work is often described as acute stress

disorder; however, if a person does not have a psychiatric diagnosis, healthcare may be hindered; therefore, the introduction of the ASD diagnosis in the United States occurred (Bryant, 2017). The diagnosis of acute stress disorder identifies acutely traumatized persons who would subsequently develop post-traumatic stress disorder (Bryant, 2017; Wu et al., 2009). The DSM-IV describes ASD as experiencing a traumatic event, and having avoidance, dissociative, re-experiencing, and arousal symptoms that create significant impairment or distress (APA, 1994). There was soon evidence that supported the notion that the acute stress disorder diagnosis only moderately predicted PTSD; therefore, a decision was made in DSM-5 to no longer have the acute stress disorder diagnosis as an intended predictor of subsequent PTSD (APA, 1994; Bryant et al., 2011). Although the ASD diagnosis no longer predicts chronic post-traumatic stress disorder, the ASD diagnosis does describe people who have been exposed to trauma with severe distress (Bryant, 2016; Bryant, 2018).

Post-Traumatic Stress Disorder (PTSD)

A chronic and debilitating condition characterized by negative conditions and mood, hypervigilance, intrusive trauma-related memories, and avoidance of trauma-related cues is known as PTSD (American Psychiatric Association, 2013). The victims, caregivers, workers, and advocates may experience, as a reaction to their trauma, insomnia, nightmares, intrusive negative memories, and hyper-arousal (O'Connor, 2020). This mental health diagnosis and psychiatric disorder is a reaction to an experienced traumatic event. Although a formal diagnosis may be given to many people who experience traumatic events, they are still subjected to the signs of trauma. During the COVID-19 pandemic, perceptions of threat, food and resource insecurity, high levels of mortality, and the experience of ill people became risks for PTSD (Fekih-Romdhane et al., 2020; Tarshis & Baird, 2018). In the United States, PTSD will be diagnosed in

seven to eight percent of its residents (SSA, 2011). American women are more often affected by PTSD than American men (SSA, 2011). Ten percent of American women versus four percent of American men will be diagnosed with PTSD during their lifetime. This is according to the approximately 8 million adults with PTSD in America each year (Bizzell, 2021). The Diagnostic and Statistical Manual of Mental Disorders first introduced PTSD in 1980, and the description admitted that one could be traumatized personally or by hearing the traumatization of others. It is essential to realize that this description does not only include family and friends of the suffering, but also the professionals accommodating the agonized persons with the disorder (Figley, 1993).

Summary

The impact of domestic violence during the global COVID-19 pandemic left many battered women with no place to escape the abuse (Buttell & Ferreira, 2020). Due to movement restrictions, isolation, social distancing, and shelter-in-place orders, the number of intimate partner violence cases increased exorbitantly around the globe, the nation, and local states (Evans, 2020). The emotional toll, workload pressures, working in unsafe conditions with little to no personal protection equipment (PPE), and feeling undervalued led to the chief people officer for the national health service (NHS), Prerana Issar, to offer care and support outside the workplace by implementing a hotline in England (BBC News Online, 2020). The individual, socio-cultural, political, and institutional factors require a deeper analysis; however, it has been documented that substance misuse, depression, post-traumatic stress symptoms were long-lasting mental health consequences of the COVID-19 pandemic (Braquehais et al., 2020). Between the bi-directional of psychological outcomes and physical symptoms among those who work in healthcare, the declaration of the coronavirus disease (COVID-19) outbreak has increased the prevalence of these outcomes and symptoms. Anxiety has been the psychological impact

reported among the non-medically trained healthcare and social service workers (Chew et al., 2020).

This study, through exploration and description of the impact of COVID-19 on the mental health of domestic violence shelters' staff, accrued research that has already been conducted to shed light on the focus of the research gap. The COVID-19 pandemic is so new that closing the gap of research on how staff workers were mentally impacted by mental health disorders is difficult. Trauma, adverse social behavior (ASB), vicarious trauma (VT), secondary traumatic stress (STS), compassion fatigue (CF), burnout, acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) are the disorders specifically researched in this study.

The mandated lockdowns to prevent the spread of the coronavirus caused a severe increase of domestic violence. The resulting practice of social distancing during a respiratory syndrome coronavirus challenged a traumatized population in emergency shelters for abused women. Gaps in research included several factors, including the effects vicarious trauma (VT) has on the empathic responsiveness of those in the social services (Collins & Saxena, 2016), the exploration of resilience as it relates to the trauma of repeatedly hearing traumatic and horrifying stories (Purvis, 2017), and recognizing the gap of comprehension of the related experience of those in mental health and social services professions with vicarious trauma (Hernandez-Wolf et al., 2015).

Chapter Three: Methods

Overview

The purpose and nature of this study was to identify the impact that the COVID-19 pandemic had on the elevated number of domestic violence cases, and the mental health of the staff employed during the pandemic in a battered women's shelter. Following are the details of the design, research questions, setting, participants, procedures, researcher's role, data collection, interviews, data analysis, trustworthiness, reflexivity, and ethical considerations of the research.

Design

Prior to choosing the research methods (Crotty, 1998), methodology appears and in the qualitative inquiry, the researcher practiced taking a stand regarding things (ontology), how such things are known (epistemology), and how to think about those things (theory). The research methodology for this qualitative case study was to understand the identified boundaries of the proposed case and the complexity of the behavior patterns. Social science, throughout its history, has used case study as a methodology to extensively examine situations, events, activities, and programs (Hancock & Algozzine, 2015). Qualitative research was the chosen approach to stress the process created by individuals while giving meanings to their lived realities and social experiences (Heppner et al., 2016). The case study design allowed the researcher to explore an issue, and from the case examination, understanding emerged (Creswell & Poth, 2018). The pioneer of case study, Robert Yin (2013), noted several factors that need to be considered when selecting the case study as a research methodology: a). The research question deals with the *how* and *why;* b). The researcher has less control over the research event or research participates, c). The surrounding context of the investigated phenomenon is indispensable to study, d). The

explored phenomenon is a contemporary once occurring in a real situation, and e). Complex social experiences are present (Yin, 2013).

The philosophical assumptions of the Ontological and Methodological approaches led to this choice of research. The researcher was able to develop findings with themes of different perspectives obtained through the reports. The worldview of social constructivism allowed the researcher to recognize how her own background shaped her interpretation which flowed from her culture and personal experiences. Several in-depth interviews over a period were used within this qualitative case study. Case studies were divided into three types (Stake, 1995): intrinsic, instrumental, and collective. The intrinsic type had a focus on understanding an authentic case that is unique and has no other similar cases, has no intentions of developing a theory, and recognized that it is imperative that the case study's boundaries had been acknowledged and identified prior to the study (Stake, 1995). The instrumental type generated a theory from the case study but had less focus on the case itself, while the collective type dealt with multiple cases in one study. The collective types presented a multiplication within the same case by examining multi programs in one organization or across the study of two or more separate cases that provided different perspective on the issue being researched (Creswell, 2007).

Various researchers (Creswell, 2007; Merriam & Tisdell, 2015; Stake, 1995) introduced reports that offer enhancements to the quality of the methodology of the case study by adapting research questions such as: Is the reading of the report uncomplicated? Is a conceptual structure present in the report? Have the chosen questions been effectively used? Has the researcher offered neither over-nor under-interpreting in their sound assertions? Was a final polished amended report presented? Is the case study heuristic, descriptive, or particular? Was the study conducive to the methodology (Hyett et al., 2014, p. 4.)? Although case studies are pliable and

allows the researcher's focus and needs of the studied phenomenon to be whole or divided into parts (Merriam & Tisdell, 2015), deeper meanings and richer analyses must be revealed through this methodology.

Limitations are known to be within the case study research design and one of those limitations is the necessity to select the case of the study prior to beginning the research (Creswell, 2007). Individuals, programs, and processes are intended for the study and may be difficult to decide upon but remain the responsibility of the researcher to match the proper case with her circumstances and abilities. The uncertainty of the researcher's chosen structure of the case study is another limitation (Yin, 2013). A suggested classification according to certain type is called a typology (Thomas, 2011), and allows for a better structure because it speaks to this limitation. Typology is based on the identification of the purpose of the study, clarifying the approach and analyzing process of the study, and distinguishing between the subject and the object (Thomas, 2011).

The following illustration is emblematic of the approach this researcher used in the present study. In an intrinsic case study conducted on Finnish rural tourism to understand the case's meanings, (The *role of individual entrepreneurs in the development of competitiveness for a rural tourism destination)* (Stake, 1995) used the constructivist paradigm as the tourism space was being viewed as a socially constructed space. In the area of Finnish Lakeland in Finland, a comprised field of selected small cultural destination tourism enterprises that are active during the season of Summer was studied (Komppula, 2014). The first phase contained six narrative interviews with the decision makers of the enterprises and the second phase included nine semi-structured interviews with former providers of tourism services (Komppula, 2014). To analyze the collected data, the researcher used a qualitative content analysis. Based on the collected

data's extracted meaning, the Finnish rural tourism study concluded that the local businesses and local enterprises' tourism stakeholders share responsibility in the promotion of touristic destinations such as ski resorts Tahko and Ruka (Komppula, 2014). Again, the Finnish model offers the paradigm this study will employ.

Research Questions

The research questions that were the focus of this study were the following:

1. What challenges in connecting with intimate partner violence survivors during the first two years of the COVID-19 pandemic were perceived by therapists and shelter advocates at local domestic violence shelters?
2. In the state of South Carolina, how were people who worked in domestic violence shelters impacted by the social distancing mandate during the pandemic?
3. What mental effects did the staff of domestic violence shelters endure during the COVID-19 pandemic?

Site

A large sized housing for domestic violence survivors, Nellie's Domestic Abuse Shelter (not its real name) sits upon three acres within the city limits of South Carolina's Low Country region. This abuse shelter is supported by grants, donations, a Board of Directors, staff, and volunteers. The mission is to provide comprehensive support and emergency shelter services and education within housing environments at no charge. These services assist in breaking the cycle of domestic violence, its main goal, within the vibrant Low Country community. According to My Sister's House, (2022), 90-day emergency shelter with 36 beds was provided for women and their children ages 17 years and under. My Sister's House (2022) serviced 274 women and children, answered 1195 crisis calls, and assisted with 790 court advocacy cases in 2020.

In March 2022, My Sister's House sold its shelter property and moved to decentralizing its shelter services to rely instead on hotels and landlords. My Sister's House provided emergency services to 129 domestic violence victims and their children in 2021 (Parker, 2022). Versus sheltering families of domestic violence in one Charleston location, My Sister's House now shelters families in local hotels and short-term rental properties around the Charleston area (2022).

Participants

For this study, potential research participants were found using snowball sampling, also known as, chain-referral sampling. This sampling required the researcher to recruit initial subjects to be studied and then required those subjects to recruit additional subjects for the study. The sampling began with advocates, clinical staff, and volunteers of a domestic violence agency as the chosen participants. Participants were needed to provide depth, breadth, and data for authentic reporting (Saunders & Townsend, 2016). Extra care was given regarding the number of participants, for when a sample size is too large, acquiring deeper data analysis can become challenging; however, when the sample size is too small, reaching data saturation or theoretical saturation is difficult (Sandlelowski, 1995). The participants had to have been affiliated with the shelter for at least one year before the global coronavirus pandemic because they will have accrued acceptable information to provide about the shelter before the pandemic. The participants did not include maintenance, food service, custodial, or delivery staff because they are not directly associated to the advocacy of the survivors (Wu, 2008). The recruitment of the participants was conducted by the researcher via email and enlisted for in-person interviews which were conducted and recorded in a quiet and neutral location. The participants took

approximately 60minutes to answer 10-16 questions, and they were each compensated with a $10.00 Visa Gift Card.

Education and race were not variables of this study, nor was being familiar with interview participants of little concern. Probing questions about specifics of the shelter were not asked for fear of making the participants uncomfortable and unwilling to continue the interview. Ten to twelve participants are the expected norm in qualitative research (only seven participants volunteered for this study) because there is a greater possibility of reaching the desired data saturation related to the experience and coping strategies of the domestic violence shelter's staff workers. The researcher is better able to gain deeper understandings of the individual experiences. This process produces thicker and richer descriptions of those experiences (Creswell, 2009; Merriam, 2009).

Debriefing participants (Harris & Goh, 2017) and support for triggers is imperative to the research. Immediately following the interview, the researcher will debrief each participant to learn if they felt any discomfort or distress, and to determine which questions caused uncomfortableness, if applicable. In support of the participants' triggers, the researcher will provide active listening and validation of their feelings as a form of comfort (Harris & Goh, 2017). Debriefing may be through the format of the participants recalling events, thought processes, and interactions (Mullan et al., 2012).

Procedures

To provide insight into the research topic, case study research involves descriptions of the case in detail along with the setting within contextual conditions. Multiple data sources will be relied upon to build an in-depth and contextual understanding of the case. Case study pioneers and qualitative researchers acknowledge that a case study is a qualitative research approach that

explores one or more cases. The period of the research is considered the time frame for the investigation, and the data collection relies on the information collected from multiple sources.

These findings will be written in a report that includes the studied-case themes (Creswell et al., 2007). A case study focuses on the scope of the "practical investigation" of a contemporary phenomenon, in-depth exploration, real-life context, and no obvious boundaries between the phenomenon and context. A case study submits more themes or variables of interest than what is offered by the theoretical framework of the analysis and data collection while also relying on multiple sources of confirmation or triangulation. The procedure of a case study deals with how and why questions, has little control over the research event of participants, and occurs in real and complex social experiences (Yin, 2013). Interpretation applies to the participants and allows objective research to be observed in the fieldwork of the qualitative research inquiry. This process is a central component in understanding the participants' views, comprehensions, and interpretations of information (Stake, 1995).

Prior to collecting data, setting a planned arrangement data collecting stage is indispensable to the researcher. To apply for the use of human research, IRB (Institutional Review Board) requires an application, consent document(s), recruitment materials, study instrument(s), permission letters, certificates of education, grant proposal narrative if applicable, and the documents presented via a PDF (Portable Document Format). An example is in Appendix A of a consent form the participants will complete for the IRB.

The Researcher's Role

The researcher is professionally employed as an elementary, middle and high school counselor. She is an IPV (intimate partner violence) or DV (domestic violence) survivor, divorced mother of one, a certified medical assistant (CMA) for over 20 years and a former

business owner for 17 years where she often encountered other victims of DV. She (the researcher) is aware that biases and personal assumptions always affect research; therefore, she has recognized that her personal values about the participants' lifestyles and behaviors could be problematic. She has chosen to respect everyone's right to their own choices, especially when they differ from her own. She will be intentional including all the data to prevent wrong conclusions and unprofessional practice (Simundic, 2013).

Data Collection: Instruments

To offer a potentially powerful means of uncovering complex experiences of individuals, qualitative methods use in-depth interviews (Broom, 2005). For the interviews, questions are designed to establish rapport and capture the individual interviewee's unique meanings to their personal domestic violence experiences, specifically cultural values and norms.

A current occurring global topic was clarified through this study (Aspers & Corte, 2019). The use of interviews with open-ended questions was the technique used to gather data (Xu & Storr, 2012). The interviews included general and problem questions that aligned with the study's problem statement and research questions. These semi-structured interviews or interactive consultations allowed the researcher to understand the viewpoint of the participants while also cultivating information about their experiences and opinions (Stake, 2010; Adhabi & Anozie, 2017).

To facilitate authenticity from the participants' answers to the questions, effort was made to establish rapport with each participant. Adhabi and Anozie (2017) found that the mode of interviewing face-to-face along with audio-visual recording is the favorite method of interviewing. According to Xu and Storr (2012), it is not an inherent trait conducting face-to-face

interviews; however, remaining appropriately silent after asking probing and follow-up questions is key to successful interviewing.

Interviews

This study will use an interviewing method where both the interviewer and interview questions will be the instruments. The researcher needs individuals who will not hesitate to speak and share their needs and ideas for one-to-one interviewing (Creswell, 2013). To gather incredibly detailed information about each interviewee's role in the shelter, two questions have been created in addition to the Standardized Open-Ended Semi-Structured Interview questions.

Clinical Director

1. What clinical systems and standard of care have you implemented since the pandemic?
2. Which programs have you had to revamp because of the pandemic?

Shelter Advocate

1. As you multitasked through the campus during the coronavirus disease 2019, how were you able to monitor the security and safety of the shelter?
2. What are the service philosophies of this facility?

Staff

1. How has your involvement with clients differed from the impact of the pandemic?
2. How have you continued to model healthy relationships between you and your coworkers?

Volunteer

1. How have you fine-tuned your skills of offering emotional and practical support to the staff and domestic violence survivors?
2. When you were allowed to volunteer during the pandemic, how much and in what areas did your tasks expand or collapse?

Focusing on the interviewees' routine practices, their evaluation of the success of their interventions, and concrete descriptions should give the length of an approximate one hour and a half each of interviews (Hughes,2020). The use of digital recordings, transcriptions and careful proofreading will construct the bases of the interviews (Morrow, 2005). At least one recorded interview with the Clinical Director, Shelter Advocate, staff, and a volunteer will be conducted by the researcher. The recorded interviews will be transcribed by the researcher and reviewed with the participants to see if their overall notions were accurately related. The interviews will elicit emotions and feelings that provide detailed and meaningful accounts of the participants' experiences that will better help the researcher and readers understand their behaviors and phenomenon (Creswell & Poth, 2018).

Interview questions usually follow a particular pattern of background, behavioral, opinion or beliefs, feelings, knowledge, sensory, and experiential tactic. The following questions will support a Standardized Open-Ended Semi-Structured Interview.

1. Please introduce yourself for the purpose of recording.
2. What is your age in years?
3. What is your gender identity?
4. What are your ethnicity and race?
5. What is your highest level of education?

6. Why did you choose the social service helps profession, and how long have you been associated with domestic violence in this role?
7. What is your personal take on domestic violence?
8. What is it like to be a professional in this agency?
9. How do the domestic violence survivors get assigned to counselors in this agency?
10. What do you believe is the best way to provide service to the survivors?
11. In the difficulty of detaching yourself from the survivors, how do you manage your ability of detaching?
12. What is your knowledge of the coronavirus disease 2019 (COVID-19)?
13. What was your association with colleagues and survivors who contracted the virus?
14. What awareness did you gain of the intimate partner surge during the onset of the COVID-19 pandemic?
15. In your opinion, what contributed to the surge?
16. Please describe the worst case of domestic violence before, during, and after the COVID-19 pandemic?
17. During the pandemic, how did you prioritize your caseload?
18. What is your definition of mental well-being and mental disorder and what has been your personal experience especially during the pandemic?
19. Burnout, compassion fatigue, trauma, PTSD, vicarious trauma, and secondary traumatic stress are frequently diagnosed mental disorders of social service providers. Which, of these disorders, have you been diagnosed with?

20. One final question. Do you have anything else you would like to share or questions you would like to ask me?

Interview Data Analysis

To provide some level of understanding, explanation, and interpretation of patterns and themes in textual data is the process and procedure used to analyze qualitative data (Valcheva, 2022). According to Yin (2011), the first phase of data analysis is compiling and organizing all data collected. This study used both the interviewer and interview questions as the instruments; therefore, a file will be created by the researcher that identifies the data and will be kept separate for further use. Saldana (2011) suggests the researcher logs the data according to dates, time, place, and persons with whom the data was gathered. The individual open-ended interview questions will be transcribed within 24 hours after the interview and the researcher will meet with each participant to allow them to review the transcripts for accuracy. Patton (2002) recommends transcribing one's own interviews which helps generate emergent insights and provide an opportunity to get immersed in the data.

The researcher will manually disassemble the data through the open coding process. This process consists of examining, comparing, breaking down, categorizing, and conceptualizing data (Strauss & Corbin, 2007). By reading the transcribed interviews line-by-line, circling words, phrases, and sentences using three to seven words at a time, the researcher will be able to assign codes. Creswell (2013) advised noting, extracting, and labeling repeated concepts or terms to identify emerging themes within the study. Perusing the transcripts, highlighting relevant statements and ideas that relate to the research study and questions will assist the researcher in noting why these ideas are important to the research study, theoretical framework, or personal biases. For this study, repeating ideas will be grouped into categories once they have been

extracted and observed as to how COVID-19 impacted the mental well-being of the study's participants.

In applying meaning to the categorized data, the researcher will focus on the key ideas and not get distracted by irrelevant information (Yin, 2014). Information considered irrelevant would be the data that does not shed light on the current study's research questions. The researcher will use the most significant aspects of the case to ensure that the research questions are addressed in the data analysis process (Gunter, 2016). Since the purpose of the current study is to explore the link between the mental health experiences of domestic violence shelter staff workers and the COVID-19 pandemic, particular attention will be given to the data that illuminates that link.

Trustworthiness

Credibility

To provide an accurate depiction of the impact COVID-19 had on the mental health well-being among the domestic violence shelter staff, careful consideration was given to identifying and examining confusing elements of the study, acknowledging patterns that were not readily identifiable, and checking the quality of the data by reflecting on the reliability of the participants and assessment of their possible motivations and biases (Gay et al., 2012).

The application of bracketing will provide an opportunity to ensure that the data is credible, and the research is not tainted (Tufford & Newman, 2012). Mantzoukas (2005) suggested that research bias can be avoided by maintaining a journal of reflection throughout the process of research and by using consistent methods of data collection. Keeping the interview questions the same for each participant will also assist in the avoidance of bias (Jones, 2019).

