COVID-19 PANDEMIC AND INTIMATE PARTNER VIOLENCE: EXPERIENCES AND OUTCOMES FOR SHELTERS' STAFF

*Prof. dr. sc. Irma Kovčo Vukadin**
*Doc. dr. sc. Anja Mirosavljević***

UDK 343.98::616.92
https://doi.org/10.30925/zpfsr.43.2.5
Ur.: 15. veljače 2022.
Pr.: 2. travnja 2022.
Prethodno priopćenje

Summary

Relatively few studies have addressed the impact of the COVID- 19 pandemic on IPV shelters and their staff. In this study, we conducted interviews with IPV shelter staff to examine 1) how shelters changed their work during the pandemic; 2) how staff described the occurrence of and response to vicarious trauma; and 3) what staff learned from their experience with the pandemic crisis. Three main themes emerged from the data. They include the following: 1) changes in organisational working conditions during the pandemic; 2) emotional challenges; and 3) positive effects of the pandemic. As in other countries, the pandemic in Croatia brought numerous challenges but also opportunities. Shelter staff demonstrated their strengths and commitment to supporting IPV victims during the pandemic. Their experiences should be used to develop an effective response to future crises.

Keywords**:** *IPV; shelters; staff; Croatia; COVID-19.*

1 INTRODUCTION

At the onset of the pandemic, many victim advocates and experts warned of the potential negative impact of the COVID-19 pandemic on intimate partner violence (IPV), referring to it as the "shadow pandemic".[1] The primary focus in these

* Irma Kovčo Vukadin, Ph.D., Full Professor, University of Zagreb, Faculty of Education and Rehabilitation Sciences; irma.kovco.vukadin@erf.unizg.hr. ORCID: orcid.org/0000-0003-2139-6748.

** Anja Mirosavljević, Ph.D., Assistant Professor, University of Zagreb, Faculty of Education and Rehabilitation Sciences; anja.mirosavljevic@erf.unizg.hr. ORCID: orcid.org/0000-0003-0060-1036.

This work has been supported in part by Croatian Science Foundation under the project IP-CORONA-04-2086. The authors express their gratitude to participants of this study for their willingness to share their experiences.

1 UN Women, *The Shadow Pandemic: Violence Against Women During COVID-19*, Access 10th January 2022, https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-

discussions was on the negative consequences of home detention orders and social distancing measures. Many experts in the field feared that changes in daily life and living circumstances (e.g., job losses, changes in the organisation of daily life) would change the picture of intimate partner violence in terms of frequency and severity, as would the assistance and support services available to victims since many government services became limited, and many nongovernmental organisations had to adapt their operations to meet the needs of victims. Several studies have been conducted on IPV, and the answers to the questions posed by researchers are inconsistent, in contrast to the statements made by relevant international organisations.[2] In addition, some studies also identified a lack of victim protection and support.[3] Many organisations and agencies emphasized the need to prioritise the needs of IPV victims, especially regarding safe housing as a specialized service for victims. Therefore, it is important to assess the functioning of shelters as one of the specialized services for IPV victims during the pandemic, especially during the lockdown period.

Several authors have recognized the importance of shelter staff experience in working during the pandemic,[4] but there is a gap in current knowledge on this topic. The impact of the pandemic on personal lives and organisational adjustments could affect shelter staff, which in turn could affect the quality of services provided. The purpose of this article is to address this gap by examining the experiences of shelter staff and the adjustments needed to continue providing services to IPV victims.

2 SHELTERS FOR IPV VICTIMS IN CROATIA

For decades, shelters for IPV victims have been an important resource for victims in need of safe shelter, both internationally and nationally. Shelters, also known as refuges or safe houses, are places of temporary shelter for (usually) women and (often) their children. They are not only places of refuge in the sense of non-violent shelter, but in many countries, they are also places where women are empowered and, provided with psychosocial and legal counselling and other services aimed to help them move on from experiences of violence and make plans for a healthy and non-violent future. In reference to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence[5] (hereinafter: the

19-response/violence-against-women-during-covid-19.

2 For example, UN Women, *GREVIO report (2021)*, https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19, 30.

3 Nicole van Gelder *et al.*, "Professionals' View on Working in The Field of Domestic Violence and Abuse During the First Wave Of COVID-19: A Qualitative Study in the Netherlands", *BMC Health Services Research* 21, 624 (2021): 1-14, https://doi.org/10.1186/s12913-021-06674-z.

4 Solveig Bergman, Margunn Bjørnholt, and Hannah Helseth, "Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic – Navigating the New Normal", *Journal of Family Violence* (2021): 1-11, https://doi.org/10.1007/s10896-021-00273-6; Leila Wood *et al.*, "On the Front Lines of the Covid-19 Pandemic: Occupational Experiences of the Intimate Partner Violence and Sexual Assault Workforce", *Journal of Interpersonal Violence* (2020): 1-22, https://doi.org/10.1177/0886260520983304.

5 Act Ratifying the Council of Europe Convention on Preventing and Combating Violence against

Istanbul Convention), they are considered "an essential part of the IC four-pillar framework of protection, prevention, prosecution and policy".[6]

According to the Global Network of Women's Shelters,[7] there are women's shelters in more than 45 countries. There are some differences in the way these women's shelters are founded and financed, as well as in the specific organisation of the work of each shelter in terms of rules and staff.

The first women's shelters in Croatia started their work in the early '90s within the feminist movement,[8] and by 2019 there were 19 women's shelters in Croatia. In 2019 and 2020, six new shelters were established, so today, there are 25 shelters in Croatia. It is worth mentioning that not all newly established shelters are fully functional yet (they do not accommodate clients). Basic information on services for IPV victims can be found in the directory prepared by the ministry responsible for social welfare.[9] With the establishment of new shelters, Croatia has come closer to meeting the Istanbul Convention's requirement (Article 23)[10] for adequate, accessible shelters for survivors and their children. If we calculate the figures using the population from the last census in 2021 (3.88 million inhabitants) and current shelter capacities, we can conclude that Croatia has 334 beds[11] and that only 15% of beds are missing to fully meet the required standard. According to the ministry responsible for social welfare,[12] the capacity utilisation in Croatia is up to 55%. This may not reflect the real need for this particular social service, as it reflects the mentality and some shame in using this service, as well as the low transparency of basic information about the conditions for using this service and what to expect in the shelters.[13] Capacity utilisation should also

Women and Domestic Violence (the Istanbul Convention), Official Gazette - International Contracts, no. 3/18.

