Staff experiences of working in a Sexual Assault Referral Centre: the impacts and emotional tolls of working with traumatised people

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ABSTRACT

This study considers the impacts on staff of supporting people who have reported sexual violence and attend a Sexual Assault Referral Centre (SARC). This paper focuses on the staff's perspectives of the stresses and emotional tolls they experience including the coping mechanisms they utilise. Semi- structured interviews were conducted with 12 staff, and a focus group was held with a further four staff of a SARC. The data were examined using thematic analysis. Findings indicated that staff experienced positive emotions connected to the meaningfulness of the work and team spirit as well as a range of unpleasant emotions. Staff also reported emotional numbing, in connection to the specificity, volume and sometimes unpredictable nature of the work. Coping mechanisms used by staff focused on the supportive connection to family, nature, and other team members; the value of clinical supervision; and the avoidance of topics related to work.

Introduction

There are 37 Sexual Assault Referral Centres (SARC) in England and a further six in Wales. They offer specialised services to people who have experienced sexual assault or rape regardless of whether they

choose to report the offence to the police or not. The oldest and largest SARC in the country is Saint Mary's in Manchester. Saint Mary's saw circa 2000 people in 2017/8 of whom 1237 attended for a forensic medical examination. Saint Mary's SARC has a unique service delivery model whereby it provides a comprehensive and co-ordinated forensic, aftercare and counselling service to children, women and men who have experienced sexual assault or rape. The services on offer at Saint Mary's include, but are not limited to: a forensic medical examination carried out by a specialist doctor; access to a crisis worker who can offer support and stay with them throughout the process; support in the aftermath from an Independent Sexual Violence Advisor (ISVA); and counsel- ling with a specialist trained counsellor. Staff who work at these centres have passed rigorous recruitment procedures and have received specialist training.

Rape is associated with the highest levels of PTSD when compared to other sources of trauma, such as combat or physical violence (Kessler, 1995). As such SARC staff can see people immediately after one of the most traumatic things that can happen to them. In high volume SARC's, such as the one in this study, the staff can see client after client for the entirety of their shift. Despite the obvious traumatic effect that this sort of work has on employees, there is little investigation into professional exposure to traumatic incidents (Bender et al., 2016). There is some literature that considers work-related trauma for police officers or fire and rescue workers (Anshel, 2000; Brown & Campbell, 1994; Hart, Wearing, & Headey, 1993; Harvey et al., 2016). There is also a small amount of literature on the traumatic effects of working with victims of sex crimes, mostly from a policing perspective (Catanese, 2010; Cornille & Woodard Meyers, 1999; Krause, 2009) but there is no literature known to the study authors focusing on sexual assault referral workers in the United Kingdom.

The deficit of literature on this topic means that understanding of vicarious trauma when working in the field of supporting victims of sexual assault is drawn from other professions such as the fields of nursing (Bailey, 1989), general counselling (Whelan, 2006) and social work (Choi, 2017). This literature has focused on organisations' desires to reduce or delay burnout in professionals working in emotionally stressful professions (Collins, 2007; Taylor,

2011) rather than on the actual impact of the work for the individual. One of the few pieces of literature with a focus on the impact on professionals of working with victims of violent and sexual crime comes from the USA (Martin, 2005). In her book, Martin outlines that rape work has a huge emotional toll on workers often leaving them feeling discomfort, distress, anger, hurt and powerlessness from what they experience, by the inadequacies of the criminal justice system and the lack of support for victims. However, professionals she interviewed also reported positive emotions such as an emotional uplift from being able to help people in very distressing circumstances and job satisfaction.

Some of the staff at the SARC are involved in both helping the clients with the emotional effects of what has happened to them but also with the legal process, in cases where the individual has chosen to report the crime. There are a variety of roles which bring with them different emotional tolls and stressors. This difference has been identified in previous studies as well such as Cole and Logan (2008). This study carried out in the USA found that Sexual Assault Nurse Examiners experienced conflict between providing compassionate care, attending to the biopsychosocial needs of the patient, advocating for the patient and the forensic objective of the exam. Although the responses in Cole and Logan's study found few differences in the objectives of different staff, role differences were reported. The team at St Mary's is made up of forensic doctors whose role involves documenting and collecting forensic evidence as well as providing medical care and a supportive atmosphere where the client is at ease whilst these examinations take place. Crisis workers support the clients whilst they are having the forensic medical examination – they are not medically trained but provide emotional support. The ISVAs provide immediate follow-up support as needed by the client. In addition, they support clients through the legal process, even attending court when necessary. Finally, counsellors provide a therapeutic relationship and emotional support to the clients. This is constrained by the legal process because if a case is pre-trial, there are restraints on what can be discussed in the therapy process. Both forensic doctors and crisis workers work on-call shifts some working nights and weekends. The correlation between on-call

work and emotional distress is well established in other fields such as medicine (Firth-Cozens, 1987).

