



## Article

# Understanding the Emotional Impact and Coping Strategies of Professionals Working with Domestic Violence Victims

Elisabete Ferreira <sup>1</sup> , Ana Sofia Figueiredo <sup>1</sup> and Anita Santos <sup>1,2,\*</sup>

<sup>1</sup> Department of Social Sciences and Behavior, University of Maia, 4475-690 Maia, Portugal; eferreira@umaia.pt (E.F.); a034116@ismai.pt (A.S.F.)

<sup>2</sup> Center for Psychology, University of Porto, 4200-135 Porto, Portugal

\* Correspondence: anitasantos@umaia.pt; Tel.: +351-229-866-000

**Abstract:** Domestic violence (DV) remains a significant public health concern and a violation of human rights. The complex challenges faced by professionals who directly engage DV victims, combined with their consistent exposure to distressing narratives, have the potential to significantly impact the well-being of these practitioners. This, in turn, can directly influence the quality of the support they provide to victims. The present study aims to explore the psychological impact of working with DV victims on these professionals while simultaneously investigating the coping mechanisms they employ. Twenty-four professionals from DV victim support in Portugal participated in this qualitative research. Through semi-structured interviews and thematic analysis, the study unveils that this line of work can indeed be profoundly impactful, potentially resulting in adverse outcomes such as fatigue, emotional exhaustion, frustration, and difficulties in emotional regulation. Nonetheless, the research also reveals that professionals are capable of developing coping strategies to mitigate the negative impact of their work. This study proposes a set of suggested measures that should not only be adopted by professionals but should also be smoothly incorporated into the strategies of organizations committed to supporting DV victims. Ultimately, by bolstering the welfare of DV professionals, this research strives to enhance the quality of support extended to victims and provide meaningful input for informed policymaking, improved practices, and effective training approaches.

**Keywords:** domestic violence; mental health; professionals; coping strategies; qualitative; psychological impact; well-being; distressing narratives; victim support



**Citation:** Ferreira, Elisabete, Ana Sofia Figueiredo, and Anita Santos. 2023. Understanding the Emotional Impact and Coping Strategies of Professionals Working with Domestic Violence Victims. *Social Sciences* 12: 525. <https://doi.org/10.3390/socsci12090525>

Academic Editor: Nigel Parton

Received: 11 August 2023

Revised: 15 September 2023

Accepted: 18 September 2023

Published: 20 September 2023



**Copyright:** © 2023 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

Domestic violence (DV) is widely acknowledged as a significant public health concern and a fundamental breach of human rights (UN Women 2022). The Istanbul Convention, also known as the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Council of Europe 2011), provides a comprehensive definition of DV. It encompasses various forms of violence within the family or domestic unit, which can involve current or former partners, and, importantly, applies regardless of whether the individuals share the same domicile. This widespread social issue affects individuals from diverse backgrounds regardless of gender, nationality, or education and includes abuse of children and adolescents, intimate partner violence, and victimization of the elderly within familial settings (Ribeiro et al. 2022). A comprehensive analysis conducted by the World Health Organization (WHO) spanning from 2000 to 2018, covering 161 countries and areas, revealed that approximately 30% of women globally have experienced physical and/or sexual violence from an intimate partner, or non-partner sexual violence, or both (WHO (World Health Organization) 2021).

Over recent decades, considerable efforts have been made to establish and strengthen a robust network of services aimed at supporting and safeguarding victims of such violence

(Goodman et al. 2020). Central to this network are DV workers, who play a pivotal role in providing emotional assistance to victims, enhancing their safety, and offering legal advocacy (Benuto et al. 2019; Wood et al. 2019). DV workers routinely encounter unpredictable and complex situations while providing support to victims facing threats to their well-being from their intimate partners (Babin et al. 2012; Benuto et al. 2018). During their assistance to victims, professionals confront a range of challenges, as evidenced by qualitative studies. These challenges include a high caseload, bureaucratic barriers, the social legitimization of DV, insufficient organizational resources, staff burnout, and inadequate training (Frieze et al. 2020; Kulkarni et al. 2013). Moreover, DV workers grapple with the task of addressing the diverse needs of DV victims (Sullivan and Goodman 2019). In another qualitative study, additional difficulties emerged, such as the emotional toll of listening to clients' stories and the challenge of accepting clients' decisions to return to abusive situations (Merchant and Whiting 2015).

In recent years, there has been a growing interest in the well-being, occupational stress, and secondary trauma experiences of DV professionals, primarily due to the challenging nature of their work involving exposure to victims' traumatic and violent accounts. Various studies have been conducted to explore the potential negative consequences arising from such exposure and the high level of involvement in victims' lives, shedding light on the vulnerability of DV workers to adverse psychological outcomes (Singer et al. 2020; Voth Schrag et al. 2022). In a complementary effort, Ellis and Knight (2021) undertook an ethnographic and community-based participatory research endeavor with the aim of delving into the potential adverse consequences faced by professionals who offer assistance to victims. Through this study, a comprehensive spectrum of deleterious effects came to the fore. These encompassed uncontrollable emotional responses, intrusive memories and thoughts, sleep disturbances, nightmares, anxiety, heightened distrust toward others, and emotional unavailability. Importantly, these adversities also extended their reach to the realm of personal and familial relationships, thereby underscoring the profound impact of this occupational engagement.

Previous empirical studies also provide substantial evidence indicating that victim advocates' exposure to trauma can result in emotional reactions such as compassion fatigue, burnout, and secondary traumatic stress (e.g., Babin et al. 2012; Benuto et al. 2019; Singer et al. 2020). Compassion fatigue, defined as a state of emotional and physical exhaustion stemming from continual engagement with others' suffering (Fontin et al. 2021), encompasses both burnout and secondary traumatic stress, as outlined by Stamm (2010). Burnout, characterized by feelings of exhaustion, frustration, anger, and depression, is a common psychological response found among professionals (Singer et al. 2020; Stamm 2010). On the other hand, secondary traumatic stress manifests through negative emotions arising from exposure to work-related trauma, leading to symptoms such as sleep disturbances, intrusive thoughts or images, and avoidance of reminders related to others' traumatic experiences (Stamm 2010). This phenomenon of trauma-related emotional responses has been substantiated by research. For instance, Singer et al. (2020) conducted a study involving 142 victim advocates and found that these professionals appeared to be at a higher risk of experiencing burnout and compassion fatigue compared to other helping professions, such as mental health professionals. Furthermore, Benuto et al. (2019) observed high rates of secondary traumatic stress in a sample of DV workers.

