

“It is Productive to Take Care of Yourself at Work”:

Gender, Coping, and Anti-Violence Work During COVID-19

Introduction

The COVID-19 pandemic has caused major disruptions locally and globally, from supply-chain delays to overburdened healthcare systems and increased job precarity. In the American workplace, COVID-19 continues to drastically reshape daily routines and practices. With additional safety measures such as extra sanitary practices, remote work, and decreased in face-to-face interactions with clients, workers across a range of sectors have had to adapt to a new “normal.” For those workers formally or informally deemed “essential,” laboring at the frontlines to keep certain critical infrastructures moving required “assuming the burden of risk, and even death, as a characteristic of the work” (Musheno, Vencill Musheno, and Austin 2021, 36), even if their roles before had been more mundane or less fraught.

Spawned by an interest in how anti-violence workers were responding to COVID-19 precaution measures, our present study explores how anti-violence frontline workers have adjusted their coping mechanisms in order to fully address client needs, as well as their own, during the COVID-19 pandemic. Using insights from previous literature on various coping styles (Menaghan and Merves 1984; Parikh, Taukari, and Bhattacharya 2004), organizational stress (Kahn 1987), street-level bureaucracy theory (Lipsky 2010; Maynard-Moody and Musheno 2003), and the gendered nature of anti-violence work (Bumiller 2008; Lindhorst and Padgett 2005), we highlight what work under COVID-19 looks like. This “new normal” unveils the ways we may think about addressing the workplace stressors associated with gendered, high-stress workplaces.

As we will later describe, we see a trend of anti-violence workers relying on direct-action coping strategies more often than they may have previously. Direct-action coping has been

described in the literature as a typically net positive strategy to handling stress, as it may increase job satisfaction (Gianakos 2000; Hu and Cheng 2010; Fortes-Ferreira et al. 2006). But this practice actually mobilizes differently in our sample. While interviewees still used value-based language that positioned direct-action coping as beneficial, they also shared complicating factors that led to direct-action coping overuse. The additional health risks induced by COVID-19 added a layer of risk onto a previously neutral to positive tool.

We also see pre-COVID-19 coping strategies, like reliance on in-person social support, becoming more inaccessible. Social support and communities of coping are well-documented strategies to both cultivate connection and collaborate through workplace challenges (Brown and O'Brien 1998; Korczynski 2003). But these had to take a less productive form as they shifted to virtual formats or ceased to exist at all in the remote office. This loss, while protective from a public health standpoint, also removed a key part of anti-violence workers' day-to-day coping.

Our findings point to the need to think more creatively and expansively about both coping and burnout in the wake of the COVID-19 pandemic. If the tools in a frontline worker's toolkit are becoming imbued with a new layer of stress and strain, they may fail to adequately protect against burnout, especially in a sector like anti-violence service provision where exhaustion and re-traumatization are often looming.

Anti-Violence Work as Gendered Labor

The history of mainstream anti-violence advocacy and interventions is well beyond the scope of this paper. However, we would be remiss to ignore the tensions between the movement's grassroots beginnings and its current institutionalized forms (Jacquet 2019; Thuma 2019); lack of intersectional attention to victim-survivors outside of the white, middle-class, cisgender "everywoman" trope (Koyama 2016; Richie 2000); and enmeshments with the carceral

state (Gruber 2020). With these considerations in place, we approach anti-violence work from the perspective of street-level bureaucracy theory for its discretionary capacities to disseminate resources and support to victim-survivors (Lindhorst and Padgett 2005) *and* feminized labor for its workforce of primarily “women working with women” (Bumiller 2008, 3).

Frontline anti-violence work is challenging for a multitude of reasons. This work encompasses high demands on emotional labor, especially when maintaining an empathetic, calm display with a client in the immediate aftermath of sexual violence (Mastracci, Guy, and Newman 2012). Naturally, this emotional intensity carries with it the high potential for secondhand or vicarious trauma (Baird and Jenkins 2003). As with all street-level bureaucracies (Lipsky 2010), anti-violence organizations regularly face limited financial or material resources, even after the professionalizing of these grassroots groups ostensibly created more fiscal stability and access to philanthropic donations and grants (Wies 2008). Because of these obstacles, the necessity of useful coping mechanisms becomes even more important for service providers in this sector.

What is Coping?

Workplace or organizational stress has been intensely researched due to its impacts on worker dissatisfaction, organizational turnover, low productivity, and absenteeism. As a result, coping strategies also hold great academic interest in existing literature (Cummins 1990). According to Kahn (1987), workplace stressors can be found in eight different categories: work deprivation; occupational characteristics that pertain to the physical activity associated with the job; the safety and/or lack of autonomy in the workplace; role conflict, ambiguity, or overload; poor interpersonal relationships at work; lack of resources; inconsistent or poor work schedules; and organizational climate. These stressors have been tied to a plethora of secondary effects such

as somatization and burnout (Parikh, Taukari, and Bhattacharya 2004; He, Zhao, and Archbold 2002). These stressors have also been used in existing literature to help evaluate what coping strategies are used by street-level bureaucrats and how effective frontline workers are in dealing with workplace stressors.

Most articles on this topic have been quantitative studies that attempt to describe which coping styles are most commonly utilized. Unfortunately, they do not provide an in-depth analysis of the contributing factors that cause workers to implement them or the unique and various ways that workers may practice similar strategies (Brown and O'Brien 1998; Triplett and Mullings 1996; He, Zhao, and Archbold 2002; Parikh, Taukari, and Bhattacharya 2004). Our study aims to bridge this gap by providing a qualitative exploration on what, why, and how coping strategies are used—and how workers' environments impact their individual ability to cope and the accessible resources for coping at their disposal.

Career fields composed of street-level bureaucrats share many similar obstacles, such as navigating practices of discretion, lack of resources, and emotionally heavy conflict. Previous studies have found that role ambiguity and role overload play major roles contributing to street-level bureaucrats' experiences with workplace stressors (Triplett and Mullings 1996; Baba et al. 1999; Parikh, Taukari, and Bhattacharya 2004; Kahn 1987). Role ambiguity occurs when workers are unclear about the scope and responsibilities of their role in an organization. Role overload can manifest in two different ways. Quantitative role overload is the result of a person having too many things to accomplish and/or not having enough time to accomplish the tasks necessary, whereas qualitative role overload occurs when the quality of the work needed exceeds the ability of the worker or the resources available (Ivancevich and Matteson 1980).