Previous research found that for people who do forensic work there is a relationship between coping strategies they use and emotional distress they experience, suggesting that people who work in this field require effective coping strategies to be able to carry out their work (Horvath & Massey, 2018). Their roles can be considered particularly challenging as they are required to juggle the demands of – medical and legal – while also managing the psycho- logical and physical consequences of sexual violence on their clients (and the subsequent impacts on themselves and their colleagues).

Coping mechanisms are often used to explain why some people are able to experience extreme situations and come out without demonstrating any severe psychological impact (Henman, 2008; McCrae, 1989; McCrae & Costa, 1988). Some people are able to find ways to deal with the stress they experience in life very effectively (McCrae, 1989). This ability to cope refers to the set of cognitive and behavioural strategies used by an individual to manage themselves and their emotions in stressful situations (Folkman & Moskowitz, 2004). McCrae argues that an individual's coping mechanisms change little over the life span inferring they are a characteristic of the individual rather than an evolving attribute. This suggests that some people are better at coping than others and as a result, are more suited to stressful work. Although coping mechanisms differ from person to person, not all coping mechanisms are positive in out- come: there are some that have a level of 'trade-off' where emotional relief is obtained at a cost, such as use of alcohol, over spending, misuse of prescription drugs or use of illicit street drugs (Carver, 1997). Overuse of alcohol has been identified as a coping mechanism by doctors for the stress they experience at work (Firth-Cozens, 1987) and other professionals such as police officers (Chopko, Palmieri, & Adams, 2013; Swatt, Gibson, & Piquero, 2007; Violanti et al., 2011; Zavala & Kurtz, 2016, 2017). However, there is emerging evidence t o suggest that, forensic medical professionals rely more often on positive coping mechanisms rather than negative ones (Horvath & Massey, 2018).

Coping mechanisms contribute to resilience. Resilience is a characteristic of an individual and coping mechanisms is another

factor that allows some people to withstand traumatic events. A great deal of research exists on the resilience of children and young people, however, there is less literature avail- able on the resilience of adults (Rutter, 1979, 1987). Resilience is the ability that an individual has to bounce back from distressing situations and deal with long term, ongoing stressful experiences (Block & Block, 1980; Block & Kremen, 1996; Lazarus, 1993). Resilience is often used to describe an individual's ability to function unexpectedly well in adverse or stressful situations (Klohen, 1996). It is suggested that there are both behavioural and personality factors that explain resilience, including self-esteem (Major, Richards, Cooper, Cozzarelli, & Zubek, 1998), flexible adaptation (Lazarus, 1993) and use of coping mechanisms (Salovey, Bedell, Detweiler, & Mayer, 1999). Although resilience undoubtedly has a developmental and personality component to it, it is not static and is influenced by context (Watson, Ritchie, Demer, Bartone, & Pfefferbaum, 2006). It is also believed by some to be an adaptive state and not a personality trait (Luthar & Cicchetti, 2000). The use of coping mechanisms can enhance and increase an individual's resilience these two factors do not stand alone.

Study aim

This qualitative study explores the experiences of staff working in a high volume SARC in England. The aim was to consider the emotional tolls and impacts of the work the staff do and following on from that, the coping mechanisms they utilise to deal with these impacts. Ultimately, greater understanding of these factors may improve organisations' ability to support staff that do similar difficult work and in turn, it may help the staff themselves to understand the potential impacts and minimise the possibility of vicarious trauma.

Methodology

Participants

All staff (60 full-time equivalent) at Saint Mary's SARC, Manchester, England were invited to participate in this research. A presentation was given about a previous, related piece of work at a SARC staff away day which was followed by discussion of the

desire to carry on this investigation and staff were asked to contact the researchers if they wanted to be involved in the planned future research. An internal email was also circulated to all staff, inviting them to be involved.

