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Bringing Visibility to Intimate Partner Violence Service Providers: A Qualitative Study on Vicarious Resilience

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Declaration

‘I declare that this thesis that I have submitted to Dublin Business School for the award of BA (Hons) Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.’

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Abstract

This paper results from a qualitative study examining the professional environment of intimate partner violence (IPV) service providers and how the disclosures of violent acts can in return affect those helping professionals. A thematic analysis was used to explore the types of training received, the frequency of external supervision, self-care strategies, views on the new concept of vicarious resilience, and how meaning in life occurs in the context of IPV. From the data collection to the thematic analysis process, 5 main themes: Sociocultural context; Are we helping the helpers?; Empathetic engagement; Coping on 2 levels; Personal changes from professional challenges; were created with 3 sub-themes. Findings indicate that daily exposure to the resilience of women victimised by intimate terrorism altered the life perspective and sustained IPV service providers in their challenging yet rewarding work. The impact of this study and recommendations for future research are further discussed.
Chapter 1: Introduction

1.1 Overview

Are women left behind in Irish society? The remarkable victory for the repeal of the 8th amendment in May 2018 confirms a significant shift for Women’s rights. Irish women now have access to legal and safe abortion care in their own country. Moreover, the recent passing of the Domestic Violence Act 2018 through the Houses of the Oireachtas, in January 2019, brings us another step closer to reaching a common understanding of the dynamics of domestic abuse and to protecting their victims. This new legislation recognises coercive control, the threatening and pernicious aspect of domestic abuse when victims’ thoughts are censored and opinions are silenced as a criminal offence (Plat-Jones, 2006; Walby & Towers, 2018). Minister for Justice and Equality, Flanagan (2019) states that:

“for too long, domestic violence has been seen primarily as physical abuse. The new offence of coercive control recognises that the effect of non-violent control in an intimate relationship can be as harmful to victims as physical abuse because it is an abuse of the unique trust associated with an intimate relationship”.

In this respect, Irish society may confront its common misconceptions and response to domestic violence from Why doesn’t she just leave? (Anderson et al., 2003; Enander & Holmberg, 2008; Murray, 2008) toward a more compassionate understanding to transform culture on a prevalent issue that has been kept behind closed doors for too long (Ergin et al., 2006). Before diving into the conversation, the following section provides an accurate definition of domestic violence (DV), most recently referred to as intimate partner violence (IPV). It explains the dynamics of IPV to inform what victims of domestic abuse, as primary victims, experience in order to understand the secondary reactions of those who give ongoing support to victims and survivors. The researcher introduces the role of these helping professionals. Both the negative secondary outcomes— compassion fatigue, secondary
traumatic stress, and vicarious trauma— and the positive impacts of this work on caring professionals are referred to in the literature on Professional Quality of Life (Bride et al., 2004, 2007; Figley, 1995, 1996, 1999, 2002; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995; Pearlman & McKay, 2008; Pearlman & Saakvitne, 1995; 2002; Stamn, 2002, 2005) and vicarious resilience (Edelkott et al., 2016; Engström et al, 2008; Hernandez et al., 2007, 2010; Hernández-Wolfe et al, 2014, 2015, 2018; Killian et al., 2018). The central ingredient to resilience — meaning — is explore along professional engagement and purpose with key research in positive psychology (Butler & Kern, 2016; Peterson, 1999; 2007, Seligman, 2011; Seligman et al., 2005, Wong, 1998). The role of ethics in helping professions is reviewed with recent development on professional self-care (Dorociak et al., 2017). Finally, after providing an overview of the literature applicable to this study, the rationale and consequent three research questions are given to end this introduction.

1.2 The Big Picture of a complex issue

The dynamics of IPV reflects a global phenomenon internationally recognised as a violation of basic human rights primarily taking place in the family context. Intimate partner violence exists among all socioeconomic groups, religious beliefs, ethnicities, sexual orientations, and gender (Devries et al., 2013; Garcia-Moreno et al., 2005; 2015, Hester & Lilley, 2014; Summer & Hoffman, 2002). As defined by the World Health Organisation (2006): “it is the most common forms of violence against women [that] includes physical, sexual and emotional abuse, and controlling behaviours by an intimate partner” (WHO, 2006, p. 4). Much work on domestic violence perpetration has been carried out by the Domestic Abuse Intervention Project to develop a model— the Duluth Model— exemplifying the tactics perpetrators use to achieve dominance over their partners (Shepard & Pence, 1999; Bohall et al., 2016). This model encompasses eight tactics that include: intimidation;
emotional abuse; isolation; minimising, denying and blaming; male privilege; economic abuse; coercion and threats; and using children. Drawing upon perpetrators’ tactics, the Duluth model of domestic abuse explains the detrimental effects for victims as, fear, shame, guilt, self-doubt, loss of identity, reduced social identity and no financial means, and shows how its disruptive outcomes affect all spheres of their lives and everyday experiences (Anderson et al., 2003; Bohall et al., 2016; Shepard & Pence, 1999; Stover, 2005). Accordingly, Hennessy (2005) asserts that:

“Adult intimate violence is a pattern of behaviour designed to instil fear in and to gain control over one’s partner. It is permanent in the relationship. It is intentional. It is effective. It is criminal. It is accurately defined as domestic terrorism” (Hennessy, NDVIA, 2005, p.1).

Domestic violence has a higher rate of repeat victimisation than any other type of crime and it is reported that 90% of the injurious violence and the exertion of power is perpetrated by men (Hayes, 2018; Walby & Towers, 2017). Women who separate from abusive partners are still subjected to post-separation violence (Thiara & Humphreys, 2017; Hayes, 2018; Walby & Towers, 2017), stalking and cyberstalking (Harris & Woodlock, 2018). Since 1996, 216 women were killed in the Republic of Ireland by a current, former intimate partner, or a male relative of the victim (Women’s Aid Femicide Watch, 2017). Furthermore, with a critical cut of over 30% since 2007, funding for domestic violence agencies is being considerably reduced (Kearns et al., 2008; SAFE Ireland, 2015). Now shedding light on IPV service providers, the following section explains the role of those working with victims of abuse.

