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THE DOMESTIC VIOLENCE CRISIS LINE ADVISER EXPERIENCE.

"How Can I Support You?"

A Critical Autoethnographic Exploration of the Domestic Violence Crisis Line Adviser Experience.

A thesis presented in partial fulfilment
of the requirements for the degree of

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In

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Abstract

Over the past decade, telehealth and remote counselling have become integral components of Aotearoa New Zealand's crisis response system (Large, 2025). This research explores the experiences of the family violence and sexual harm team who providing lifesaving support to survivors and their whānau via digital platforms, and how the structures of technological systems, organisational design, politics and governance shape the possibilities and limitations of care.

While existing research on vicarious trauma, resilience and emotional labour acknowledges the personal cost of care work, few studies examine how cultural context, organisational design and systemic pressures influence the wellbeing of those delivering support remotely.

Drawing on my own four years of practice on the Domestic violence support crisis line, I adopted a critical autoethnographic approach supported by semi-structured interviews with fellow practitioners. The study focuses on the emotional, organisational and transformational dimensions of remote psychosocial work. Guided by a critical realist ontology, I explore the material realities of remote crisis work and the intersecting political, social and cultural forces that both enable and constrain care (Bhaskar et al., 2017; Bhaskar & Hartwig, 2016).

Using Reflexive Thematic Analysis, three themes were constructed from collected data:

Carrying Fire and Confronting Shadows exploring the harm-fulfilment paradox in crisis work; *Beyond The Headset* delving into the organisational, systemic, political and cultural aspects that sustain or stifle advisers; and *Everyday Alchemy: The Making of an Adviser* that traces the advisers' transformative process through which lived experience, reflection, and solidarity forge professional identity.

This research positions remote crisis support, and those that perform it, as essential yet invisible labour within Aotearoa's family violence response system. It calls for recognition of adviser's expertise, protection of their wellbeing, and the creation of ethically responsive, culturally grounded and sustainably resourced systems of care.

Acknowledgements

As I move through my life, called to fulfil my purpose, I am strengthened by the certainty that God will always put me where he needs me. I give thanks for God's guidance, protection, redirection, inspiration and strength in my most vulnerable and victorious moments. I honour his calling to me through this work.

To my most precious darlings, my children Finley and Channing, you are my inspiration, my motivation, my most precious blessing in this life. I hope to make you proud. I love you more than words can say, and love you always, forever and a day. Thank you for your kind words of support, your incredible tolerance of my grumpy moments, and the jokes, hugs and unconditional love and support that is the joy, light and colour in my life and gave me strength to push through when I most wanted to give up. Mommy loves you the most.

My dearest husband and very best friend Ryan. Thank you for not indulging my procrastination. Thank you for seeing in me what took years for me to find. Navigating the trials and tribulations of not only this research, but this life, has been a spectacular adventure with you by my side – I wouldn't have it any other way. Thank you, I love you.

To my sister Bronwyn – thank you for all those late-night support calls. I love you, and I am so glad that out of sadness and loss came a blessed reconnection with you. Processing our trauma together has been more valuable than I think I will ever understand – thank you sweetheart.

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My whanau at Manaaki Ora. You held me so gently as I navigated the terrain of this research. Thank you for your aroha and showing me the true embodiment of manaakitanga. It is an honour to be of service alongside you. 🙏

To my colleagues who participated in this study. The time spent with you doing the interviews, and working on the lines, is so very precious to me. I shall carry each of your stories with me long after this project is completed. Thank you for trusting me, I hope this work honours the life saving mahi that you do, and the incredible women that you are.

Aroha Nui.

Attestation of Authorship

I declare that this submission is my original work and, to the best of my knowledge, contains no material authored or published by another person (except where explicitly acknowledged). Furthermore, it does not include any content that has been substantially submitted for any other degree or diploma at any university or institution of higher learning.

Signed: Mandy du Toit Date: November 2025

Disclaimer

This thesis explores intricate themes related to domestic violence, sexual harm, complex and vicarious trauma and psychological issues, and its content should be approached with caution. This thesis contains occasional profanity to reflect authentic narratives. Readers are advised that its use serves to preserve the integrity of the experiences discussed.

While the research was carried out with great care and attention to ethical considerations, it is important to emphasize that this work is not meant to serve as a guide for others to undertake similar studies without first consulting with a qualified professional. Readers are strongly encouraged to seek appropriate professional advice before attempting to replicate any aspect of this research. The author assumes no responsibility for any negative consequences arising from the use of the information presented.

“...And so, we are forced to create desperate solutions to impossible problems created by other people’s bullshit”.

(Phillipps, 2024).

How Can I Support You?

by Mandy du Toit

I answer your phone call.

Holding my breath.

Until I hear yours.

My ears scour the space around you

Poised to assess, respond and react

And protect you from the reason you've called.

Sometimes you're a quiet whisper

Pleading to me from the safe space you've hidden in,

Other times, I can barely hear you above the shouting and screams, as I
hear fists and feet strike you furiously.

My heart and I cry with you and your terrified children.

It's impossible to

extricate the chords of pain

that traverse between us.

I wish I could change things for you, save you

from the trauma cycles

Throw a lifebuoy and pluck you from the

whirlpool you're trapped in.

I must steel myself, suppress my

emotions, swallow the lump in my

throat-

plans, procedures, processes and

solutions shuttle into place in my

mind

And I hear myself say:

"It's okay, I'm here with you now, stay on the line with me, okay?"

"...How can I support you?".

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Chapter 1: Introduction

Domestic violence is a destructive, insidious and pervasive malaise that sits beneath the surface of society devastating the wellbeing of women, children and men throughout Aotearoa New Zealand. Every four minutes New Zealand police respond to a family harm incident, amounting to approximately 400 callouts a day (New Zealand Police Annual Report 2025).

These statistics expose a painful contradiction at the heart of Aotearoa's identity as a nation built on values of kindness, whanau connection and collective care (Gillies, 2025; Lawrence, 2023). Yet, behind closed doors, this silent epidemic persists, cutting across class, culture and income. Despite policy reforms, community campaigns and decades of advocacy, the scale and severity of family violence continue to rise, reporting remains inconsistent, and the systems that allow it to continue demand ongoing scrutiny (Ministry of Justice, 2024; Lawrence, 2023; NZ Family Violence Clearinghouse, 2023; The Backbone Collective, 2020).

Many New Zealanders only encounter family violence through headlines: a tragic death, contentious courtroom verdict or a performative political promise; yet thousands of stories unfold every day that never reach public view. They take place in kitchens, cars, bedrooms and sometimes, across a phone line. Psychosocial advisers who sit in the space of supporting victim-survivors bear witness to the most private moments of terror and survival. They hear the screams, the whispered pleas, a pregnant silence that signals danger, and the sounds of fists and fury and fear. Their modicum of control and intervention is restricted to the services and systems within which they operate, and it's this story that I want to tell. Not to sensationalise suffering, but to illuminate the unseen world of those who stand beside victim-survivors of family violence and sexual harm via a company issued headset and a glowing computer screen.

The Domestic violence support crisis line has become a lifeline for thousands in Aotearoa New Zealand (Whakarongorau Aotearoa, 2024), yet the wellbeing of those who must absorb, translate and respond to trauma in real time has received little attention. Research on vicarious trauma,

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emotional labour and burnout within social services is extensive, yet very few examine how tele-based remote work shapes the experience of care, risk and resilience.

This is the gap my research seeks to address.

Research Question

This thesis is guided by one central question:

How do Domestic violence support crisis line advisers in Aotearoa New Zealand experience and sustain their wellbeing, identity and practice within the complex emotional, cultural, political and organisational landscape of remote psychosocial work?

This question orientates my research towards the understanding the lived experience of crisis line advisers who deliver psychosocial support in a remote tele-based environment. I ask not only *what* advisors do, but *how* they make sense of their roles, manage the structural and psychological demands of their work, and sustain their sense of purpose and wellbeing within organisational systems designed for efficiency rather than care. This question is approached from a critical realist stance in order to move from the surface descriptions, to trace the material and sociopolitical mechanisms that shape advisers' experiences and how culture, politics, technology and institutional design intersect and converge in the everyday reality of remote support (Bhaskar et al., 2017; Bhaskar & Hartwig, 2016).

Background and Context

As a Domestic violence support psychosocial adviser, and family and sexual harm survivor myself, I am positioned both inside and outside of this world. Initially I avoided this topic for my thesis as it felt too close to home. Yet, as I continued to work and hear the voices of those around

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me, I felt I had no other choice but to honour my unique positionality and the story I was already living, to capture this moment and place in time before these voices are lost and the important message they hold disappears. My inquiry and autoethnographic journey was to share my colleagues' and my experience of what it is like to hear these stories and support victim-survivors of violence, and how this work challenged, changed and redefined my practice and perspective vis-à-vis domestic and sexual harm, and the systems that supported me to do so.

My experience of family violence and sexual harm began as a child. My 'normal' was scary, unpredictable, confusing and riddled with anxiety, guilt and shame. Once I moved out of this environment, I found myself replicating aspects of these dynamics in relationship after relationship that recreated this early abuse, as I tumbled from one abusive situation to the next. At the time I did not really have the knowledge or awareness to conceptualise what was happening, much less heal or grow from the experience. What I once considered normal, I came to recognise as part of an intergenerational cycle of women who were silenced, who sacrificed their ambitions and learned to survive within a society that positioned them as lesser than. Further education, therapy and motherhood have helped me make peace with my past trauma, but its echoes reverberate within the space wherein I listen, respond and care in my work, and remains very much part of who I am and how I show up in the world today.

The gift of trauma is that it offers an insight like no other. Shapiro (2023) speaks of trauma as an unavoidable part of the human experience with the power to either destroy or transform.

She purports that trauma offers the opportunity for new understandings, growth, enrichment and wisdom; a rebirth inspiring a commitment to be of service and sharing of hard-earned knowledge as a 'divine purpose' (Shapiro, 2023; p.6). This idea affirms my undertaking to **do** something with my traumatic experiences, to apply them rather than shunting them to the recesses of my mind and being, as both a person and aspiring practitioner of psychology.

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What this does mean, stepping into a support role with victim-survivors of domestic violence, is that I am inevitably and repeatedly remembering my trauma while supporting someone to move beyond theirs. This was the beginning of my wonderings for this research – how have I managed to do this work? What impact is this work having on me that I am, and am not, consciously aware of, and are my colleagues experiencing the same thing?

“How can I support you?” is an invitation as well as a promise. These five words form an undertaking to step into the unknown as the adviser answers the next call in the queue, and pledges to find the best way forward for the caller in need. In those first few seconds of a crisis call a connection is formed. The adviser must sit alongside the caller in what is possibly their most vulnerable, dangerous, painful and hopeless place. The invisible act of supporting a service user to share their burden with you comes with the often-unspoken commitment to not leave their side until they feel that, in some way, things might be okay again. Sitting in the midst of chaos offers the opportunity for change and transformation – the chance to shift what is and courageously step into a new reality. It is my job to stay in the eye of the storm with this person and plan the next step back into that storm so s/he might walk out the other side safely and with renewed vigour.

Through this autoethnographic thesis I invite the reader to venture into this world with me, sit alongside my colleagues and I, and bear witness to our stories so that they might never be lost. For it is the voices we hear, and our voices when we hold, that contain the reality of some of the most vicious acts perpetrated by and on everyday people.

Overview

This thesis unfolds as a braided narrative exploration, interweaving personal reflections, participant voices and critical interpretation. Each chapter builds upon the previous one as I move from context to critique, from lived experience to synthesis and recommendations.

Chapter Two, *Critical Literature Review*, orientates my study within research on vicarious trauma, remote counselling, emotional labour, organisational wellbeing and crisis intervention. I take a strongly theoretical approach to this exercise to ensure my foundation upon which to build my research is robust. Two integrative tables summarise my key findings as I map how agency, structure and power intersect across considered contexts. This review highlights a research gap around the realities of remote tele-based crisis work in Aotearoa New Zealand, and how political, cultural and forces impact on the adviser's ability to sustain their work.

Chapter Three, *Research Methodology*, outlines the methodological foundations of this thesis. Using critical realism to scaffold my conceptualisation of the subject matter, I explain my choices of critical autoethnography and participant interviews to honour the shared experiences. The data collection process is detailed, whereafter I discuss the process of reflexive thematic analysis and narrative braiding. Positionality, reflexivity and ethical considerations are also deliberated.

Chapter Four, *Carrying Fire and Confronting Shadows*, begins my analysis by exploring the fulfilment and harm paradox inherent in crisis line work. Here I draw on theories of care and emotional labour and examine how advisers must hold both 'fire' and 'shadow' simultaneously, balancing the strength and cost of bearing other people's trauma.

Chapter Five, *Beyond the Headset*, shifts focus to the organisational and political systems that shape remote care. It explores how operational design, time bound metrics, call monitoring and

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inconsistent supervision shape the emotion and rhythm of crisis response. Additionally, the political choices, funding cuts and subsequent strain on services are evaluated, for they determine the type of support that can be provided, and to whom. Finally cultural tokenisation is revealed as prevalent in this environment, and I examine what that means for the adviser experience and practice.

Chapter Six, *Everyday Alchemy: The Making of an Adviser*, turns to meaning, identity and transformation. It travels with the advisers as they craft a personal and professional self who can sustain care without constraint, transforming their own and other's suffering into resilience, insight and an ethical commitment to care.

Chapter Seven, *Synthesis and Design Implications: Limitations and Future Directions* rewaves the thesis' analytical threads through a design-centric lens. I propose some guiding principles such as *permission as care*, *containment by design* and *supervision as thinking help*. I reflect on the study's limitations, indicators of future research possibilities and recommendations on how organisational systems might better support those who do this work.

I bring my thesis to a close with some *Concluding Reflections* as I return to the act of asking, "How Can I Support You" as I reframe it both as an ethical stance and methodological orientation towards practice, care and social change.

Chapter 2: Critical Literature Review.

Introduction

Remote crisis support is increasingly becoming embedded in systems responding to mental health, family and domestic violence and emergency response services through telephone support, webchat and hybrid telehealth platforms. Remote support delivery has created the opportunity for formerly underserved and otherwise disadvantaged communities and individuals to access much needed help, but empirical research clearly evidences intensified emotional labour, elevated risk of vicarious trauma (VT) in frontline workers and increased secondary traumatic stress (STS) as well as fortification of unbalanced organisational supports (Golding et al., 2017; Kitchinman et al., 2018; Lee-Cheong et al., 2025; O’Neil et al., 2023; Sercombe et al., 2024 and Willis et al., 2020).

In Aotearoa New Zealand practitioners and academics have developed a strong body of work that foregrounds cultural safety at the heart of professional practice. For care to be sustainable and ethically sound in the bicultural context of Aotearoa, practice must be informed by Kaupapa Māori approaches and ground in the obligations and responsibilities to Te Tiriti o Waitangi. Certainly, as socially, ethically and clinically responsible practitioners, these aspects should be considered when crisis and healthcare support work is mediated by remote digital platforms (Haldane, 2009; Hindle, 2005; Jones, 2017; Pavlova et al., 2022; Smith and Hanna, 2021; Vanderpyl, 2004 and Werkmeister et al., 2023b).

A critical literature review closely examines the pre-existing knowledge within a field to understand key academic theories within a topic area, and the assumptions underpinning them. It extends beyond descriptions to analyse the patterns, tensions and gaps as well as strengths and

weaknesses of prior works. I utilised this approach to illustrate how my current research might extend or challenge what is already known (Jesson & Lacey, 2006).

Through this critical literature review I aimed to integrate and critically examine key theoretical research as it relates to crisis support, remote psychosocial practice and practitioner wellbeing in Aotearoa. My review was organised around areas of research convergence, tensions and divergences and gaps to provide ample justification for my focused autoethnographic enquiry into the role and experience of the Domestic violence support crisis-line advisers and remote psychosocial work in Aotearoa New Zealand. The tone of this chapter is purposefully scholarly and theoretical to add academic rigour to this section of my research process.