An interview and focus group schedule was designed by the first and second authors for the purpose of this study. The questions were developed based on their previous research with members of the Faculty of Forensic and Legal Medicine (Horvath & Massey, 2018) and in consultation with the managers of St Mary's before use. This was to ensure that any potential problems were identified before data collection began. Following this consultation, the interview/focus group questions (see Appendix 1) were used to explore the experiences of the participants. All 16 participants of this opportunity sample were female since all the SARC staff at the time of the research were female. Demographic data were collected on role, gender and whether the individual was full or part time. The staff ranged in age and number of years of experience with some staff being new to the service and others about to retire. The participants were made up pre-dominantly by doctors, Crisis Workers and ISVA's and a few other roles which were unique and would be identifying if named. The participants varied in whether they were full time or part time and whether they worked Monday to Friday or 'out of hours'. Only one of the doctors worked exclusively at the SARC, all others were also employed elsewhere in the NHS as well.

Ethical considerations

Ethical approval for the study was obtained from Middlesex University and Canterbury Christ Church University ethics committee where the first and second authors are based. Ethics approval was not deemed necessary by the NHS as this research was deemed to be a service review. Participants had an information sheet that contained an assurance of anonymity, information regarding the study, the possibility to withdraw and the voluntary nature of participation. Signed informed consent was obtained prior to participation and the findings presented in a way that no one could be recognised.

Procedure

The semi-structured interviews with the SARC staff lasted up to 45 min and were digitally recorded. All interviews were conducted by telephone by either the first or second author. The focus group was also recorded and took place on hospital property, lasting approximately an hour.

An interview and focus group schedule were designed by the first and second authors for the purpose of this study. This was informed by discussions with the managers of the service to ensure any potential problems were identified early on. Following this consultation, the interview/focus group questions were used to explore the experiences of the participants. See Table 1 for the interview questions.

Table 1. Interview/Focus group s c h e d u l e .

Question
1 What are the major stresses you experience from working in the sexual assault referral centre?
2 What are the main emotional tolls you experience from working in the sexual assault referral centre?
3 What qualities/characteristics do you think should be identified when recruiting new staff for the sexual assault referral centre to ensure they are best able to cope with the work related stresses and emotional tolls?
4 What training do you think should be offered for sexual assault referral centre staff to enable them to cope with the work related stresses and emotional tolls?
5 What support structures and processes do you think should be offered to help staff cope with the work related stresses and emotional tolls?
6 Are there things you and/or your colleagues do outside the workplace to help you cope with the major stresses and emotional tolls?

Data analysis

The interviews and focus group recordings were transcribed verbatim and anonymised. The research team carried out a thematic analysis on the anon- missed transcripts. Thematic analysis is a well-established and flexible research tool which allows for rich, detailed analysis (Braun & Clarke, 2006). It requires six phases of analysis of the data which extracts the main themes and the subthemes. These phases are familiarising yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Phases 1–4 were done by all four researchers independently and this was followed by research

meetings where there were team discussions and subsequently joint working on the final phases.

Rigour

To increase the confidence in the data in this study line-by-line analysis (coding) was carried out for each transcript, and the content of each account was read several times looking for any themes in the accounts. Clustering of this material led to the development of emergent themes for each case. Once each case was analysed, cross-cutting themes were identified across the accounts. Finally, this data was combined and the overarching themes were identified.

Having practitioners and non-practitioners involved in the analysis, allowed for investigator triangulation (Reeves, Kuper, & Hodges, 2008) increasing the rigour in this study. The range of researcher's backgrounds allowed for a complex range of perspectives in the analysis and this in turn generated a richer extraction of the data. Despite the researchers coming from different backgrounds and experience, there was a great deal of overlap in the identified themes.

