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## The Well-Being of Employees Working in Structures against Domestic Violence in Greece during the COVID-19 Lockdown and the Impact on Their Health

Vasiliki Saini<sup>1</sup>

### Abstract

Professionals working against domestic violence are among the group of essential workers that had to provide key services during the COVID-19 lockdown, in order to meet the increased needs of victims of domestic violence. In normal circumstances, they are exposed to highly stressful situations that may have a negative impact on their mental health and well-being. The scope of this pilot study was to examine the well-being of the employees working in two structures of the National Network against domestic violence and multiple discrimination of the General Secretariat for Family Planning and Gender Equality in Greece (GSFPGE), who were working under different working settings, during the “abnormality” of the COVID-19 lockdown. The objectives focused on any potential adopted mitigation strategies to safeguard their well-being on individual and organizational level. The sample consisted mainly of seven in depth-depth open-ended, semi-structured interviews, which were conducted via synchronous and asynchronous means of online communication. The ultimate goal was to support the development of tailor-made measures to safeguard these employees’ mental health working in similar “abnormal” periods. The present study was conducted within the frame of the “*Advanced ethnographic methods*” course of the Isla Mujeres Ethnographic Field School, remote 2020 session.

**Keywords:** Organisational health, domestic violence, mental health, COVID-19, autoethnography

### BACKGROUND

*“I belong to the category that I could be absent from work because of my age, I am 67 this year, but I did not choose that”  
“Imagine if you ask me to recollect an incident from that period and I do not remember anything. Nothing”*

Professionals working in the field of domestic violence<sup>1</sup> may experience challenges in maintaining and safeguarding their well-being. In “normal” circumstances, they are exposed to highly stressful situations that can cause them physical, psychological, and emotional health problems (Pérez-Tarrés, 2018). More specifically, constant engagement with victims of domestic violence has demonstrated the potential of burnout (Slattery & Goodman, 2011), vicarious trauma, and compassion fatigue among staff (Cayir, 2017). All of them are recognized as occupational hazards (Canfield, 2005, & WHO, 2019), and if not treated, may cause reduced work performance, absenteeism, and higher turnover rates, all of which compromise the quality of services organizations provide (Cayir 2020). This may have a negative impact on the quality of services provided to victims of domestic violence, as well as on the sustainability of mechanisms working against domestic violence, due to the risk of losing expert and qualified staff.

The period of COVID-19 and especially the period of general lockdown, can be considered as an additional stress factor to the well-being of the professionals working against domestic violence. During lockdowns, a significant increase in the incidents of domestic violence has been observed, since many women were trapped in the same households with their perpetrators. International organisations like the United Nations (UN) and the Council of Europe (CoE) drafted initiatives to highlight the severity of risk faced by women cohabitating with a perpetrator during lockdown and requested action, focusing mostly on the strengthening of institutional response at a national level, regarding the structures that provide counseling, refuge, psychological and social support to victims of domestic violence (UNHCR, 2020).

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In Greece, the General Secretariat for Family Planning and Gender Equality (GSFPGE) responding to the shadow pandemic of domestic violence, took immediate action and ensured the accessibility of women victims of domestic violence to the National Network of Structures against domestic violence and multiple discrimination, with a legal framework providing recommendations on remote domestic violence case management and data protection (GSFPGE, 2020) during the COVID-19 lockdown<sup>ii</sup> period. Additionally, an informational TV and social media spot campaign against domestic violence was developed by the Greek government in cooperation with the GSFPGE, providing information about the available specialised response services for domestic violence victims. The message was "*We stay at home, but we do not stay silent*", "*Staying home does not mean enduring violence*" (GSFPGE, 2020). Subsequently, a more than 200%<sup>iii</sup> increase of phone calls demands for informational and supporting services was recorded from March to April 2020. Employees in these structures, as essential workers, were called to meet the increased needs of the victims of domestic violence, during the COVID-19 lockdown.

This research aimed to explore the well-being of professionals working in structures against domestic violence in the "abnormality" of COVID-19 lockdown in Greece and build upon the already limited existing literature on their well-being in "normality". For this reason, a number of studies during "normality" were reviewed. More specifically, the research of Slattery and Goodman (2009) on risk and protective factors relevant to vicarious trauma among domestic violence advocates, was consulted. The perceptions of domestic violence professionals regarding the organizational factors that may lead them to burnout, secondary traumatic stress (Kulkarni et al., 2013), or compassion satisfaction considered crucial in relation to the adoption of personal and organisational strategies that safeguards their well-being (Cayir, 2017, 2020; Pérez-Tarrés, 2018).