Each of these—role ambiguity, quantitative role overload, and qualitative role overload—apply to frontline anti-violence workers, as the obstacles they endure often make these tensions and stressors unavoidable. *Role ambiguity* emerges when these workers go outside the “job description” in order to provide necessary services and resources to their clients. For example, a case manager who primarily works in a therapeutic capacity might add applications for rent assistance to their caseload when faced with clients in dire financial circumstances. Though this is a small addition to a single client’s file, it can add up—and may not even be labor this case manager feels equipped to complete. This can then lead to *qualitative role overload*, as they feel they must provide clear, direct, and accessible aid to their clients, which forces them to maneuver around the scarce resources they have available to them and discover new ways to help clients. This additional burden feeds into the already existing *quantitative role overload* service providers experience, as this maneuvering and scavenging adds additional labor to their already dense and overwhelming workload.

Direct-Action Coping

Additionally, Parikh, Taukari, and Bhattacharya’s (2004) study on occupational stress and coping among nurses adds to our understanding of what contributes to and mitigates stress for professions that have inconsistent work hours compounded with high-stress, emotionally laborious client encounters. They found that shift work, or work that operates on a rotating schedule and does not necessarily have consistent work times week-to-week, can have major impacts on workers’ health and wellbeing. They also found that being able to have control or autonomy in one’s work can serve as a mediator to stress (Parikh, Taukari, and Bhattacharya 2004; Kahn 1987). However, this again places frontline anti-violence workers in a unique position, as the discretion they are allowed and often expected to practice conflicts with their

organizational environment, which does not allow them control due to the lack of consistent hours, availability of resources, or control over the systemic factors that cause the replication of violence. To rectify this conflict, workers attempt to use the discretion available to them as street-level bureaucrats to regain control by utilizing direct-action coping strategies and going outside their job description in order to accomplish tasks.

While there has been much work describing the effectiveness of direct-action coping practices (Gianakos 2000; Hu and Cheng 2010), a study by Menaghan and Merves (1984) describes the limits of individual efforts to control emotional distress and occupational problems. Although dated, this study offers an interactive interpretation of the effectiveness of coping strategies by focusing on both emotional distress and occupational problems instead of being measured solely by job satisfaction (Fortes-Ferreira et al. 2006). They found that direct-action coping was limited in its effects to reduce occupational problems, such as work overload and insufficient or undependable income. There were no indirect benefits of occupational problem reduction by reducing emotional distress and vice-versa—direct-action tactics did not seem to impact the level of emotional distress experienced.

Further, direct-action strategies had the potential of actually increasing one's work problems if this coping mechanism was mobilized by changing positions or taking on additional responsibilities. However, this study is in contrast with others, which find that direct-action coping is negatively correlated with emotional exhaustion, thus making it a better strategy to avoid burnout (Hu and Cheng 2010). When comparing these inconsistencies, it may be important to consider how direct-action coping was operationalized. Menaghan and Merves' (1984) study differs from many others as it considered positive, ambiguous, and negative job changes when evaluating the effectiveness of coping strategies. In doing so, they were able to distinguish the

potential factors that impacted their results on effectiveness such as workers taking on additional responsibilities through the reception of a promotion.

Coping as Gendered Practices

As well, we must address what previous studies have found regarding gendered differences in coping mechanisms. While we did not purposefully sample only women for this study, our sample is composed entirely of cisgender women-identified respondents. Thus, the obstacles our interview participants shared with us may in fact “scale up” to what has already been documented as broader trends in women’s coping behavior¹ in the workplace.

First, women, especially those whose gender performances were highly, normatively feminine, tend to occupy women-dominated fields that typically have low pay, low status, low mobility, and lack of decision-making latitude (Clarey and Sanford, 1982; Gianakos and Subich, 1988; Gianakos 2000). This may influence the coping mechanisms available to women in these lines of work, resulting in the utilization of direct-action coping styles, such as increasing one’s work hours voluntarily, increasing work involvement, and devoting more effort to accomplish expected tasks in order to avoid stressors (Gianakos 2000; 2002). This may especially be the case given that the intensity of the response to stressors is often determined by the perceived consequence of failing (Matheny et al. 2002; Watson, Goh, and Sawang 2011). In the case of anti-violence work, this perceived consequence of failing is often much more dire than an individual loss of job; it may be perceived as causing clients themselves to endure more violence or harm. This, combined with workers’ perceptions of their work being meaningful and necessary, may influence how willing they are to implement direct-action coping strategies.

¹ This research also skews cisnormative, focusing on women whose gendered self-identity matches the sex with which they were assigned at birth. For more on the ways that transgender women and gender non-conforming people assigned female at birth navigate workplace challenges and stressors, see Muhr, Sullivan, and Rich (2015) and David (2015).

Additionally, women have been generally found to utilize coping mechanisms after assessing the resources they have available to them. However, this may be complicated in frontline anti-violence organizations, which are largely underfunded and understaffed. The resources service providers have available to them are limited and likely lead to additional stress—and the need to implement other coping mechanisms available to them, such as the previously mentioned direct-action coping methods (Watson, Goh, and Sawang 2011). Stress is more likely to occur when resources are stretched too thin or are unavailable to aid workers in problem solving, a very prevalent dynamic in frontline anti-violence workspaces (Goh, Sawang, Oei 2010; Watson, Goh, and Sawang 2011).

Social Coping and Collaboration

It is also noteworthy that women have been found to be more likely to seek out social support from friends, family, and colleagues in order to utilize escapist coping methods, such as venting or expressing emotions, or to utilize emotional social support (Guy, Newman, and Mastracci 2008; Christie and Shultz 1998; Olson and Shultz 1994; Ptacek et al. 1999). The importance of social support for workers is highlighted also in Brown and O'Brien's (1998) study on shelter workers, where they found that it is beneficial for preventing burnout among workers. Specifically, those “who perceive high levels of support from friends and family are more likely to experience feelings of job competence and successful achievement in their crisis intervention work” (384-5). This improved competence may, in turn, help undo the uncertainty or doubt that emerges with role ambiguity.