The Field: Scope and Orientation

This critical literature review was conducted with the support of Elicit AI. In response to prompts to conduct a semantic search with particular focus on emotional labour, vicarious trauma, supervision, remote/telehealth crisis response, supervision and organisational containment over 500 papers were retrieved from the 138 million academic papers accessed across multiple search engines, notably Semantic Scholar, PubMed and Google Scholar. These were further refined by population focus, study design, geographic relevance, psychosocial context and outcome relevancy. Using the PRIMSA guidelines, I determined that forty studies were determined to meet the stipulated criteria; and comparison tables were developed (Page et al., 2021). From this point I accessed each paper, reviewed discussions, abstracts and conclusions to familiarise myself with their content. The following critical literature review is based on that work.

The selected forty papers used quantitative, qualitative, mixed-methods, review and theoretical designs. Considered together they mapped a nuanced overview of the complexity of supporting

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others through crisis, often from a phone line or behind a computer screen. The foundation for this exploration was helpline and crisis-line research (Kitchingman et al., 2018 and 2024; Purc-Stephenson and Thrasher, 2010), that provides early insights into the psychological cost of remote support work, and the challenges that arose from having to emotionally self-regulate without physical presence.

The review then expanded beyond this into studies relating specifically to family and domestic violence work, particularly during the time of the COVID-19 pandemic, where service delivery models shifted rapidly to remote platforms in response to restrictions and lockdowns (Baffsky et al., 2022; Brodie et al., 2022; Pfitzner et al., 2022 and Taylor et al., 2018). These studies revealed how practitioners endeavoured to provide advocacy and safety to survivors while navigating this ‘new terrain’ of digital fatigue, increased demand and unanticipated blurred home-work boundaries. Similar enquiries in dispatch and emergency settings further illustrated the effects of continuous exposure to trauma within ‘high stakes’ crisis and communication environments (Adams et al., 2015; Golding et al., 2017; Wilis et al., 2020).

Parallel research within the mental health and telehealth space indicated comparable patterns of adaptation and strain. Here, counsellors and clinicians discussed the emotional and cognitive demands of ‘holding space’ through technology while often having to manage their own fatigue and isolation (Griffith et al., 2022; Leroux et al., 2022; Pavova et al., 2022; Venville et al., 2021 and Wekmeister et al., 2023a and 2023b).

Recurrently across many papers, questions of containment, workforce wellbeing and supervision were posed in varied contexts. The literature underscores that relational and structural support, established through collegial connection and supervision, act as strong protective factors against burnout and vicarious trauma, albeit access to such is often inconsistent and under-resourced (Furlonger & Taylor, 2013; Ratcliffe and Kaluževičiūtė- Moreton, 2023).

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In Aotearoa, the significance of bicultural practice and cultural safety is more prominent than broader international literature. Local studies foreground concepts such as the ethical imperative of relational care, Te Tiriti O Waitangi obligations and Kaupapa Māori approaches to health and wellbeing. These works assumed an approach to wellbeing that emphasised collectivist and individualistic approaches as equally important and carefully considered how cultural containment and organisational and political influences were intertwined (Campanella, 2022; Haldane, 2009; Hindle, 2005; Jones, 2017; Smith & Hanna, 2021; Vanderpyl, 2004).

The international research drawn from across twenty-three countries suggested a global interest in understanding how crisis and mental health professionals operate under pressure, although most evidence for this enquiry remained grounded within the local context. Research generated within Aotearoa New Zealand offered insightful information through a distinctive lens where practitioner wellbeing was strongly tied to relational community connection and cultural integrity. I drew strongly from this orientation for the foundational approach to my research.

Table 1

Summary of Key Studies on Remote and Tele-Crisis Practice.

Study	Study Design/ Method	Setting/Population	Focus Area	Cultural Context
Pfitzner et al., 2022a	Qualitative survey	Australia; Domestic and Family Violence (DFV) practitioners	Remote service delivery, practitioner wellbeing	No mention found
Willis et al., 2020	Systematic thematic narrative review	Australia, UK, US, Ireland; Emergency call-takers	Mental health and wellbeing, vicarious trauma	Primarily Australian context
Baffsky et al., 2022	Qualitative semi-structured interviews	Australia; DFV practitioners and managers	COVID-19 service adaptations, workforce wellbeing	Includes support for Aboriginal and Torres Strait Islander, LGBTQI+, and culturally diverse groups
Furlonger and Taylor, 2013	Quantitative correlation study	Australia; Telephone and online counsellors	Supervision and management of	No mention found in abstract

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Study	Study Design/ Method	Setting/Population	Focus Area	Cultural Context
			vicarious traumatisation	
O'Neil et al., 2023	Qualitative semi-structured online interviews	UK; Mental health counsellors	Emotional labour of teleworkers during COVID-19	No mention found
Pfzner et al., 2022b	Mixed-methods online survey	Australia (Victoria); Intimate Partner Violence (IPV) practitioners	Responding to IPV during COVID-19, practitioner wellbeing	No mention found
Lee-Cheong et al., 2025	Cross-sectional mixed-methods survey	Canada; Crisis hotline responders	Burnout and professional quality of life during COVID-19	No mention found in abstract
Kitchingman et al., 2018a	Systematic review	Australia; Telephone crisis support workers	Psychological distress and impairment	No mention found
Pavlova et al., 2022	Qualitative thematic analysis	Aotearoa/New Zealand; Mental health helpline employees and General Practitioners (GPs)	COVID-19 related innovation in telehealth	Services targeting Māori and Pacific Peoples, use of Te Reo
Werkmeister et al., 2023a	Sequential mixed-methods study	Aotearoa/New Zealand; Mental health clinicians	Uptake of telehealth during COVID-19	Consideration of diverse cultural perspectives
Adams et al.,	Qualitative interpretative phenomenological analysis	Emergency services; Emergency medical dispatchers	Stress, wellbeing, and vicarious trauma	No mention found in abstract
Taylor et al., 2018	Qualitative semi-structured interviews	UK; Domestic violence helpline workers	Wellbeing and needs of helpline workers	No mention found
Venville et al., 2021	Qualitative semi-structured interviews	Australia; Mental health service users and workers	Psychosocial support via telehealth during COVID-19	One participant identified as Aboriginal/Torres Strait Islander
Kitchingman et al., 2018b	Quantitative repeated measures study	Australia; Telephone crisis support workers	Impact of role on psychological wellbeing and functioning	No mention found
Werkmeister, Improving Outpatient Mental Health Service Delivery	Mixed-methods interpretive description study	Aotearoa/New Zealand; Outpatient mental health clinicians	Use of telehealth during and after COVID-19	No mention found in abstract
Jones, 2017	Qualitative kaupapa Māori study	Aotearoa/New Zealand; Women's Refuge staff	Suicide prevention strategy, intimate partner violence support	Kaupapa Māori principles and methodologies

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Study	Study Design/ Method	Setting/Population	Focus Area	Cultural Context
Werkmeister et al., 2023b	Qualitative thematic analysis	Aotearoa/New Zealand; Outpatient mental health clinicians	Experiences of COVID-19 lockdown and telehealth	Focus on Māori considerations and Te Tiriti o Waitangi obligations
Vanderpyl, 2004	Qualitative historical analysis	Aotearoa/New Zealand; Feminist activist service groups (incl. Women's Refuge)	Dynamics of conflict and change in feminist services	Focus on bicultural relations between Māori and non-Māori
Pack, 2004	Qualitative interview study	Aotearoa/New Zealand; Sexual abuse counsellors	Counsellors' responses to stress and trauma	Includes Māori and Pacific Island counsellors
Brodie et al., 2022	Qualitative semi-structured interviews	UK; Domestic abuse helpline workers	Impact of COVID-19 restrictions on domestic abuse	No mention found
Posselt et al., 2020	Mixed-methods online survey	Australia; Therapists supporting refugees and asylum seekers	Mental health, wellbeing, and clinical supervision	No mention found in abstract
Downing et al., 2021	Qualitative online survey	Australia; Solo-practice psychologists	Therapeutic holding environments in telepsychology during COVID-19	No mention found
Kitchingman et al., 2024	Qualitative interpretative phenomenological analysis	No mention found in abstract; Telephone crisis support workers	Impact of role on psychological wellbeing and functioning	No mention found in abstract
Griffith et al., 2022	Qualitative online semi-structured interviews	Scotland; National Health Service (NHS) mental health workers	Experiences of delivering remote mental health supports during COVID-19	No mention found in abstract
Posselt et al., Fostering Wellbeing Among Workers	Mixed-methods online survey	Australia; Therapists supporting refugees and asylum seekers	Mental health, wellbeing, and clinical supervision	No mention found in abstract
Hindle, 2005	Qualitative narrative analysis	Aotearoa/New Zealand; Women's Refuge advocates	Domestic violence service provision	Aotearoa/New Zealand context
Golding et al., 2017	Systematic review and narrative synthesis	International; Emergency Dispatch Centre operatives	Psychological health of dispatch operatives	No mention found
Purc-Stephenson and Thrasher, 2010	Meta-ethnography of qualitative studies	No mention found in abstract; Telenurses	Experiences with telephone triage and advice	No mention found in abstract
Auth et al., 2022	Qualitative evidence synthesis	UK; Emergency service workers	Mental health and help-seeking	'Macho' culture as a barrier to help-seeking

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Study	Study Design/ Method	Setting/Population	Focus Area	Cultural Context
			among trauma-exposed staff	
Crocket et al., 2015	Exploratory qualitative study	Aotearoa/New Zealand; Counsellors working with Māori clients	Supervision as cultural partnership	Focus on culturally appropriate practice for Māori clients
Sercombe et al., 2024	Quantitative cross-sectional survey	Australia; Crisis supporters at helplines	Mental wellbeing, stressors, and coping	No mention found
Ratcliffe and Kaluževičiūtė-Moretton, 2023	Systematic review	No mention found in abstract; Counsellors, psychotherapists, psychologists	Perspectives and experiences of telesupervision	No mention found in abstract
Fuller, 2022	Theoretical article	Aotearoa/New Zealand; Practitioners in the sexual violence sector	Supervising survivor-practitioners	Aotearoa/New Zealand context
Leroux et al., 2022	Scoping review	Primarily US and Australia; Sexual violence survivors and services	Distance counselling for sexual violence survivors	Focus on underserved groups, but no specific cultural frameworks mentioned
Clare, 2002	Quantitative questionnaire study	No mention found in abstract; Rape crisis counsellors	Vicarious trauma in face-to-face and phone counsellors	No mention found in abstract
Campanella, 2022	Qualitative study	Aotearoa/New Zealand; Interpreters working with refugees	Interpreting for refugee-background clients, trauma-informed care	Culturally-responsive, trauma-informed care
Smith and Hanna, 2021	Qualitative semi-structured interviews	Aotearoa/New Zealand; Frontline social workers	Impacts of vicarious traumatisation	Aotearoa/New Zealand context
Haldane, 2009	Qualitative study	Aotearoa/New Zealand; Front-line family violence workers	Provision of culturally specific care	Focus on care for Asian, Pakeha, Pasifika, and Māori victims
Fond-Harmant et al., 2021	Mixed-methods international survey protocol	23 countries; Mental health professionals	Impact of COVID-19 on mental health professionals	No mention found
Clibbens et al., 2023	Realist evidence synthesis	England; Adult community mental health crisis services	Context, mechanisms, and outcomes in crisis care	No mention found in abstract

Table 2***Structural Factors, Agency Mechanisms, and Power Relations Identified Across Reviewed Studies***

Factor	Structural Factors	Agency Mechanisms	Power Relations
Pfitzner et al., 2022a	Increased demand for DFV services during pandemic.	Practitioners pivoted to remote delivery, developed new alert systems.	State policies positioning DFV as an "essential service" yet under-resourcing the workforce.
Willis et al., 2020	Organizational culture of "invisibility" for call-takers.	Workers use informal debriefing with family/colleagues as a coping strategy.	Management's failure to acknowledge trauma vs. workers' lived experience.
Baffsky et al., 2022	Funding constraints, digital divide affecting marginalized clients.	Staff adapted to new technologies and advocated for flexible work.	Power of management to implement (or not) wellbeing initiatives and flexible work.
Furlonger and Taylor, 2013	High volume of trauma-related calls as a systemic workload issue.	Counsellors utilized positive coping strategies.	No mention found in abstract.
O'Neil et al., 2023	Immature remote work policies, prevalence of atypical/insecure employment.	Workers used informal self-care and attempted to limit caseloads.	Management expectations of constant availability vs. workers' need for boundaries.
Pfitzner et al., 2022b	Prioritization (or lack thereof) of IPV in emergency planning frameworks.	Practitioners innovated and adapted practices under pressure.	Policymakers' decisions impacting frontline resource allocation and practitioner wellbeing.
Lee-Cheong et al., 2025	Inherent nature of crisis work, negative mental health effects of COVID-19.	No mention found in abstract.	Implied power imbalance where workers require greater support than is provided.
Kitchingman et al., 2018a	Volunteer-based workforce model with less training/supervision than professional roles.	No mention found.	Systemic undervaluing of volunteer labour.
Pavlova et al., 2022	Systemic healthcare funding models, workforce shortages.	Staff adapted with technological and process innovations.	Discrepancies in resources between larger and smaller service providers.
Werkmeister et al., 2023a	Digital infrastructure, service capability, population determinants.	Clinicians exercised choice and flexibility in using telehealth.	No mention found in abstract.
Adams et al., Stress and Well-Being in Emergency Medical Dispatchers	Operational and organizational stressors inherent in emergency services.	Workers experience post-traumatic growth.	Perceived lack of control over high-stakes situations.

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Factor	Structural Factors	Agency Mechanisms	Power Relations
Taylor et al., 2018	Austerity cuts impacting third-sector service funding.	Workers used self-care strategies and advocated for clinical supervision.	Management's inability to provide support vs. workers' needs, leading to disempowerment.
Venville et al., 2021	Organizational structures determining resource allocation for telehealth.	Workers adapted practices, offering choice and flexibility to clients.	Power dynamics in the therapeutic relationship shifted, with clients having more control in their own environment.
Kitchingman et al., 2018b	'One-shot' nature of telephone crisis support as a service model.	Workers used a wide range of coping strategies (adaptive and maladaptive).	No mention found.
Werkmeister, Improving Outpatient Mental Health Service Delivery	Health system reform, declining clinician numbers.	Clinicians struggled to adapt to working from home while maintaining wellbeing.	Impact of leadership and organizational barriers on telehealth implementation.
Jones, 2017	Systemic under-resourcing of refuge services.	Staff enacted Kaupapa Māori principles in their practice.	Empowerment of clients (whakamana) through culturally grounded practice.
Werkmeister et al., 2023b	Inadequate pandemic planning and communication from health system leaders.	Clinicians organized informal online support groups.	Poor communication between management and clinicians, lack of clinician inclusion in planning.
Vanderpyl, 2004	State contract funding models, bureaucratic pressures.	Groups sustained aspects of radical feminist organizing while adapting.	Shift from non-hierarchical collectives to formal employer/employee differentiation.
Pack, 2004	Hierarchical agency structures, patriarchal societal structures.	Counsellors assembled a 'bricolage' of theories and sought inner strength through spirituality.	Disjuncture between counsellors' feminist values and hierarchical agency demands.
Brodie et al., 2022	Government COVID-19 restrictions and guidelines.	Abusers weaponized guidelines; helpline workers adapted service delivery.	Power of abusers to use state discourse to control victims.
Posselt et al., 2020	Immigration and detention context as a source of stress.	Workers used physical/contemplative practices and sought support.	Power of the supervisory relationship to be protective.
Downing et al., 2021	Government policy adding telepsychology to Medicare, enabling the shift.	Therapists developed novel affective and relational strategies for online work.	Shift in power over the therapeutic space, with clients' home environments subverting the 'safe' space.
Kitchingman et al., 2024	No mention found in abstract.	Workers' motivations, background, and coping practices influenced their experiences.	No mention found in abstract.