With the use of journaling entries for five -10 minutes a day, the researcher will be able to provide information about what they have identified. The journaling will also provide a space to describe situations that may arise. Taylor (2016) mentioned that the journal entry method can create detailed and reliable data that will provide the researcher with rich and accurate narrative of their experiences.

Dependability

In qualitative research, to assure similar results are obtained, the same context must be repeated with the same methods, and with the same participants (Shenton, 2004). A detailed report of the processes of this study has been included in Chapter Three to assist others in the future who may wish to conduct a similar study. Describing the process within a study without setting the goal of attaining the same result (Shenton, 2004).

Transferability

The description of the experiences of working in a shelter during a pandemic will be explored deeply with the interviewees. They provided thick and rich descriptions in their responses (Creswell, 2013).

Confirmability

The researcher's capability showed that the demonstrated data from the participants' experiences are their own and not the viewpoint of the researcher (Shenton, 2004). The propositions of the researcher are stated in the methodology section according to Yin's (2018) case study design.

Ethical Considerations

Both professionally and personally, the researcher has a passion for this study. As a survivor of domestic violence, the researcher realizes the approach for this study must be

objective and unbiased. The researcher will share interview questions with her dissertation chairperson and plan to follow interview protocol for preparing and conducting interviews (Creswell & Poth, 2018).

In collecting and protecting data, respect and minimized disruptions will be practiced through building trust and anticipating disruption. Through the avoidance of leading questions, withholding the sharing of personal impressions, and the avoidance of disclosing sensitive information, negative ethical issues may be combatted. Ethics in research pertains to doing the right thing at the same time to prevent harm to the subjects being studied (Ezewike, 2019). This study will put in earnest efforts to ensure that the participants are protected from harm. They will be provided information about the benefit of the study and the possible exposure to triggering events. If a participant experiences distress during an interview, the researcher will weigh the options of continuing or discontinuing the interview. This qualifies as an ethical dilemma where the protection of the participants is most important (Woodgate et al., 2017). With the understanding that sensitive situations and potential conflicts of interest are possible during the interviews, the researcher will endeavor to keep the best interests of the participants at hand.

Assigned pseudonyms and codes to ensure confidentiality will be provided. The data collection and transcriptions during the discussions will only be assessable to the researcher to maintain confidential participation during and after the study. Any information that may link back to a particular person which includes consent forms, interviews, interview locations, email addresses and job titles will be destroyed after three years. Audio recordings will be kept in a locked compartment within a cabinet.

Summary

The research method outline was used to answer the research questions. Specifics of how the study was conducted, study participants, data collection, and the discussion of the procedure were outlined. The study participants sharing their COVID-19 experiences during their employment in a domestic violence shelter contributed to the theory of the qualitative case study methodology. The major goal of Chapter Four is to present the results of the data analysis from the demonstrated methodology described in Chapter Three.

Chapter Four: Findings

Overview

The purpose of this case study was to explore the link between the mental health experiences of domestic violence shelter staff workers and the COVID-19 pandemic. Mental health experiences consist of one being in contact with and observing how one manages stress, relates to others, and makes choices (USDHHS,2020) based on their emotional, psychological, and social well-being. The increased number of calls with the mandated lockdowns may have resulted in secondary traumatic stress, burnout, compassion fatigue, etcetera (Kalia et al., 2021). A qualitative approach investigating meaning and subjectivity was adopted to assist in this exploration and to collect rich information about the staff workers' coping strategies (Wertz, 2005). The theory guiding this study is Albert Bandura's theory of self-efficacy (Bandura, 1986) as it examines the self-judgments people place on themselves about their capabilities to execute an organized course of action (Bandura, 2002).

Qualitative Examination Analysis of data was based on interview transcripts from seven individuals as well as researcher field notes captured during each interview session. The recorded data was transcribed and compared to audio recordings to assure accuracy of transcription. Where necessary, edits and corrections were made. The demographics of the domestic violence advocates involved in this research are discussed in this chapter. Information regarding job titles and descriptions of their specific duties are mentioned. This chapter details the findings about working during the global pandemic of COVID-19's mandatory shutdowns, revised standard operating procedures, mental distress, and coping skills for those distresses.

According to the United States Government Accountability Office (Dicken, 2021), the result of stressors associated with the COVID-19 pandemic was an expressed concern by

behavioral health experts. In the United States (Dicken, 2021), mental health and substance use disorders affect a significant number of adults, and the pandemic's isolation increased behavioral health conditions while also creating a decrease in in-person behavioral health services.

Participants

The seven participants gave consent to participate in the case study, and each was made aware that their identity would remain confidential during and after the case study. The assigned pseudonyms were selected from brands of automobiles. Participants had to be (a) female, (b) 18 years of age or older, (c) domestic violence advocate with Nellie's Domestic Abuse Shelter, not its real name, (d) continued to work during the first two years of the COVID-19 pandemic specifically during the mandated shutdown, and (e) were impacted by some form of mental distress.

The seven participants in the case study were five Caucasian or White, and two African American or Black females. The education levels differed for the participants, with one participant having an associate degree, two having bachelor's degrees, three having master's degrees, and one having two master's degrees. The range of experience with domestic violence shelters was three to 15 years.

The oldest participant was 70 years old, and the youngest participant was 28 years old. A brief introduction of demographics of the seven participants included ethnicity, gender, age, years of experience, highest level of education, and experienced mental distress during the COVID-19 pandemic. Pseudonyms were used to protect the participants' identities. Table A was created to provide a visual of the demographics.

Table A

Domestic Violence Shelter Workers' Demographics

Participants	**Ethnicity**	**Gender**	**Age**	**Years of Experience**	**Highest Level of Education**	**COVID-19 Pandemic Impacted Mental Disorder**
Alexa	W	F	40	5	Bachelor's Degree	Yes
Lexus	W	F	45	10	Master's Degree	Yes
Toyota	W	F	30	5	Master's Degree	Yes
Yamaha	B	F	70	6	Bachelor's Degree	Yes
Jaguar/Jazzmine	B	F	28	3	2 Masters' Degrees	Yes
Subaru	W	F	42	15	Master's Degree	Yes
Elva	W	F	34	10	Associate degree	Yes

Alexa

A 40-year-old Caucasian female, Alexa lived alone during the three months mandated COVID-19 pandemic lockdown. Alexa contracted the novel respiratory disease, COVID-19, twice, and suffered through exacerbated depression and anxiety. Living alone, working virtually from home, and not being able to visit her brother in the hospital when he contracted the coronavirus disease 2019 increased her anxiety. Alexa stated, "I had to find outlets that would allow me to release my stress and assist in staving off depression." Alexa has been a domestic violence advocate for five years and holds a bachelor's degree in Sociology.

Lexus

Lexus, a 45-year-old Caucasian female, was faced with the task of assuring clinician services were manned by enough counselors. Lexus reported, "I was depressed enough about being in lockdown; I did not need the added worry of the clients not receiving counseling due to a shortage of counselors." Lexus has been a domestic violence advocate, counselor, clinical director, mentor, and intern supervisor for over 10 years. She holds a master's degree in Clinical Psychology.

Toyota

Toyota, a 30-year-old Caucasian female, admitted that her depression exacerbated during the challenges of working from home during the mandated shutdown. Toyota shared that it was difficult to separate work from her home. She also found that the work hours were much longer during this time. Toyota stated, "I just wanted to run outside, play music and sing along as loudly as I could because this regimen had helped me stave off depression before. I could not keep the depression from intensifying and felt the excruciating loneliness of living alone." Toyota holds a master's degree in Clinical Psychology.

Yamaha

Seventy-year-old Yamaha, an African American female, was mentally impacted by the coronavirus disease 2019 global pandemic and the ordered shutdown. Of the seven participants, Yamaha negatively experienced the most trauma. The fears of contracting COVID-19, living alone, not having people check on her daily, and perchance dying alone exacerbated into a mild case of agoraphobia that is still present today. “I was so fearful of the virus that I overindulged in the news reports that led me to a dark, very dark place of depression.” Yamaha was emotionally moved when she shared her own story of domestic violence and how it took many years to escape because of her children. Her advocacy has offered years of wisdom along with her Bachelor of Science degree.

Jaguar

Jaguar, a 28-year-old African American female, asked to also be called Jazzmine because, “It took a lot of jazz music to persuade me to commit to this interview. The depression I felt during the lockdown, I am sure, played a huge part of me contracting COVID-19 twice. The depression I experienced was implausible and has lingered on these past couple of years.” Jaguar used the global pandemic as a time to finish her second master’s degree in Sociology.

Subaru

A 42-year-old Caucasian female, Subaru, has faithfully served the domestic violence community for 10 years. “I dealt with my own intimate partner violence and feel the need to give back. Depression hit me so hard during the mandated lockdown. I could not seem to adjust to the disruption of my normal life.” With the use of a B. A. degree in Sociology, Subaru lives to serve domestic violence survivors.

Elva

Elva, a 34-year-old Caucasian female, has been advocating for domestic violence for eight years. Elva experienced intimate partner violence and felt she received an abundance of love and support from many people like my participants. Elva reports, “I just could not sit back and do nothing.” Elva even shared, “My anxiety and chronic depression increased during the COVID-19 fiasco. That virus greatly interfered with me keeping my family first, because depression is such a selfish entity in and of itself.” Elva possesses an associate degree in Early Childhood Education.

Results

To analyze the data, the themes must be identified using step-by-step techniques. The results section utilizes the developed data collected from the semi-structured, one-to-one interviews, and correspond with an earlier study (Yatham et al., 2018). Repetitive words, comments, and or expressions generated a listing of themes. To answer the study’s research questions, the originated themes provided the required particulars to determine the challenges a local domestic violence shelter’s advocates endured during the first two years of the COVID-19 pandemic, how South Carolina’s domestic violence shelter advocates were impacted by the social distancing mandate during the pandemic, and what mental effects the domestic violence advocates experienced. Depression, secondary traumatic stress, PTSD, and burnout were noted as the top mental compilation of depressive and anxiety disorders. Once the participants’ expressions, comments, and repetitive words were recorded via one-to-one semi-structured interviews, the use of a process deemed reduction and elimination allowed rearrangement of the reused and same pattern of words to create identifiable themes that could be compared and confirmed by the collected data (Moustakas, 1994).

Using the method of thematic analysis, common themes emerged during each conducted interview. Thematic analysis, according to Kiger and Varpio (2020), is only applied to qualitative data. The audio recorded and transcribed semi-structured interviews were organized, analyzed with the use of thematic analysis, and interpreted into qualitative data that captured themes and patterns to understand the impact the COVID-19 pandemic had on the mental well-being of female domestic violence workers. The use of examination, categorization, tabulation, testing, or the recombination of evidence that focused on the primary propositions were used to analyze the data (Yin, 2003).

Theme Development

The motivation of this case study was to acquire a knowledge of the impact COVID-19 had on the mental health well-being among the staff of a Low Country domestic shelter. Individual interviews established the collected data themes. The interviews were audio-recorded and transcribed later. Each interview underwent a thorough process to develop a theme while gathering and analyzing the data (Strauss & Corbin, 1998).

Jones et al. (2016) proposed four phases of theme development. Initialization, construction, rectification, and finalization make up the four phases of theme development. The reading of transcripts, observing for abstractions in the participants' interviews, and coding make up the initialization phase (Jones et al., 2016). As the researcher classifies, compares, labels, translates, and describes the data, this is considered the construction phase. The rectification phase requires the act of relating themes to existing information. Developing the storyline makes up the finalization phase.

Breaking down the data into controllable sectors is what coding entails. The researcher's use of controllable sectors allows the transformation of raw data to higher-level

abstractions that develop themes (Jacoby & Siminoff, 2008) from coding, four common themes emerged inductively and were researched further for saturation by using the individual interview questions. The seven participants' data for the impact COVID-19 had on the mental health well-being among a domestic violence shelter's female staff were as follows: (a) pressure to work from home, (b) adapting to mandated lockdown protocols, (c) exacerbated depression and anxiety, (d) feelings of loneliness. Table 1 exhibits themes supported by participants' quotes, while Table 2 shows each of the three research questions with corresponding themes, and Table 3 shows the thematic categories aligned with research by participant.

In analyzing the data from the section of interview questions on participants' initial experience to the COVID-19 pandemic mandated lockdown in March 2022, four main themes developed: pressure to work from home, adapting to mandated lockdown protocols, exacerbated depression and anxiety, and feelings of loneliness. Following Yin's (2018) strategies to analyze evidence, data collection, review of data, and examination of potential explanations were included in the data analysis.

Searching for patterns, insights, and concepts are specify qualifications of Yin's (2018). The data was compiled, and the seven participants face-to-face interview transcripts were reviewed by making careful notes about the documentation received during and after the research. Identified themes assisted in creating tables that show the thematic information (Creswell & Creswell, 2018) . The collected data provided insight to better understand the domestic violence shelter staff and volunteer participants' experiences during the novel coronavirus disease 2019.

Three tables were created that contain the themes, participants' quotes, research questions, thematic category, and thematic categories aligned with research by each participant.

Tables 1, 2, and 3 below list the themes, categories, and alignments with the research questions. Table 1 provides each theme and quotes from participants that coincide with the developed themes while also offering visualization of the data's theme developments and interpretations of those themes through participants' quotes.

Table 1

Theme Development

Themes	Participants' Quotes
Pressure to work from home.	Alexa: *"I must keep on top of my clients no matter how many hours it takes."* Lexus: *"I must have spent an average of 12 hours a day working because I could not turn it off."*
Adapting to mandated lockdown protocols.	Toyota: *"It took quite some time to adjust to the mandated lockdown."* Yamaha: *"Because I could not go about my usual outside of home tasks, I failed miserably adapting to the lockdown."*
Exacerbated depression and anxiety.	Elva: *"I spent many days in bed in a dark room away from my family because the depression hit so hard."* Jazzmine: *"My depression became so severe, I moved to another state just to find some relief."*
Feelings of loneliness.	Yamaha: *"At my age, I felt lonelier because no one called to check on me daily. I was so lonely. I missed my church, family, and friends."* Subaru: *"I felt lonely for my toddler daughter because I had to work long hours at home and could not spend much time with her."*
Self-medicating with Alcohol	Elva*: "Drinking wine until I was drunk was the best feeling, because I had no feelings."* Yamaha: "*I long for margaritas like dry grass longs for water."*

Table 2 below illustrates the codes and themes that emerged from each of the three research questions. The research questions guided the study in better comprehension about the phenomenon of how the coronavirus disease 2019 created challenges in connecting with clients, how the social distancing impacted their daily lives, and what mental effects they each endured during that time.

Table 2

Thematic Categories Aligned with Research Questions

Research Question	Thematic Category
RQ1: What challenges in connecting with intimate partner violence survivors during the first year and a half to two years of the COVID-19 pandemic were perceived by therapists and shelter advocates at a local domestic violence shelter?	Pressure to work from home. Adapting to a mandated lockdown.
RQ2: In the state of South Carolina, how were people who worked in domestic violence shelters impacted by the social distancing mandate during the pandemic?	Adapting to a mandated lockdown. Feelings of loneliness.
RQ3: What mental effects did the staff of domestic violence shelters endure during the COVID-19 pandemic?	Exacerbated depression and anxiety.

Data was categorized as to the participants' alignment with the research as depicted by Table 3. Each of the seven participants experienced pressure to work from home, adapt to the mandated lockdown, exacerbated depression and anxiety, and feelings of loneliness.

Table 3

Thematic Categories Aligned with Research by Participant

Theme	Alexa	Lexus	Toyota	Yamaha	Jaguar	Subaru	Elva
Pressure to work from home	X	X	X	X	X	X	X
Adapting to a mandated lockdown	X	X	X	X	X	X	X
Exacerbated depression and anxiety	X	X	X	X	X	X	X
Feelings of loneliness	X	X	X	X	X	X	X
Self-medicating with Alcohol	X			X			X

Interviews

This qualitative case study received seven personal interviews that were audio-recorded in various locations that propagated congenial conversations. The domestic violence advocate participants were selected based on the following criteria: the interviewees had to be female domestic violence advocates, clinical staff, and or volunteers for at least a year before the global coronavirus pandemic at a domestic violence agency. The individual interviews were conveniently scheduled at times that supported the participants and after their signed consent forms were collected by the researcher.

The individual interviews were recorded and then transcribed. Throughout the interviews, common themes were identified. Not included during the analysis of the individual interviews,

were a couple additional created themes. Each participant was given ample time and opportunity to review the transcripts for accuracy.

Research Question Responses

To contribute firsthand perception comprehending the impact COVID-19 had on the mental health well-being among staff of a domestic violence shelter, this section of the case study provides descriptions of the three research questions. Each of the three research questions will address one or more of the four themes that it identified well with.

Research Question One

What challenges in connecting with intimate partner violence survivors during the first two years of the COVID-19 pandemic were perceived by therapists and shelter advocates at local domestic violence shelters?

The rapidly transitioning from work-related tasks to life-related tasks (Roebuck et al., 2022) was one challenge of working from home and is a theme that identifies with RQ1. The conflicting roles and responsibilities invaded the therapists and shelter advocates' home (2022). Pressure to work from home changed caseloads in various ways (Allen & Jaffray, 2020). The caseworkers, clinical staff, domestic violence advocates, and volunteers had to coordinate the increased demand for victim services while working solely from home (CMHC, 2021).

Therapists and intimate partner violence shelter advocates perceived concerns about the quality of services available to the survivors, multiple court cancellations, delayed referral times, and reduced capacity of the temporary relocation of clients (Roebuck et al., 2022). The mandated lockdowns magnified the challenges therapists and shelter advocates of domestic violence encountered during the pandemic (Allen & Jaffray, 2020). The shelters' staff and volunteers

individually and collectively had exacerbated stress levels (DiBlasi et al., 2021) and increased depression and anxiety (Fountoulakis et al., 2021).

Feelings of loneliness resulted from the absence of teamwork, family and friends (Garcia et al., 2021). Not engaging with and being supported by family and friends along with the mundane use of virtual service delivery contributed to the feelings of loneliness (Ragavan et al., 2022). Limiting physical proximity to others meant little to no human contact for months during the coronavirus pandemic (Holt-Lunstad, 2020). Next to fear of contracting the coronavirus disease-2019 (Schellekens & van der Lee, 2020), loneliness was the main concern of many people.

RQ1 inquired about the challenges of connecting with the domestic violence survivors during the first two years of the pandemic. Each participant was aware of their individual challenges and how those challenges disrupted their daily lives. Each participant experienced the additional worry of not being able to physically meet with their clients. Jaguar noted, “The reality of meeting with my clients and coworkers virtually versus in-person was mentally challenging for me.” Unanimously, all participants worried about their clients and having to rely on technology’s virtual means to stay in touch with the clients.

This question was to give voice to the participants and their perceptions of how being isolated from their vulnerable domestic violence victims and survivors created challenges of connecting with and being with them. The themes of adapting to mandated lockdown protocols and feelings of loneliness fit well with this question. Though the participants represented different sectors of the domestic violence shelter, each had her own challenges that incidentally united them together for the greater good of the agency and the survivors they all serve.

Toyota mentioned that the absences of in-person conversations took a toll on her psych. Toyota stated, “Being inside my home all day for days with no personal contact pushed me to a place of loneliness and difficulty adjusting to working from my home; the very place I go to escape work.” Symptoms of traumatic stress that resulted in acute stress disorder for Toyota, may have been created because of the active social avoidance of people, fear of abandonment, and fear of contracting the coronavirus disease-2019 (Bansal, 2022).

Yamaha was challenged with the diagnosis of a mild case of agoraphobia which is a fear and avoidance of places that are not easy to exit in the event of incapacitating or panic symptoms (APA, 2013). Cameron and Hill (1989) agreed that agoraphobia is more frequently diagnosed in females than males. Yamaha’s diagnosis fits the treatment setting notion that individuals with agoraphobia may be victims of intimate abuse (McHugh, 1990).

Research Question Two

In the state of South Carolina, how were people who worked in domestic violence shelters impacted by the social distancing mandate during the pandemic? Each participant shared the worry they had for their clients and the loneliness they themselves experienced being isolated. Toyota mentioned, “Most of my caseload have children to keep them company. I live alone and I do not even have a pet. The loneliness was almost debilitating for me.” All the participants expressed the impact being alone during the social distancing mandate had on their inability to physically check on their clients. Elva mentioned that she did not mind the social distancing mandate, because “I could drink my wine and be drunk in peace.”

Question two addresses the state of South Carolina and its counties as they adhered to the mandated social distancing orders. Pressure to work from home, one of the themes, was prevalent during the unprecedented COVID-19 outbreak in the State of South Carolina. Garcia et

al. (2022) reported that employees of domestic violence shelters had to change their schedules and their operation modalities to adapt to the imposing challenges by COVID-19. The absence of face-to-face counseling, housing services, and outreach service for the intimate partner victims were suspended (2022).

South Carolinian domestic violence shelter workers were negatively impacted by the social distancing during the novel COVID-19 pandemic. The quick adoption shift into telehealth care services without a pilot phase (Yelverton et al, 2021) contributed to domestic violence care service workers' pressure to work from home. In South Carolina (NNEDV, 2020), individuals who worked and volunteered in intimate partner shelters faced quarantines and self-isolation. The shelter advocates were challenged with interrupted services for survivors due to the need to not spread the virus (2020).