Results

Thematic map 1 what happens to SARC workers
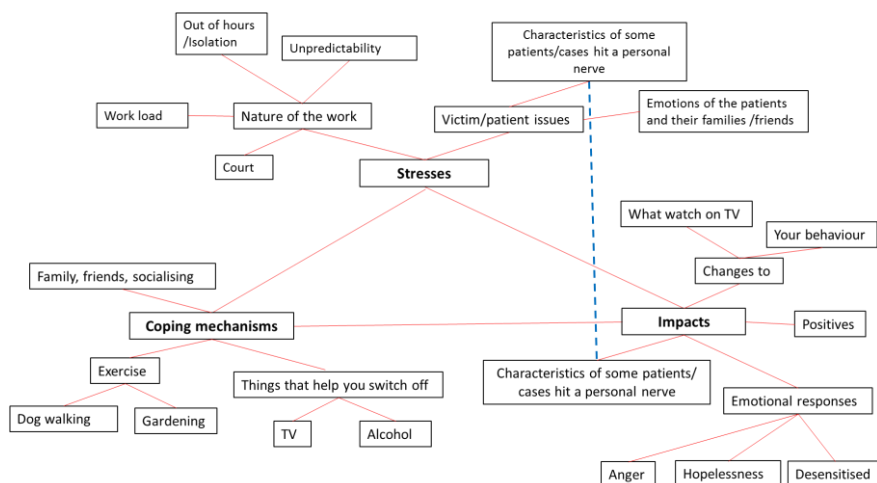
The red dotted line is to indicate that this sub-theme occurs in both stresses and

impacts – we need to think about whether it needs to be in both or not and what the similarities/differences are between them.

The three themes that emerged were: 1. The emotional impact of the client-facing work at the SARC, 2. The stresses of volume and nature of SARC work and 3. Adaptive coping strategies used by SARC staff. Each theme illustrates an aspect of the participants' relationship with the work they do. Some themes also reflect aspects of that individual's personal life or experience.

The themes will now be described in sequence, but it is important to note that the themes interlink, overlap and fluctuate in importance from individual to individual. The experience of the participants is complex and varies based on their individual characteristics, job role and length of service. Some sub-themes are role specific and as such, they relate only to a subset of participants, this is identified in the results when applicable.

The emotional impact of the client-facing work

Throughout the participants' narratives, there were frequent references to the emotional impact their work had. Among participants, there was a consensus that one cannot do this type of work without being affected in some way. The belief was that the emotional impact of the work on the individual had the capacity to be both negative and positive. There is a lack of balance in many of the themes, especially this one, with more negative responses being reported than positive. This may be as a result of participants using the interviews as an outlet for their emotional struggles or as a result of negativity bias: people typically remember the bad more readily than the good (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Ito, Larsen, Smith, & Cacioppo, 1998).

Negative emotional responses to work

There was recognition amongst staff that working at the SARC meant working in a context where emotions ran high. This was as a result of working with and supporting clients who had recently reported a traumatic life event and participants were able to see the effect of the work on themselves and their colleagues:

> This is really emotional work and emotional work has an impact. . . I think that burnout and emotional fatigue are really serious problems in this sort of work. [Interviewee 5, lines 396–397]

> So there's an enormous amount of emotion floating around, much of which we. . . I think absorb like blotting paper, quite subconsciously – I don't think we realise what we're doing, and clearly we deal with it at the time. [Interviewee 1, lines 52–54]

The participants talked about feeling despondent, as a result of the unrelenting nature of the work they did; the volume of clients they saw combined with the severity of what many clients reported. This feeling resulted also from the insight staff had of the chaotic and tragic lives some clients led, with the sexual assault that brought them to the SARC being one component of this life.

> . . . sometimes sadness or despair at what goes on. You know, stuff that you see coming through your door, sometimes, it gets the better of you. You feel like it's a bit hopeless, um, because it's sort of a never-ending. [Interviewee 2, lines 99–102]

> The ones that really kind of upset me are not the ones where people have had the most horrific injuries or that kind of thing but the ones where people have just had one awful thing after another awful thing after another awful thing. [Interviewee 4, lines 32–34]

As well as sadness, frustration and anger were commonly reported emotions. Staff expressed anger at what clients had experienced, at the unfair- ness of life and 'the system' that made it hard for people to get what they need after a sexual assault.

> Probably the thing that I struggle with at the moment is sometimes feeling really angry when I hear what some people have been through. [Interviewee 6, lines 59–61]

There was also reflection by an individual that anger was not an appropriate emotion so it is not discussed in the same way as

sadness or stress may be discussed. However, anger was expressed by other participants, as the second quote below illustrates.