The utilization of coping strategies can significantly impact the development of psychological consequences, with empirical research indicating a strong association between coping mechanisms and work-related stress reactions (Cummings et al. 2019). Although consensus on the conceptualization and measurement of coping strategies may be lacking, it is generally accepted that coping mechanisms are multidimensional and multifunctional, encompassing various actions that individuals employ to cope with and respond to stressful experiences, including seeking help, problem-solving, or using denial (Holton et al. 2016; Skinner et al. 2003). Various qualitative and quantitative studies have explored coping strategies among professionals in psychology, counseling, nursing, and social work to ad-

dress the emotional challenges and negative psychological outcomes linked to their work. In a study with social workers, participants reported using diverse coping strategies to manage job demands, including time management, setting boundaries, seeking peer support, supervision, self-care, distancing from work, and engaging in leisure activities (Mette et al. 2020). These coping strategies are mentioned by other professional groups, such as nurses (Ondrejková and Halamová 2022; Melvin 2012; Manning-Jones et al. 2016), psychologists (Norrman Harling et al. 2020; Manning-Jones et al. 2016), physicians (Manning-Jones et al. 2016; Bessen et al. 2019), and child welfare workers (Salloum et al. 2015). In addition to these strategies, these studies have reported others, including recognizing signs of deteriorating well-being, engaging in training and education, practicing self-awareness, seeking social support from friends and family, working within a team, balancing caseloads, and utilizing humor.

Despite substantial research on DV and its impact on professionals working with DV victims, the majority of this research has taken a quantitative approach. Consequently, a significant research gap still exists in understanding the nuanced perspective of these professionals regarding the implications of their intervention efforts on their mental health and overall well-being. This gap in the literature is a critical area that requires attention and investigation. Exploring the unique insights of DV workers can provide a deeper understanding of how interventions influence their psychological well-being and offer a more profound comprehension of how interventions influence their psychological well-being, as well as identify the most suitable strategies to cope with this impact. Furthermore, the well-being of DV workers is intertwined with the quality of assistance given to DV victims. Professionals grappling with unaddressed mental health challenges may struggle to deliver services with the necessary empathy, effectiveness, and sustainability, inadvertently affecting victim support and potentially compromising intervention outcomes. Therefore, addressing the research gap concerning DV workers' perceptions of the effects of their intervention work on mental health is essential for safeguarding professionals and enhancing the effectiveness of systems aiding DV victims.

Although there has been extensive quantitative research on the effects of domestic violence (DV) on professionals who work with DV victims, there is still a significant need to gain a deeper understanding of the unique viewpoints held by these professionals regarding how their intervention efforts may affect their mental health and overall well-being.

This study aims to investigate professionals' perspectives on how their involvement with DV victims impacts their mental health and overall well-being. Additionally, it intends to uncover and analyze the primary coping strategies utilized by these professionals to effectively manage the psychological consequences of their interventions. By accomplishing these objectives, the study aims not only at professionals' well-being but also at mitigating the adverse effects of DV and fostering a resilient environment for victims and those involved in their improvement.

## 2. Materials and Methods

### 2.1. Method

The study utilized a qualitative methodology to gain a comprehensive and authentic understanding of the experiences of workers dealing with DV. Semi-structured interviews were chosen as the most suitable approach to engage with the target group and thoroughly investigate the topics under research.

### 2.2. Participants

In Portugal, the National Support Network for Victims of Domestic Violence (RNAVVD) plays a critical role in providing assistance to DV victims through victim support centers and shelters. These centers are managed by interdisciplinary teams responsible for conducting comprehensive risk assessments, managing risks for victims, addressing individualized needs, devising personalized intervention strategies, and continually enhancing safety protocols. Additionally, Commissions for the Protection of Children and Youth (CPCJ) are

responsible for promoting and safeguarding the rights of children and youth, and in recent years, complaints of domestic violence (DV) have been the primary risk factor reported to the CPCJ. Given their extensive experience in working with domestic violence (DV) victims, these professionals were considered privileged informants and experts in the field. Their expertise enables them to provide valuable insights into the mental health implications of intervening with DV victims and offer effective strategies to cope with the resulting negative impact.

The study included 24 DV workers who had been directly assisting DV victims since at least March 2020 (the outbreak of the COVID-19 pandemic). Due to the volume and richness of data collected regarding narratives related to the intervention, impact, and self-care practices during the COVID-19 pandemic, this aspect will not be analyzed in this study. Instead, it will be the focus of a separate publication for theoretical reasons.

The sample size was determined based on the saturation of data, meaning that the data collection ended when no new themes emerged. The majority of the participants were women (91.7%), mostly married (58.3%), with ages ranging from 26 to 60 years and a mean age of 42.6 (SD = 9.852). The educational and training backgrounds of the participants were diverse, with a higher representation in the field of psychology (41.6%), and the majority had at least a bachelor's degree (54.2%). The years of experience working with victims of DV ranged from 2 to 23 years, with an average of 8.7 years (SD = 6.1). Additional sociodemographic characteristics of the participants are outlined in Table 1.

**Table 1.** Participants' sociodemographic characteristics.

Sociodemographic Characteristic	N	%
Gender		
Female	22	91.7
Male	2	8.3
Highest educational level		
Bachelor's degree	13	54.2
Master's degree	9	37.5
PhD degree	2	8.3
Training area		
Education	2	8.3
Social/Educational service	7	29.2
Nursing	1	4.2
Criminology	1	4.2
Psychology	10	41.6
Sociology	3	12.5
Years worked in domestic violence (mean = 8.7; SD = 6.1)		
2–5 years	11	45.83
6–10 years	6	25
11–15 years	4	16.67
>16 years	3	12.5
Age (in years): Mean = 42.6; SD = 7.9; Range: 26–60	-	-

For academic, training area, and work experience information, Table 2 provides additional data.

**Table 2.** Participants' educational and work experience data.

	Highest Educational Level	Training Area	DV Support Agency	Years Worked in DV
P1	Bachelor	Social/Educational service	CPCJ	4
P2	Bachelor	Sociology	CPCJ	14
P3	Master	Criminology	CPCJ	9
P4	Bachelor	Psychology	CPCJ	8

Table 2. Cont.