During December 2020 and January 2021 (Jia et al., 2021), an increase in the frequency of anxiety and depression symptoms fell among U. S. adults. South Carolina had the largest anxiety percentage increases during August 2020 and December 2020 (Jia et al., 2021). With the arrival of COVID-19, several South Carolinians suffered with serious mental disorders and substance abuse in response to stress, isolation, uncertainty, and financial insecurity (SCIMPH, 2021).

On March 6, 2020, the South Carolina Department of Health and Environmental Control reported the first case of COVID-19, and the virus spread to all 46 counties in the state of South Carolina (GoLaurens, 2020). Lexus shared that she could no longer bare the social distancing and inability to travel. "I took advantage of the adopting of pets surge in my county and adopted a precious puppy that was rescued in South Carolina." According to Hadley (2020), the pet

shelters operated with small crews and were prohibited from responding to calls of non-emergency while experiencing an influx of animals.

Research Question Three

What mental effects did the staff of domestic violence shelters endure during the COVID-19 pandemic? Each participant was aware of the impact depression had on their lives during the pandemic. Yamaha exclaimed, “The depression was so dark that I cried every single day.” The depression exacerbated for each participate in the areas of working solely from home with no separation of environments, and the impact the isolation had on their mental well-being. The pressure of suddenly working from home without any preparation, distracting environment, and social isolation increased stress, mental fatigue, and depression (Galanti et al., 2021).

The theme of exacerbated depression and anxiety coincided with research question three. The pandemic (Holmes et al., 2020) occurred during the backdrop of increased mental health issues. The global mandated lockdown (Fiorillo et al., 2020) induced a more significant increase in depressive and anxiety symptoms in women than men. The adverse impact on mental health and psychological behaviors were deeply associated with the prolonged lockdown. Higher depressive disorder levels, higher anxiety, negative changes in appetite, sleeping pattern, and health-related anxiety (Fiorillo et al, 2020). Jaguar stated,

> The taboo and stigma of Black Americans, especially the Black Church suffering with mental health issues has poorly presented the wealth of assistance and knowledge of becoming mentally well. I suffered with clinical and situational depression for years before finally discounting the notion that all I needed to do was pray. The three months of isolation during the pandemic found me taking care of my mental health through virtual counseling sessions and medication deliveries.

Globally (Pfefferbaum, et al., 2020), the sense of fear, stress, depression, insomnia, and generalized anxiety was instilled in many individuals who were triggered by negative emotions and loneliness during the pandemic's social-violation protocols (Clark, 2022). Adapting to the mandated lockdown had specific stressors for the duration of confinement (2020). According to Field et al., 2020, boredom, fatigue, isolation and loneliness exacerbated or presented for the first time PTSD symptoms, fatigue, anxiety, sleep disturbances, and depression (Field et al., 2020).

The clinical staff of local domestic violence shelters (Sorbello et al., 2020) experienced extraordinary physical and emotional stress, and their nutritional and exercise regimens were disrupted as well (Peters et al., 2022). Working from home conditions during the novel COVID-19 pandemic created and accelerated trending changes in employment (2022). Given the traumatic nature of the pandemic's effects on the staff of domestic violence shelters (Preti et al., 2020), it is not surprising that psychopathological outcomes, anxious, and post-traumatic reactions results with high prevalence while facing a pandemic. Intimate partner violence clinicians, staff, advocates, and volunteers are considered high-risk groups for mental-health suffering even in non-pandemic times (Dutheil et al., 2019).

Summary

Chapter four reviews the themes and provides significant finds to the impact the first two years of the COVID-19 pandemic had on workers of local domestic violence shelters. A brief description of each participant was given along with displays via tables of the results of the study with detailed theme developments are provided in chapter four. The themes mentioned in chapter four are: pressure to work from home, adapting to mandated lockdown protocols, exacerbated depression and anxiety, and feelings of loneliness. Chapter four discusses the data's findings gathered from data collection and analysis. Lastly, chapter four concludes with the research

question responses. In the final chapter (chapter five) of this case study, a summary of findings, discussion of the study's results, theoretical and empirical implications, delimitations and limitations, and recommendations for future research will be presented.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this case study was to understand participants' descriptions of the ways the COVID-19 global pandemic impacted their mental well-being. The participants were therapists, advocates, and volunteers who work with local domestic violence shelters. Chapter five contains a summation and discussion of the data analysis process, study findings, and results. The collected and analyzed data were retrieved from the one-to-one interviews. Chapter five also includes a summary of findings obtained from the research questions. The empirical and theoretical literature is discussed after the summary of findings. Delimitation and limitations of the research and future research recommendations will be addressed in this chapter while concluding with a summary.

Summary of Findings

Utilizing three research questions, this single-case study examined the challenges domestic violence advocates, therapists, and volunteers endured during the first two years of the COVID-19 pandemic, how South Carolina was impacted by the pandemic's social distancing mandate, and the mental effects the domestic violence workers endured during the coronavirus disease 2019. The findings of the three research questions will receive a truncated summary in this section.

This qualitative single case study was led by three research questions: What challenges in connecting with intimate partner violence survivors during the first two years of the COVID-19 pandemic were perceived by therapists and shelter advocates at local domestic violence shelters? In the state of South Carolina, how were people who worked in domestic violence shelters

impacted by the social distancing mandate during the pandemic? What mental effects did the staff of domestic violence shelters endure during the COVID-19 pandemic? In reviewing interview responses multiple times, frequent phrases presented five themes: Pressure to work from home; Adapting to mandated lockdown protocols; Exacerbated depression and anxiety; Feelings of loneliness; and Self-medicating with alcohol.

Theme 1: Pressure to work from home

This study's participants found pressure to work from home the most significant theme according to emerging phrases in most of their responses. Toyota found it difficult to set core hours, and stated, "I worked well past my normal workhours." Alexa shared, "I found it very difficult to say no to all of the Zoom meetings I was constantly invited to join." All the research participants experienced blurred work-life boundaries (Ishmael, 2021) during the work from home phase of the pandemic. The average workday was lengthened by 48 minutes and there was a 13% increase in virtual meetings (2021). The first few weeks of closures were stressful (Perelman, 2020).

Alexa, Lexus, Toyota, Jaguar, Subaru, Elva, and Yamaha each admitted to experiencing symptoms of depression while working from home. This study's finding relates to another study's finding of females working from home during the pandemic experienced more depressive symptoms largely due to the lack of social contact and lack of exercise (Burn et al., 2022). Toyota was the most distraught about missing out on her nightly run. She stated, "Each night after work, rain or shine, I ran several miles to clear my mind of the workday's troubles. The mandated lockdown's curfews really angered me and kept me from my runs."

Theme 2: Adapting to mandated lockdown protocols

The second most significant theme to emerge from the participants' interview responses was adapting to the lockdown. The act of avoiding other human beings (Mengin et al., 2020) impacted individuals' physical and psychological daily routines. Alexa exclaimed, "The ban on the amount of wine I could or could not purchase created a huge adaptation, for me, during the lockdown." The notion that alcohol-related illnesses (Greyling et al., 2021) would free up hospital beds for COVID-19 patients prompted the banned alcohol sales in restaurants and bars.

Lexus recognized that she did not have friends outside of work; therefore, she was challenged by the mandated lockdowns because she could not go to work to congregate with her friends. Lexus shared, "I was forced to face the reality that I don't have any friends outside of my colleagues, and I became very sad about that realization." Lexus' lack of interpersonal contact during the isolation period links with current research that speaks about the act of working from home under lockdown protocols could be detrimental to one's emotional well-being (Parry et al., 2021).

One of the mandated lockdown protocols was to wear a face mask in public. Yamaha and Jaguar both found it difficult to adhere to such a mandate. Yamaha sheepishly asked, "Ms. Brown, does me not liking to wear those doggone mask count as my not adapting well to the mandated lockdown protocol?" This participant's question relates to the 10-15% of adults in the United States and Canada who refused to wear or rarely wore a face mask in public during the pandemic (Taylor & Asmundson, 2021).

Jaguar found it difficult to adhere to the curfews and felt, "I do not need to wear a mask, because the mask will not protect me." Jaguar's comment relates to research that studied the

concerns of masks creating a false sense of security while supposedly adhering to reducing the spread of the coronavirus (Liebst et al., 2022).

Theme 3: Exacerbated depression and anxiety

The third most significant theme discovered in this research was the exacerbated depression and anxiety the participants experienced during the novel coronavirus disease- 2019. The COVID-19 disaster threatened harm, caused massive amounts of death, disrupted services and social networks, and left outcomes of physical and mental health sequalae (Goldmann & Galea, 2014). The only mental health disorder (2014) that requires a traumatic event prior to clinical diagnosis is post-traumatic stress disorder (PTSD).

Yamaha stated, “I now understand that my anxiety over contracting the deadly coronavirus caused me psychological trauma that manifested into agoraphobia.” According to American Psychological Association 2020, Americans experienced a nationwide mental health crisis like agoraphobia that may have years of repercussions (APA, 2020). Yamaha’s experience and diagnosis of agoraphobia coincides with the notion that peculiar patterns of pandemic related behaviors included agoraphobia and panic disorders (Caldirola et al., 2021). Yamaha’s psychiatric vulnerabilities responded negatively to the COVID-19 pandemic lockdown.

Jaguar admitted, “I felt the gloom and decay of the pandemic every day I was isolated. The TV and social media news kept me informed of all the deaths.” Subaru felt she had an additional apprehension because she and her husband welcomed a newborn during the three-month lockdown. She shared, “I was always on alert about being careful to take care of my baby, while also being careful not to contract and spread the coronavirus to my husband and baby.” Alexa felt she had become obsessed with being psychologically well during the isolation period. Alexa stated, “I tortured myself with remembering to have down time, exercise, sleep well, and

drink lots of water, because I know the positive outcomes these habits have on my mental health."

This study's procurement of the above quotes through the one-to-one interviews enlightens the research avenue about historical precedents for mental health risks resulting from a pandemic (Shuster et al., 2021).

Theme 4: Feelings of loneliness

The fourth significant theme that emerged during the participants' responses was the feelings of loneliness. The implication that individuals should cut off and disconnect from meaningful relationships and social ties is known as social distancing (University of Kentucky, 2020). It was stated by Banerjee & Rai (2020) that to "flatten the curve" of the coronavirus's spread, physical distancing and quarantine were successful means of actions.

Clinical counselor, Lexus, worked many virtual hours during the lockdown, and she stated, "I have never felt lonelier in my life. Even though I was corresponding with people all day most days, I could not touch them." Lexus' statement corresponds with the suggestions that individuals who were exclusively in virtual contact, especially for work, combatted loneliness during the mandated periods of isolation (Rumas et al., 2021).

Consistently (Beutel et al., 2017; Hawley&Cacioppo, 2010; Holt-Lunstad et al., 2015; Steptoe et al., 2013), research has demonstrated a link between negative physical and mental health outcomes and loneliness that have also shown prospective predictions of depression (Cacioppo et al, 2010). Participant Elva shared, "My favorite place during the isolation period of the pandemic was in my bed with the covers pulled over my head and the bedroom completely dark. I knew I was walking through the valley of loneliness, yet I did not want to be bothered with other people."

Theme 5: Self-medicating with alcohol

The fifth and final significant theme that emerged from the participants' responses was self-medicating with alcohol. Yamaha shared, "My greatest company was margaritas, and my greatest fear was contracting the coronavirus. I did not feel any pain or have any worries when I drank myself to sleep." Elva admitted, "I had a problem with drinking too much wine before the pandemic, and I feel I became a true alcoholic during the pandemic. Wine was the only thing that shut out the fears of the pandemic." Alexa admitted that she learned she had a drinking problem during the pandemic when, "I ran out of alcohol one day and the stores had closed early. I preceded to knock on my neighbors' doors asking for any alcoholic beverages they could spare."

Self-medication was attributable to the pandemic (Ayosanmi et al., 2022), and Yamaha's exclamation, "I am so sick of watching the news, reading about the deaths, and worrying myself crazy. I just want to sleep through the night." tie together. A significant impact on health behaviors that included increased alcohol consumption relates to this study (Strzelecki et al., 2022). When questioned about her increased wine consumption, Elva stated, "I graduated from two bottles of wine a night to 3 or more bottles, because my depression would not leave me alone." This admission from Elva links well with the report that traumatized and depressed individuals are more likely to abuse or become dependent on alcohol to alleviate the feelings of sadness and hopelessness (Recovery Worldwide, LLC, 2022).

Discussion

The examinations and findings of each theme in the study will be discussed in this section. How the themes align with the empirical and theoretical literature and their relationships to the impact the COVID-19 pandemic's mandated lockdown had on the mental health well-being of workers of local domestic violence shelters will be shared in this section.

The themes were established to understand exacerbated depression and anxiety. The upcoming sections of literature support the case study's findings.

Interpretation of Findings/Research Aims

Four significant themes developed from the data analysis that related to domestic violence shelter workers' mental well-being being impacted by the coronavirus disease 2019 pandemic. The four themes were: a) Pressure to work from home, b) Adapting to mandated lockdown protocols, c) Exacerbated depression and anxiety, and d) Feelings of loneliness.

The inquiry about how South Carolina's domestic violence shelter workers were impacted by the social distancing mandate during the pandemic in RQ2 coincides nicely with this study's primary intention and aim to explore and describe the experience of trauma, adverse social behavior, vicarious trauma, secondary traumatic stress, compassion fatigue, burnout, social service fatigue, acute stress disorder, post-traumatic stress disorder, and Coronaphobia in staff workers of a local domestic violence shelter during the COVID-19 pandemic. The psychological impact with perceived stress (Bello-Oguna, 2022), anxiety, and depression is the outcome of interest. The pressure to work from home, learning how to adapt to a mandated lockdown, experience exacerbated depression and anxiety, and feelings of loneliness is information that will inform social service workers and advocates of warning signs, complications, and better awareness of the importance of a healthy mental health well-being.

Importance

This study's findings contribute to the limited research regarding the psychological impact of a pandemic that was present at the beginning of this study. The outcomes are consistent with previous research (Tull et al., 2020). Virology research (Harper et al., 2020) prior to COVID-19 was less than two percent of all biomedical research. According to the National

Institute of Health (NIH) report (2020), more than 20% of current biomedical investigation has addressed COVID-19.

There is opportunity to further understand and deliver mental health awareness and needs. This study reiterates the uncertain threat to one's mental health during isolation, social distancing, and loneliness. There is importance in the recognition of this study findings because it draws attention to the need to know that the prevalence of mental and behavioral illnesses increase during a disaster or pandemic and being prepared is key to a healthy mental well-being (Bello-Oguna, 2022).

Applications to Professional Practice

More knowledge about what impacts one's mental health well-being during isolation can be obtained from this study's findings. Domestic violence staff workers may use some of the findings to improve their understanding of the causes and risk factors of mental illness while also engaging in the support of staying mentally well. Whitty (2021) acknowledged that mental health research is essential to the progress of a collective approach across the community of research and those who are challenged with mental disorders.

Further, Whitty (2021) mentioned that the COVID-19 pandemic's negative impact on mental health has been highlighted and prioritized the importance of mental health research. Although domestic violence clinicians, advocates, and volunteers have different demands on their time (Kataoka-Yahiro, 2022), the findings of this study may enhance their improvement of personal mental health care and how they work with the domestic violence community.

Implications for Social Change

To prevent and treat mental disorders (Samartzis & Talias, 2019), being more considerate of the need for mental health services is essential. Empowerment and growth (Dipre & Luke,

2020; Frey, 2013; Miller, 1976; Miller, 1986) come through the connection with other individuals. This case study shares that the relational cultural theory (RCT) gives an emphasis on healthy relationships being developed through the healing and recovery of traumatized individuals (Kress et al., 2018).

Identifying interventions that may improve mental health issues in domestic violence survivors and advocates (Bradley et al., 2020; Su et al., 2021) who were impacted by the COVID-19 pandemic could produce social change that addresses the research gap about this subject. Social change that includes respecting individuals' personal levels of development and exploring the social implications of psychological theory (Lenz, 2016), could be obtained by using the Relational-Cultural Theory.

Recommendations for Action

Based on the analysis of this qualitative study, and RQ1 that inquired about the challenges therapists and shelter advocates endured during the pandemic, I recommend that professionals working against domestic violence confront their mental health challenges while also maintaining and safeguarding their mental health well-being (Saini, 2020). According to Slattery & Goodman (2009), engaging with victims of domestic violence demonstrates the potential of burnout and secondary traumatic stress. I also recommend that domestic violence professionals support their agencies in catering to the well-being of their employees and volunteers (Sutton et al., 2022) to build rapport with the leaders and board members.

Increasing organizational support is essential in improving person-centered care (Fukui et al., 2021). Researchers Lang et al (2017) and Tesfaye et al. (2021 agree that individuals who are given the opportunity to develop confidence, skills, and knowledge they need to make

informed decisions about their personal and mental health decrease the stigma and discrimination against those with mental health problems.

Summary of Thematic Findings

Theme one, pressure to work from home, involves the participants having to isolate and work from home to prevent the spread of the novel coronavirus disease 2019. New lifestyle routines, schedules, and work arrangements had to be created. Several of the research candidates faced challenges in managing their separation of home from work. Theme two, adapting to mandate protocols, resulted in large amounts of home deliveries and choreographing the rule of 6-feet apart while wearing masks when outside of the home. Theme three, exacerbated depression and anxiety, revealed the reality of depression lying dormant and reappearing stronger under mental distress caused by a pandemic. Theme four, feelings of loneliness, revealed stress, anxiety, and depression.

Pressure to Work from Home. Past research has shown (Powers, 2021) that working from home is not a new concept. Globally, the dangers and risks of contracting the coronavirus disease 2019 increased and humankind were forced to work from home (2021). Powers (2021) defines working from home as performing all organizational work practices from one's home. With little time to prepare, 35.5% of employed Americans began working from home during the months of March 2020 to April 2020 (Brynjolfsson et al., 2020).

Rapid change (Longenecker et al., 2007) among colleagues can highlight poor work relations and increased stress. Businesses (Nagata et al., 2021) were instructed to close their facilities and individuals were mandated not to leave their homes during the pandemic. To quickly shift from current operations to partial or complete online operations negatively impacted employees' access to their organization's resources (Campos, 2022).

Adapting to a Mandated Lockdown. People are highly likely (Van Hoof, 2020) to develop psychological stress and disorder symptoms while being quarantined. Such symptoms may include one or all the following: irritability, stress, anger, anxiety, depression, emotional exhaustion, and post-traumatic stress symptoms (2020). The sheltering-in-place requirement of individuals to "lockdown" meant they had to stay at some place of residence (CalMatters, 2020). The mandated lockdown forced individuals to think, interact, live, and work differently than they use to (Palac, 2021).

Exacerbated Depression and Anxiety. Clinically depressed individuals exhibit behaviors that are negatively influenced by social isolation and disadvantageously impacts cognition (Matthews et al., 2016). Depression has distinctive marks of poor concentration, feelings of guilt, low self-worth, disturbed sleep, no appetite, and or tiredness (Li et al., 2021). Social isolation is the absence of social connection (Holt-Lunstad et al., 2017).

According to Cacioppo et al. (2006), social isolation and depression are related, and perceived social isolation is a risk factor for depressive symptoms. Social isolation of three to four days creates susceptibility to attitude changes, propaganda, lack of concentration, and impaired judgement (Scott et al., 1959). Adverse repercussions on individuals' well-being includes higher risks of mortality, anxiety, depression, and lower immune system and inflammation symptoms (Palac, 2021).

A form of trauma that affects groups of individuals is also defined as the disruption of social fabric or routines following a community-wide traumatic event (Silver & Updegraff, 2013). The constant exposure to the coronavirus disease 2019 and media, heightened stress responses and increased anxiety (Garfin et al., 2020). According to Tang et al. (2014), the most common mental disorder diagnoses after natural disasters are major depressive disorder,

generalized anxiety disorder, and post-traumatic stress disorder. The approach particular persons use to cope with stressors, formulate life decisions, and build inter-personal relationships are considered insights into one's mental health (Green, 2022).

Feelings of Loneliness. Loneliness is defined (Fromm-Reichmann, 1959) as a subjective experience in one's social relationships that is distressing and less satisfying than what one desires. Social isolation, negative feelings, psychological distress make up an incongruence caused by loneliness (Cacioppo et al., 2015). The feeling of loneliness or perceived social isolation is more associated with the quality of social interactions an individual has rather than the quantity although physical social isolation affects loneliness (Hawkley et al., 2008; Ruiz, 2007).

The COVID-19 pandemic's restrictions produced an increase in mental health problems, increased levels of loneliness, insomnia, depression and anxiety issues (Kumar & Nayar, 2020). As an associated primary risk factor in disaster research (Mao & Agyapong, 2021), an increased amount of literature found females to experience mental health problems more than men. Women, reported by Pinquart and Sorensen (2001), experience higher levels of loneliness than men, and the loneliness can either be chronic or short-lived with specific situational factors determining the transient feeling of loneliness (Asher & Paquette, 2003; Neto & Barros, 2000).

Implications

The literature of this case study was supported by the implications on previous similar studies and how the findings of this case study can contribute to future research. Present research is primarily from a theoretical standpoint and from a background of higher education. Clarity for understanding the impact COVID-19 pandemic had on the mental health well-being among staff of a domestic violence shelter is provided in this study. Yin (1984) contended that each strategy

of research has advantages and disadvantages depending on three conditions: the type of research question, the control the researcher has over behavioral events, and opposed to historical phenomena, the focus is on the contemporary.