Social support in the workplace can also be understood as part of what Korczynski (2003) calls communities of coping, “emergent, informal, oral-based, social modes of coping” (57) that may be hidden from administrative oversight or spontaneously generated from casual encounters

but are critical for coworker support. In his configuration, communities of coping are often communal at the peer-level, with coworkers navigating workplace challenges and celebrating successes together. Since clients/customers and managers may be the root of these challenges—or frontline organizations may have strict hierarchical divisions—higher-level staff are not as routinely imagined in these configurations of support. Strengthening these coworker ties by intentionally “encourag[ing] and facilitat[ing] mutual support between coworkers” can go so far as to buffer against burnout in the workplace (Hseih 2014, 396.)

Moving Towards/Away from Work

Managing workloads can also be a coping strategy, both in accepting more tasks and setting harder boundaries between self, clients, and labor. For example, in her study of anti-trafficking stakeholders, Author 2 (2021) discovered that some service providers took on more tasks and activities “in the short-term to maintain longer-term benefits for themselves, clients, and coworkers” (538). These benefits included the maintenance of limited resources, the resistance to burnout faced by lower-level staffers, and the cultivation of rapport with clients facing complex, traumatic needs. Engaging in these practices longer-term did run the risk of increasing labor without more staff, pay, or other resources, well-known compounding factors of burnout (Maslach et al. 2001).

Similarly, Nurmi’s (2011) study of distributed teams in the corporate workforce—coworkers whose collaborative tasks spanned offices and time zones—revealed the complications of taking on more work. For these teams to function effectively, workers had to pick up longer commutes (for face-to-face meetings) and longer hours in the office (for remote work across time zones). Ironically, “these team-level coping strategies ended up acting as new sources of overload and strain to individuals” (129). Adding this overload was necessary for

successful collaboration in the short-term, like completing a project or meeting a deadline, but longer-term required workers to draw upon their personal reserves of coping.

Importantly, Nurmi (2011) found that this micro-level coping was often the only strategy at workers' disposal due to the distributed office. As she explains, "Distance between the team members hindered or even precluded the mobilization of social resources related to emotional, instrumental and informational social support" (139). "Communities of coping" (Korczynski 2003) are more challenging to cultivate in environments where those shared gaps in workplace routines and informal communication strategies are constrained by geographic, temporal, and technological distance.

Frontline workers also frequently attempt to create some space between themselves and their organizational roles. This space can be affective. Hochschild (2012) classically describes this in *The Managed Heart* as "a 'healthy' estrangement, a clear separation of self from role" (177) in the context of emotional labor; Mastracci, Guy, and Newman (2012) identify "the ability to deactivate their work personae at the end of the day" (26) as a critical feature of coping for frontline workers in crisis management.

But space can also be practical, the reduction of certain less-essential tasks or elimination of practices that are not central to managing caseloads. Frontline workers use the discretion baked into their roles to "make their work easier by managing their caseloads; by focusing on easier clients; and by avoiding, dismissing, or reducing contact with unpleasant or impossible cases" (Maynard-Moody and Musheno 2003, 12). Frontline workers could certainly cope by taking on more work, but in the context of perennially underfunded, understaffed, and underresourced street-level bureaucracies, "easier work" to prevent burnout is an understandable, though dissatisfying, goal. Especially for those workers drawn to frontline work for its

dissemination of public goods, these processes of triaging and skimming clients may feel like the only options when “confronted with heavy work loads and apparently impossible tasks (Lipsky 2010, 107).

Tummers and Rocco (2015) highlight the ambivalences that may emerge when creating more distance between self and work. Their research on health insurance navigators offered limited support for harsher boundaries—strict adherence to rules as written, routinizing questionnaires, or rationing services to the most in-need or independent clients—as coping tools. In contrast to moving away from clients, framed as a “last resort” (821), these frontline workers more commonly moved towards clients in responsive ways that risked increasing stressors; “moving toward clients was not always beneficial for frontline workers. Interviewees across state contexts reported a lack of resources and an almost constant pattern of overwork during open enrollment” (824). Even in the face of extreme conditions like heightened caseloads during a particular time of year—a time when moving away from clients may be even more understandable—Tummers and Rocco’s interviewees kept client-informed practices in their repertoire at their own coping expense.

Research Methods

This research emerged as part of Author 2’s larger interest in anti-violence interventions and frontline workers. As research linked COVID-19’s conditions of isolation and social distance to increased violence at home (Evans, Lindauer, and Farrell, 2020; Quinlan and Singh 2020), Author 1 and Author 2 joined together to collaboratively explore how this climate affected service providers in the anti-violence sector² through the following three research questions:

² We define this sector as workplaces and organizations addressing domestic violence, intimate partner violence, hate crimes, sexual assault, workplace safety, and human trafficking.

1. What are the effects of COVID-19 on day-to-day workplace experiences, needs, and challenges?
2. What are the shifting client needs and concerns under a global pandemic?
3. How have service providers had to implement new or modify preexisting coping strategies to navigate their work?

We selected a semi-structured interview mechanism to address these research questions. Semi-structured interviews afford participants the latitude “to describe their experiences in their own terms” (Taylor 1998, 366), which felt particularly salient during a shared public health crisis.

As well, given the geographic differences in COVID-19, which became clearer as politicized processes as the pandemic progressed, we selected two states in the US Great Plains region³ for our study. They can be broadly understood as “Red States” with deep histories of defunded social welfare systems, vast swaths of rural residents geographically distanced from resources, and tensions between conservative individualism and regionally-specific niceties.