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Factor	Structural Factors	Agency Mechanisms	Power Relations
Griffith et al., 2022	Rapid changes to service delivery mandated by NHS due to COVID-19.	Workers used virtual platforms to maintain care and improve flexibility.	Blurring of professional boundaries challenged the therapeutic frame.
Posselt et al., Fostering Wellbeing Among Workers	Immigration and detention context as a structural stressor.	Workers engaged in support seeking, professional growth, and boundary setting.	The supervisory relationship as a site of protective power.
Hindle, 2005	Problematic systems of other service providers, lack of inter-agency links.	Refuge advocates navigated these difficult systems.	Power of other agencies to subject women to 'structural violence'.
Golding et al., 2017	Under-resourced and pressured work environments.	Operatives used peer support, humour, and emotion regulation.	Poor leadership and lack of management support hindering wellbeing.
Purc-Stephenson and Thrasher, 2010	Expansion of telehealth as a new model of healthcare delivery.	Telenurses developed skills for assessment without visual cues.	Telenurses must navigate the conflicting demands of being both a carer and a gatekeeper to services.
Auth et al., 2022	'Macho' organizational culture and stigma around mental health.	Workers used informal peer support and advocated for cultural change.	Disconnect between official organizational policies on mental health and the lived reality for workers.
Crocket et al., 2015	Dominant Pākehā culture in therapeutic practice.	No mention found in abstract.	Power dynamics between non-Māori practitioners and Māori clients.
Sercombe et al., 2024	High accessibility of crisis lines leading to potential misuse.	Supporters used problem-focused coping strategies.	Power of callers to be argumentative or abusive towards supporters.
Ratcliffe and Kaluževičiūtė-Moreton, 2023	Trend towards digital health.	No mention found in abstract.	The supervisory relationship remains the key factor in efficacy, regardless of modality.
Fuller, 2022	Social service agency structures.	No mention found in abstract.	Counter-transferential dynamics between survivor-practitioner, client, and supervisor.
Leroux et al., 2022	Under-investment in IT infrastructure and training in the sector.	Agencies and workers adapted to new technologies during COVID-19.	Power of technology to either reproduce or mitigate social and structural barriers for clients.
Clare, 2002	No mention found in abstract.	No mention found in abstract.	No mention found in abstract.
Campanella, 2022	Lack of dedicated, trauma-informed training for interpreters.	Interpreters experience enhanced empathic responses.	Challenges to interpreters' code of ethics, suggesting a

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Factor	Structural Factors	Agency Mechanisms	Power Relations
			power imbalance in service provision.
Smith and Hanna, 2021	No mention found in abstract.	Workers utilized self-care strategies.	Importance of supportive supervisors and managers.
Haldane, 2009	National frameworks for culturally specific care.	Front-line workers held diverse opinions on these frameworks.	Distance between national policy (power of the state) and quotidian front-line delivery (worker experience).
Fond-Harmant et al., 2021	Varied public health policies and professional contexts across 23 countries.	Professionals demonstrated resistance and resilience.	Dual role of professionals defending patient needs while proving their own resilience.
Clibbens et al., 2023	Complex inter-agency landscape of crisis services.	No mention found in abstract.	Importance of compassionate leadership to engender staff trust and support.

Emotional Labour, Vicarious Trauma and the Remote Work Paradox

Areas of Convergence

Practitioner distress is consistently linked with the ongoing need to sustain emotional regulation under time pressured performance metrics across online and telephonic crisis roles (Kitchingman, 2018; Kitchingman et al., 2024). Systematic reviews of emergency call-taking roles presented similar patterns of emotional exhaustion, depression, anxiety and burnout that was tied to cumulative exposure to trauma, restricted role autonomy and a sense of invisibility within larger service systems (Golding et al., 2017; Willis et al., 2020). During COVID-19 the rapid shift to remote modalities amplified these strains as screen fatigue intensified, work-home boundaries blurred, and non-verbal attunement was diminished (Downing et al., 2021; Griffith et al., 2022; O’Neil et al., 2023; Venville et al., 2021). Research into Family and Domestic Violence workers in Australia noted additional unforeseen safety, privacy and wellbeing challenges and prolonged exposure to traumatic

narratives introduced by remote service delivery (Baffsky et al., 2022; Pfitzner et al., 2022). These findings were supported by other mixed methods and quantitative studies that further connected burnout risk and trauma-related symptoms to the demands of such work (Kitchingman et al., 2018; Lee-Cheong et al., 2025; Sercombe et al., 2024).

Tensions and Divergences

Not all cohorts reported secondary traumatic stress or severe vicarious trauma. Moderate levels of trauma risk were recorded on some helplines, which was attributed to protective factors such as the establishment of collective identity, volunteer ethos and focus on meaning-making (Kitchingman et al., 2018; Kitchingman et al., 2024; Sercombe et al., 2024). DV/FV workers in the United Kingdom describe meaning and exhaustion as co-existing, which further illustrates the paradoxical emotional terrain of care work (Brodie et al., 2022; Taylor et al., 2018). Inconsistencies in findings could be attributed to the variations in research designs with longitudinal studies being considered alongside cross-sectional ones, and paid roles included alongside voluntary ones (Kitchingman et al., 2018b; Purc-Stephenson & Thrasher, 2010; Sercombe et al., 2024).

Gaps

Despite extensive research, the underlying mechanisms of operational protocols and their impact on experience remains largely under-specified. Some studies questioned how queue metrics, organisational risk policies and digital dashboard shaped or contributed to emotional strain in remote contexts (Clibbens et al., 2023; Golding et al., 2017; Willis et al., 2020). Carer-gatekeeper tensions were mapped in earlier works (Purc-Stephenson & Thrasher, 2010) but no papers could be found relating to the contemporary 'digital call-centre' structure of crisis intervention practice. Additionally, there is limited examination of how cultural identity

mediates emotional labour for practitioners working remotely in Aotearoa New Zealand (Haldane, 2009; Jones, 2017; Smith & Hanna, 2021).

Supervision, Peer Support and Organisational Containment

Areas of Convergence

Across remote support and trauma exposed roles, structured clinical supervision, psychologically safe team culture and creation of reflective spaces are consistently evidenced as vital protective factors (Furlonger & Taylor, 2013; Posselt et al., 2020; Sercombe et al., 2024; Smith & Hannah, 2021). Effective supervision is most frequently defined by its clarity of purpose, establishment of a secure supervisor-supervisee alliance and regularity (Posselt et al., 2020; Fuller, 2022; Crocket et al., 2015). Supervision during the COVID-19 lockdowns was described as 'maintained' but workers reported it as less relationally rich without intentional training and adaptation to these new circumstances (Ratcliffe & Kaluževičiūtė-Moreton, 2023; Werkmeister et al., 2023b). When increased trauma exposure was acknowledged by leadership, and reflective time was resourced, workers reported stronger trust and trauma risk containment (Clibbens et al., 2023; Werkmeister et al., 2023b).

Tensions and Divergences

Despite the perceived centrality of supervision, efficacy varied across multiple studies. Domestic/Family Violence workers continued to report persistent strain even when supervision was provided. This suggested that emotional labour and overloaded caseloads were underplayed by organisations (Taylor et al., 2018; Baffsky et al., 2022; Pfitzner et al., 2022). Reviews further note that a causative link between supervision and reduction of vicarious trauma is not yet robust, as research methods were inconsistent and could be

influenced by confounding factors such as individual supervisor characteristics (Ratcliffe & Kaluževičiūtė-Moreton, 2023). Pandemic conditions disrupted connection and removed informal opportunities for peer support that formerly offered workers spontaneous debriefs and moments of understanding and camaraderie, which resulted in increased feelings of isolation for home-based practitioners (Griffith et al., 2022; Venville et al., 2021; Werkmeister et al., 2023a).

Gaps

Remote-specific organisational design to support staff wellbeing remains underdeveloped. This includes the consideration of how to engineer and maintain peer connection amongst widely distributed teams, and how to factor in adequate reflective and recovery time into rostered governed by call metrics (Clibbens et al., 2023; Willis et al., 2020). Furthermore, the power dynamics of supervision that prioritises surveillance over support and refuses to acknowledge the complexities of survivor-practitioner phenomenon are under-analysed (Crocket et al., 2015; Fuller, 2022). In Aotearoa New Zealand further elaboration and evaluation of how models integrate Kaupapa Māori approaches to supervision and organisational care and responsibility to workers is needed (Haldane, 2009; Hindle, 2005; Jones, 2017; Smith & Hanna, 2021).

Cultural Safety, Kaupapa Māori and Relational Ethics

Areas of Convergence

Aotearoa-based research consistently demonstrates the centrality of cultural safety in service quality and workforce wellbeing in trauma and violence contexts. Cultural safety, developed by Irihapeti Ramsden, centres care on the service user's experience, and requires practitioners

to reflect on their own culture and power to ensure truly equitable practice (Alicie et al., 2022). Studies of Women's Refuge, and related services, highlight how the Māori principles of *manaakitanga*, *whakawhanaungatanga* and *aroha* are vital relational foundations that sustain care for both clients and staff (Haldane, 2009; Hindle, 2005; Jones, 2017). During the Covid-19 pandemic, telehealth innovation expanded in Aotearoa to include services specifically designed to support Māori and Pacifica communities, and Te Reo Māori and culturally informed engagement strategies were integrated (Pavlova et al., 2022). During this time Māori clinicians reported using *waiata* and *karakia* as wellbeing practices, reflecting and affirming bicultural commitments and obligations to Te Tiriti within remote care contexts (Werkmeister et al., 2023b). In high-trauma contexts, and fields supporting refugees experiencing violence, culturally informed practice was increasingly recognised as being inseparable from trauma-informed care and highlighted the need for supervisory models that prioritise cultural identity and collective resilience (Campanella, 2022; Posselt et al., 2020).

Tensions and Divergences

Much of the international literature continues to frame culture as a matter of translation or outreach, rather than a philosophy that might inform genuine structural partnership (Fond-Harmant et al., 2021; Leroux et al., 2022). Claims that remote delivery improves access to care for marginalised groups co-exists with the evidence of digital exclusions and safety constraints that comes with conducting interventions in the patient and practitioner's own home environments (Brodie et al., 2022; Pfitzner et al., 2022). In social work settings, vicarious trauma is often conceptualised through western individualised frameworks which severely underplays the collective spiritual dimensions that are central in *Matauranga Māori* (Māori knowledge, wisdom and worldview) (Smith & Hanna, 2021; Vanderpyl, 2004).

Gaps

Few studies explore how cultural frameworks are operationalised in remote support service system architecture, be it through metrics, platforms or protocols used, and how these frameworks influence worker wellbeing (Pavlova et al., 2022; Werkmeister et al., 2023a, 2023b). Instances of organisational models that align with Te Tiriti obligations with tele-based practice remains sparse. Historic analysis of feminist service collectives in Aotearoa do document a gradual shift from co-operative to managerial structures, yet the implications of this shift for supervision, digital era helpline governance and relational ethics remains largely unexplored (Vanderpyl, 2004).

Structural Mechanisms and the Political Economy of Care

Areas of Convergence

Reviews of emergency call-taking and adult crisis services identify queue pressures, monitored call handing times and performance surveillance as system logistics that constrain relational work (Clibbens et al., 2023; Golding et al., 2017; Willis et al., 2020). These metrics can create affective dissonance in the worker as tension is generated between efficiency demands and empathetic engagement (Clibbens et al., 2023; Golding et al., 2017; Willis et al., 2020). COVID-19 amplified under-resourcing, as both material and emotional costs were shifted into worker's homes, and price of electricity and equipment, and exposure to trauma, became displaced individual burdens to be carried in private spaces (Baffsky et al., 2022; Pfitzner et al., 2022; Werkmeister et al., 2023a). Earlier accounts from counsellors practicing in the sexual violence and trauma space had already indicated high levels of moral strain and accumulated fatigue (Adams et al., 2015; Clare, 2002; Pack, 2004), but this new digital turn that added algorithmic tempo pressure, constant visibility and boundary blurring has arguably

affected professional practice, identity and coping (Downing et al., 2021; Griffith et al., 2022; O'Neil et al., 2023).

Tension and Divergences

While some of the reviewed literature promoted self-care and resilience as solutions, these strategies were contended by other researchers as individualising responsibility and obscuring or diverting from the organisational, structural and political forces that produce and reinforce the stressors (Auth et al., 2022; Sercombe et al., 2024; Taylor et al., 2018).

Gaps

There is limited empirical research exploring the ways that funding models, policy decisions and frameworks, and the design of digital platforms shape the day-to-day wellbeing and professional sustainability of advisers working within the Family and Domestic Violence helpline sector in Aotearoa New Zealand (Clibbens et al., 2023; Werkmeister et al., 2023; Willis et al., 2020).

Methodological Appraisal

The reviewed literature demonstrated strong qualitative depth but offered variable rigour. This could largely be attributed to the size of the study, the cross-sectional sampling methods, or the studies being published publicly as only abstracts that limited the ability to assess analytic quality (Brodie et al., 2022; Golding et al., 2017; Taylor et al., 2018; Willis et al., 2020). This trend appeared less about weak scholarship, and more about the structural realities of the field, namely ethical boundaries, short term funding limitations and preference for time-limited projects. Those study designs that were realist or mixed-methods did offer opportunity for mechanism level explanations (Clibbens et al., 2023; Werkmeister et al.,

2023a), and consolidated practice guidance was proposed via sector-specific synthesis papers (Leroux et al., 2022). Longitudinal studies were scarce (Lee-Cheong et al., 2025), and studies pertaining to cultural safety, supervision and organisational containment did not use explicit reflexivity or positionality approaches (Crockett et al., 2015; Fuller, 2022). Studies from Aotearoa did advance discussion around cultural safety but this was more so from a discursive perspective than a critical evaluation of what structural, power and digital media dimensions might be at play (Campanella, 2022; Pavlova et al., 2022; Smith & Hanna, 2021).

Conclusion

Areas of Convergence, Tension, Divergence and Gaps in Literature

Areas of Convergence

Across the reviewed studies, remote and crisis helpline work was characterised by increased intense emotional labour, and the risk of secondary traumatic stress, burnout and vicarious trauma was recognised (Golding et al., 2017; Kitchingman et al., 2018; O'Neil et al., 2023; Willis et al., 2020). Where compassionate leadership, peer support and supervision were resourced and embedded into everyday practice, they provided measurable protection (Furlonger & Taylor, 2013; Posselt et al., 2020; Sercombe et al., 2024; Werkmeister et al., 2023b). Within Aotearoa, alignment with Te Tiriti O Waitangi commitments, cultural safety and Kaupapa Māori frameworks enhanced engagement, strengthened ethical integrity and practice, and improved and sustained worker wellbeing (Haldane, 2009; Jones, 2017; Pavlova et al., 2022; Werkmeister et al., 2023b).

Tensions and Divergences

Findings vary by role and location, workforce model, methodology, organisational and political climate (Adams et al., 2015; Kitchingman et al., 2018b; Sercombe et al., 2024; Taylor et al., 2018). Telehealth was evidenced to both widen access, and reproduce inequity, through unsafe home settings and digital divides (Brodie et al., 2022; Leroux et al., 2022; Pfitzner et al., 2022). Supervision was evidenced to be under-evaluated and inconsistent in its efficacy, as tele-supervision requires a specific skill set and relational and training adaptations to meet current requirements (Ratcliffe & Kaluževičiūtė-Moreton, 2023; Werkmeister et al., 2023b). Some cohorts reported compassion satisfaction alongside fatigue and stress, suggesting that this meaning and fulfilment was supported by mediating factors such as team solidarity, autonomy and cultural alignment (Kitchingman et al., 2024; Sercombe et al., 2024).