The study's topic is consistent with previous literature in research. The study's implications were derived from the analyzed data for themes collected seven participants' qualitative interviews. The study's participants experienced the pressures of working from home, adapting to a mandated lockdown, exacerbated depression and anxiety, and feelings of loneliness. The findings concur with Zafra (2021) that the coronavirus disease-2019 affected people physically and psychologically.

Implications of importance to others

Domestic violence or intimate partner violence is no respecter of persons. Each of the study's participants was of a different age, faith, culture, class, education and social economic status, yet they each are domestic violence survivors. During the COVID-19 pandemic, poorer mental and physical health were linked to intimate partner violence and pandemic related stressors (Iverson et al., 2022).

Implications for Policy

The integration of mental health and education about COVID-19 will be innovative when goals include working from home during a mandated shutdown. Better implementation and access to strategies to promote healthy mental health well-being among domestic violence shelter staff could include utilization and normalization of no-cost counseling and supportive services provided by their agency (Zafra, 2021). There is a need designed for domestic violence workers that address the current and any ongoing future pandemic-era impacted mental distress, burnout, trauma, anxiety, and depression (Aviles, 2022).

The current policies and services in place will need to be revamped to include further attention shown in prioritizing the mental health and well-being of domestic violence shelter staff and healthcare providers (Sovold et al., 2021). Social service providers have always been exposed to multiple stress factors within the realms of their specialties; however, the COVID-19 pandemic exacerbated these issues (Hayashino et al., 2012).

Theoretical and Empirical Implications

This section will discuss the theoretical and empirical implications related to this case study which is to understand how the COVID-19 pandemic impacted the mental health well-being of those who work in a domestic violence shelter. The theoretical implication will mention the pressure to work from home and the exacerbated depression during the global coronavirus disease- 2019 mandated lockdown.

Theoretical

The findings of this case study's research substantiate the theoretical framework that guides the study. Domestic violence shelters offer crucial services for women and men who are victims of intimate partner violence. To offer the victims respect, emotional support, and needed amenities (Jonker et al., 2014), the domestic violence shelters must be staffed with professionally trained advocates. Albert Bandura's theory of self-efficacy (Bandura, 2002) promotes a plan of action that overcomes the situations those affected by the COVID-19 pandemic endured (Lopez-Garrido, 2020). One plan of action is the promotion of one's resilience and success of how they think of themselves and manage their expectations while also recognizing their physical and mental states to further influence their self-efficacy (Chowdhury, 2021).

This study is essential because it contributes data to acknowledge the mental health-well-being of those who work in domestic violence shelters as well as how their mental health-well

beings were negatively impacted by the pandemic. The benefit of the findings can aid researchers in further learning about how a pandemic can impact one's mental health. The stigma associated with mental health issues can be lessen by this study's findings. Over-reliance on self-treatment and low peer support can be alleviated (Knaak et al., 2017).

Empirical

The research on the topic of the COVID-19 pandemic impacting domestic violence workers' mental health well-being is growing now that the novel pandemic is three years old (Lynch & Logan, 2021). The suddenness and lack of time to prepare for the pandemic allowed those who worked during the pandemic to balance their commitments, maintain some type of normal workload, adapt to working in their home environments while developing and implementing new policies (Lancaster Knight, 2022).

The study shows that anxiety and depression and the outcome of depressive disorders can reduce cognitive functions, lower one's mood, decrease energy levels, and offer a lack of being able to deal with traumatic events (Knudsen et al., 2009). The challenges of depression and anxiety may emphasize perceptions of inadequacy and hopelessness that can result in a brutal cycle (Stallman, 2008).

Delimitations and Limitations

When seeking the answers to questions beginning with "how" and "why", a qualitative case study is valuable. In this study, the participants were African American and Caucasian females over the age of 18 years old and were affiliated with a local domestic violence shelter as a member of staff or volunteer. The purpose of this case study was to understand the impact COVID-19 pandemic had on the mental health of those who work in a domestic violence shelter. The justification for this delimitation was the absence of an abundance of literature regarding this

topic. Previous literature was not directed towards the coronavirus disease-2019 pandemic and mental health issues, because it had not yet occurred.

The limitations deliberately established by the researcher are essentially delimitations (Theofanidis & Fountouki, 2019). Delimitations are created as boundaries within a study to prevent unachievable objectives; therefore, understanding the parameters I could control, I chose the following delimitations to narrow the study and make the findings more manageable and relevant to the research questions. Theofanidis and Fountouki (2019) also reported that the study's main topic relating to the research design is a result of delimitations notifying the scope. The first delimitation of this case study was that participants were female staff domestic violence advocates of a local abuse shelter. The second delimitation includes the methodology used for this study. The final delimitation was the number of participants. Creswell and Creswell (2018) stated that it is more time-consuming and costly to use a large sample size even though it may provide more accurate results; therefore, a small sample size was chosen for this study.

Qualitative analysis ultimately relies on the thinking and decision of the researcher which creates subjectivity and possible interference of the researcher's bias which could present as limitations (Thomas, 2022). This study did have some limitations. The first limitation was that the research was limited to staff and volunteer members of one domestic violence shelter. The sample size of seven participants was another limitation. Too small a sample may prevent the findings from being extrapolated and presents as a limitation (Faber & Fonseca, 2014); however, it can also present as a delimitation because it has less individuals to put at risk (2014).

The collected and analyzed data was perspective-based and created another limitation. The open-ended questions gave the participants more control over the content of the collected data (Radu, 2019). Theofanidis and Fountouki (2019) believe that the data analysis can be a

limitation because replication and verification cannot be done in qualitative studies. The data analysis findings cannot be extended to broader populations with the same level of certainty compared to a quantitative study (Ochieng, 2009). Several of the participants had a clear understanding of anxiety, depression, and stress before the interviews. Only two were unable to express their thoughts and feelings comfortably. Ochieng (2009) stated that qualitative study findings are not tested to discover whether they are significantly statistical.

One other noted limitation that block the study from receiving more information to generate richer data was the discomfort of the interview population. The participants were not willing to share at their place of work openly and honestly. Understanding how to create a safer and positive environment away from uncomfortable settings can be advantageous to the researcher and their study (Pessoa et al., 2019). Researchers typically understand that interviewees superficially mention important issues for various reasons (2019).

Data saturation is understood as the point of satisfactory data collection (Mthuli et al., 2022), and this study proceeded with collecting data until it had reached data saturation. With the use of seven female participants, one-to-one interviews, and the recognition that no new codes or themes were derived from the data collection or data analysis, data saturation was concluded (Md, 2021).

Recommendations for Future Research

Those who are interested in and relate to the literature of this study will find the research beneficial. The philosophical assumption of the Ontological and Methodological Approaches was the foundations for this research. The study of being concerned with what the world must give to be investigated (Crotty, 2003) is a short description of an ontological assumption. Crotty

(2003) also stated when the underlying design links up with the plan of action and methods to gather a desired outcome, it is using the methodological approach.

One recommendation is to use a large sample sized quantitative study to produce rapid, consistent, precise, and reliable analysis (Black, 1990). Future research is encouraged based on this study's findings on the stress, anxiety, and mental-health issues domestic violence shelter advocates and staff experienced during the COVID-19 pandemic. The emotional and psychological implications would benefit future research.

Another recommendation for future research could be to investigate the mental health stigma among domestic violence advocates. Such research could benefit the diverse global setting by characterizing stigma and informing effective stigma reductions (Koschorke et al., 2021). Ahern and Lenze (2022) agree that carrying forward the learned pandemic impacted lessons could enhance the investigations of improvements and expansions.

Summary

This case study aimed to investigate and learn from participants' descriptions how their mental health well-being was impacted by the novel COVID-19 pandemic. The study's findings indicated that adapting to a mandated lockdown, experiencing pressure of working from home, feelings of loneliness, and exacerbated depression and anxiety affected staff and volunteers members of a local domestic violence shelter. The participants were mentally overwhelmed due to the new obstacles they encountered as intimate partner violence advocates to assist their vulnerable clients. Although they each lacked expertise and planning for and during a global pandemic, they each coped through the issues.

The participants' ability to experience and work through the moments of depression, stress, and anxiety presented self-awareness and coping skills that can reduce the reoccurrences

of re-experiencing the same distresses as before COVID-19 altered how each participant continued to work and support their agency and clients.

They have developed an increased desire to share with others about their mental issues in hopes of lessening the stigma and to assist others in having less traumatic outcomes. Future research done with a large sample size may determine if and how others are or were mentally impacted by the COVID-19 pandemic. Qualitative research design and methodology do not require large sample sizes (Leedy & Ormrod, 2010; Patton, 2015); however, a large sample size could strengthen the study and generate richer data (Riches et al., 2019). There have been suggestions that no more than 50 individual interviews be conducted by a researcher to assist in managing the complexity of the analytic task (Ruhl, 2004).

REFERENCES

Academic Invest (2022 January 20). *What is a women's advocate?* https://academicinvest.com/arts-careers/womens-studies-careers/what-is-a-womens-advocate

Adams, R., Bromet, E., Panina, N., Golovakha, E., Goldgaber, D., & Glyzman, S. (2002). Stress and well-being in mothers of young children 11 years after the Chornobyl nuclear power plant accident. *Psychological Medicine, 32*(1), 143-156. https://doi.org/10.1017/S0033291701004676

Adams, R. E., Boscarino, J. A., & Galea, S. (2006). Social and psychological resources and health outcomes after the World Trade Center disaster. *Social Science & Medicine, 62*(1), 176-188. https://doi.org/10.1016/j.socscimed.2005.05.008

Adamson, J., Gooberman-Hill, R., Woolhead, G., & Donavan, J. (2004). 'Questerviews': Using questionnaires in qualitative interviews as methods of integrating qualitative and quantitative health service research. *Journal of Health Services Research & Policy, 9*(3), 139-145. https://doi.org/10.1258/1355819041403268

Adhabi, E. A. R., & Anozie, C. B. L. (2017). Literature review for the type of interview in qualitative research. *International Journal of Education, 9*(3), 86. https://doi.org/10.5296/ije.v9i3.11483

Ahern, K. B., & Lenze, E. J. (2022). Mental health clinical research innovations during the COVID-19 pandemic: The future is now. *Psychiatric Clinics of North America, 45*(1), 179-189. https://doi.org/10.1016/j.psc.2021.11.011

Ahmed, A., (2008). *Ontological, epistemological, and methodological assumptions: Qualitative versus quantitative.* [Doctoral Thesis, The University of School of Education & Lifelong Learning] The University of Exeter, United Kingdom https://files.eric.ed.gov/fulltext/ED504903.pdf

Allen, M., & Jaffray, B. (2020). *The COVID-19 pandemic and its impacts on Canadian victim services. Statistics Canada.* (Catalogue No. 4528001). https://www.150.statcan.gc.ca/n1/en/pub/45-28-0001/2020001/article/0065-eng.pdf?st=

Almeida, M., Shrestha, A. D., Stojanac, D., & Miller, L. J. (2020). The impact of the COVID-19 pandemic on women's mental health. *Archives of Women's Mental Health, 23*(6), 741-748. https://doi.org/10.1007/s00737-020-01092-2

Amadasun, S. (2020). Social Work and COVID-19 pandemic: An action call. *International Social Work, 63*(6), 753-756. https://doi.org/10.1177/002087282095937

American Psychological Association: APA (2020). *Stress in America: A national mental health crisis.* https://apa.org/news/press/releases/stress/2020/report-october

American Psychological Association: APA. (2022 January 20). *Sexual abuse.* https://apa.org/topics/sexual-assault-harassment

American Psychological Association: APA (2016). *Trauma.* https://www.apa.org/topics/trauma

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders:* DSM-4. APA Publishing

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders.* DSM-4. APA Publishing

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders:* DSM-5. APA Publishing

Anurudran, A., Yared, L., Comrie, C., Harrison, K., & Burke, T. (2020). Domestic violence amid COVID-19. *International Journal of Gynecology & Obstetrics*, *150*(2), 255-256. https://doi.org/10.1002/ijgo.13247

Arizona Coalition (2020 March 25). *Interim domestic violence shelter guidance on COVID-19.* https://www.acesdv.org/wp-content/uploads/2020/03/ACESDV-Interim-DV-Shelter-Guidance-on-COVID-19_March-2020.pdf

Arora, N. Hjalmarsson, C., Lang, E., Boyle, A., & Atkinson, P. (2019). CJEM debate series: Domestic violence- We should routinely screen for domestic violence (intimate partner violence) in the emergency department. *CJEM: Journal of the Canadian Association of Emergency Physicians, 21*(6), 701-705. https://dx.doi.org/10.1017/cem.2019.358

Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2021). The impact of the COVID-19 pandemic on social workers at the frontline: A survey of Canadian social workers. *British Journal of Social Work, 51*(4) 1-23. https://doi.org/10.1093/bjsw/bcab158

Asmundson, G. J. G., & Taylor, S. (2020). Coronaphobia: Fear and the 2019-nCoV outbreak. *Journal of Anxiety Disorders, 70*(1). https://doi.org/10.1016/j.anxdis.2020.102196

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research? *Qualitative Sociology, 42*(2), 139-160. https://doi.org/10.1007/s11133-019-9413-7

Astin, M. C. (1997). Traumatic therapy. How helping rape victims affects mas as a therapist. *Women and Therapy,* 20(1), 101-109. https://doi.org/10.1300/J015v20n07_17

Ataria, Y. (2014). Traumatic memories as black holes: A qualitative-phenomenological approach. *Qualitative Psychology, 1*(2), 123-140. https://dx.doi.org/10.1037/qup0000009

Austin, W., Brintnell, E. S., Goble, E., Kagan, L., Kreitzer, L., Larsen, D. J., & Leier, B. (2013). *Lying down in the ever-falling snow: Canadian health professionals' experience of compassion fatigue.* Wilfrid Laurier

Ayosanmi, O. S., Alli, B. Y., Akingbule, O. A., Alaga, A. H., Pere Pelkin, J., Marjorie, D., Sansgiry, S. S., & Taylor, J. (2022). Prevalence and correlates of self-medication practices for prevention and treatment of COVID-19: A systemic review. *Antibiotics, 11*(6), 808. https://doi.org/10.3390/antibiotics11060808

Baden, L., El Sahly, H. M., Essink, B., Kotloff, K., Frey, S., Novak, R., Diemert, D., Spector, S. A., Rouphael, N., Creech, C. B., McGettigan, J., Khetan, S., Segall, N., Solis, J., Brosz, A., Fierro, C., Schwartz, H., Neuzil, K., Corey, L., Gilbert, P., Janes, H., Follmann, D., Marovich, M., Mascola, J., Polakowski, L., Ledgerwood, J., Graham, B. S., Bennett, H., Pajon, R., Knightly, C., Leav, B., Deng, W., Zhou, H., Han, S., Ivarsson, M., Miller, J., & Zaks, T. (2021). Efficacy and safety of the mRNA-1273 SARS-CoV-2 vaccine. *The New England Journal of Medicine, 384*(5), 403-416. https://doi.org/10.1056/NEJMoa2035389

Bagwell-Gray, M. E., & Bartholmey, E. (2020). Safety and services for survivors of intimate partner violence: A researcher-practitioner dialogue on the impact of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy, 2*(S1), S205-S207. https://doi.org/101037/tra0000869

Baird, S. & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims, 18* (1), 71-86. https://doi.org/10.18911vivi.2003.18.1.71

Bandura, A. (1986). *Social foundation of thought and action: A social-cognitive view*. Prentice-Hall.

Bandura, A. (2002). Social cognitive theory in cultural context. *Applied Psychology: An International Review, 51*(2), 269-290. https://doi.org/10.1111/1464-0597.00092

Banerjee, D., & Rai, M. (2020). Social isolation in COVID-19: The impact of loneliness. SAGE.

Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobocan, A. M., Strom, K., Truell, R., Uriz, M. J., $ Weinberg, M. (2020). Practicing ethically during COVID-19: Social work challenges and responses. *International Social Work, 63*(5), 569-583. https://doi.org/10.1177/002087282949614

Bansal, P. (2022). The Ravaged Psyche: Impact of the COVID-19 pandemic on the human mind. *Human Arenas: An Interdisciplinary Journal of Psychology, Culture, and Meaning, 5*(4), 694-706. https://doi.org/10.1007/s42087-021-00190-6

Bartunek, J. (1988). The dynamic personal and organization reframing. *Paradox and transformation: Towards a theory of change in organization and management, 137-162.* BALLINGER

Batten, V., & Orsillo, M. (2002). Therapist reactions in the context of collective trauma. *Behavioral Therapist, 25*(2), 36-40.

BBC News Online. (2020). *Coronavirus: Mental health hotline for NHS staff.* Secondary coronavirus: mental health hotline for NHS staff. https://www.bbc.co.uk/news/health-52202570

Beckerman, N. L., & Wozniak, D. F. (2018). Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support. *Social Work in Mental Health, 16*(4), 470-490. https://doi.org/10.1080/15332985.2018.1425795

Bello-Oguna, F. (2022). *Depression, anxiety, and perceived stress during a pandemic: an understanding of the psychological impact of COVID-19 on a University Community.* (Order No. 29165701). [Doctoral dissertation]. The University of North Carolina at Charlotte.

Bemiller, M., & Williams, L. S. (2011). The role of adaptation in advocate burnout: A case of good soldiering. *Violence Against Women, 17*(1), 89-110. https://doi.org/10.1177/1077801210393923

Ben-Porat, A. (2015). Vicarious post-traumatic growth: Domestic violence therapists versus social service department therapists in Israel. *Journal of Family Violence, 30*(3), 923-933. https://doi.org/1007/s10896-015-9714-x

Ben-Porat, A., Sror-Bondarevsky, N. (2021). Length of women's stays in domestic violence shelters: Examining the contribution of background variables, levels of violence, reasons for entering shelters, and expectations. *Journal of Interpersonal Violence,* 36(11-12), NP5993-NP6012. https://doi.org/10.177/0886260518811425

Benuto, L. T., Newlands, R., Ruork, A., Hooft, S., & Ahrendt, A. (2018). Secondary traumatic stress among victim advocates: prevalence and correlates. *Journal of Evidence-informed Social Work, 15*(5), 494-509. https://doi.org/10.1080/23761407.2018.1474825

Bercier, M. L. (2010). *Interventions that help the helpers: A systematic review and meta-analysis of interventions targeting compassion fatigue, secondary traumatic stress, and vicarious traumatization in mental health workers.* [Doctoral dissertation]. Loyola University, Chicago

Berg, G. M., Harshbarger, J. L., Ahlers-Schmidt, C. R., Lippoldt, D. (2016). Exposing compassion fatigue and burnout syndrome in a trauma team: A qualitative study. *Journal of Trauma Nursing, 23*(1), 1-10. https://doi.org/10.1097/JTN.0000000000000172

Berger, R. (2021). Studying trauma: Indirect effects on researchers and self and strategies for addressing them. *European Journal of Trauma & Dissociation, 5*(1), 100149 https://doi.org/10.1016/j.ejtd.2020.100149

Bergman, S., Bjornholt, M., & Helseth, H. (2021). Norwegian shelters for victims of domestic violence in the COVID-19 pandemic: Navigating the new normal. *Journal of Family Violence,* 1-11. https://doi.org/10.1007/s10896-021-00273-6

Berk, R. A., Newton, P. J., & Berk, S. F. (1986). What a difference a day makes: An empirical study of the impact of shelters for battered women. *Journal of Marriage and Family, 48*(3). 481-490. https://doi.org/10.2307/352034

Beutel, M. E., Klein, E. M., Brahler, E., Reiner, I., Junger, C., Michal, M., Wiltink, J., Wild, P. S., Munzel, T., Lackner, K. I., & Tibubos, A. N. (2017). Loneliness in the general population: Prevalence, determinants, and relations to mental health. *BMC Psychiatry, 17*(1), 97. https://doi.org/10.1186/s12888-017-1262-x

Bizzell, A. C. (2021, June 9). What you need to know about PTSD. *Psychology Today*. https://www.Psychologytoday.com/us/blog/mind-your-health/202106/what-you-need-to-know-about-PTSD

Bober, T., & Regehr, C. (2006). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention, 6*(1), 1-9. https://doi.org/10.1093/brief-treatment/mhj001

Boserup, B. McKenney, M., & Elkbuli, A. (2020). Alarming trends in US domestic violence during the COVID-19 pandemic. *The American Journal of Emergency Medicine, 38*(12), P2753-P2755. https://doi.org/10.1016/j.ajem.2020.04.077

Boulanger, G. (2018). When is vicarious trauma a necessary therapeutic tool? *Psychoanalytic Psychology, 35*(1), 60-69. https://doi.org/10.1037/pap0000089

Bradley, N. L., DiPasquale, A. M., Dillabough, K., & Schneider, P. S. (2020). Health care practitioners' responsibility to address intimate partner violence related to the COVID-19 pandemic. *Canadian Medical Association Journal (CMAJ), 192*(22), E609-E610. https://doi.org/10.1503/cmaj.200634