	Highest Educational Level	Training Area	DV Support Agency	Years Worked in DV
P5	Master	Education	CPCJ	5
P6	Bachelor	Social/Educational service	CPCJ	2
P7	Bachelor	Psychology	CPCJ	6
P8	Bachelor	Social/Educational service	CPCJ	4
P9	Bachelor	Social/Educational service	CPCJ	4
P10	Bachelor	Social/Educational service	CPCJ	23
P11	Master	Nursing	CPCJ	9
P12	Bachelor	Education	CPCJ	6
P13	Bachelor	Social/Educational service	RNAAVD	4
P14	PhD	Psychology	RNAAVD	5
P15	PhD	Sociology	RNAAVD	3
P16	Master	Psychology	RNAAVD	4
P17	Bachelor	Sociology	RNAAVD	16
P18	Bachelor	Psychology	RNAAVD	15
P19	Master	Psychology	RNAAVD	4
P20	Master	Psychology	RNAAVD	20
P21	Master	Psychology	RNAAVD	18
P22	Master	Psychology	RNAAVD	8
P23	Bachelor	Social/Educational service	RNAAVD	3
P24	Master	Psychology	RNAAVD	14

### 2.3. Instruments

The study employed a sociodemographic questionnaire to gather information on participants' age, sex, educational qualifications, and professional experience (academic training area and number of years of working with DV victims). Data collection involved semi-structured interviews guided by an interview protocol, which was initially piloted with a DV professional. After testing, no adjustments were necessary, and the interview guide remained unchanged.

The semi-structured interview consisted of seven open-ended questions organized into four sections. The first section explored the challenges and difficulties encountered while intervening with DV victims. The open questions posed were as follows: "Reflecting on your professional experience with DV victims, what do you consider to be important aspects for professionals working in this field?" and "What are the major challenges in working with DV victims?" Moving on to the second section of the interview, the focus shifted to the impact of continuous exposure to the suffering and risks faced by DV victims on the mental health of professionals. Additionally, coping strategies for managing this emotional burden were explored. Within this group, the questions were as follows: "What do you think about the potential impact on your mental health of working with DV victims?" and "What strategies do you employ to cope with the potential impact you described?"

The third set of questions delved into the effects of the COVID-19 pandemic and associated containment measures on the mental health of participants. It also sought to understand the strategies employed by participants to ensure their well-being throughout the pandemic. In this section, the questions were as follows: "How has the COVID-19 pandemic and containment measures affected your life?" and "What strategies did you use in order to foster your well-being during this pandemic?"

Finally, the last question aimed to gather advice for future DV workers, with a particular emphasis on maintaining emotional and psychological well-being. To address this, participants were asked, "Reflecting on the importance of maintaining emotional and psychological balance, what guidance would you offer to a colleague who is embarking on a career in working with domestic violence victims?"

For the purpose of this study, data analysis was centered on the second section due to the volume and richness of the data. The remaining sections will be addressed in another publication for theoretical reasons.

#### 2.4. Procedures

The study meticulously addressed ethical considerations to ensure the well-being and rights of the participants. It received approval from the University of Maia Ethics and Deontology Council, underscoring a commitment to upholding ethical standards. After obtaining ethics approval, access to potential participants was established by contacting the RNAVVD and the CPCJ. Authorization was formally requested from these institutions via email, providing them with comprehensive information regarding the project's objectives and ensuring the protection of participants' rights. Subsequently, individual meetings were scheduled with interested participants, either via video call or in person with a project researcher. During these meetings, a thorough discussion of the study's objectives and the rights of participants took place initially, emphasizing the importance of informed consent. These ethical considerations were paramount, given the sensitive topics and the potential emotional distress that professionals might experience during interviews. This approach ensured that ethical approval, participant anonymity, and informed consent were meticulously addressed throughout the study.

The participants were given clear information that, if they experienced any distress or adverse effects during the interview, they had the autonomy to pause or terminate the interview. Furthermore, they were duly informed that, in the event of any consequences resulting from their participation in the current study, they had the option to contact the researcher.

#### 2.5. Data Collection

Out of the total of twenty-four interviews conducted for this study, ten were carried out via videoconference, and the remaining fourteen were conducted in person. The majority of the semi-structured interviews (16 interviews) were conducted by the first author, who holds a master's degree in psychology and possesses significant experience in intervention with victims, being affiliated with both RNAVVD and the CPCJ. The remaining six interviews were conducted by two well-trained master's students in psychology. The interviews were audio-recorded, conducted in Portuguese, and took place between February and October 2022. The duration of the interviews ranged from approximately 10 min to 55 min.

The varying interview durations can be attributed to factors such as the participants' comfort levels, the complexity of their responses, and their rapport with the interviewer. However, these differences in duration do not significantly affect the study's results, as the focus is on the content and substance of the responses, ensuring an accurate representation of participants' perspectives and experiences. For this reason, they were all considered valid results.

#### 2.6. Data Transcription and Analysis

The analysis process was conducted by the first author and a master's student with specialized training in the field. It encompassed several crucial steps, beginning with the recording and transcription of the interviews. Subsequently, an inductive, thematic-analysis approach was applied, following the guidelines outlined by [Braun and Clarke \(2006\)](#). In accordance with their guidance, the thematic analysis process consisted of six stages: (1) familiarizing the researchers with the data, (2) identifying themes (ideas) in the data, (3) developing themes to reflect the data, (4) revising themes and creating sub-themes from related ideas, (5) defining the themes, and (6) writing about the identified themes ([Braun and Clarke 2006](#)).

To facilitate the analysis, the NVivo 10 Qualitative Data Analysis Program was utilized. To ensure the reliability of the coding, both coders underwent an extensive familiarization process with the data and the coding procedure. This process involved individual readings, re-readings, and a comprehensive understanding of all the transcripts.

For the initial two interviews, collaborative coding was employed, leading to the organization of data into themes and subthemes. Following this, both authors independently

coded the remaining interviews. They later convened to review their respective themes and subthemes, ultimately reaching a consensus on the final set.

To further enhance the validity and rigor of the analysis, a senior researcher conducted an audit of the coding process, ensuring that the analysis was conducted accurately and consistently.

### 3. Results

As previously mentioned, the presented results correspond to the questions within the second section of the interview, which aims to understand the effect of exposure to the suffering and risks experienced by DV victims on the mental well-being of professionals. Additionally, it explores strategies employed to cope with the expected emotional burden.

The findings of the study reveal two main themes: the first related to the psychological impact of intervening with DV victims, while the second one is linked to strategies for coping with the negative effects of such interventions. Each main theme is further subdivided into specific subthemes (Table 3). Throughout the text, direct quotations from the interview transcripts are included, highlighting specific aspects relevant to these themes, and each quotation is identified by an interviewer code.