6 Elena Floriania, and Léa Dudouet, *WAVE Country Report 2021: Women's Specialist Support Services in Europe and the Impact of COVID-19 on Their Provision* (Vienna: WAVE Women Against Violence Europe, 2021), 14.

7 *The Global Network of Women's Shelters*, Access 17th January 2022, https://gnws.org/.

8 Maja Mamula, ed., *Organizacije civilnog društva koje pružaju specijalizirane servise ženama žrtvama nasilja kao ključni akteri u procesu demokratizacije društva* (Zagreb: Ženska soba - Centar za seksualna prava, 2010), 6.

9 *Ministry of Demography, Family, Youth and Social Policy*, Access 12th January 2022, https://mrosp.gov.hr/UserDocsImages/dokumenti/Socijalna%20politika/Adresari/ADRESAR%20USTANOVA,%20ORGANIZACIJA%20I%20OSTALIH%20INSTITUCIJA%20KOJE%20PRUZAJU%20POMOC,%20PODRSKU%20I%20ZASTITU%20ZRTVAMA%20NASILJA%20U%20OBITELJI.pdf.

10 Art. 23 of the Istanbul Convention: "Shelters: Parties shall take the necessary legislative or other measures to provide for the setting-up of appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims, especially women and their children".

11 The capacity listed for the Autonomous Women's House in Zagreb is doubled because its data are for families and not for beds. Family places are usually calculated as one woman and average numbers of children per family. As authors couldn't find reliable data for the last census, a family is calculated as 1 (woman) +1 (child).

12 Željka Barić, *"Učinkovitost psihosocijalnih usluga skloništa za žene žrtve nasilja u obitelji iz perspektive teorije osnaživanja"* (PhD diss.), (Zagreb, Sveučilište u Zagrebu, 2021), 56.

13 As Aujla noted "having more information about what is offered at each shelter can assist a woman in planning her own escape, and it can further allow others to become more

not be an argument to limit the availability of this service. The WAVE country report shows that only nine out of 46 European countries meet the minimum standard of one bed space per 10,000 citizens recommended by the Istanbul Convention.[14]

There is a certain differentiation of shelters in Croatia in terms of founders and funding. There are so-called autonomous shelters, "state" shelters, religious organisations' shelters, and NGOs shelters although the distinction between autonomous and NGO shelters becomes quite blurred.

The term autonomous has been used to describe autonomous financial status and operations, but all NGOs that provide shelters are required to follow some rules set by the government[15] and they all receive some kind of funding from the government or regional and/or local authorities. In this sense, we can distinguish between shelters established and operated by government and regional or local authorities (in cooperation with NGOs) and shelters established and operated by NGOs and religious organisations. According to the Regulations on Minimum Standards for the Provision of Social Services[16] all institutions operating shelters must have a license from the ministry in charge for social welfare. Accommodation is one of the social services defined in the Social Welfare Act.[17] Victims of domestic violence (children and adults) are entitled to so-called temporary accommodation in crisis situations (Art. 112 of the Social Welfare Act), which lasts for six months and can be extended to another six months (one year in total).

Shelters in Croatia are financed through various programs.[18] At the national level, there is one shelter operated as a state institution (the *Osijek shelter*) and one shelter established and fully funded by the city (*Duga* - Zagreb). All other shelters receive financial support through a three-year tender issued by the ministry responsible for social welfare, through direct contracts with the Ministry (per bed), or through financial support from regional (county) or local (city) authorities (in varying proportions). The accommodation is free of charge for the clients.

There are some differences between shelters in terms of referral procedures. In

knowledgeable of services so that they may also make referrals". Wendy Aujla, "Domestic Violence and Immigrant Women's Access to Services in Edmonton, Alberta", *Justice Research* 1, (2010): 72.

14 Floriani, Dudouet, *WAVE Country Report 2021,* 14.

15 Nela Pamuković, and Tanja Ignjatović hold that this jeopardizes the autonomy of the shelters and direct all shelters to operate like state shelters. Preservation of the independence and autonomy of women's shelters is one of the recommendations in WAVE country report. Floriani, Dudouet, *WAVE Country Report 2021,* 15.

16 Regulation on Minimum Conditions for the Provision of Social Services, Official Gazette, no. 40/14, 66/15, 28/21, 144/21.

17 Social services are defined as "activities, measures and programmes aimed to prevent, recognize and solve problems and adversities of individuals and families and to enhance the quality of their life in the community". Art. 70 of the Social Welfare Act, Official Gazette, no. 18/22, 46/22.

18 Ministry of Demography, Family, Youth and Social Policy*, National Strategy for Protection against Domestic Violence for the period 2017 - 2022*, Access 2nd January 2022, https://mrosp.gov.hr/UserDocsImages/dokumenti/MDOMSP%20dokumenti/Nacionalna%20strategija%20zastite%20od%20nasilja%20u%20obitelji%20za%20razdoblje%20do%202017.%20do%202022.%20godine.pdf.

some shelters, housing is provided on the recommendation of the Centre for Social Welfare or through referral by the police, while in other shelters, housing is provided on the client's own request through an SOS call or through counselling. According to communication with shelter managers, the biggest challenge for most shelters in Croatia is unsteady funding. This situation is not unique to Croatia, as can be seen in the WAVE country report, where one of the recommendations is that "governments must ensure these vital support services receive adequate, long-term funding, so that they have sufficient capacities and provide services free of charge to all women survivors of gender-based violence".[19]

It is worth noting that shelters for IPV victims were not of much interest to the Croatian scientific or professional community beyond periodical advocate purposes and as a very important specialised service for IPV victims, they need much more attention, starting with improving data collection on the use of women's shelters at the national level.[20, 21]

3 SHELTERS FOR IPV VICTIMS DURING THE PANDEMIC

Like many other areas in societies around the world, the protection system for IPV victims was affected by the COVID-19 pandemic. Many relevant organisations and experts warned of the limited availability of services for IPV victims during the closure periods in many countries. Shelters were also affected by the implementation of public health requirements in terms of space, additional rooms for isolation (at the beginning of the accommodation and in case of illness), and in terms of staff. Some shelters in Croatia were additionally affected by the earthquakes. The health safety of clients and staff was of paramount importance for shelter operations. The need to take public health measures in shelters has led some national organisations to establish guidelines or protocols on how to provide this particular service while meeting public health requirements.[22] In Croatia, the nongovernmental organisation Women's Room, in collaboration with UNICEF, developed recommendations for working with women and children - victims of violence during the COVID-19 pandemic.[23]

There is little literature on the impact of a pandemic on the work of shelters. The main reason for this may be that the focus is (understandably) on IPV victims.

