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Front-line experiences of work on victims of domestic violence in Peru.

**An approach to considering front-line
workers' perspectives**

**Master's thesis in International Social Welfare and Health Policy
Oslo Metropolitan University
Faculty of Social Science**

Domestic violence in Peru is becoming more recurrent and brutal, with a total of 181,885 cases being reported to the Women's Emergency Center in 2019, equating to approximately 400 cases per day. Those who work directly with victims of domestic violence, who are considered to be front-line workers, have an enormous task in helping these victims during their process of recovery, and in assuring their safety and protection going forward. In order to understand the importance of the work performed by these front-line workers, it is crucial to understand their perspectives. The study reported on in this thesis took the perspectives of front-line workers with different professional backgrounds into consideration.

The aim of this research was to unfold the experiences of front-line workers through interviews, and reveal their perspectives on working directly with victims of domestic violence. There was also an attempt to describe their feelings towards their institutions and government actions.

The findings show that a deep study on the problem of domestic violence in Peru is needed. It was revealed that dissatisfaction and discomfort among front-line workers revolves around the lack of training programs and educational processes for workers, heavy workloads and low salaries. It was also highlighted that there was little interest in the mental health of the front-line workers by public institutions. Despite these points, the front-line workers expressed commitment to their work.

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Oslo Norway – May 2020

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List of abbreviations

WHO	World Health Organization
MWVP	Ministry of Women and Vulnerable Populations
NPFSV	National Program against Family and Sexual Violence
WEC	Women's Emergency Center
AURORA	National Program for the Prevention and Eradication of Violence against Women and Members of the Family Group

I. Introduction

Domestic violence is not a problem that will soon be defeated in Peru. Therefore, the continued efforts of front-line workers in cases of domestic violence are of great importance. The solution to, and prevention of, acts of domestic violence rely not only on the government, but also on those who work directly with the victims and the population.

If we were able to internalize and understand the implications of being a victim of domestic violence, we would be better able to understand the importance of front-line workers in this matter; however, it is often the case that we do not think about how these front-line workers experience their work. By being exposed to the traumatic experiences of the victims of domestic violence, they may be affected in different ways. These side effects can impact on their personal lives and also their work performance.

The rise of domestic violence in Peru has increased the workload for front-line workers; however, this phenomenon has also increased the work force that provides help and security to such victims and the general public.

In this study, we found that front-line workers have different requirements for improving the quality of their work and their personal lives. Government action, training programs, adequate salaries and more formed part of the analysis of the results of this study, which was aimed at shedding light on the perspectives of these front-line workers, and their experiences of working for institutions that support victims of domestic violence.

1.1. Reality placed in context

Domestic violence can be perceived or understood as ‘intimate partner violence’ (World Health Organization [WHO], 2013). The first characteristic of the relationship between domestic violence aggressor and victim is that the violent act is inflicted by one partner on another; however, another characteristic is that both partners share the same residence (Poelmans, Elzinga, Viaene, & Dedene, 2011). The WHO (2013) explained that a victim of intimate partner violence will primarily present physical trauma, including external damage, muscular injury, soft-tissue injury and/or genital trauma. It also added that, psychologically, the victim could suffer from, among other things, stress, anxiety, depression, eating disorders, suicidal thoughts or actions, substance abuse and/or post-traumatic stress. In addition to such physical and psychological trauma, a victim of intimate partner violence can show signs of fear, and a lack of autonomy in seeking care and other services. As the ultimate result of intimate partner violence, a victim may suffer from some sort of disability or even death, either by homicide or suicide. If victims of domestic violence experience such high risks to their health and mental well-being, what about the mental health of workers in the care professions that are concerned with domestic violence?

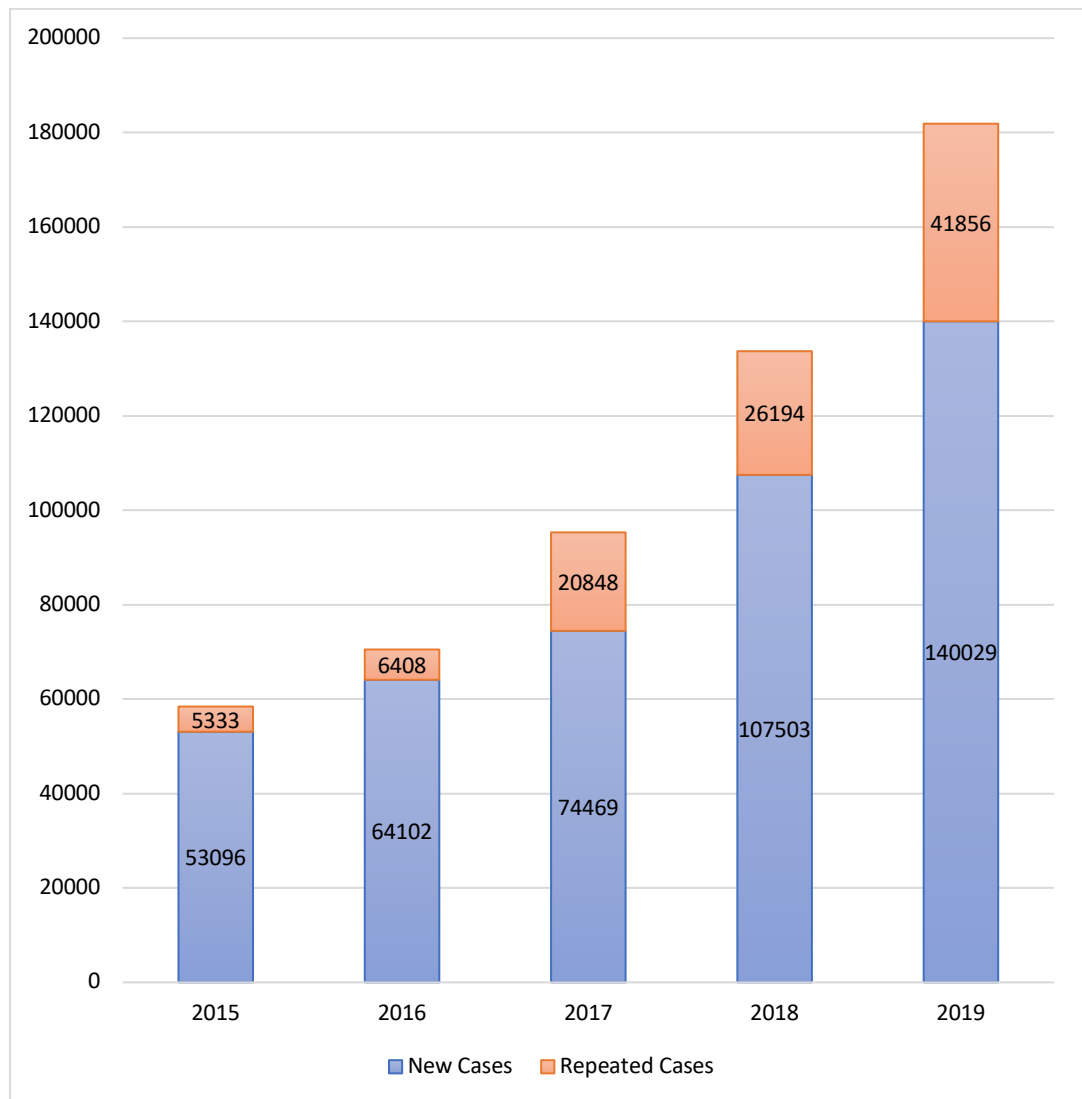
The violence can vary from biting and general mistreatment to stabbing and more, with the real possibility for these acts to escalate, resulting in death. Physical violence can be accompanied by mental abuse, such as threats, shaming and blaming, which cause mental distress to those who suffer from domestic violence (Poelmans et al., 2011).

Watts and Timmerman (2002, as cited in Poelmans et al., 2011) stated that this problem occurs in different places around the globe, and that Peru is no exception. According to the most recent annual public report, presented in December 2019, a total of 181,885 cases were recorded in Peru by the Women’s Emergency Center (WEC) of Peru.

The Peruvian government is taking a variety of actions, and has already implemented various national plans, public policies and specific penal codes, in order to fight domestic violence. Together with the government, the Council of Ministers, and particularly the Ministry of Women and Vulnerable Populations (MWVP), are working on, and operating, various projects. These include the National Program for the Prevention and Eradication of Violence against Women and Members of the Family Group, known as AURORA, which aims to give protection against all forms of violence against women and vulnerable populations, and the National Program Against Family and Sexual Violence (NPFVS), which has under its control the Women's Emergency Center (WEC), Line 100 and Chat 100. These programs provide a variety of services to victims of domestic violence and sexual assault, including legal guidance, psychological counseling and help in the judicial defense of their cases. They also aim to work on prevention in the community. The latest public policy—declared by supreme decree No. 008-2016-MIMP, National Plan Against Gender Violence 2016–2021—has, as its first goal, the aim of changing the sociocultural patterns that currently enhance the inequality between women and men. As its second goal, this program aims to provide and guarantee a variety of services for the victims, both to ensure their recovery and also to immediately and effectively sanction their aggressors (Ministerio de la Mujer y Poblaciones Vulnerables, 2016).

At the end of each year, the MWVP releases numerous public reports containing statistical data that was collected by the WEC and AURORA. Below, I present some of the data from the WEC's yearly report (Figure 1) that illustrates how many new and repeated cases of domestic violence were recorded, per year, by the WEC up to 2019. Figure 2 shows the gender of the victims, Figure 3 states the type of aggression to which the victim was exposed, and Figure 4 records the basic actions taken by the WEC in order to help the victims.

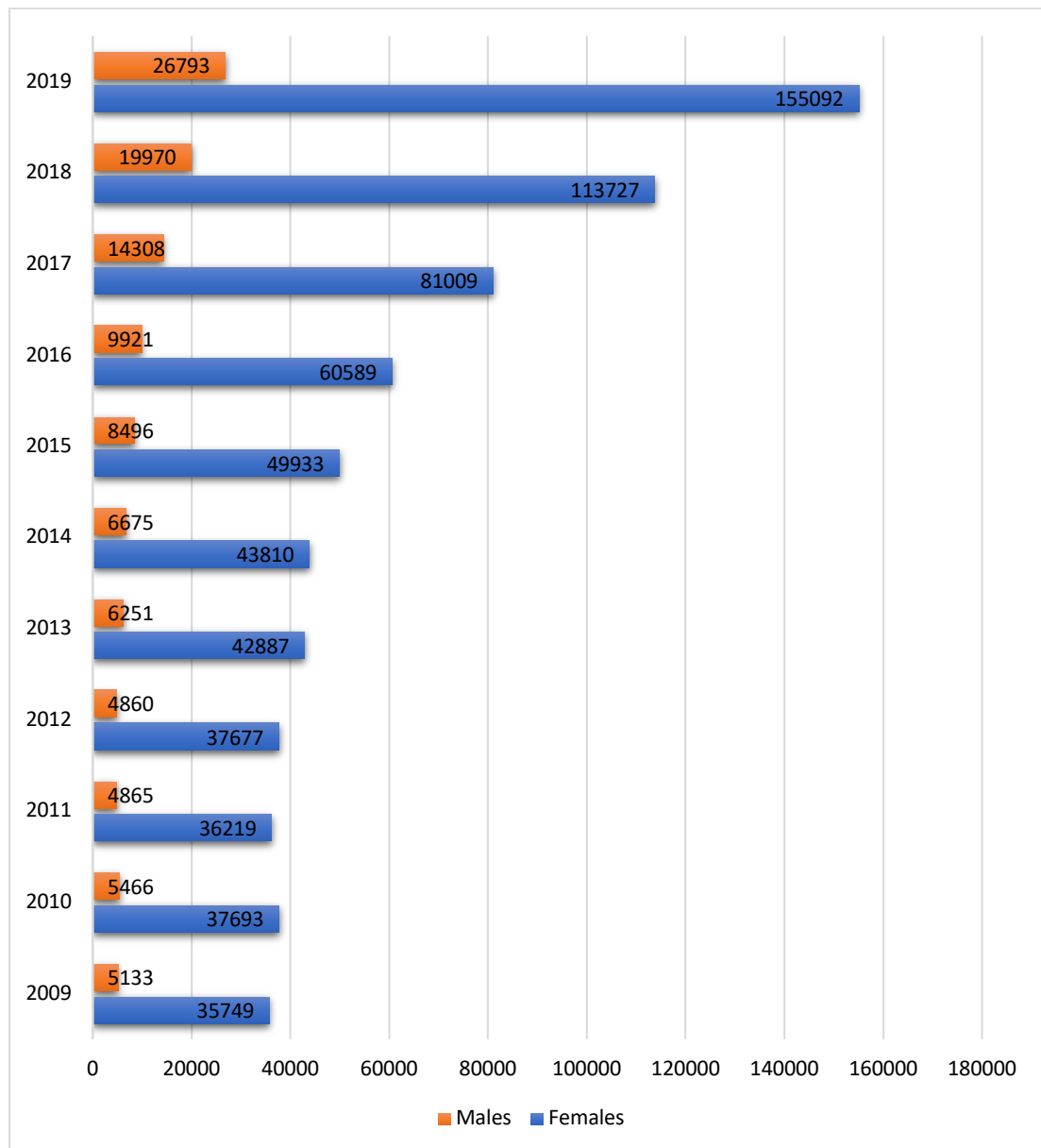
Figure I. New and repeated cases of domestic violence and sexual abuse, Public Report of the WEC, 2015–2019



Note. Data collected by the Centro Emergencia Mujer, 2015–2019.