**Table 3.** Codification grid.

Theme	Subtheme	N
The impact of intervention with DV victims	Difficulty in disengaging from work	21
	concern and anxiety	20
	Frustration and disappointment	18
	Difficulties in emotional regulation	17
	Fatigue and emotional exhaustion	13
Coping strategies to manage the adverse impact	Theoretical and practical knowledge	24
	Setting boundaries	23
	Self-care	18
	Self-monitoring	12
	Debriefing with colleagues	12

#### 3.1. The Impact of Intervention on DV Victims

##### 3.1.1. Difficulty in Disengaging from Work

Twenty-one of the participants expressed challenges in effectively disengaging from work and preventing it from invading their personal and family lives. One participant stated,

*Disconnecting is very difficult . . . I don't think we managed to get to the end of the day and turn off the switch! (P3).*

Another participant added,

*It often becomes inevitable to bring work home . . . it is inevitable to ruminate many times on what I can still do tomorrow . . . and therefore, we end up thinking too much about some cases that are corroding us. (P24).*

In general, participants identified a challenge for professionals in setting boundaries between work and personal life, with the emotional and mental burden persisting beyond working hours, resulting in rumination and continuous preoccupation.

The participants revealed that they often find themselves grappling with intrusive and persistent thoughts related to the stories and intervention process with the victims. These thoughts were particularly prominent during leisure moments or when trying to sleep.

Participants described how these intrusive thoughts would often return despite attempts to control or suppress them. One participant shared,

*Sometimes we're laying our head on the pillow and an idea comes, and another idea comes . . . and we have to put them in their place, we have to arrange them properly, but as we know, it comes back! (P19).*

### 3.1.2. Concern and Anxiety

Twenty participants expressed feelings of concern and anxiety regarding the victim's safety, particularly in cases involving children or high-risk factors like the presence of firearms. In instances where victims cohabitated with their abusive partners despite evident danger, professionals reported feeling a heightened sense of concern and anxiety. As one participant revealed,

*Especially in this situation where he has a gun and he shoots at the victim's car and she continues to live with him . . . I worry! (P13).*

Another participant conveyed,

*Things are being done with this fear that something will happen to that victim, and with the fear that the victim may not understand us and that may not realize that we are there to help. (P2).*

Additionally, professionals spoke of their anxiety while seeking new information about the victim's circumstances and reassessing their safety. The uncertainty surrounding the victim's well-being and the potential for escalation into danger weighed heavily on their minds. A participant described this sentiment, saying,

*Somehow an anxiety of the day after wanting to know how things are, whether they have improved, whether they have worsened, especially in those more serious cases, in which the victim returns home and in which we know that she is at high risk. (P3).*

Expressing concern for the safety and well-being of the DV victims, seven participants reported sleep disturbances and difficulty sleeping due to anxiety. The gravity of situations can cause heightened anxiety and inhibit them from getting a restful night's sleep. One participant shared,

*And in the most serious situations, you thought that something was going to happen, and then you might not even be able to sleep . . . (P2).*

Participants reported experiencing dreams related to the victims and the intervention process, with unresolved work issues and concerns. As one participant expressed,

*My essential rest doesn't happen, and because I didn't solve the problem with the phone call, I already know I'm going to bed and I'm going to have a dream or two about it . . . it happens to me a lot . . . (P24).*

### 3.1.3. Frustration and Disappointment

While providing support to DV victims, eighteen participants discussed experiencing feelings of frustration and disappointment, recognizing that this is a common impact among professionals who work in this field. This emotional response was concisely articulated by a participant who remarked,

*I believe that frustration is likely one of the foremost consequences for anyone engaged in victim support . . . (P18).*

According to study participants, this frustration stems from professionals' emotional commitment to address the complex challenges of DV victim support. This frustration often originates from the deep emotional investment professionals make while supporting DV victims. They highlight their dedication to empowering and fostering the autonomy of victims, reflecting genuine concern for their well-being and safety. Nonetheless, a recurring observation is that victims often opt for decision paths that diverge from professionals' expectations, leading to a sense of frustration among this group of professionals.

While these professionals aim to empower victims trapped in abusive relationships, instances where victims make decisions contrary to their expectations can result in feelings of helplessness and disappointment. A participant captured this struggle, saying,

*. . . dealing with frustration becomes challenging when the victim's decisions deviate from what the professional expected. (P20).*



### 3.1.4. Difficulties in Emotional Regulation

Indicating that the nature of their work often exposes them to emotionally charged and distressing situations, seventeen participants expressed grappling with moments of heightened emotional fragility. They noted that at times, the narratives of trauma and suffering recounted by victims lead to emotional reactions such as tears or anger, which they struggle to control. Additionally, they highlighted that maintaining empathic engagement with victims presents its own set of challenges. According to the participants, the delicate balance between providing empathy and managing emotional boundaries can pose difficulties, thus contributing to their emotional vulnerability. This is at times accompanied by difficulty regulating emotions within personal and familial contexts.

The participants identified several triggers that contribute to these negative emotional responses, thereby impeding effective emotional management. One prominent trigger is the severity of the abuse that victims have endured. Engaging with accounts of severe physical and emotional trauma leads to profound emotional distress among professionals. Furthermore, the presence of children within these abusive dynamics emerged as a significant stressor, amplifying the participants' emotional vulnerability due to concerns for the safety and well-being of these innocent victims. To illustrate this, one participant expressed,

*I already felt some lack of capacity to deal with this personal fragility, I felt very small and sometimes with difficulty in managing it . . . it was, in fact, an emotional overload . . . sometimes the stories are impactful and disturb us . . . (P5).*

### 3.1.5. Fatigue and Emotional Exhaustion

Thirteen participants acknowledged that intervening with DV victims can lead to significant physical and emotional exhaustion. They expressed the impact of demanding and emotionally charged work on their overall well-being, describing a pervasive sense of weariness affecting both their bodies and minds. For instance, one participant stated,

*Right now, I am aware that I am effectively tired, exhausted, and without the ability to properly respond . . . (P24).*

Another participant conveyed the cumulative effect of emotional and mental fatigue, stating,

*Of course, you get to the end of a week and you're really tired, physically and emotionally because I think that emotional and mental tiredness can often overtake the physical. (P13).*

Two participants even mentioned experiencing burnout or other clinical conditions as consequences of their work with victims. One participant revealed the gravity of these repercussions, saying,

*The impact can be brutal. . . indeed it can! Most people I know often experience burnout, have anxiety attacks, have clinical situations, depressive conditions that result from the demands of this work . . . (P20).*

Furthermore, a participant highlighted,

*So many demands, so much anguish for the professional who wants to give an answer and often doesn't have one . . . it obviously causes the professional to feel emotional exhaustion, a physical and mental fatigue that is so famously spoken of as burnout . . . (P24).*

This participant also mentioned that this fatigue and emotional exhaustion sometimes lead professionals to consider leaving their roles:

*This means that it is a exhaustion that is great enough for, after a few years, people to look for another area. (P24).*