19 Floriani, Dudouet, *WAVE country report 2021*, 15.

20 The importance of the appropriate data collection is formulated as one of the recommendations in WAVE reports, and the lack of reliable data in Croatia is recognized in Mamula, ed., *Organizacije civilnog društva koje pružaju specijalizirane servise ženama žrtvama nasilja kao ključni akteri u procesu demokratizacije društva,* 8.

21 Norway can be used as a model in that sense - according to Bergman, Bjornholt, and Helseth, "Norway collects, analyse and publish statistics from shelters every year". Bergman, Bjornholt, Helseth, *Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic*.

22 *Alberta Council of Women Shelters, COVID-19: Interim Guidelines for Women's Shelters,* Access 5th January 2022, https://acws.ca/wp-content/uploads/2020/04/2020-03-27_COVID19-InterimGuidelinesDV.pdf.

23 *National Strategy for Protection against Domestic Violence for the period 2017 - 2022. Report on the Implementation of Measures in 2019 and 2020* (Zagreb: Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, 2021), 50-51.

However, a holistic approach to the problem of IPV also requires an assessment of the impact of the pandemic on the support system.

UN WOMEN[24] has issued recommendations for governments, civil society, and international organisations for providing basic services to women and girls survivors of violence with examples of promising practises. The GREVIO report covering the period from June 2019 to December 2020,[25] highlights some examples of good practises and good adaptations of specialised services during the pandemic. In terms of shelter, it notes that the pandemic has exacerbated existing gaps and that many CSOs have cited inadequate funding as the main barrier to effective service delivery.

A systematic assessment of the impact of the pandemic on shelter work has not yet been undertaken, so we can rely on existing studies at the national level. Data for shelters are generally embedded in the analysis of general service providers. Nevertheless, there are several studies that shed light on the situation of shelters during a pandemic. The American NASH[26] (National Alliance for Safe Housing) examined the needs of shelter practitioners during the pandemic. The analysis found that practitioners' main concerns fell into four categories: (1) managing residential housing programs, (2) obtaining resource materials for survivors, (3) staff safety, and (4) maintaining organisational operations.

Women's Shelters Canada[27] conducted a national survey of women's shelters and transition houses regarding the impact of the pandemic and their response to it. The majority of respondents reported changes in shelters and transition houses. In many facilities, capacity (number of beds) has been reduced (due to necessary isolation units and physical distancing measures), and some changes in communal areas have had to be made to meet public health requirements.

Bergman, Bjornholt, and Helseth[28] examined the responses and adaptations of Norwegian shelters to the pandemic and its impact on the services they provided to victims. The main findings are as follows: During the lockdown, 60% of the shelters had to change admission conditions due to the public health measures. Almost 70% of the shelters reported staff reductions (quarantine, isolation, sick leave, caregiver leave due to day-care centres and schools' closure), and limited group activities with clients. Several shelters emphasized the extra effort their staff made to maintain quality services for their clients. Almost 2/3 of shelters expressed concern about their financial

24 UN Women, *COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls,* Access 5th January 2022, https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Brief-COVID-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf.

25 *Second General Report on GREVIO's Activities,* Access 15th January 2022, https://rm.coe.int/grevio-s-second-activity-report-2021/1680a2165c.

26 Nkiru Nnawulezi, and Margaret Hacskaylo, "Identifying and Responding to the Complex Needs of Domestic Violence Housing Practitioners at the Onset of the COVID-19 pandemic", *Journal of Family Violence* (2021), https://doi.org.10.1007/s10896-020-00231-8.

27 Women's Shelter Canada*, Shelter Voices, Special Issue: The impact of COVID-19 on VAW Shelters and Transition Houses*, Access 9th January 2022, http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf.

28 Bergman, Bjornholt, Helseth, *Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic.*

situation (due to additional costs) as well as their resources (in terms of the suitability of the premises with respect to public health requirements). Several shelters shared concerns for children as a special group (resources for online schooling during the closure). The authors conclude that the Norwegian shelters made efforts to maintain the quality of services they provided to their clients, although they experienced some changes and modifications in their work due to the pandemics and public health requirements. They also noted that the number of requests for shelter decreased during the lock-down, and they acknowledged the importance of future studies that would examine staff experiences and challenges to working during the pandemic. Consistent with the GREVIO report,[29] this study also confirmed that the pandemic exacerbated existing challenges to the work of shelters, namely, funding, resourcing, and staffing.

In Croatia, the non-governmental organisation Women's Room (Centre for Victims of Sexual Violence)[30] conducted a survey on "Working with women and children - victims of violence during the pandemic COVID-19" with 33 organisations experienced in working with women and children and providing various services (shelters 31%; counselling, helplines etc.). The organisations were asked about their work during the pandemic. The experiences in shelters were related to difficulties in meeting public health requirements and necessary working conditions. Some of the challenges were the following: Organisation of online schooling; higher expenses for hygiene items; limited capacity due to the space needed for isolation (e.g. the shelter has four rooms with four beds, and one room had to be used for isolation); the lack of clear instructions from the relevant authorities on what to do in certain situations; a lack of protective equipment; COVID-19 testing prior to admission was not coordinated well enough; the competent ministry did not have a clear picture of the extent of capacity reduction due to the mandatory room for isolation; the closure of the shelter to new clients (in cases where it was not possible to ensure a room for isolation); the travelling passes (during lockdown) delayed accommodation of new clients, etc. Based on the studies presented, it can be concluded that shelters had comparatively the same experience during the pandemic.

4 AIM

The aim of this study was to explore professionals' perspectives on the impact of the COVID-19 pandemic on shelter practises in Croatia with following research questions: 1) How did shelters change their work during the pandemic? 2) How did participants describe the occurrence of and response to vicarious trauma? and 3) What did participants learn from their experience of the pandemic crisis?

29 *Second General Report on GREVIO's Activities*.