Braquehais, M. D., Vargas-Caceres, S. Gomez-Duran, E., Nieva, G., Valero, S., Casas, M., & Bruguera, E. (2020). The impact of the COVID-19 pandemic on the mental health of healthcare professionals. *QJM: An International Journal of Medicine, 113*(9), 613-617. https://doi.org/10.1093/qjmed/hcaa207

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice, 14*(1), 27-35. https://doi.org/10.1177/1049731503254106

Brooks, M. (2011). *Vicarious trauma and therapists: An exploration of influential factors.* [Doctoral dissertation, Pacific University]

Brown, C. L., & Palakshappa, D. (2021). Let's not settle for getting back to normal: Addressing ACEs and health behaviors in the wake of the COVID-19 pandemic. *Academic Pediatrics, XXX,* 1-2. https://doi.org/10.1016/j.acap.2021.06.012

Brown, C., Serpe, C., & Brammer, S. (2020). The experiences of domestic violence shelter workers and their perceptions of shelter services: A preliminary study. *Violence & Victims, 35*(4), 539-561. https://doi.org/10.1891/VV-D-18-00082Bryant, R. A. (2016). *Acute stress disorder: What it is, and how to treat it?* New York: Guilford

Bryant, R. A. (2017). Acute stress disorder. *Current Opinion in Psychology, 14,* 127-131. https://doi.org/10.1016/j.copsyc.2017.01.005

Bryant, R. A. (2018). The current evidence for acute stress disorder. *Current Psychiatry Reports, 20*(12), 1-8. https://doi.org/10.1007/s11920-018-0976-x

Bryant, R. A., Friedman, M. J., Spiegel, D., Ursano, R., & Strain, J. (2011). A review of acute stress disorder in DSM-5. *Depression and Anxiety, 4;28*(9;2), 802-817. https://doi.org/10.1002/da.20737

Burke, R. J., & Greenglass, E. R. (2001). Hospital restructuring, work-family conflict, and psychological burnout among nursing staff. *Psychology & Health, 16*(5), 583-594. https://doi.org/10.1080/08870440108405528

Burn, E., Tattarini, G., Williams, L., Lombi, L., & Gale, N. K. (2022). Women's experience of depressive symptoms while working from home during the COVID-19 pandemic: Evidence from an international web survey. *Frontiers in Sociology, 7,* 763088. https://doi.org/10.3389/fsoc.2022.763088

Buttell, F., R. J. (2020). The hidden disaster of COVID-19: Intimate partner violence. *Psychological Trauma, 12*(s1), S197-S198. https://doi.org/10.1037/tra0000646

Bybee, D. I., & Sullivan, C. M. (2002). The process through which an advocacy intervention resulted in positive change for battered women over time. *American Journal of Community Psychology, 30*(1), 1030-1032. https://doi.org/10.10231A:1014376202459

Cacioppo, J. T., Hawley, L. C., & Thisted, R. A. (2015). Perceived social isolation makes me sad: 5-year cross-lagged analyses of loneliness and depressive symptomatology in the Chicago Health, Aging, and Social Relational Study. *Psychology and Aging, 25*(2), 453-463. https://doi.org/10.1037/a0017216

Caldirola, D., Dacco, S., Cuniberti, & Perna, G. (2021). Expert opinion in panic disorder: The impact of COVID-19-related fears, protective devices, and lockdown on panic and agoraphobia. *Personalized Medicine in Psychiatry, 27-28,* 100080. https://doi.org/10.1013/j.pmip.2021.100080

Cameron, K. & Quinn, R. (1988). Organizational paradox and transformation. *Paradox and transformation, 1-18.* BALLINGER

Cameron, O. G. & Hill, E. M. (1989). Women and anxiety. *Psychiatric clinics of North America, 12*(1), 175-186. https://doi.org/10.1016/S0193-953X(18)30459-3

Canadian Mortgage and Housing Corporation (CMHC). 2021. *The sanctuary of home: CMHC releases 2020 annual report.* https//www.cmhc-sch1.gc.ca/en/media-newsroom/news-releases/2021/cmhc-releases2020-annualreport

Cannon, C. E. B., Ferreira, R., Buttell, F., & First, J. (2021). COVID-19, intimate partner violence, and communication ecologies. *American Behavioral Scientist, 65*(7), 992-1013. https://doi.org/10.1177/0002764221992826

Carmassi, C., Foghi, C., Dell'Oste, V., Cordone, A., Bertelloni, C. A., Bui, E., & Dell'Osso, L. (2020). PTSD symptoms in health care workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic? *Psychiatry Research, 292*(1), 1-10. https://doi.org/10.1016/j.psychres.2020.113312

Centers for Disease Control and Prevention. (2021). Coronavirus disease 2019 (COVID-19). https://www.cdc.gov/dotw/covid-19/index.html

Chen, R., Sun, C., Chen, J., Jen, H., Kang, X. L., Kao, C., & Chou, K. (2021). A large-scale survey on trauma, burnout, and posttraumatic growth among nurses during the COVID-19 pandemic. *International Journal of Mental Health Nursing, 30* (1), 102-116. https://doi.org/10.1111/inm.12796

Cherry, K. (2020). *Collective trauma from COVID-19.* verywellmind. https://www.verywellmind.com/collective-trauma-from-covid-19-4844357?print

Chew, N. W. S., Lee, G. K. H., Tan, B. Y. Q., Jing, M., Goh, Y., Ngiam, N. J. H., Yeo, L. L. L., Ahmad, A., Ahmed, K., Faheem, N. S. G., Sharma, A. K., Komalkumar, R. N., Meenakshi, P. V., Shan, K., Patel, B., Chan, B. P. L., Sunny, S., Chandra, B., Ong, J. J. Y., Paliwal, P. R., Wong, L. Y. H., Sagayanathan, R., Chen, J. T., Ying, N., Alison, Y., Teoh, H. L., Tsivgoulis, G., Ho, C. S., Ho, R. C., & Sharma, V. K. (2020). A multinational, multicenter study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior, and Immunity, 88*(1), 559—565. https://doi.org/10.1016/j.bbi.2020.04.049

Chiappin, J. R. N. (2018). A methodology for the theory of science and its application to the reconstruction of the metaphysical level of Duhem's theory of science. *Revista Portuguesa De Filosofia, 74*(1), 19-58. https://doi.org/10.17990/RPF/2018_74_1_0019

Choi, S., Yi, Y., & Kim, J. (2018). Exposure to adverse social behavior in the workplace and sickness presenteeism among Korean workers: The mediating effects of musculoskeletal disorders. *International Journal of Environmental Research and Public Health, 15*(10), 2198. https://doi.org/10.3390/ijerph15102198

Chowdhury, M. R. (2021). Four ways to improve and increase self-efficacy. https://www.positivepsychology.com/3-ways-build-self-efficacy

Clark, T. S. (2022). *Creative work during a COVID-19 Lockdown.* (Order No. 29992022) Felding Graduate University. Santa Barbara, California www.proquest.com/dissertations-these/creative-work-during-covid19-lockdown/docview/2731087540/se2

Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health, 13*(6), 618. https://doi.org/10.3390/ijerph13060618

Cody, H. C. (2021). *A phenomenological study of the experience of doctoral women student veterans in residential doctoral programs.* [PhD student, School of Education, Liberty University]. Order number 28649226. https://digitalcommons.liberty.edu/doctoral/3090

Collins, P. Y. & Saxena, S. (2016). Action on mental health needs global cooperation. *Nature News, 532*(7597), 417-424. https://doi.org/10.1046/j.1365-2850.2003.00620.x

Colville, G. A. (2017). Narrative exposure therapy with parents who have been traumatized in pediatric settings: A case series. *Clinical Practice in Pediatric Psychology, 5*(2), 161-169. https://doi.org/10.1037/cpp0000187

Comstock, D. L., & Duffey, T. (2006). Relational complexities and case representation construction: Co-creating opportunities for mutual healing. https://www.counseling.org/resources/library/vistas/vistas06_online-only/Comstock.pdf

Connecticut Coalition Against Domestic Violence: CCADV (2022). *Job description part-time shelter advocate.* https://ctcadv.org

Connorton, E., Perry, M. J., Hemenway, D., & Miller, M. (2012). Humanitarian relief workers and trauma-related mental illness. *Epidemiologic Reviews, 34*(1), 145-155. https://doi.org/10.1093/epirev/mxr026

Conversano, C., Carmassi, C., Bertelloni, C. A., Marchi, L., Micheloni, T., Carbone, M. G., Tagliarini, C., Massimetti, G., Bazzichi, L. M., & Dell'Osso, L. (2019). Potentially traumatic events, post-traumatic stress disorder and post-traumatic stress spectrum in patients with fibromyalgia. *Clinical & Experimental Rheumatology, 37 suppl. 116*(1), 39-43.

Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of traumatic treatment therapist. *International Journal of Anxiety, Stress, & Coping, 23*(3), 319-339. https://doi.org/10.1080/10615800903085818

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches:* SAGE.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches (3rd ed.).* SAGE

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches. (3rd ed.). SAGE*

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches.* (4th ed.) SAGE

Creswell, J. W., Hanson, W. E., Clark Plano, U. L., & Morales, A. (2007). Qualitative research design: Selection and implementation. *The Counseling Psychologist, 35*(2), 236-264. https://doi.org/10.1177/0011000006287390

Crisis Services (2021). Case management. https://crisisservices.org/rape-domestic-violence/case-management/#.~:text=CaseManagersprovide%3A&text=Knowledgeableinformationabouttdomesticv...

Crisis and Trauma Resource Institute (2017). *Trauma-strategies for resolving the impact of post-traumatic stress.* Winnipeg, Canada

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* SAGE.

Cummings, C., Singer, J., & Benuto, L. T. (2021). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence 36*(9-10), NP5304-NP5319. https://doi.org/10.1177/0886260518799502

Daly, S. (2015). The body keeps the score: Mind, brain and body in the transformation of trauma van der Kolk Bessel the body keeps the score: Mind, brain and body in the transformation of trauma. *Emergency Nurse, 23*(3), 11-11. https://doi.org/10.7748/en.23.3.11.s11

Danis, F. S., Keisel-Caballero, K., & Johnson, C. H. (2019). The safe shelter collaborative: An innovative approach to locating emergency shelter for human trafficking and domestic violence survivors. *Violence Against Women, 25*(7), 882-899. https://doi.org/10.1177/1077801218805585

De Berardis, D., Gianfelice, G., Fornaro, M., Vellante, F., Ventriglio, A., Marini, G., Pettorruso, M., Martinotti, G., Fraticelli, S., & Di Giannantonio, M. (2021). A possible next COVID-19 pandemic: The violence against women and its psychiatric consequences. *Frontiers in Psychiatry, 12,* 1022-1025. https://doi.org/10.3389/fpsyt.2021.650671

Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: a new challenge for social workers. *British Journal of Social Work, 40*(6), 1927-1944. https://doi.org/10.1093/bjsw/bcp137

Del Rio, C., & Malani, P. (2021). COVID-19 in 2021: Continuing uncertainty. *JAMA, 325*(14), 1389-1390. https://doi.org/10.1001/jama.2021.3760

DeRobertis, E. M., & Bland, A. M. (2020). Lifespan human development and the humanistic perspective: A contribution toward inclusion. *The Humanistic Psychologist 48*(1), 3-27. https://doi.org/10.1037/hum0000141

Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout. Effect of trauma therapy on mental health professionals. *Australian and New Zealand Journal of Psychiatry, 43*(4), 373-385. https://doi.org/10.1080/00048670902721079

DeWalt, K. M. & DeWalt, B. R. (2011). *Participant observation: A guide for fieldworkers.* Altamira Press

Dewey, S. C., & Germain, T. P. S. (2014). Social services fatigue in domestic violence service provision facilities. *Affilia, 29*(4), 389-403. https://doi.org/10.1177/0886109914528700

Dewey, S. C. (2012). *Identifying issues, challenges, and best practices in surveying hard -to-reach group quarters populations in domestic violence shelters.* https://www.asasrms.org/proceedings/H2R2012/indentifying_issues_challenges_and_best_practices_in_surveying_hard_to_reach_group_quarters

Di Blasi, M., Gullo, S., Mancinelli, E., Freda, M. F., Esposito, G., Gelo, O. C. G., Lagetto, G., Giordano, C., Mazzeschi, C., Pazzagli, C., Salcuni, S., & Lo Coco, G. (2021). Psychological distress associated with the COVID-19 lockdown: A two-wave network analysis. *Journal of Affective Disorders, 284,* 18-26. https://doi.org/10.1016/j.jad.2021.02.016

Dicken, J. E. (2021). Behavioral health: Patient access, provider claims payment, and the effect of the COVID-19 pandemic. U.S. Government Accountability Office.

Diehle, J., Brooks, S., Greenberg, N., & Brooks, S. K. (2017). Veterans are not the only ones suffering from post-traumatic stress symptoms: What do we know about dependents' secondary traumatic stress? *Social Psychiatry & Psychiatric Epidemiology*, *52*(1), 35-44. https://doi.org/10.1007/s00127-016-1296-6

Dipre, K. A., & Luke, M. (2020). Relational cultural theory—Informed advising in counselor education. *The Professional Counselor*, *10*(4), 517-531. https://doi.org/10.15241/kad.10.4.517

Domestic Violence Awareness: Speaking up against domestic violence. 2022 October 3 Medical University of South Carolina https://web.musc.edu/about/news-center/2022/10/03/domestic-violence-awareness

Doorways' Court Advocacy Program (2021). Court advocacy services. https://www.doorwaysva.org/our-work/securing-safety/domestic-violence-court-advocate/

Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Lahiri, D., & Lavie, C. J. (2020). Psychological impact of COVID-19. *Diabetes, Metabolic Syndrome and Obesity: Targets and Therapy*, *14*(5), 779-788. https://doi.org/10.1016/j.dsx.2020.05.035

Dutheil, F., Aubert, C., Pereira, B., Dambrun, M., Moustafa, F., Mermillod, M., Baker, J. S., Trousselard, M., Lesage, F. X., & Navel, V. (2019). Suicide among physicians and health-care workers: A systematic review and meta-analysis. *PloS ONE*, *14*(12), e0226361. https://doi.org/10.1071/journal.pone.0226361

Eisenhardt, K. M. (1989). Building theories from case study research. *The Academy of Management Review, 14* (4), 532-550. https://doi.org/10.2307/258557

Evans, D. P. (2020). COVID-19 and violence: A research call to action. *BMC Women's Health, 20*, 1-3. https://doi.org/10.1186/s/2905-020-01115-1

Ezewike, F. I. (2019). *Exploring incentive influence on performance, retention, and motivation: Qualitative multiple-case study.* [Unpublished doctoral dissertation]. University of Phoenix, Ann Arbor

Family Tree (2021). Human services agency: Shelter director. https://www.thefamilytree.org/shelter-director

Fawole, O. I., Okedare, O. O., & Reed, E. (2021). *Home was not a safe haven: Women's experiences of intimate partner violence during the COVID-19 lockdown in Nigeria.* Springer Science and Business Media, LLC https://doi.org/10.1186/s12905-021-01177-9

Fekih-Romdhane, F., Ghrissi, F., Abbassi, B., Cherif, W. & Cheour, M. (2020). Prevalence and predictors of PTSD during the COVID-19 pandemic: Findings from a Tunisian community sample. *Psychiatry Research, 290,* 113131. https://doi.org/10.1016/j.psychres.2020.113131

Field, T., Mines, S., Poling, S., Diego, M., Bendell, D., & Veazey, C. (2020). COVID-19 lockdown stressors and buffers: A narrative review. *Journal of Psychiatry Research Reviews & Reports, 3*(1), 2-18. https://doi.org/10.47363/JPRRR2020(3)116

Figley, C. R. (1993). *Compassion fatigue: Secondary traumatic stress.* Brunner/Mazel

Figley, C. R. (1995). *Compassion fatigue: Secondary traumatic stress disorder from treating the traumatized.* Brunner/Mazel

Figley, C. R. (1995). *Compassion fatigue as secondary traumatic stress disorder: An overview. In compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp 1-20).* Brunner Mazel.

Figley, C. R. (2002a). *Treating compassion fatigue.* Brunner/Rutledge

Figley, C. R. (2002b). *Brief treatments for the traumatized.* Greenwood.

Figley, C. R. (2002c). Compassion fatigue: Psychotherapists' chronic lack of self-care. *JCLP/ In Session: Psychotherapy in Practice, 58*(11), 1433-1441. https://doi.org/10.1002/jclp.10090

Fiorillo, A., Sampogna, G., Giallonardo, V., Del Vecchio, V., Luciano, M., Albert, U., Carmassi, C., Carra, G., Cirulli, F., Dell'Osso, B., Nanni, M. G., Pompili, M., Sani, G., Tortorella, A., & Volpe, U. (2020). Effects of the lockdown on the mental health of the general population during the COVID-19 pandemic in Italy: Results from the COMET Collaborative Network. *European Psychiatry, 63*(1), e87-e87. https://doi.org/10.1192/j.eurpsy.2020.89

Fontin, F. M. B., Pino, E. C., Hang, J., & Dugan, E. (2021). Compassion satisfaction and compassion fatigue among violence intervention caseworkers. *Journal of Social Service Research, 47*(4), 486-495. https://doi.org/10.1080/01488376.2020.1839628

Fontin, F. M. B., Pino, E. C., Hang, J., & Dugan, E. (2021). Compassion satisfaction and compassion fatigue among violence intervention caseworkers. *Journal of Social Service Research, 47*(4), 486-495. https://doi.org/10.1080/01488376.2020.1839628

Fountoulakis, K. N., Apostolidou, M. K., Atsiova, M. B., Filippidou, A. K., Florou, A. K., Gousiou, D. S., Katsara, A. R., Mantzari, S. N., Padouva-Markoulaki, M., Papatriantafyllou, E. I., Sacharidi, P. I., Tonia, A. J., Tsagalidou, E. G., Zymara, V. P., Prezerakos, P. E., Koupidis, S. A., Fountoulakis, N. L., & Chrousos, G. P. (2021). Self-reported changes in anxiety, depression, and suicidality during the COVID-19 lockdown in Greece. *Journal of Affective Disorders, 279,* 624-629. https://doi.org/10.1016/j.jad.2020.10.061

Frazier, E. R., Sanderson, B., & Loy, J. K. (2021). *South Carolina Behavioral Health 2021 Progress Report: Successes and opportunities in transforming Behavioral Health Care Systems across South Carolina.* South Carolina Institute of Medicine & Public Health (SCIMPH). https://www.IMPH_SCBHC_Behavioral-Health-Progress-Report-May_2021.pdf

Frey, L. L., Beesley, D., Abbott, D., & Kendrick, E. (2016). Vicarious resilience in sexual assault and domestic violence advocates. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(1), 44-51. https://doi.org/10.1037/tra0000159

Fromson, J. R., Bryan, D. S., Bryan, A. F., & Zakrison, T. L. (2020). COVID-19, home confinement and the fallacy of safest at home. *American Journal of Public Health, 110*(7), 960-961. https://doi.org/10.2105/AJPH.2020.305725

Fugate-Whitlock, E. (2018). Trauma. *Health Care for Women International, 39*(8), 843. https://doi.org/10.1080/07399332.2018.1517562

Fukui, S., L., Salyers, M. P., Morse, G., & Rollins, A. L. (2021). Factors that affect quality of care among mental health providers: Focusing on job stress and resources. *Psychiatric Rehabilitation Journal, 44*(3), 204-211. https://doi.org/10.1037/prj0000469

Galanti, T., Guidetti, G., Mazzei, E., Zappala, S., & Toscano, F. (2021). Work from home during the COVID-19 outbreak: The impact on employees' remote work productivity, engagement, and stress. *Journal of Occupational and Environmental Medicine 63*(7), e426-e432. https://doi.org/10.1097/JOM.0000000000002236

Gao, G., & Sai, L. (2020). Towards a virtual world: Social isolation and struggles during the COVID-19 pandemic as single women living alone. *Gender, Work, and Organization, 27*(5), 754-762. https://doi.org/10.1111/gwao.12468

Garcia, R., Henderson, C., Randell, K., Villaveces, A., Katz, A., Abioye, F., DeGue, S., Premo, K., Miller-Wallfish, S., Change, J. C., Miller, E., & Ragavan, M. I. (2022). The impact of COVID-19 on intimate partner violence advocates and agencies. *Journal of Family Violence, 37*(6), 893-906. https://doi.org/10.1007/s10896-021-00337-7

Gay, L. R., Mills, G. E., & Airasian, P. (2012). *Educational research: Competencies for analysis and applications.* Pearson.

Gilbert, B. (2020). Exploring the experiences of domestic abuse survivors working in the field of domestic abuse support: Assisting recovery or revictimization revisited? *Journal of Gender-Based Violence, 4*(1), 73-87. https://doi.org/10.1332/23986868019X15750194039901

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies of qualitative research.* Wiedenfeld and Nicholson

Glenn, C., & Goodman, L. (2015). Living with and within the rules of domestic violence shelters: A qualitative exploration of residents' experiences. *Violence Against Women, 21*(12), 1481-1506. https://doi.org/10.1177/1077801215596242

Goddard, W., & Melville, S. (2004). *Research methodology: An introduction.* Juta and Company.