> I don't think my colleagues feel angry – I think that's, I feel like that very much just me, um – I don't know, I don't really talk about that side of it, really. [Interviewee 2, lines 109–110]

> So the frustration trips over to anger. [Interviewee 9, line 53]

Staff mentioned that a way that they were able to cope with the, at times, distressing nature of their work was by becoming somewhat desensitised to the subject matter. This was noted to be a personal and professional coping mechanism that enabled longevity. There was a feeling expressed that staff who are unable to desensitise, burn out very fast in this line of work.

> It has been case after case after case but they are all awful, you have to switch off to keep engaging with that horror or it's hard to deal with. [Focus Group 6, 177–178]

Despite the ability to desensitise to cope over time, there were still times when particular cases would hit a 'personal nerve' and consequently have a greater impact on the member of staff working with them. Other staff stated that personally challenging cases included seeing clients the same age as the participant's own child.

> The particular cases that I found very difficult have been. . . cases where I've seen somebody who has been a similar age to one of my children. . . Those are the ones that kind of, if you like, get to me. [Interviewee 4, lines 31–36]

> I don't really like seeing children. That's from my perspective because I've got (*number removed to maintain participant anonymity*) young children. [Interviewee 11, lines 64–65]

Positive emotional responses to work
Despite the obvious challenges experienced in this line of work, the staff spoke warmly of a dedication to the client group that they have chosen to work with. Almost all of the participants talked about positives of their work. Amongst these was the satisfaction from knowing that they provide an important and meaningful

service by being able to help someone in need.

> It is hugely rewarding, yeah. It's hugely rewarding. [Interviewee 5, line 201]

Participants also expressed pride at being able to work in a high-quality service and a confidence that they were able to do an important job well.

> That shouldn't take away from the overall picture, which is that, actually, we're doing a lot of, of…I don't know whether good's the right word, but a lot of positive things by helping people at a time of crisis… [Interviewee 1, lines 592–593

A strong sense of camaraderie and team support also came across from the participants. There was recognition that being part of a highly skilled, caring team made the job possible. They spoke about the emotional support they themselves received from capable colleagues, when dealing with distressing cases.

> I found that the quality of the teams is something that's sustained me through the work because I've been here about eight years now. [Focus Group 6, lines 140–141]

> I mean, I think that St. Mary's is a wonderful organisation to work for. I've worked for the NHS for many, many years and St. Mary's, I think, is quite unique in that it's..there is a caring culture for staff as well as clients. [Interviewee 5, lines 28–30]

The stresses of volume and nature of SARC work

The stresses of the work carried out at the SARC were seen by participants   as different from the emotional impact of their work. Work stresses tended t o be focused on the volume and nature of the work whereas emotional impact was connected with the client-facing work.

Nature of the work

The work carried out at the SARC is especially specific and skilled. As opposed to general medical work, the staff at the SARC are repeatedly seeing people in   a time of crisis for very specific experiences. This specificity was cited as a source of stress.

> I understand why we have to do it. But it's kind of. . .there's no.

> Even if we've
> had a day with no cases, we're still constantly hearing about
> trauma all the time. So whether you're answering a phone or
> you're in a meeting or you're talking to colleagues, there's
> no happy stories that come through. It's always just trauma,
> trauma, and trauma all the time. [Interviewee 11, lines 89–
> 92]

The stress from the complex work and trauma is further exacerbated by the fact that many of the clients attending the SARC are complex cases with a high level of need.

> I didn't expect before I came to the SARC was how many
> vulnerable people we get through the door. [Focus Group, 3,
> lines 72–73]

> . . .seeing vulnerable people and realising that you just see
> them at the end of maybe a life history that's brought them to
> that point. [Focus Group 6, Lines 91–96]

In addition to these general stresses relating to the nature of SARC work, there were also role-specific stresses highlighted by particular groups of staff.

Being part of a team and the formal and informal support provided by other staff members came out very strongly as a protective factor. The out-of-hours crisis workers however, due to the nature of their shift work, are not recipients of this support to the same degree and unsurprisingly experience added difficulties as a result. Whether the out of hours work was in the centre or based at home, the isolated nature of work was felt to be difficult.

> Because I think night time working brings its own
> challenges. From an emotional point of view, it is about
> taking advantage of the opportunities to chat. [Interviewee
> 5, lines 335–338]

> I think it can be a bit isolating if you only work out of hours.
> [Interviewee 4, line 272]

Added to the challenges of working out of hours, crisis workers who take calls at home found that they had trouble switching off

after the call and experienced a sort of 'contamination' of their home from the distress they are exposed to during the calls.