30 *Sažetak istraživanja "Rad sa ženama i djecom žrtvama nasilja u vrijeme pandemije COVID-19",* Access 28th December 2021, https://tinyurl.com/2tresn5t.

5 METHODS

5.1 Participants

Ten staff meers (all female) of shelters for victims of domestic violence participated in group interviews. Information about the organisations, and the number of participants per interview can be found in Table 1. The participating shelters are located in five different counties. The participants primarily have basic education in so-called "helping professions" (psychologists, social workers, family counsellors) and sociology and have professional experience ranging from 3 to 15 years.

Table 1 Number of Participants in Interviews

ORGANISATION	NO. OF PARTICIPANTS
B.a.B.e. – Sigurna kuća Vukovarsko-srijemske županije (Vukovar) (*B.a.B.E.* – Safe house of the Vukovar-Syrmia County)	1
Caritas Splitsko-makarske nadbiskupije, Sklonište za žene *(Split)* (*Caritas* of the Split Makarska Diocese, Shelter for women and children – victims of family violence)	2
Ženska grupa Karlovac "Korak" (Womens' group *Korak*), *Dom za djecu i odrasle* – žrtve *obiteljskog nasilja "Duga – Zagreb"* (Home for children and adults – victims of family violence *Duga* – Zagreb)	3
Caritas Zagrebačke nadbiskupije (Zagreb) (House for victims of family violence, *Caritas* of Zagreb Archdiocese), *Dom Duga – Zagreb* (Home for children and adults – victims of family violence *"Duga – Zagreb"*), *Centar za* žene *Adela* (Sisak) (*Adela* Center for women), *Udruga "Sigurna kuća Istra"* (Pula) (Safe House *Istria*)	4

5.2 Data Collection

To conduct this study, we obtained approval from the Institutional Review Board (Ethics Committee) of the Faculty of Education and Rehabilitation Sciences, University of Zagreb. All shelters that were in operation during the lockdown were contacted by e-mail and later by telephone. Basic information was provided about the project and about the ethical principles of interviews. In addition, the questions for the interview were also listed.

Four dates were offered, and shelters were asked to select one that was convenient for them. It was mentioned that multiple professionals from each shelter could participate. A week later, the same email was sent with two more dates to shelters that had not responded to the first call. A total of three group interviews and one individual interview were conducted. All interviews were conducted via the Zoom platform (by the first author) during September and October, recorded, and subsequently transcribed.

5.3 Data Analysis

The data were analysed using a framework analysis[31] consisting of five main steps: familiarisation, identification of a thematic framework, indexing, charting and mapping, and interpretation. For the purposes of the project report, the defined framework for analysis consisted of four coded themes: 1) Difficulties and challenges of working during a pandemic, 2) facilitating factors 3) impact of the pandemic, and 4) recommendations. Through the analysis of these data, themes were identified that needed additional analyses. Therefore, the data obtained through the basic analysis process were recoded based on the research questions posed. At this higher level of analysis, the data for the three themes presented in this paper were recoded. The first and second levels of analysis were conducted by one author of this paper through discussions on data analysis with another author. This ensured the validity of the data.

6 RESULTS AND DISCUSSION

The results of the analysis show that the experiences of the participants in this study can be described by three themes (shown in Table 2). The description of the themes is presented in the following text through the responses to the research questions.

Table 2 Themes and Related Categories

THEMES	CATEGORIES
Changes in working conditions in organisations during the pandemic	Reorganisation of space and working conditions and increased workload; Fewer requests for shelter during the lockdown and reduced shelter capacity in general; Less professional work, more administration, and focus on maintaining physical health in the first wave; Now more intake requests, high turnover, and more complex needs of clients than before.
Emotional challenges	Increased levels of fear, anxiety, worry, and stress; Isolation, loneliness, and alienation; Neglect of one's own needs and emotions due to the dedicated workload; Frustration with inappropriate epidemiologic measures, ambivalence over compliance; Overworked and overwhelmed professionals.

31 Nicola K. Gale *et al.*, "Using the Framework Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research", *Medical Research Methodology* 13, (2013): 1-8, https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-13-117; Anne Lacey, and Donna Luff, *Qualitative Data Analysis,* Access 5th January 2022, https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/9_Qualitative_Data_Analysis_Revision_2009.pdf.

Positive effects of the pandemic	Found strategies for the organisation to function despite the crisis; The importance of material and social support in a crisis, cooperation and coordination; The importance of taking care of yourself; Strengthened self-awareness and self-confidence of clients and professionals, and empowerment of professionals; Strengthened social relationships/greater connectedness between clients and professionals; Improved IT skills and digital competence of professionals; Raised awareness of the importance of the existence of strategies and protocols for working in crisis.

The results of the analysis show that the research question, *"*How did the shelters change their work during the pandemic?*"*, corresponds to a theme called "Changes in the working conditions of organisations during the pandemic". The theme reflects the changes in the working and spatial conditions of the shelter, as well as the changes in the characteristics and number of clients during the pandemic. Accordingly, the theme consists of categories listed in Table 2.

The epidemic and the application of epidemiological measures inevitably led to a restructuring of the spatial and working conditions in the shelters, including an increased workload for the staff. The latter manifested itself in new roles, responsibilities, and increased demands and tasks for professionals. In terms of increased workload, participants described the following: more administrative tasks (e.g., involving daily written reporting to the relevant authorities), and additional tasks related to compliance with the measures in the shelters (e.g., constant cleaning, disinfection, ventilation; writing instructions and protocols for the application of the measures and training beneficiaries and staff on the implementation of the measures; changes in the organisation of work in the shelters, etc.).

In addition, during the lockdown, they focused on providing practical support to women in the shelters, such as: babysitting while mothers were working, transporting mothers to and from work when public transport was not running, organising transport for vulnerable clients, or transporting clients to hospital for therapy; obtaining technology for distance learning for children in the shelters, and shopping for clients.

They reorganised work primarily by working in teams and working from home for a portion of the employees (with 24/7 availability expected for those working from home). They also switched to online and telephone work for some services and clients. Some participants indicated that some of their activities were suspended (e.g., because they could not accommodate new clients due to limited space as they did not have space for self-isolation; some educational activities or some joint activities with clients like cooking and eating together were also suspended).

Besides, new topics emerged in the work with the clients that they had not dealt with before, such as: Education on the use of epidemiological measures and developing protocols for dealing with the pandemic and the earthquake. Also, participants created informational and/or educational materials for newly arrived clients who were in self-

isolation.