As detailed in our executive summary (REDACTED), which we published for pilot-stage participants, we created our own sample of potential participants by using publicly accessible data from state-level anti-violence coalitions and informal Google searches. This strategy allowed us to find larger institutions, often receiving some degree of grant funding or state support, as well as smaller, more grassroots groups with a narrower focus. We selected only those organizations with some kind of client-facing component; for example, one group exclusively held prayer sessions for religious victim-survivors. While that work is meaningful to many—and intimately involves an interpersonal component—volunteer staffers did not have a

³ This region includes Montana, North Dakota, South Dakota, Wyoming, Colorado, Nebraska, Kansas, Oklahoma, and Texas.

larger connection to resource distribution, case management, or longer-term care, which omitted them from our sample.

In sum, we created a list of 68 organizations across two states. From there, we used phone numbers and email addresses to contact individuals and groups for interview participation. From November 2020 to August 2021, we conducted 21 Zoom or phone interviews—20 with individuals and one group interview—with 23 anti-violence service providers across 12 organizational locations. Since many anti-violence groups do so much, from forensic interviewing to case management and legal advocacy, we were able to get a range of roles represented across a smaller number of organizations. We recorded interviews with the Zoom platform or an audio recorder, depending on the format, and uploaded these files to Otter.AI for assisted transcription.

After generating the transcription file, we read through it for clarity and accuracy, as well as a first pass at major themes. This allowed us to be quite strategic and intentional in our coding processes, especially since we were reading the same data multiple times for different analyses. This particular article reflects our hybrid coding strategy (Fereday and Muir-Cochrane 2006) that inductively discovered coping as a resonant theme and deductively created larger categories about emotional labor, workload intensity, and proximity to colleagues based on our own expertise, interest, and knowledge of previous scholarship.

By analyzing interviews conducted at the beginning and middle stages of the COVID-19 pandemic, we also depict how “environment” has shifted and drastically impacted workers ability to cope in “normal” ways. As the physical workplace became more dangerous due to COVID-19 exposure and risk, service providers’ day-to-day routines were transformed, and beneficial self-care practices became blocked due to safety concerns.

Coping During COVID-19

Workplace Pace as Stressor

As COVID-19 swept across the United States, workplaces adapted to viral mitigation efforts through the remote office, including a pivot to platforms like Zoom and Microsoft Teams. Given the intensity of their frontline operations—especially in a climate that may have led to increased violence (Quinlan and Singh 2020)—anti-violence workers were often left without the “grace period” of a technological learning curve. In fact, the need to adapt to new workplaces practices brought their own set of workplace stressors on top of the anxiety that the pandemic already induced.

In the case of our interview participants, there was additional pressure placed on top of them as they had to often speed up their job productivity while altering their standard job routines. Several described this as a strange dichotomous feature of COVID-19: although it seemed like the world itself had slowed down, they had to keep pressing on without hesitation. One community advocate explained that in her three years of employment at a local shelter, the year since COVID-19 hit had been the busiest she had ever experienced:

“So just because, you know, the world unfortunately has slowed down or has had to stop temporarily, that didn't necessarily mean that that's what happened in our job. It was actually really quite the contrary. Um, so even though we weren't necessarily hearing from everyday clients, we actually started hearing more from different clients throughout different counties. And so just handling and learning to adapt to how often our phones would ring. Not to say that our phones, you know, they didn't ring before, but it became a different type of volume” (interview 12/14/2020).

There seemed to be a change in what was “normal” for workers to expect from a day in their jobs. This “different type of volume” described depicts the influx of new clients with varying needs that needed to be addressed. While their jobs were never calm or easy, the intensity of the clients' situations increased due to the ways COVID-19 exacerbated dangerous situations, like

cohabitating with an abuser, and limited individuals' abilities to seek help and resources without risk of viral exposure.

This increased intensity was mirrored by another interviewee, the founder and CEO of a faith-based anti-violence organization, who explained that pre-COVID-19, their crisis line would ring rarely and typically on accident. During COVID-19, they “got to a point that the calls were going from 40 to 50 calls per month. Numbers jumped crazy over the phone” (interview 11/25/2020). This phenomenon was echoed in our other interviews. These additional pressures from growing caseloads combined with the threat of COVID-19 exposure increased the sense of urgency frontline workers felt with their work which, in turn, reduced the time they had available to practice healthy coping mechanisms.

However, this was not necessarily a uniform response. Some interviewees explained that when COVID-19 first began to shut down businesses and organizations, they felt like they were also able to slow down to learn the new protocols and engage in various methods of self-care and coping strategies, like this therapeutic and community outreach staffer:

“The pandemic forced people to slow down and change some of the processes. And I just think that's been like, huge for us [...] It was like we can't slow down. We can't slow down. And then it was like, Oh, we had to slow down. And we actually still like served clients. People were honestly like, given [...] everything that was happening, like people were still getting their work done. Notes were still being done. Clients were still being served. People were happier. [...] We didn't have any major crises. Like I mean, nothing out of the ordinary” (interview 1/5/2021).

Situations like this highlight the need for organizational support for workers to fulfill the needs of their job in a healthy, manageable, and long-term way in order to avoid burnout. When workers were allowed to slow down and given the space to do so, they were able to focus more on their mental health in ways that helped them as individuals.

Importantly, knowing that coping may not involve a single practice but instead a repertoire of options (Triplett and Mullings 1996), this intentional shift in pace could help frontline workers employ other skills that may have fallen to the wayside. As this therapeutic and community outreach staffer continued, she and her coworkers could take the time to engage in whatever practices worked for them without external constraints:

“That was something that my supervisor and I intentionally tried to highlight over and over of like ‘look at this’ and not do it in such a way that’s like, ‘hey, check it out,’ but like, but truly like look, if we really can slow down [...] like I felt like I was able to, I mean, we really pushed [...] like, ‘Hey, this is a time where you can pick up a book that we’ve been like asking you all to, like maybe look into’ or like ‘you’ve been talking about wanting to learn about, like transformative justice, like, this is an awesome time to do that.’ And like, let us take this opportunity to slow down. [...] It doesn’t mean that it’s actually slowing down productivity. But also like, that is productive, like, it is productive to learn. It is productive to like, take care of yourself at work. So, I will just say we did really, really well, I think, at the beginning. [...] We got our CEO to even encourage people who like to take a walk during the day, like things like that” (interview 1/5/2021).