The objectives of this study were: to illustrate the impact on the well-being of employees working with victims of domestic violence during the COVID-19 lockdown period, the adopted coping strategies/ on a personal level, and the institutional response to safeguard the mental health of employees working in structures against domestic violence. The study took place in the framework of the "*Advanced ethnographic methods*" course of the Isla Mujeres Ethnographic Field School. Due to its pilot element, the research was restricted to the Consultation Centre of Athens and the SOS15900 helpline, structures that are in the organogram of GSFPGE, although their employees are working under different settings.

## METHOD

The approach that I used was autoethnographic in nature, with more emphasis on -ethno- (the sociocultural connection), and -graphy- (the application of the research process), even though the starting point was the -auto- (self) (Wall, 2008,p.39).

Regarding the "self", my motivation to initiate a pilot study focused on the well-being of the employees working with victims of domestic violence derives from my work as a counsellor in one of the GSPLGE's consultation centres for victims of domestic violence in the past, and the vicarious stress that I experienced during my presence there. Having this experience as a starting point, I wanted to explore whether fellow frontline professionals in domestic violence structures in Greece, manage to safeguard their mental health in such a challenging and traumatic environment, during the unprecedented period of lockdown, with the ultimate aim to develop tailor-made recommendations that safeguard their mental health and foster their resilience. Hence, the observation was finally moved to -ethno- and converted to "interactive introspection" (O'Riordan, 2014,4), focusing on the stories, words, thoughts and feelings of the participants (Ellis et al., 2011).

Regarding the -graphy-, acknowledging the limitations of a pilot study like this one, my aim was to describe and analyse the personal experience of the participants during the COVID-19 lockdown, providing them the space to speak their truth.

## Participants

The participants of this study initially were limited to the employees of the Consultation Centre of Athens, and to the employees of SOS15900 helpline. The employees of these two structures work under diverse work settings. The employees in the Consultation Centre have fixed working hours and work in permanent posts, whereas the employees in the SOS15900 helpline work in shifts, and under temporary contracts. The inclusion of diverse working settings was done deliberately and the aim was to indicate potential variation of coping strategies on an individual and institutional level, as well differentiation of needs among employees working in the same field but under different working settings, in the period of COVID-19 lockdown.

Even though it was not provided in the research design, but arose as a need from the field, I conducted an online survey to employees of the network of consultations centres all over Greece that GSFPGE supervises, in order to triangulate the data.

The selection of the sample was strictly related to the work affiliation with the domestic violence network of structures of the Secretariat and the political and administrative authorities that supervise them. Regarding demographic characteristics, all employees in structures against domestic violence are adults and graduates of social or humanitarian sciences university faculties.

The approach towards the sample was twofold, targeted and through snowballing. Firstly, I addressed key informants, who in their turn disseminated the information about my research to potential participants. The participation in the research was on a voluntary basis.

In total, seven interviews were conducted. The sample included employees of the aforementioned structures, a representative of the administration and a representative of the political authority.

### **Ethics**

Before carrying out the interviews, participants received an extensive and analytical letter of consent via email or Facebook Messenger and were asked to send it back signed in case they agree to be interviewed. The letter included information about the objectives of the research, the selection of the target group, the framework in which is implemented, its duration, the way of data collection, the voluntary participation, the right to withdraw, the confidentiality and the protection of personal data, as of the reception of a summary of the findings. Before the onset of any interview, the participants were asked if the interviews could be recorded and about their right to request to stop the recording at any time. Participants who consented to have their interview recorded were informed about the exact moment that the recording started and ended

### **Data collection**

For the data collection I adopted Marcus' multi-sited imperative "follow" the people (Airoldi, 2018,p.5). "Following" the people in this case was implemented through cyberspace or other communication technologies, since during the period that I conducted the interviews I was residing in Lithuania, whereas the target group was in Greece.

The conducted interviews were primarily formal. I also conducted informal discussions with key informants in order to acquire a general picture of the COVID-19 lockdown period, nonetheless, none of the informal discussions was recorded, however notes were kept.

Before carrying out the formal interviews, I developed an interview guide based on semi-structured questions, grouped under three categories, according to the research objectives. Since participants work in different posts and their duties could be slightly different, some of the questions were modified accordingly. The first set of questions was related to the way the working settings were transformed after the imposition of COVID-19 lockdown. The second set of questions were relevant to any potential impairment of their well-being during the lockdown and how they managed to mitigate it on an individual level (Bloomquist, 2016; Templeton, MD, 2019). The third part of questions focused on organisational strategies (Abida, 2020; Cayiret *al* 2020; Handrran, 2015; Kulkarni et al., 2013; Pérez-Tarrés et al., 2018; Slattery & Goodman, 2009) to protect the well-being of the employees in DV structures focused on the specificities of Greek administration during COVID-19 lockdown.

I selected in-depth open-ended, semi-structured interviews to collect the data. The form I used was the reflexive dyadic. This approach focuses on the interactively produced meanings and emotional dynamics of the interview itself, and though the focus is on the participants' story, the words, thoughts, and feelings of the researcher are also considered (Ellis et al., 2010).

