# Managing Crises from the Kitchen Table: The Experiences of Domestic Violence and Sexual Assault Advocates in the Early Days of the Pandemic

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For sexual and domestic violence service providers, the changes in working conditions in the months following Illinois' Stay-at-Home order went well beyond the location of their desk. With little warning, the need for services and safety for victims and survivors increased, the resources necessary to respond decreased, and advocates found themselves isolated from coworkers, trying to keep their clients safe with only a phone or an Internet connection. These changes impacted the mental health of advocates and posed an unprecedented occupational health issue that negatively affected the wellbeing of advocates and their families.

At the urging of community leaders who work collaboratively with domestic and sexual violence advocates, researchers from the University of Illinois Chicago's School of Public Health set out to document these experiences and better understand the occupational health needs of these "essential workers," particularly during this type of public health emergency. Over three months, we interviewed 22 domestic and sexual violence advocates. We asked:

- How well advocates believed they were able to meet the needs of their clients in the weeks and months following the Illinois-wide Stay-At-Home order, and

- How advocates experienced  transitioning to and working from home -- in some cases, for several months -- and how different organizations responded to the changing needs of both clients and staff.

Additionally, we attempted to identify strategic actions that domestic and sexual violence response agencies can take to mitigate the impact of rapid shifts in work environments. We asked advocates for their thoughts on how emergency preparedness planning could better meet the needs that both advocates and survivors have during times of crises.

**The next two pages summarize what we learned, followed by recommendations for organizational administrators and funders looking ahead to future emergency preparedness.**

## Key Findings



- Advocates worried about the safety of their clients. **Being unable to support them or even reach them led produced anxiety and concern.**

- Advocacy can be emotionally challenging under normal conditions. **Bringing the trauma and violence of their clients into their personal space took a unique toll on many advocates.**

- Connecting with coworkers remotely took energy that advocates did not have; yet this left some people **without the support they usually rely on** to help problem-solve or ease second-hand trauma.

- **Systemic issues that encourage burnout** posed some of the greatest challenges. In addition to access to technology and resources, advocates feel that  **overall working conditions need to be addressed in collaboration with advocates, organizations, and funders**.

## What we did

Between September - November, 2020, we invited workers from sexual and domestic violence services organizations across the greater Chicagoland area to participate in this project.  We reached out to local organizations, recruiting a "convenience" sample of individuals interested in participating.

**Twenty-two** advocates and administrators from sexual and domestic violence participated.

**Ten agencies** were represented.

**Eighteen individual and two group** interviews were conducted.

Interviews lasted between **60-90 minutes.**

Interviews were conducted over the **telephone** or using **video-conferencing** software.

All conversations were **recorded and transcribed**.

In the spring and summer of 2021, preliminary findings were shared with eight participants, who helped to confirm and interpret our findings and suggested next steps for action.

# Home alone and unable to help...

While the sudden and prolonged shift to staying at home challenged many individuals and families, domestic and sexual violence advocates faced a unique set of stressors. COVID-19 mitigation efforts  meant that many survivors were isolated in homes with abusive partners,  shelters, courts, and other services were closed or offering limited support, and advocates  had fewer tools  they could use to help.

From the time the Stay-at-Home order was issued, advocates were very concerned about the welfare of survivors, particularly those  living with an abusive partner.  They  described the earliest days as a time of **"scary silence"** and felt  frustrated with not hearing from clients or **having no good way to reach them**, because telephone or video communication was not always safe or even available to survivors. Client needs shifted as people were laid off from work, afraid of losing housing or health care, and advocates had little ability to help.

**This inability to support clients - especially as reports showed that domestic violence rates were likely increasing - was emotionally draining and left some advocates feeling "helpless"** and ineffective.

Moreover, many agencies were initially unable to  provide staff

*I worry about basic things ... like if I got disconnected from a survivor, would I be able to get them back on the phone at all? There's just a lot of kind of stress around being stuck at home and not feeling like I can be the best advocate I can be from this distance.*

with laptops or telephones; one advocate described using a burner cell phone to answer incoming calls to the agency, and others relied on their personal devices. Even when those limitations were addressed, digital privacy and security remained concerns. Several organizations relied heavily on physical paper records, complicating the transition away from the office.

As advocates and organizations figured out how to do this work remotely, participants found that **working from home meant bringing the trauma of others directly into their personal space.** As intense conversations with clients about the violence in their lives took place in advocates' bedrooms and kitchens, some participants felt like their home lacked the sense of emotional safety it had prior to the stay-at-home order. Using personal cell phones for work meant getting work calls after hours, and boundaries between work and home were further blurred by having work supplies in their living space when a designated home office was not an option. Finally, living with

*The whole separating work and home doesn't exist anymore, in a sense for me because I am at home […] I now work in our bedroom in a desk. And so now my sleeping is right next to my work. So, when I wake up, it's right there. When I am talking to clients and things like that, I'm talking to them from my bedroom. It's very hard to not forget but leave it for another day to do it.*

family or roommates meant that having private conversations with clients could be challenging.