Figure I shows the growth in numbers from 2015 to 2019, highlighting parallel increases in new and repeat cases of domestic violence, despite government actions to address the problem. The numbers of cases over the years appear not to have diminished; however, this could also be interpreted as the recording of cases being more accurate now than in the past. Therefore, the data is likely showing a realistic number of cases in 2019, while previous years may not have included a proportion of the cases.

Figure 2: Gender of victims of domestic violence, Public Report of the WEC, 2009–2019



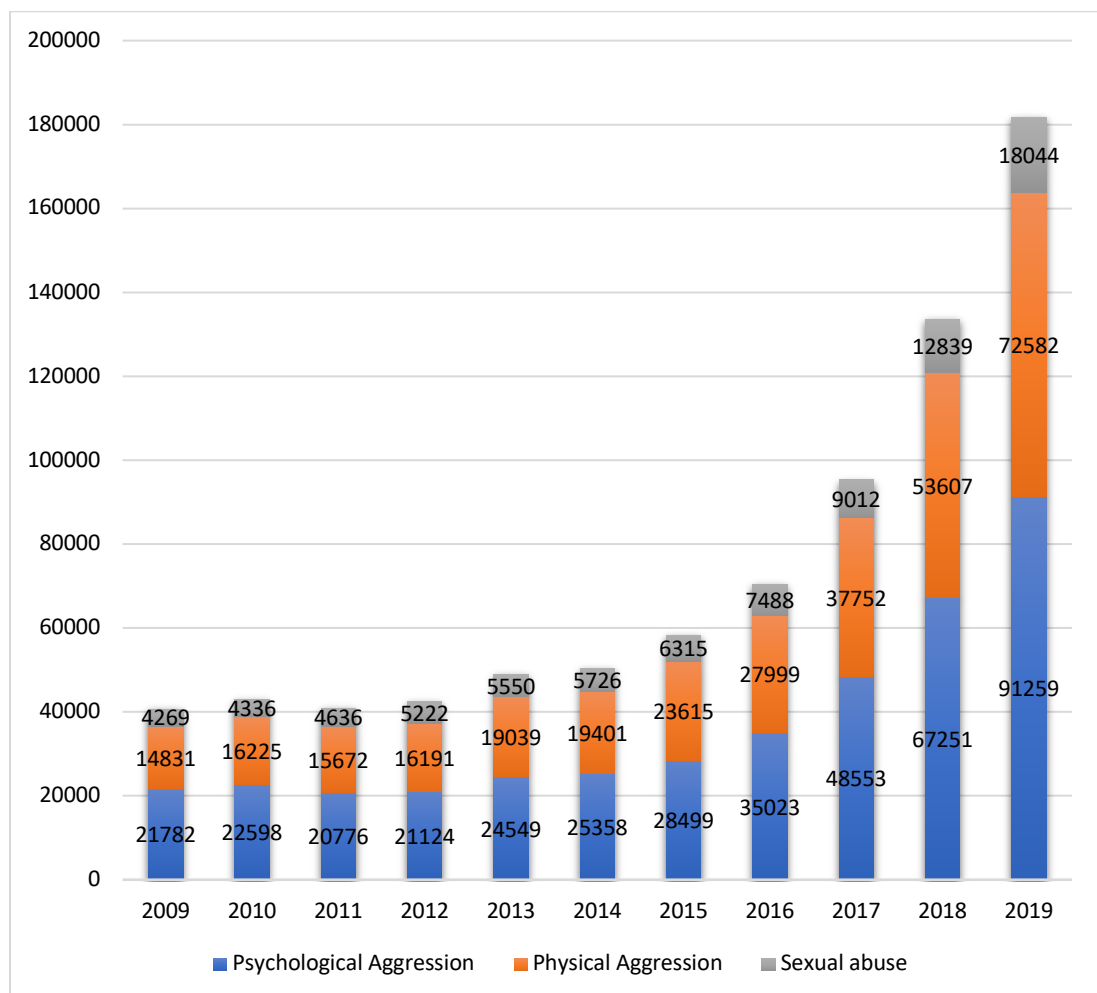
Note. The total cases taken into account for this report included new and repeat cases. Data collected by the Centro Emergencia Mujer, 2009–2019.

From Figure 2, it can be seen that the greatest number of victims, by far, are female, with women being a high-rate target of domestic violence and sexual abuse. The cultural aspect of the unspoken superiority of men over women, and the use of violence to make their dominance and control over women felt in the household (Anderson, 1997), make it more obvious that women are unprotected,

and that action must be taken. The WEC data supports this, indicating that, between 2009 and 2019, every year 85% to 88% of the victims were female, and between 12% and 15% of the victims were male. These numbers do not, however, reveal the gender of the aggressor.

The types of aggression or violent acts vary from the physical to the psychological; the WEC categorizes domestic violence into psychological aggression, physical aggression and sexual abuse.

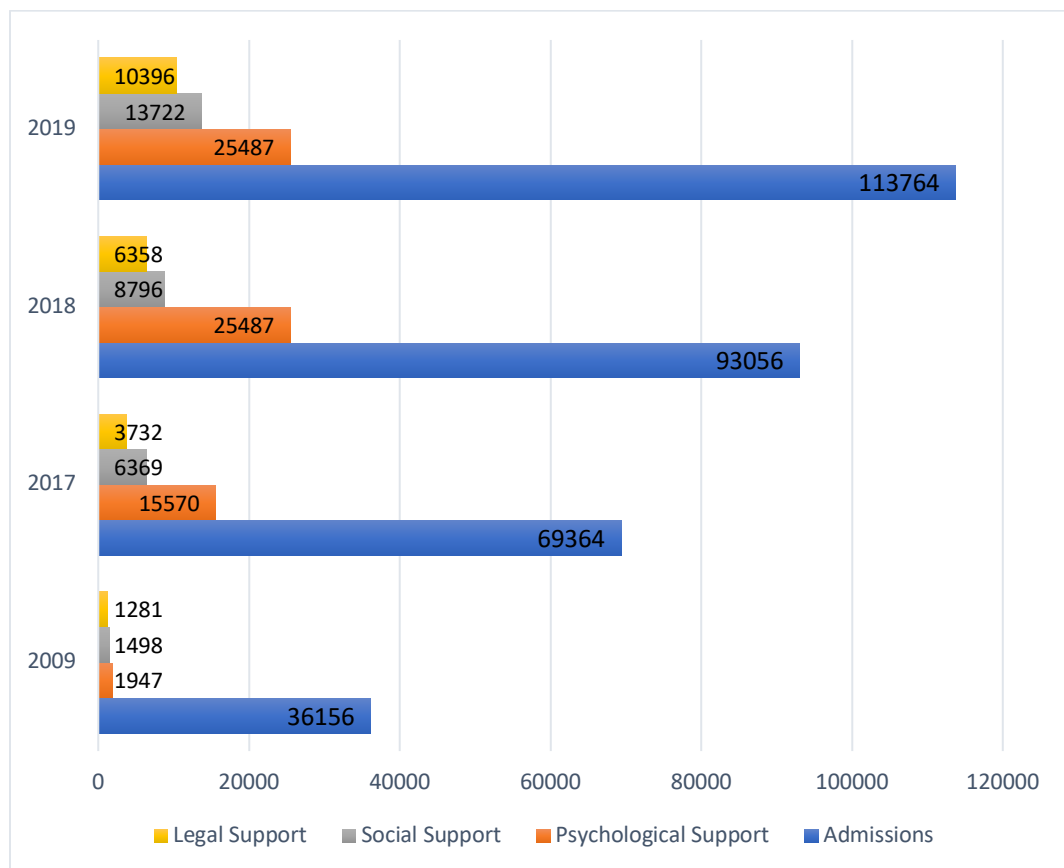
Figure 3: Type of aggression, Public Report of the WEC, 2009–2019



Note. The total cases taken into account for this report include new cases and cases that were registered in previous years. Furthermore, the gender of the victim was not used as a category of classification. Data collected from the Centro Emergencia Mujer, 2009–2019.

Figure 3 illustrates the type of aggression that victims of domestic violence have suffered. Psychological aggression accounts for almost 50%, physical aggression 40% and sexual abuse 10% in most of cases of domestic violence; however, the WEC does not specify whether these aggressive behaviors were committed separately or together. The data indicates an increase in violent actions in the population. Because of this increasing number, a greater number of actions are being taken by the different programs and institutions that provide help to the victims of domestic violence.

Figure 4: Services provided by the WEC, Public Report of the WEC, 2009–2019



Note. Some yearly reports were incomplete or did not standardize the data from one year to another. It was only possible to find the number of services provided to victims of domestic violence and sexual abuse for the years 2009, 2017, 2018 and 2019. Data collected from the Centro Emergencia Mujer, 2009, 2017–2019.

Figure 4 shows an increase of 30% in case admissions at the WEC by 2019; however, their services are not based only on admissions of new cases and victims. They also provide services such as counseling, intervention, risk assessment, insertion of the family and the victim into support networks, including shelters or foster homes, enrolment in healthcare services, the provision of legal support, investigation of cases, provision of social support, etc. The main services examined in this study were legal support, social support and psychological support.

As indicated, the number of cases of domestic violence has not decreased over the years; quite the contrary—they have been on the increase. Despite this increase, it is important to clarify that, today, there are more care and protection centers available for victims of domestic violence, with the general public having greater access to help services. It is expected that, in the future, these numbers will stabilize and/or decrease.

1.1.1. Side actions and legal aspects

In addition to the previously-mentioned governmental programs, there is a legal aspect to domestic violence, with laws that protect the rights of the general public in Peru. It is important to have a quick look at this topic, since the front-line workers base their primary work on government proposals that aim to reduce domestic violence and protect the general public.

The National Observatory for Violence Against Women and Members of a Family Group (Observatorio Nacional de la Violencia Contra la Mujer y los Integrantes del Grupo Familiar, 2018) has enlisted different laws that relate to domestic violence, to various degrees. The first included in the list is Law 30364, which aims to prevent, eradicate and punish any type of aggression or violent behavior against women or other members of the family group (Congreso de la Republica, 2015). A second is Law 30403, which prohibits physical punishment, through the

use of force or violent acts, and also rejects any type of offensive or humiliating treatment of minors, in any physical space, be it school, home or public areas (Congreso de la Republica, 2015). The next is Law 30314. This law seeks to protect the rights of citizens by preventing and punishing sexual harassment in public spaces (Congreso de la Republica, 2015). Law 27942 is also aimed at preventing and punishing sexual harassment when there is some kind of authority or dependency between the aggressor and the victim (Congreso de la Republica, 2003). The last is Law 30068. This law aims to prevent, sanction and eradicate femicide, which can be interpreted as the deadly escalation of domestic violence (Congreso de la Republica, 2018). Following an alarming increase in cases of domestic violence, violence against women and, more specifically, femicide, this law protects the female victim by punishing the aggressor with a sentence of not less than twenty years, with an extension of thirty years or life imprisonment, depending on the circumstances of the murder (Congreso de la Republica, 2018).

So, the Peruvian government is using different strategies to eradicate domestic violence or, for that matter, any violent act in the country. These strategies or actions coming from the government are front-line workers' main legal tools, also helping in shaping their primary goals when working with victims of domestic violence.

1.2. Front-line workers

A front-line worker is “an employee who deals directly with customers” (Cambridge Dictionary, 2020). Marvel (2017) stated that each worker approaches and perceives each situation in a different way, this perception being based on how they experience their ‘street-level’ work. Lipsky (2010) referred to street-level bureaucrats or front-line workers as those who work directly with the general public, linking them to the public services that a government provides. The role of a front-line worker is not only to work directly with people, it also involves giving people access to public services, meaning that they decide who receives what, and to what extent. Such decisions can determine a person’s

future, and so front-line workers need to deal with dual expectations. The first is government expectation, which is framed by their goals and the parameters of the public services being offered. The second is the public's expectation, which relates to their needs, and how they are covered by the available public services. Lipsky (2010) viewed front-line workers as a means of connection between citizens and the state.

1.3. Research questions

As indicated, the recent increase in domestic violence in Peru is alarming, and begs the question, what else can be done to diminish and control this problem? Furthermore, the importance of front-line workers, and the role they play in working in the public services arena, is obvious. In asking what else can be done for the country in terms of the problem of domestic violence, we must not only rely on the government, but also those who work directly with the aggressors and the victims, and even the general public. By looking at how front-line workers experience their work, gaining an understanding of how they perceive the government intervention and the public's response towards their work, we could gain a better perspective of what is being done and what needs to be improved.