My intention was to conduct the interviews via Voice over Internet Protocol (VoIP) technologies since they enable the replication features of face-to-face interviews (Iacono et al., 2016) by allowing for real-time interaction involving sound, video (Archibald et al., 2019,p.2), but since the participation to the research was on a volunteering basis, the participants had the liberty to choose whether the interview will be asynchronous or synchronous. In case of synchronous interviews, they were enabled to select the technological means for it.

In total, seven people decided to speak with me. Six interviews were synchronous. One via Zoom three via Skype and two via telephone. The asynchronous one was conducted via email upon the request of the participant. Five of them chose to be at work during the interview, and one at home.

To triangulate the data, I used two different methods. Firstly, I conducted online observation by registering on the Reddit network. I posted on the domestic violence community as a domestic violence advocate raising the question whether domestic violence advocates had experienced increased levels of Secondary Traumatic Stress (STS) during the COVID-19 lockdown, due to the increased demand of their services. My post was removed by the administrators arguing that I broke the rules and that my post might discourage victims from seeking help. Additionally, they advised me to seek support, and perhaps consider the option to repost it in the mental health community. I followed their recommendation and I posted a similar query on the mental health community. This time I received a question whether I am an advocate, and in response to my positive reply, they wrote to me that they will bake a cake for me, as a token of support.

The second method that I used was to conduct a totally anonymous online survey to the network of the structures against domestic violence and multiple discriminations, around Greece that GSFPGE has the high supervision. For this purpose, I used the Professional Quality of Life Scale version 5 (ProQual-5) created by Beth Hundall Stamm, after submitting a request of applying it to my research at the relevant site. The instrument measures how the positive (Compassion Satisfaction) and negative aspects (Compassion Fatigue: STS and Burnout) of doing one's job influence ones professional quality of life, and it is commonly used for professionals who may respond to individual, community, national and even international crises (Stamm, 2010). For the purpose of this pilot research, the period of the study was limited to the period of COVID-19 lockdown, as it was clearly stated in the introductory paragraph of the research. The questionnaire was initially sent as a link to the director of the relevant department in the GSFPGE, accompanied by an informational paragraph about the purpose of the pilot study and my contact details in case there was a need for clarifications, with the request to disseminate it to the domestic violence consultation centers. It was explicitly stated that the questionnaire was anonymous, and that was the main reason that I selected the SurveyMonkey for the electronic development of the ProQual-5 questionnaire. The participants had four days to complete the questionnaire. The average time spent for the completion of the survey was 4 minutes 48 seconds, and I received 60 answers in total.

It is important to say that the results of this survey, after the coding of data, were applicable only in two subthemes (signs of burnout and professional ethos), something that was not visible to me when I decided to use this instrument.

### **Data analysis**

For the data analysis and coding, I used primarily the constructivist grounded theory approach (CGT). This approach enables the field to speak, namely serves to uncover and explain patterns and variations through the constant comparison of the data (Bitsch, 2005,p.5). It allowed me to consider and assess all possible theoretical understandings of the collected data, including my own new theoretical constructions (Charmaz, 2017) and my positionality, by developing tentative interpretations about the data through constructing codes (Charmaz, 2017).

Firstly, I edited the text of the interviews, because in some cases the programme that I used for the transcript (Speeshtext.AI) was not that accurate in the Greek language. Consequently, I had to listen again to every single interview and to do corrections where it was necessary. This process was productive, because I acquired a first picture of a potential categorization of the data.

The next step was an attempt to develop codes, according to CGT. I had to identify concepts, similarities, and conceptual recurrences in data, since coding is the pivotal link between collecting or generating data and developing a theory that explains the data (Chun Tie, 2019). Codes were not exclusive but strongly interconnected. It was a way to analyse the narratives of the participants, and therefore I was flexible to update or even change them after every new reading of the interviews. Data from the survey fitted in the codes developed from the interviews.

Following Charmaz' approach, I started the initial coding focusing primarily on the collected data from the interviews, in an attempt to identify meaningful concepts through conceptual labeling and categorization (Cayir, 2017), and then I proceeded to the formation of focused codes. The last step was the development of theoretical codes. As to the language that I used for drafting the coding, I followed the Greek language, the native language of both the participants and me. During the whole coding procedure, I made an effort to identify "actions" according to Charmaz approach, and to keep the initial codes "short, simple, active, and analytic" (Cayir, 2017) (see an example of coding in Table 1).

Upon the completion of the study, I wanted the active agency of the interviewees towards the findings and the recommendations, so I sent the respective parts of the paper to two of the interviewees (one from the Consultation Centre and two from the SOS15900 helpline) for reviewing. Their comments were incorporated into the text.