> . . . taking phone calls at home. And I think that's because it comes into my home and also, it's isolated working, lone working on your..in as much as..you haven't got a colleague to either hold the call and say I just need to take five minutes and talk to somebody, get advice or to even debrief afterwards. So, I find that really challenging [Interviewee 5, lines 12–17]

Forensic doctors were another group that related role-specific stresses: this was from being requested to give evidence in court and wanting justice for the client.

> One of the biggest stresses really is not knowing what's going to happen when you get into court. [Interviewee 8, lines 27–28]

Volume of the work
The actual amount of work that is required was highlighted as a stressor for the staff. Staff expressed feeling that the workload was unrelenting.

> It can be quite tiring because it's busy – it's a busy centre, um, so it's one case after another. [Interviewee 2, lines 38–39]

> Just the constant never getting to the bottom of your to-do list. It's just always adding to it and never getting anything done. And I can spend ages talking to someone. And then an hour later someone might say to me, 'Such and such just called for you,' and I won't remember their name because my mind's just too busy. And then I feel like I can't be giving them the right service. So, it's just those stresses. [Focus Group 4, lines 63–67]

Staff articulated in their interviews that it is the accumulative effect of working with clients who have experienced trauma – who may also have high levels of individual need – and the volume of work that led to stress:

> There's that workload pressure. And then there's the fact

that everything we deal with is quite often horrific. So, it's workload that's a separate pressure.

And then there's the content of what we do which is disturbing, bizarre, horrific. Quite often, we'll sit in the morning meeting and think, 'Oh, that's   just awful.' And then we'll do another case and then we'll have like 20 cases and they're all awful. And it's hard to get your head around that because we are a high-volume centre. It has been case after case after case but they are all awful, you have to switch off to keep engaging with that horror or it's hard to deal with. [Focus Group 6, lines 172−178]

Linked to the sheer volume of work required at the SARC is the unpredictability of the nature of the work: the number of cases seen in a day shift, when they may arrive and what they may require, is outside the control of the staff. This acted as an additional source of stress for participants.

Because they kind of don't know what could happen with the case until we've met the person. It's hard to sort of plan your day out really. [Interviewee 11, lines 26–27]

The staff also recognised how the amount of work they are required to do and the huge amount of need presented by the clients has an impact on the quality of work they are able to deliver, despite their best efforts.

I think they are the kind of volume of referrals and the needs that we kind of face. So there's a constant kind of pressure on our time. [Interviewee 6, lines 4–5]

The lack of control or predictability can result in the staff forfeiting their own self-care due to work demands. Although this is a choice made by the staff, it is a choice made out of care for the client and recognition of the vulnerability of the people they work with. Despite management encouraging self-care, staff find this hard when faced with clients in acute crisis.

I mean sometimes we get nothing in at all which is quite rare,

but it does happen. Last Friday there was nine requests for acute examination. So it's completely varied as to how big it can be. Or it just could be whatever you see until the end of that day, but there's always that pressure of who's going to come in first, who's going to do what. And the people will say, "Well, make sure you get a lunch break." But if the cases have been booked in at certain timeslots, you can't then ring the police and say, "Put it back by half an hour because I want a sandwich." [Interviewee 11, lines 211–217]

Adaptive coping mechanisms

It is apparent that the client-facing work carried out by staff at the SARC has an emotional impact with additional stresses due to the volume and nature of the workload. The staff spoke of drawing on a wide range of positive coping mechanisms for self-support, both in and out of work, so as to be able to deal appropriately with their work experiences. These will now be detailed in turn.

Coping strategies – in work
Formal supervision was seen as extremely helpful by those who had accessed it. It was suggested that people who do not access supervision, should do so.

> The doctors never really access supervision I think that's the problem. [Interviewee 4, line 349]

> When I started in supervision I found it massively helpful [Interviewee 2, lines 246–247]

> . . .they just think they, you know, they don't need it. But actually, I think we all probably do, um, but I, I think we kind of. . . I don't think we're even realising that we need it sometimes. [Interviewee 2, lines 305–320]

Some staff suggested that group supervision was less helpful for a variety of reasons including: fear of bothering others; fear of discussing things that may offend others; less timely and not enough time to fully explore issues they personally wanted to discuss.