The aim of this study was to unpack the perspectives of front-line workers, including social workers, psychologists, doctors and police officers, on their work with victims of domestic violence. The main point was to gain an understanding of how they experience working directly with domestic violence victims, and how they feel about their institutions and government actions. This aim led to three specific questions:

- a. How does a group of front-line workers experience working with domestic violence victims?
- b. How do these front-line workers describe the roles of their institutions? How do the actions of their institutions towards them affect their work performance?

2. Theoretical framework

This section covers the theoretical framework used for the development and analysis of the main objectives of the study. The first part outlines the concept of front-line workers and their working conditions when delivering services to the public. Front-line workers encounter difficulties that may affect their work performance, and therefore their outcomes. They interact directly with those who require, or are recipients of, a public service. At the same time, they have control over the actions and benefits of the public service, and therefore their work may significantly impact a person's life. The stressful nature of the work that front-line workers perform may also affect them directly, in their personal sphere.

In the second part of this section, I explain how front-line workers may be affected while working directly with people—more specifically, those front-line workers who attend to victims who have experienced a traumatic episode. The effects explored include vicarious trauma, compassion fatigue and burnout. Victims of traumatic events often find themselves in burdensome situations that not only affect them physically, but also psychologically. Such traumatic experiences have a considerable impact on the victim's life, but they can also have a measurable effect on those who work directly with the victims. Front-line workers help these victims to overcome all the challenging stages of recovery, and therefore carry a tremendous burden on their shoulders.

The third item explored in this section involves transformational learning, which explains the process of how front-line workers or adult learners have their own way of learning, based on their experiences. Coverage of the needs of the victim is different in each institution, and front-line workers need to have a broad and complex understanding of the victim's different problems. The only way to reach an understanding, and have the capability of resolving a situation, while maintaining high work quality, is through more educational and training programs. Nowadays, workers have to internalize and apply updated knowledge, and also

need to have a full understanding of new tools and resources, in order to be able to produce a desirable quality of work. The reality of institutions using or promoting educational programs and training for their workers is far from what is desired, however. Therefore, the workers develop their own way of learning and improving their knowledge, adapting themselves to the required needs.

The final section addresses the importance of having a gender agenda in public policy-making, given that the increase in domestic violence against women also violates women's rights.

2.1. Street-level bureaucrats or front-line workers

The stressful nature of the work performed by front-line workers makes their jobs complex, demanding and delicate. Front-line workers usually work under a lot of pressure and without the necessary resources, whilst dealing with the high expectations of the state and the public (Bosma, Kunts, Dirkzwager, & Nieuwbeerta, 2018). Lipsky (2010) emphasized that, despite the difficulties, most front-line workers develop coping techniques to mediate the pressure and stress they work under, so that it does not affect them directly and they can perform to the best of their abilities. He described the working conditions for street-level bureaucrats, first talking about how, in many cases, street-level bureaucrats do not have adequate resources to fulfill the requirements of the work they need to perform. He also explained that, by having more people knowing what government services were being provided, the demand for improvements, and perhaps for greater coverage of more problems, could arise. The demand for services is high most of the time, and the workforce is not necessarily large enough to cope, with the inadequate number of service workers being subjected to work overload and stress. For Lipsky (2010), the lack of resources not only referred to the material resources given to the institution, but also covered the economics and education, such as training programs.

Other work conditions that can affect street-level bureaucrats include the ambiguous goals that the government has set up. Most front-line workers or street-level bureaucrats and their managers will have a conflict concerning their own interpretations of the government goals. As a side effect of this aspect, there is also difficulty attached to measuring street-level bureaucrats' results and goal achievements. A final work condition that can affect street-level bureaucrat performance is a lack of commitment from, and compromise with, the victims, which can lead to unexpected outcomes (Lipsky, 2010).

For Lipsky (2010), having 'supervision' and 'clarity' over the goals of street-level bureaucrats is important; goals and measurements of performance should be clear, so that the street-level bureaucrats can receive adequate guidance to improve and change, and the system can have better work performance. Another interesting point brought up by Lipsky (2010) is the measurement of a worker's advocacy for their clients or receivers of the public services, which could counter any criticism for not delivering enough care to those in need. He also remarked that, while an organization aims to deliver equal benefits to the public, the street-level bureaucrat is the one who encounters the tension from those who think that what is being provided is not enough, or does not fully cover their needs.

Lipsky (2010) expressed that, as a matter of practice, street-level bureaucrats follow routines to simplify their workflow. Front-line workers or street-level bureaucrats have the power of decision-making, in most cases deciding who will receive the benefit of a public service, the extent of this benefit and when it will be received. The public perceives that the control a front-line worker has over services means that they have the power to deliver a fair share of the public services to the recipient. Therefore, the public expects equality over the quality and quantity of benefits that the government provides (Lipsky, 2010). The simplification of work routines and decision-making may also be affected by worker bias that may be led by personal beliefs and prejudgment; this could provoke a conflict in the demands and objectives of the institution (Lipsky, 2010).

Another important aspect of front-line workers remarked on by Lipsky (2010) is the different professional backgrounds they have, despite which they still perform the same kind of work—the delivery of the government’s public services.

Lipsky (2010) concluded that most front-line workers operate in institutions with deficiencies, which compromises their performance and general goals; however, the efficacy of their work also relies on the compromise and commitment of the public service recipient. The concepts and characteristics that Lipsky (2010) proposed clarifies the role of front-line workers as operating between bureaucracy and the public.

2.2. Vicarious trauma

The term ‘vicarious traumatization’ was first used by McCann and Pearlman (1990) to describe “the harmful changes that occur in professionals’ views of themselves, others, and the world as a result of exposure to graphic or traumatic material” (as cited in Baird & Kracen, 2006 p. 182). For Way, Van Deusen, Martin, Applegate, and Jandle (2004), concepts such as ‘countertransference’, ‘burnout’ and ‘compassion fatigue’ also reflect the negative effects of working directly with victims who have gone through a traumatic event. Secondary traumatic stress can also be experienced via direct contact with people that have suffered a traumatic episode (Aparicio, Michalopoulos, & Unick, 2013). The rapid detection of vicarious trauma is crucial for helping workers to remain effective, and also for the safety and contentment of the workers and the members of the public they serve (Pearlman & Saakvitne, 1995).

The principal symptoms of vicarious trauma are the re-experiencing of a victim’s traumatic events through “flashbacks, dreams, painful emotions, or intrusive thoughts” (Baird & Jenkins, 2003 p. 73). A change in the perception of front-line workers due to exposure to a victim’s traumatic episode, may cause them to feel fear, distrust and concern about their safety. Such a change may also affect their work and personal environments (Baird & Jenkins, 2003).

2.3. Compassion fatigue and secondary traumatic stress

Fisher and Lab (2010) defined compassion fatigue as a psychological trauma, specifically making reference to the fatigue induced by direct contact with crime victims. They contended that the memories and emotions created as a result of helping traumatized individuals created exhaustion in workers. As Fisher and Lab (2010) stated, the confrontation and close contact with sensitive information following very violent events is a day-to-day job for front-line workers, whose aim is to bring support, give care and help victims. For them, this close contact with evidence, such as testimonies, pictures and recordings, can leave them vulnerable to compassion fatigue and secondary traumatic stress. The high expectations for positive results, and the development of empathy between worker and victim, also enhance the risk of workers being psychologically affected by the disclosure of victims' traumatic events (Fisher & Lab, 2010). Braid and Jenkins (2003) used the concept provided by Figley (1995) to describe how a person who suffers from secondary traumatic stress/compassion fatigue might present symptoms, such as the re-experiencing of a survivor's traumatic events through dreams, or by repeatedly thinking about an event or avoiding situations that might remind them of the traumatic events. Braid and Kracen (2006) believed that understanding compassion fatigue and secondary traumatic stress would promote awareness of the needed for care for front-line workers in whom indirect contact with traumatic episodes could cause different effects that could affect their work performance and personal lives.

2.4. Burnout

According to Maslach (1982), burnout is "defined and measured as a specific occupational stress syndrome occurring when human service professionals become emotionally exhausted, begin to dehumanize their client, and lose a sense of personal accomplishment at work" (as cited in Baird & Jenkins, 2003 p. 72). Cases of burnout can be observed when a front-line worker is facing deficiencies

in the resources provided by their institution, while also being exposed to a high demand for results (Baird & Jenkins, 2003). Adequate working conditions and autonomy reduce the risk of burnout in workers (Oktaf 1992, as cited in Braid & Jenkins, 2003).

2.5. Transformational learning

Mezirow (1997) explained that transformational learning is the making of our own interpretations based on our own experiences, the process involving self-reflection on our experiences and stimulation of the analysis and reformulation of our actions. Therefore, each experience will produce new interpretations and perspectives (Mezirow, 1997). Dochy, Gijbels, Segers, and Van den Bossche (2011) postulated that transformational learning has three phases: 1) critical reflection on one's assumptions, where a person engages in the analysis of a previous perspective, aiming to formulate a new one; 2) discourse to validate the critically-reflective insight, during which the validation of the new perspective is placed in context; and 3) action, where the person puts the new perspective into practice. Mezirow (1997) also talked about autonomous thinking as part of transformational learning, since "workers will have to become autonomous, socially responsible thinkers" (p. 8).

All workers require access to the materials needed to improve their daily work, to enhance outcomes and ensure a high quality of result. Most of these resources are managed and controlled by administrators. Therefore, the accessibility of such resources—"supplies, trainings, and coworker's assistance"—will rely on them (Marvel, 2017, p. 905).

2.6. The gender agenda in public policy

Due to the increasing problem of domestic violence and violence against women, Couto and Gomes (2012) remarked on the importance of a 'gender agenda' in making public policy. They explained that "intentionality, instrumentality,

interaction, power, and temporality” are considerations that are taken into account at the moment of implementing public policy in general (Couto & Gomes, 2012, p. 2571); however, some public policies are provided in order to present an immediate solution to a social demand, such as countering extreme violence against women. In several countries, political groups and social movements have been highlighting the inequality and disadvantages experienced by women to their governments and the world in general (Couto & Gomes, 2012). The gender agenda in public policy has different points of interest, such as “violence, crime, healthcare, employment and income generation, education, work, housing, etc.” (Couto & Gomes, 2012, p. 2571). In the context of the present study, crime and violence were the foci of interest, in terms of gender inequality.

The theories and terminology introduced above helped in the different stages of development of this study. Peruvian front-line workers who are actively addressing the problem of domestic violence should have immediate contact with policies that relate to a gender agenda, since most of the affected victims are women. The nature of the work of front-line workers is stressful and demanding. It involves direct encounters with domestic violence victims and their traumatic experiences, which can affect them and cause negative changes in their personal lives and work performance.

3. Methodology

This chapter provides an explanation of, and justification for, the research methodology used in this study.

Merriam and Tisdell (2016) used a qualitative technique to understand participants' experiences, the research focusing on the nature and essence of a phenomenon: "The researcher here is interested in understanding the meaning a phenomenon has for those involved" (Merriam & Tisdell, 2016 (a), p. 24). All the relevant variables were explored in interviews, which comprised the primary source of data for this study.

The first part of this section explains the study design. The second provides details of the criteria used for selecting the participants. The third part covers the semi-structured interview aspect of the study. The fourth part lays out the procedure followed for the collection, transcription and translation of the data. The fifth details the ethical issues encountered during the process of planning and executing the study, while the sixth part expresses the limitations of the study.

3.1. Study design

"The design of a qualitative research is emergent and flexible" (Merriam & Tisdell, 2016, (a) p. 18). In aiming to answer the research questions posited in this study, semi-structured interviews were performed with professionals, including social workers, psychologists, doctors and police officers. The interviews aimed to access their personal beliefs, perspectives and experiences towards their work with domestic violence. By gathering data through this approach, I was able to obtain in-depth information, such as an understanding of how front-line workers experience working directly with victims of domestic violence, and how this type of work shapes their perspectives on a personal level. It also allowed me to get information on the personal perspectives of front-line workers towards their institutions, and what their needs are.

3.2. Selection of criteria

The participants in this research totaled seven front-line workers. All participants had a bachelor’s degree at minimum, and four of them had higher degrees. The professional backgrounds of the participants were two social workers, two psychologists, one doctor and two police officers, all of whom were working in government institutions that provided help for victims of domestic violence. These institutions included hospitals, a women’s emergency center and police stations. The participants had to have worked and be working directly with victims of domestic violence. The reason for this requirement was so I could obtain direct information on how it was to work with domestic violence victims and how their institutions functioned. A second criterion was having a minimum of three years of experience. Those with less than three years’ experience would not have been able to provide adequate information for the purposes of this study.