## **FINDINGS**

The analysis of the interviews and the survey, following the coding, resulted in two broader thematic areas that had impact on the well-being of employees working in structures against domestic violence in Greece during the COVID-19 lockdown. The first thematic area is the area of *Health* and the second thematic area is the area of *Work*. Each area consists of different sub-areas.

### **Health**

This thematic area covers the reactions of the interviewees to the announcement of the COVID-19 lockdown and the way this announcement impacted them, their mitigation self-care strategies, and the institutional response to safeguard employees' health status.

#### ***COVID-19 as a stressor***

COVID-19 itself constituted a stress factor to interviewees, putting their mental health in jeopardy. Commuting to work, even if it was not on a daily basis, caused them feelings of fear, stress, anxiety and insecurity. What stressed them most was the potentiality to transmit the disease to their beloved ones that stayed indoors, particularly if those belonged to vulnerable groups.

As one of the interviews characteristically told me:

*"I had the feeling that I was carrying many with me".*

#### ***Individual self-care coping strategies***

The second sub-thematic area was the individual self-care coping strategies, following the Bloomquist categorization (2016). At the beginning of the COVID-19 lockdown interviewees found it difficult to practice any self-care practices. This first reaction gradually faded, and they adopted types of physical, emotional or psychological coping strategies. As physical mitigation strategies participants referred the initiation or continuation of physical exercise and the taking care of plants. As one interviewee mentioned *"I turned my house into a small jungle"*.

Regarding the emotional coping strategies, most of the participants found comfort in their social and family network, by intensifying the communication with them via traditional and/or current means of communications like telephone or Skype. An interviewee took social action by preparing meals for those of her social circle that belonged to high-risk groups, namely older people or persons with underlying diseases. As she said:

*"Having enough time at my disposal, I decided to make a big offer. I took around me seven people for whom I was cooking and giving them food".*

Reading literature, as a mitigation self-care strategy dealing with stress and anxiety, continued to be a preference by many interviewees during the lockdown. Other psychological self-care activities that interviewees mentioned were watching plays online and the continuation of psychotherapy sessions.

#### ***Hygiene and Safety***

The imposition of COVID-19 lockdown, in relation to the continuation of the operability of the organization, safeguarding at the same time the health of the employees', was translated by the authorities as the adoption of hygiene and safety measures. From a safety perspective, the first reaction was to follow the ministerial circulars and the Secretary decision that regulated the working settings by excluding those employees that belonged to vulnerable groups from being physically present at work, while at the same time promoting teleworking. Regarding hygiene, the administration supplied the premises with disinfectants so that those who had to be physically present at work could use them, neglecting nevertheless to provide them to the staff of the SOS15900 helpline, causing them frustration and sentiment of abandonment.

*"They brought disinfectants to the agency, but they didn't bring any to us, so they are somewhat unconcerned regarding our safety".*

Employees from their part, following the public discourse about the “individual responsibility” of blocking the transmission of the virus, developed a “passion” for hygiene in the workplace.

According to a narrative of an interviewee showing me the antiseptic on screen:

*“We did surfaces, we did knobs. Cleanliness was what we call our “individual responsibility”.”*

## **Work**

This thematic area provides information about the work engagement and the compassion fatigue of employees working in structures against domestic violence during the lockdown and the way their mental and physical health was affected, as well as the organizational self-care strategies that were adopted to safeguard their health.

### **Professional ethos**

Interviewees showed remarkable work engagement during the COVID-19 lockdown period, remaining committed to the fight against domestic violence.

*“I belong to the category that I could be absent from work because of my age. I am 67 this year, but I did not choose that”,* one of them said.

They performed teleworking with consistency, they were flexible to women’s needs where that was applicable, they provided consultation, and they supported each other.

*“It leaves you with a feeling that the woman was helped and that she managed to make a small step in her way of thinking and that makes you happy.”*

These statements are also supported by the results of the online survey. For instance in the questions *“I get satisfaction from being able to [help] people”* and *“ I am proud of what I can do to [help], the answers”* were 90% and 85% respectively.

### **Work-related stressors**

Four (4) work-related stressors during this period were identified, related with pre-existing malfunctions of the system, in which and a gradual deterioration was observed during the COVID-19 lockdown.

#### **1. Workload**

During the COVID-19 lockdown the workload of the SOS15900 helpline increased tremendously. Principally, this was connected to the campaign against domestic violence that was implemented during the lockdown, calling women to stay at home but to stay safe. The coverage of this campaign by the traditional mass media was unprecedented and phenomenal, being on air in prime zones. It was also promoted by the social media accounts of the Prime Minister and the President of the Hellenic Parliament.