Two participants noted that emotional exhaustion frequently results in emotional unavailability, lethargy, and a reluctance to participate in family activities. They reported prolonged involvement in assisting victims beyond their working hours, which impacts their personal lives and family interactions, potentially leading to misunderstandings and conflicts within the family dynamic. As one participant expressed,

*Families are often the ones who pay, it's the intimate relationships we have . . . They pay with our absence, with our emotional unavailability, with our unwillingness to do things . . . we are so tired that we don't even want to leave the house, we don't feel like doing anything . . . (P24).*

### 3.2. Coping Strategies to Manage the Adverse Impact

#### 3.2.1. Theoretical and Practical Knowledge

All the participants acknowledged the significance of consistently maintaining both theoretical and practical knowledge to strengthen their competence and confidence in their work. One participant emphasized the value of training, stating,

*I also invest a lot in training to acquire knowledge about how things really should be done and the updates that also exist . . . from that moment on that also makes me calmer! (P16).*

Another participant pointed out,

*We must be aware of this, we have to be very rational and very technical, we have to have a very strong technical base here . . . I think that theory saves us, I usually say this to colleagues and even the interns, that the better our technique, the more relaxed we are with the decisions we make . . . (P20).*

According to the participants, having a strong understanding of theoretical concepts and evidence-based practices provided a framework for making informed and rational decisions. They believed that relying on theory helped them feel more at ease in their decision-making process and better equipped to handle complex cases. Additionally, participants emphasized that applying theory in practice allowed them to maintain a sense of rationality and distance from the emotionally charged situations they encountered. One participant mentioned,

*I think that theory saves us, especially when emotions are very intense . . . it helps us to take a step back and act with a certain detachment. (P7).*

Thirteen participants also emphasized the importance of learning from experience and professional practice. They recognized the value of practical knowledge acquired through years of service in managing the challenges they encountered. One participant stressed,

*Professional practice brings us another type of knowledge that one does not have in the first years of service, and therefore, often this lack of practical skills from acquired experience, from know-how, is sorely needed to deal with the adverse impact! (P24).*

Another participant shared,

*. . . I think that over time I also learned and found strategies to get along, and I think I already get along positively . . . the experience was useful, these 18 years helped . . . (P21).*

#### 3.2.2. Setting Boundaries

Twenty-three participants emphasized the importance of developing competencies in setting limits, boundaries, and emotional detachment when working with domestic violence victims. They considered these coping strategies crucial for managing the emotional toll of their work and maintaining a healthy work-life balance. By establishing clear boundaries, they created a separation between their professional responsibilities and personal lives, avoiding carrying the emotional burden of their work outside the workplace.

One participant mentioned,

*When the door closes, I switch it off. I don't take things outside, and here I respond to them professionally, you know? Objectively, I don't let it interfere. I block any way that interferes with my personal life. (P14).*

By setting such boundaries, participants believed it was easier to compartmentalize their emotions, preventing work-related stress from spilling over into their personal lives. Another participant highlighted the value of emotional detachment in maintaining objectivity, stating,

*Emotional detachment. . . I think it's the competence I have, which is total detachment from that situation. That situation belongs to that person, and therefore, I will see it as being that person's, not mine . . . (P1).*

Some participants employ abstraction as a means to manage distressing thoughts and establish a clear demarcation between work and personal life. This strategy involves participating in activities that help them disengage from the emotional impact of their roles, such as leisure activities, spending time with children, or taking a refreshing bath, to interrupt and redirect their thoughts.

One participant articulated,

*I have a strategy here. . . I can think about work up to a certain point, but from then on I always try to contradict the thoughts! (P6).*

Similarly, another participant described their post-work ritual, stating,

*. . . I always do that, I get home and I have a ritual . . . I take a shower thinking about it all, then I think 'Now it's over! Now you are going to hang up!' I try to do that; it doesn't always happen and it's not always easy . . . (P13).*

This ritualistic practice illustrates the participant's conscious attempt to transition mentally from work to personal life, making a concerted effort to detach from work-related concerns during leisure time.

### 3.2.3. Self-Care

Self-care emerged as a prominent and essential aspect of the eighteen participants' discussions, reflecting the recognition among professionals of the need to prioritize their well-being while dealing with the challenges of their work. The various self-care strategies mentioned by the participants highlight the multifaceted approach taken to address the physical, emotional, and social dimensions of their personal lives. One participant remarked,

*This has been a very important strategy . . . at the end of the day, doing one hour of physical activity. I notice that it is something that helps me a lot and that helps me to switch off and also to make the bridge between the end of the time for work and the beginning of life and personal dynamics! (P16).*

Some participants recognized that engaging in regular physical exercise is a powerful strategy to alleviate stress and maintain balance. They found that physical activities provided relaxation and helped them transition from work to their personal lives effectively. Additionally, participants emphasized the importance of engaging in social and family activities to nurture personal relationships and foster a sense of support and belonging. Mindfulness practices and meditation were also mentioned as effective tools to enhance emotional well-being and cope with the stresses of their profession. Taking regular breaks, taking vacations, and engaging in leisure activities were seen as crucial aspects of self-care, according to the participants.

Social and family support were highlighted as an additional form of self-care. They emphasized the significance of having a strong support system, including family members and trusted friends, to effectively manage the challenges they encounter. One participant emphasized,

*The family is an important support here, isn't it, it's where I take refuge and where I have a safe place . . . (P20).*

Additionally, another participant expressed the value of venting to someone they trust, stating,

*It's not easy . . . I try to vent the situation to someone I trust, even if it's just venting . . . sometimes I don't even need to hear an answer, by being able to externalize this overload I already feel lighter! (P5).*

Participants emphasized the importance of social and family support in their work with domestic violence victims, as it helps them process emotions, alleviate burdens, and strengthen emotional resilience to provide effective care and support to those in need.

#### 3.2.4. Self-Monitoring

Emphasizing the significance of frequently self-assessing and reflecting on their emotional state and personal limits to detect signs of potential emotional overload, the twelve participants conveyed their insights. They believed that through self-monitoring, professionals could detect early warning signs of emotional exhaustion, irritation, or other emotional challenges that might hinder their ability to provide effective support to DV victims. One participant emphasized the significance of recognizing when they felt excessively tired or irritable, stating,

*So it has happened that I feel very tired . . . when I start to experience levels of irritation that disturb, for example, the way I interact with people, I usually take breaks. (P6).*

Participants viewed self-monitoring as a valuable tool for effectively managing their emotions and fostering resilience in the face of work-related challenges. They believed that by staying attuned to their emotional well-being, they could proactively implement strategies to protect their mental health and maintain their capacity to provide support to DV victims.