Godin, M. The cities around the world go on lockdown, victims of domestic violence look for a way out. Team2020; March 18 https://time.com/5803887/coronavirusdomestic-violence-victims/

GoLaurens.com. COVID-19 reported in all 46 counties across SC, 4 cases in Laurens County. April 2, 2020. https://www.newsbreak.com/south-carolina/columbia/news/o0diqY+Q/covid-19-reported-in-all-46-counties-across-sc-4-cases-in-laurens-county

Goldmann, E., & Galea, S. (2014). Mental health consequences of disasters. *Annual Review of Public Health, 35*, 169-183. https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-032013-182435

Golinski, J. (2005). *Making natura knowledge: Constructivism and the history of science.* The University of Chicago Press.

Gonzalez, T. C., Burnett Jr., H. J., Helm, H., & Edwards, L. (2019). An examination of resilience, compassion fatigue, burnout, and compassion satisfaction between men and women among trauma responders. *North American Journal of Psychology, 21*(1), 1-19

Goyal, K., Chauhan, P., Chikara, K., Gupta, P., Singh, M. P., (2020). Fear of COVID-19: First suicidal case in India! *Asian Journal of Psychiatry, 49*. 101989-101989.

Granlund, M., Imms, C., King, G., Anderson, A. K., Augustine, L., Brooks, R. Danielsson, H., Gothilander, J., Ivarsson, M., Lundqvist, L. O., Lygnegard, F., & Almquist, L. (2021). Definitions and operationalization of mental health wellbeing and participation constructs in children with NDD: Distinctions and clarifications. *International Journal of Environmental Research and Public Health, 18*(4), 1656. https://doi.org/10.3390/ijerph18041656

Greater Boerne Chamber of Commerce (2021). *Kendall County Women's Shelter: Chief executive officer job description.* https://business.boerne.org/info/executive-and-management-chief-executive-officer-8164

Greenberg, N. (2020). Mental health of health-care workers in the COVID-19 era. *Nature Reviews Nephrology, 16*(8), 425-426. https://doi.org/100.1038/s41581-020-0314-5

Grennan, D. (2019). What is a pandemic? *Journal of the American Medical Association: JAMA, 321*(9), 910. https://doi.org/10.1001/jama.2019.0700

Greyling, T., Rossouw, S., & Adhikari, T. (2021). The good, the bad and the ugly of lockdowns during COVID-19. *PloS ONE, 16*(1), e0245546-e0245546. https://doi.org/10.1371/journal.pone.0245546

Gunter, T. A. (2016). *Qualitative collective case study of targeted violence preparedness at institutions of higher education.* (Order Number 10242963). Dissertations and Theses at Liberty University. (1865360366).

Haag, H., Toccalina, D., Estrella, M., Moore, A., & Colantonio, A. (2020). The shadow pandemic: A qualitative exploration of the impacts of COVID-19 on service providers and women survivors of intimate partner violence and brain injury. *Journal of Head Trauma Rehabilitation, 34*(1), 43-52. https://doi.org/10.1097/HTR.0000000000000751

Hadley, Greg (2020). Looking to adopt a pet while social distancing? Midlands shelters see interest surge. *The State.* https://thestate.com/news/coronavirus/article241941666.html

Hahn, K. J. (2010). *Considering the power of context: Racism, sexism, and belonging in the vicarious traumatization of counselors.* [Doctoral dissertation]. University of Kentucky. https://uknowledge.uky.edu/gradschool_diss/760

Halevi, E., & Idisis, Y. (2018). Who helps the Helper? Differentiation of self as an indicator for resisting vicarious traumatization. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(6). 698-705. https://doi.org/10.1037/tra0000318

Hamel, J., Dufour, S. R., & Fortin, D. (1993). The current debate on the case study. *Case Study Methods,* 29-50. SAGE https://doi.org/10.4135/9781412983587

Hancock, D. R., & Algozzine, B. (2015). *Doing case study research: A practical guide for beginning researchers:* Teachers College Press.

Hansen, J. T. (2004). Thoughts on knowing: Epistemic implications of counseling practice. *Journal of Counseling & Development, 82*(2), 131-138. https://doi.org/10.1002/j.1556-6678.2004.tb00294.x

Harper, L., Kalfa, N., Beckers, G., Kaefer, M., Niuwhof-Leppink, A. J., Fossum, M., Herbst, K. W., Bagli, D., & ESPU Research Committee 92020). The impact of COVID-19 on research. *Journal of Pediatric Urology, 16*(5), 715-716. https://doi.org/j.jpurol.2020.07.002

Harris, K. M., & Goh, M. T. (2017). Is suicide assessment harmful to participants? Findings from a randomized controlled trial. *International Journal of Mental Health Nursing, 26*(2), 181-190. https://doi.org/10.1111/inm.12223

Harrison, A. W., Rainer Jr., R. K., Hochwarter, W. A., & Thompson, K. R. (1997). Testing the self-efficacy—Performance linkage of social-cognitive theory. *The Journal of Social Psychology, 137*(1). 79-87. https://doi.org/10.1080/00224549709595415

Harvey, S. B., Modini, M., Joyce, S., Milligan-Saville, J. S., Tan, L., Myketun, A., Bryant, R. A., Christensen, H., & Mitchell, P. B. (2017). Can work make you mentally ill? A systemic meta-review of work-related factors for common mental health problems. *Occupational and Environmental Medicine, 74*(4), 301-310. https://doi.org/10.1136/oemed-2016-104015

Haugebrook, S., Zgoba, K. M., Maschi, T., Morgen, K., & Brown, D. (2010). Trauma, stress, health, and mental health issues among ethnically diverse older adult prisoners. *Journal of Correctional Health Care, 16*(3), 220-229. https://doi.org/10.1177/1078345810367482

Hawley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218-227. https://doi.org/10.1007/s12160-010-9210-8

Heavner, S. F. (2021). *I thought I was going to war: Experiences of health-care workers during the COVID-19 pandemic* (Publication No. 28860462) [Doctoral dissertation, Applied Health Research and Evaluation, Graduate School of Clemson University]. ProQuest Dissertations and Theses database. https://www.proquest.com/pqdtglobal/docview/2622743922/B9720384ED6341E8PQ/1?accountid=12085

Heppner, P. P., Wampold, B. E., Owen, J., Thompson, M. N., & Wang, K. (2016). *Research design in counseling. (4th ed.).* CENGAGE Learning

Hernandez-Wolf, P. Killian, K., Engstrom, D., & Gangsei, D. (2015) Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of Humanistic Psychology*, *55*(2), 153-172. https://doi.org/10.1177/0022167814534322

Hines, D., & Malley-Morrison, K. (2001). Psychological effects of partner abuse against men: A neglected research. *Psychology of Men & Masculinity*, *2*(2), 75-85.

Ho, C. S., Chee, C. Y., & Ho, R. C. (2020). Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Annals of the Academy of Medicine, Singapore*, *49*(3), 155-160. https://doi.org/10.47102/annals-acadmedsg.202043

Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L. Ballard, C., Christensen, H., Silver, R. C., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., Worthman, C. M., Yardley, L., Cowan, K., Cope, C., Hotopf, M., & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The LANCET Psychiatry*, *7*(6), 547-560. https://doi.org/10.1016/S2215-0366(20)30168-1

Holmes, M. R., Rentrope, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 pandemic on posttraumatic stress, grief, burnout, and secondary trauma of social workers in the United States. *Clinical Social Work Journal*, *49*, 495-504. https://doi.org/10.1007/s10615-021-00795-y

Holt-Lunstad, J. (2020). *The double pandemic of social isolation and COVID-19: Cross-sector policy must address both,* Health Affairs Blog, June 22, 2020. https://doi.10.1377/hblog20200609.53823

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227-237. https://doi.org/10.1177/1745691614568352

Hooper, J. J., Saulsman, L., Hall, T., & Waters, F. (2021). Addressing the psychological impact of COVID-19 on healthcare workers: Learning from a systematic review of early interventions for frontline responders. *BMJ Open, 11*(5), e044134-e044134. https://doi.org/10.1136/bmjopen-2020-044134

Horesh, D., & Brown, A. D. (2020). Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(4), 331-335. *https://doi.org/10.1037/tra0000592*

Hornor, G. (2012). Emotional maltreatment. *Journal of Pediatric Health Care, 26*(6). 436-442. https://doi.org/10.1016/j.pedhc.2011.05.004

Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., Zhang, L., Fan, G., Xu, J., Gu, X., Cheng, Z., Yu, T., Xia, J., Wei, Y., Wu, W., Xie, X, Yin, W., Li, H., Liu, M., Xiao, Y., Gao, H., Guo, L., Xie, J., Wang, G., Jiang, R., Gao, Z., Jin, Q., Wang, J., & Cao, B. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The LANCET, 395*(10223), 497-506. https://doi.org/10.1016/S0140-6736(20)30183-5

Hughes, J. (2020). Women's advocates and shelter residents: Describing experiences of working and living in domestic violence shelters. *Journal of Interpersonal Violence, 35*(15-16), 3034-3053. https://doi.org/10.1177/0886260517707307

Hyett, N., Kenny, A., & Dickson-Swift, V. (2014). Methodology or method? A critical review of qualitative case study reports. *International journal of qualitative studies on health and well-being*, *9*, 23606. https://doi.org/10.3402/qhw.v9.23606

Indeed.com (2021). Director of finance job description. https://www.indeed.com/hire/job-description/director-of-finance?gclid=EAIakQobChMIwY3e1mm8gIVjlnlCh3_rQ6VEAAYASAAEgjwRPD_BwE&aceid=

Indiana Criminal Justice Institute, Research Division. (2020 October). *The impact of COVID-19 on victim serving agencies across Indiana*. https://www.in.gov/cji/grant-opportunities/files/REPORT_The-Impact-of-COVID-19-on-Victim-Serving-Agencies-Across-Indiana.pdf

Irving, L. & Liu, B. C. (2020). Beaten into submissiveness? An investigation into the protective strategies used by survivors of domestic abuse. *Journal of Interpersonal Violence, 35*(1-2), 294-318. https://doi.org/10.10.1177/0886260516682520

Ishmael, Aiyana (2021). "Too many Zoom meetings? Core hours' keep some remote workers productive and sane." The Wall Street Journal. 20 July 2021 https://wsj.com/articles/Too-many-zoom-meetings-core-hours-keep-some-remote-workers-productive-and-sane-11626753660

Iverson, K. M., Dardis, C. M., Cowlishaw, S., Webermann, A. R., Shayani, D. R., Dichter, M. E., Mitchell, K. S., Mattocks, K. M., Gerber, M. R., & Portnoy, G. R. (2022). Effects of intimate partner violence during COVID-19 and pandemic related stress on the mental and physical health of women veterans. *Journal of General Internal Medicine, 37,* 724-733. https://doi.org/10.1007/s11606-022-07589-z

Jackson, B. A., Vermeer, M. J. D., Woods, D., Banks, D., Goodison, S. E., Russo, J., Barnum, J. D., Gourdet, C., Langton, L., Planty, M. G., Shelton, S. R., Sitar, S. I., & Witwer, A. R. (2021). Promising practices from victim services providers' COVID-19 response: Protecting victims and those who serve them. https://doi.org/10.7249/RB-A108-5

Jacoby, L., & Siminoff, L. (2008). *Empirical methods for Bioethics: A primer. Advances in Bioethics.* Elsevier. https://doi.org/10.1016/s1479-3709%282007%2911

Jazvac, L. (2017). How Maslow's Theory stands up today. https://careerprocanada/maslows-theory-stands-today/

Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validational study. *Journal of Traumatic Stress, 15*(5), 423-432. https://doi.org/10.1023/A:1020193526843

Jia, H., Guering, R. J., Barile, J. P., Okun, A. H., McKnight-Eily, L., Blumberg, S. J., Njai, R., & Thompson, W. W. (2021). National and state trends in anxiety and depression severity scores among adults during the COVID-19 pandemic—United States, 2020-2021. *MMWR. Morbidity and Mortality Weekly Report, 70*(40), 1427-1432. https://doi.org/10.15585/mmwr.mm7040e3

Jirek, S. L. (2020). Ineffective organizational responses to workers' secondary traumatic stress: A case study of the effects of an unhealthy organizational culture. *Human Service Organizations: Management, Leadership & Governance, 44*(3), 210-228. https://doi.org/10.1080/23303131.2020.1722302

Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior, 31* (4), 519-542. Https://doi.org/10.1002/job.630

Johns Hopkins University and Medicine Coronavirus Resource Center (2021). https://coronavirus.jhu.edu/us-map

Jones, J., Snelgrove, S., Turunen, H., & Vaismoradi, M. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice 6*(5), 100-110. https://doi.org/10.5430/jnep.v6n5p100

Jones, T. S. (2019). *How K-8 teachers perceive student leadership development to enhance career readiness: An exploratory qualitative case study* (Order No. 277667771) [Doctoral dissertation Education Leadership, University of Phoenix]. https://www/proquest.com/pqdtglobal/docview/2328900334/7DAB5C9F79D143F1PQ/5?accountid=12085

Jonker, I. E., Jansen, C. C. J. M., Christians, M. G. M., & Wolf, J. R. L. M. (2014). Appropriate care for shelter-based abused women: Concept mapping with Dutch clients and professionals. *Violence Against Women,* 20(4), 465-480. https://doi.org/10.1177/1077801214528580

Jordan, J. V. (2000). The role of mutual empathy in relational-cultural therapy. *JCLP/ In Session: Psychotherapy in Practice, 55*(8), 1005-1016. https://doi.org/10.1002/1097-4679(200008)56:8<1005::AID-JCLP2>3.0.CO;2-L

Kabasakal, E., Ozpulat, F., Akca, A., & Ozcebe, L. (2021). Mental health status of health sector and community services employees during the COVID-19 pandemic. *International Archives of Occupational and Environmental Health, 94*(1). https://doi.org/10.1007/s00420-021-01678-y

Kalia, V., Mugore, M. & Segura, L. E. (2021). Impact of COVID-19 on domestic violence. *American Journal of Public Health*, *111*(1), 7. https://doi.org/10.2105/AJPH.2020.306013

Kalia, V., Mugore, M. & Sequra, L. E. (2021). Impact of COVID-19 on domestic violence. *American Journal of Public Health, 111*(1), 1-7. https://doi.org/10.2105/AJPH.2020.306013

Kanno, H. (2010). Hidden victims in social work practice with traumatized populations: Predictive factors to secondary traumatic stress for social workers in New York City [Doctoral Dissertation]. University of Pittsburgh. https://dscholarship.pitt.edu/id/eprin/9068

Karakurt, G. & Silver, K. E. (2013). Emotional abuse in intimate relationships: The role of gender and age. *Violence and Victims, 28*(5), 804-821. https://doi.org/10.1891/0886-6708.vv-d-12-00041

Kataoka-Yahiro, M. R., Myakovsky, L., Dagda, R. K., Sood, A., Conway, K., Lopez, J. G., Burge, M. R., & Sy, F. S. (2022). Evidence-based practice strategies for faculty professional development in clinical translational research at Institutional Development Award (IDeA) state institution in the Mountain West. *Journal of Clinical and Translational Science, 6*(1), e83. https://doi.org/10.1017/cts.2022.407

Kaukinen, C. (2008). Status compatibility, physical violence, and emotional abuse in intimate relationships. *Journal of Marriage and Family, 66*(2), 452-471. https://doi.org/10.1111/j.1741-3737.2004.00031.x

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher, 42*(8), 846-854. https://doi.org/10.1080/0142159X.2020.1755030

Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology, 14*(2), 32-44. https://doi.org/10.1177/1534765608319083

Kim, T. (2020). Work environment surrounding COVID-19 outbreak in call center, South Korea. *Emerging Infectious Diseases, 26*(10), 2533-2534. https://doi.org/10.3201/eid2610.202647

Kippert, A. (2015). I helped open one of the first women's shelters: What's gotten better, worse since the movement to end domestic violence began in the '70's. https://www.domesticshelters.org/articles/heros/i-helped-open-one-of-the-first-battered-women-s-shelters

Komppula, R. (2014). The role of individual entrepreneurs in the development of competitiveness for a rural tourism destination: A case study. *Tourism Management, (1982), 40*, 361-371. https://doi.org/10.1016/j.tourman.2013.07.007

Kreitzer, L., Brintnell, S. E., & Austin, W. (2020). Institutional barriers to healthy workplace environments: From the voices of social workers experiencing compassion fatigue. *British Journal of Social Work, 50*(7) 1942-1960. https://doi.org/10.1093/bjsw/bcz147

Kress, V. E., Haiyasoso, M., Zoldan, C. A., Headley, J. A., & Trepal, H. (2018). The use of relational-cultural theory in counseling clients who have traumatic stress disorders. *Journal of Counseling & Development, 96*(1). 106-114. https://doi.org/10.1002/jcad.12182

Lako, D. A. M., de Vet, R., Beijersbergen, M. D., Herman, D. B., van Hemert, A. M., & Wolf, J. R. L. M. (2013). The effectiveness of critical time intervention for abused women and homeless people leaving Dutch shelters: Study protocol of two randomized controlled trials. *BMC Public Health, 13*(2), 555. https://doi.org/10.1186/1471-2458-13-555

Lang, C. H., Whelan, M., & Price, G. (2017). The introduction of what matters to you: A quality improvement initiative to enhance compassionate per-centered care in hospitals in Ireland. *International Journal of Integrated Care, 17*(5). https://doi.org/10.5334/ijic.3765

Lauer, S. A., Grantz, K. H., Bi, Q., Jones, F. K., Zheng, Q., Meredith, H. R., Azman, A. S., Reich, N. G., & Lessler, J. (2020). The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: Estimation and application. *Annals of Internal Medicine, 172*(9), 577/582. https://doi.org/10.7326/M20-0504

Lee, S. A., Jobe, M. C., Mathis, A. A., & Gibbons, J. A. (2020a). Incremental validity of Coronaphobia: Coronavirus anxiety explains depression, generalized anxiety, and death anxiety. *Journal of Anxiety Disorders, 74,* 102268-102268. https://doi.org/10.1016/j.janxdis.2020.102268

Lee, S. A., Mathis, A. A., Jobe, M. C., & Pappalardo, E. A. (2020b). Clinically significant fear and anxiety of COVID-19: A psychometric examination of the Coronavirus Anxiety Scale. *Psychiatry Research, 290,* 113112-113112. https://doi.org/10.1016/j.psychres.2020.113112

Leedy, P., & Ormrod, J. (2010). *Practical research planning and design (9th ed):* Pearson Education

Leiter, M. P. & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior 9*(4), 297-308. https://doi.org/10.1002/job.4030090402

Lenz, A. S. (2016). Relational-Cultural Theory: Fostering the growth of a paradigm through empirical research. *Journal of Counseling and Development, 94*(4), 415-428. https://doi.org/10.1002/jcad.12100

Lerias, D., & Byrne, M. K. (2003). Vicarious traumatization: Symptoms and predictors. *Stress and Health, 19,* 129-138. https://doi.org/10.1002/smi.969

Levin, D. (2021, June 16). Covid has claimed more than 600,000 lives in the U. S. *The New York Times.* https://nytimes.com/2021/06/16/us/600000-us-covid-deaths.html

Li, Z., Ge, J., Yang, M., Feng, J., Qiao, M., Jiang, R., Bi, J., Zhan, G., Xu, X., Wang, L., Zhou, Q., Pan, Y., Liu, S., Zhou, C., Zhang, H., Yang, J., Zhu, B, Hu, Y., Hashimoto, K., Jia, Y., Wang, H., Wang, R., Liu, C., & Yang, C. (2020). Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain, Behavior, and Immunity, 88*(1), 916-919. https://doi.org/10.1016/j.bbi.2020.3.007

Liebst, L. S., Ejbye-Ernst, P., de Bruin, M., Thomas, J., & Lindegaard, M. R. (2022). No evidence that mask-wearing in public places elicits risk compensation behavior during the COVID-19 pandemic. *Scientific Reports 12*(1511). https://doi.org/10.1068/s41598-022-05270-3

Lindauer, M., & Farrell, M. E. (2020). A pandemic within a pandemic: Intimate partner violence during COVID-19. *The New England Journal of Medicine, 383*(24), 2302-2304. https://dx.doi.org/10.10.56/NEJMp2024046

Liu, C. H., Zhang, E., Wong, G. T. F., Hyun, S., & Hahm, H. C. (2020). Factors associated with depression, anxiety, and PTSD symptomatology during the COVID-19 pandemic: Clinical implications for U. S. young adult mental health. *Psychiatry Research, 290,* 113172. https://doi.org/10.1016/j.psychres.2020.113172

Lopez-Garrido, G. (2020). Self-efficacy theory. https://www.simplypsychology.org/self-efficacy.html

Lyons, M. & Brewer, G. (2021). Experience of intimate partner violence during lockdown and the COVID-19 pandemic. *Journal of Family Violence*, 1-9. https://doi.org/10.1007/s10896-021-00-260-x

Maegli, M. M. (2014). *Impact of an appreciative inquiry intervention on compassion fatigue among social service workers* (Doctoral Dissertation). Pepperdine University.

Mahase, E. (2020). COVID-19: EU states report 60% rise in emergency calls about domestic violence. *BMJ, 370,* m2815-m2815. https://doi.org/10.1136/bmj.m1872

Mantzoukas, S. (2005). The inclusion of bias in reflective and reflexive research: Securing validity. *Journal of Research in Nursing, 10*(3), 279-295. https://doi.org/10.1177/174498710501000305

Marques, E. S., Leite de Moraes, C., Hasselmann, M. H., Deslandes, S. F., & Reichenheim, M. E. (2020). Violence against women, children, and adolescents in times of pandemic by COVID-19: Overview, motivations, and ways of coping. *Cad. Saude Publica, 36*(4). https://doi.org/10.1590/0102-311X00074420

Marshall, C., & Rossman, G. B. (2011). *Designing Qualitative Research:* SAGE.