Moreover, the negative effects of the pandemic, manifested in the number of clients during the pandemic, were observed in two directions. That is, during the lockdown and at the beginning of the pandemic, there was, a lower number of requests for accommodation. There were generally fewer requests for shelter, and the question is - whether this was reflective of reality? Further, compliance with epidemiological measures inevitably led to a reduction in shelter capacity in all shelters. Given the need to restructure shelter space, some did not even accept new clients during the lockdown because they didn't have space for self-isolation, while others had to convert one of their rooms into a room for self-isolation.

On the other hand, some participants reported that at the time of the study, the number of admission requests had increased and the needs of clients were more complex than before ("We now have more clients with severe psychiatric diagnoses than before"). In addition, some respondents also spoke of a greater turnover of clients, stating that at the beginning of the lockdown, some women left the shelter of their own accord (despite the possibility of continued placement) when measures restricting movement were imposed. Some of the interviewees spoke of high client turnover because some women stay in the shelter for only a short time (which some associate with their complex needs, and severe mental health problems).

When it comes to working directly with clients, there've been changes in the professional work. For example, it is clear from the participants' statements that during the first wave of the pandemic and the lockdown, there was slightly less professional work but more management, administration, and dealing with ensuring the physical safety and health (of both staff and clients). In addition, some professionals also spoke of certain clients not accepting online services.

The answer to the *second research question* is described in a theme titled "Emotional challenges for professionals during the pandemic". When it comes to their experiences with vicarious trauma, while participants mostly did not speak directly about this issue in the context of the pandemic itself, analysis of the data still revealed many participant reports of emotional difficulties and uncomfortable feelings. For example, they mentioned increased levels of fear, anxiety, worry and stress as well as feelings of isolation, loneliness, and alienation in addition to neglect of their own needs and emotions due to the dedicated workload. They also talk about their own frustration with inappropriate epidemiological measures, ambivalence, and internal conflict related to compliance with prescribed measures. Some also spoke about their own feelings of being overworked and overwhelmed at the time of conducting the research (because of the pandemic).

In more detail, during the pandemic, experts faced their own emotional challenges. Both clients and staff were exposed to increased levels of stress - due to fear of the unknown (in terms of the virus, especially at the beginning of the pandemic) and its potential consequences. They spoke of worrying and feeling anxious about the possibility of infecting staff, clients (especially clients who are high-risk patients or babies who were in the shelter with their mothers at the time), or their household and family. They also reported feelings of uncertainty and unpredictability, even chaos

and insecurity, exacerbated by the enormous pressure on shelter staff by the relevant authorities and organisations regarding compliance with prescribed measures, which, as explained earlier, were often inadequate and unworkable in practice. Such measures led to what participants refer to as mistrust in the work of the relevant institutions, and state agencies responsible for the functioning of the state and society during the pandemic. In this sense, the participants reported that they themselves were subjected to constant and prolonged tension and pressure, and some of them mentioned heavy feeling that the pandemic would never end. On the other hand, while participants also reported feeling worried, they also mentioned feeling a great responsibility for their clients (despite being exposed to stress, and pressure). In addition to all this, some spoke of the earthquakes that hit parts of Croatia as an additional burden in an already difficult situation. Regarding the work with clients, they were particularly concerned about how they would accept the measure of mandatory self-isolation if needed, but also about how they would react to living in a state of self-isolation (especially in the case of newly arrived clients and mothers with children who had just been placed in the shelter). In this sense, they worried about further traumatization of their clients (who often faced various perpetrator-enforced restrictions in life before their arrival). They were also concerned about whether mothers with children would be able to endure self-isolation if placed in a shelter due to their psychosocial characteristics, trauma, and complex needs, as self-isolation is psychologically stressful.

These difficult emotions, as well as the implementation of the measures (e.g., shift work, working from home, prohibition of mixing clients and/or employees, etc.), led to a general feeling of loneliness and even alienation for some participants (especially at the beginning of the pandemic and at a time of lockdown, when the measures were extremely restrictive).

The aforementioned distrust of authorities due to inadequate measures and poor communication with staff reinforced the experience of self-alienation for some participants. Professionals were frustrated, and some were even very angry about the inappropriate epidemiological measures. In this context, they also spoke of ambivalences and internal psychological conflicts about compliance with the measures - for example, whether to make exceptions in complying with measures for the benefit and in the interest of clients or whether to strictly follow and implement (illogical) measures. This frustration with the measures has persisted to this day and manifests itself, for example, in the fact that it is mandatory for employees to undergo COVID testing, while clients do not have to do so. Thus, participants note a double standard in that shelter staff are perceived as a source of danger to clients, whereas the threat clients may pose to shelter staff is not given consideration.

Due to the aforementioned sense of responsibility for the clients they work with, some professionals also spoke about the neglect of their own needs, especially emotional ones. Thus, they talked about the suppression and non-processing of their own (difficult) emotions that they had because they were extremely focused on their clients and worked sacrificially. They say that since they were doing so much work, they had no time at all to process what was actually happening ("2020! I remember it as if through a fog!"). Some repressed their fear, anxiety, and sense of uncertainty

("There was no time for that!"). So, it seems that during the interviews they become aware that they have not managed to process everything that happened.

In addition to the above, some of the interviewees had to worry about the financial sustainability of the shelter, so they had to write project proposals in order to ensure the funding of the shelters in the future. Finally, the pandemic and the difficult working conditions described have led some of the interviewed professionals (albeit a minority) to feel overworked and overwhelmed, especially since the pandemic continues, and there is no end in sight.

In terms of responding to the question of how participants dealt with these emotional challenges, the categories within the third theme give an answer to that, particularly those related to the importance of social support in a crisis and self-care (including through supervision, which they rarely or never have). These categories are described as follows as they are an essential part of the third theme.

Regarding the *third research question*, it is important to note that almost all participants talked about certain positive aspects and lessons learned from the pandemic crisis which are reflected in several aspects. First of all, it is a fact that shelters did not close their doors during the pandemic, meaning that they found strategies to function in crisis situations and adapt to the existing conditions.