#### 3.2.5. Debriefing with Colleagues

Engaging in debriefing with colleagues emerged as a crucial skill for effectively managing situations of emotional overload among the twelve participants. This practice provided them with a valuable opportunity to not only express their emotions and concerns but also to engage in case discussions and collaboratively develop more tailored intervention strategies. One participant highlighted the significance of sharing emotions with colleagues, stating,

*What I do to deal with these emotions . . . I often resort to sharing with colleagues, and in those situations, I think it helps a lot . . . (P19).*

Another participant emphasized:

*As we have the 3 DV workers in my office, we are talking among ourselves, we are venting some situations here and that's it alleviating . . . we are exchanging ideas here which helps . . . the fact that we have someone in the same area with whom we can exchange some ideas help a lot to manage these heavy situations! (P22).*

Participants emphasized that debriefing with colleagues offered a supportive environment for discussing emotional and technical challenges, leading to improvements in their well-being and the support they provided to the victims.

## 4. Discussion

This study aimed to investigate the psychological impact that working with domestic violence (DV) victims has on DV workers, specifically within the Portuguese context. Additionally, the study aimed to explore the coping strategies utilized by these workers to effectively manage the emotional toll of their interventions. The literature review unequivocally demonstrates that interventions involving victims of abuse are characterized by significant complexity, potentially leading to psychological repercussions for professionals involved in such cases. Several empirical investigations have shed light on a range of adverse consequences experienced by these professionals. For example, [Merchant and Whiting \(2015\)](#) observed that practitioners often grapple with a sense of frustration when confronted with victims' decisions to persist in abusive relationships, highlighting the complexity of this domain. Furthermore, researchers such as [Ellis and Knight \(2021\)](#) have documented a host of challenging psychological responses among professionals working with abuse victims, including uncontrollable emotional reactions, intrusive memories and thoughts, sleep disturbances, nightmares, anxiety, and emotional unavailability. These

psychological strains also extend beyond the professional realm, impacting personal and family relationships and further complicating this professional domain.

The present study delves deeper into these themes and aligns with prior research. Notably, it underscores the recurring theme of professionals' frustration when confronted with victims' choices to remain in or return to abusive relationships. Additionally, it emphasizes the intricate emotional regulation challenges faced by participants while providing support and empathy to victims, especially when exposed to distressing narratives during their work. The interactions between professionals and victims are also emotionally intense, heightening concerns and anxiety about the victims' safety. These emotional burdens not only impact professionals' mental health but also underscore the need for adequate support mechanisms within this specialized field.

The experiences of the study participants reveal the toll that this line of work can take, with frequent reports of difficulties disengaging from work, intrusive thoughts, troubling dreams, sleep disturbances, fatigue, emotional exhaustion, and disruptions in family life.

Furthermore, the persistent pattern of concern and arousal described by the participants as an impact of constant exposure to the stories and suffering of the victims aligns with the concept of compassion fatigue described in the literature (Figley 2002; Fontin et al. 2021; Stamm 2010). The same literature indicates that compassion fatigue symptoms can affect personal relationships, leading to decreased interest in intimacy, isolation from others, and an increase in interpersonal conflicts, which corresponds with the reported consequences by two participants. The findings of this study are also in line with quantitative studies that indicate a risk of compassion fatigue, burnout, and secondary traumatic stress among this group of professionals (Cummings et al. 2021; Singer et al. 2020; Voth Schrag et al. 2022; Wachter et al. 2020). It is worth noting that the issues reported by the participants, such as sleep difficulties, dreams about the victims, and intrusive thoughts, are common in secondary traumatic stress, whereas frustration and fatigue are characteristic of burnout (Stamm 2010; Singer et al. 2020).

Despite encountering negative consequences, these professionals skillfully utilized various coping mechanisms to manage the adverse effects of their roles. Notably, several of the coping strategies identified in our study have been previously reported in research involving different groups of helping professionals. The study's participants recognized the value of theoretical and practical knowledge as an indispensable coping strategy. This strategy not only enhances their intervention capabilities but also nurtures their overall well-being within the work environment. This finding was echoed in various studies involving helping professionals, underlining the significance of continuous professional development in equipping workers with the necessary tools to effectively navigate the complex and emotionally demanding nature of their roles (Frieze et al. 2020; Norrman Harling et al. 2020; Salloum et al. 2015). Although participants in our study did not explicitly mention supervision as a coping strategy, other studies have addressed its importance in promoting professionals' general well-being (Melvin 2012; Mette et al. 2020; Norrman Harling et al. 2020; Salloum et al. 2015; Wood et al. 2019).

The literature review also emphasized the paramount importance of establishing and maintaining emotional boundaries with clients and between work and personal life as a pivotal coping strategy. This finding was consistently supported by studies involving various helping professionals, including nurses (Melvin 2012), social workers (Mette et al. 2020), child welfare workers (Salloum et al. 2015), physicians (Bessen et al. 2019), and psychologists (Norrman Harling et al. 2020). Such emotional boundaries are considered by participants' study essential safeguards that enable these professionals to protect their own well-being while engaging in demanding and emotionally charged intervention work. Participants in our study reported employing abstraction as an effective strategy to halt intrusive thoughts related to work during moments of rest and in their personal lives. Activities such as taking baths or engaging in leisure activities with their children were found to be beneficial in diverting their attention from work-related thoughts. This finding

aligns with [Norrman Harling et al.'s \(2020\)](#) study, where having children was also reported to help distract participants from work-related thoughts.

The significance of self-care measures in mitigating negative effects on advocates' well-being was a notable finding. Engaging in activities such as physical exercise, social interactions, spending time with family, practicing meditation, taking vacations, and participating in leisure activities were identified as vital elements of the coping repertoire for DV workers in the present study. The participants also mentioned that social and family support is a crucial form of self-care and, as such, serves as a positive coping strategy for managing emotional overload. This informal support system offers emotional comfort and a means to ventilate feelings, potentially alleviating emotional burden and promoting well-being ([Bessen et al. 2019](#); [Manning-Jones et al. 2016](#); [Norrman Harling et al. 2020](#); [Ondrejková and Halamová 2022](#)). As demonstrated by other studies, these self-care practices contribute to enhancing psychological resilience, reducing compassion fatigue, and minimizing stress-related symptoms ([Burnett et al. 2020](#); [Norrman Harling et al. 2020](#); [Salloum et al. 2015](#)).