In the SOS15900 helpline, the increase of phone calls was both qualitative and quantitative. According to the narratives’ estimation, there was more than 200% increase. The qualitative increase was related to phone calls reporting domestic violence incidents and requesting information and counseling on how to address the problem. Occasionally, the content of the calls was overwhelming, especially when young teenagers called the helpline asking information about their mothers who were abused in the next room (information extracted from the interviews). However, the most detrimental part of that period was the quantitative increase of irrelevant calls to the helpline, up to 40% by citizens that either had mistaken the line to another one focused on mental health, or by toxic men being verbally abusive and offensive, mainly, to women employees, complaining about gender equality in Greece. The increase of irrelevant calls in combination with the imposition of single shifts, meaning only one employee per shift, excluding those who belonged to vulnerable groups or had family commitments, to an already understaffed helpline, had as a result the emergence of compassion fatigue signs. When some of the employees with family commitments were able to work from home and the workload was divided between two employees, one from home and one from the office, the situation was slightly ameliorated. But that was not the case at the beginning of COVID-19 lockdown. As an interviewee said:

*“It was like an experience of rape, a trauma; why should I have to experience this?”*

In addition to the increase of calls, employees in the helpline were asked by the authorities to give interviews to journalists during their single shift working hours.

A slight increase in the workload was also observed at the Consultation Centre, but it was connected to another precondition. The Consultation Centre, apart from women victims of domestic violence, accepts requests from refugee women not necessarily connected to domestic violence in the last two years. The most usual demand from this target group is to find shelter. During the COVID-19

lockdown, this need from the part of refugee women, in relation to the current restrictive subsidiary migratory policy became more imperative. Consequently, they contacted the Consultation Centre to mediate to find them refuge, even if that was temporary. That condition of emergency led one of the employees to burn out.

## 2. *Job control*

Control over the job can contribute positively or negatively to employees' health, depending on how much control they have over it. In the case of the SOS15900 helpline, the personnel had limited say in the formulation of their working settings. During the COVID-19 lockdown, this was further restricted. Any amendment in their working settings was aligned with the granted ministerial circulars that regulated the working settings of the civil servants during the COVID-19 lockdown, without any previous consultation with them. The result was the imposition of single shifts amid a demanding period. The implementation of teleworking was adopted at a later stage. As one interviewee told me:

*"We gave a battle to telework?"*

That was not the case in the Consultation Centre. Teleworking was promoted and applied from the beginning of lockdown, through the deviation of calls or Skype meetings. The routine was for one person to be physically present at the office to respond to phone calls, demands, requests and to arrange the appointment with the counsellors and therapists. At the beginning of the period this was implemented, but after a few weeks, the staff there took the initiative to have two people physically present at the premises, excluding those who belonged to vulnerable groups and/or being parents, taking all the precaution measures of social distancing and daily disinfecting the premises. That decision was made unofficially and was not depicted in work timetables. That control over their work setting functioned as a stress relief in comparison to the staff of Helpline that did not have this eligibility.

## 3. *Communication with authorities*

The communication between authorities and the employees of the structures against DV faced some challenges during the COVID-19 lockdown. At the beginning of the lockdown, there was a gap in information flow regarding the actual operability of the consultation centres. The monitoring of the shifts in the whole consultation centres network took some time to be coordinated properly by the authorities and this information to be disseminated to the SOS15900 helpline.

Another component of miscommunication was the occasional micromanagement by the political authorities towards the employees of SOS15900 helpline by berating them.

*"There were sometimes complaints that we did not answer a call. But a call can last quite some time, as long as it is necessary for a woman to feel better. We provide counselling, not just answer the call."*

Additionally, a lack of acknowledgement of the performed quality of services, during the COVID-19 lockdown was expressed. Only after the lifting of measures did employees in both structures receive a letter of appreciation for their performance and commitment.

## 4. *Unregulated payment*

Delays in payments were mentioned by the employees of the helpline during the COVID-19 lockdown. Employees in the SOS15900 helpline have temporary contracts depending on EU funding. The irregularity of their payments is almost the rule. At the beginning of the COVID-19 lockdown they had not been paid for the previous five (5) months. The precarious conditions and feelings of uncertainty of that period made the right to be paid on time more imperative and their fatigue more excess.

### ***Signs of burnout***

Psychological signs of compassion fatigue and more specifically burnout became evident during the lockdown among the interviewees.

Dissociation was observed to some participants as a coping strategy during that highly demanding over-work loaded period.

*"Do you recollect any incident from that period?"*

*No, I would say to you, because there were too many incidents with harsh physical violence especially during lockdown. We are dealing with these incidents on a daily basis so that our ear is used to this barbarism, which does not impress us anymore".*



Other symptoms were the “anxiety” and “stress” that were mentioned by most of the participants.

Physical symptoms of burnout included headaches, palpitations, perspirations, sleep deprivation, or oversleeping. More particularly, sleep disturbance is common to those working in shifts, but during the lockdown, in alignment with the intensification of the workload, employees experienced it more intensively. In order to soothe the intense headaches, an increase in the consumption of painkillers was observed.