Table I. Participant information

Name	Gender	Years of experience	Profession
Nick	Male	6	Social Worker
Sasha	Female	7	Social Worker
Maggie	Female	5	Psychologist
Taylor	Female	10	Psychologist
Carol	Female	5	Doctor
Glenn	Male	6	Police Officer
Deana	Female	7	Police Officer

3.3. Semi-structured interviews

The study used semi-structured interviews as a method of collecting information. The semi-structured interviews were focused on the participants' points of view, perspectives and personal beliefs. By conducting semi-structured interviews, I was aiming at letting the participants speak freely, while at the same time, having control over the topic. Merriam and Tisdell (b) (2016) explained that, in a semi-structured interview, there is no specific order for the questions, which means that the process of interviewing is somewhat flexible, following the flow of more of a conversation. Even when the interview is aimed at fulfilling a specific topic and obtaining specific information, a semi-structured interview allows the interviewer to order the topics according to the situation and the predisposition of the participant. Therefore, other topics can be added to the process; however, the interviewer will have control over these aspects (Merriam & Tisdell, 2016 (b)).

In the process of interviewing, I was able to present the questions in a different order based on the individual responses of each participant. This flexibility allowed me to explore more deeply certain interesting topics, such as personal experiences, perspectives on certain cases and personal points of view. The flow of the conversation and the transition from one question to the next were based on the linking of topics made by the participants. Although the interviews were open, in terms of question order, and followed different paths depending on the participant, the questions gave them structure, and the aims of the research remained at the forefront of the conversations.

The interview guide had the following structure. The first part of the interview concerned basic information and the backgrounds of the participants (age, studies, position at workplace, work experience). The second part covered their professional experiences, such as how was their first experience of working with a victim of domestic violence, and how is it now. Another aspect explored in this first part was how did working with victims of domestic violence affect them. Did

they think it caused them stress, anxiety or trauma? The third part of the interview addressed whether the participants had ever experienced or witnessed any type of domestic violence, and how this personal experience (either as victims or witnesses of domestic violence) had shape them personally and professionally. A fourth part explored their educational preparation before and during working with victims of domestic violence. The fifth examined their feelings and perceptions towards the institutions they worked for, asking what was working and what was not, what did they need to improve their work performance and their empowerment in these institutions, how did they feel about their personal results and the general outcomes. The sixth part involved discussing their perspectives towards the governmental action taken against domestic violence. Here, I delved into topics such as whether or not they agreed with the national plans and public policies, and what were the deficiencies in these. I steered the interviews towards their personal beliefs and experiences of possible bureaucratic obstacles at the time of working with victims of domestic violence. We discussed additional aspects, such as what their current feelings, perspectives and goals were.

3.4. Data collection, transcription, translation and coding

The interviews were performed in stages, between November 2019 and January 2020. All interviews were undertaken separately and in places that were chosen by the participants. These places varied from coffee shops and restaurants to their homes. The participants felt more comfortable choosing the place to be interviewed in, and this also facilitated their confidence during the interviews. The semi-structured nature of the interviews was useful because of its flexibility, and because of the complexity of the problem that was being discussed. All interviews were performed in the native language of the participants, which was Spanish. All interviews were recorded, and then transcribed, first in Spanish, with the original transcription later being translated directly into English, without making any interpretations. I used Atlas.ti as the main tool for transcribing and organizing each interview. Atlas.ti is an informatics tool that helps to organize,

store and give structure to information gathered in interviews (Paulus, 2018). I listened carefully to each interview several times, so that I could ensure a precise transcription of the information given by the participants. The transcription and translation of each participant's interview was stored as an individual document.

3.5. Ethics

Merriam and Tisdell (c) (2016) expressed that the production of 'reliable knowledge' in a research project would also rely on its ethics. Therefore, during the process of planning and executing this study, different ethical issues were considered. The first was the anonymity of the participants; even if personal information was required at the start of the interview, this information was not planned to be shared. This personal information helped me to understand the position of the participant, and to give a better context to their narratives; however, different actions were taken in order to provide and share the necessary information, while at the same time protecting the participants' identities.

As a first stage, with respect to this ethical issue, a letter of confidentiality was given to all the participants, in which I, as the researcher, assured them that their personal information was not going to be shared, and all traceable information, such as names, employers, institutions, work positions, dates and regions, would be changed, or otherwise not shown, so that their anonymity would be maintained. This part was important because sensitive information was collected.

At the end of the letter of confidentiality, they were given the right to decline to participate in this study. They also had the right to end their participation at any time. The participants were also allowed not to answer certain questions if they considered them to be inappropriate or compromising.

3.6. Limitations

The first limitation faced in this study was that it did not cover all the topics associated with domestic violence, such as femicide, sexual abuse or other types of violence, that front-line workers encounter. This study only focused on the work of front-line workers in dealing with domestic violence, to provide some insights into their personal perspectives. However, the participants did not necessarily represent the unanimous views of all of those who work in governmental institutions that deal with domestic violence in Peru.

A second limitation was the language and the translation of all the interviews. In trying to faithfully record the participants' opinions, and translate these from Spanish into English, I took great care to preserve the essence of their ideas and words; however, translation between languages always carries a risk of changing meanings.

A third limitation was the restricted number of participants (seven), and the lack of a possibility for generalizing the findings.

4. Analysis and results of the interview material

In this section, I illustrate and interpret the ways in which front-line workers experience working with victims of domestic violence. The section is divided into five subsections, the first describing the participants' personal experiences as victims and/or witnesses of domestic violence, which was explored in the third part of the interviews. The participants were asked if they had ever experienced or witnessed any type of domestic violence, and, if so, how these encounters had shaped them as professionals. The second subsection addresses their learning experiences of working with victims of domestic violence, which was explored during the second part of the interviews. The next section details the educational preparation these front-line workers had received previously, and have undertaken during the process of working with victims of domestic violence. This information was extracted from the fourth part of the interviews. The next subsection portrays how these front-line workers perceived their workplace, starting with the procedures, confidence in their work, empowerment and satisfaction of results. This information was explored in the fifth part of the interviews. The last section addresses the actions taken by the government, the relevance given to domestic violence, and what is working and what is not. This information was explored in the first and last parts of the interviews.

4.1. From victims to front-line workers

The experiences a person has in life may both mark them and push them along the path of who they ultimately become. To overcome an episode of domestic violence, either as a child or an adult, is neither a quick nor easy process. The strength and commitment that a person shows must be recognized as a continuing and powerful fight to give new meaning to a blighted life. Four of the participants expressed their personal experiences as witnesses and victims of domestic violence. Three of them experienced it while growing up, one as an adult. In all cases, they acknowledged that the aggressor was male. As Anderson (1997)

explained, men use violence to affirm their status of dominance over the family group.

For Glenn, who is currently working as a police officer, the images and memories of witnessing physical aggression against his mother has marked him from an early age. *“I was always attentive to his behavior, he was nice to us, but I didn’t like how he was with my mother ... Most of the time, he was more aggressive after drinking ... I always feared for my mom and my sisters.”* He mentioned that he remembered two phrases that his father used to say: *“The man is the one in charge”* and *“I am the man of the house!”*.

According to Sasha, who is now a social worker, culture plays a role. She observed that Peru has a ‘*machista*’ society, which means that social groups are controlled by males, and in most families, the father or a male figure is the head of the household. *“At home, we learned that what dad said was law.”* She stated that, even now, some families were still living under this misconception. *“Dad was the boss, so he could do whatever he wanted, and in the way he wanted... He had his ways of correcting us; for example, if I had bad grades then it was for sure that I was receiving a cold shower and reglasos [being hit with a wooden ruler] in the calves.”*

Taylor, who is a psychologist, expressed that, *“In the past, it was quite in vain to reach out for help”*, making reference to an unspoken acceptance of violent behavior, mostly towards women. *“My mom never complained about my dad’s behavior.”* Taylor mentioned that it was not until she was around twenty years old that she could talk about the incidents of domestic violence with her mother. *“When I asked her why she let him behave like that, she replied that she could not get help. That she did not have any options.”* Her mother told her that she tried to reach out for help, but could not find any. *“My mom told me that her family told her to keep it quiet, that she needed to just accept how my dad was.”* Taylor also made reference to her mother adopting a submissive behavior because she feared for her kids. *“The dynamic changed once my dad passed away. My mom changed; she was not afraid anymore.”*

The final participant retold her experience as a direct victim of domestic violence. She first stated that, initially, her ex-partner did not show any violent behavior; however, his behavior changed with time, gradually escalating into physical abuse once they started living together. She specifically recalled the last violent episode she encountered, although she did not remember the specifics of how the event started. She was able to roughly describe the details of that event. *“He started hitting me in the face with his fist, then grabbing me by the hair and dragging me around our apartment. He was yelling. I was scared... He took me from the living room to the bedroom. I was on the floor. He grabbed my head and smashed it against the floor. I had no strength to fight. Then he started kicking me in the stomach.”*

She remembered that, at that point, she felt so small and powerless. She was bleeding, in pain and locked in her own bedroom. After attacking her, her ex-partner asked for forgiveness, promising that it would not happen again; however, she understood that there was always the possibility that he would become aggressive again.

She explained that she did not leave him immediately. Instead, she waited until her bruises were easy to cover up because she felt ashamed. Once her bruises were easy to disguise, she reached out to her parents, who gave her their support. She stated that it was painful and difficult to establish a conversation with her aggressor. She did not want to provoke him, so she offered him a deal. If he disappeared from her life, she would not go to the police. She added that, initially, the ex-partner did not want to accept the deal; however, as a last resort, she told him that she had physical evidence of the aggression. *“I showed him the pictures I took of myself, I said that I could go to the police, and that I could lodge a complaint against him for domestic violence and show the pictures as evidence.”* She reminded him that she had family in the police department, and that he was aware of that. *“I told him I would call my uncle, who is a police officer (he has a high position), and he would make sure he end up behind bars. I told him I just wanted to leave, that if he let me go without any trouble, I would not go to the police... After a lot of talk, he*

acquiesced.” She admitted that she felt frustrated, even now, and that she would have handled it differently now. *“It was not easy to overcome that experience, it took me some time.”* She expressed that this experience had made her more conscious of the reality of victims of domestic violence, and what living in a violent environment implies.

Just like this participant, many victims face this reality every day; however, more and more victims are reaching out for help and finding the courage to denounce their aggressors.

The participants’ experiences indicated two types of violence, the first psychological and the second physical. They expressed that both types of violence were employed by a male figure in the four cases. Those who experienced it at an early age admitted that living in a violent environment affected their development in school and also socially; however, they pointed out that they did not normalize these violent actions. Instead, they became more aware of this problem.

The ‘positive outcomes’ of these experiences, as Taylor coined them, are their awareness of domestic violence, their empathy with its victims, and having an understanding of the victim’s perspective; however, they also expressed that they had all gone through a period in which they needed to break their previous stereotypes and mindsets, such as the existence of male dominance in the household and the normalization of violence.

The other three participants had not personally experienced or witnessed any kind of domestic violence.

4.2. First experiences with victims of domestic violence

All professionals have their starting points. By gaining experiences, or learning along the way, a person shapes their professional background and profile. It is not so much about first cases, but more about what a professional learns and how they

view a problem during the process of transformational learning. The participants expressed that their first experiences with victims of domestic violence were not, in most cases, what they expected. Their level of response and management of those cases were clearly not ideal. They clarified that it would not be right to compare how they worked at the beginning of their careers with how they operated now, as front-line workers. Everyone had gone through a process of adaptation and adjustment. Above all, everyone was dealing with sensitive cases and critical situations.

Nick, who is a social worker, first made reference to his final years at university. *“I ran interviews with victims, and maybe did a couple of workshops with them, but my attitude as a student was different... In my first case, I felt lost. I had the theory in my head, the procedure memorized, but I must admit that hearing the details of a certain situation was difficult... It is still difficult, but I have learned ways to cope with certain details and aspects of this type of work.”*

Deana said, *“I felt insecure in my first case. I did not know if I was doing the right things. I wondered sometimes if, because of my personal experience, I was not being objective. It took me a while to break those thoughts and see things more clearly.”*

Carol, who is a doctor, explained that her first case of domestic violence was also a victim of sexual abuse. She reaffirmed that, at the beginning, she did not identify the patient as a victim of domestic violence or sexual abuse. She had other medical cases, so initially she was just a patient, and it was not until she heard details of the personal story of the patient that she broke down. *“I heard her, I mean, I heard her not as a patient, but instead as a person. I felt heartbroken. I think it impacted me in some way. Maybe it is because of her that I decided to take this road and work with this type of victim.”* She expressed that she just wants to help people to overcome these situations. *“After that episode, I wondered what type of society are we living in?”*

Maggie, who is a psychologist, stated that, *“We all have a first case, we all go through a stage of questioning our career and our purpose as members of this society. Not*

everyone handles things in the same way. Some are more sensitive than others... I have learned how to build a barrier between what I see at work and what I see as a regular person. We learn on the way.”