One of the most important coping strategy was the flexibility (e.g., maintaining humanity and not blindly following measures) and resourcefulness of professionals at work, a proactive approach and focus on finding solutions to problems (e.g., in implementing measures, fundraising for equipment, using private channels to purchase protective equipment, etc.), as well as self-orientation and focus on one's own strengths and resources (especially when there was no outside support). In addition, it was important to take care of oneself during the pandemic and to establish a balance between personal and professional life to maintain one's mental health. In this sense, they mention daily intervisions and co-professional support as well as the use of self-help measures (using one's own knowledge and expertise to help and empower oneself). Some described their daily work as customarily punctuated by times of adversity; thus, COVID-19 was presented as another challenge to the service. A small number of them also mentioned the importance of participating in supervision sessions during the pandemic as well as support from their own family and loved ones. According to participants, the afore mentioned facilitating factors had a direct impact on better efficiency at work. As for work-life balance, they cited the importance of activities, and hobbies in their free time, which they cultivated during the pandemic. They also say that vacations were important to recharge their batteries. For some, volunteering in their free time with the goal of regaining a sense of control over their lives was also an important coping factor and lesson they learned.

In addition, material and social support at different levels, i.e., inside and outside the shelter, was very important in helping them cope and adjust to the new conditions. For example, after a lack of material resources at the beginning of the pandemic, protective equipment, COVID testing, and technology, facilitated their work and functioning in the later stages of the pandemic. Regarding social support, all participants emphasised the great importance of good relationships and open

communication within their organisation, cohesion of the work collective, and co-professional support (through intervisions, and informal communication with other colleagues) during the pandemics. They saw this support, from work colleagues as well as from clients, as an extremely important factor in adapting to working conditions.

Participants also discussed the feeling of empowerment, both at the individual level and in social relations. The strengthened social relationships were described by higher levels of cohesion, closeness and connection between professionals and clients than before the pandemic, so it seems that the common adversity brought them closer together. Regarding relationships with clients, most shelter professionals testified that they observed changes in their interactions, which manifested in the form of greater and more intense bonds than usual. They described how they felt supported by the clients and saw the women as very responsible (e.g., they were aware of the seriousness of the COVID situation; were responsible for compliance with the measures; took care of others in solidarity so that they could watch the children for the mothers while they are at work; cooked and carried meals to the clients in self-isolation, etc.). Support of the clients towards the professionals (and other clients) was seen as an important motivator for perseverance and continued work.

In terms of the positive impact of the pandemic at the individual level, they described an increase in self-examination and knowledge of their own skills and/or resources to cope with the crisis. This led to greater self-confidence among professionals, but also among some clients. Participants say they learned a lot about themselves and/or about their organisation. For example, they realised that they are more adaptable than they thought, that they can function in such situations, and that they are strong as an organisation. From professionals' point of view, clients also became aware of certain resources of their own ("that they have strengths and are not just miserable").

In addition, they cited the improvement of their own IT competencies as a gain, as well as awareness of the benefits of digital technology as a useful tool at work (e.g., networking, information flow, online education resources, online counselling).

Finally, regarding the lack of cooperation and coordination among the relevant authorities during the pandemic, professionals were aware of the need to establish a strategy and protocols for working in crisis situations, at the national and regional levels, but also at the level of each shelter, depending on their specifics and characteristics.

To date, research has focused primarily on victims, while professionals responsible for providing support for victims of IPV have rarely been asked about their experiences, especially in the Croatian context. However, this perspective is critical for staff' occupational and mental health and optimising the care of IPV victims, particularly during the pandemic.

The pandemic COVID-19 had an impact on the work of shelters and on professionals. This finding is consistent with those of some of the existing literature.[32]

32 Nnawulezi, Hacskaylo, *Identifying and Responding to the Complex Needs of Domestic Violence Housing Practitioners at the Onset of the COVID-19 Pandemic*; Bergman, Bjornholt, Helseth, *Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic*; *Summary*

For example, Norwegian women's shelters, like Croatian shelters, struggled to maintain quality services for their clients, although they underwent some modifications in their work due to the pandemics and public health requirements.[33]

Professionals' working conditions changed rapidly, and they expressed frustration, uncertainty, and sometimes even loneliness. Our results show that professionals experienced increased workload during the crisis. However, they in general managed a balancing act between implementing public health measures and maintaining shelters availability. In addition, their workload increased while shelter capacity was reduced due to self-isolation measures. This last finding is consistent with the results of studies from Canada[34] and Norway.[35]

Staff noted that they did less direct support for victims and did more administrative work during the first wave and lockdown while focusing on maintaining the physical health of shelter staff and clients.

Most participants experienced difficult emotions and faced many emotional challenges during the pandemic. Working from home, prohibited group activities in the shelters, and prohibited mixing of clients and professionals led to feelings of loneliness and isolation for some of the professionals. They worried about their own well-being and that of their clients. Also, they felt a great responsibility for their clients. Some feared that they might end infect their relatives. In almost all the shelters, there were coordination problems between the shelters and bodies responsible for public health measures, which some described as creating a chaotic environment. They were subjected to enormous pressure from the relevant authorities regarding compliance with the prescribed measures, which in practice were often unworkable. As a result, they distrusted the work of the relevant institutions. All of this led to significant stress and increased mental strain for professionals, especially at the beginning of the pandemic, when they had less opportunity to discuss these difficulties live with colleagues.

Wood *et al.* surveyed staff at IPV and sexual assault agencies about stress, work, and health and safety planning before and during the pandemic. In this study, over 84% of respondents reported experiencing an increase in stress during the pandemic. We also found that participants reported a range of stressors, but also emphasised individual resilience. Our findings are similar to studies by Wood *et al.*[36] and Garcia *et*

Report: Impact of COVID-19 on Women and Children Experiencing DFV and Frontline DFV Services, Access 25th January 2022, https://www.womenssafetynsw.org.au/impact/publication/summary-report-impact-of-covid-19-on-women-and-children-experiencing-domestic-and-family-violence-and-frontline-domestic-and-family-violence-services/; Women's Shelter Canada*, Shelter Voices, Special Issue*.