Moreover, self-monitoring and self-awareness emerged as another significant coping strategy observed in our study. Regularly evaluating thoughts, feelings, and behaviors enables professionals to develop a heightened sense of self-awareness, aiding them in recognizing signs of emotional exhaustion or distress. This practice also facilitates the identification of potential triggers for compassion fatigue and burnout, allowing for timely interventions and mitigating the risk of long-term psychological repercussions, as demonstrated by other studies ([Bessen et al. 2019](#); [Norrman Harling et al. 2020](#); [Ondrejková and Halamová 2022](#); [Salloum et al. 2015](#)).

Lastly, engaging in debriefing sessions with colleagues proved to be a valuable coping mechanism for DV workers. These sessions offer a safe and supportive space for professionals to share their experiences, emotions, and thoughts related to their intervention work, potentially alleviating the burden of psychological distress. Similar importance of social networks and peer support has been reported in studies involving psychologists and nurses ([Manning-Jones et al. 2016](#); [Melvin 2012](#); [Mette et al. 2020](#); [Norrman Harling et al. 2020](#)).

This study plays a pivotal role in emphasizing the importance of a comprehensive exploration of the psychological impact that intervention with domestic violence victims can have on professionals, as well as identifying the key coping strategies that help mitigate this adverse impact. Consequently, the research significantly contributes to a critical reflection on the redefinition of professionals' strategies and even institutional policies, aiming for a more effective and sustainable approach to addressing this complex social issue.

## 5. Conclusions

This study sheds light on the significant impact of working with DV victims on the mental health and overall well-being of professionals in the Portuguese context.

The findings reveal complex emotional engagement with victims, leading to negative consequences, such as emotional exhaustion, intrusive thoughts, sleep disturbances, and difficulties in personal and family life. Symptoms characteristic of compassion fatigue, burnout, and secondary traumatic stress were also identified among professionals, necessitating proactive measures to mitigate these risks. Coping strategies, including setting emotional boundaries, engaging in professional development, practicing self-care, and seeking social support, were found to effectively manage the psychological challenges inherent in their intervention work.

It is important to note that this study did not explore the potential positive impact that working with victims may have on professionals. Future research may dedicate efforts to understanding this aspect.

In the context of this study, the inclusion of professionals from diverse work contexts and educational backgrounds seemed to bring interdisciplinary insights, fostering a deep understanding of domestic violence. These professionals enabled us to uncover a unique

perspective on the analyzed research topic, which may have an impact on policies and practices within the DV support field, specifically among DV professionals.

It is noteworthy that despite their different contexts and educational backgrounds, the challenges faced by these professionals seem to be remarkably similar. In light of these findings, public policies should aim to provide support opportunities for these professionals, such as peer supervision groups, self-care initiatives, training, and personal development programs, among others. It becomes apparent that focusing on the specifics of victim intervention alone may not adequately address the needs of these professionals.

The study also has limitations in terms of sample representativeness and generalizability, but it contributes to addressing a research gap in the Portuguese context and has implications for developing guidelines and interventions to protect professionals' well-being. This investigation not only emphasizes the importance of personal aspects but also underscores the significance of organizational measures. These elements together contribute not only to enhancing the quality of care for DV victims but also play a vital role in alleviating the psychological impact experienced by the professionals involved. By fostering an environment that offers adequate support, a balanced workload, and a conducive workplace atmosphere, the well-being of professionals can be safeguarded. This, in turn, helps in preventing emotional exhaustion, burnout, and other negative psychological consequences that often arise from working in emotionally challenging fields like DV intervention.

As this field of research continues to progress, its insights carry the potential to shape policies, inform best practices, and influence training programs within the domain of DV support. Ultimately, this holistic approach to both enhancing care quality and addressing the psychological well-being of professionals can lead to a more effective and sustainable approach to aiding those impacted by domestic violence.

**Author Contributions:** Conceptualization, E.F.; methodology, E.F.; software, E.F.; formal analysis, E.F. and A.S.F.; investigation, E.F. and A.S.F.; data curation, E.F.; writing—original draft, E.F.; writing—review & editing, A.S.; visualization, E.F.; supervision, A.S. All authors have read and agreed to the published version of the manuscript.

**Funding:** This work was supported by national funding from the Portuguese Foundation for Science and Technology (UIDB/00050/2020).

**Institutional Review Board Statement:** The study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics and Deontology Council of University of Maia (protocol code 77/2022, 22 March 2022).

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** Data is not available due to ethical restrictions. The qualitative data presented in this study are not publicly available due to the need to preserve anonymity and privacy of the participants.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References

- Babin, Elizabeth A., Kellie E. Palazzolo, and Kendra Dyanne Rivera. 2012. Communication Skills, Social Support, and Burnout among Advocates in a Domestic Violence Agency. *Journal of Applied Communication Research* 40: 147–66. [\[CrossRef\]](#)
- Benuto, Lorraine T., Jonathan Singer, Francis Gonzalez, Rory Newlands, and Sierra Hooft. 2019. Supporting Those Who Provide Support: Work-Related Resources and Secondary Traumatic Stress Among Victim Advocates. *Safety and Health at Work* 10: 336–40. [\[CrossRef\]](#) [\[PubMed\]](#)
- Benuto, Lorraine T., Rory Newlands, Allison Ruork, Sierra Hooft, and Andrew Ahrendt. 2018. Secondary Traumatic Stress among Victim Advocates: Prevalence and Correlates. *Journal of Evidence-Informed Social Work* 15: 494–509. [\[CrossRef\]](#) [\[PubMed\]](#)
- Bessen, Sarah, Raina H. Jain, W. Blair Brooks, and Manish Mishra. 2019. 'Sharing in Hopes and Worries'—A Qualitative Analysis of the Delivery of Compassionate Care in Palliative Care and Oncology at End of Life. *International Journal of Qualitative Studies on Health and Well-Being* 14: 1622355. [\[CrossRef\]](#) [\[PubMed\]](#)
- Braun, Virginia, and Victoria Clarke. 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* 3: 77–101. [\[CrossRef\]](#)