> There's never enough time really is there when you have a

group supervision. To say everything that you have got to say. [Focus Group 3, lines 380–381]

In addition to the formal supervision process, there was a great deal of talk about informal supervision or debriefing. This is where staff would discuss the work or a difficult case with colleagues, at the time, rather than waiting for the next supervision session. Most participants highlighted support from their fellow staff as essential to being able to undertake the work they do. Help, support and camaraderie were listed as essential to coping with this type of work.

It's interesting because there's the informal chit-chatting with my colleagues before the formal supervision starts and I value both bits. [Interviewee 5, lines 58–59]

Another organised coping strategy by SARC for the staff which was mentioned by many of the participants was an internal system set-up with the aim at helping staff achieve a healthy work–life balance in acknowledgement of the challenging context of the work and in an effort to alleviate some of the emotional impact and work stresses. This project was found to be helpful by many of the participants, not least because it provided an opportunity to let off steam out of work hours. Participants mentioned how the confidentiality of the work meant that it was not possible to really talk to family and friends about the work they do, so the informal time spent with colleagues was one of the few opportunities to talk freely about the effects of the work.

So we've started the well-being initiative, the balance work. And I think some of the physical activities that's coming out with that and discussions have been valuable in making sure the people are a little bit more resilient. [Interviewee 9, lines 89–91]

Coping strategies – out of work
In addition to the support utilised and strategies adopted in the workplace to deal with the stress, staff also described many helpful out of work practices they were personally involved in. The need for time with loved ones was the most frequently mentioned

strategy within this sub-theme. Participants noted the importance of spending time with people that are not involved in the work at the SARC and how these people acted as a distraction and support.

> I think that one of them [coping strategies] is, is just being with the family... [Interviewee 1, lines 492–493]

Some participants explicitly noted that their personal roles meant that they consciously left the stress of the work so as to engage in other tasks.

> Because when I'm coming home from work that's when I get my children up. I don't want them to ever sort of absorb any stresses that I'm feeling because of work. [Interviewee 11, lines 231–232]

In addition to human contact being therapeutic for the staff, dogs were also noted highly in the support listed. Walking in the country, dog walking and exercise were all mentioned as activities the staff did to help them unwind, relax and let go of the things experienced in working time.

> I have a dog. And so, when I'm not at work, I spend quite a lot of time in the park. And again, I think I really need that. [Interviewee 6, lines 223–224]

> I do normal things like going to the gym, [Interviewee 9, line221]

> But walking outdoors is great and getting back to nature is absolutely great, grounding yourself and giving you more positive aspects about life itself. [Focus Group 3, lines 522–524]

Other activities participants spoke of as helping them 'switch off' to unwind and not think about work included hobbies, especially ones that required concentration:

> So mine might be reading, or doing jigsaws, where I can't think of anything else but what I'm doing. [Interviewee 1, line 77]

Television viewing was also mentioned as a way of relaxing and unwinding and there was interesting reflection on the propensity

to change what one views as a result of the type of work done at the SARC. It was widely noted that participant's wished to avoid serious or distressing topics.

> I can't watch films with any rape scenes or anything like that. Or anything where it's gritty. I can't. It goes off. [Focus Group 3, lines 570–571]

Another coping mechanism mentioned by participants was social or light drinking. There was no reference to any maladaptive or heavy levels of drinking.

> There are times when I self-medicate. But I'm not an alcoholic (laughter). [Focus Group 3, lines 518–519]

Discussion

Implications

Based on our findings, it is clear that staff who work with people reporting sexual violence experience high levels of stress and the work they do has an emotional impact on them, even if they also feel very positively about their work. Organisations such as SARC's have a duty of care to ensure that they do all they can to support their staff as effectively as possible. This study provides valuable information about what staff experience, what they need and how they feel during the course of their working day. The staff in this study talked about feeling overwhelmed by the work load; affected by the tragedy that they see regularly; and the awfulness of the impact of rape and sexual violence on victims. This finding is similar to that of Raunick, Lindell, Morris, and Backman (2015) who found that vicarious trauma from working as a Sexual Assault Nurse Examiner in the USA was associated with levels of cognitive disruption similar to that of having experienced trauma themselves. Raunick et al. (2015) conclude that organisations that employ Sexual Assault Nurse Examiners should be aware of vicarious trauma and provide support. The participants from St Mary's described how important their provided support structures are including informal support such as chats and talks with each other and formal support such as supervision. The staff who work