Participants described feeling a keen **loss of support from co-workers who could help them cope with the trauma**. They missed being around like-minded peers who understood advocacy work and provided a safe,

confidential space to debrief. They found it more difficult to connect with their co-workers from home, as virtual communication platforms replaced the more organic forms of pre-pandemic, in-person interactions, such as stopping by a co-worker's office or engaging in conversation in communal areas. Advocates described not wanting to reach out to co-workers after hours or add another virtual meeting to their already technology-laden days. While some organizations offered events like virtual coffees or happy hours to foster a sense of peer support, attendance at these events declined over time, likely as "zoom fatigue" set in. While some advocates appreciated the gesture, they found the events more performative than helpful in the long run.

*I think that's something that I really miss about being in a workspace with colleagues who get it, is that you can safely … process in a way that's consensual, and that's like, "We're able to walk away from this and not have it weigh heavily on us." Even though I text my co-workers every day … that organic …"I just need two minutes to vent about this," is not as available. And so, it kind of just piles up.*

## Organizational challenges and supports…

Although some advocates relayed actions taken by senior-level managers that allowed them to feel appreciated, more frequently we heard about a culture that fostered **indifference for the work they do and the sacrifices they make to do it.** In some cases, this atmosphere existed prior to COVID, but the stresses that accompanied working through a pandemic brought

these issues to the forefront. Prominently, several participants said they felt pressured to "prove" they were really working, or felt that they were being held more accountable for their time than prior to the pandemic. "[There] became a much more concentrated focus on what each of us were doing," described one advocate. This attention became an actual barrier to accomplishing tasks, in that "we had to check in more frequently, we had to have more meetings, we had to clear things through new people who we maybe wouldn't have had to before. I don't think that this is their intention, but it was certainly the impact."

That said, advocates felt **supported by their direct supervisors.** Several participants said their immediate supervisors advocated for their needs with administrators or granted flexible schedules so they

*It actually would have just been helpful for someone to have a conversation with me… And not from a, "I wanna see what you're doing on a daily basis to prove that you're working," but just take time and talk to us about what our program looks like in the middle of COVID. And that didn't happen for us. Again, my boss is great and is super engaged and checks in, but above beyond her, having to send all these reports and not having anyone check in and say, "I'm really curious, how is this working for you? What is working? What isn't working?" would have gone a long way to feel valued and supported in this really complicated time.*

could address their own mental health or tend to the needs of family members. Self-care measures were sometimes integrated into staff meetings, and in some cases, participants described receiving extra paid time off or small bonuses or tokens of appreciation from management.

*[My direct supervisor] was just particularly vocal about supporting us in being able to get our work done, but also supporting us emotional and mentally, and understanding that the transition was really hard and understanding that productivity levels might vary based on access, logistical and technical access, but also just headspace of existing in the pandemic and how scary and uncertain everything was [...]*

# Recommendations

COVID-19 continues to be an ongoing threat to public health.  The following recommendations come directly from our conversations with advocates, as we asked for their thoughts about getting through the current emergency and preparing for the next one.

**Foster Community!** As much as possible, supervisors should engage with staff on a personal level, and should encourage staff to connect with one another. Finding ways to allow staff to have individual conversations rather than virtual team meetings would be helpful; platforms that allow for individual "chat" sessions could recreate the sense of stopping by someone's office.

**Continue flexible work schedule.** Advocates recommended employers to offer hybrid work conditions or schedules. It was suggested that this flexibility might strengthen the boundary between home and work.

**Establish and clearly communicate guidelines.** We will wrestle with COVID for some time to come. Advocates requested precise guidelines regarding in-person work, including policies that reflect the realities that staff experience (such as concern about public transit and/or the need for a family member to quarantine).

**Increased flexibility from funders**. During emergencies like this one, client needs shift, work styles change, and the stressors on staff multiply. Meeting a set of predefined service outputs may be unrealistic, and resources may need to be redirected to address immediate concerns, including the needs of advocates, as well as clients. We encourage funders to meet with organizational management and advocates around ways to increase flexibility in funding parameters, and to prioritize advocate occupational health needs.

**Shift working conditions at the systems level**. Advocates need their agencies (and those that fund them) to collectively acknowledge that their work is difficult. This includes *counteracting a workplace culture that supports "martyrdom" - emotional, financial, and familial - to one that prioritizes healthy work environments*.

**Advocates' capacity to support survivors depends directly on their own wellbeing.** As external researchers, we strongly urge funders, agency administrators, and advocates to engage in conversations aimed at developing and adopting evidence-informed policies and procedures that prioritize the occupational needs of advocates.