Gaps

There is little explanation or connection offered by any of the forty reviewed papers between how digital platform design, funding decisions and models, and metrics and performance measurement shape emotional labour and worker wellbeing. There is minimal research that operationalises and/or evaluates Kaupapa Māori organisational frameworks and supervision, especially in the family and domestic violence space. This is the same for intervention focused studies or longitudinal evaluations (Clibbens et al., 2023; Lee-Cheong et al., 2025; Willis et al., 2020; Werkmeister et al., 2023a). Evidence or research specific to the Domestic violence support Crisis-line adviser role is particularly limited (Hindle, 2005; Jones, 2017).

Justification for the Present Study

Current evidence demonstrates that adviser wellbeing is co-produced by organisational, structural, psychological and emotional systems. However, much of the available literature is descriptive and cross-sectional and not particularly centred on the Aotearoa Family and Domestic violence helpline ecology. A critical practitioner-led exploration of the Domestic violence support Crisis-Line Psychosocial Adviser experience is warranted to illuminate how these emotional, psychological, structural and organisational aspects interact with Kaupapa Māori and Western frameworks and intersect with day-to-day practice.

Grounded in critical realism and critical social psychology, the present research will trace the generative mechanisms of governance, structures and technology, and examine how advisers exercise agency to sustain good care under constrained conditions. In doing so, I seek to inform organisational design and ethical practice in Aotearoa that is culturally grounded, responds to the identified deficits in supervision, cultural safety and risk containment under the conditions of remote crisis work (Pavlova et al., 2022; Werkmeister et al., 2023a, 2023b; Clibbens et al., 2023).

Chapter 3: Research Methodology

Introduction

This chapter is an exploration of autoethnography, reflexive thematic analysis and a braided narrative writing style as my chosen qualitative research and writing methodology. When considering my subjective and complex experience of being a psychosocial adviser on the Domestic violence support Crisis line, and how I coped with, and managed, the effects of listening to traumatic stories, I was faced with the question of how best to capture the essence of my colleagues' and my experience in a way that could be valuable to the body of research around Family Harm, as well as academically rigorous. I knew that to tell my story effectively I would need to use qualitative research.

Through this study, I endeavour to capture a moment in time that exists in its own unique social, political and cultural place. When considering this, I recalled how my social psychology and anthropology studies had moved me so deeply and changed my understanding of important issues via intimate accounts of a person's experience through the vehicle of autoethnography. I knew that this is how I wanted to invite the reader into my space - by creating a piece where the reader can see, hear, feel and perhaps interact with the subject matter as if they were sitting right next to me. The hope is that this insight might inspire education, action, support and change regarding the vital role and service within the domestic violence intervention space and remote support services at large.

Ultimately, I made a commitment to honour, and make the best use of, the precious stories my colleagues had shared with me. Their participation was a fundamental piece in the tapestry I sought to weave, to tell the psychosocial adviser story in all its complexity, nuance and

richness, but in a way that was not only a social and contextual commentary but had wide ranging practical implications too.

Theoretical Framework

As an avid consumer of qualitative research, I approached this thesis with a certain amount of confidence that I could produce a piece with a relatively robust framework that would scaffold my work. What I discovered instead was what Patton aptly describes as ‘wading into a sea of confusion’ (cited in Braun and Clarke, 2022; p. 156). I found myself in what Pilgrim (2019) depicts as the space between ‘rock of implausible positivism’ and ‘hard place of implausible postmodernism’ (p.2). I knew that I was naturally drawn to philosophical frameworks of understanding social and psychological phenomenon, but knew that for the study to be robust, I needed a theoretical position that both explored the socially constructed aspects of my subject matter, as well as the individual’s historical and philosophical stance. Sitting in this tension, I evaluated how I was approaching and viewing this project and adopted a critical realist stance for this study (Bhaskar & Hartwig, 2016; Bhaskar et al., 2017).

Critical realism provided the epistemological and ontological scaffolding for reading and understanding the advisers’ and my own lived experiences as both materially real and socially mediated (Bhaskar and Hartwig, 2016). Critical realism’s core tenets of ontological realism, epistemological relativism and judgemental rationalism allowed for me to treat the experiences, events and emotions reported by participants as being produced by underlying generative mechanisms, while still being able to integrate and acknowledge how these accounts were interpreted through power relations and situated discourses (Sayer, 2000). The initiator of the critical realism philosophical movement Bhaskar (1975) differentiated the dimensions of knowledge into the ‘intransitive’ (our constructions) and ‘transitive’ (what

exists independent of interpretation). In the context of this study, critical realism pushed me to look beyond the surface descriptions provided by the data to evaluate the underlying causal mechanisms that were not directly observable, but certainly at play. Methodologically I used retroductive reasoning to seek possible mechanisms that might account for the patterns or phenomenon occurring within my subject matter. To do this I needed to move myself beyond participant accounts to investigate plausible explanations and evidence of the systemic and organisational forces that were shaping those accounts (Bhaskar & Hartwig, 2016). This allowed for me to acknowledge adviser's subjective meanings alongside understanding the structural conditions that produced them.

Why Autoethnography?

Autoethnography resides under the umbrella of humanistic research and qualitative social science and offers a means to investigate social and cultural practices and actions. Social events, phenomena, events and scenes may be studied inductively to reveal insights, patterns, meaning and themes that provide potential explanations for human interaction and action. The art of 'doing autoethnography' offers the researcher an opportunity to use their lived experience as both data and an analytical entry point into social phenomenon (Bedsole, 2023; Chang, 2016; O'Hara, 2018; Poulos, 2021; Van Eeden-Moorefield et al., 2022).

Thinking along these lines, and in conjunction with my external professional supervisor, I began to realise just how deeply my job had affected, changed and potentially traumatised me. Additionally, I acknowledge that I have learnt and fine-tuned some incredibly useful skills that are only afforded to me by the remote telephone-based nature of my work. I wondered if this was an individual experience, if my fellow colleagues experienced the same thing, and what this would mean for remote telehealth overall. Beyond this, it was important

to capture and discuss how this personal narrative intersected and interacted with institutional, social and cultural structures.

The auto-ethnographer's question is one that should: (a) hold their own interest; (b) hold the interest of the audience; (c) present the opportunity for research that contributes to their field and (d) provide the mechanism to study and write about a subject matter so that new truths about culture, self and others might be discovered (Poulos, 2021). In developing my research question, I knew that I wanted to tell the story of being a psychosocial adviser. I was, however, concerned with traditional qualitative frameworks and how their rigidity might oversimplify complicated experiences and lives, and exclude important facets of the human experience such as emotions and affect (Van Eeden-Moorefield et al., 2022). I was also aware of the potential for my work to become self-centred and lacking in robust reflexivity, which is why I chose to include interviews from my colleagues.

The Voices of Others

I chose to supplement my autoethnographic data with semi-structured interviews to obtain a layered dataset. In complimenting my autoethnographic journal with the narrative experiences of my participants, the output data offered me a greater scope for examining areas of theoretical interest. This approach made it easier for me to detect patterns, tensions and contextual insights. I was aware that, entering this project, I would run the risk of projecting my emotions and thinking as this research was initially motivated by my own interests and experiences. I was not incredibly concerned about objectivity, rather it was the opportunity to tap into subjective experiences to shape the kinds of interpretations that were possible (Van Eeden-Moorefield et al., 2022). This practical application of triangulation, which entails using multiple sources of data for research involving the same event or

experience of a shared common phenomenon, supported me to respond to multiple realities and tackle ambiguities in my own autoethnographic data (Fusch et al., 2018).

Reflexive Thematic analysis

My primary analytic method of reflexive thematic analysis (Reflexive TA) was inspired, and indeed ultimately guided, by my supervisor Dr Terry and the book *Thematic analysis: a practical guide* written by Braun and Clarke (2022).

Reflexive TA aligned with the critical realism and contextualistic commitments of my study as it allowed for inductive coding and simultaneous interpretation across all levels of the adviser experience looking at the realities created by the language the advisers' used (Braun and Clarke, 2022). I was also afforded the opportunity, through using Reflexive TA, to use my subjectivity and positionality in this research as a resource rather than a problem for interpretation and analysis (Terry and Hayfield, 2025).

Narrative Braiding

My style of writing focussed on bringing together of all the voices in a way that compliments, contrasts and highlights the beauty and diversity in each, while spotlighting the power in its united story. By using a braided narrative approach with reflexive TA, I sought to produce a piece that Braun and Clarke (2022) have referred to as 'accessible to an educated public' that might hopefully engender outcomes that are actionable and promote the development or revision of current policies (p.261). By adopting aspects of the creative writing practice of braided writing, adapted for the academic context by Girgensohn (2023) I looked to bring together the voices of my colleagues and my own to capture the 'flickers of hidden meaning' within our stories (as cited by Girgensohn, 2023).

THE DOMESTIC VIOLENCE CRISIS LINE ADVISER EXPERIENCE.

Growing up in South Africa I remember the Zulu women who sold baskets and bowls woven from fronds of the Ilala palm at the Durban beachfront. For me, their beauty and intricacy lay in the way I could trace each individual piece of dried palm with my finger and follow it on its journey as it wove over and under the fellow palm fronds. No piece of palm was the same.

Although they were all palm, each one had a unique tone and texture that was an instrumental part of the collective product. Some pieces had been dyed bright colours and others remained raw and natural. The first time I tried my hand at weaving was in Aotearoa during a Marae visit with my son where I tried *Raranga* (Māori weaving). This beautiful and practical artform entranced me as I learnt about the significance of the patterns and colours of the *korari* (flax) woven into intricate but strong baskets, coats and mats. I remember holding each piece of flax intentionally, carefully wrapping each, one at a time, over and under and around the others until I produced a very wonky flower. These precious memories were inspiration for how I approached, worked with and assimilated my autoethnographic story with those of my colleagues.

Data Generation

Autoethnographic Journal

To capture this experience through an autoethnographic lens, I dedicated myself to honest and consistent journalling, thinking, reliving, reflecting, journalling some more and capturing my ideas as they arose. My journal captured my reactions to service user calls, reflections on interactions I had with service users, peers, service providers (external agencies) and my observations of operational processes and current political events. Additionally, I aimed to capture how my perspective changed over time as my research progressed.

Ideas and insights came to me at any time - as I was driving, in the shower, certainly while at work, and while doing mundane tasks like washing or dishes. Each time I had to capture the thought before it flitted away. I wish I could say that I was disciplined and organised enough to carry around a very intelligent looking leather-bound notebook, but instead, my reflections were scribbled on old till slips, pages carefully 'borrowed' out of my children's least used school notebooks and even the lid of a hair dye box! To be fair to myself, I did have a few notebooks, but they were not always with me when inspiration struck. This process resulted in me having to bring together the many scraps of paper and half-used notebooks into one place, which did in fact end up being a very interesting treasure hunt of sorts.

Participants

As an insider researcher, I recruited participants from within my own workplace, following formal approval from organisational management and the clinical lead. Initial invitations were distributed via internal email, however these were blocked by the system's security filters, so a revised call for participation was posted in the internal Teams chat (See Appendix A). All advisers who responded were initially included in the study, although two participants later chose not to proceed with the interviews. Recruitment was therefore naturalistic and guided by participant willingness rather than any predetermined quota. I purposefully chose this approach to reflect my ethical commitments within my study, as well as the constraints of conducting interviews in a live service environment. Interviews were conducted outside of adviser's rostered shifts. Due to the unexpected death of my mother, several interviews were delayed, and the recruitment period was extended slightly to accommodate this interruption. My position as both researcher and colleague required careful boundary management to ensure participation remained voluntary and no sense of obligation was conveyed.

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The age range of my participants was from 20 to 70 years of age. All my participants identified as female. All the participants had worked on the crisis line for longer than a year and worked across all lines falling under the Family and Sexual Harm umbrella. I ensured that all participants were registered professionals and had regular contact with their own external supervision. The diverse ethnicities of the participants provided a fair representation of the multicultural nature of the team. To protect the identity of my participants I used pseudonyms as early as the transcription stage of my data collection process. I have withheld any demographics details within this text for the same reason.

My participant interviews were all conducted via Zoom at a time that suited each participant. The interviews were semi-structured between the participants and me. The study aims, research questions and research information were provided to all participants at least a week before their interview, and all participants signed informed consent forms listing their rights within the research context. (See Appendix B, C and D). The interview questions covered entry pathways into the job, the experience of calls and aftercare, organisational supports and constraints, the impact of doing psychosocial adviser work, coping strategies, peer and leadership relationships and reflections on their own and the workforce sustainability.

To begin each interview, I initiated a check-in Whakawhanaungatanga (relationship building) to see how the adviser was feeling, what had been going on for them recently, and shared how I was. The primary purpose of this was to establish a reciprocal, positive relationship to set the tone for the interview. One of the participants did a Karakia, another a traditional Catholic prayer.

My interview schedule was informed by Braun and Clarke's strategies for 'building trust or rapport with the participant' while maintaining focus on the research questions and their potential to generate accounts that were detailed and rich (Braun and Clarke, 2013). This

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format allowed for better flow in the conversation, while still covering the interview questions that had been provided to the participants beforehand. Throughout the interviews it became evident that the connection being established was of huge benefit to the participant and myself. While the questions I had prepared and provided to participants beforehand did guide the direction of our conversation, it often moved to discussions around shared experiences, moments of validating each other's concerns, adverse effects of the work and personal and professional triumphs. I honoured the flow of this as it unfolded in each interview, for I realised as the interviews progressed, that my approach needed to sit in juxtapose to the usual rigid and micro-managed environment we worked in together.

It cannot be understated how valuable this opportunity was to share space with someone who really understood what it meant to do this work, and all the participants and myself noted how beneficial creating and maintaining this connection within the workplace would be. While a time for the interview was set at one hour, I found myself extending the timer well beyond this during each interview, with one of my interviews lasting over 3 hours!

Data Analysis.

Once the interviews had been conducted, and the transcriptions had been anonymised, I moved on to the analysis stage of my research. Engagement with the data was immersive and iterative. I read and reread each transcript alongside the audio recordings to stay close to the participant's tone and meaning, while keeping notes on my own responses. This process informed the initial coding and provided scaffolding for Braun and Clarke's (2022) six-phase reflexive TA analysis, detailed in the following sections and illustrated in Figure 1:



FIGURE 1 Phases of reflexive TA.

(Reproduced with permission: Terry & Hayfield , 2025).

Familiarisation:

Familiarisation entails developing an intimate knowledge of the dataset through casually yet critically engaging with it as data (Terry and Hayfield, 2025). Balancing this juxtapose of closeness and distance to the data, I immersed myself in the data I had collected by re-reading my transcripts and reflexive journal and rewatching the recorded interviews. During this stage I made loose flowing notes to capture my initial impressions, worked sequentially through the data, and attempted to critically engage with the data as I found myself grappling with distancing myself from what I was reading and how to ‘do’ Reflexive TA. My analytic sensibility (Braun and Clarke, 2013) not yet developed, I focussed on patterns I was recognising, and what potential meanings had been constructed. I found myself jumping to a few conclusions and pre-emptively grouping ideas across the data together and was gently

guided back to the data by my supervisor. My final task in this stage was to make overall notes about my observations about the data (Braun & Clarke, 2022).

Generating Codes:

This stage involved following a systematic and engaged process with the dataset to produce the building blocks from which to construct my themes (Braun & Clarke, 2022). Initially I aimed to complete this process using NVivo software. Admittedly, I spent far longer on trying to learn how to use the software than I spent using it. Instead, I found it more helpful to manually work with hard copies of the data, using highlighters, pens and post-it notes, and experienced much greater success and enjoyment while doing the coding process.