Another sign of burnout was the feeling of cancellation caused by the lack of appreciation by the authorities, at least for the employees in the SOS15900 helpline. Even if they received a letter of appreciation and acknowledgement of their work after the lockdown, it is not enough in comparison to their fatigue.

The results of the survey advocated the data from the interviews to some degree. Especially the responses to the questions “I feel worn out because of my work” (57%) and “I feel “bogged down” by the system” (62%), were above the average scoring.

### ***Work as a de-stressor***

An interesting point that emerged by the interviews was the work as a de-stressor component of the uncertainty and the fear of the unknown caused by the lockdown. It was an imitation of the “normality” some of the participants felt the need to hold on to.

*“I was happy because it was a normality. I might not be able to go outside, I might stay indoors wearing my pajamas, but everything was working, and in an effective way”.*

*“We had the tendency not to stop anything that we were doing and to continue doing what we could. Personally, I had a great concern for those who stopped their job completely, from their own initiative or because the work ceased its operations”.*

### ***Organisational coping strategies***

The way the professional self-care activities were applied during the COVID-19 lockdown was linked to the pre-COVID-19 period. Different work settings followed different coping strategies.

Supervision sessions took place in the Consultation Centre once per month, following the norm of the pre-COVID-19 period. The only difference was the alteration of the space; instead of a physical place, the session took place in cyberspace via the Zoom platform. In accordance with the pre COVID-19 period, no supervision session was implemented to the SOS15900 helpline.

Peer support groups were created in the Consultation Centre, as a continuation practice of the pre-COVID-19 period, in cyberspace on a weekly basis. Interviewees from the Centre mentioned that this form of “normality” helped them to cope with lockdown workload, but they still missed the human contact of the non-typical “corridor” meetings that contributed to emotional discharge.

The non-typical emotional discharge continued among the majority of the employees of the SOS15900 helpline via telephone, and the collegiality among them was enhanced. As one participant recalled:

*“Our phones were on fire”.*

Training as an occupational coping stress strategy was implemented right after the lifting of measures and received it was positively received by the interviewees.

## **Discussion**

During the COVID-19 lockdown, employees in the structures against DV in Greece showed extreme work commitment, even if signs of compassion fatigue were evident (as in Kulkarni et al., 2013). It is advisable to reward such commitment, not only during a pandemic, but principally during “normal” periods, in order to ensure its continuation. As Maltzman (2011) supported, the ability of an organization to fulfill its mission depends on the wellbeing and motivation of staff members. Hence, a way to achieve such an organisational goal is through the development, or the more enhanced continuation in this case, of an organizational culture that will prioritize the staff’s well-being, by enabling them not only to survive, but also to thrive in their work and make even greater strides in the overall mission of DV prevention (Cayir, 2020). This can be implemented in various ways.

A twofold institutional care response (term borrowed by Pérez-Tarrés, 2018) through the adaptation of hygiene and work arrangements measures is recommended. Especially during a health crisis period, measures should be inclusive and flexible. According to findings, the list of adapted measures was

indeed twofold. On one hand, there were preventive hygiene measures, such as the disinfection of the work premises and the bulk provision of disinfectants to staff, and on the other hand, new forms of work were applied, such as teleworking.

Nevertheless, during the implementation of the measures, cases of negligence were observed and certain procedures that act preventive to burnout were not followed, due to the emergency of the situations, according to some of the narratives. Starting from this point, and from the experience gained after the end of the “abnormality”, it would be beneficial for the successful sustainability of the network of structures against DV and for the prevention of the drop-out of employees, if the organization adopted certain institutional care measures.

Such an institutional care response may encompass both measures of hygiene and work arrangements. An intervention in favor of the employees’ health is the inclusion of all employees in the reception of hygiene products and the dissemination of these products per person. During a health emergency such as the COVID-19, this would alleviate the fear of contamination and dilute any sentiment of negligence and abandonment on the part of the administration. Unfortunately, according to the findings, employees in the SOS15900 helpline did not receive any disinfectants, and they had to “borrow” them from other employees during their absence. This negligence was perceived as a lack of support on the part of the administration and unsupportive administration is considered as a predictive risk factor for burn out (Bell et al., 2003).

Another predictive burnout risk factor is the irregularity in monthly payments. Especially in the case of SOS15900 helpline this irregularity is systematic and became more imperative during the COVID-19 lockdown, provoking extra stress to employees on how to meet their needs and covering their obligations during such a difficult period. Hence, the stabilization and regularization of their salaries is mandatory not only during crisis periods, but also on a regular basis, so as to prevent signs of burnout to employees and further encourage the continuation of their work commitment.