1.3 The role of intimate partner violence service providers

Safe Ireland is the national umbrella organisation for the 37 frontline domestic violence services across the Republic of Ireland that respond to all the forms of abuse a victim may be experiencing; physical, emotional, psychological and financial (SAFE Ireland,
2015). For that reason, IPV service providers carry enormous responsibility and represent a crucial part in the recovery process and transition for women and their children to live a life free from abuse. IPV agency staff provide a plethora of support services including: emergency accommodation to women and children fleeing DV; developing and implementing suitable programmes to meet the needs of women and children in refuges; advising and assisting women on legal rights, social welfare, housing and entitlements; accompanying women to criminal courts and to family courts for judicial separation, divorce, custody of access, maintenance, safety or barring orders; and accompanying women to solicitor appointments and assisting with preparation of court evidence (Kearns et al., 2008; Women’s Aid Impact Report, 2017). Additional to this is the provision of free, confidential and ongoing emotional support to all women in crisis whereby service providers routinely listen to the experiences of forms of abuse and guide victims to the various steps to be taken toward safety. Safe Ireland National Statistics show that in 2016; 10,101 women and 3,685 children received support from a domestic violence service while in 2017; 19,385 incidents of domestic violence were disclosed to the Women’s Aid Direct Services. Moreover, Women’s Aid, the leading national organisation for women experiencing intimate partner violence, provided 728 one-to-one support visits, accommodated 255 court accompaniments and 528 drop-in sessions at the family courts (Women’s Aid Impact Report, 2017).

With the prevalence of women seeking support and advice, IPV service providers are certain to be confronted with disclosures of horrific experiences and stories of violation. By providing safety and care to victims and survivors of IPV, frontline workers are confronted with the complexities of deliberate violence and unremitting victimisation for women. Consequently, domestic violence workers, advocates and therapists are subject to suffer physically, emotionally, cognitively and interpersonally resulting from the stress experienced in helping traumatised individuals (Baird & Jenkins, 2003; Goodman et al., 2008; Slattery &
Goodman, 2009; Tarshis & Baird, 2019; Yassen, 1995). Accordingly, Cieslak et al. (2013) explain how trauma care providers who had direct exposure to individuals suffering from primary exposure to traumatic events may themselves experience emotional exhaustion, compassion fatigue or secondary traumatic stress (Figley, 1995; Motta, 2008; Pearlman & Saakvitne, 1990; Stamm, 2010; Yassen, 1995). The past decade has witnessed an important growth in trauma literature with a key focus on the “cost of caring” and its possible negative resultant outcomes (Figley, 1995; Burnett & Wahl, 2015). With the Professional Quality of Life, the following section outlines work-related positive and negative impacts as compassion satisfaction, compassion fatigue, secondary traumatisation and secondary traumatic stress.

1.4 Professional Quality of Life

The Professional Quality of Life was developed as a robust tool to measure both the positive and negative impacts of those working in helping professions by looking at how they can provide effective help while maintaining themselves in the face of adversity (Bride, 2007; Figley, 1995; 2013, Jenkins & Baird, 2002; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; 2002; Stamm, 1995). It encompasses compassion satisfaction with its opposites compassion fatigue (CF) and secondary traumatic stress (STS) as intrinsic properties of professionals such as social workers (Choi, 2017; Wagaman et al., 2015) therapists (Bober & Regher, 2006; Pearlman & McLan, 1995), and domestic violence and sexual assault advocates (Baird & Jenkins, 2003) who assist traumatised and abused individuals. It is important to point out that CF has been interchangeably defined as secondary traumatic stress (Stamm, 1995), secondary trauma or vicarious traumatisation (Pearlman, 1999) within trauma literature (Figley, 1995; Motta, 2008, Cieslak et al., 2013). Whilst it is crucial to focus on the adverse outcomes of trauma-exposure (Killian et al., 2017) to sustain effective delivery of services and wellbeing in the workplace, it is equally
important to recognise the positive and adaptive qualities of these professionals. As explained by Engstrom et al. (2008, p.8), “the ways in which vicarious resilience and vicarious trauma may relate or interconnect offers a valuable resource for empowerment”. In order to knit together the negative with the positive aspects of human functioning and work-related experiences, the following section present the new concept of vicarious resilience.

1.5 New construct of Vicarious Resilience

Radey and Figley (2007) maintain that in response to trauma treatment: “Too often we focus on disorders, psychopathology, dysfunction, and problems. We must balance these negative elements with a focus on altruism, compassion, resilience, success and thriving” (Radey & Figley, 2007, p.208). Importantly, in their qualitative study on mental health providers treating traumatised survivors of torture and victims of politically motivated kidnapping, Hernández et al. (2007) coined the term vicarious resilience. Vicarious resilience refers to both the resilience processes and positive effects on therapists working with survivors of trauma (Edelkott et al., 2016; Engstrom et al., 2008; Killian et al., 2016). The dynamic concept of vicarious resilience suggests that “trauma therapists can be potentially transformed by their clients’ trauma and resilience in ways that are positive, even if not pain-free” (Hernandez-Wolfe et al, 2015, p. 166). Thus, vicarious resilience speculates that those working with trauma survivors can bring positive changes and enhance personal growth in a unique manner (Engstrom, 2004; Hernandez-Wolfe, 2018; Killian et al., 2017).

Importantly, Killian et al. (2018)’s recent study describes the first instrument developed to measure the positive effects of working with trauma survivors in the hope of enhancing professionals’ satisfaction, personal affirmation and personal growth from clients’ resilience, with the Vicarious Resilience Scale (VRS). Drawn from four key qualitative studies in trauma-field research (Edelkott et al., 2016; Engstrom et al., 2008; Hernández et
al., 2007; Hernández-Wolfe et al., 2014) the VRS contains items such as: “better able to cope with uncertainties”, “learn to deal with difficult situations”, “inspired by people’s capacity to persevere”, “hopeful about people’s capacity to heal and recover from traumas”, and “notices client trauma narratives without getting lost in them” (Killian et al., 2017, p.28). Thus, the VRS shows efforts in measuring resilience, psychological wellness and wellbeing of helping professionals working with survivors of traumas. Equally important and linked to wellbeing are the three constructs; purpose, engagement and meaning. The following section explores these constructs in dealing with trauma in work settings through the lens of Positive Psychology.

1.6 Professional engagement, purpose and meaning

The first publication of The Journal of Positive Psychology in 2006, demonstrates a considerable accomplishment for this psychology movement that came about not to impose a Polly-annaistic view on the human condition but rather to bridge psychopathology with health, distress with wellbeing, and dysfunctionality with fulfilment for a more unified psychology (Gable & Haidt, 2005; Lambert et al., 2015). As explained by Maslow (1954, p.354):

“The science of psychology has been far more successful on the negative than on the positive side. It has revealed to us much about man’s shortcomings, his illness, his sins, but little about his potentialities, his virtues, his achievable aspirations, or full psychological height. It is as if psychology has voluntarily restricted itself to only half its rightful jurisdiction, and that, the darker, meaner half.”

Accordingly, positive psychology is the “scientific study of optimal functioning” (Linley et al. (2006, p.8), or it is “nothing more that the scientific study of human strengths and virtues” (Sheldon and King, 2001, p.216). In 2011, Seligman—the leading figure of positive psychology—developed the PERMA framework. The acronym PERMA depicts the five pillars of positive psychology and five salient variables of wellbeing known as positive
emotion, engagement, relationship, meaning, and accomplishment. Building on the applied benefits of Seligman’s PERMA and the constructive force of optimal functioning, Butler and Kern (2016) generated the PERMA-profiler as a tool to evaluate and promote wellbeing in the workplace. This research considers three key concepts of the PERMA-profiler: work engagement or dedication (Schaufeli, Bakker & Salanova, 2006); meaning or “connecting to something larger than oneself” (Butler and Kern, 2016, p.3); and subjective accomplishment and competence (Ryan and Deci, 2000).