Taylor, also a psychologist, explained that her first case was at a hospital in the Department of Psychology. *“I was an intern and, luckily, I had a mentor at that time. I was prepared for the cases, and my involvement with the victims was gradual... As the years passed, we automated our procedures—I am not implying that we lost our connection as people, but we learned how to approach each case, and learned new ways to provide the help that was needed without taking it personally... My previous experiences helped me to cope with the weight of dealing with these cases.”*

The relevance of their early cases and their first experiences, was highlighted by the participants, who expressed that all work experience is important. These backgrounds helped train the professionals they are becoming. Working with people and, more specifically, with victims, is not an easy task. Along the way, these front-line workers have learned that there is no way of generalizing cases, that not all victims have the same characteristics. An individual evaluation of the victim and the case is crucial. All participants expressed different outcomes from working with victims of domestic violence, and how they coped with the dramatic and stressful nature of this problem. The process of learning for these front-line workers, and improvements in their work performance, is gained by building experience. Their perspectives as beginners, or being new to the game, are different now that they have gained experience. This can be related to a process of transformational learning.

4.3. Education and training

A further aspect of work performance and efficacy at work is the educational training of front-line workers. This educational process includes the education received before working directly with victims of domestic violence, and the on-the-job training while working with victims of domestic violence. All the

participants ensured they had received appropriate information and training to enable them to work with victims of domestic violence and sexual abuse; however, this was mostly based on theoretical material, not practical cases.

Nick conveyed that, throughout his years of studying and preparing to become a social worker, he reviewed different materials and guidelines for making the first contact and conducting the first interviews, risk assessments, and analyses of the severity of the aggression and the risk of death, and producing action plans. He emphasized, however, that theories and procedures change rapidly, and that every year there are different implementations, and more training is needed. *“It is important to be up to date in order to give appropriate help... New approaches and more effective plans are being implemented in other places. Maybe we should adopt some changes, or conduct a deep study on the problem in this country.”*

Sasha emphasized that she had received special training in paying attention to and protecting domestic violence victims. During this training process, she learned about the management of cases for different genders and ages of the victims. Later on, she explained that each organization and program follows its own processes, since each one covers a common purpose with specific objectives. In order to successfully promote a cultural change, identifying domestic violence cases and taking appropriate actions, there needs to be the constant promotion of, and training using, standardized guidelines, which should be based on up-to-date information and theories. *“The last guide that I reviewed had more specific information about the general considerations for working with domestic violence. It also showed the changes made to actual national plans and public policies... Most of this information is useful for workers, and for the general understanding of the public... These types of guides and publications help to promote the work that is being done.”*

Maggie added, *“I think I had two days to become familiar with the forms and all the paperwork. It was not specific training. It was mostly a learn-along-the-way kind of process; at least that is how I felt about it... I attended some conferences, training and courses, but that was on my own initiative... I have noticed that there are some members*

of the team that have not had any time for adapting or training.” Her remarks reflect the discrepancy in workflows among institutions, and that each worker experiences the process of training and adaptation to work situations in different ways. Maggie finally added “I didn’t receive any type of training. I learned and improved my work based on my own experiences and the previous knowledge I had.”

According to Glenn, *“Different procedures are given in the police department, along with different routes of action, many of these being the basics we learn while attending police school.”* He said that most of the updates on these procedures are provided in general terms. *“We start learning along the way while working. The last change given in the area of family violence was that the police can file a complaint and open a file in cases where the victim does not make a complaint for fear of the aggressor. Of course, the police must have the authorization of the victim. The victim can be accompanied if a significant danger is suspected... Each member of the police team knows the procedure for intervention in cases of domestic violence.”* He also expressed a desire for more workshops and training for police officers. *“More awareness of dealing with cases of domestic violence would not hurt. More training is needed.”* More information for police officers and the public should be a priority, considering the number of victims is increasing.

Deana opined that, *“Being updated with new ways of approaching victims, new ways of support, is necessary. It’s not an easy job.”* Workers and the general public would benefit from any improvements and updated information. *“I think we can achieve better results if workers have better information and are better prepared... The workshops and training are not constantly available. At a certain point, we end up relying on what was learned a long time ago, but things are changing, and the perspectives on a problem are also different. For example, previously, it was common to blame the victim because we lived, and still somewhat live, in a stereotypical society in which the man is authorized to maintain aggressive behavior. I got this idea when I was a kid, let’s say around the 80s. We are almost at the end of 2019, and there are colleagues who still have the same mindset. They do little or nothing for the victims. The way of thinking*

about and perceiving certain problems must change, and this can only be achieved by constant training and more educational processes.”

Carol added, *“In medicine, we all need to be updated with procedures, theories and approaches... We are working with people. and we cannot base our work on outdated information; however, what I think can be improved is our approach to the patient, improving the treatment they receive.”* She stated that, in medicine, sometimes doctors become a little dehumanized, tending to lose the human touch. *“We are cold when giving a diagnosis or treatment, and this is in general. I have seen it in regular cases; the doctor/patient relationship is not always ideal. But, in particular, I think there should be an improvement in the treatment given to a patient who has gone through a traumatic event, such as domestic violence or sexual abuse... Dealing with the patient’s emotions, their fears, should be also part of the training process... I am a woman, and I try to be as empathetic as I can.”* Carol clarified that her personal experiences have led her to be more empathetic with patients in general. She has also noticed that, usually, females who have experienced domestic violence, where the aggressor was a male, prefer to be checked out by a female doctor. *“Well, it is understandable that they would maintain a resentment towards men... There are many theories that can explain this behavior, and there is also information on how a patient with this type of trauma should be addressed. Unfortunately, not everyone has the same degree or level of preparation, or even the same openness to having a different perspective. We all work differently.”*

The majority of the participants indicated that there was a certain disinterest on the part of their administrators, or those in higher positions, in promoting spaces for educational updates or training programs that would help to improve the work the front-line workers carry out. For front-line workers, it is important to have up-to-date information and the most effective work tools, and to be properly trained. They consider that this is important, since they work with human beings, and any mistake could be fatal. For these participants, a lack of training and resources was a constant disadvantage in caring for victims of domestic violence.

4.4. The workplace

Each participant had a different opinion about their institution, their perspectives and opinions being based on how work goes for them each day, and what difficulties they face. Although the participants had different professional backgrounds, all of them addressed specific issues, such as: the procedures and bureaucracy operating in their institutions; their confidence when performing their job; how empowered they feel by their institutions, and how this is reflected in their daily work; their satisfaction in their work performance; their perspective on the inequity between their workload and their salary; and how working with victims of domestic violence has impacted them, affecting or changing their personal lives.

4.4.1. Their procedures

The MWVP, WEC and AURORA employ standardized forms and governmental procedures in order to obtain complete records of cases. The information gathered from these forms allows these institutions to release monthly and yearly public reports. All the participants explained that they understood the importance of the actual forms, referring to them as useful tools that not only include guidelines for gathering information, but also provide proof of first contact with the victim. The timeline for the procedures, and the duration of certain stages of the process, such as getting medical attention or investigating a case, is not ideal, however. With delays, the perception of the public is disappointment. Sasha said that, *“I have received complaints, victims stating that it’s taking too long for them to see results.”* She recalled one victim expressing her frustration with the system by saying, *“I have presented my case more than once, and he is still out and about, stalking me and threatening me.”*

In many cases, the process is very bureaucratic and tedious. The evaluation logic is correct, but the transition between one process and another is too long, and may put the victim at greater risk. There have been cases in which the victim made a

complaint and the delay in the investigation process caused a deterioration in the victim's situation. Nick has received several complains, one of the victims he attended telling him, *"I have already filed a complaint! And nothing happened! He is hitting me again, and now is worse!"*

The actions taken by the support centers, help programs and police stations are meant to provide security for the victims and the general public, and lend a degree of effectiveness to the protection process. Most of the participants added that most of the public did not trust the public services because they do not provide rapid results. For Taylor, who works not only with victims of domestic violence, but also with the victim's family, this public dissatisfaction with the outcomes is a constant. She quoted the opinion of one person who was accompanying a victim: *"I don't understand how all these programs and centers are still functioning. I can still see, every day on the news, cases in which a women was killed by their partner; it doesn't seem like this reality is changing."* Of course, this single opinion does not represent the unanimous feeling of the general public, but for me, it reveals that a part of the public, whether small or large, does not have any trust or belief in the work of these public institutions and their services.

Based on Taylor's experience, *"A woman came to file a complaint because her husband was hitting her, and it was her second time."* She remembered that the discomfort of the victim was noticeable, and she reinforced this by stating that she did not trust them. *"I'm here because I need help. But you didn't do much the first time... It is always the same, you fill in a form and ask me questions, just that!"* According to her, what is failing is the effectiveness and the time taken for actions to take place. Delays in the process of investigation, or the unexpected sentence an aggressor may receive, leaves the victims with a feeling of defeat. *"One question that is asked when a case is submitted—whether they are new cases or repeat cases—is if the complaint was filed at a police station. Most of the victims answer 'no'. The problem is not the question alone, or the form to be filled in. Instead, it is the action taken towards the answer."*

According to the participants, the public has little confidence in the effectiveness of public services, particularly those that deal with cases of domestic violence. Most of this lack of trust is based on bad experiences with institutions and front-line workers.

4.4.2. Confidence in their work

Due to the difficulty associated with cases of domestic violence, it is possible that front-line workers will have doubts about the methods and processes in operation; however, experience build by working different cases helps them to overcome their doubts and insecurities. This experience, training and confidence is reflected in their work performance. All participants expressed that, at this stage, they felt confident in their work; however, they were open to improvement. They acknowledged that working with victims of domestic violence, sexual abuse and survivors of attempted femicide is not an easy task, and that they dealt with difficult situations and delicate cases on a daily basis. They reinforced what was mentioned in the theme of education and training—the need to be constantly updating their knowledge, and the provision of better resources having a positive impact on their outcomes and the work they performed every day.

Glenn made the following statement: *“I am confident in the work I do. I think I make good use of the tools and always look for the best result for the victims. Their protection and well-being is my goal.”* Unfortunately, he also expressed some dissatisfaction with the work done by other officers in the past. *“Some still have a machista mind, and that is reflected in the treatment they give to the victims.”* Later, he gave an example of a past experience. *“I noticed that, when another officer was interviewing a victim, he asked her questions that were not included in the approach and first interview process. He proceeded with questions such as ‘but woman, what did you do to annoy him?’ Like blaming the victim.”* He also said that this police officer admitted to pre-judging women in general. *“Nowadays, women are insolent. They talk back to their husbands and have no respect for men anymore.”* Glenn explained that having this kind of mindset in any workplace can affect the quality of the attention given to,

and the outcomes obtained from, working with domestic violence, sexual abuse and attempted femicide victims. People who face this type of response usually lose hope and confidence in the police department and public services.

4.4.3. Worker empowerment

Empowerment was understood by the participants to be the action of granting power and autonomy while performing their work duties. Opposing responses were given in this part of the questioning. Five out of the seven participants said that they did not feel empowered at work, due to the lack of care of their institution towards their employees. A participant stated that *“There is no initiative coming from the institutions, no interest in improving the work environment... You are left to learn by yourself; no support or orientation is given.”*

A broad range of negative opinions were given, underscoring a lack of support for, and motivation of, the workers. The participants remarked that these institutions did not take care of those who worked there, letting them burn out with work, causing exhaustion and undermining their effectiveness. Another participant stated *“The cases are increasing day by day... Some days are really so hard that I cannot keep up with my cases.”*

A lack of connection with supervisors, managers and other leaders was an obstacle to improving their work, according to the participants. One of them stated that *“A natural response to noticing that something is not functioning according to the objectives of the program is to speak up; however, that is not the reality. If something is not working well, you need to stay quiet and mind your own business.”* Here, the participants made reference to the incompetence of some of their superiors, clarifying that they, as front-line workers, feel unsupported and lacking guidance. *“Many of the leaders or supervisors are not open to suggestions or changes. They want you to do your job, but their way. There is no freedom in our performance of the work... Sometimes, it feels like those who are in higher positions are not fully prepared for the role they have. They show incompetence and a lack of skills in resolving issues.”*

The other two participants expressed that they *did* feel empowered in their roles and activities. For them, their work was a positive intervention, and reinforced the well-being of the victims. By feeling empowered in their work, these participants felt committed and connected to the work they do. Collaboration between teams is fostered in most of the institutions they deal with, and improvements in productivity and performance are promoted. A participant expressed *“If I have a new idea, or feel that something should be changed, I have an open channel to communicate with those in charge. They determine whether my suggestions can be put into place.”*

All the participants agreed that none of the institutions has taken any actions towards maintaining the mental health of their workers, however. Case overloads cause burnouts and mentally exhaustion. The cases they handle every day are not pleasant, and strategies to cope with this situation should be promoted and improved. The general feeling of insufficient resources means that their work is not balanced, which not only affect the workers, but also affects the general public.