33 Bergman, Bjornholt, Helseth, *Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic.*

34 Women's Shelter Canada, *Shelter Voices, Special Issue*.

35 Bergman, Bjornholt, Helseth, *Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic.*

36 Wood *et al*., *On the Front Lines of the COVID-19 Pandemic.*

al.[37] in the USA, but also to the study by the European Institute for Gender Equality,[38] which also reported that stress levels among IPV advocates increased during the pandemic.[39]

Social support from their own families, colleagues, and clients, was a lifeline to relieve this stress. They used coping strategies such as intervision, and communication with colleagues to manage stress to some degree. Creating a healthy work-life balance and maintaining leisure activities were also important strategies (but also something they learned and became aware of). In their view, the professionals' supervision is necessary, especially in crisis situations. Staff faced significant challenges and should take care of themselves psychologically considering their changed work practises to maintain their ability to help their clients. The pandemic can cause secondary trauma for IPV professionals so effective coping strategies are needed. Studies[40] suggest that self-care, self-confidence, teamwork, and getting together with colleagues are some practical ways to alleviate psychological pressure, work stress, and post-traumatic experiences in the midst of caregiver emergencies, which was consistent with the findings of this study.

Also, the results showed some other positive effects of the pandemic (besides social support), such as increased self-esteem, confidence, and empowerment of professionals, as well as improved digital literacy. Staff were also made aware of the importance of strategies for working in crisis.

7 CONCLUSION

This study highlighted the experiences of the IPV shelter staff during the COVID-19 pandemic. The findings of this study add to the existing literature on the impact of the pandemic on professionals working in the field of IPV, but also on how IPV organisations adapted to the pandemic. As in other countries, the pandemic created multiple challenges but also opportunities at individual and organisation levels. Results describe the strengths of shelter staff and their commitment to provide the best quality service to their clients, despite many obstacles and personal challenges.

37 Rebecca Garcia *et al.*, "The Impact of the COVID-19 Pandemic on Intimate Partner Violence Advocates and Agencies", *Journal of Family Violence* (2021): 1-14, https://doi.org/10.1007/s10896-021-00337-7.

38 EIGE, *Gender-Based Violence: The COVID-19 Pandemic and Intimate Partner Violence Against Women in the EU* (Luxembourg: Publication Office of the European Union, 2021), 36.

39 It should be kept in mind that stress increase was observed in general population worldwide, not only among IPV advocates. A study of Croatian general population confirms elevated stress and impaired mental health of Croatian citizens (*Kako smo? Život u Hrvatskoj u doba korone. Preliminarni rezultati istraživačkog projekta,* Access 18th January 2022, https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo_Preliminarni-rezultati_brosura.pdf).

40 Laura van Dernoot Lipsky, and Connie Burk, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (San Francisco: Berrett-Koehler Publisher, 2009); Shaharior Rahman Razu *et al.*, "Challenges Faced By Healthcare Professionals During the COVID-19 Pandemic: A Qualitative Inquiry from Bangladesh", *Frontiers in Public Health* 9, (2021): 1-8, https://doi.org/10.3389/fpubh.2021.647315.

Listening to shelter staff voices and understanding their experiences during the COVID-19 pandemic should be an integral part of creating effective responses for future crises.

BIBLIOGRAPHY

1. Act Ratifying the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, Official Gazette - International Contracts, no. 3/18.
2. *Alberta Council of Women Shelters, COVID-19: Interim Guidelines for Women's Shelters.* Access 5th January 2022. https://acws.ca/wp-content/uploads/2020/04/2020-03-27_COVID19-InterimGuidelinesDV.pdf.
3. Aujla, Wendy. "Domestic Violence and Immigrant Women's Access To Services In Edmonton, Alberta". *Annual Review of Interdisciplinary Justice Research* no. 1 (2010), http://ijr.uwinnipeg.ca/index.php/ijr/article/view/7.
4. Barić, Željka. "Učinkovitost psihosocijalnih usluga skloništa za žene žrtve nasilja u obitelji iz perspektive teorije osnaživanja". PhD diss., Zagreb, Sveučilište u Zagrebu, 2021.
5. Dernoot Lipsky, Laura van, and Connie Burk. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publisher, 2009.
6. EIGE. *Gender-Based Violence: The COVID-19 Pandemic and Intimate Partner Violence Against Women in the EU*. Luxembourg: Publication Office of the European Union, 2021.
7. Floriania, Elena, and Léa Dudouet. *WAVE Country Report 2021: Women's Specialist Support Services in Europe and the Impact of COVID-19 on Their Provision*. Vienna: WAVE Women Against Violence Europe, 2021.
8. Gale, Nicola K., Gemma Heath, Elaine Cameron, Sabina Rashid, and Sabi Redwood. "Using the Framework Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research". *Medical Research Methodology* 13, (2013): 1-8, https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-13-117.
9. Garcia, Rebecca, Cynterria Henderson, Kimberly Randell, Andrés Villaveces, Abbey Katz, Fatimah Abioye, Sarah DeGue, Kelley Premo, Summer Miller-Wallfish, Judy C. Chang, Elizabeth Miller, and Maya I. Ragavan. "The Impact of the COVID-19 Pandemic on Intimate Partner Violence Advocates and Agencies". *Journal of Family Violence* (2021): 1-14, https://doi.org/10.1007/s10896-021-00337-7.
10. Gelder, Nicole van, Ditte L. van Haalen, Kyra Ekker, Susanne A. Ligtharta, and Sabine Oertelt-Prigione. "Professionals' View on Working In The Field Of Domestic Violence and Abuse During the First Wave of COVID-19: a qualitative study in the Netherlands". *BMC Health Services Research* 21: 624 (2021): 1-14, https://doi.org/10.1186/s12913-021-06674-z.
11. *Kako smo? Život u Hrvatskoj u doba korone. Preliminarni rezultati istraživačkog projekta.* Access 18th January 2022. https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo_Preliminarni-rezultati_brosura.pdf.
12. Lacey, Anne, and Donna Luff. *Qualitative Data Analysis.* Access 5th January 2022. https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/9_Qualitative_Data_Analysis_Revision_2009.pdf.
13. Mamula, Maja, ed., *Organizacije civilnog društva koje pružaju specijalizirane servise ženama žrtvama nasilja kao ključni akteri u procesu demokratizacije društva.* Zagreb: Ženska soba - Centar za seksualna prava, 2010., http://zenskasoba.hr/docs/OCD_i_kljucni_akteri.pdf