1.7 Professional self-care as an ethical obligation

In their analysis on trauma informed care (TIC), Harris and Fallot (2001) suggest the need for acute trauma awareness training to inform services and their staff of the negative impact of trauma proximity and the potential onset of vicarious trauma. Similarly, Lynch and Lambert (2016) assert that TIC should be provided at all levels within organisations from practitioners, support workers, volunteers to staff working in administration as the means to improve outputs for both staff and the people they serve. Moreover, the Code of Professional Ethics of the Psychological Society of Ireland states that under the principle of integrity psychologists shall: “Engage in self-care activities which help to avoid conditions (for example, burnout and/or addictions) which could result in impaired judgement and interfere with their ability to benefit and not harm others” (Principle 4.11) Similarly, the Ethics Code of the American Psychological Association (2002) maintains that “psychologists strive to be aware of the possible effect of their own physical and mental health on the ability to help those with whom they work” (Principle A). Wise et al. (2011) write about professional self-care as an ethical responsibility for psychologists and for mental health professionals not only to preserve resilience in their demanding work environments, but also to maintain a positive and healthy work-life balance. Interestingly, with the recent development of the Professional
Self-Care Scale (PSCS), Dorociak et al. (2017) suggest the need to foster professional well-functioning in and outside the workplace by assessing self-care as a multidimensional construct. The four dimensions suggested as a tool to measure this professional self-care construct are: Professional Support, Professional Development, Life Balance, Cognitive Awareness, and Daily Balance (Dorociak et al., 2017, p. 331).

1.8 Rationale

Within this qualitative study the intention of the research design was to move away from the adverse outcomes of trauma exposure known as compassion fatigue and secondary traumatisation, to focus on its positive outcomes from the factors of vicarious resilience. Despite previous research on the adverse effects of indirect trauma for therapists, there is still limited information on how service providers who positively experience trauma-exposure in the field of IPV make meaning, view their sense of purpose and professional engagement, and how these three constructs may be linked to wellbeing. There is a significant need to examine cultural context to situate intimate partner violence and IPV victims and evaluate how the needs of helping professionals are met in a culture of silence. Furthermore, there is a need to investigate workplace dynamics in terms of self-care, ongoing training and external supervision for IPV service providers. Thus, the study objectives were (a) to examine the frequency of supervision and training, the content of training, and to evaluate whether there is a need for amplifying existing service strengths and/or providing trauma-informed interventions; (b) to understand how IPV service providers can be positively affected by their endeavour to ensure the safety and recovery of their clients; and (c) to gather the elements of engagement, meaning and achievement in their professional lives.
1.9 Research Questions for Present Qualitative Study

The three research questions developed for this study were:

- What is the frequency of supervision, training, and the content of training for IPV service providers?
- How professionals, who are working for more than five years with trauma victims of intimate partner violence, can demonstrate the effects of vicarious resilience?
- How do IPV service providers construct meaning, perceive professional achievement and engagement amid the prevailing stigma attached to intimate partner violence?

1.10 Conclusion

This chapter has defined IPV and identified its unsettling tactics, described the role of service providers, explored the negative and positive impacts of exposure to trauma on helping professionals, specifically vicarious resilience, and the importance of professional self-care. The following chapter introduces the method of investigation, the four female participants recruited as experts in the field of IPV, the interview questions asked, the choice of qualitative data analysis, and the ethical issues of this research.
Chapter 2: Methodology

2.1 Overview

The aim of this chapter is to give a detailed account of the methodological approach to understand each participant’s personal experience and perspective of their supportive roles. This chapter presents the selected sample, the type of interviews, the method used for data collection, and the process of data analysis. Before the conclusion of this chapter, any ethical issues are discussed.

2.2 Qualitative approach

Qualitative research seeks to explore, describe and interpret the complex reality of the human experience of a specific phenomenon, issue or social context with a primary emphasis on “how meanings are constructed and shaped discursively” (Smith, 2015, p.2). Moreover, a key benefit of qualitative research is the platform created between researcher and participants as an opportunity to explore further meaning of experiences and events in their lives (Holloway & Wheeler, 2010). For this study on exploring the “significant truths” (Bakan, 1996) in IPV service providers’ professional lives and how they deal with and make sense of their life experiences, a qualitative study was considered as the most suitable mode of investigation (Creswell, 1998; Merriam, 1998).

2.3 Type of interviews

Due to the sensitive nature of the participants’ exposure to victims of abuse, a format of semi-structured interviews was selected to carry out this research. This allows each participant’s thoughts and perspectives to be explored in depth and consequently to create rich data (Holloway & Wheeler, 2010; Ryan et al., 2009). Initially, 5 questions were
developed by the researcher as an interview template for the key areas of interest examined and researched through (a) an extensive review of the current academic literature on vicarious resilience, (b) a review of the societal views and beliefs of IPV, and its statistics, (c) the professional literature on IPV in the Republic of Ireland, (d) through consultation with key informants and experts in the field of IPV. A final and total of predetermined 13 semi-structured interview questions (Appendix D) were created to bring a conversational style between researcher and participants, and to elicit more detailed and accurate answers (Patton 2002). The types of questions in this qualitative study were developed following Patton’s framework —demographic, opinion, experience, knowledge, sensory and feeling questions—and the ordering of questions was also carefully considered (Alasuutari, 2012; Patton, 2002). As a result, the interview questions explored educational background and professional details, vocational experiences, views on vicarious resilience, examples of traumatic experiences in the workplace, the value of the participants’ own role as IPV service providers, and their life-perspectives after supporting victims of intimate abuse through their recovery process. All participants were presented with the same questions. One participant requested by email the interview questions prior to her interview to allow time to reflect as she had recently resigned from her position as a support worker. The interview questions were mainly open-ended questions with a small amount of closed questions, such as “Are there any activities available to you that you think are promoting your professional development and allowing you to stay current in your professional knowledge?” or “Do you think that working with both victims and survivors of intimate partner violence had altered your perspective on daily life?”.
2.4 Sampling and selection

To secure this sample, contact details of all participants were obtained after meeting with the researcher’s gatekeeper and another professional working in the field of intimate partner violence. The participants in this study were purposively chosen and consisted of IPV service providers. Participants’ length of time working in this field ranged from 11 to 23 years, with an average of 17 years of experience. The sample consisted of 4 women. Three participants were currently working in IPV agencies across the Republic of Ireland. One participant who had worked 17 years in the field and who resigned from her position in 2017, was still considered for taking part in this study due to her expertise and length of time working with victims of domestic abuse. Whilst the specific professional status of each participant within their organisation cannot be revealed due to identifiability issues, all participants worked in a variety of settings and their professional roles included providing information and support to women in one-to-one services, outreach services, drop-in clinics in family courts, court accompaniments to both family and criminal courts, and liaising with other organisations and professionals in relation to services for women’s safety. Two participants had masters’ degrees in social work and Equality Studies and one participant had previous experience in child protection and Women’s refuge. Two participants had previous experience in community development work.