Consultation meetings between the authorities and the employees regarding any potential amendments of latter’s working settings is recommended as a protective factor to the well-being. Particularly, this is more demanding during a crisis period. For instance, in the case of the SOS15900 helpline, authorities decided without any prior consultation or meeting with the employees, to initially impose single shifts, without any simultaneous implementation of teleworking as a supplementary shift. That was mentioned by the interviewees as a supportive factor of burnout.

A supportive factor of burnout was also the loss of job control that, at least the employees in the SOS15900 helpline faced following the abrupt increase of the phone calls, as a result of the TV and social media spot campaign. According to Kulkarni et al. (2013), any lack of work autonomy and job control have been associated with burnout. Such a potentiality would have been restricted if consultation meetings had taken place prior to the spot podcast, between the SOS15900 helpline employees and the authorities, to discuss a potential coordination of shifts with the podcast core hours so as to better meet the increase in phone calls, at the same time protecting the well-being of the employees through the management of workload.

Contrary to the SOS15900 helpline, in the Consultation Centre the employees had more work autonomy to regulate their workload. At the very beginning they followed what was provided in the period granted circulars about the fight against the spread of the COVID-19, regarding the working hour amendments. On a later stage they decided to further regulate their work settings unofficially, including a second person being physically present at the Consultation Centre premises, so as to respond more efficiently to work demands. This initiative, though unofficial, it allowed them to facilitate their work and to maintain the supportive collegiality spirit amongst them, proving that the participation in organizational decision-making processes, in this case unofficially, is crucial and leads to greater commitment to the organizational goals (Cayir, 2020).

Employees might face challenges to remain committed to the organizational goals when they were asked to perform tasks that are not related to their job descriptions, like giving interviews to journalists during a very stressful period in order to promote a service. It is recommended employees working in the Public Relation or in Communication posts to perform this task according to their job description.

A screening of calls is another recommendation. During the COVID-19 lockdown, apart from the almost more than 200% increase of calls, it was observed a 40% increase of irrelevant calls, many of them from toxic men who basically bullied the SOS15900 women employees, concealing their identity behind the anonymity of a phone call.

This lack of relativity and the abusive character of many phone calls contributed to the compassion fatigue of the employees in the SOS15900 helpline. Hence, a screening in phone calls in alignment with the national and European data protection legislation is recommended.

Staffing both structures with newly recruited employees is also advisable in an understaffed helpline and in a Consultation Centre with broader to domestic violence objectives and limited staff.

Further recommendations are connected to organizational strategies of self-care that the GSPLGE could apply more actively and systematically during health emergencies in order to reduce the harm over its employee's well-being working in the National Network against domestic violence.

One practice is supervision. Supervision is considered to play a critical role in providing ongoing support to employees, in order the employees to mitigate the potential negative effects of STS (Maltzman,2011) and burnout. During the COVID-19 lockdown, supervision sessions were implemented only in the consultation centre, as a continuation of the pre-existing period. Contrary to the Consultation Centre, employees in the SOS15900 helpline did not have any supervision session, as they did not have any for the last, at least, 2,5 years, due to lack of funding. Nevertheless, interviewees from both structures against domestic violence, understood the benefits of a systematic supervision and expressed their need for an initiation or intensification of such a practice in their work environment.

Peer group sessions, as another form of regular and informal debriefing among the employees, help them to process difficult emotions rooted in past trauma and not to carry them into the workplace (Cayir,2020). This practice was observed only in the consultation centre and as an initiative of the employees there, who characterized it as a helpful way to distress themselves, even via cyberspace. A generalized application of peer group sessions as a central guideline coming from the administration would be beneficial for the staff of all structures against domestic violence.

Training is also considered as an organizational approach to ensure that professionals gain the necessary skills to identify and respond to compassion fatigue (Cayir, 2020). In abnormal periods such as the COVID-19 lockdown, without any similar previous institutional experience, none form of training was foreseen. Instead, following the lift of measures employees participated in job related training online, which found it useful. In future the expertise that was gained in organizing webinars even after the end of the lockdown, could be beneficial for organizing training amid similar emergencies periods, in order to provide updated knowledge to staff on time.

Frequent acts of reward by the authorities, even small ones, like a letter of appreciation, like in this case after the end of COVID-19 lockdown by the Secretariat, that will acknowledge the importance of employees' work in the structures against domestic violence, are suggested.

### **Strengths, limitations, and implications for future research**

The key strength of this pilot study is the sample itself. Even though the small size of the sample, the information gathered is broad due to variation of working settings of the interviewees and how this precondition impacted on their health during the COVID-19 lockdown.