4.4.4. Satisfaction with their results

The participants said that, despite the observed increase in cases of domestic violence, they were satisfied with their results. Most of them agreed that the increase in complaints and the number of people who attended the help programs or emergency centers was due to the fact that there is the beginning of a break from the ideology that protects the aggressor simply because the aggressor is male.

Deana, who is currently working as a police officer, said that *“More women are open to talking about their situation... The stigma that the police protect the men is being broken... The numbers were lower in the past, not because domestic violence did not exist, but because women or other people were not open to presenting their cases and denouncing their aggressors.”*

From this point of view, physical and psychological violence against women has always existed. Therefore, the higher numbers of actual cases reflect victims being more aware of the support services the government is implementing, and that, although the process of recovery is slow, they believe in the system. This is a good indication that victims are seeking protection and help.

4.4.5. Workload and salary

All the participants remarked on the disparity between their salaries and the work they do. In most cases, they felt that the correlation between the amount of work they do, the results required and their salary had always been, and still was, inequitable. For several of them, their work time exceeded eight hours a day. Their overtime at work was not reflected in the economic incentives provided by their institutions and the government.

Sasha felt that *“the salary received is very small.”* She made a comparison of the mandatory eight office hours and how much she actually works. *“I work ten to twelve hours a day, but usually I see that my pay only accounts for the mandatory eight hours.”* She made a point regarding interest in the work, or at least in getting a good outcome, and the salary received: *“If you don’t get paid enough, then you lose interest in the job, or the quality of your work.”*

For Nick, the inadequate salary has made him question the importance of his work, and his commitment to it. *“We all work not just because we want to help people, and because we want to solve or help in the solution of the problem, but also because we have family, and we need to provide... Many times, I have thought about leaving this institution and looking for something that will give me a better income.”* However, his calling is for working with people and improving the lives of others, which has made him decide to stay in his current position, and work for a better society.

Maggie stated that her salary, in comparison with the others, was not bad, but was still not ideal. *“I know that the difference is in the level of education that one attains and the position or job title that you have. This is related to the salary you receive. So, a better education means a better chance to be promoted and have a better position or job title, which will mean a better salary.”* However, a general standard of education for public workers is not expected.

The relationship between a good salary and a good job with good results was a point taken up by Taylor, who suggested that, *“If a person does a good job, and achieves the expected outcomes, they should expect a payment or remuneration that is equivalent to the effort put into the work... If this financial remuneration is not equivalent to the work performed, then it is more likely that this person lose motivation.”* To her mind, many workers do not perform well at work because they do not feel appreciated at work. *“I work because I want to help these people, but after receiving my paycheck, I wonder if all my work, time and energy was worth it.”*

Glenn highlighted a connection between job position and salary. *“The reality about salaries in public institutions is unbalanced.”* To his mind, the correlation between educational preparation and job position, and therefore salary, was logical; however, he noted a discrepancy that existed between position and quantity of work. *“Many times, those with lower positions are the ones who have more work to do. We are the ones who directly interact with the victims. Therefore, those in higher positions put pressure on us because they want us to deliver better results.”*

The numbers given in the national report provide a glimpse of how many cases front-line workers can have per day. For example, for Glen, who has six years of experience as a police officer, domestic violence cases are not the main or exclusive problem he deals with. He explained that workloads at the police station on some days are high. *“There are days when I have way too much to do... After a day at work, it’s normal for me to feel tired and exhausted.”*

Nick stated, *“I would say that, sometimes, the number of cases overruns the amount of workers... Also, the insufficiency of resources and supplies affect the work that is being done... The salaries in general for those who work in sensitive areas should be improved.”* He said that he and most of his coworkers are not content with the salary they receive, and feel underpaid; however, he also thought that, in his opinion, underpayment was a general problem in the country. *“It is my understanding that a congressman can earn over twenty thousand soles, while the rest of the public workers survive on salaries of between two and three thousand soles, in the best-case scenario.”*

The WEC offers a twenty-four-hour/seven-days-a-week service. This suggests that their offices are always staffed. Many of these are implemented in police stations, with others in independent offices. The Line 100 and Chat 100 services offer the same hours.

The experience of working the night shift can cause stress for some workers. Maggie stated that, *“I think that the shift I like the least is the night shift, despite the fact that the number of cases during the night is less than during the day... The accumulated fatigue, and the few hours of sleep, affect not only my work performance, but also my personal life... I understand the importance of working these hours, and I do care about helping victims, but it is still stressful and tiring, and we need to be prepared and trained to occupied this shift.... The salary for certain positions and shifts should mark a difference between the type of work and the work conditions.”*

Carol also showed displeasure at the salaries in this occupation, explaining that most social services and public workers are underpaid, but are still working in order to improve the quality of life of the public and the type of society we live in. *“For the work we do, I think we all deserve better pay.”* It was found that the participants made a correlation between how their salary can influence their motivation towards improving their work performance, and even how it can influence and affect their commitment to their institutions.

4.5. Effects of working with victims of domestic violence

The issues that are dealt with during the care process for victims of domestic violence involve delicate, and often disturbing, situations. Front-line workers have direct contact with the narrative of the traumatic events of the victims. These events can have different effects on these workers, such as the transfer of the trauma experienced by the victims to the front-line workers, as well as burnout and exhaustion. The management of such cases, and involvement with the materials exposed during a case's submission, can be distressing to front-line workers. Although we cannot generalize and assume that all front-line workers in Peru are personally affected by working directly with victims of domestic violence, it was possible to explore what the participants in this study thought about this issue, and whether they felt that working directly with victims of domestic violence had impacted their health and well-being.

Nick conveyed that, *“Over time, you hear many stories. There are heartbreaking testimonies that shock you and have some impact on you.”* For him, it was not just about the heartbreak of hearing such testimonies, it was also about the thoughts he was stuck with after each case. *“After hearing about so many cases of violence, where the aggressor did not show this behavior for several years, you are left wondering if, at some point, you have crossed paths with a potential aggressor. It makes you reconsider the behaviors of others in your own inner circle—friends, family.”* He admitted that, most of the time, he overanalyzes how people behave around him. *“Unconsciously, you are more aware of other’s conduct... You become more aware of your surroundings and the things that are happening around you.”*

Apart from a predisposition to analyze their surroundings and the people close to them, the participants expressed their awareness of the reality in the country, since the media nowadays shows the most noteworthy cases. Maggie said that she watches the news every day, and there are always new cases of domestic violence or femicide. *“The entire public is exposed to this kind of information. Many of these media reports give a detailed narrative of the incidents and details of the crime.”* She

pointed out that, if a regular person could be impacted by the information that the newspapers or the media broadcast about cases of domestic violence, attempted femicide and femicide, then they should also be monitoring, or at least asking questions about, the very real impact of front-line workers having direct contact with this material. As Maggie said, *“Imagine how it is to hear, read and see these cases directly every day at work.”* While the general public is exposed to some of this traumatic material, the impact and effect on front-line workers who deal directly with these traumatic events is significant. The escalation of domestic violence into femicide is a cruel reality in Peru. Women and children are a vulnerable group, with a greater propensity to suffer from violent acts. *“It impacts me every time I hear testimonies from women and minors,”* Maggie told me. *“I am a woman and, at a certain point, I question how protected I am... What should we do to not become a victim?”* The testimonies that front-line workers are exposed to are not at all pleasant; most of them are disturbing. There is great concern for these victims, how they have endured all the situations they have been exposed to. *“You hear these victims telling their stories, usually in an emotional state, with tears and sobbing along the way. You see some pictures, you see the bruises on the victims’ bodies. Sometimes they are young, sometimes they are old, sometimes they are alone, sometimes they are kids. It is heartbreaking... These traumatic episodes affect us. They affect us because we empathize with the victim, because we want to help them. Our work involves helping those who are suffering. Our work exposes us to information that is often difficult to process.”* At this point, certain participants expressed their emotions, such as fear, sadness and exhaustion, resulting from direct contact with the traumatic events that the victims of domestic violence have reported. Compassion fatigue has similar symptomatology to what these participants expressed; however, none of them have ever been tested.

The high number of cases is just the beginning of the difficulties that front-line workers face. As Sasha revealed, *“It’s not just about the high number of cases that we need to respond to, apart from the workload and the burnout this causes, it is about how these cases impact our lives.”* To her mind, institutions are, of course, focused on helping the victims as their main priority, but they should also be caring for their

workers. Good mental health is equivalent and related to good physical health, and both are necessary for peak work performance. Sasha said, *“If you don’t feel good, either mentally or physically, you won’t do a good job... Our goal is to help victims. Sometimes, it feels like having someone’s life in your hands. If we don’t respond quickly to their situation, if we leave the victim under the control of the aggressor, we are putting this person’s life in danger. It’s not naive to think that domestic violence can escalate into murder.”* For her, these kinds of situations, and the nature of the job, create stress for front-line workers. *“The emotional pain transmitted during our contact with the victims stays with us, in one way or another... There are cases that have scarred me. I still think about them. I feel affected... Sometimes I feel like I cannot sleep. It is like my brain is still thinking about what I saw and heard. I suffer from anxiety.”* She clarified that she had lost victims—making reference to victims that she had had contact with—either at the hands of their aggressor or because the victims committed suicide. *“It has happened that I have lost people. That, despite believing that something worse could not happen to them, that their situation could not worsen, it worsened.”* She made the same point as Maggie, about the lack of care of the intuitions for their workers. *“We understand the emotional charge and the impact that these traumatic events have generated in the life of this victim, but who cares about front-line workers in general?”*

Taylor told me that one way to cope with all the traumatic information was to create a barrier between what was heard at work and what goes on outside of work; however, she said it was difficult to not have any emotional connection with the victims. *“We are humans, and the fact that we work with people and for people makes us empathetic. We are able to feel for each other.”* This presents a dilemma—how to be empathetic towards the victims versus preserving a personal space outside of the situation, without crossing a line and becoming insensitive. *“One is not blind to what other people have suffered. It is difficult to hear that a person has been hit more than once. Listen in detail to what has happened to them. Some phrases, events, images stay with you... As a woman, I feel insecure; as a mother, I am terrified to think of my daughters and their futures.”* Here, Taylor makes reference to a change in perspective on the future safety of her loved ones, based on an acknowledgment of the traumatic information she has contact with at work. This

overthinking, and perhaps making up possible scenarios or reviving the traumatic events of a victim, again can be related to compassion fatigue or vicarious traumatization; however, this participant also stated that, *“It is not every day, but I have noticed that, after some cases, my emotional state changes. I feel exhausted, lacking energy and with a very pessimistic attitude. When I identify these symptoms, I realize that I have reached a point where the management of these cases is affecting me. I look for help because I need to be strong to continue with my work.”* She makes reference to identifying the symptoms or characteristic of her emotional state, and she reaches out for help; however, such help is not available from her institution. This is an independent action and a personal decision.

Deana added that, for her, one of the most difficult things about being a front-line worker is the process of collecting evidence. *“Many times you have to take photos of the victim, of the bruises, of the marks left over time, because that was probably not the first time that they were beaten or abused.”* Then, she stated that, from a personal perspective, while processing aggressors, she sometimes feels angry and that her actions are not enough. *“As a woman, I feel helpless, I feel pain and rage. I see the aggressor, who often continues with his macho attitude, with that arrogance, that attitude that being violent is normal.”* Several times, she has experienced the aggressor justifying their actions, rather than admitting their wrongness: *“He blames the victim.”* It is normal for her to see submissive victims—people who actually believe that they have been beaten for doing something wrong. *“One loses faith in people after hearing about the things the aggressor was capable of.”*

Glenn told me that workers like him try to disconnect, viewing each case with a different mindset, and trying to be dispassionate. *“Many times, after seeing so many cases of violence, I force myself to see it just as another case, as something that happens, and try not to dwell on it in my mind.”* With this statement, he is trying to explain that, sometimes, front-line workers adopt a position of believing that working with victims of domestic violence does not affect them, based on the fact that the victims have no direct relationship with the worker; however, he added that this attitude was a mechanism for coping with the information they receive every day

at work. *“Each case is complex and difficult. Still, it affects us. Many times, I have been left feeling like crying. I have felt the pain of the other person ... I have heard and seen horrible things.”* For him, the handling of material or evidence equates to direct access, and an indirect connection, to the traumatic event. *“Still, many times, we are not aware of the effect that this work has on our personal lives.”* As a final statement, he expressed that working directly with victims of domestic violence has caused a change in his behavior and how he interacts with people. *“These events have marked us and, at the same time, they are forming us, both personally and professionally.”*

Carol explained that her first professional experiences with domestic violence involved cases of victims of sexual abuse, and domestic violence against children aged 0 to 17 years. The youth of the victims impacted her life. *“It was heartbreaking to see what these helpless human beings had gone through.”* She said that she often wondered about the ways in which these kids had been affected and traumatized, and how they should not have to be presenting their testimonies, Instead, they should be at school or enjoying their childhood. *“Many of these cases have left me sleepless, they have drained me mentally. Many times, after work, I have felt exhausted, and not because of the workload, but because of the emotional burden you have after working with victims.”* She explained that, by working constantly at high speed, and with a high number of cases, sometimes a worker will automate their responses towards cases, indicating they have reached a point where they forget they are actually working with humans, and that what has happened to them could also one day happen to someone they love. Carol constantly worries about her family, and whether some of the people she loves are victims and she has not noticed. *“Fearing, and being alert to any signal, generates stress and anxiety.”*

Of course, we cannot generalize and assume that all front-line workers are personally affected by working directly with victims that have suffered a traumatic event; however, the participants of this study explained that, to some extent, they felt that working directly with victims of domestic violence had impacted them. They expressed that, in most cases, constantly thinking about the victims’

circumstances and the violent events that the victims had endured had provoked fear or episodes of anxiety. Again, none of them had ever been tested to assess this.