I adopted Trainor & Bundon's (2020) approach to 'consciously curious' coding as I worked with data that I expected, information I knew, and that which I did not know and noted what came as a surprise to me. I began by moving through the individual interviews and my journal and highlighted any text that had potential relevance to my research question. Some of the codes were large portions of text, while others were a few words within a longer story. In total I generated 692 codes, that would be later be clustered into my candidate themes. I attended to semantic and latent codes in two separate stages – initially I focused on staying close to participants meanings, whereafter I examined the ideas linked to my wider, contextual, political and social knowledge of the psychosocial adviser role in Aotearoa. The process was largely inductive, and I primarily relied on my research question to guide my coding. Theory did facet into later coding choices, informing several latent codes. I considered ways critical realist theory could interpret what the participants had said, and what this said about potential causal mechanisms, but this use of theory was more as a “travelling companion” than guiding star (Terry and Hayfield, 2025; p. 4).

Constructing Initial Themes:

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This stage of analysis involved clustering my multitude of codes into initial themes (Terry and Hayfield, 2025). During this stage I did feel as if perhaps mastering NVivo earlier in the game might have done me some favours, but as I forged ahead there was something cathartic about sorting and scouring through brightly coloured papers and cards that made this stage an adventure.

My biggest challenge with this phase was settling on the ‘correct’ number of themes and figuring out what to do with the data I had not expected. Again, guided by my supervisor (my constant voice of reason, calm and rationale), I settled into the idea that these initial themes were *not* the ‘end product’, rather, they a way of testing out connections between codes, and that this stage could be a mentally fun process (Terry and Hayfield, 2025). As I sorted the data codes by similarity of meaning (Braun and Clarke, 2022), many codes jumped around between themes, so I needed to sure that my themes were robust and clear, which meant reformulating them many times, rewriting them and making sure they fit the codes and not what I had expected to hear and find. I completed this early stage of data analysis with 8 themes: falling into the work, finding purpose; changed perception of family violence; coping and survival strategies; impact of the work on self and personal life; systemic issues and social advocacy; nature of the work as unpredictable and intense; weight of the work – psycho-emotional impact and burnout and finally organisational culture: metrics vs support. Although these helped make sense of the story of the data, they seemed closer to what Braun and Clarke refer to as topic summaries, so I was grateful for the opportunity to continue to develop them.

Theme Review and Development:

This was a very important step in the Reflexive TA process for me, as by this stage, albeit I had established my dominant preliminary themes, my analysis was feeling fragmented and

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lacking in what Trainor and Bundon (2020) refer to as ‘analytical depth’ (as cited by Braun and Clarke, 2022). I entertained the idea of sub-themes at one point, but felt that this was an easy out for analysis that was simply not thorough enough. At this stage I really did have to let go of some of the data I had wanted to include, and I focused on the central organising concept of each theme. As a side note here, I must include that I was surprised to discover that how the advisers had entered the role, and the histories they brought with them was so pronounced across all datasets – this ‘aha!’ moment certainly gave me a new appreciation for reflexive TA.

Braun and Clarke’s (2022) development and review questions strongly guided my next steps as I asked if: the theme boundaries were identifiable, I had enough data to support each theme, my data within each theme could be considered to wide-ranging and diverse; and if the theme conveyed something of importance. I had to rework the themes and constantly reflect whether I was trying to fit the data into my themes, and if I was choosing to omit the correct codes – treacherous stuff indeed!

Theme Naming and Defining:

Bringing it back to the pervasive meanings contained within the data, I developed four overarching themes and then reduced this further to three. I was confident that they told an overall story and still captured the nuance, complexity and understanding of my subject matter. To name my overarching themes I returned to the theory of narrative braiding and utilised creative imagery to engage the reader, as well as include some of my own creative inclinations. My finalised three chapters were: Carrying Fire and Confronting Shadows; Beyond the Headset; and Everyday Alchemy: The Making of an Adviser.

Writing Up:

Again, guided by Terry and Hayfield (2025) I embarked on this phase with a gusto that was enthused by spending time with the fantastic quotes my participants had graciously shared with me. Much of my time and effort was spent ensuring a good balance between research literature, data extracts and analytical commentary (Terry and Hayfield, 2025). It was a challenge to keep my emotions in check while doing this, and I had to rework and restructure my write up a few times to ensure that the data was at the fore of my focus rather than my own feelings about what was being said. Supportive literature was used when it reiterated conclusions or connections made (Terry and Hayfield, 2025). Each of the three themes was written up into a separate chapter, as each contained complexity and detail that justified this. The final synthesis and recommendations were attended to in a separate chapter.

Reflexivity and Positionality

Due to my proximity to the subject matter being researched, it was imperative that reflexivity was a strong methodological practice throughout. I operationalised this process by acknowledging my positionality, and constantly reflected on how this shaped the project from beginning to end. I relied on my reflexive journal to track my emotional responses, and assumptions, as I became aware of any changes that occurred over time in my perception and interpretive stance. My journal tracked the life cycle of my research, and my experience with it. Alongside this, I logged my decision-making processes regarding my participant group, language use, and any ethical and operation decisions I made. This commitment to auditing followed Cena et al.'s (2024) recommendations about coherence, methodological choices and transparency. Throughout I sought to avoid over-identifying with the data, but as my work progressed my sense of appreciation, adoration and protectiveness for my participants only grew.

Ethics

To ensure the greatest ethical integrity possible for this study, the Massey Code of Ethics for Human Participants as well as Te Ara Tika guidelines were read and were continuously referred to throughout the duration of the research project to ensure adherence (Massey MUHEC, 2017; Hudson et al., 2010). Full ethics approval was not required for this project. Ethical considerations included commitments to ensuring participant and researcher wellbeing and social justice.

From conception to completion of this research all potential ethical issues were identified, discussed and addressed with my internal supervisor Dr Gareth Terry, and external work supervisor psychologist David Keightly-Phillips. One major consideration was the potential impact on Māori participants and communities. I referred to *Te Ara Tika* guidelines (Hudson et al., 2010), my postgraduate Bicultural Perspectives study and the *Ahurea Tuariki* and *Te Rito* programmes I had completed through work. Acknowledging my positionality as a European immigrant to Aotearoa was vital for when I was establishing cultural protocols. I consulted with the Massey cultural adviser before recruitment, and ensured that all aspects of data capture, retention and usage aligned with accepted and expected protocols (Fia' Ali'I et al., 2017).

Due to the confronting nature of the research where emotional labour, vicarious trauma and recollections of stories of violence were discussed, the interview format included support resources, debriefing discussions and opportunity to pause or withdraw from the research without repercussion.

All data was immediately anonymised, pseudonyms used and stored on an encrypted drive. Access to this was restricted to my supervisor and me. Digital records and physical records

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were securely held, with physical copies being destroyed once the data analysis stage had been completed.

Quality and rigour were guided by maintaining a robust audit trail, and coherence and consistency was established via a 'golden thread' where every methodological decision was linked explicitly to a research question and theoretical framing (critical realist stance). This built a solid bridge between the problem/issue to be researched, the methods utilised and my subsequent interpretations (Cena et al, 2024; Yardley, 2000).

Reflexive journalling and regular and ongoing supervision ensured that I was able to uphold my commitment to transparency, integrity and concern for participant and researcher wellbeing throughout the entire course of my research project.

This chapter outlined the methodological framework guiding my research. I discussed the critical autoethnographic design, participant recruitment process, the application of Braun and Clarke's reflexive thematic analysis (2022) and my commitment to ethics and reflexivity. These methodological choices established a foundation through which I could explore the complexities of crisis line practice from an insider perspective, while maintaining academic rigour and reflexive accountability.

In the following chapter, *Carrying Fire and Confronting Shadows*, I present the first of my findings, and examine how advisers experience and make sense of the emotional intensity of their work, and the costs associated with such work.

Chapter 4: Carrying Fire and Confronting Shadows

This chapter discussed the ‘doing’ of the work of a crisis line adviser, and the required purposeful presence that comes at a cost. As each of us engage with a caller, with the intention of protecting, the very act of stepping into this space begins to wire itself into our attention and bodies (Griffith et al., 2022; Leroux et al., 2022; Pavova et al., 2022; Venville et al., 2021; Wekmeister et al., 2023a and 2023b). That moment of first contact with someone we have never met before calls for presence as a disciplined practice, where the adviser must swiftly appraise and adapt without being completely overwhelmed by the story. I liken this process here to Prometheus’ Fire. The act of bringing fire and light into dark places, bearing the cost of carrying such fire, and the fortitude required to not get burned. This chapter frames advising as an act of embodied ethics, doing the “dirty” work of carrying other’s emotions and risk, while concurrently managing our own (Whiley & Grandy, 2022).

The chapter reports three sub-themes that describe the non-linear process of brief intervention. The first theme, ‘The Sacred Fire of Stories’ explores the approach, ethics and physiology of first contact, the grounding of oneself before speech, the process of adjusting as the call progresses and holding a story without taking it on as one’s own. The second theme, ‘Residual Ash, Soot and Char’ examines the after-effects of the call. It shows how these calls are stored not only as memories, but as visceral sensations that linger long after the line goes quiet. It is the subtle building of pressure over time, the pursuit of patient protection as our own wellbeing begins to fray. The third theme, ‘Forging, Fatigue and Firebreaks’ studies accumulation and repair. When tipping points are reached and exhaustion tells become stark, it is the applied protection and restoration rituals that form part of the adviser practice, which enables us to carry this fire in a way that is safe and sustainable for all.

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These three themes collectively evidence the challenge, reward and cost of taking crisis calls and being personally and professionally devoted to changing and saving lives. Just like Prometheus' fire, the light that we bring into dark places simultaneously holds the potential to warm and burn. We the advisers must navigate how to carry this gift without being consumed.

The Sacred Fire of Stories

'I answer your phone call.

Holding my breath.

Until I hear yours'.

Stepping into the Fire

This theme explores what it is like to prepare oneself to work, and how it feels to take crisis calls on shift. Participant accounts across the dataset suggested a variety of ways they might prepared themselves for each call, and how they experienced interactions. Each account, including my own, suggested a sense of understanding that entering the call, and how one held oneself within the call, had a bearing on what became possible for the caller at the other end of the line. As I step into the space of a call I do so with a flame that offers just enough light to see what my next step might be. In this virtual 'third space' between two physical locations, I must hold myself with restraint so I do not panic, and my body and senses begin to read a room I cannot see. I have found that calls had a certain feeling to them, and within the first few words of a call I could feel my very environment changing:

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Journal: When I step onto the lines and deal with different callers, I feel very real somatic sensations when handling a complex call:

When it's a perpetrator of Sexual Violence, I feel the temperature in the room suddenly drop, all the air is sucked out of the space and everything feels grey, cold, and bare.

If I am handling a crisis call from a victim-survivor of violence the edges of everything become sharp, my hearing and vision becomes more acute, I struggle to breathe, and my skin sensitivity lifts like porcupine quills.

When I am supporting a suicidal caller, I can feel myself merging into that hollow space with them, match their breathing, and I have the sensation of climbing into the phone to cradle the caller and hold them until they are safe.

These lines physiologically map my first contact with someone I cannot see, do not know and may never speak to again. My body became a sensor and a tool that allows me to position myself in that call. I respond in a way that I have learned through experience, but upon reflection, I realise that no-one has ever taught me how. I am a situated practitioner who intuitively navigates the conversation, using my nervous system as my guide. Certainly, the company operating procedures provide a procedural framework, but beyond that, the intuitive, emotional aspects of supporting someone are left largely up to the practitioner themselves. There are days that I am feeling my strongest and most resilient self, and whatever the shift brings I seem to be able to handle with ease. Other days I might be feeling tired, stressed, distracted or something else, and every call is a difficult battle between preserving myself and my wellbeing, and supporting the caller in the very best way I can.

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The assumed stances of being a triage worker, risk assessor and embodied companion brought me to question what happens when the ‘messy’ genuine emotions of being a real human working on the lines intersects with the ‘dirty’ work of managing the “difficult and burdensome” emotions of others without control, containment and guidance (Whiley & Grandy, 2022; p. 140)? How then are we to ensure that these assumed identities of ‘triage worker’, ‘companion’ and ‘risk assessor’ do not become incorporated into day-to-day identities rather than tightly bound performances we engage in while working on the lines? Advisers spoke of finding themselves in a space where they were uncertain, or even fearful, on how to navigate this new terrain of being a crisis adviser. They found wisdom, guidance and solace in those closest to them. These well-meant words often held messages of protection and foreboding of the potential challenges that lay ahead:

Ay: You know, because my dad had said when I first started working in domestic violence, he made me a tiny garden by me and had to have a hei-tiki. So, it took him three months of going around and hunting and trying to figure out, you know, and then he found it. Dad said it was for protection.

He goes. You going into this mahi where you're going?

You're getting involved in people's lives and you're going to be breaching their rules. Their ways of living.

You're going in there, you're going to disrupt it all and, with what we know about disruption is it causes chaos.

Never thought about it like that.

I was just going to see the love you know.

And yeah, and he was so right.

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Here Ay's words speak to the ethical heat at the threshold of the call where the assumed responsibility to protect is also an undertaking to disrupt. Explicitly she discusses blessings and guidance, but implicitly these protective permissions foreshadow that entering this work means breaching existing ways of living for some. Even though this life-saving disruption is necessary, it has the potential for chaos in its wake. This guides practice on the line, for if I can identify and name this disruption and all the risk factors, I can plan how I will contain it rather than pretending that my presence is a neutral one.

Tee discussed how her mother had supported her to position herself when handling difficult calls:

Tee: Um. Ohh that's kind of like you almost become like a robot, and then you just say it's like 'ohh, he's hit me', then straight away on your mind you're just like, 'Please- The police have to be involved'.

Mandy: Yeah.

Tee: It's. Yeah, it's weird, but then it was a way that I coped. Like when I talk to mum and say this job just so hard, she, she would say to me, sometimes you just have to be like a robot, like, you know, just to get through it.

Yeah, you just kind of sometimes it's kinda like you take the emotion right out of it.

But then you're slow. Like, yeah, you have to act like a robot or you have to not so much act like a robot, but you have to get the job done. You have to do the job.

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You can't get overwhelmed with. This is too freaking hard. Like, I wanna go home sick right now. Hey, you just...

Mandy Yeah, and yeah.

Tee: Just keep pushing through.

Tee describes using this affect down-regulation method for survival wherein taking the emotion 'right out' helps her to get the job done. I hear here too the stoic shaping and discourse of productivity where good care must be fast, linear and efficient. Critically, there's both risk and utility in her strategy. Although emotional containment does offer a way to preserve emotional and cognitive bandwidth in the adviser, it does run the risk of self-erasure if this 'robot-like' stance becomes the permanent adviser identity while on the lines, and beyond. How do we make sure that if we had to 'cool' ourselves on the lines with a caller, that we 'thaw out' once we return to our everyday lives so that any residual numbness does not seep through?

One participant highlighted the unpredictable open-set nature of the calls where everything is unknowable until the call unfolds, and the escalation of stress she experienced:

Jay: Me personally on this sort of job with the lines, right?

I feel what is stressful is that sort of anticipation of what is happen, what's coming up, what's happening because you just, we don't know if it's going to be a person calling and saying I'm standing at the bridge, I'm gonna jump off. Or if it's a person saying I just want information on so and so, and it's a completely different service that they're needing, I find that sort of anticipation of what's coming on has been the most sort of stressful for me because you have to be.

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Mandy: Mm hmm.

Jay: Awake and alert and ready for anything that comes across at all times.

Within the open-set format of the work lies the stress and invisible labour of maintaining a steady emotional baseline so that support stabilises the caller rather than escalating. Jay reported her response to this format as remaining alert and 'ready for everything'. When I reflected on what my response to this was, I realised that when receiving a high-risk crisis call, my body employed shortcuts like lowering my voice pitch, adjusting my tone, and speaking at a steady and slow pace thus creating a predictability and stability for the caller who has none. This sits in critical tension with the later to be discussed output requirements of my work that that rewards time-limited productivity over the trauma-informed cadence of protection, support and safety (See Chapter Five).