On the other hand, since the sample was limited only to employees of two structures against domestic violence of the GSPLGE, both of them based in Athens and from those only few employees agreed to get interviewed, a generalization of the results would be precarious. Nevertheless, having as a starting point the findings of this study, a future broader research is suggested to employees working in the same field but in different regions of Greece, so as to examine the similarities and disparities of the findings. Additionally, a comparative analysis focused on the pre, during and post COVID-19 era would be beneficial for the development of tailor-made health preventive and protective measures for employees working in structures against domestic violence.

The second strength of this pilot study is the additional information that the participants provided me regarding the population that made use of their services during the COVID-19 lockdown. More specifically, in case of the helpline, there were calls from men expressing their toxic masculinity; especially when on the other side of the line was a female colleague.

The toxic behavior of these men, hiding behind the anonymity of a phone call, performing their “macho” role when they listened to a woman’s voice, constitutes fruitful ground for further research, about toxic masculinity in Greece, especially in crisis periods.

Another interesting finding from the field, which could be a potential ground for future research, was the zero cancellations of phone or Skype sessions from the part of the women seeking counseling in the Consultation Centre. The usual practice is for a few women to drop-out from their sessions in “normal” periods. Amongst the “abnormality” of the COVID-19 lockdown, women remained consistent to their sessions, even though the component of physical communication was lacking. Someone could claim that it was exactly the lack of physical presence that made their consistency to counseling more appealing. No matter any similar supposition, a research focused on this finding would be enlightening

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<sup>i</sup>For the purposes of this study, the term “domestic violence” is adopted as it is defined by the Council of Europe Convention on preventing and combating violence against women and domestic violence, article 3b, namely Domestic violence shall mean all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim, <https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e>

<sup>ii</sup>The first COVID-19 general lockdown period in Greece started on 23 March 2020 and the final day of lifting all the measures were the 1<sup>st</sup> of July 2020. The unprecedented situation could not allow any provision of the imposition of any potential future lockdowns on local, national, and international level that actually followed in the late autumn of 2020 in many countries worldwide.

<sup>iii</sup> The phone calls in the SOS15900 helpline during the first Covid-19 lockdown were 325 in March 1070 in April (+227,4%), and 1070 in May (data extracted from the SOS15900 helpline).

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**Bio**

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**Table 1. Example of coding**

<b>Text- Initial coding</b>	<b>Focused coding</b>	<b>Theoretical coding</b>	<b>Thematic areas and subareas</b>
<p>... <i>“We had a passion with disinfection, with cleanliness. So, it was the routine that when you came to work you opened the windows to ventilate the space from the colleague who worked before, you disinfected everything”...</i></p> <p>...<i>Two or three disinfections have taken place in the building...</i></p>	<p>The personal sense of being clean and unpolluted</p> <p>Central action for the protection of the employees' health</p>	<p>Health measures on personal and collective level</p>	<p><b>Health</b></p> <p><b>Hygiene and safety</b></p>
<p>...<i>an anxiety that I might got infected ...</i></p> <p>...<i>I had the feeling like that I was carrying with me many”...</i></p>	<p>The fear/stress/anxiety of infection</p> <p>The responsibility of the others</p>	<p>Responsibility towards disease prevention of spread</p>	<p><b>Health</b></p> <p><b>COVID-19 as a stressor</b></p>

<p>... <i>"I was exercising at home"...</i></p> <p>... <i>"I was watching plays online"...</i></p> <p>... <i>"I took care of my plants"...</i></p> <p>... <i>"I was trying to increase my telephone communications and talk a lot "...</i></p> <p>... <i>"I decided to make a big offer, that is, having enough time at my disposal, I appointed around seven people for whom I cooked and I gave them food"...</i></p>	<p>Solutions</p> <p>Ways outs</p> <p>Mitigations strategies</p> <p>Interpersonal relationships</p> <p>Social responsibility</p>	<p>Coping strategies</p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Psychological</li> <li>• Emotional</li> </ul>	<p><b>Health</b></p> <p><b>Individual coping strategies</b></p>
<p>... <i>"We are 5 months unpaid..."</i></p>	<p>Not stable flow of income</p>	<p>Unregulated working settings</p>	<p><b>Work</b></p> <p><b>Work-related stressors</b></p>
<p>... <i>"Imagine if you ask me an incident from this period and I do not remember anything. Nothing..."</i></p> <p>... <i>"some sleep disturbances during the corona period, an increase in intensity..."</i></p> <p>... <i>"a little anxiety"...</i></p>	<p>Fatigue</p> <p>Sleep deprivation</p> <p>Anxiety</p>	<p>Compassion fatigue</p> <p>Burnout</p>	<p><b>Work</b></p> <p><b>Signs of burnout</b></p>
<p><i>"I belong to the category that I could be absent from work because of my age, I am 67 this year, but I did not choose that"</i></p>	<p>Commitment to the cause</p>	<p>Work engagement</p>	<p><b>Work</b></p> <p><b>Professional ethos</b></p>