out of hours described missing out on some of this informal support and were impacted by this isolation. This is consistent with previous studies which have shown that workers who are on call experience specific stresses (Firth-Cozens, 1987). Martin (2005) found that workers who support victims of sexual violence experience deep emotional impacts from that work this was replicated in this study where there was a great deal of discussion about how carrying out this stressful and difficult work affects them as people and changes them forever. Family, interests and nature were all relied on to cope with the stresses of this sort of work. This information provides service managers and policymakers with valuable information about what these staff members need to ensure they are able to continue t o carry out their work to a high standard, with as little adverse personal and professional impact. Burnout and compassion fatigue are well documented (Jacobson, 2012; Joinson, 1992; Maslach & Leiter, 1997; Moran, 2002) as is vicarious trauma and work-related PTSD in high pressure professions (Brown, Fielding, & Grover, 1999; Carlier, Lamberts, & Gersons, 1997; Catanese, 2010). Participants in this study talked about burnout being a possibility in this line of work, if workers are unable to utilise good coping mechanisms or vent the feelings from the work. As such, the financial and human costs of not supporting staff that carry out this difficult and highly skilled work is already established.

Strengths and limitations

This qualitative study involved interviews of staff that work at one SARC. This specialist group carry out valuable and difficult work, and this study attempts to go some way to understand their experiences and needs as there is a deficit of previous research that explores the impact of working with victims of sexual violence. This gap in the literature is, in part, filled by this unique study. Using thematic analysis, the intention of this study was to explore the lived experience of these highly specialist staff using detailed interviews and a focus group and carrying out an in-depth analysis. This provides rich data and detail about the working lives of the participants.

While the exploratory analysis identifies a number of themes from one service, it is important to note that further research is required to capture the full diversity of staff experiences and possible variations in other services. The SARC where this study was carried out may not be representative of other SARC's or sexual violence work in other forums.

This high-stress work leads to turnover and the time gap between collecting the data for this study and the write up meant that two participants were uncontactable to give permission to use their quotes. So although they were included in the analysis, their quotes could not be used in the final write up. As is best practice, all participants were contacted and asked for explicit permission to use their quotes. All but one of the participants who were contacted gave this permission.

Two of the authors work within the SARC and the focus group took place in the hospital. Although the collection was conducted by the first two authors who are not employed at the SARC, it is possible that the involvement of staff may have impacted upon how open and honest participants felt during the interview process and upon whether they took part or declined to participate after showing initial interest. It is possible the five staff that showed initial interest but did not follow through were put off from participating because they were concerned about the two members of the research team who are staff at the SARC reading their transcripts. It was made clear to all participants that their transcripts would remain confidential, and every attempt was made to anonymise them before analysis took place, but may still have remained.

Although this study provides in-depth information from the participants all of the participants in this study are female. Moreover, the sample size was not large when considering the diversity of staff roles included in the sample. This again, means it is difficult to generalise from these findings to others working in the sexual violence field. However, it provides a useful and important starting point from which other studies can build.

Practice implications

This opportunity sample has identified some protective factors that participants, and perhaps others, could be supported with – through management and self-care approaches which recognise the importance of fostering and bringing attention to the meaningfulness and importance of the job they do. The importance of a team spirit and collegiality was also abundantly clear, when workers were away from or deprived of the team (out of hours crisis work) there was a clear adverse effect.

Risk factors for negative emotions appear to be the volume of work carried out and repetition of witnessing trauma material. These factors indicate that the number of hours of exposure to traumatic material combined with the content and quality of time away from trauma (both in and out of work) affects emotional well-being.

It was important that trauma material did not contaminate or invade other areas of life. This indicates the importance of creating boundaries between spaces and times to stimulate emotions which counterbalance the more unpleasant ones that result from working with victims of trauma. There is an obvious issue with generalisability as this is an opportunity sample from one SARC, but these findings apply to the opportunity sample and may extend to other people who work with trauma too.

It is also crucial to see what can be done to better support people who carry out this stressful and emotionally difficult work, what organisations can do to provide as much support as possible and how that support can be as effective as possible. Further investigation into what qualities make some people able to do this sort of work effectively and resistant to burn out is needed.

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