14. Ministry of Demography, Family, Youth and Social Policy. Access 12th January 2022, https://mrosp.gov.hr/UserDocsImages/dokumenti/Socijalna%20politika/Adresari/ADRESAR%20USTANOVA,%20ORGANIZACIJA%20I%20OSTALIH%20INSTITUCIJA%20KOJE%20PRUZAJU%20POMOC,%20PODRSKU%20I%20ZASTITU%20ZRTVAMA%20NASILJA%20U%20OBITELJI.pdf.
15. Ministry of Demography, Family, Youth and Social Policy. *National Strategy for Protection against Domestic Violence for the period 2017 - 2022*. Access 2nd January 2022, https://mrosp.gov.hr/UserDocsImages/dokumenti/MDOMSP%20dokumenti/Nacionalna%20strategija%20zastite%20od%20nasilja%20u%20obitelji%20za%20razdoblje%20do%202017.%20do%202022.%20godine.pdf.
16. *National Strategy for Protection against Domestic Violence for the period 2017 - 2022. Report on the Implementation of Measures in 2019 and 2020*. Zagreb: Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, 2021.
17. Nnawulezi, Nkirua, and Margaret Cacskaylo. "Identifying and Responding to the Complex Needs of Domestic Violence Housing Practitioners at the Onset of the COVID-19 Pandemic". *Journal of Family Violence* (2021), https://doi.org.10.1007/s10896-020-00231-8.
18. Pamuković, Nela, and Tanja Ignjatović. *Submissions to the Special Rapporteur on Violence Against Women, it Causes and Consequences on Shelters, Chapter Croatia* (2017). Access 15th January 2022. https://www.ohchr.org/Documents/Issues/Women/SR/Shelters/Tanja%20Ignjatovi%C4%87_Submissions%20to%20Special%20Rapporteur%20-%20Shelters.pdf.
19. Razu, Shaharior Rahman, Tasnuva Yasmin, Taimia Binte Arif, Md. Shahin Islam, Sheikh Mohammed Shariful Islam, Hailay Abrha Gesesew, and Paul Ward. "Challenges Faced by Healthcare Professionals During the COVID-19 Pandemic: A Qualitative Inquiry From Bangladesh". *Frontiers in Public Health* 9, (2021): 1-8, https://doi.org/10.3389/fpubh.2021.647315.
20. Regulation on Minimum Conditions for the Provision of Social Services, Official Gazette, no. 40/14, 66/15, 28/21, 144/21.
21. Sažetak istraživanja "Rad sa ženama i djecom žrtvama nasilja u vrijeme pandemije COVID-19". Access 28th December 2021, https://tinyurl.com/2tresn5t.
22. *Second General Report on GREVIO's Activities*. Access 15th January 2022. https://rm.coe.int/grevio-s-second-activity-report-2021/1680a2165c.
23. Social Welfare Act, Official Gazette, no. 18/22, 46/22.
24. Solveig, Bergman, Margun Bjørnholt, and Hannah Helseth. "Norwegian Shelters for Victims of Domestic Violence in the COVID-19 Pandemic - Navigating the New Normal". *Journal of Family Violence* (2021): 1-11, https://doi.org/10.1007/s10896-021-00273-6.
25. *Summary Report: Impact of COVID-19 on Women and Children Experiencing DFV and Frontline DFV Services*. Access 25th January 2022. https://www.womenssafetynsw.org.au/impact/publication/summary-report-impact-of-covid-19-on-women-and-children-experiencing-domestic-and-family-violence-and-frontline-domestic-and-family-violence-services/.
26. *The Global Network of Women's Shelters*. Access 17th January 2022, https://gnws.org.
27. UN Women. *COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls*. Access 15th January 2022. https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Brief-COVID-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf.
28. UN Women. *The Shadow Pandemic: Violence Against Women During COVID-19*. Access 10th January 2022. https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19.

29. Women's Shelter Canada. *Shelter Voices, Special Issue: The Impact of COVID-19 on VAW Shelters and Transition Houses*. Access 9th January 2022. http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf.
30. Wood, Leila, Rachel Voth Schrag, Elizabeth Baumler, Dixie Hairstone, Shannon Guillot-Wright, Elizabeth Torres, and Jeff R. Temple. "On the First Lines of the COVID-19 Pandemic: Occupational Experiences of the Intimate Partner Violence and Sexual Assault Workforce". *Journal of Interpersonal Violence* (2020): 1-22, https://doi.org/10.1177/0886260520983304.

Irma Kovčo Vukadin*
Anja Mirosavljević**

Sažetak

PANDEMIJA COVID-19 I INTIMNO PARTNERSKO NASILJE: ISKUSTVA I ISHODI ZA STRUČNJAKE U SKLONIŠTIMA

Relativno se malo studija bavilo utjecajem pandemije COVID-19 na skloništa za žrtve intimnog partnerskog nasilja (IPN) i njihovo osoblje. U ovoj smo studiji proveli intervjue sa stručnjacima IPN skloništa kako bismo ispitali: 1.) kako su skloništa promijenila svoj rad tijekom pandemije; 2.) kako je osoblje opisalo pojavu i odgovor na posrednu traumu i 3.) što je osoblje naučilo iz svog iskustva s pandemijskom krizom? Iz podataka su proizašle tri glavne teme. To su: 1.) promjene organizacijskih uvjeta rada tijekom pandemije; 2.) emocionalni izazovi i 3.) pozitivni učinci pandemije. Kao i u drugim zemljama, pandemija je u Hrvatskoj donijela brojne izazove, ali i prilike. Osoblje skloništa pokazalo je svoje snage i predanost pružanju potpore žrtvama IPN-a tijekom pandemije. Njihova iskustva treba iskoristiti za razvoj učinkovitog odgovora na buduće krize.

Ključne riječi: *intimno partnersko nasilje; skloništa; osoblje; Hrvatska; COVID-19.*

* Dr. sc. Irma Kovčo Vukadin, redovita profesorica, Sveučilište u Zagrebu, Edukacijsko-rehabilitacijski fakultet; irma.kovco.vukadin@erf.unizg.hr. ORCID: orcid.org/0000-0003-2139-6748.

* Dr. sc. Anja Mirosavljević, docentica, Sveučilište u Zagrebu, Edukacijsko-rehabilitacijski fakultet; anja.mirosavljevic@erf.unizg.hr. ORCID: orcid.org/0000-0003-0060-1036.

Ovaj rad je sufinancirala Hrvatska zaklada za znanost projektom IP-CORONA-04-2086.
Autorice izražavaju zahvalnost učesnicima studije na njihovoj želji za podjelom svojih iskustava.