The inclusion criteria were based on participants who had a minimum of 5 years of experience in the field of domestic violence, are over 18 years of age and female, and have direct exposure to women victimised by abuse. Participants exclusion criteria were to be volunteering within IPV agencies, to be under the age of 18 years, and with no direct exposure to victims. The length of time working in the field restriction was intended to locate a coherent group of experts. Initially, the four participants were contacted by email and permission was sought from them. Each participant received an information sheet (Appendix
A) clearly outlining clear the research, and a consent form (Appendix B). Participation was emphasised as completely voluntary. Once permission was obtained to conduct the research from the Ethics Board, an email was sent to each participant to arrange a date, time and location for interview, and subsequently by telephone.

2.5 Data collection

Data collection took place between the 11\textsuperscript{th} and the 25\textsuperscript{th} of January 2019. A Digital Sony Dictaphone (borrowed from Dublin Business School’s technician lab) was used to record the interviews. With the app \textit{Voice Recorder & Audio Editor} by TapMedia, the researcher’s mobile phone, IOS 5, was used as a backup recording. Three participants chose to have the face-to-face interviews carried out in the Psychology Lab Room at Dublin Business School, and at a time convenient for them. One participant agreed to receive the researcher at the one-to-one support’s consultation room in one of the domestic violence agencies in Ireland. The face-to-face interviews ranged from 77 to 21 minutes, with an average interview length of 38 minutes. Consent forms were given to sign just before the interviews commenced (Appendix B). The interview schedule (Breakwell, 2000) was structured into the following 5 sections:

- Participants demographics (e.g. educational and professional background)
- Their motivation to engage in the field of IPV
- Their professional wellbeing
- Their thoughts and views on vicarious resilience
- Their feelings of purpose, achievement and goals for the future

Once all 13 questions were answered, the researcher asked the participants if they wished to add further comments on the topics discussed or share some thoughts. Once the recording
ended further discussion took place, then each participant received and signed a debrief letter (Appendix C) and were thanked for their participation.

2.6 Data Analysis

Each interview was transcribed verbatim onto a Word document and saved securely both on the researcher’s computer desktop and on a USB key. All transcriptions were printed to allow the researcher to evaluate a first analysis and to highlight its main components. Subsequently, all transcriptions were uploaded to NVivo 12 Software. The thematic analysis was used to explore the professional environment, professional meaning and its interpretations throughout semi-structured interview questions. This qualitative study used the 6-step framework method suggested by Braun and Clarke (2006). Themes were identified from an inductive manner with a semantic level of coding. Thematic analysis (TA), one type of qualitative data analysis, is concerned with the ways in which participants make meaning of their lived experience, and sequentially how the wider social context affects those meanings. Considered as a foundational method for qualitative analysis, TA works to provide intangible factors and to decipher the surface of reality of participants (Braun & Clarke, 2006, p. 81). For this research, a qualitative thematic analysis design was selected to provide textual descriptions of individual experiences, perspectives and histories of a small group of IPV service providers. The aims of this study were to describe IPV services’ workers experiences, along with personal views on the new concept of vicarious resilience, and to qualitatively explore how participants became involved in this type of work, what impact of this challenging work upon them was, and their self-care strategies in this specific work setting. The interviews were read numerous times, its main textual components were highlighted followed by repeated rounds of analysis using NVivo software program to identify initial
themes. Quotes from each participant’s interviews were extracted to illustrate the 5 themes and the 3 subthemes that emerged from the data.

2.7 Ethical considerations

Prior to commencing the current qualitative study, a research proposal with its ethical issues and risks had to be reviewed by Dublin Business School Psychology Filter Ethics Research Committee. The research proposal emphasised its ethical awareness of the dignity of the participants, guaranteed full anonymity, protected confidentiality, and to data protection of each participant. Once this research study was approved in line with ethical requirements, all participants received the information sheet by email giving a full description of the study, outlining its objectives, why and what the participation involves, the right to withdraw, and the benefits and risks involved in the participation (Appendix A). Contact details of the researcher and her supervisor were given in case the participants needed to get additional information on the study. The consent form outlined the right to withdraw at any stage of the interview. Participation was explained as completely voluntary. Consent for publishing information disclosed (e.g. direct quotes) and disguised identity was clearly outlined (Appendix B). The consent form was signed by each participant on the day of the interview, prior to its recording, and once signed it was safely kept in an envelope. All textual data collected, audio, transcriptions of each interview and data analysis on the NVivo Software 12, were securely stored on the researcher’s password-protected computer and uploaded onto an USB key that only the researcher and her supervisor will have access to for a one-year duration before destruction. Additionally, the app Voice Recorder & Audio Editor used on the researcher IOS 5 was passcode-protected. Once each audio interview was uploaded onto the researcher’s computer all audio was deleted from the researcher’s IOS 5.
2.8 Conclusion

This chapter explained the methodological approach undertaken for this qualitative research. The type of interview, the sampling and selection methods for data collection, and the type of data analysis used to generate in depth-descriptions of IPV service providers’ thoughts, perspectives and histories of their personal and professionals’ everyday lives. Lastly, ethical considerations were summarised.
Chapter 3: Findings

3.1 Overview

The purpose of this qualitative study was to investigate the perspectives, experiences and histories of those who work with female victims of abuse. For its flexible and explorative method of analysis, a qualitative thematic analysis was used to obtain an understanding of intimate partner service providers’ daily lives. This chapter presents the findings of the themes that emerged in the interview data. The corpus data was analysed via 6 distinct steps as outlined by Braun & Clarke (2016). These steps included:

(1) familiarising with the data. This first step was achieved by transcribing each interview verbatim from its initial audio recording to four distinct Word documents (Participant A, B, C, and D), then by highlighting on a printed version the main components and the most striking quotes from each participant’s narratives;

(2) assigning preliminary codes to the interview data in order to describe the content. This step was executed with the software NVivo12 Pro. All transcripts were uploaded onto a folder titled “Step 2- Generate Initial Codes” and all textual relevance was highlighted for each participant’s interview. From all corpus data, 127 codes were highlighted.

(3) searching for patterns or themes in the codes across the four different interviews. During this step, three main themes were created; Theme 1-Societal Realm; Theme 2-Organisational Realm; Theme 3- Personal Realm.