Maslach, C. (1982). *Burnout: The cost of caring.* Prentice-Hall.

Maslach, C. (1998). A multidimensional theory of burnout. *Theories of organizational stress:* Oxford University Press

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry, 15*(2), 103-111. https://doi.org/10.1002/wps.20311

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*(1), 397-422. https://doi.org/10.1146/annurev.psych.52.1.397

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, *50,* 370-396.

Maslow, A. H. (1954). *Motivation and personality.* Harper.

Matthews, M. R. (2002). Constructivism and science education: A further appraisal. *Journal of Science Education and Technology*, *11*(2), 121-134. https://doi.org/10.1023/A:1014661312550

McHugh, M. C. (1990). Gender issues in psychotherapy: Victim blame/woman blame. Invited address presented at the annual meeting of the American Psychological Association. Boston.

McLeod, S. A. (2018). *What are the most interesting ideas of Sigmund Freud?* Simply Psychology. https://www.simplypsychology.org/Sigmund-Freud.html

McLeod, S. A. (2019). *Case study method.* Simply Psychology. https://www.simplypsychology.org/case-study.html

Md, K. A. (2021). A systemic qualitative case study: Questions, data collection, NVivo analysis and saturation. *Qualitative Research in Organizations and Management, 16*(1), 1-31. https://doi.org/10.1108/QROM-09-2019-1825

Meador, C. (2021 July 14). *Domestic violence shelters are swamped. Experts worry surging gun sales could make things worse.* PBS News Hour. https://pbs.org/newshour/health/domestic-violence-shelters-are-swamped-experts-worry-surging-gun-sales-could-make-things-worse

Mello, J. K. (2014). *Invisible victims: The effects of secondary and vicarious trauma on milieu staff members.* [Master's thesis]. Smith College, Northampton, MA https://scholarworks.smith.edu/theses/781

Mengin, A., Alle, M.C., Rolling, J., Ligier, F., Schroder, C., Lalanne, L., Berna, F., Jardri, R., VaiVa, G., Geoffroy, P. A., Brunault, P., Thibaut, F., Chevance, A., & Giersch, A. (2020). Psychopathological consequences of confinement. *L'Encephale, International Journal of French Psychiatry, 46*(3), S43-S52. https://doi.org/10.1016/j.encep.2020.04.007

Mengo, C., Beaujolais, B., Kulow, E., Ramirez, R., Brown, A., & Julianna, N. (2020). Knowledge and perspectives of domestic violence service providers about survivors with mental health disability. *Journal of Family Violence, 35*(2), 181-190. https://doi.org/10.1007/s10896-019-000-53-3

Merchant, L. V., & Whiting, J. B. (2015). Challenges and retention of domestic violence shelter advocates: A grounded theory. *Journal of Family Violence,* 30(4), 467-478. https://doi.org/10.1007/s10896-015-9685-y

Mfinanga, F. A., Mrosso, R. M., & Bishibura, S. (2019). Comparing case study and grounded theory as qualitative research approaches. *International Journal of Latest Research in Humanities and Social Science, 2*(5), 51-56. https://www.com/paper/volume-2-issue5/5-HSS-366.pdf

Michalopoulos, L. M., & Aparicio, E. (2012). Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment & Trauma, 21*(6), 646-664. https://doi.org.10.1080/10926771.2012.689422

Miles, M., & Huberman, A. M. (1984). *Qualitative data analysis.* SAGE Publications

Miller, E. B. A. (2010). *Moving to the head of the river: The early years of the U. S. battered women's movement.* (Order No. 3408986). [Dissertation]. University of Kansas

Miller, J. (1976). *Toward a new psychology of women.* Beacon Press

Miller, J. (1986). *Toward a new psychology of women.* (2nd Ed.). Beacon Press

Mittal, S., & Singh, T. (2020). Gender-based violence during COVID-19 pandemic: A minireview. *Frontiers in Global Women's Health.* https://doi.org/10.3389/fgwh.2020.00004

Molnar, B. E., Sprang, G., Killian, K. D., Gottfried, R., Emery, V., & Bride, B. E. (2017). Advancing science and practice for vicarious traumatization/secondary traumatic stress: A research agenda. *Traumatology, 23*(2), 129-142. https://doi.org/10.1037/trm0000122

Moreira, D. N., & Pinto da Costa, M. (2020). The impact of COVID-19 pandemic is the precipitation of IPV. *International Journal of Law and Psychiatry, 71,* 101606. https://doi.org/10.1016/j.ijlp.2020.101606

Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., Cannon, M., Correll, C. U., Bryne, L., Carr, S., Chen, E. Y. H., Gorwood, P., Johnson, S., Karkkainen, H., Krystal, J. H., Lee, J., Lieberman, J., Lopez-Jaramillo, C., Mannikko, M., Phillips, M. R., Uchida, H, Vieta, E., Vita, A., & Arango, C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The LANCET Psychiatry 7*(9), 813-814. https://doi.org/10.1016/S2215-0366(20)30307-2

Morrissette, P. J. (2004). *The pain of helping: Psychological injury of helping professionals.* Routledge.

Moustakas, C. (1994). *Phenomenological research methods.* SAGE.

Mthuli, S. A., Ruffin, F., & Singh, N. (2022). Define, explain, justify, apply (DEJA): An analytic tool for guiding qualitative research sample size. *International Journal of Social Research Methodology*, *25*(6), 809-821. https://doi.org/10.1080/13645579.2021.1941646

Mullan, P. C., Wuestner, E., Kerr, T. D., Christopher, D. P., & Patel, B. (2012). Implementation of an in situ qualitative debriefing tool for resuscitation. *Resuscitation, 84*(7), 946-951. https://doi.org/10.1016/j.resuscitation.2012.12.005

Murdoch, D. R., & Howie, S. R. C. (2018). The global burden of lower respiratory infections: Making progress, but we need to do better. *The LANCET Infectious Diseases, 18*(11), 1162-1163. https://doi.org/S1473-3099(18)30407-9

Murray, C. E., Pow, A. M., Chow, A., Nemati, H., & White, J. (2015). Domestic violence service providers' needs and perceptions of technology: A qualitative study. *Journal of Technology in Human Services,* 33(2),133-155. https://doi.org/10.1080/15228835.2014.1000558

Mutiso, V. N., Musyimi, C. W., Gitonga, I., Rebello, T. J., Tele, A., Pike, K. M., & Ndetei, D. M. (2021). Toward community coverage on self-screening, diagnosis, and help-seeking behavior for both gender victims of intimate partner violence (IPV) in a Kenyan setting: The development of IPV-Brief Self-Screener (IPV-BSS) version of the WHO-IPV instrument, *Journal of Interpersonal Violence*, *36*(17-18), NP9344-NP9363. https://doi.org/10.1177/0886260519855666

Merriam, S. B. & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation:* John Wiley & Sons.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* Jossey-Bass.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250-260. https://doi.org/10.1037/0022.0167.52.2.250

My Sister's House. (2022). *Services: Shelter.* https://www.mysistershouse.org/shelter

National Coalition Against Domestic Violence (NCADV), 2021. https://www.ncadv.org

National Coalition Against Domestic Violence. Domestic Violence. (2020). https://assets.speakcdn.com/assets/2497/domestic-violence2.pdf

National Domestic Violence Hotline (NDVH), 2020. *Understand relationship abuse: We're all affected by the issue of domestic violence.* https://thehotline.org/identify-abuse/understand-relationship-abuse/

National Institute of Health (NIH) (February 2020). Estimates of funding for various research, conditions, and disease categories. https://report.nih.gov/categorical_spending.aspx

National Institute of Health/ U. S. National Library of Medicine (2021 August 10). *Mental disorders also called: Mental disorders.* MedlinePlus. https://medlineplus.gov/mentaldisorders.html

National Institute of Allergy and Infectious Diseases (NIAID). COVID-19, MERS & SARS. https://niaid.nih.gov/diseases-conditions/covid-19

National Network to End Domestic Violence (2021). Communications coordinator or director. https://nnedv.org/job/communications-coordinator-director-doe-wscadv/

National Network to End Domestic Violence (NNEDV). 20 October 2021. Resources on the response to the coronavirus (COVID-19). https://nnedv.org/latest-update/resourcces-response-coronavirus-covid-19/

NCADV. National Coalition Against Domestic Violence. Domestic violence in South Carolina. https://www.assets-speakcdn.com/assets/2497/South_Carolina-202101912193506.pdf

Nikos-Rose, K. (2021). COVID-19 isolation linked to increased domestic violence, researchers suggest financial stress contributes. https://ucdavis.edu/curiosity/news/covid-a9-isolation-linked-increased-domestic-violence-researchers-suggest

Norris, F. H., Friedman, M. J., Watson, P. J., Bryne, C. M., Diaz, E., & Kaniasty, K. Z. (2002). 60,000 disaster victims speak: Part 1, am empirical review of the empirical literature, 1981-2001. *Psychiatry, 65*(3), 207-239. https://dx.doi.org/10.1521/Psyc.65.3.207.20173

Nnawulezi, N., Godsay, S., Sullivan, C. M., Marcus, S., & Hacskaylo, M. (2018). Voluntary service policies on survivors empowerment in a domestic violence housing organization. *Journal of Orthopsychiatry, 88*(6), 670-680. https://doi.org/10.1037/ort0000291

Nolte, A. G., Downing, C., Temane, A., & Hastings-Tolsma, M. (2017). Compassion fatigue in nurses: A meta synthesis. *Journal of Clinical Nursing, 26*(23-24). 4364-4378. https://doi.org/10.1111/jocn.13766

Nunn, K., & Isaacs, D. (2019). Burnout. *Journal of Pediatrics and Child Health*, *55*(1), 5-6. https://doi.org/10.1111/jpc.14331

Nuttman-Shwartz, O. (2015). Shared resilience in a traumatic reality: A new concept for trauma workers exposed personally and professionally for collective disaster. *Trauma, Violence, & Abuse, 16*(4), 466-475. https://doi.org/10.1177/1524838014557287

O'Connor, M. (2020). Adjunctive therapy with Brexpiprazole improves treatment resistant complex post-traumatic stress disorder in domestic family violence. *Australasian Psychiatry, 28*(3), 264-266. https://doi.org/10.1177/1039856219889303

Ohio Domestic Violence Network (2010). *Trauma-informed care.* Ohio Domestic Violence Network. https://www.ncdsv.org/images/ODVNTrauma-InformedCareBestPracticesAndProtocols.pdf

Ortiz-Prado, E., Rivera-Olivero, I., Henriquez, A. R., Jaramillo, T., Gordon, D. S., Iturralde, G. A., Teran, J. A., Vasquez, K. M., Rondal, J. D., Granda, G., Santamaria, A. C., Pino, C. L., Espinosa, O. L., Buitron, A., Grisales, D. S., Jimenez, K. B., Galvis, H., Coronel, B., Bastidas, V., Aguilar, D. M., Paredes, J. M., Bilvao, C. D., Paredes-Espinosa, M. B., Rodriguez, A. S., Laglaguano, J. C., Herrera, H., Espinosa, P. M., Galarraga, E. A., Zambrano-Mila, M. S., Tito-Alvarez, A. M., & Zapata, N. D. (2021). COVID-19 outbreaks at shelters for women who are victims of gender-based violence from Ecuador. *International Journal of Infectious Diseases 108*, 531-536. https://doi.org/10.1016/j.ijid.2021.06.012

Ophuis, R. H., Olij, B. F., Polinder, S., & Haagsma, J. A. (2018). Prevalence of post-traumatic stress disorder, acute stress disorder and depression following violence related injury treated at the emergency department: A systematic review. *BMC Psychiatry, 18*(1), 1-9. https://dx.doi.org/10.1186/s12888-018-1890-9

Pagelow, M. D. (1992). Adult victims of domestic violence: Battered women. *Journal of Interpersonal Violence, 7*(1), 87-120. https://doi.org/10.1177/088626092007001008

Parker, A. (30 March 2022). *My Sister's House is selling its shelter, changing its strategy to house abuse victims. The Post & Courier.* https://www.postandcourier.com>news>my-sister's-house...

Parry, J., Young, Z., Beven, S., Veliziotis, M., Baruch, Y., Beigi, M., Bojorek, Z., Salter, E., & Tochia, C. (2021). *Working from home and COVID-19 lockdown: Transitions and tensions.* https://static1.squarespace.com/static/5f5654b537cea057c500f59e/t/60143f05a2117e3eec3c3243/161939604505/Wal+Bulletin+1.pdf

Patterson, J. (2017). *Identifying as husbands, fathers, and school leaders: A phenomenology of doctoral persistence among limited residency students.* (Order No. 10686199). [Doctoral dissertation, Liberty University]. ProQuest Dissertations and Theses Global.

Patton, M. Q. (2002). *Qualitative research and evaluation methods.* SAGE.

Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice.* SAGE.

Peace River Center Community Mental Health Organization (2021). Director of victim services. https://www.peacerivercenter.org/victimservices/

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* Norton.

Pennsylvania Coalition Against Domestic Violence: PCADV. (2022 January 20). *Types of abuse: Financial abuse.* https://www.pcadv.org/about-abuse/

Perelman, D. (2020). "In the COVID-19 economy, you can have a kid or a job: You can't have both." New York Times 2 July 2020. https://www.nytimes.com/2020/07/02/business/covid-economy-parents-kids-career-homeschooling.html

Perry, B. D., & Winfrey, O. (2021). *What happened to you? Conversations on trauma, resilience, and healing.* FLATIRON Books

Pessoa, A. S. G., Harper, E., Santos, I. S., & Graciano, M. C. (2019). Using reflective interviewing to foster deep understanding of research participants perspectives. *International Journal of Qualitative Methods, 18.* https://doi.org/10117/160940691825026

Peters, S. E., Dennerlein, J. T., Wagner, G. R., & Sorensen, G. (2022). Work and worker health in the post-pandemic world: A public health perspective. *The Lancet. Public Health, 7*(2), e188-e194. https://doi.org/10.1016/S2468-2667(21)00259-0

Pfefferbaum, B., & North, C. S. (2020). Mental health and COVID-19 pandemic. *The New England Journal of Medicine, 383*(6), 510-512. https://doi.org/10.1056/NEJMp2008017

Pollock, A., Campbell, P., Cheyne, J., Cowie, J., Davis, B., McCallum, J., McGill, K., Elders, A., Hagen, S., McClurg, D., Torrens, C., & Maxwell, M. (2020). Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic, or pandemic: A mixed methods systemic review. *Cochrane Library, 2020*(11), CD013*779*-CD013799. https://doi.org/10.1002/14651858.CD013799

Post & Courier (2021 September 2). COVID-19. Htpps://www.postandcourier.com/health/covid-19/sc-tops-entire-county-for-covid-case-rate-as-hospital-reports-record-covid-patient-count/articleadb50650-0b2a-11ec-a5ac-676b9ceec425.html

Preti, E., Di Mattei, B., Perego, G., Ferrari, F., Mazzetti, M., Taranto, P., Di Pierro, R., Madeddu, F., & Calati, R. (2020). The psychological impact of epidemic and pandemic outbreaks on health care workers: Rapid review of the evidence. *Current Psychiatry Reports, 22*(43). https://doi.org/10.007/s11920-020-01166-z

Purvis, D. (2017). *Differentiation of self as a predictor of vicarious trauma in mental health professionals* [Doctoral dissertation]. Walden University. https://scholarworks.waldenu.edu/dissertations/3720

Ragavan, M. I., Risser, L., Duplessis, V., DeGue, S., Villaveces, A., Hurley, T. P., Chang, J., Miller, E., & Randell, K. A. (2022). The impact of the COVID-19 pandemic on the needs and lived experiences of intimate partner violence survivors in the United States: Advocate perspectives. *Violence Against Women, 28*(12-13), 3114-3134. https://doi.org/10.1177/10778012211054869

Rapisarda, F., Vallarino, M., Cavallini, E., Barbato, A., Brousseau-Paradis, C., DeBenedictis, L., & Lesage, A. (2020). The early impact of the COVID-19 emergency on mental health workers: A survey in Lombardy, Italy. *International Journal of Environmental Research and Public Health, 17*(22), 8615. https://doi.org/10.3390/ijerph17228615

Ravi, A., Gorelick, J., & Pal, H. (2021). Identifying and addressing vicarious trauma. *American Family Physician, 103*(9), 570-572. *Business Insights: Global.* Web 18 January 2022. Document number GALE|A658913086

Ravi, K. E., Rai, A., & Voth Schrag, R. (2021). Survivors' experiences of intimate partner violence and shelter utilization during COVID-19. *Journal of Family Violence.* https://doi.org/10.1007/s10896-021-00300-6

Recovery Worldwide, LLC (2022). *Alcohol Rehab Guide* [Brochure]. https://www.alcoholrehabguide.org/resources/dual-diagnosis/alcohol-and-depression/

Rella, S. A., Kulikova, Y. A., Dermitzakis, E. T., & Kondrashov, F. A. (2021). Rates of SARS-CoV-2 transmission and vaccination impact the fate of vaccine resistant strains. *Scientific Reports, 11,* 15729. https://doi.org/10.1038/s41598-021-95025-3 Slakoff, D. C., Aujla, W., & Penzey Moog, E. (2020). The role of service providers, technology, and mass media when home isn't safe for intimate partner violence victims: Best practices and recommendations in the era of COVID-19 and beyond. *Archives of Sexual Behavior,* 49(8), 2779-2788. https://doi.org/10.1007-s10508-020-01820-w -

Riches, S., Elghany, S., Garety, M. R., & Valmaggia, L. (2019). Factors affecting sense of presence in a virtual reality social environment: A qualitative study. *Cyberpsychology, Behavior, and Social Networking, 22*(4), 255-292. https://doi.org/10.1089/cyber.2018.0128

Roebuck, B. S., Ferns, A., Scott, H., Maki, K., Tapley, J., Tague, C., McGlinchey, D., Bedard, T., Boileau, A., Thompson, K., & Rodriquez, E. (2022). COVID-19, victim services, and well-being. *Victims of Crime Research Digest, 15*, 14-26. https://www./juctice.gc.ca/eng/rp-pr/cj-jp/victim/rd15-rr15/docs/rsd_vcrd2022_eng.pdf

Rosenberg, R. S. (2013 April 12). Abnormal is the new normal: Why will half of the U. S. population have a diagnosable mental disorder? https://slate.com/technology/2013/04/diagnostic-and-statistical-manual-fifth-edition-why--will-half-the-u-s-population-have-a-mental-illness.html

Ruhl, K. (2004). Review: Jane Ritchie & Jane Lewis (Eds.) (2003). Qualitative research practice: A guide for social science students and researchers. *Forum: Qualitative Social Research, 5*(3).

Rumas, R., Shamblaw, A. L., Japtap, S., & Best, M. W. (2021). Predictors and consequences of loneliness during the COVID-19 pandemic. *Psychiatry Research, 300,* 113934. https://doi.org/10.1016/j.psychres.2021.113934

Saini, V. (2020). The well-being of employees working in structures against domestic violence in Greece during the COVID-19 lockdown and the impact on their health. *Journal of Social Welfare and Human Rights, 8*(2), 1-14. https://doi.org/10.15640/jswhr.v8n2a1

Saldana, J. (2011). *Fundamentals of qualitative research.* Oxford University Press.

Samartzis, L., & Talias, M. A. (2019). Assessing and improving the quality in mental health services. *International Journal of Environmental Research and Public Health, 17*(1), 1-31. https://doi.org/10.3390/ijerph/7010249

Samuel, M. (2020). 21 social workers have died from COVID-19. *Community Care,* 28 June. https://www.comunitycare.co.uk/2020/06/28/21-social-workers-died-covid-29-show-official-figures/

Sandlelowski, M. (1995). Focus on qualitative methods: Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179-183. https://doi.org/10.1002/nur.4770180211

Saunders, M. N. K., & Townsend, K. (2016). Reporting and justifying the number of interview participants in organization and workplace research. *British Journal of Management, 27*(4), 836-852. https://doi.org/10.1111/1467-8551.12182

Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly, 19*(1), 49-64. https://doi.org/10.1111/j.1471-6402.1995.tb00278.x

Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement.* South End Press.

Schellekens, M. P. I., & van der Lee, M. L. (2020). Loneliness and belonging: Exploring experiences with the COVID-19 pandemic in psycho-oncology. *Psycho-Oncology (Chichester, England), 29*(9), 13699-1401. https://doi.org/10.1002/pon.5459

Schneider, E. M. (2002). Battered women and feminist lawmaking. *Women's Rights Law Reporter, 23*(3), 243-246.