Ironically, this impulse to prioritize self-care is framed in the language of productivity, which carries connotations about pace and normative labor expectations. While this particular anti-violence worker was drawing upon this framework to legitimize this shifting pace—slowing down and taking care as a way to resist burnout, a form of lost productivity—the expectations of a fast-paced work environment came to trump this temporary reprioritization.

After a consistent donor announced that they would no longer be giving to this domestic violence organization, the CEO and administrative staff became fearful that other donors would also reduce or end their funding. Despite very little change in the number of services they had been providing, the work atmosphere stopped encouraging rest and instead became, in this staffer’s words, “‘Okay, we got to get back to it. We got to start producing numbers. We can’t afford to lose any more money. [...] It was like suddenly the pandemic was not the number one issue. [...] It became [...] secondary” (interview 1/5/2021). This reaction became very

disheartening for her because she was “so proud” of how her organization had been handling the pandemic and frontline worker care; the “shift in mindset from top leadership was like, really heartbreaking because [...] we had seen how well we can do, right?” (interview 1/5/2021).

These experiences depict the tension between frontline anti-violence worker’s workload, personal health, and lack of resources. Workers become stuck in a cycle when trying to balance these three things. Inconsistent funding for resources and staff make it difficult for workers to lighten their perennially-burdensome workload. Without lightening their workload, they are unable to devote essential time to properly cope with their intense, emotionally demanding jobs. Intentionally creating a space to “slow down” would require more financial and material aid, the constant resource needs of a street-level bureaucracy (Lipsky 2010).

Community and the Workplace “Family,”

Social support and community have played critical roles in service providers’ ability to cope with workplace stressors (Brown and O’Brien 1998; Korczynski 2003). However, in this “new normal,” these regularly practiced coping strategies have become extremely difficult or even impossible to utilize. In our interview process, we discovered two interesting threads: a lack of community seems to affect interagency communication and devolves the workplace “family.”

The closures of workplaces across the United States due to the pandemic created new obstacles for service providers to navigate as they now had to decipher which resources would be available to their clients. While pre-COVID-19 workers would offer clients referrals to various outside agencies for housing, employment, food security, legal aid, and other services they were unable to provide at that time, they were now placed in a position where they needed to keep track of what agencies were closed, reducing work hours, accepting new clients, using virtual

platforms, and other important details before providing a referral. When discussing this process, this advocate and policy staffer explained:

“[...] My job is to make it as simple and as, you know, easy as I can for the client. So, I don't want to send them [...] on a wild goose chase. Like, I don't want to send them and then they're having to figure everything out. When I give them a referral, I want them to know details of this is how you get involved. This is the number you call. This is maybe what it might look like for you. So, I can be as helpful as possible. So, it's kind of keeping in touch with [...] local agencies [...]” (interview 11/27/2020).

The responsibility felt toward clients kept workers like the one mentioned above dedicated to their work. While on its face the services provided may not look terribly different than before COVID, this depicts the additional labor workers have had to endure to continue providing the same standard of care to their clients. This extra work taken on is also the result of direct-action coping where workers would dedicate more time, energy, and labor in order to perform the necessary task (Gianakos 2000). The responsibility felt toward clients and the need to be “as helpful as possible” increased the workload that service providers had to take on. This was especially difficult to maintain considering the extent interagency communication had suffered under COVID:

“I've been pairing with some agencies where they are working from home, and you call them, they answer, they help you out with whatever information you need, and it's good. But then other agencies, not sure if they're working from home or they're not, but you're just calling and no answer and you just keep calling and calling and calling to try to get in contact and no answer. So then at some point, you're like, ‘Okay, well calling is not working. I'm just gonna have to go up there to that agency.’ But then you go to the agency, and then there's nobody in office. So then it's like, ‘What do I do? I can't reach you on the phone. Can't reach you at the office. How am I supposed to get in touch with you?’” (interview 12/16/2020).

Workers explained that these additional obstacles were not just a difficulty when trying to communicate with other agencies. They were also unable to get their clients legal help given that the courts were typically “shut down or limited,” so clients were having to wait for important help and information without knowing when or if they will get the help they need (interview 12/9/2020). This blockade against their work added stress and pressure to their jobs. Service

providers expressed difficulty understanding how other agencies made these decisions that hamper their ability to serve clients. One shelter victim advocate explained that their agency could not “go off the grid” because of the “impact that would have” (interview 12/16/2020). She explained that a crucial element of antiviolence work is teamwork and reliability:

“[...] So even though people in other agencies that we've kind of worked with, even though maybe they're not doing exactly the same thing that we're doing, that's not the point, [...] it's not that we have to do the same exact work, [...] you know, we can do this part. And you can do that part. And we can work together to help our community. So when they do kind of go off the grid, it's just, [...] I know that this is affecting me and my client, but how many other people is this affecting in our community? [...] I mean, I just think [...] when it comes down to it, it's just about different kinds of agencies working together. We are all experts in different areas, but every area that you may be an expert in, I guarantee is probably going to help somebody somewhere. So if we can just, you know, communicate together, we can work together, we can strengthen the resources that we make available to people in our communities, and as well as ourselves. I mean, we're people in the community too” (interview 12/16/2020).

This sense of community between agencies and their shared commitment to clients was depicted as necessary in order for each agency and each worker to be able to fully help clients with their needs. There was a sense of “we’re all in this together” prior to COVID which became absent when workplaces chose different ways of implementing COVID-19 protocols that then further limited the resources service providers could give their clients. This hinderance made workers feel less capable of helping clients and caused feelings of frustration. Workers felt like they were the only people willing to put their lives at risk in order to better the community and lives of their clients. An administrator and director of programs described the distress she witnessed her coworkers experiencing by saying:

“...we didn't have control over that, you know, because when you work in that collaborative, you know, [...] we're the cog in the wheel. Each agency has their own policies and approaches, and then we have cumulative policies that [...] everybody weighs in on, because we have a monthly meeting where all the supervisors meet from all the different agencies. So that was real hard for our staff, our navigators and case managers had to take on a whole whole lot. [...] So that created some real, real feelings

with our staff. They were very angry. They felt like sacrificial lambs” (interview 12/10/2020).