(4) reviewing themes. After this fourth step in analysing data, the thematic analysis revealed 5 themes; The Bigger Picture- Societal and Judicial; Organisation Structure; Hard Work/ Heart Work; Coping on 3 levels; Critical Knowledge; Meaning-Making. A mind map with its 6 themes, 15 sub-themes and 1 sub-sub theme was created to visualise and evaluate their relevance to the 3 research questions of this study (see Appendix E);
(5) defining and naming themes. As explained by Braun and Clarke (2006) this fifth step is crucial in defining the essence of what each theme is about. As the researcher considered the themes could be more descriptive, engaging and coherent, a return to the previous step was needed. As a result, some themes and sub-themes changed names to describe and relate accurately to the participants’ stories and the overall research questions. For instance, theme 5: Critical Knowledge, was entirely deleted and used in the methodology section to describe the educational and professional background of the participants who took part in this study. Theme 1: The Bigger Picture with its sub-themes “Societal” and “Judicial”, and its sub-sub theme “New legislation 2019” were re-evaluated as the context in which participants found their motivation to engage in the field of IPV and its subsequent goal striving for a unique cause.

(6) producing the report. After repeated rounds of analysis, the following section presents the final thematic analysis containing 5 themes and 3 sub-themes in relation to the 3 research questions (Table 1).
### Table 1.

*Emergent themes and sub-themes in relation to the 3 research questions.*

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the frequency of supervision, training, and the content of training for IPV service providers?</td>
<td>● Are we helping the helpers?</td>
<td>● Expectations on the experts</td>
</tr>
<tr>
<td>How professionals, who are working for more than 5 years with trauma victims of IPV, can demonstrate the effects of vicarious resilience?</td>
<td>● Coping on 2 levels- Team support &amp; meaningful activities ● Empathetic engagement for empowerment &amp; victims' recovery</td>
<td>● Victim and survivor-inspired resilience ● Expectations on the experts</td>
</tr>
<tr>
<td>How do IPV service providers construct meaning, perceive professional achievement and engagement amid the prevailing stigma attached to IPV?</td>
<td>● Sociocultural context ● Personal changes from professional challenges ● Empathetic engagement for empowerment &amp; victims' recovery</td>
<td>● Motivation for career choice</td>
</tr>
</tbody>
</table>

The thematic map is illustrated in figure 1. Exemplars were identified from the transcripts. All themes and sub-themes are supported by direct quotes from the 4 participants interviewed. Themes are presented in a specific order from the external to the internal aspects of those helping professionals, (a) work context, (b) work environment, (b) role of IPV service providers as support workers, (c) individual coping strategies, and finally (c) personal changes from trauma-exposure in their daily work environment.
Figure 1. Mind Map of IPV service providers’ experiences and perspectives with its 5 themes and 3 sub-themes.
3.1.1 Theme 1: Sociocultural context

Most participants spoke about a social denial in understanding the dynamics of domestic violence, the difficulties victims encounter to receive protection from the judicial system, and a strong stigma attached to this complex issue. The common critiques of victims who do not leave abusive relationships were described as “ill-informed” and morally wrong (Participant A). Additionally, Participant A explained how IPV is too often interpreted as a private, embarrassing and shameful topic to discuss saying that “the lack of compassion [for the victim] is completely out of balance with the overwhelming instinct nature to try and look for reasons why [the perpetrator] does it… I can’t get over why society is so keen to find an explanation that justifies the behaviour…Like if you think about it like in comparison with paedophilia, nobody will try to justify paedophilia…yet we don’t transfer that to adult victims” and questioned, “What is the instinct in society? When does the critical mass shift?” One participant described the complexities of this alarming problem and explained that “it’s not always safe for women to go for court orders and in some situations, it can make more dangerous for them” (Participant C).

Most participants gave their thoughts on the new legislation recognising coercive control as domestic violence. This took various forms, including both a new hope and further judicial hindrances for victims. Participant D remarked, “we have coercive control now being recognised as domestic violence so hopefully people will see the whole pattern and what women are experiencing”. Participant A further explained, “As long as it was only focusing on the physical it meant that the dynamics of domestic violence, the fullness of what the
perpetrator is doing, and a full understanding of what perpetrators do, how they do it, and the impact on women and children was outside of the visibility […] I think this might be where we bring about change”. Participant C expressed her main concern around this legislative change as “unfortunately, my fear is that, because the ground work hasn’t been done in the court first, it could just prolong the agony for people who are applying for court orders”. This concern was explained as adding an extra layer of work for IPV service providers. Finally, one participant described how “support services are not in a position of power within the system”, emphasising how “we are kind of powerless in that system” (Participant B).

Sub-theme 1.a: Motivation for career choice

This sub-theme demonstrates how one’s experiences of a judicial system that fails to condemn perpetrators for their violent acts and protect their victims generated the motivation to get involved in this type of work. Participant A explained, “the injustice landed for me, the injustice of the original experience, of the violence, and the injustice of the system…The ignorance of the system to the reality of the injustice, [it] stayed with me as a core piece”. She added, “that’s the nub for me, that’s the nub of the fight”. Similarly, Participant C commented on her own experiences of domestic violence and the injustice as the main ingredient to engage in this type of work, “I felt unless there was some physical abuse, there was absolutely no understanding of mental, emotional, or financial abuse through courts…it was totally unjust to me and to all other women and when I came through I realised, this is
something I would like to be involved in…I went back and fought the system…that’s what really led me into wanted to work in this field”.

3.1.2 Theme 2: Are we helping the helpers?

This theme describes IPV service providers’ work settings from both its strengths and barriers. Three participants described being provided with the tools to carry out regular external supervision. One participant commented on supervision by saying, “I don’t actually feel the need [to go] anymore and I think it’s due down to experience and the length I’m doing this, while I do think it's very important…there will always be the need for some type of support but I think that a lot of it comes from your own inner strengths and from your own experience of how to handle different situations and different traumas” (Participant C). Due to the professional demands of the work, one participant said, “External supervision technically it was funded for me to avail it every six weeks, I never managed to be honest…the job would take over” (Participant D). Nevertheless, one participant described external supervision as “a common space to reflect” and the benefits of external supervision as “a good place to strategize about your self-care” (Participant B). Participants provided information on intermingling with other organisations in the field of domestic violence and other helping professions as great opportunity to network and stay current in their professional knowledge.
Sub-theme 2.a: Expectations of the experts

This sub-theme highlights how professional challenges, demands, and impacts on this specific cohort are not efficiently addressed within the workplace. One participant expressed her frustration as, “it has become internalised that we are supposed to be warrior women who don’t need or would not indicate distress from our exposure to the work, because that would imply that you are not quite up to it” (Participant A). Similarly, another participant explained, “There is a lot of expectation for you to kind of do it yourself as well” (Participant D). In response to the new concept of vicarious resilience and its potential benefit on being integrated in training curriculum, Participant B remarked that it might be “putting an expectation on someone that’s like you’re going to experience a positive effect”, thus it was said that it “could be helpful to explore [these concepts] together”. Participant A explained, “you have to look at the strengths as well as the things that deplete you”. Participant D commented on a need for a shift as, “I think we focus a lot on, you know, what’s really difficult about the job rather than focusing on its good consequences, what actually sustaining us in the job?” (Participant D).