While participants and I reported employing strategies to steady ourselves for potentially high-risk calls, Gee discussed how this was not always an option and often felt that there was no such thing as easing gently into a shift and orientating oneself for the day:

Gee: ...be there all the time. You know, you need to be there. You need to answer the, the calls. Oh, there's a huge queue waiting there, you know. Probably the first call that you get at 7:00 AM. It's horrible because that happened to me at many different times, you know?
First call or second or third, you know.
Awful, terrible. Such a very difficult trauma. The person is crying or, you know, very overwhelmed. Please, Oranga Tamariki, blah, blah, blah, blah.

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Huge call with such a terrible trauma, or even someone you know with a high, intense emotion, high intense situation that there's someone there punching her or have you know, children or whatever, we're calling the police again and again and again and back again.

And then again I have maybe half an hour to write all those things down, blah blah blah blah, go for my break and then again another call another call another call and another call, and it's like I don't have more energy. There are sometimes that it doesn't matter.

Gee's account lays bare the relentless tempo of the crisis line where the adviser experiences a succession of traumatic encounters and each call bleeds into the next before her body and mind can recover. The repetition of "we're calling the police again and again and again and back again", and "then again another call another call another call and another call", captures the cyclical nature of domestic violence itself, as well as the circular exhaustion of bearing witness without pause. This economy of emotional labour, where emotion and energy are only replenished in fragments between calls, reveals an immediate pressure for advisers that only accumulates over time (O'Neil et al., 2023). Notwithstanding, Gee's account did convey a sense that the work is rewarding and very much tied to feeling useful and applying lived experience (Kitchingman et al., 2024):

Journal: Working on the lines is a therapeutic experience. Helping other people who are going through/have been through similar experiences to mine is an act of service – I enjoy being part of the possible solutions and creating hope in the service user that things can, and will, get better.

It's hard to fixate or dwell on your own problems or issues when you sit in a space of service to others experiencing adversity and traumatic events – but does

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this set up the power dynamic of superiority as if the adviser is now positioned as knowing better, having recovered and therefore ‘better off’ than the service user – in some way superior to them?

Ay: We're in such a vulnerable space.

We're sort of like that person standing between him and her.

Get out of the way.

Furthermore, this cluster of quotes offer an understanding about the micro-politics of care where I occupy three-fold positionality: Listening as a researcher, supporting as an adviser and at times I am a caller to external agencies. Each stance shapes how I hear and interpret stories of harm. The role itself can be personally restorative as we ‘stand between’ victim-survivor and perpetrator, transforming our own lived experience into something useful in a kind of applied empathy that supports safety and recovery for others. However, this same position also carries risk. Holding multiple vantage points can produce epistemic privilege (Toole, 2024), where an assumption may be formed that my understanding, informed by my life experience and academic studies, grants me superior insight to other people’s lives. In seeking to help there is the risk that I might unintentionally centre my own healing narrative or interpretive authority.

If I reflect honestly, I must ask if I step into this space between because the risk is real, or because it feels affirming to be needed. To work ethically within this tension requires ongoing awareness and self-reflection. By constantly returning to whose story I am serving, whose safety plan I am formulating and whose voice I am being led by, I can temper my healing impulse while staying present with a caller in need.

Yet, as Tee discussed, those same moments of connection can feel undeniably good. The gratitude in a caller's voice offers a kind of balm. It affirms that even within distress, our empathy matters, and this can be enough to make the work worthwhile:

Tee: There was good interactions, it definitely was good interactions that were 'feel good' ones, even though it was shit situations, but... When you connect, like, empathise with someone and you know the end of the interactions they're like, 'you know, thank you so much'. Like, you know those calls. Like, 'I'm so glad I got you. You helped me so much like there'. ...that makes it worth it.

Even the feel-good calls leave something behind with the adviser. As the warmth of connection cools and a fine residue settles it is the ash, soot and char of what has been heard that remains. Each story leaves a trace, marking the advisers in small, unseen ways.

Residual Ash, Soot and Char

"Sometimes I don't want to be reminded of how fucking cruel the world is' – Adviser.

There are the expectation and reality that as practitioners we owe it to service users to be good at what we do. We must acknowledge the cultural context of the SU and adviser to prevent the stripping of mana from the people and interaction. People in an elevated state will inevitably have an effect on us, whether we acknowledge it or not (McLachlan & Huriwai; 2016).

This sub-theme relates to what is left behind after the calls ends. Once the line has gone quiet, notes have been completed and the interaction closed, fragments remain. The sticky and tricky residue of sounds, words, images conjured in the mind translate into changes in the body, posture, sleep, skin and heart.

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As Zed discussed:

Zed: I think sometimes this role you get hard- you could. I just said sometimes I struggle to cry now because I've suppressed so much stuff. You know, things make me sad. It's just like, oh well.

You know, and that is frightening in itself. You know, like to have a good cry. I think I had a good cry when my cat died. And like, I'm, and then you carry the sadness, right. Instead of being able to release it. But I'm so used to doing that, it's all its sitting there, I guess, but... It just like the tears, just don't come. You know, it reminds me of Mr Dry cry on our lines.

...because you've tolerated so much. You just get hard to it.

Zed clearly articulated the effect of detachment and possible compassion fatigue. The work had made hard where softness would help, and crying was suppressed where tears could clear stuck emotions. Explicitly, this speaks to a self-protective and work sustainability strategy where sadness was carried, despite acknowledging fear about not feeling. Implicitly, it warns of the cost of long-term containment. This inability to cry, and carrying sadness, highlights the need for scheduled and regular decompression sessions where the adviser can relax into feeling, processing, releasing and recovery before racing into the next shift and never-ending calls that wait for them (Kitchingman et al., 2018a).

The current structure and protocols around having this time to 'decompress and reset' is left largely up to the adviser themselves to monitor. I argue here that this does not account for any blind spots the practitioner might have in terms of their own wellbeing, and often, if their wellbeing were to decline, it is not attended to until the worker begins to feel quite unwell. Sustaining and supporting the worker in this current model, and the onus for monitoring

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worker wellness, should sit not only with the adviser alone. Instead, it should be built into the operating structure and systems where the company, line managers and supervisors are the scaffolding that makes safe work possible.

Journal: After my mother died and I had travelled to and from South Africa for her funeral, I jumped straight back onto the lines that week. I just couldn't do that this time. To log on with such heavy grief sitting in my chest, and to actually have to work. I didn't realise how much it would diminish my capacity to work, like I really couldn't hold space for anybody else's grief or their trauma or their everything. I really tried, and my soul was just so exhausted.

Reading this back, I remember how conflicted I was at the time. I needed to log off for my own safety, and the safety of any potential caller, but I saw the queues and how few colleagues were on shift, and felt so very bad, guilty and ashamed. I was operating on depleted capacity. I was so tired of being endlessly available. I could not ground myself, and I most certainly could not be carrying any flame while my hands were filled with the candle I was holding for my mother. I knew I needed to refuse to carry this fire, but I still do not know if I have made peace with how this decision made me feel, and the fact that I felt that I had no-one to talk about it at the time.

Ay: But one of the women that I was supporting, she died while I was in hospital. And I always remember when I looked at which [girl]- yes, she got killed on her front lawn and her head got smashed in by a rock.

And I as soon as my colleague told me that I could hear the conversation, the last conversation I had with her, which was when I'd first called.

I can remember her little girl voice, very young.

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She was like, “No, no, no, we're fine. We're fine. He loves me”.

Sometimes the residue is the replayed voices of service users in our head as we grapple with the cognitive dissonance caused by declarations of love sitting beside acts of truly brutal violence. This dissonance refuses to be resolved, and the meaning making each adviser must pursue creates a lens through which all future interactions will be filtered. The rub here is that this lens does not drop once we step away from our desk. With time, every interaction in our everyday life also seems to pass through this lens. Suddenly the ordinary becomes tinted and tainted - every man is a potential abuser, every outing is potentially unsafe and soon we are checking our rear-view mirrors when we drive, pulling over to make sure we're not being followed. It is a sneaky and silent shadow that seeps through slowly when we're not looking, changing how we see everything.

Tee discussed some particularly difficult calls that affected her:

Tee: Ohh. It's always hard when there's kids. If there's kids crying in the background during a domestic, that's what gets me... really, really bad for those kids... they shouldn't have go through that. Examples would be when. The violence had just happened and that they're phoning you and they're still in the house. They've been beaten and he's off somewhere.

...if Mum's were like, [lock] had locked themselves in the bathroom, had possible broken arms... the partner's really, really drunk and they've got the two year old sitting out on the couch... they are the types of ones that really, really get to me when they're still in the house, and he can come back at any time.

It was the lady she phoned through - 'I just wanna talk to someone before I end up harming myself'. Then I heard a kid crying in the background - 'ohh no, stop it' and then the phone hung up and it was just horrible.

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These scenes do not remain politely on the line, instead Tee's account indicated how they permeated her consciousness as sensory shards of trauma. Explicitly, she is able to identify the exact components of the interactions that have triggered her, but implicitly there is the feeling of incompleteness of the call. When the story cuts off, and the line goes quiet, the nervous system continues listening unless we know how to switch it off. Often this does not happen, these moments return when our own space is quiet – in the shower, while driving, while spending time with family and in the dark when we wake up in the middle of the night battling to breathe.

How can one prepare for that which we cannot predict? Jay discussed how it was almost impossible to know which call would be the next to upset her:

Jay: I'm not always upset, not always affected... there are sometimes those calls where... it just sort of comes out of the blue.

It does happen. My particular trigger and the thing that upsets me is when animals are involved.

Jay's account reflects what many of the participants had shared in their interviews. The residue of the calls was personal, unpredictable and intermittent. Any perceived steadfastness can be derailed at any time without warning. This unpredictability can seep into the everyday life and become absolutely exhausting. Smith et al. (2023) purport in their paper discussing vicarious trauma that not only can this trauma affect people differently, but it is also the repeated and compounded exposure to interactions involving trauma that can be as debilitating as the primary trauma was, changing one's world view substantially.

Research suggests that repeated exposure to distressing material can be a route to the development of PTSD symptoms (American Psychiatric Association, 2020).

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In my own journal the physical symptoms developed and this list of ‘complaints’ grew progressively:

Journal Entry:

- Massive weight gain.
- Became physically unfit (sedentary position but also feeling too unsafe to go out and walk as I did before on my own – only now feel safe going to a women’s only gym).
- Ear agitation from headset use.
- Ear pain, ear itching, ears blocked.
- Poor posture and knots in neck and back
- Irritable Bowel Syndrome symptoms worsened (stomach aches).

Furthermore, in one of my supervision sessions my external supervisor asked me:

Do you have trouble falling and staying asleep?

Do you experience irritability, anger and emotional outbursts for no reason?

Are you experiencing hyperarousal and/or anxiety?

Do you have poor concentration and memory?

Do you have an exaggerated startle response?

At the time, I could immediately answer yes to all the above. He then let me know that these were symptoms of PTSD. Naturally my first response was, ‘Man, this job is fucking me up!’, but once this revelation had sat with me a little longer I realised that a) I needed to find some

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way to fix this, and b) I really wanted to know if I was the only one on my team feeling and experiencing this. One of the many gifts of doing this research was that I found my experience echoed in the words of others:

Zed: And please, think about that we're people and what we do carry, and what the impact that it has on us because they don't care. They do not care. And you're right that PTSD stuff. I've got all of that. I've struggled from menopause on and off. I've struggled to sleep... Normally I would sleep for two or three hours... my sleep is 4 hours. Lucky, if I'm lucky.

I even got medicinal weed... but you're still awake all fucking night. ...so, I take it on my nights off so that I can sleep on those nights and get refreshed.

Tee: I think a definitely does go through your body like.

Kind of like a hot feeling or, just a real uncomfortable feeling.

Well through your body.

And then your mind it's like...

That's pretty much, just this is too fucking much. This is not normal for someone to have to listen to like call after call after call.

Um. And then. Um. I think.

Real bad fatigue too afterwards, like.

When I work only three days but it took me like 3 days to recover.

...and then I have like one day before I had to go to work, and then I'll just be dreading work.

Ohh, and through doing this job I've got tachycardia, like my heart beats too fast.

The doctor just said it's stress related... now I'm on blinking medication to bring

my heart right down.

This job just totally shot my nervous system like it took me ages to recover... it's really valid that it does affect your nervous system.

Gee: ...and there are many different things that impacts our job and describes our position. This is not at all on the line. This is not only on the lines. This is there's much more behind, you know, it's not simple as that. My partner sees a consequence of these days, for instance, I have my period... the first day it's so, so painful... I get really, really tired.

Jay: Lots of sleep. Because sleep is my cope, lots of down time rest. Even if all I do is just sleep and drink some water and have a cup of coffee and something to eat, then I'm like, that's a successful day on my days off, yeah. Especially when I was working full time. I would sleep for my full two days off, I would sleep and just wake up and doom scroll... I did not have any other extra spoons to give to myself.

When I spoke with my participants they were looking to be heard. As they shared with me, I began to realise that they, like myself, were not looking for solutions. Just as we were doing for our callers, we wanted ourselves to be heard, to be validated, to be seen. Our interviews were a form of catharsis as we sat in the shared space, without shame, and acknowledged how profoundly this work had affected us. I had a deeper sense that these transparent conversations could, and should, be a space where posttraumatic growth and personal growth could occur. Organisations should be prioritising the development and implementation of safety and wellbeing guides to guide and support self-care to harness the potential that lies in these displays of compassion, empathy and resilience (Smith et al., 2023).

Fatigue and Firebreaks

This sub-theme attends to what occurs as the residual ash, soot and char accumulate to the point of no longer being sustainable for the adviser, and the practical technologies they employ in an effort interrupt this progression. It is the unsettling realisation that there is no finish line, there is no completion or ending point. As soon as one Service User has been supported, another sits waiting for us in an endless cycle.

Every time I log on to a crisis line shift, I must separate myself into 2 people – the adviser doing the work on the line, and the person that I am in everyday life – but no-one ever really teaches one how to do this. I have been offered the idea of having a ritual around starting and ending my shift, but keeping this up is akin to motivating oneself to go to gym – some days I simply don't care to, forget to, or don't have the energy to. Any well-intentioned ideas around having a pre- and post-work ritual soon falls by the wayside without constant reminder and guidance. The unfortunate side-effect of this is that there is the potential for the two personas to merge. Soon aspects, stresses, vicarious trauma and remnants of interactions can seep into the psyche, perception and everyday life, leading to feelings of anxiety, overwhelm, dissociation, discontent, apathy and a generally pessimistic view of the world.

Journal entry: I'd rather be angry than not care.

This statement by me is a reclamation of my humanity, my insistence to keep feeling when numbness would seem most sensible and safe. This anger was echoed in my participants' accounts as we grapple with the push-and-pull of prioritising actions and reactions that either energise, diffuse or contaminate our working experience.

Journal: This anger is directed at our employer, the services we rely on, and even each

other, that place us at the fork in the road. Individually and unsupported we must decide how this anger affects us, and what we will do with the anger we hold. Clear bounded anger, if channelled deliberately, can enact change and fuel advocacy; unbridled anger can smear into our quality of support – leaking through and affecting the tone of our interactions that could quickly spread and contaminate the team without prompt pause or targeted supervision.

Jay: Personally, I'm my supervision. I'd go to external supervision and I have been feeling that my supervisor has been actually causing more harm, so that's been a really difficult, difficult path.

I do feel that, you know, having external supervision is really great, but I think we need supervisors that specialise in the field because it is such a unique space. I need a lot of validation and reassurance. And that's just how it is for me. And sometimes in my supervision, I've come away feeling even more broken than when I walked in, because those elements of care and understanding and just... This is really tough.

So that you know, I think has caused a lot of ripples in my well-being and you know 'cause the sort of healing I suppose to be delayed and caused absences at work and that sort of thing.

But I do manage to bounce back. Sometimes it just takes a little bit longer than other times.