Feeling like “sacrificial lambs” caused emotional turmoil as workers felt they were no longer working in collaboration with other community providers. This also decreased workers feelings of trust in these other agencies as they were not communicative about important information such as staff infected with COVID. They explained that “[...] if you don't have trust, and you don't have communication, and you don't have that connection, [...] you can't really call it a collaboration [...]” (interview 12/10/2020). Moving forward, it seems necessary to learn ways to repair these relationships and ensure organizational policies that properly plan and communicate plans of action for if another crisis like the COVID-19 pandemic takes place again.

Beyond interagency communication, workers ability to cope was also constrained by the lack of social support availability. Work became more emotionally draining when workers could no longer rely on support and community from their coworkers. The previously popularly utilized coping mechanism practiced within their organizations was no longer easily accessible or even possible given the safety protocols put in place do to COVID which limited face-to-face interaction and forced intra-agency communication to be more formal and intentional (Brown and O'Brien 1998).

Workers explained that the spontaneous “water cooler” conversations with coworkers is partially what helped them sort through their own emotions and find solutions to obstacles clients faced. Finding opportunities for social support is complicated in the case of frontline anti-violence work, given the confidentiality of their cases and workplace stressors—and given the role of COVID impacting the availability of spontaneous social interaction with coworkers (Schwarz and Welch 2021). One manager explained that these conversations helped her “get through the work”:

“One thing that has always helped me get through the work is [...] when I could walk down the hall to the watercooler or get some coffee or see someone down the hall just in passing. And you could say, “Hey, this really tough thing just happened. Could I get feedback on it? Or can you even just, like, hold the weight of this trauma with me?” Or to add some levity to the situation of like, “Oh, my gosh, you’re never gonna believe what just happened,” and kind of share a laugh about it. And being able to have community with those people that understand the work that we’re doing in a way that maybe my personal support people just can’t quite get. That has always been helpful for me to do the work” (interview 2/22/2021).

The use of escapist coping methods and communities of coping allowed workers to carry the weight of their work with others instead of carrying the burden alone (Guy, Newman, and Mastracci 2008; Christie and Shultz 1998; Olson and Shultz 1994; Ptacek et al. 199; Korczynski 2003). This inability to authentically and organically communicate with others who also experience and deal with similar situations and vicarious trauma caused emotional distress and made their work feel much more isolating. One therapy and mental health provider explained that “[...] to be home and alone in hearing, you know, trauma, after trauma, after trauma [...]” was extremely difficult, and because they were alone, they felt fully responsible for their own mitigation of that emotional burden (interview 12/9/2020). It was explained to us by one advocate that “[...] it's important that our staff [...] all feel connected, that we all feel on the same page, that we have rapport with each other, because we're constantly, you know, working together, communicating with each other all the time over the phone [...]” (interview 11/27/2020).

It is also important to note that this “rapport” and communication were useful methods of coping with other workplace stressors besides emotional burden. Social support was also used as a method of coping with obstacles workers faced when trying to provide for clients as it hindered their ability to collaborate. One organization’s manager and therapy provider described this challenge by explaining:

“[...] We used to meet like every couple weeks, and the other day, we were all like, we haven’t met because like, we’re all just like, [...] ‘what do you do?’ [...] We’re all like, depressed, and [...] we can’t meet anymore, and there’s no community meetings to attend. [...] And so, we all got on zoom, and it was just really nice to see them all. We all just, like missed each other. But, it’s just totally changed. Like, I mean, [...] it’s changed, like my ability to [...] authentically collaborate. So now it requires much more intention. [...] For a couple of years, it was like, I felt like I didn’t have to, like ever call or like set things up, it just kind of was like happening” (interview 1/5/2021).

The required intentionality for communication paired with the emotional burden and isolation workers were facing made knowing their needs more difficult. It seemed that workers were often unaware of how much they needed this interaction until they received it. Then, they would realize its importance, but it was still difficult to access and schedule. It was no longer seen as “organic” or “spontaneous” during COVID, so their work became “much more draining” (interview 2/22/2021).

Separation of Work and Self

Beyond at work measures, workers emphasized the importance of setting good boundaries and separating themselves from the work. Workers described the need for clear physical boundaries in order to turn it off (Mastracci, Guy, and Newman 2012) and have a clear distinction between their work selves and their domestic selves (Broadbent 2016). This separation allowed some workers to engage a shift in mindset where they could actively and intentionally “leave” work when their office was also within their own home by purposefully practicing work habits and rituals during their work time and utilize different ones when deciding they were off the clock (Broadbent 2016). One mental health provider described this difficulty in finding work-life balance by saying:

“[...] It’s a lot harder for me to maintain good boundaries. So previous to COVID, I had some good rituals, you know, especially like the commute home, right? [...] You leave at the same time, and you put, you know, your badge and your key card in your bag, and [...] you listen to songs, [...] or things that kind of allow you to leave work at work. And by the time you get home, you’re ready to like set that aside and be present with your

family. Well now, [...] there's no routine anymore. There is no commute. My work computer is also my personal computer. When I'm here, my personal cell phone is also my work phone. [...] And so, those are some of the things that always helped me do the work. It's been a lot harder with COVID to do the work now" (interview 2/22/2021).

As the boundaries between work and home blur, the domestic sphere seems to leak into the professional by accident. While this is sometimes a positive occurrence when done intentionally (Miranda-Nieto and Boccagni 2020), when this happens unintentionally, it seems to harm worker's ability to properly cope with workplace stressors. This made the need for workers to define where the line was purposefully, so they could engage in "healthy estrangement" (Hochschild 2012) and cope with the weight of their emotionally laborious work. One manager and forensic interviewer explained that this is a constant struggle given the nature of their work regardless of the pandemic. She explained:

"[...] Vicarious trauma is very prevalent in our job. [...] We make sure we take a lot of time to do self-care. [...] Our agency makes that kind of a priority. We are able to get what we call wellness days to take care of us without having to use like [paid time off]. [...] If there are areas where we need to not only work on us as a career person, but also our personal development, those are taken into consideration. Um, it's hard. It's hard to hear trauma and deal with trauma and view graphic images. [...] So, um, I think that is probably one of the biggest challenges of our work" (interview 11/19/2020).