The participants also told me that, in order not to allow their work to have a direct impact on, or provoke a significant outcome in, their personal lives, most of them had developed coping mechanisms that they invoked during the process of intervention, meaning that, on a daily basis, they intentionally separated their work cases from their personal experiences. Although most of the participants had these coping strategies, they admitted to ending up with some emotional load anyway after dealing with cases of domestic violence, due to the stressful nature of the work. The participants were clear that their institutions should follow up on the mental health of their front-line workers.

4.6. Thoughts on government action

The Peruvian government has taken numerous steps to control, prevent and reduce domestic violence. As Couto and Gomes (2012) explained, public policy is aimed at providing immediate responses to the domestic violence problems affecting the country; however, the expected results depend not only on the proposals and programs that the government has established, but also on the efficacy and work performance of those who manage the programs and those who work directly with the victims. The participants gave their perceptions about the attention the government is giving to the problem of domestic violence, and what they believe is working and what is not.

4.6.1. Government attention to domestic violence

Four participants stated that the government was giving high priority to domestic violence. In Nick's opinion, the existence of special institutions that promote a society without violence, and provide protection and help to victims of domestic violence, meant that the government was paying attention to this problem. "There

are specialized entities fighting against domestic violence, such as the Women's Emergency Centers or Line 100, which is a specialized emergency phone line for violence against women." Other actions taken by the government include legal penalties for violence against women, such as Law No. 30364. "These criminal codes are the fastest processes that exist in the Peruvian legal system because, in a maximum of 72 hours, protection measures can be issued in favor of the victim, and the information is immediately forwarded to the Public Ministry for a criminal accusation to be formalized for the criminal act." Nick also remarked that the penalties for attempted femicide and actual femicide are the highest in the Peruvian penal code.

Sasha explained that the government promotes the prevention of domestic violence through the media, reinforcing the idea that the government is giving the right weight of importance and relevance to the problem of domestic violence in the country. "The state, through the Ministry of Women and Vulnerable Populations, carries out television and radio campaigns to eradicate and prevent violence against women."

On the other hand, the other participants expressed their disappointment in the attention given by the government to domestic violence. Maggie considered that the Peruvian government was giving insufficient relevance to it, since the problem of domestic violence is outweighing the efforts being made at the state level. "There is an average of 203 complaints of violence every hour. For this reason, greater efforts are required for national policies to contain domestic violence."

These shortcomings may correlate with how the participants' institutions handle the increasing amount of cases, and how public policy and national programs project the work that must be done in order to control and reduce domestic violence. For some participants, these proposals are not realistic, with the effectiveness of the actions appearing to be inadequate to deal with the high numbers of domestic violence cases. Another aspect is the insufficiency of resources that the government provides when implementing relevant programs and public policies.

4.6.2. What is working and what is not

In talking about their perspectives on the relevance of government actions towards domestic violence, the participants also addressed what is and is not working regarding these governmental actions, although there was no unanimous opinion.

Nick shared that, *“The public policies that are currently being applied by the state are being correctly put into place; however, they are insufficient.”* He added that *“Most of the national plans, public policies and penal code, rather than prevent gender violence or violence against women, only sanction the violence, prohibiting certain harmful behaviors against women.”*

Sasha stated that, *“The creation of femicide in the penal code does not necessarily anticipate the protection of women, or prevent domestic violence.”* Since a direct effect of domestic violence is its escalation into femicide, national plans and public policies must include, in their objectives, working towards the prevention of domestic violence against women.

Carol said that, *“The state should prioritize their work on awareness by involving the education system.”* By working with the education system, the state could identify *“... those members of families with a history of domestic violence, violence against women, or any kind of violence... Awareness should be a first step in most of these normative plans and policies.”*

Maggie gave a different perspective. *“Public policies in the country are not applied correctly due to internal and external factors in the public institutions that are tasked with applying them.”* She explained that, among the internal factors, she had observed that workers do not receive personal training. She later specified what she meant, referring to training that was free of gender stereotypes. To her mind, this type of training would allow an effective understanding of the current public policies,

resulting in better compliance with national protocols and regulations regarding domestic violence and gender violence. *“Culturally, violence against women has fallen into the breach of acceptable action, which is evident in the indifferent and tolerant attitude towards situations of gender violence. On the other hand, there is still a lack of consensus among state institutions on the joint action necessary for the implementation of intervention protocols in cases of domestic violence and gender violence.”*

Taylor mentioned that, *“In the health sector, there are deficiencies in the hiring and training process of professionals who treat victims therapeutically. Therefore, quality mental health care is not guaranteed.”* For her, this meant that, *“The help given to those who are affected by any kind of violence is most likely deficient.”* Culture plays an important part in this problem. Taylor stated that, *“I find that the Peruvian cultural context persists in maintaining a traditionally masculine power tendency or, as we call it, a machista culture.”* Males are seen as the strongest and most important component of a social group, situating females in a subordinate role. For Taylor, this macho culture means, *“... predisposing the public to maintaining attitudes that produce a situation of disadvantage against women, promoting violence against women and members of the family group... I mean, violence is normalized as an accepted situation and tolerated by society.”*

Another point of disadvantage for women in Peru, which, according to Glenn, greatly influences domestic violence, is that *“Women are an easy target for violent actions because they are perceived to be worth less than a male... The economic gap in wages for women in Peru, which are still below what men earn, causes greater economic dependence of women on men.”* On the other hand, he also explained that *“Educational policies have not developed effective guidelines for basic education, which should train citizens to reject violence as the norm.”*

To have a correct implementation of public policy, national plans and government actions, it is important to have a team of front-line workers who are free of stereotypes. Deana pointed out that, *“The success of the government actions relies on all workers. Therefore, a proper preparation and breakdown of those ideas that justify*

violent acts is needed for public workers... I think that many of these plans and public policies are not having much effect because, culturally, we are not fully prepared and trained to work outside the stereotypes.”

5. Discussion

This section includes a discussion on the research findings using the presented theoretical framework and additional literature. The first part covers aspects of domestic violence in Peru. The second has an explanation of the employment status and level of preparation of front-line workers. The next addresses, more specifically, the perspectives of front-line workers towards working with victims of domestic violence. The following part provides some of the victims' responses to the work of front-line workers, while the last part covers the importance of mental health wellness in front-line workers and the current situation.

5.1. Domestic violence

Domestic violence is understood to be the physical and mental abuse inflicted by one partner on another, and on other members of the family group. Based on public reports, the cases of domestic violence in Peru are increasing daily. In different cases of domestic violence, actions such as biting, mistreatment, stabbing and worse are often accompanied by mental abuse. Experience of such actions causes emotional and mental distress for the victims and their families. It has been noted that a person who has gone through an event of domestic violence will likely experience physical and psychological effects in the long term. Direct exposure to traumatic events creates mental scars, which leads us to wonder about the effects front-line workers may experience from having direct contact with the evidence and testimonials of these victims. It was expressed by more than one participant that, *“Over time, these heartbreaking testimonies shock you and have some impact on you.”*

According to the WHO (2013), “30% of all women have experienced intimate partner violence,” which makes the proportion of the public enduring such treatment significant, especially in Peru, where 85% of the 181,885 cases presented during 2019 were women. However, in this case, we are not focusing on the gender of the victim. Domestic violence is a high-risk problem in Peru, and

it is clear that the number of cases is increasing, and with that, the amount of work for front-line workers in the public system is becoming intolerable.

Another problem the participants mentioned was attempted femicide and its correlation to domestic violence. To them, femicide is an extreme form of violence against women. As Sasha expressed “*We fear for the safety of the victims. We do not want their situation to worsen and escalate into their death.*”. To Zara and Gino (2018), despite the type of violence—physical, sexual or psychological—an important aspect of the escalation of domestic violence or intimate partner violence into femicide is the length of the relationship between victim and aggressor, and length of time the violent acts have been occurring over. The participants had noted, from the victims’ testimonies, that each time they suffered from a violent attack, there was an escalation in the aggressiveness of the behavior, making each episode or event worse than the last. The participants told me that, most of the time, they feared for the lives of the victims, since the number of repeat cases were also on the increase. Zara and Gino (2018) saw the roots of femicide in domestic violence and intimate partner violence. Underpinning this finding, Anderson (1997) had previously explained that, from a feminist perspective, men commit violent actions towards women, and become aggressors in the household, in order to ensure their dominance and control over women. The participants saw this point as being supported by the *machista* ideology that has perpetuated in Peru through its silent support over the years. Different factors, such as age, race, educational background and income, however, have also been associated with domestic violence (Anderson, 1997).

The participants in this study highlighted the importance of government work with respect to domestic violence. They understand the importance of each public policy and national plan, and the penal code; however, they made it clear that, in order to reduce, and take control over, domestic violence in the country, it is important to reanalyze these government actions, and improve upon them. Although the Peruvian government has implemented several public policies aimed at reducing domestic violence, these actions are perceived, by most of the

participants, as insufficient, as expressed by Nick “*The public policies that are currently being applied by the state have been correctly put into place; however, they are insufficient.*” Couto and Gomes (2012) explained that, in order to be successful, it is important to take into consideration the different aspects of intentionality, instrumentality, interaction, power and temporality when implementing public policies in general.

5.2. Employment status and level of preparation

During the first part of the interviews, it was established that all the participants had bachelor’s degrees at minimum, and that half had a higher degree. Weatherley et al. (1980) suggested that an appropriate educational level would enable a front-line worker—or any worker, for that matter—to confront difficult situations with a high level of response, resulting in quality outcomes. However, the interviews and responses of the participants indicated that, despite the good educational preparation they had received, their resources were insufficient. As expressed by Maggie, “*The workshops and training programs are not constantly available.*” The participants told me that their institutions were not interested in promoting or improving their basic knowledge, but that more training was needed. Despite this, the institutions had high expectations for the outcomes and the work done by their public workers. This situation, as the participants expressed, cause them to be stressed and frustrated. The requirements of their institutions, in terms of high-quality work and rapid results, were not realistic because they were not investing in their personnel. The almost nonexistent training workshops for the workers left them with a feeling of abandonment by their superiors. As the participants mentioned, a basic and preliminary three-day introduction was not enough to prepare them for the workloads they face every day.

All the participants admitted that their main source of knowledge was their own experiences, with most of them saying they learned along the way, meaning that the complexity of each case left them with the task of analyzing each situation

individually, thus creating new forms of perception towards each experience. The complexity of the received information, and the complexity of the victim as a person, caused them to adopt individual forms of approach that would allow them to gather the information they needed or identify the correct way to proceed with each victim.

As we age, we learn our way through life. Most of our knowledge is gathered during our first years of life—the way we perceive things and understand situations. This process of learning through our experiences is called ‘transformational learning’ (Mezirow, 1997, as cited in Dochy et al., 2011), through which we transform each experience into knowledge. This study identified that most of the front-line workers use the transformational process of learning to improve their work performance, while also employing critical thinking.

All workers—in this case, front-line investigators of domestic violence—require materials to help in their daily work, to enhance and ensure high-quality results, including having access to better information and preparation. Accessibility to these supplies, training programs and coworker assistance resources, however, relies on the administrative personnel (Marvel, 2017). Therefore, the limitations that front-line workers experience is caused, in some way, by poor administration in their institutions.

The position front-line workers occupy, having direct contact with victims, involves them taking responsibility for each case and victim on a daily basis, and working hard to achieve good outcomes (Chenven & Copeland, 2013). This responsibility should be paralleled by the resources and incentives necessary to support the front-line workers; however, all the participants said that they felt their responsibilities were large, but that they did not feel supported by their institutions. The lack of resources and the huge responsibility towards their cases caused them daily stress and exhaustion.

5.3. Front-line workers' perspectives on working with victims of domestic violence

All the participants expressed that, despite the stressful situations they are exposed to and the small amount of resources they have to work with, they feel a sense of satisfaction in helping victims of domestic violence because they understand the nature of the problem and its effects on a person. Even with this sense of satisfaction, they still had feelings of stress, frustration and a lack of financial reward (Weatherley et al., 1980). The participants felt that the positive part of working with victims of domestic violence was the humanitarian aspect.