3.1.3 Theme 3: Empathetic engagement for empowerment and victims’ recovery
This theme shows how IPV support workers contribute to a journey of hope and healing, restore options and increase confidence for women to regain control over their lives. All participants described their role in supporting women and enhancing their recovery with great humility and empathy. Participant A explained, “you are there to promote that [courage], you’re there to promote the safety, and to champion women through that process”. Another participant described it by saying, “I’m privileged to get to be present and part of someone moving from a terrible place to a better place in their life… I feel very lucky to fulfil that role… you get to be present to give a little piece of help… that’s the role that I happen to be sitting in”. (Participant B). One participant expressed the ongoing nature of her role as “when the woman is ready then to make a decision around what she wants to do that’s when I support her in doing that... the support will continue for as long as the woman may need.” (Participant C). This participant went on to describe how believing victims of abuse bolster for “that person the strength to take the next step in maybe getting out of that abusive situation, um, I think it is important to be able for consistency to be with that person through the whole journey”. Another participant spoke about the importance of, “having someone who is your ally” (Participant D).

3.1.4 Theme 4: Coping on 2 levels— team support and meaningful activities

This theme explains the value of team support and self-care strategies for professional and personal wellness. Participant B described the benefits of team connection in reviewing, identifying and reflecting on their support services. She explained, “We would have amazing
rounds about the court system or like what women are coming up against, or just like what else can be done…”. Two participants emphasised the value of the team support. Participant B said, “I don’t think I wouldn’t be very much doing this work in isolation […] frustration is reverted and it’s much better with people that internally”. In a similar vein, Participant D said, “the importance of the team, that just sustained me hugely”. After a distressing event in the workplace, Participant A mentioned the benefits of venting feeling with her colleague, “I spoke with one of my colleagues…that conversation was very beneficial, and what’s when I suddenly realised that it did affect me”. She also emphasised that “nobody stays in the work without, at some level registering that they need to mind themselves at times”.

Two participants expressed the need to balance working life with meaningful activities as coping strategies. One participant pointed out the benefits of exercising “to be mentally fit as well and resilient”, she added “I have a lot of resilience when I am just energised and physically active and fit” (Participant B). This participant explained that she also practices “mindfulness and meditation”. Another participant talked about gardening as a coping strategy. She said, “my personal strategies, and it very much works for me, is to dig, is to go into the garden and to feel the earth, and to plant trees and to watch things grow […] just to see is there any new life coming at anything” (Participant C).

3.1.5 Theme 5: Personal changes from professional challenges
This theme describes the challenges of working in the field of IPV, how hard, and at times intoxicating, the work becomes for services support providers when confronted with the reality of deliberate violence. Nevertheless, the nature of their supportive role shows how they are vital elements in the recovery of victims. All participants reported atrocious acts from perpetrators inflicted on their female partners as “the brutality, the intent to harm, the salacious, the indulgence of inflicting (Participant A). Daily exposure to intimate terrorism was described as, “I have seen women come in with very recent injuries, sorts of what they are currently dealing with […] you see people at a point where the ongoing crisis of domestic violence has reached the pitch that they feel they need to take action” (Participant A). Questioning morality, Participant D described the prevalence of violent acts as “on nearly a daily basis I would have heard something that was very, very disturbing, and you’d think, my god, how’s a human being capable of doing that to another human being”. Participant B mentioned the increased danger for leaving an abusive relationship and how coming close to death is “just a stark reminder of the danger that a lot of women that I know are in all the time”. In response to the disclosures of coercive control acts and the prevalence of them, Participant D explained how she struggled with fearful thoughts and was unable “to sleep for ages”.

After working in the field of IPV and being confronted with the reality and atrocities of deliberate violence, all participants expressed how the context of their work influenced some personal changes in their lives. Most participants expressed how working in the field of domestic violence for such an extended length heightened their awareness and their watchful prudence for the safety of friends and family. Participant B said, “when friends get into relationship, I completely look at things from, like, a suspicious way”. She continued, “…walking through the world and knowing all the individual experiences and stories that I have heard versus walking through the world not knowing those…I’m probably more world
wary”. One participant said that working in the field of IPV, “has a particular impact…I’m really aware of red flags…warning signs for self and for others’ relationships” (Participant D). Whilst one participant expressed her recent emotional depletion in the workplace, she explained how she still feels devoted to the field of IPV and is currently considering shifting her knowledge on the issue toward the academic world (Participant A).

Sub-theme 5.a: Victim and survivor-inspired resilience

All participants described how witnessing the strength of victims of abuse and their journey from victims to survivors as extremely inspiring and empowering. Participant D explained, “It’s probably what sustained me in the job, just talking to the women all the time, and how resourceful and how strong they are”. Similarly, Participant A said that witnessing “women’s resilience, that bit is really good for sustaining me in the work”. Another participant described it by saying, “If this woman can achieve and live in this situation and come through it, my motto in life is like there is nothing that you can’t achieve” (Participant C). Participant B said, “this job gives me, like, a perspective on life that is different to a lot of my peers because I see women going through and surviving and thriving through ridiculously horrible attack […] not just surviving but rebuilding their lives”. Finally, participant A commented on the impact of working with women that persevere to regain their safety and sense of self as, “that is highly inspiring, and there is strength to be taken from that. And that you need to feel that in order to sit with a woman who is at an earlier stage of the process, and to provide, you have to feel a sense of the, um, um, phoenix nature of women, you know that they come out of the ashes and thrive”.
Chapter 4: Discussion

4.1 Overview

The main purposes of this qualitative study were to transcend from psychometrics and its objectives were—as stated in the introduction—to put a lens on intimate partner violence service providers’ experiences and to flesh out everyday meaning of those working with women victimised by domestic abuse. A thematic analysis was used to discover how secondary trauma-exposure may be experienced positively by the research participants, and to examine their motivation to engage in the field of IPV, their feelings of purpose, engagement and meaning-making. The following section discusses each theme and sub-theme and interprets its findings with support from relevant literature.

4.2 Discussion of themes

This qualitative study identified several sociocultural issues that represent core barriers for victims of IPV. The four interviews which took place in January 2019 coincided with a recent change in the Irish legislative system that recognises emotional abuse as domestic violence. This was described by the participants as a potential step forward in transforming culture and bringing hope to the victims of coercive control; this new legislation may increase IPV services, demands for availability, and add another layer of complexity to the work of IPV service providers in a proximate future.