In contrast to how Lipsky (2010), Maynard-Moody, and Musheno (2003) have discussed this separation of work and self where they explain that service providers will often lighten their workload by focusing on easier clients, the workers we interviewed seemed to think of "self-care" more as a responsibility they have *to* their clients in order to better serve them. It was less so about what they can do to help *themselves* and more so what can they do to help *others* even in the case of "healthy estrangement" (Hochschild 2012).

Separating themselves from work seemed to be more of a "last resort" (Tummers and Rocco 2015: 821) workers decided on in order to better serve clients in the future. The same manager and therapy provider previously mentioned described her decision to create firm

boundaries by explaining that it makes the work feel more sustainable to her. She said it “[...] helps me like, then have energy to actually like empathize and be compassionate. I mean, [...] actually do something the next day where I don't feel burnt out with my clients, because I always want to be like 100% with them” (interview 1/5/2021). In order to make the important work they do sustainable, workers described needing to have a full life outside of their work because it can easily become a person's “identity” and consume them to the point where they will “burn out” (interview 1/5/2021).

Changing Mindsets

Another popularly utilized strategy by participants in our sample was selective inattention meaning when an individual assesses their situation so specific problems seem relatively unimportant. This involves a reframing of one's mind. For example, workers in our sample described trying to focus on the good they bring to others by doing everything in their power to help—even likening themselves to superheroes—in order to cope with the stress and personal harms their job brings. One manager discussed this explaining that she felt an intense responsibility to do this work and to ensure that she is emotionally healthy enough to continue this work by saying:

“[...] I can kind of reframe anything, and I can just, you know, move things around in my head to make sure that I'm looking at something from a perspective that feels true and also feels hopeful for me. And so [...] the way that I cope with the challenges of my work is to reframe them into success. And so, while yes, I sit by people in moments of trauma, and moments of pain, and awful things happen that I have to hear about every day. The way I view it and the lens that I approach my work with is, those things are happening whether I'm there or not. And my presence automatically moves us from like, really crappy to like less crappy. [...] In my work, my dedication to this field alleviates or mitigates a little bit of harm or pain. And while I cannot in any way shape or form, mitigate it entirely, I know that what I'm doing is positively impacting the lives of people that I work with. [...] And that's in and of itself, success. 1% less harm and pain is great. Especially because I don't do this work alone, and so other people are also getting their 1%. And, and I don't know, that just kind of helps change the weight of it. [...] What is

that Spiderman line? The, “with great power comes great responsibility.” [...] I have the power to make things slightly better for people and with that is the responsibility that I have to be healthy to do this work. [...] I have to do that. It's not an option. I have to be okay, or else I can't use my power, and then I'm letting people down. And so, I consider coping strategies, and self-care, and things like that as an obligation. If I want to continue to do this work, I have an obligation to do that” (interview 8/3/2021).

This reframing of her work from hopeless to hopeful ties back to the concept of meaningfully held work. Her work feels so intensely important and critical that she feels an obligation to maintain hope and ensure that she can continue to help others. She also tied much of this back to the need for teamwork which has been strained under COVID as we've previously discussed.

While she discusses this strategy in a positive light for herself, literature tells us that selective inattention is typically ineffective in reducing emotional distress in the present or long term or reducing occupational problems experienced by workers (Menaghan and Merves 1984; Hu and Cheng 2010). However, in our sample, this technique was said to be utilized regularly. One administrator explained that she would act “goofy” in order to lighten tense situations because she “[feels] like it keeps [her] humble and makes [her] remember that [she doesn't] know everything, and [she] can't manage everything, you know, as an individual” (interview 12/10/2020). Other service providers said they would try to “find joy” in the work they do because it helps them remember “Why I do this work” (interview 12/9/2020). Laughing and finding joy helped lighten the emotional challenges of their work. By focusing on these things rather than the traumatic experiences they hear clients discuss or the sheer “amount of perpetrators” in their communities, they were able to maintain staying in a “positive zone” and avoid “dwelling on the bad” (interview 11/27/2020).

The need for adjusting one's attitude was also seen as vividly important given the additional risks COVID-19 posed to workers when doing the necessary aspects of their jobs. Constantly placing themselves in risky situations made the need for understanding the

meaningfulness of their work critical to their ability to continue. A shelter victim advocate explained that facing exposure scares forced her to evaluate how dedicated to this work she and her coworkers needed to be in order to help clients. She explained:

“I think it's all about your attitude, and [...] what is your relationship to the agency that you work for? [...] In my particular situation, we've had two exposures. And you know, [...] the risk is still there. And even though, ‘hey, we made it through the first exposure, and I wasn't affected,’ [...] but then it's like, how many times can I dodge that bullet? Every single day, I have to take that risk of going back into the same environment of helping people who are needing the help, but I'm still putting myself at risk, which in turn could put my family at risk. So, I think I think it's about your attitude, like, ‘do you want to be there? Do you care? [...] How much are you willing to kind of put yourself on the line in order to help other people?’ And so I feel like especially like, if you're in social services, [...] you ultimately got into social services, because you want to help other people. [...] And so, I think that's a huge part of how I kind of cope and deal with everything that's going on. [...] Even though I'm calling these agencies, and they're not calling me back, I'm going to continue to try [...]” (interview 12/16/2020).

In contrast to how service providers are typically discussed in coping literature, we saw that in order cope, they were not utilizing selective inattention or boundary placing as ways to protect themselves but as ways to better serve their clients (Hochschild 2012; Maynard-Moody and Musheno 2003; Lipsky 2010). They had to “be okay, or else” (interview 8/3/2021). In the case of selective inattention, workers seemed to be deliberately enacting a separation of themselves from their role but then consciously choosing to embrace their work roles more determinedly (Hochschild 2012).