Zed: Yeah, I mean, I just find myself quite shut down and I, and I tell you what I am isolated to shittery. I live in a small town. I'm up late. I'm back to front to everyone. I'm just can't be arsed. I'm missing out on everything. My mokos really growing up, because I'm asleep during the day.

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You can't walk away untouched. You can only hope you walk away still yourself.

Ay: Sometimes I just felt drained, like I'd run a marathon sitting in a chair. You're still buzzing but your body feels wrecked.

Jay: I didn't really notice at first, but then one day I realised I was dreading logging on. It wasn't one bad call — it was all of them piling up.

Tee: I feel proud to be there for them, but sometimes I just sit afterwards and think, what did that do to me?

Journal: The gift of trauma work is that it keeps you close to humanity, but it will take pieces of you if you are not careful.

The risk here, where the modicum of control how this accumulation 'ash, soot and char' affects and is processed is diminished, is that advisers are at risk of developing what Hayes et al. (2021) refer to as learned clinical helplessness. They purport that constant exposure to negative situations and crisis without knowing a certain and favourable outcome is inevitable, and leads one to develop the belief that they have no ability or control to change or better a situation. Prolonged exposure to repetitive negative feedback, uncontrollability and posttraumatic stress without social connection leads one to lose motivation to find solutions to problems and failures in their work and lives. The knock-on effect of this is debilitating psychological difficulties as they cease active efforts to affect their own lives, lose motivation and become more predisposed to depression, social isolation and disengagement from self and life affirming practices (Hayes et al., 2021).

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The irony is that the protector now becomes a victim-survivor of the systems they seek to disrupt. Without consistent opportunities for reflection, debriefing, training and specialised clinical support, this leads to anxiety, cortisol response, elevated stress and eventual burn out. This helplessness in helpers not only reinforces negative thinking, but it also increases the likelihood of transference and countertransference to become unhealthy psychological responses when acting with empathy (Larsson & Stern, 2013).

Journal: There are times when I get lost in someone's story and have to pull myself back out, reposition myself and remember that it's not about me. This can be an easy thing to do – I'll get up and stoke the fire, rearrange the items on my desk or crush the stress ball on my desk to re-orientate myself. Other times I'll sit still and silent long after the call has ended, shoulders tense and my body reliving the stress of the moment with the Service User and recollections of my own past trauma. No call is without any effect on me.

The micro-rituals mentioned here were reflected across the dataset as the advisers shared the strategies they used as more than just incidental habits. To counteract the weight of their work they were practicing the skilled and self-taught workmanship of containment through firebreaks. Ranging from more practical evidence-based approaches to the deeply spiritual wairua replenishing practices, it was evident that the advisers all took care to look after their wellbeing as best as they could.

Zed: So that's it, definitely take the emotion out of it, right. Go and scream at your plant or fucking punch a pillow... Just pull the emotion out and you know when we step away from the emotional side of it, we cope a lot better.

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Ay: So yeah, so I'm a functional girl, right? So, everything has a function. So, for me, you know we have tikanga and Kawa, which are guidelines and rules... that have been passed down through the generations to keep us safe. As Māori in a western system... how can we use these to keep ourselves safe? Because that's what they're there for. They're there to protect our way.

I know when I have to karakia my room, my office is full of crystals. I'll cuddle these. Rose quartz for love - I'll put that up, or if I feel I need love I'll just sit here and keep talking, but just hold it. That's a lot, keeping me grounded really, because I'm tapped. My senses are touching something else - if you don't keep yourself grounded, you can go for a big trip somewhere else, right?

Jay: So what that normally looks like is sometimes it depends on how it's affected me. Other times it's like, you know, I've had one recently where I just I needed to service it a little bit longer. It wasn't a particularly dramatic call. It was just like a really powerful one with the service users like very powerful story and in that moment, it was allowing myself that space that I could hold on to it just for that little bit, until I had supervision.

And that sort of happened internally, you know, just sort of processing the way I do, you know.

Mandy: Hmm.

Jay: But then other times, if it is like a particularly upsetting sort of story or an upsetting sort of caller.

That would be taking I make a point of taking time, doing the notes and closing the file, no matter how sort of long it goes. That's my self-care. You know, taking the

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time. Processing and trying to force myself, I suppose, to process within that limited time that we do have but taking as much time as what I need and being kind to myself about that. Yeah. Also, peer supervision with my friend and colleague because I think that's been a major sort of benefit to me working on this line and what's sort of kept me going for so long.

Gee: Strategies, coping strategies. So many... breathing meditation, stretching, going for a walk after work, going to the gym, playing rugby. But at the same time, next day I come here, listening to calls over and over with trauma, anger, sadness, frustration. I need sometimes to breathe.

Jay: To be able to tackle whatever comes at me and I need to sort of reduce my hours or reduce shifts but still work. That's what I find stressful - balancing between the trauma of this job and looking after myself, which is sometimes not being at work, which is costly, you know?

Tee: I think my go to after really hard day was just going to have a shower and just trying to watch TV alone, you know?

Mandy: Yeah.

Tee: But so there was also like, a cognitive type of thing I done where I'll just forget, I like, I'll make myself. Just forget about the calls that I've had and like, walk out of my office, leave it in my office.

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And yeah, like you could ask me about a call I had yesterday, and I'd have to think about it because I had thrown, burn it away somewhere. Yeah, but didn't.

Mandy: Yeah, absolutely.

Tee: Yeah, but then. The processing of it wasn't happening, if that makes sense. Like you know, cause you don't allow yourself to think about it because that's the way you get through. But then your body's stuck with all that trauma. It's like - I don't know.

You're gonna have to look at this.

However, when these individualised, repeatable firebreak strategies are not protected because consistent micro-rituals are squeezed out by overloaded call queues, a micromanaging rostering and queue management system, documentation and recovery time that is eaten through by throughput time limits and targets, and supervision is perfunctory, it is the wrung-out worker in the front line who is left with a decision. As the adviser's repertoire of strategies, and very resilience to use them, becomes diminished, they are left with but three wretched options: step back, take prolonged leave or resign:

Zed: Yeah, but this agency to stay like I can feel it's done. I'm getting to the point where I just don't care anymore. And that's not OK, I can even hear myself sometimes with service users - this isn't their fault."

Ay: I'm going to take a whole year off and do nothing, just me for a whole year because I deserve that and I need to get myself back to 100%.

Tee: Yeah, I'm making the right decision leaving... it was just so much going on.

Gee: On our call from someone that is crying, and I don't want to reflect my issues, my burnout to that woman. If I don't look after myself, this is going to impact everyone, then realising that I don't want to work here anymore.

Journal: Each time I work one of the hardest things I must do is log off with calls still sitting in the queue. I carry away this heartache that I can never do enough. I have no more left to give...so I have to shut down my computer and walk away, praying that they will be okay.

These departures or disengagements are not moral failures. They are deliberate and embodied refusals to feed, and be consumed, by a system and structure that externalises the cost of care. The testimonies of my colleagues and I are declarations and reclamations that coping and carrying the flame is our craft, but surviving the intensity of this work should be a collective responsibility. The decision to leave a work that we are so passionate about names that which the system around us refuses to see, acknowledge and to hold.

Conclusion

Chapter Four brought our skin close to the source of the flame, the calls we take, how we breathe before speaking, and the somatic sensations that guides our steps, and tell us when danger is present. The split-second choices an adviser must make to keep the caller safe, without scorching themselves, highlights the overarching idea that presence on the lines is not incidental, it is a purposeful practice. Built from small, strategic and simple moves, grounding and ritualistic techniques and the ability to open, note and close interactions while holding shadows at bay, is one that each adviser must perfect as they progress.

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Some of these practices hold fast and, and for some while the adviser can be successful and remain well, carrying the flame over and over again. However, when faced with queues that do not ease, expectations to perform through personal challenges, tools, queue management and timers that compress care into thin slices of time, a residue begins to collect, and depletion becomes doctrine as our nervous systems are taught to move fast, but never completely supported to slow back down again.

The argument here is that sustainable support requires systems around this work be designed to be sustainable. Time and breathe can become a clinical tool, as can compassion with boundaries, responsibility without self-erasure and the right to step back is just as expected as 'stepping in'. It is not a case of better workers will outrun and outlast bad conditions. The stark reality is that when advisers say, 'I don't want to work here anymore' it is their final ethical firebreak deployed signalling that the system has failed both them and the service user.

Chapter 5: Beyond the Headset

In this chapter I will explore the ways that the advisers described the room ‘around the headset’ as shaping, containing, facilitating, and sometimes distorting and inhibiting their work on the lines. Together we spoke about the spaces that frame every encounter, the clocks that count us, the dashboards that name us, the systems that surveil us, and the wider cultural and political choices that establish and determine the rules for our clinical practice. We discussed how such systems make some forms of care possible, render other care efforts invisible and delegate responsibility and risk.

The room beyond the headset refers to the layered environment within which remote crisis work takes place. It is simultaneously the physical, digital and psychological. It includes our remote home offices from which we answer the call, the virtual platforms that facilitate our voices, and the bureaucratic systems that dictate our practice tempo and potential. The room beyond the headset is also the affective atmosphere that these systems produce and the vigilance, fatigue and tension that settles into our bodies. The room is therefore not a single location but an ecology of technologies, relationships and power. The adviser, caller and organisation are held by this ecosystem that shapes what can be said, what can be heard and what care becomes possible.

Admittedly, writing up this chapter was the most difficult for me. As I moved through my participants’ accounts, reflected on my own journal entries, and reflected the words back on the structures, and power systems at play, I began to feel a very deep and slow burning rage. This was not abstract anger, rather a morally charged response to watching abuse patterns be replayed by agencies meant to prevent them, as callers are turned away because of criteria rules, mana enhancing pathways are pruned by political choices and advisers are left to shoulder trauma as though institutional support were a privilege rather than a right. This

rising thermometer for injustice brought the image of Kali, the Hindu goddess of death and transformation.

Kali is often depicted as fierce and standing amidst destruction, but her mythology is one of regeneration, sexuality, motherly love and creative forces. She has been worshipped for centuries throughout India, but more recently, feminist scholars have come to see Kali as a symbol of feminine empowerment, creative power, maternal protection, righteous rage and sexual liberation (Doniger, 2025). I invoke Kali here not to appropriate or import a religious agenda, but to name the possibility within my anger and desire to dismantle that which sustains harm, so that care and protection can be rebuilt.

As I noted in my journal: “I’d rather be angry than not care”. My anger names procedural and political choices that feel like violence, and I intend for the discussion of my findings here to show why some institutional arrangements require decisive structural interruption rather than reliance on individualised resilience.

Chapter Five follows five sub-themes as I examine the conversations about queues and tempo and the governance of moral judgement; documentation and surveillance and how this shapes memory and what we feel safe to say. I then situate these micro-technologies in the political context of Aotearoa New Zealand and discuss how the data reveals the impact of austerity, and how the shrinking of Kaupapa Māori services has reworked who is carried, and who is left alone. Thereafter, I focus on culture as an infrastructure, supervision and the material cost as I render the room, and the interacting tensions therein, visible rather than moralising the individuals within it.

The previous chapter explored the *fire* that drives advisers, and this one turns to the *architecture* that contains that fire, determining whether that flame warms or burns.

The Dance of Duty and Deadline

Tempo on a helpline is not a neutral metric; it is an andragogy (Bartle, 2025). Post call wrap-up timers, ‘available’ or ‘call rejected’ statuses, average handling time and queue dashboards do more than measure performance, they establish rhythm. They teach bodies when to hurry up and when to slow down. Under a system design that applauds speed, the clinical pause becomes an anxious luxury, and the therapeutic gift of silence that might bring disclosure, is treated as an inconvenient delay. Across the dataset, advisers described how working under pressured time management compressed clinical practice into desensitised triage, interfered with proper documentation and administration processes, and normalised leveraging worker generosity into expected additional labour (O’Neil et al., 2023).

Ay spoke of the pressured arithmetic advisers must live as every minute spent finishing notes means another minute the next caller must wait:

Ay: If there's not enough people on, you know, and the lines are getting crazy, you know, because I always say to my people leader, it becomes a decision whether I had all those lines because I know people are waiting and get to the notes later.

Ay’s account speaks to the arithmetic of moral labour where each minute spent writing notes is a minute another caller waits. This ethical tension between closing the last interaction of properly, checking in with ourselves to see that we are ready for the next call, and being aware that someone is waiting for us to answer their call becomes part of the body’s muscle memory.

Post-call documentation time has the benefit of providing time to process, reflect and release the context of the call that just happened. When this is constrained, rushed, or delayed this important processing cannot happen, leading to residue of the call being left with the adviser.

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If the adviser does not get external support through taking these tricky cases to process in external supervision or conducting on-shift case consulting with a manager, this can sit unattended to and can lodge itself in our very chest.

Journal: Each time I work one of the hardest things I must do is log off with calls still sitting in the queue... I carry away this heartache that I can never do enough... I have no more left to give... so I have to shut down my computer and walk away, praying that they will be okay.

I have re-used this quotation here as it highlights an effect that was repeated across the dataset. The relentless queue, the unanswered calls, and holding one's own personal boundary easily becomes embodies heartache and worry (Pfitzner et al., 2022). There have been many times where this ethical conundrum has affected each of the advisers on the line, as the tension between duty and deadline sometimes leads to confusion, frustration, and anger that the causes discord between team members. As Zed discussed:

Zed: Do you want me to be honest? [Redacted colleague] has slipped on her shift since I started. Right.... Anyway, so one night I tried ringing her and ringing her and ringing her and she just didn't answer. And I'm like, shit something happened. You know? So [Redacted colleague 2] was going, oh, what do we do? We need to ring someone, you know, and I thought, well, I can't just not do anything. 'cause. I'm the older here, so I rang. I didn't want to, but I rang queue management or whoever the fuck was on, and I thought.

Mandy: Yeah.

Zed: You know, and I had tried ringing, [redacted colleague] and that was my last option, calling QM. Anyway, when [redacted colleague] had come back on she said, 'It was

not nice for you to call QM, she said. ‘Oh, shit. I fell asleep’. She said, ‘Why didn’t you ring me?’. I said, ‘I fucking did’.

Mandy: Yeah, yeah.

Zed: Yeah, so since then it’s turned to shit, and I thought, well, fuck you, I’m not doing this anymore, not covering your ass anymore. Yeah. But since then it’s been a vendetta like - Let’s throw [Zed] under the bus. Because I started writing everything down to protect myself.

This excerpt offers three positional insights. First, Zed was forced to ‘betray’ her colleague due to having to meet the pace, complexity and demands of incoming calls on a short-staffed shift – this is anxiety is felt by her and her other colleague. Second, her colleague showed understandable signs of being exhausted to the point that she could not stay awake on shift. Third, the punitive response evidences the lack of insight and solutions-focussed approach in dealing with this situation. It appears easier to assign blame one adviser’s ‘lack of loyalty’ than to evaluate the potential systemic inadequacy that established the conditions for such an incident to occur. Additionally, Zed’s extreme use of profanities is more than a personal foible, it likely reflects an indication of the strong emotions she feels, and the need to release or express these emotions, about having to make an impossible choice under under-supported conditions (Stapleton, 2020).

Scheduling, task tracking and efficiency by design, are systems aimed to optimise throughput under a neoliberal logic that equates productivity with worth. Pschetz and Bastian (2018) argue that within this time management approach, time is not communal or cyclical but linear, extractive and owned. Such individualistic westernised conceptualisations of time suppress interpersonal interactions and rhythms, temporal processes, and the capacity to reflect- the very factors upon which good relational work depends. Furthermore, they state

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that by treating time as a resource to be managed, rather than an experience to be shared, these systems of effective support of clients and workers render empathy inefficient, reflection as expendable and support systems of exclusion through the micro-management of its people (Pschetz and Bastian, 2018). This micro-management could be felt throughout the dataset as participants spoke of documentation processes and surveillance.