Theme 1—sociocultural context—findings highlight the prevalence of IPV in Ireland and the institutional responses to victims of abuse and the barriers faced by IPV intervention services (Ullman & Townsend, 2007).

Theme 2—Are we helping the helpers?—is consistent with research on human service agencies feeling powerless in the system and “receiving less funding to serve their clients and
often cannot afford to pay or support workers as much as they ideally would like to” (Ullman & Townsend, 2007, p.30). Additionally, research has repeatedly shown that supervision provides staff with the opportunity to reflect, to learn how to respond to complex trauma, to seek guidance on a regular basis and is crucial for personal development and growth (Figley, 2003; Figley & Kleber, 1995; Killian, 2008; Lee & Miller, 2013).

Theme 3—Empathetic engagement for empowerment and victim’s recovery—is consistent with past research that demonstrate how caring for others is central to meaning, human activity and wellbeing (Figley, 2017; Reis & Aron, 2008). Similarly, Ludick and Figley (2016, p.3) explain that “during empathising, workers forge an emotional and empathetic connection with suffering clients and then deliver an empathic response” . The three ingredients for delivering efficacious services to trauma victims and for professionals’ wellbeing—humility, empathetic engagement, enhancing victims’ recovery process enhancement— is consistent with other qualitative studies on vicarious resilience (Engstrom et al., 2008; Edelkott et al., 2016; Hernández et al., 2007, 2010).

Theme 4 –Coping on 2 levels- Team support & meaningful activities— is consistent with the notion of self-care that emerged in last two decades and defined it as an essential tool for both professional and clients’ wellbeing (Inbar & Ganor, 2009; Lee & Miller, 2013; Pearlman, 1995; Pearlman & McKay, 2008). Specific self-care strategies, such as physical exercise, mindfulness and mediation were found to correlate with higher emotional self-awareness (Killian, 2008; Rubenfield & Griggers, 2015). Work-related sources of support, such as co-worker support was defined as a key contributor of psychological wellbeing (Ullman & Townsend, 2007; Slattery & Goodman, 2009). Conversely, in the development of their professional self-care scale, Dorociak et al’s (2017) found that team support was not strongly related to wellbeing outcomes.
Theme 5—Personal changes from professional challenges—shows from working in the field of IPV for more than 10 years, research participants reported an increased awareness of the impact of trauma-exposure on themselves. This theme 5 consistent with past research on trauma therapists as described by Pearlman and Saakvitne (1995, p.406), this type of work “deepens our humanity in increasing our awareness of all aspects of life. In this way, it is indeed a gift, a reward of doing this work”. Additionally, these findings are supported by previous research in the field of positive psychology research that indicate that “the well-defined narratives place the self contextually and integrate the person’s life experience or self-concept, thereby providing a sense of purpose” (McAdams, 2018, p.360). Equally important, one participant explained that hearing stories of intimate violence disturbed her frame of reference regarding the world and her own safety (Hesse, 2002; Inbar & Ganor, 2003; Slatery & Goodman, 2009).

Sub-theme 5.a—Victim and survivor-inspired resilience—is confirmed by various research on vicarious resilience (Edelkott et al., 2016; Hernández et al., 2010, 2017; Hernández-Wolfe, 2018; Hernández-Wolfe et al., 2015). Professionals can learn about coping with adversity from the women who seek support and advice and be inspired by their resilience to live a life free of abuse.

4.3 Limitations of the research

The first limitation of this research study is the sample size. Four participants were interviewed for this research, a larger sample size would have allowed the researcher to generalise the findings. A second limitation of this study was how the process of coding and analysis was performed by one researcher. Bradley et al. 2007 argue the benefit of multiple researchers in qualitative research study to augment the richness of patterns and the depth of the findings.
4.4 Keys findings and impact of the study

Whilst most participants acknowledged their awareness of the concept of vicarious trauma, none received training on the negative impact of trauma-exposure. Participants explained that being exposed to the physical atrocities of violence and the disclosure of trauma experiences from woman victims of abuse caused them to recognise their inner strengths, and increased their awareness in a world where intimate partner violence remains an alarming prevalent issue. Findings of this qualitative study reveal the resilience of IPV service providers in coping with women’s trauma and ongoing suffering, and victims’ heightened risk of losing their lives at the hands of their perpetrators. A significant body of research has been conducted on the ‘cost of caring’ in the workplace (Figley, 1998, 1995; Ludick & Figley, 2016; Pearlman & McKay, 2008; Stamm, 2002; 2006) yet, these findings have further strengthened conviction that helping professionals can be positively affected by their clients, and that the resilience of the women seeking support and moving towards recovery sustained them in their occupation. Thus, this qualitative study is in complete agreement with recent research on vicarious resilience showing its counterforce. This study also reinforces the importance of team support, meaningful self-care strategies and empathy as salient resources for IPV service providers to deliver efficacious services.

As described in chapter one and four, the new Irish legislation on coercive control may create an increase in IPV services. Accordingly, this study may be a useful resource for IPV agencies and organisations in developing training protocols on vicarious resilience for existing and new professionals entering the field of intimate partner violence. One implication concerns the application of these qualitative findings to training programs and facilitations for IPV agency and their staff. Moreover, with the growth of trauma research,
topics such as professional self-care, vicarious trauma and vicarious resilience should be incorporated to clinical and social work programs for students to understand their increased risk to secondary trauma-exposure as much as the rewards of this challenging work.

4.5 Future research

It is recommended that further research should be undertaken in the areas of traumatology and positive psychology. Future work should concentrate on enhancing the quality of trauma-informed training to empower the ones who work with victims of abuse and trauma survivors. The findings of this study are encouraging and should be validated by a larger sample size of IPV service providers nationally and internationally.

4.6 Conclusion

The negative outcomes of cumulative exposure to trauma material can put helping professionals at risk of compassion fatigue and secondary traumatic stress, yet the research participants of this current study have shown how meaningful self-care strategies, empathetic engagement and witnessing the perseverance of victims of intimate terrorism in the face of life-threatening dangers can result in vicarious resilience.

From their first qualitative study on vicarious resilience (Hernández et al, 2007) to the development of the vicarious resilience scale (Killian et al., 2016), the construct of VR is destined to become an important component to examine the nature of the emotional responses of helping professionals. Finally, this qualitative study created a platform to bring visibility and attention to intimate partner violence service providers, from their role of giving support to thousands of women escaping intimate terrorism to their stamina.
References


intervention initiatives in service provision. The Child and Family Research Centre (Reports). Retrieved from: http://hdl.handle.net/10379/3321


Appendices

Appendix A: Information Sheet

Information Sheet on Research Study
Bringing Visibility to Intimate Partner Violence Service Providers: A Qualitative Study on Vicarious Resilience

My name is Delphine Velut and I am a student in Dublin Business School. I am conducting a research project for my final year in an honour’s bachelor’s degree, in Psychology. This research will be submitted for examination (22nd of March 2019) and presented on a poster format at Dublin Business School (25th of March 2019).