Adding More to Caseloads

While we have discussed the prevalence and drawbacks to other utilized coping mechanisms, the most popular strategy depicted in our interviews was direct-action coping. This manifested as taking on additional workplace responsibilities, increasing the resource provision they offered clients, going outside of their job description to accomplish tasks, and increasing

hours worked per week. First, we noticed an increase of responsibility felt toward fellow coworkers. This was especially present among managerial and administrative positions where they would take on more work in order to avoid placing that expectation on their employees. One administrator explained this perceived responsibility she felt she must take on when discussing the shift from in office to at home work that took place due to COVID-19 safety protocols. In this circumstance, this administrator discussed that there had been a sudden increase in hotline phone calls, but since they were not working in the office, she had to forward all calls to her personal cell phone and every four hours, she would forward her personal phone to a different staff member. This caused uniquely stressful situations and draining situations despite being technically “off the clock.” She explained:

“[...] I would be driving and like my alarm would go off, and I would have to pull over to the side of the road just to like [...] pull up the schedule and see who's on. And I'm like, forwarding, and I was so tired. It was seven days a week. Like, nobody else could do it, and nobody else should have done it. I would never ask my staff to do that. So it was like, ‘all right, [...] it's sink or swim time, like, let's go.’ It was terrible.” (interview 7/21/2021)

This additional labor felt like a personal responsibility because it was so difficult and draining. Instead of splitting this necessary task among various employees, she felt it was her duty as an administrator to take this task on in order to save her fellow workers from the debilitating effects. Instead of considering that she should not have to carry that burden on her own, she expressed “never” being willing to put another person through that.

This perceived responsibility toward staff extended to emotional labor and availability. One manager and therapy provider expressed how she almost accidentally fell into the role of being a source of “support for staff,” and upon transitioning to weekly virtual staff meetings, she became responsible for creating activities such as trivia games to help “set the tone” and “normalize feeling like super scared, and weird and depressed, and like, anxious” (interview

1/5/2021). Additionally, the personal responsibility workers felt toward others was also depicted in the support they felt obligated to provide clients. Workers were aware of the additional obstacles and danger COVID-19 posed to clients, so they felt the need to mitigate this to the best of their ability in every way possible. In the case of a small, culturally specific organization, the founder and executive director explained the extra work her organization engaged in to ensure the safety of clients. She explained that in addition to educating themselves about every update put forth by the CDC, they had to interpret this information to “the best of [their] abilities” for Spanish speaking clients and distribute it accordingly (interview 11/25/2020). This perceived duty also caused deep distress after learning that one client died from contracting COVID:

“[...] There was a lot of attachment with her. So, it was really hard for us to find out she had passed away. And then [...] the advocate [...] guilt because it's like, ‘well, did we not provide the proper information? Were we giving out enough information? Like, what happened?’ [...]” (interview 11/25/2020).

This grief and self-blame were addressed through grief counseling provided by the organization for workers, but it speaks to the level of attachment felt by service providers to the outcomes of their clients. Service providers often felt unprepared to provide clients with all the resources they needed which resulted in workers going outside their job descriptions to be better providers. Clients were in need of resources that these organizations did not typically provide such as financial aid, food security, stable housing, and job searches because of the havoc wreaked on their lives by COVID-19. In response, service providers would put themselves in increasingly risky situations. For example, the previously mentioned founder and executive director of a small organization explained that in response to food scarcity they would risk COVID exposure:

“[...] We started gathering more food, we started putting together, more stuff. And it was really hard because it was also exposing us. So, [...] we had to go look for food. So, we were doing things that maybe we shouldn't have been doing, but we were trying to fill that need because we understood that [...] a lot of the clients that we serve, they're

cleaning houses, working in restaurants, doing maintenance. So, [...] there's no type of assistance for them” (interview 11/25/2020).

There was the consistent idea, and potential truth, that if they, service providers, did not provide this aid for clients, no one would. Instead of seeing this reality as a failure of the overall system, some saw it as an “opportunity to do things that [they] wouldn't ordinarily do and just try to help people out” (interview 11/24/2020).

Despite wanting to do anything it took to help clients; this was sometimes out of worker's control. This caused workers to feel a sense of powerlessness which caused them more distress at work. One case manager for youth services explained that she had an experience where a girl had been missing from care for “quite some time” when she called the worker saying she needed to be picked up. The case manager explained that organizational COVID policies made her unable to put the client in her car. She expressed it was difficult to accept that she was limited in her ability to care for the girl, and that “in someone's darkest time, it's difficult during COVID” (interview 11/20/2020).

Limitations

Conclusion

Frontline anti-violence work requires skill, dedication, flexibility, and exceptional self-awareness in order to efficiently do one's job without reaching a place of burn out. However, without proper resources and staff management, this may not be possible. Our findings display a common trend—coping in this field is difficult. While we specifically chose to study service providers' coping strategies under COVID-19, our findings extend beyond a theoretically post-COVID world. COVID-19 has allowed the opportunity to highlight the problems we see in managing worker's coping abilities and allows us an opportunity for intervention. Going "back to normal" is not necessarily what is best for workers, as this still places them in understaffed environments with limited resources where their needs are not typically valued.

Moving forward, we suggest providing anti-violence workers with better opportunities to determine the best course of action for their own well-being without being forced to resort to any one coping mechanism, such as direct-action coping or selective inattention. A large contributor to the current inability workers have to do this is the high-pace, high-stress nature of their jobs. In our sample, we saw that when workers were able to slow down and adjust accordingly, they were more likely to be attentive to their mental health and avoid pushing themselves past their limit; however, this typically is not a possibility in the status quo due to funding uncertainties and understaffing. Additionally, it may be necessary in the future to determine a standard protocol among interconnected agencies and services, so interagency communication does not suffer, and these relationships and collaboration may remain intact. While we may eventually reach a post-COVID-19 society, we must ensure we are prepared for the next emergency our nation and communities confront.

We suggest that organizations unwaveringly prioritize worker's mental and emotional health to lessen the burden of their jobs. Also, in order to rectify these problems, we need to

ensure plenty and consistent funding to anti-violence organizations. This seems to be critical for us to ensure we do not lose a generation of highly skilled, but currently undervalued, workers, so they can continue to provide these vital services for our communities.

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