- Burnett, Melissa Ellen, Isobel Sheard, and Helen St Clair-Thompson. 2020. The Prevalence of Compassion Fatigue, Compassion Satisfaction and Perceived Stress, and Their Relationships with Mental Toughness, Individual Differences and Number of Self-Care Actions in a UK Police Force. *Police Practice and Research* 21: 383–400. [CrossRef]
- Council of Europe. 2011. *Convention on Preventing and Combating Violence against Women and Domestic Violence*. Strasbourg: Council of Europe.
- Cummings, Caroline, Jonathan Singer, Ryan Hisaka, and Lorraine T. Benuto. 2021. Compassion Satisfaction to Combat Work-Related Burnout, Vicarious Trauma, and Secondary Traumatic Stress. *Journal of Interpersonal Violence* 36: NP5304–NP5319. [CrossRef]
- Cummings, Caroline, Jonathan Singer, Sarah A. Moody, and Lorraine T. Benuto. 2019. Coping and Work-Related Stress Reactions in Protective Services Workers. *The British Journal of Social Work* 50: 62–80. [CrossRef]
- Ellis, Colter, and Kelly E. Knight. 2021. Advancing a Model of Secondary Trauma: Consequences for Victim Service Providers. *Journal of Interpersonal Violence* 36: 3557–83. [CrossRef]
- Figley, Charles R. 2002. Compassion Fatigue: Psychotherapists' Chronic Lack of Self Care. *Journal of Clinical Psychology* 58: 1433–41. [CrossRef]
- Fontin, Francesca M. B., Elizabeth C. Pino, James Hang, and Elizabeth Dugan. 2021. Compassion Satisfaction and Compassion Fatigue among Violence Intervention Caseworkers. *Journal of Social Service Research* 47: 486–95. [CrossRef]
- Frieze, Irene Hanson, Christina E. Newhill, and Rachel Fusco. 2020. Examining the Service Provider: Challenges (and Successes) in Assisting Victims of Violence and the Need for Self-Care. In *Dynamics of Family and Intimate Partner Violence*. Cham: Springer International Publishing, pp. 353–85. [CrossRef]
- Goodman, Lisa A., Jennifer E. Fauci, Helen P. Hailles, and Laura Gonzalez. 2020. Power with and Power Over: How Domestic Violence Advocates Manage Their Roles as Mandated Reporters. *Journal of Family Violence* 35: 225–39. [CrossRef]
- Holton, M. Kim, Adam E. Barry, and J. Don Chaney. 2016. Employee Stress Management: An Examination of Adaptive and Maladaptive Coping Strategies on Employee Health. *Work* 53: 299–305. [CrossRef]
- Kulkarni, Shanti, Holly Bell, Jennifer L. Hartman, and Robert L. Herman-Smith. 2013. Exploring Individual and Organizational Factors Contributing to Compassion Satisfaction, Secondary Traumatic Stress, and Burnout in Domestic Violence Service Providers. *Journal of the Society for Social Work and Research* 4: 114–30. [CrossRef]
- Manning-Jones, Shekinah, Ian de Terte, and Christine Stephens. 2016. Secondary Traumatic Stress, Vicarious Posttraumatic Growth, and Coping among Health Professionals; A Comparison Study. *New Zealand Journal of Psychology* 45: 20–29.
- Melvin, Christina S. 2012. Professional Compassion Fatigue: What Is the True Cost of Nurses Caring for the Dying? *International Journal of Palliative Nursing* 18: 606–11. [CrossRef]
- Merchant, Lisa Vallie, and Jason B. Whiting. 2015. Challenges and Retention of Domestic Violence Shelter Advocates: A Grounded Theory. *Journal of Family Violence* 30: 467–78. [CrossRef]
- Mette, Janika, Tanja Wirth, Albert Nienhaus, Volker Harth, and Stefanie Mache. 2020. 'I Need to Take Care of Myself': A Qualitative Study on Coping Strategies, Support and Health Promotion for Social Workers Serving Refugees and Homeless Individuals. *Journal of Occupational Medicine and Toxicology* 15: 19. [CrossRef]
- Norrman Harling, Malin, Elisabeth Högman, and Elinor Schad. 2020. Breaking the Taboo: Eight Swedish Clinical Psychologists' Experiences of Compassion Fatigue. *International Journal of Qualitative Studies on Health and Well-Being* 15: 1785610. [CrossRef]
- Ondrejková, Natália, and Júlia Halamová. 2022. Qualitative Analysis of Compassion Fatigue and Coping Strategies among Nurses. *International Journal of Nursing Sciences* 9: 467–80. [CrossRef]
- Ribeiro, Rita, Iris Almeida, Rosa Saavedra, Sónia Caridade, Ana Oliveira, Manuela Santos, and Cristina Soeiro. 2022. The Different Contexts of Domestic Violence Before and During the COVID-19 Pandemic: A Portuguese Overview. *Victims and Offenders* 17: 1224–40. [CrossRef]
- Salloum, Alison, David C. Kondrat, Carly Johnco, and Kayla R. Olson. 2015. The Role of Self-Care on Compassion Satisfaction, Burnout and Secondary Trauma among Child Welfare Workers. *Children and Youth Services Review* 49: 54–61. [CrossRef]
- Singer, Jonathan, Caroline Cummings, Danielle Boekankamp, Ryan Hisaka, and Lorraine T. Benuto. 2020. Compassion Satisfaction, Compassion Fatigue, and Burnout: A Replication Study with Victim Advocates. *Journal of Social Service Research* 46: 313–19. [CrossRef]
- Skinner, Ellen A., Kathleen Edge, Jeffrey Altman, and Hayley Sherwood. 2003. Searching for the Structure of Coping: A Review and Critique of Category Systems for Classifying Ways of Coping. *Psychological Bulletin* 129: 216–69. [CrossRef]
- Stamm, Beth Hudnall. 2010. The Concise ProQOL Manual. Pocatello, ID: ProQOL.org. Available online: <https://proqol.org/proqol-manual> (accessed on 15 August 2023).
- Sullivan, Cris M., and Lisa A. Goodman. 2019. Advocacy With Survivors of Intimate Partner Violence: What It Is, What It Isn't, and Why It's Critically Important. *Violence against Women* 25: 2007–23. [CrossRef] [PubMed]
- UN Women. 2022. UN Women Annual Report 2022. Available online: <https://www.unwomen.org/en/annual-report/2022> (accessed on 13 July 2023).
- Voth Schrag, Rachel J., Leila G. Wood, Karin Wachter, and Shanti Kulkarni. 2022. Compassion Fatigue Among the Intimate Partner Violence and Sexual Assault Workforce: Enhancing Organizational Practice. *Violence against Women* 28: 277–97. [CrossRef] [PubMed]



- Wachter, Karin, Rachel Voth Schrag, and Leila Wood. 2020. Coping Behaviors Mediate Associations between Occupational Factors and Compassion Satisfaction among the Intimate Partner Violence and Sexual Assault Workforce. *Journal of Family Violence* 35: 143–54. [CrossRef]
- WHO (World Health Organization). 2021. Violence against Women: Intimate Partner and Sexual Violence against Women Fact Sheet. WHO. Available online: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women> (accessed on 13 July 2023).
- Wood, Leila, Karin Wachter, Diane Rhodes, and Alex Wang. 2019. Turnover Intention and Job Satisfaction Among the Intimate Partner Violence and Sexual Assault Workforce. *Violence and Victims* 34: 678–700. [CrossRef]

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.