You are invited to participate in a research study that will form the basis for an undergraduate thesis. Please read the following information before deciding whether or not to participate. Please note that participation is completely voluntary and so you are not obliged to take part.

What are the objectives of the study?
The objectives of this study are (a) to examine the frequency of supervision and training, the content of training, and to evaluate whether there is a need for amplifying existing service strengths and/or providing trauma-informed interventions; (b) to understand how IPV service providers can be positively affected by their endeavour to ensure the safety and recovery of their clients; and (c) to gather the elements of engagement, meaning and achievement in their professional lives.

Why have I been asked to participate?
Each interviewee has been purposively selected due to the participant’s professional extensive experience in working with victims and survivors of domestic violence and other professionals in this field.
What does participation involve?

Participation involves taking part in a one-to-one interview for an approximate duration of 60 minutes. When participants sign a consent form agreeing to take part, a time, date and location will be arranged for the interview. A total of 5 participants will be involved, who are advocates and frontline workers in the field of domestic violence, for at least 5 years. The interview will involve participants to answer a list of 10 questions, which will be directly directed to the above topics. Each interview will be recorded on two digital audio devices. Each interview will be transcribed onto the researcher’s computer.

Importantly, due to the sensitivity of the topic, there will be helpline phone numbers (Samaritans and Women’s Aid) given during the debrief session at the end of each interview.

Right to withdraw

Participants have the right to withdraw from the research, up until Friday 15th of February 2019. The purpose for this cut-off is to allow adequate time for completion of the researcher’s thesis. Importantly, participants can request to end the interview and are not required to give a reason for doing so.

Are there any benefits from my participation?

While there will be no direct benefit from participation studies like this can make an important contribution to our understanding of vicarious resilience and work engagement. It is likely that the interviewees will have a personal interest in the research topics and the findings of this study may should offer advance knowledge in this specific area.

As such, the findings from this study may be presented at national and international conferences and will be submitted for publication in peer-reviewed journals. Interim and final reports will be prepared. However, no individual participant will be identified in any publication. Individuals will not be offered any monetary or other rewards for their participation.

Are there any risks involved in participation?

Though all participants in this study may be seen of minimal risk, due to their extensive experience in this particular area, it cannot be disregarded that the subject of domestic violence or intimate partner violence, and trauma can be difficult to discuss. A debrief sheet with relevant helpline numbers will be given at the end of each interview.
Confidentiality
All interview recordings and individual information, collected as part of the study, will be used solely used for the purposes of this thesis. Data collection will be stored safely and securely and will only be displayed to the researcher and her supervisor. Data collection will not be publicly displayed or published without prior consent. No individual participant will be identified, full anonymity will be guaranteed with pseudonyms. Any transcript, audio recording, hard and soft copy materials will be destroyed after 1 year of project.

Contact Details

If you have any further questions about the research, you may contact:

Researcher: xxxx@mydbs.ie
Supervisor: xxxx@mydbs.ie

Thank you for your time!
Appendix B: Consent Form

<table>
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<th>Consent Form</th>
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<tbody>
<tr>
<td>Bringing Visibility to Intimate Partner Violence Service Providers: A Qualitative Study on Vicarious Resilience</td>
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I have read and understood the attached Information Sheet regarding this study. I have had the opportunity to ask questions and discuss the study with the researcher and I have received satisfactory answers to all my questions.

I agree for direct quotes from my interview to be used in the thesis under a disguised identity.

I understand that I am free to withdraw from the interview at any time without giving a reason and withdraw from the research up until the 15th of February 2019.

I voluntary agree to take part in the study.

Participant’s Signature: ______________________________ Date: __________

Participant’s Name in print: ___________________________
Appendix C: Debrief Letter

Debrief Letter

Thank you for participating as a research participant in the present study concerning your views on vicarious resilience, professional engagement, meaning, achievement, and self-care strategies in the workplace.

Your participation is not only greatly appreciated by the researcher, but the data collected could possibly aid further developments in the field of psychology.

It is important to note that all data collected will be used for scientific analysis. All interview recordings and individual information, collected as part of the study, will be used solely for the purposes of this thesis. Data collection will not be publicly displayed or published without prior consent. No individual participant will be identified, full anonymity will be guaranteed with pseudonyms. Any transcript, audio recording, hard and soft copy materials will be destroyed after 1 year of the project.

If you have any questions regarding this study, please feel free to ask the researcher (name: Delphine Velut; email: xxxx@mydbs.ie), or the researcher’s supervisor (Name: Lucie Corcoran; email: xxxx@dbs.ie).

No harm was intended to participants, however if answering any of these questions led you to feel distressed and you would like to speak to someone about your thoughts, please contact one of the following 24hr freephone helpline:

Samaritans: 116123
Women’s Aid: 1800 341 900

Thank you very much for participating!
Appendix D: Interview Questions

**Interview Question 1.** How long have you been working in the field of domestic? And, can you describe your current position?

**Interview Question 2.** What motivated you to engage in this type work?

**Interview Question 3.** What is your educational background, and what courses and/or forms of training prepared you for your occupation?

**Interview Question 4.** Are there any activities available to you that you think are promoting your professional development and allowing you to stay current in your professional knowledge?

**Interview Question 5.** How often do you receive training within and/or outside your organisation? If any, is the content of training received focusing on helping professionals to deal with trauma?

**Interview Question 6.** How often do you receive professional consultation or supervision?

**Interview Question 7.** During the past few years, and with the growth of positive psychology, there has been a proliferation of research on self-care and well-being in the workplace. Do you have any examples of some strategies you may use to manage the possible challenges of your work or professional demands?

**Interview Question 8.** A new concept defined as vicarious resilience suggests that working with trauma victims can have a positive effect on both on a professional and personal level. For instance, professionals can be positively affected by the resilience and recovery process of their clients and learn to cope with adversity. Do you have any examples you would like to share from your own work experience that may illustrate this phenomenon?

**Interview Question 9.** Do you think this new concept called vicarious resilience could be useful in training curriculum? And, why?

**Interview Question 10.** Whilst professionals working in the field of intimate partner violence are recognised as proactive seekers of change and justice, to what extent do you feel that what you do professionally is valuable and worthwhile?

**Interview Question 11.** Do you think that working with both victims and survivors of intimate partner violence had altered your perspective on daily life?

**Interview Question 12.** Could you give an example of the most traumatic event experienced at work that may have had an impact on your professional life and/or personal life? And how did you overcome this traumatic experience?

**Interview Question 13.** Now working in the field of intimate partner violence for […] years, what is/are your biggest goals(s), and how will you achieve it/them?
Appendix E: Initial Mind Map

*Initial Mind Map with its 6 themes, 15 sub-themes, and 1 sub-sub theme.*