Schuster, C., Weitzman, L., Mikkelsen, K., Meyer-Sahling, J., Bersch, K., Fukuyama, F., Paskov, P., Rogger, D., Mistree, D. & Kay, K. (2020). Responding to COVID-19 through surveys of public servants. *Public Administration Review, 80*(5), 792-796. https://doi.org/10.1111/puar.13246

Shamai, M. (2005). Personal experience in professional narratives: The role of helpers' families in their work with terror victims. *Family Process, 44*(2), 203-215. https://doi.org/10.1111/j.1545-5300.2005.00054.x

Sheek-Hussein, M., Abu-Zidan, F. M., & Stip, E. (2021). Disaster management of the psychological impact of the COVID-19 pandemic. *International Journal of Emergency Medicine, 14*(19). https://doi.org/10.1186/s12245-021-00342-z

Shuster, A., O'Brien, M., Luo, Y., Berner, L. A., Perl, O., Heflin, M., Kulkarni, K., Chung, D., Na, S., Fiore, V. G., & Gu, X. (2021). Emotional adaptation during a crisis: Decline in anxiety and depression after the initial weeks of COVID-19 in the United States. *Translational Psychiatry, 11*(1), 435. https://doi.org/10.1038/s41398-021-01552-y

Simundic, A. M. (2013). Bias in research. *Biochemia Medica, 23(1), 12-15. https://doi.org/10.11613/bm.2013.003*

Simundic, A. M. (2013). Bias in research. *Biochemia Medica, 23(1), 12-15. https://doi.org/10.11613/bm.2013.003*

Slattery, S., M., & Goodman, L. A. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women, 15*(11). 1358-1379. https://doi.org/10.1177/1077801209347469

Slocum-Gori, S., Hemsworth, D., Chan, W. W., Carson, A., & Kazanjian, A. (2013). Understanding compassion satisfaction, compassion fatigue, and burnout: A survey of the hospice palliative care workforce. *Palliative Medicine, 27*(2), 172-178. https://doi.org/10.1177/0269216311431311

Social Security Administration (2011). Posttraumatic stress disorder fact sheet. https://www.ssa.gov/disability/Documents/PTSD%20Fact%20Sheet.pdf

Sorbello, M., El-Boghdadly, K., Di Giacinto, I., Cataldo, R., Esposito, C., Falcello, S., Merli, G., Cortese, G., Corso, R. M., Bressan, F., Pintandi, S., Greif, R., Donati, A., & Petrini, F. (2020). The Italian coronavirus disease 2019 outbreak: Recommendations from clinical practice. *Journal of the Association of Anesthetists 75*(6), 724-732. https://doi.org/10.1111/amae/15049

South Carolina Department of Health and Environmental Control. SC testing data and projections (COVID-19). 2020

Southhall, A. (2020). *Why a drop in domestic violence reports might not be a good sign.* The New York Times. https://www.nytimes.com/2020/04/17/nyregion/new-york-citydomestic-violence-coronavirus.html?searchResultPosition=2

Stake, R. E. (1995). *The art of case study research.* SAGE.

Stake, R. E. (1995). *The art of case study research.* SAGE.

Stake, R. E. (2010). *Qualitative research: Studying how things work.* Guilford Press.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research.* Volume 15: SAGE

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences 110*(15), 5797-5801. https://doi.org/10.1073/pnas.1219686110

Sterud, T., & Hanvold, T. N. (2021). Effects of adverse social behavior (ASB) at the workplace on subsequent mental distress: A 3-year prospective study of the general working population in Norway. *International Archives of Occupational and Environmental Health, 94*(1), 325-334. https://doi.org/10.1007/s00420-01581-y

Sterud, T., & Hanvold, T. N. (2020;2021). Effects of adverse social behavior at the workplace on subsequent mental distress: A 3-year prospective study of the general working population in Norway. *International Archives of Occupational and Environmental Health, 94*(2), 325-334. https://doi.org/10.1007/s00420-020-01581-y

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research.* Volume 15: SAGE.

Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* SAGE. https://www.doi.org/10.4135/9781452230153

Strauss, A. & Corbin, J. (2007). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* SAGE.

Strzelecki, A. M., Moloney, M. E., Brooks, A. T., & Weafer, J. (2022). Alcohol use, sleep, and depression among family caregivers in the time of COVID-19. *Alcohol, 102*, 35-42. https://doi.org/10.1016/j.alcohol.2022.04.002

Stutts, J. J. (2014). Domestic violence in later life. *The Judges' Journal, 53*(2), 20-23.

Su, Z., McDonnell, D., Wen, J., Kozak, M., Abbas, J., Segalo, S., Li, X., Ahmad, J., Cheshmehzangi, A., Cai, Y., Yang, L., & Xiang, Y. (2021). Mental health consequences of COVID-19 media coverage: The need for effective crisis communication practices. *Globalization and Health, 17*(4). https://doi.org/10.1186/12992-020-00654-4

Sullivan, C. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence, 33*(2), 123-131. https://doi.org/10.1007/s10896-017-9931-6

Sullivan, C. M., & Tyler, V. (2017). An eight-state study on the relationship among domestic violence shelters and residents' self-efficacy and hopefulness. *Journal of Family Violence, 32*(8), 741-750. https://doi.org/10.1007/510896-017-9930-7

Sutton, L., Rowe, S., Hammerton, G., & Billings, J. (2022). The contribution of organizational factors to vicarious trauma in mental health professionals: A systematic review and narrative synthesis. *European Journal of Psychotraumatology, 13*(1). https://doi.org/10.1080/2008198.2021.2022278

Swaziek, Z., & Wozniak, A. (2020). Disparities old and new in U. S. mental health during the COVID-19 pandemic. *The Journal of Applied Public Economics, 41*(3), 709-732. https://doi.org/10.1111/1475-5890.12244

Tarshis, S., & Baird, S. L. (2018). Addressing the indirect trauma of social work students in intimate partner violence (IPV) field placements: A framework for supervision. *Clinical Social Work Journal, 47*(1), 90-102. https://doi.org/10.1007/s10615-018-0678-1

Taylor, L. (2016). *Psychology focus: Introducing cognitive development.* Routledge.

Taylor, S., & Asmundson, G. J. G. (2020). Life in a post-pandemic world: What to expect of anxiety-related conditions and their treatment. *Journal of Anxiety Disorders, 72,* 102231-102231. https://doi.org/10.1016/j.janxdis.2020.102231

Taylor, S., & Asmundson, G. J. G. (2021). Negative attitudes about face masks during the COVID-19 pandemic: The dual importance of perceived ineffectiveness and psychological reactance. *PloS ONE, 16*(2), e0246317. https://doi.org/10.1371/journal.pone.0246317

Taylor Miller, P. G., Sinclair, M., Gillen, P., McCullough, J. E. M., Miller, P. W., Farrell, D. P., Slater, P. F., Shapiro, E., & Klaus, P. (2021). Early psychological interventions for prevention and treatment of post-traumatic stress disorder (PTSD) symptoms in post-partum women: A systematic review and meta-analysis. *PLOS One, 16*(11). https://dx.doi.org/10.1371/journal.pone.0258170

Terao, T., Hori, H., & Buntrock, C. (2021). Editorial: How to help employees returning to work following depression. *Frontiers of Psychiatry, 12,* 1013-1014. https://doi.org/10.3389/fpsyt.2021.714589

Tesfaye, Y., Agenagnew, L., Anand, S., Tucho, G. T., Birhanu, Z., Ahmed, G., Getnet, M., & Yitbarek, K. (2021). Knowledge of the community regarding mental health problems: A cross-sectional study. *BMC Psychology, 9*(106). https://doi.org/10.1186/s40359-021-00607-5

Thibaut, F. & van Wijngaarden-Cremers, P. J. M. (2020). Women's mental health in the time of COVID-19 pandemic. *Frontiers in Global Women's Health 1*(1), 1-6. https://doi.org/10.3381/fgwh.2020.588372

Thiel, F., Buechl, V. C. S., Rehberg, F., Mojahed, A., Daniels, J. K., Schellong, J., & Garthus-Niegel, S. (2022). Changes in prevalence and severity of domestic violence during the COVID-19 pandemic: A systemic review. *Frontiers in Psychiatry, 13*, 874183-874183. https://doi.org/10.3389/fpsyt.2020.874183

Thomas, G. (2011). *A typology for the case study in social science following a review of definition, discourse, and structure*. SAGE. https://doi.org/10.1177/1077800411409884

Thomas, G. (2011). *A typology for the case study in social science following a review of definition, discourse, and structure*. SAGE. https://doi.org/10.1177/1077800411409884

Tierney, K. J. (1982). The battered women movement and the creation of the wife beating problem. *Social Problems, 29*(3), 207-220. https://doi.org/10.1525sp.1982.29.3.03a00010

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. Research report. U.S. Department of Justice, Office of Justice Programs. https://www.ojp.usdoj.gov/nij/pubs-sum/181867.htm

Tosone, C., Nuttman-Schwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. *Clinical Social Work Journal, 40*(2), 231-239. https://doi.org/10.1007/s10625-012-0395-0

Tull, M. T., Edmonds, K. A., Scamaldo, K., Richmond, J. R., Rose, J. P., & Gratz, K. L. (2020). Psychological outcomes associated with stay-at-home orders and the perceived impact of COVID-19 on daily life. *Psychiatry Research, 289*, 113098. https://doi.org/10.1016/j.psychres.2020.1130958

UNDRR (2020). *Risks and disasters. UN-SPIDER knowledge Portal.*

United Way of the Lowcountry, Inc. (2021). Volunteer board members. https://getconnected.uwlowcountry.org/need/detail/?need_id=1793

University of Kentucky (2020). *University of Kentucky social psychologist explains proper social distancing: Steps to counter loneliness.* Newswise. https://www.newswise.com/coronavirus/university-of-kentucky-social-psycholigist-explains-proper-social-distancing-steps-to-counter-loneliness/?article_id=730466

Upadhyaya, C. (2014). Application of the Maslow's hierarchy of need theory; impacts and implications on organizational culture, human resource and employee's performance. *International Journal of Education & Management Studies 4*(4), 353-356.

USDHHS. United States Department of Health and Human Services. 2020 May 28. What is mental health? https://www.mentalhealth.gov/basics/what-is-mental-health

Valcheva, S. (2022). *Qualitative data analysis methods and techniques.* https://www.intellispot.com/qualitative-data-analysis-methods/

Varga, S. (2012). Defining mental disorders: Exploring the natural functional approach. *Philosophy, Ethics, and Humanities in Medicine, Article 6,* 1. https://doi.org/10.1186/1747-5341-6-1

Vass, A., & Haj-Yahia, M. M. (2021). Pay attention to me: Children subjective perceptions of the process of leaving home with their mothers to shelters for battered women. *Violence Against Women, 27*(3-4), 295-319. https://doi.org/10.1177/1077801219890421

Violence against women (9 March 2021). WHO: International https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Walls, E., & Drape, K. (2021). Recognizing and supporting families through domestic violence and abuse. *British Journal of Nursing (Mark Allen Publishing)*, *30*(3), 156-159. https://doi.org/10.12968/bjon.2021.30.3.156

Wanging, Z. (2020, March 2). *Domestic violence cases during COVID-19 epidemic: Rights activists say law enforcement officials need to be more responsive to reports of gender-based violence.* Sixth Tone. https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic

Wathen, C. N., Harris, R. M., Ford-Gilboe, M., & Hansen, M. (2015). What counts? A mixed-methods study to inform evaluation of shelters for abused women. *Violence Against Women*, *21*(1), 125-146. https://doi.org/10.1177/1077801214564077

Watson, M. F., Bacigalupe, G., Daneshpour, M. Han, Wen-Jui, H., & Parra-Cardona, R. (2020). COVID-19 interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family Process*, *59*(3). 832-846. https://doi.org/10.1111/famp.12572

Washington State Department of Social and Health Services: DSHS. (2022 January 20). *Types and signs of abuse.* https://dshs.wa.gov/altsa/home-and-community-services/types-and-signs-abuse

Watts, D. M. (1994). Constructivism, re-constructivism and task-orientated problem-solving. In Fensham, P., Gunstone, R., &White, R. (Eds.). *The content of science: A constructivist approach to its teaching and learning.* Falmer Press. 39-58. https://doi.org/10.4324/9781315831558

Wertz, F. J. (2005). Phenomenological research methods of counseling psychology. *Journal of Counseling Psychology, 52*(2), 167-177. https://doi.org/10.1037/0022-0167.52.2.167

Wies, J. R. (2008). Professionalizing human services: A case of domestic violence shelter advocates. *Human Organization, 67*(2), 221-233. https://doi.org/10.17730/humo.67.2.143m2v54221711|3

Wies, J. R. (2008). Professionalizing human services: A case of domestic violence shelter advocates. *Human Organization, 67*(2), 221-233. https://doi.org/10.17730/humo.67.2.143m2v5422171113

Williams, E. E., Arant, K. R., Leifer, V. P., Mardi, C. B., Levy-Carrick, N. Lewis-O'Connor, A., & Katz, J. N. (2021). Providers perspectives on the provision of safe, equitable, trauma-informed care for intimate partner violence survivors during the COVID-19 pandemic: A qualitative study. *BMC Women's Health, 21,* 1-11. https://dx.doi.org/10.1186/s12905-021-01460-9

Whitty, C. (2021). Mental health research goals and the National Institute for Health Research. *Journal of Mental Health.* https://doi.org/10.1080/09638237.2021.1898555

Women and violence: Declaration on the elimination of violence against women. (1995, Sept 01). *WIN News, 21*(4), 50-53 https://proquest.com/docview/1945752250/9B75564A6FE14BAFPO/4?accountid=12085

Wood, L, Baumler, E., Schrag, R. V., Guillot-Wright, S., Hairston, D., Temple, J., Torres, E. (2021). Don't know where to go for help: Safety and economic needs among violence survivors during the COVID-19 pandemic. *Journal of Family Violence, 36*(1). 1-9. https://doi.org/10.1007/s10896-020-00240-7

Wood, L., Wachter, K., Rhodes, D., & Wang, A. (2019). Turnover retention and job satisfactory among the intimate partner violence and sexual assault workforce. *Violence & Victims, 34*(4), 678-700. https://doi.org/10.1891/0886-6708.VV-D-18-00134

Wood, L., Wachter, K., Wang, A., Kammer-Kerwick, M., & Busch-Armendariz, N.B. (2017). *The Victim Services Occupation, Information, and Compensation Experiences Survey (VOICE): Technical report.* https://sites.utexas.edu/idvsa/research/intimate-partner-violence-domestic-violence/

Wood, S. N., Glass, N., & Decker, M. R. (2021). An integrative review of safety strategies for women experiencing intimate partner violence in low and middle-income countries. *Trauma, Violence, & Abuse, 22*(1), 68-82. https://doi.org/10.1177/1524838018823270

Woodgate, R. L., Tennent, P., & Zurba, M. (2017). Navigating Ethical Challenges in Qualitative Research with Children and Youth Through Sustaining Mindful Presence. *International Journal of Qualitative Methods*. https://doi.org/10.1177/1609406917696743

World Health Organization: WHO. (2019, November). *Mental disorders.* https://who.int/news-room/fact-sheets/detail/mental-disorders

World Health Organization. WHO. (2020). Coronavirus disease (COVID-19) advice for the public: Healthy parenting. https://www.who.int/emergencies/diseases/novelcoronavirus-2019/advice-for-public/healthy-parenting

World Health Organization. WHO. (2021). Keep health workers safe to keep patients safe. https://www-who-int-17-09-2020-keep-health-workers-safe-to-keep-patients-safe-who

Wu, H. N. (2012). *Experiences and coping among female caseworkers at women's shelters: A qualitative study*. [PhD student, School of Graduate Studies, Indiana State University] https://hdl.handle.net/10484/3943

Wu, P., Fang, Y., Guan, Z., Fan, B., Kong, J., Yao, Z., Liu, X., Fuller, C. J., Susser, E., Lu, J., & Hoven, C. W. (2009). The psychological impact of the SARS epidemic on hospital employees in China: Exposure, risk perception, and altruistic acceptance of risk. *The Canadian Journal of Psychiatry, 54*(5), 302-311. https://doi.org/10.1177/070674370905400504

Xiao, S., Luo, D. & Xiao, Y. (2020). Survivors of COVID-19 are at high risk of posttraumatic stress disorder. *Global Health Research and Policy, 5*, 29. https://doi.org/10.1186/s41256-020-00155-2

Xu, M. A., & Storr, G. B. (2012). Learning the concept of researcher as instrument in qualitative research. *Qualitative Report, 17*(21), 1.

Yatham, S., Sivathasan, S., Yoon, R., da Silva, T. L., & Ravindran, A. V. (2018). Depression, anxiety, and post-traumatic stress disorder among youth in low- and middle-income countries: A review of prevalence and treatment interventions. *Asian Journal of Psychiatry, 38*, 78-91. https://doi.org/10.1016/j.ajp.2017.10.029

Yelverton, V., Qiao, S., Weissman, S., Olatosi, B., & Li, X. (2021). Telehealth for HIV care services in South Carolina: Utilization, barriers, and promotion strategies during the COVID-19 pandemic. *AIDS and Behavior, 25*, 3909-3921. https://doi.org/10.1007/s10461-021-03349-y

Yin, R. K. (1981). The case study crisis: Some answers. *Administrative Science Quarterly, 26*, 58-65.

Yin, R. K. (1984). *Case study research.* SAGE.

Yin, R. K. (2003). *Case study research: Design and methods.* SAGE.

Yin, R. K. (2009). *Case study research: Design and methods.* SAGE.

Yin, R. K. (2011). *Case study research: Design and methods.* SAGE.

Yin, R. K. (2013). *Case study research: Design and methods.* SAGE.

Yin, R. K. (2014). *Case study research: Design and methods (5th ed.).* SAGE.

Yong, C. (2020). COVID-19. *Journal of the American College of Cardiology, 75*(20), 2639-2641. https://doi.org/10.1016/j.jacc.2020.04.014

Young Women's Christian Association of the United States (2021). Clinical director. https://www.yecaspokane.org

Zippia Careers (2021). How to become a director training & education: Jobs, careers, salary, and skills. https://zippia.com/director-training-education-jobs/

ZipRecruiter (2021). What do domestic violence advocates do? https://www.ziprecruiter.com/e/What-Do-Domestic-Violence-Advocates-Do

APPENDIX A

IRB (Interview Review Board) Consent Form

You are invited to participate in a research study. This research, to be conducted by Tonisia L. Brown-Cotten, under the supervision of Richard Green, Ed. D. a professor in the School of Behavioral Sciences at Liberty University. This study is designed to examine with the use of Standardized Open-Ended Semi-Structured Interviews.

Participation in this research will require between thirty to sixty minutes of your time. As a participant of this research, you will be asked to be interviewed with an audio recording device during an initial hour-long conversation with the researcher, Tonisia L. Brown-Cotten, with a possible follow-up interview if clarifications are needed, or a few additional questions arise.

This research is confidential, and your information will be strictly confidential. At no time will you be able to be identified in any reports or publications that result from this research. The audio recording(s) will be kept for future research use or educational purposes in a secure location. Although it is not expected that you will benefit directly through your involvement in this study, this research is expected to benefit intimate partner violence directors, staff, therapists, and shelter advocates by adding to the general understanding of the impact COVID-19 had on the mental health well-being among the staff of a domestic violence shelter.

Tonisia L. Brown-Cotten, the researcher, knows of no risk or discomfort associated with this research. Your participation is completely voluntary, and you may discontinue participation at any time. Your consent is voluntary and may be withdrawn at any time. Your collected personal data in this research will be stored by the researcher, Tonisia L. Brown-

Cotten, for five years. Projected future use of this data may include additional research into the effects of a pandemic on social providers in a domestic violence shelter.

If you have any questions concerning this research study, please contact Tonisia L. Brown-Cotten at XXX-XXX-XXXX. My dissertation chair, Dr. Richard Green, may be contacted at YYY-YYY-YYYY. You may also contact Research Protections and Compliance of the Office of Research and Grants Administration at UUU-UUU-UUUU if you have questions or concerns about research review at Liberty University or your rights as a research participant. You will be given a copy of this form for your records.

This research study has been approved by Liberty University Institutional Review Board for the Protection of Human Research Participants.

I have read this consent form and agree to participate in this research study. I certify that I am at least 18 years old. By signing this form, I agree that I have been given the chance to ask questions and have agreed to take part in this study.

Printed Name of Participant

Signature of Participant

Date

APPENDIX B

Liberty University IRB Acceptance Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

June 24, 2022

Tonisia Brown-Cotten
Richard Green

Re: IRB Exemption - IRB-FY21-22-980 THE IMPACT OF COVID-19 ON THE MENTAL HEALTH WELL-BEING AMONG THE STAFF OF A DOMESTIC VIOLENCE SHELTER

Dear Tonisia Brown-Cotten, Richard Green,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2. (iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB

account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX C

Recruitment Email Letter

Recruitment Letter

Dear _____:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research to better understand the link between the mental health experiences of domestic violence shelter staff workers and the COVID-19 pandemic. The purpose of my research is to learn some of the challenges therapists and advocates at local domestic violence shelters perceived during the first two years of the pandemic and bring attention to the impact the COVID-19 pandemic had on those who worked in domestic violence shelters during the pandemic, and I am writing to invite eligible participants to join my study.

Participants must be18 years of age or older and have been advocates with domestic violence shelters for at least two years. Participants, if willing, will be asked to endure a 10-26 questions interview. It should take approximately 90 minutes to complete the procedure listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me at XXX-XXX-XXXX for more information and to schedule an interview.

A consent document is attached to this email and will be given to me at the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will receive a $10.00 Visa Gift Card.

Sincerely,

Tonisia L. Brown-Cotten, Doctoral Student
Liberty University
XXX-XXX-XXXX