There are several other factors that affect their performance, however, which give them mixed feelings about the work they do. A surprisingly positive aspect of their work is the numbers of cases they receive. Although that number reflects that there are more cases of domestic violence, this increase also means that more victims are stepping forward and seeking help. As Deana said, *“More women are open to talking about their situation.”*

Most of the participants said that they were still working in their institutions because they had noted the high number of victims in need. For them, the most important aspect of their work was the feeling of helping people and guiding them in their process of recovery. This satisfying aspect of the feeling of working with, and serving, victims, and having a sense of helping others had been previously remarked on by Weatherley et al. (1980). A less satisfying part of the job, however, was the paperwork, bureaucracy and salary, as alluded to by Nick *“Many times, the process is very bureaucratic and tedious.”* Also, the incompetence of their superiors was an issue (Weatherley et al., 1980). As Sasha expressed *“Sometimes, it feels like those who are in higher positions are not fully prepared for the roles they have. They show incompetency and lack the skills to resolve issues.”* The participants disclosed that their salaries are not equivalent to the work they undertake each day. Their workloads, in most cases, meant they had to use their own time to resolve issues and provide good results. They all said that every

public worker deserved better pay, Taylor said “*The reality about salaries in public institutions is that they are unbalanced.*”

Another unsatisfying aspect of their work process was the bureaucracy that came with each case. This aspect is not just unsatisfying to the front-line workers, but also to the victims. Although the penal processes relating to domestic violence against women are among the fastest, with an action of protection being given to the victim within 72 hours, front-line workers have found some flaws in this method of protection, which can sometimes leave the victim unprotected. The participants indicated that the paperwork for some cases was tedious and long-winded, curtailing the number of actions and responses front-line workers were able to provide for the victims.

The participants suggested that each institution should implement improvements and make changes to the way in which each institution works. These changes and improvements would not only benefit the front-line workers, but would also be good for the victims and the general public. High-quality work and positive outcomes rely on the educational preparation pertaining to each front-line worker. This also implies a standardized knowledge level, with each worker having similar, if not equivalent, background knowledge. Better working conditions for front-line workers would involve more training programs (Weatherley et al., 1980). “Age, professional experience, master of social work education and training, have a positive impact on professional efficacy” (Warrener, Postmus, & McMahon, 2013, p 195).

The participants indicated that, from their perspectives, another flaw in the process of fighting against domestic violence is how the official procedure works. Mostly, the paperwork takes too much time, causing delays in decision-making; however, front-line workers recognize the importance of these procedures, since they provide a record of the cases and legal processes. Despite its importance, front-line workers look forward to improvements and perhaps some other way of managing these procedures. Such improvements might include data-processing

technology that could speed-up the process. Most of the participants agreed that the use of technology would help decrease the amount of time taken to manage the cases and paperwork.

Empowerment is another topic that was highlighted by the participants, with most of them saying they did not feel empowered at work. Sasha said “*You are left to learn by yourself, and no support or orientation is given*”. They explained that most of their superiors did not demonstrate initiative or support towards their personnel, by leaving them without much in the way of resources. To them, the word ‘empowerment’ implied having effective leadership, which they could engage in useful communication. The participants voiced that, in most cases, their leaders were not instigating improvements, and there was little thought about the front-line workers and the importance of their needs. Most of the participants expressed that they did not participate in the process of decision-making, and did not have an open channel for making suggestions. Two participants did, however, mention the existence of such communication channels, and that most of their leaders did consider their opinions. All of the participants made reference to the importance of empowerment in their institutions. The empowerment of those who work with victims of domestic violence would first generate a greater commitment to the work, second promote better qualifications and job efficiency, third allow the worker to have self-determination at the moment of making decisions, and fourth provide the capability to fully understand the problem (Choi, 2016).

5.4. Victims’ responses

The participants stated that victims have expressed feelings of dissatisfaction towards the work done by front-line workers. Sasha stated “*I have received complaints, victims stating that it’s taking too long for them to see results.*” Such statements have been interpreted as the victims perceiving front-line workers and institutions as being indifferent towards their needs (Napier-Moore, 2011). This dissatisfaction is due to the tardy responses and slow process of taking actions

(Napier-Moore, 2011). By thinking that front-line workers are indifferent to domestic abuse victims, public trust in the system decreases. In the eyes of the victims, if the work is not done according to their own expectations of the time it should take, and does not have the impact they desire, it could mean that most front-line workers are not able to help them or cover their needs (Napier-Moore, 2011). Despite the high expectations of the victims, very few members of the general public fully comprehend the magnitude of the problem, and the limitations faced by front-line workers (Napier-Moore, 2011).

5.5. Impacts of working directly with domestic violence victims

All the participants agreed that they had been affected, at some point, in a personal way by the work they do. By having direct access to traumatic material, some of their personal perspectives were changed; however, according to Neuman and Gamble (as cited in Baird & Jenkins, 2003), “inexperienced therapists may overstep the line and identify themselves with the victims rather than [maintaining] the role of therapist” (p. 74). It is important to highlight that therapists are only part of the teams working at these institutions; the participants in this study included police officers, social workers, psychologists and a doctor, and not all of them received therapist training.

At the start of the interviewing, it was revealed that some of the participants had experienced or witnessed domestic violence at either an early age or as an adult. Baird and Jenkins (2003) stated that, “therapists who are survivors of violence may have particularly difficult responses to traumatized clients’ disclosures.” However, the participants denied having any difficulties regarding their previous experiences in relation to handling other cases of domestic violence. Of course, they may have been affected without being conscious of it, and they may not have been willing to admit it. Moreover, they clearly saw their previous experiences as a form of connection with the victims, and this made them eager to enter the fight against domestic violence. The participants expressed that these episodes mostly

affected them in how they empathized with the victims and their struggles. *“It made me more conscious of the reality of victims of domestic violence.”*

Another aspect that affects front-line workers is burnout, which depends on the front-line worker and their institution (Schiff & Lane, 2019). Front-line workers devote their work time to the improvement of society and the protection of victims of domestic violence (Hamama, 2012). This often means they work as hard as possible to achieve those goals; however, it has been shown that, with almost 203 cases being presented daily, the workload for front-line workers is too onerous. Maslach (1992, as cited in Baird & Jenkins, 2003) proposed that burnout was the emotional exhaustion of workers caused by the stress and pressure they experience at work. The participants in this study mostly agreed with this statement, sharing that they did feel emotionally exhausted. Sasha stated *“Sometimes I feel like I cannot sleep. It is like my brain is still thinking about what I saw and heard. I suffer from anxiety.”*

Another effect that has been explored is vicarious trauma, which can involve “flashbacks, dreams, painful emotions, or intrusive thoughts” (Baird & Jenkins, 2003, p. 73). Most of the participants had detected changes in their perspectives after working directly with victims of domestic violence. The feeling of fear for their own lives and for those of the ones they love, the feeling of distrust for other people, and of not living in a safe society, has become part of the worker’s life (Baird & Jenkins, 2003). Taylor said *“As a woman, I feel insecure; as a mother, I am terrified to think of my daughters and their future.”* The participants have accepted that they feel fear for their loved ones, and that they have often found themselves wondering about and analyzing situations in which someone close to them may be struggling with domestic violence.

Compassion fatigue is something else front-line workers have to deal with. This has been characterized by Figley (1995, as cited in Baird & Jenkins, 2003) as “re-experiences of the victim’s traumatic event, also the avoidance of reminders of such events.” The participants also expressed that, at some point, they have ‘re-

experienced' some events in dreams or deep thoughts. These experiences have caused them stress in their day-to-day lives.

Several of the participants told me that one of the ways they coped with the traumatic information and personal experiences of the victims was by building a wall between what they dealt with at work and their personal lives. Gerard (2017) contended that a defence mechanism for not engaging in developing a connection with patients (i.e., victims) was to perceive them as numbers or cases instead of people; however, this defence mechanism could lead to reinforcing unconscious anxiety at work (Gerard, 2017).

It is appropriate to remember that the work done by front-line workers, and the lead they take, affects more than one person. The participants were clear that the feeling of having a life in their hands put pressure on them to achieve good outcomes. According to Hinselwood and Skogstad (2000, as cited in Gerard, 2017), the fear of causing more damage to the patient/victim, and self-doubt about one's performance, creates stress when dealing with patients/victims and their families.

Although none of the participants had been tested to obtain a diagnosis of any of the mental health effects mentioned above, it was clear that they had felt affected by the work they do. Although these effects have not stopped them from working, or improving on the work they do, this feeling persists: Taylor expressed *"It is not every day, but I have noticed that, after some cases, my emotional state changes. I feel exhausted, lacking energy and with a very pessimistic attitude."* They explained that they wanted their institutions to also focus on the mental health of front-line workers: Maggie said *"We understand the emotional charge and the impact that these traumatic events have generated in the life of this victim, but who cares about the front-line workers in general?"*

Work overload can cause natural exhaustion in front-line workers, and the lack of resources can increase the difficulties in overcoming obstacles at work.

A last request from the participants was to implement better strategies for improving the mental health of, and available resources for, all public workers.

All the participants agreed that each institution had room for improvement, which could not only boost the quality of their work, but would also address the trust issues perceived by the general public, thereby supporting public actions.

6. Conclusion

This study aimed to unpack the perspectives of front-line workers in Peru concerning their direct interactions and work with victims of domestic violence. It also aimed to explore their personal experiences, and their thoughts about their institutions and government actions in general.

From the gathered information, it was possible to identify certain aspects that engendered discomfort in the participants. The first was the need for improvement in the Peruvian government's actions towards the problem of domestic violence. A deeper study of this problem could help policy-makers come up with better proposals and more suitable approaches to domestic violence in Peru.

A second issue that the participants identified was the lack of training programs and educational processes for front-line workers. With regard to this, the participants pointed out their desire to further their knowledge in order to help themselves perform better when working with victims of domestic violence, and to have the support of their institutions in terms of access to more resources.

A third aspect was the lack of interest in the workers' mental health. The different mental-health issues that front-line workers can suffer from was presented, backed up by the participants' own experiences. This spoke to the importance of being aware and paying attention to those who are directly exposed to traumatic material on a daily basis.

A last point involves the low salaries and the inequity between the onerous workloads and the monetary rewards for these public workers.

Despite all of these inconveniences, these front-line workers expressed their commitment to working hard in order to help victims of domestic violence to overcome their situations. Their objectives remained to reach more people, and

to decrease the number of victims over time. They work and fight for human rights, and improve the quality of the lives of the victims and their families who seek them out for help.

Although these findings cannot be generalized, they shed light on the perspectives of these front-line workers, and their experiences of working for institutions that support victims of domestic violence. By having access to this information, it is possible to understand, and propose functional changes to improve, the working conditions of more front-line workers. This study also provides a fresh look at the problem of domestic violence and its implications not only for the victims, but also for the front-line workers.

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8. Appendix

INTERVIEW GUIDE

Background:

- Level of education:
- Work place:
- Job position:
- Length of employment:
- Previous experience:

Following questions:

a) Professional Experiences

- Have you previously work with victims of domestic violence? If yes, what was this first experience like?
- What is your experience of working with victims of domestic violence like now?
- Has working with these victims affected you? Do you suffer from stress, concerns about security, depression, anxiety, other?
- How do you feel after working with victims of domestic violence?
- Have you perceived any changes in your personal life after working directly with victims of domestic violence?
- What is your perspective towards domestic violence?

b) Personal Experiences

- Have you ever experienced any of the following:
 - *Witnessed domestic violence at home
 - *Experienced any type of domestic violence
 - *Experience attempted femicide
- If so:
 - *Has that experience affected your work with victims of domestic violence?
 - *Have you reached out for help?
 - *Did your personal experience have change how you perceive victims of domestic violence?

c) Education and training:

- In your years of study, did you receive any information or training regarding domestic violence?
 - In your time of working, have you received any information or training regarding domestic violence?
 - Is your institution interesting in promoting workshops or training programs for front-line workers?
- d) Your work place:
- Are there any standardized forms (in-takes) to complete when handling cases of domestic violence? If so, from your perspective, are they useful?
 - Do you feel confident in working with victims of domestic violence?
 - Do you feel confident in the services you are providing to victims of domestic violence (e.g., strategies to help victims)?
 - Do you feel empowered to talk openly about issues regarding victims of domestic violence in your institution?
 - Do you feel empowered at work to suggest new procedures for victims of domestic violence?
 - What difficulties have you faced at work, regarding working with victims of domestic violence?
 - Are you satisfied with your results at work? What are your goals? Why?
 - Are you satisfied with the general results regarding working with victims of domestic violence?
- e) Experiences at work:
- Is there any experience that you would like to share, relating to working with victims of domestic violence?
- f) Government actions:
- From your perspective, how much relevance does the government give to the problem of domestic violence?
 - Are you satisfied with the procedures taken in general by the government regarding domestic violence?
 - What is your perspective towards the national plans, programs and public policies aimed at addressing domestic violence?