The dataset showed that alongside the awareness of time, advisers spoke of constant acceleration with case notes being half-done, calls and webchats overlapping, and the sense of being watched even as they tried to process what had just been heard and what they needed to do about it. The absence of adequate time is not an administrative inconvenience; it is a structural and clinical risk. Zed spoke to carrying and managing this risk alone:

Zed: A colleague didn't put something in our risk chat that was so high risk [...] there was no notes in the chat, so when the woman called back, I had no information [...] while I'm trying to work out what to say to this woman to keep her safe.

Here Zed's report reveals the clinical hazard of absent notes. She must quickly orientate herself in a call where intervention has already occurred and risk has escalated. Missing entries are safety gaps that open when going back on the lines to take the next call is prioritised, and not enough time is taken, or given, for the adviser to properly complete post-call administration and steady themselves for the next one. Ay mentions this as she speaks of 'getting to the notes later' as a choice she must make between staying clinically safe and getting to the next waiting caller on busy lines. With no clear directives on how to manage this tension, some advisers do take the time to complete documentation in their own time:

Jay: If it is like a particularly upsetting sort of story. I make a point of taking time,

doing the notes and closing the file. That's my self-care - taking as much time as what I need and being kind to myself about that.

In this recollection, Jay has recast her post call documentation process as self-care and safety work. Notes here can be the boundary that separates the encounter from the adviser's mind and body (Kitchingman et al., 2018b; O'Neil et al., 2023). They serve as much for the worker's psychological closure as for the next adviser's potential pick-up point, should the service user call again. The paradox here is that the system frames this clinical necessity as a delay. Time spent not actively *doing something* is not viewed as necessary self-regulation time. Rather, it is unhelpful or unavailable time where the worker is seen to be 'doing nothing and getting paid for it' and is regarded as a sign of weakness (Bamforth et al., 2023). The opportunity for safety and building of vicarious resilience is lost as the adviser is pushed along, rather than us working within a system designed for us to be able to help ourselves so that we might better help others (McGlinchey & Killian, 2025).

Journal: Advisers are burdened with the task of balancing ethical responsibility to the client, and outcome requirements of job according to company (call handing time, call reviews, case notes, quality ratings, service levels).

My journal entry reflects on the numerous responsibilities workers often taking on that are not formally recognised or quantifiable. These administrative and emotional tasks tend to be invisible within performance metrics yet are essential components in continuity of care. In their research discussing invisible labour, Kaplan et al. (2024), noted that such work is often gendered and women were more likely to describe both types of work (emotional and administrative) as 'helping', even as the expressed concerns about blurred boundaries between invisible work, job descriptions, and the financial reward for their efforts (Kaplan et al., 2024; Willis et al., 2020). This intersection between gender, invisible labour and

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undervaluation resonates strongly with my data. Participants described similar discrepancies between workload and their pay, both within their team, and in comparison, to, equivalent community-based roles:

Ay: They could do that, you know. Will they do that? No, you know, I mean, they're still not even paying everybody on the best lines, the same amount of money.

Mandy: Hmm.

Ay: You know what I mean? We're all doing the same call, but yeah, hang on a minute. We've got to pay people different and, and I'm really pissed off that we might be losing [Gee]. That's annoying the shit out of me.

This sense of inequity was not limited to pay. The same dynamic of control and invisibility appeared in how the advisers were managed and monitored. Call monitoring – where shift supervisors, people leaders or the queue management team can view screens or listen in to calls without notice- were presented by management as safeguards. The advisers reported feeling uneasy, and saw this monitoring as a form of micro-management, control, policing and confidentiality breaches that constrained the possible field of conversation within the interaction, and caused unspoken tension, distrust and quiet resistance between colleagues:

Zed: If we're doing the save, the QM teams, are those assholes going to hear this? Are they listening? Are they recording? What? What's happening? That's how bad it is... Well, you take stuff that should have been confidential. Well, I found out through someone else that they heard snippets of it. Right. So, my confidentiality's been breached.

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Tee: Even so, where my screen getting watched and then I feel like I can't plug in my phone into my computer to charge it because they're, maybe they're going to hack into my phone.

Gee: Oh, no. Well, I don't know. Then they say that sometimes they listen to our calls, you know, randomly because they need to do the quality team thing, you know, check the quality in the calls. And I'm like, well, OK, and seems more like a Big Brother, you know?

Tee's statement reveals the consequences of micro-management through her mistrust and hypervigilance. Gee's statement matches this in the feeling of being constantly watched. The remote workplace becomes a place where paranoia, self-doubt and excessive self-monitoring can creep in. When advisers became aware that their 'private' conversations may be available and audible to those outside of their 1-on-1 conversations, candid reflection is curtailed, resulting in an ethical and practical loss of trust, transparent communication, and team cohesion.

The pressures of tempo, surveillance and invisible labour reveal a system that both depends on care and devours it. Each call asks the adviser to burn a little brighter in a system that mistakes endurance for strength. Here I feel the pulse of Kali again as I reflect on the fire that cannot last. As systems and shields thin, the work becomes less about sustaining pace and more about surviving within the ruins.

The next section turns outward to the larger terrain where political austerity and policy neglect have scorched the very ground advisers are asked to stand upon.

The Protector's Dilemma: Surviving Scorched Services

This theme deals with how the room beyond the headset is unavoidably shaped by political choices (Haldane, 2009; Pfitzner et al., 2022a). These choices do more than reassigning money, they alter what can be practically done to support people to get and stay safe.

Currently in Aotearoa funding cuts, hiring restrictions and de-prioritisation of Kaupapa Māori services have shunted the healthcare system into crisis (Public Service Association, 2025).

What this means for healthcare, and the remote Refuge Crisis Line, is that the government have scorched whole swathes of resources, leaving advisers to work in the charred remains.

The dataset reflected this as referral processes, spaces in safe houses, valuable Kaupapa Māori services, and crisis escalation agencies (such as police and mental health crisis line) have become increasingly stretched or non-existent. Working within this devastating landscape can often feel like I am standing on a battlefield, trying to protect victim-survivors of violence with one hand tied behind my back. This section follows the adviser accounts as it traces the labour of holding people whose support pathways have been culled, and how these political choices translate into operational scarcity.

ournal: The brief intervention format means treatment never reaches completion, not a sustained treatment option anyway, and money is being made from the space left off the backs of hard-working empathetic people as services are cut and culled for curbed government spending initiatives. It's almost as if it pays the government for people to stay unwell and unsafe.

Throughout the data advisers argued that by working within a strained system, they been unwittingly placed in the position of a gatekeeper. This contrasted with the role they had initially taken up, which had been positioned as offering them the opportunity to 'make a

difference through saving and changing lives'. Many of the participants had an ethical response to this positioning, and questioned the perception and treatment of the service users they were supporting:

Gee: So, I mean, I believe that and one thing you know another thing you know that we need to be culturally prepared and we need to be culturally appropriate to, you know, work with people from different cultures. And we need to refer people too. That's another interesting thing that I was very surprised from out of New Zealand, New Zealand system is like, they always ask you, what's your ethnicity? From my education, from the way where I am, they have always said to me, don't ask for their ethnicity.

They are humans. You need to treat them as equals with same respect independently of their culture, religion or language. You know, if they are struggling with their own language then and with this our language, then we need an interpreter. If they can understand, then perfect. I mean what is culturally appropriate? What? What does it mean, right, I mean.

It's still differences. It's still, you know, levelling people.

Why? What is that reason? Why are we still dividing people, you know?

When Gee questions the gathering of demographic information against how it is being utilised, she raises an important point – if this data is used to connect the caller with an appropriate support (like a Kaupapa Māori service or a language translator) this would be clinically pragmatic; but this is not the case. In this instance where data is taken from the caller without any visible meaningful purpose in mind, the question can feel classificatory rather than supportive. For service users who have had adverse experiences with agencies in

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the past and been subjected to stigma, institutional racism and inequity when trying to access support, this cold categorisation procedure can feel divisive and exclusionary. Gee's response to having to ask questions about ethnicity showed her awareness of how this statistical measure and bureaucratic data collection has the effect of division and othering. Her moral insistence on human equality, and demand for practice that is culturally prepared and appropriate and reveals her ethical standpoint. She framed dignity, the right to be 'treated as a human' and respected independent of cultural differentiators, as deserved by all.

The deeper point evident in her assertion to 'treat them as equals' is that service users do not arrive as equals to the line they call. Eurocentric norms can reproduce systems of inequity and perpetuating systems of 'racial capitalism' (Wright, 2022). Equal systems applied to different starting points always produces unequal outcomes. This would infer that the system itself is not fit for purpose. Government budget cuts, short term solutions for intergenerational systemic issues and profit driven processes turn administrative functions into check box gatekeeping rather than gateways to suitable supports. This reproduces inequitable outcomes for service users as advisers must innovate continuity and call closure without systemic resources.

Ay further expanded on this point when she said:

Ay: We're not just dealing with Pākehā... We're not just dealing with Māori. One of the hardest ethnicities that I find to work with is anyone from Africa... and even South America... it would be really good to bring in people to teach us that stuff... What can we teach them? What can we give them? That's important for the diversity of our population. Will they do that? No... they're still not even paying everybody on the busiest lines the same amount of money.

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Here, Ay highlighted how the helpline's multicultural client base is impacted by institutional inequities. Across healthcare systems patient health outcomes are transformed by cultural safety, it strengthens connections and care (Campanella, 2022; Haldane, 2009). Recently, the Ministry of Health held a public consultation to remove cultural safety from workforce regulation in a move that further threatens to weaken healthcare in Aotearoa (Lyndon, 2025). When agencies do not, and financially cannot, prioritise time, knowledge and pathways to ensure their practice is equitable, adaptable and suitable for all cultures, advisers are left to improvise within a system that does not teach or provide, thereby disempowering both adviser and patient. This can make people feel like they do not count and undermines decades of progress that has been made towards health equity (Lydon, 2025).

Across the dataset the advisers spoke of endorsing and offering caller support without judgement. Interestingly, Gee spoke of the Māori refuges, and how their criteria and 'rules for engagement' were more inclusive and supportive than others:

Gee: I'm also surprised, right? Because for instance, Māori domestic violence support, they don't discriminate, you know, they are like everyone is welcome.

However, of course, they always rely on the capacity and fundings and all those kinds of things, right? But there I have offered these to all of them, you know, are you Māori? OK, no, I'm not Māori, but I don't care if I go to Māori refuge, you know? And it's like OK, perfect. Because they shouldn't discriminate. You, you know.

I mean, if I rate how the Māori or Kaupapa Māori, you know how they help people and everything, I feel more comfortable.

With that, western theories, you know that there are like, Oh yeah, now you are you have bipolar, you have this, this, this traumatised oh, you need PTSD. You need to take those pills you know because you are mentally unstable. Well, I'd rather go to

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Kaupapa Māori refuge and having that healing space, that time and contact more holistically. You know on all those kinds of things that are more connected with humanity and nature. Rather than Western, European theories model, I believe so.

Gee's endorsement of the Māori refuges clearly illustrates the concept of *manaakitanga* in action. As a European Immigrant I take respectful care here to provide a suitable enough translation, for this concept is itself rich, nuanced and multifaceted. *Manaakitanga* encompasses mutual respect and reciprocal hospitality. It asserts that all living things are to be treated with kindness, care, and respect regardless of the situation, and always without judgement (Davies et al., 2022).

In the data, Māori domestic violence supports were described as offering service users a place to engage with support in a way that was not defined by demographic categories but by practices that meet the caller where they are, acknowledging unique whakapapa (lineage), whānau (family) and embodied histories and experiences of oppression. Importantly, the protective mechanisms of *manaakitanga* are still limited by capacity and funding, and as Gee notes, that reliance is the exact space where policy choices meet human cost. When Kaupapa Māori services are constrained, what was once a valuable reliable option is no longer guaranteed – it all depends on who is on shift, pure luck, funds being spread thin and advocate ability to take on more in already unmanageable caseloads.

I feel and hear how the service user is being let down by the established services in place who should be supporting them – this feeds into my own disappointment and frustration about services and the state of things – major cuts to healthcare, increasing load on Mental Health services and spill-over into Domestic Violence, Sexual Harm and Elder Abuse lines. These lines are not designed for some of the callers, but it is hard rejecting or redirecting someone with no certainty of them getting the support they need after you put the phone down.

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Other times I have had incredible interactions with external agencies, and these supports actively restored my faith in these services and the people who work for them. These include incredible police and ambulance responses, and witnessing strong, effective, empathetic and kind interventions by them on IPV, suicide, MH calls where they were the service user's salvation from their situation.

Family harm institutions lack sufficient clinical expertise and treatment for complex victim-survivors with co-existing issues. Many chronic DV cases then default to accessing support via the ACC sensitive claims system, when the issue should be treated right there within the family system. Training for intervention on the lines does not account for, or incorporate, this issue. The WR lines are experiencing the overflow from an overburdened Mental Health system, complexity of cases has increased exponentially and yet training, resources and clinical upskilling and support infrastructure remains stagnant.

The system is not fit for purpose: "When you're not fed love on a silver spoon, you will learn to lick it off knives. Abuse can feel like love, and victims are collateral damage in someone's war against themselves" (Eden, 2018; p.12 & 28). Advisers offer the service user an alternate form of love – hope, non-judgement, validation, recognition, and kindness. These women are often embedded in family and social position that judges, others, stigmatises and labels – support must sit in juxtapose to this.

In this work, love becomes both a balm and blade in acts of protection that heal even as they cut through harm. Yet such protection cannot be sustained through sentiment alone. To keep offering care amidst scarcity, advisers must learn to hold both the tools of their craft as their sword that acts and look to the shield of support that should sustain them.

The Mother's Sword and Shield.

The dataset consistently evidenced a sub-theme around the dual nature of the psychosocial adviser role. Advisers reported managing the clinical task of the role, namely calming the caller, risk assessment, safety planning and escalation to other services if needed, while concurrently contending with bureaucratic barriers such as administrative tasks, strained and disestablished resources, and achieving throughput targets.

I position these two modes as the sword and shield. The sword represents the learned and practiced techniques and interventions advisers wield in that moment that were discussed in Theme One. The shield, by contrast, refers to the organisational structures that should be in place to help shoulder the burden of care so that the interventions do not consume the practitioner. The sword is evident in precise and well-practiced phrasing, calibrated and calculated pauses, fair but forceful advocacy and authentic cultural practices. The shield is timely, educational, and strengths-based supervision, rostered and prioritised wellbeing breaks, reliable referral pathways and embedded cultural procedures.

The question here when evaluating and constructing these ideas, was whether the room beyond the headset propped up these two aspects, or lets them collapse, and what follows when the shield is thin and the sword is all that remains.

Supervisors, management and the architecture of Permission

Supervisors and leadership are critical design levers in the room beyond the headset (Clibbens et al., 2023; Werkmeister et al., 2023b). The data provides evidence that supervision either added capacity to the advisers through distributing decision-making load and providing space for reflective and restorative practice; or showed up as a form of surveillance through auditing, quality control feedback or policing. The difference matters.

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Zed: I asked for an extra supervision because I wasn't feeling okay. [manager redacted]'s response was we'll pay for this one. OK. I asked them on the 6th or 7th ... he responded on the 28th. My supervision was the 28th – he messaged me **after** I'd finished my shift to say that I could have my supervision that day. Fuck you. You fucking slow clown.

Just as discussed in Chapter Four, Zed's anger is naming a betrayal of care. External professional supervision sessions for the adviser can only be accessed with managerial permission – placing another barrier between need and support. Zed understood that arranging this supervision was crucial in supporting her wellbeing, and treated it as a priority, her leader's delayed and dismissive response did not. What should have been a protective act instead became another injury – tokenistic support that returned the moral and emotional burden back to the adviser herself.

Gee: Do you see [redacted] or not? He's our manager. I don't feel that he's our manager. ... I feel completely disconnected. I feel that the less they give, they have that much more power.

When staff experience management as distant, neglectful or contemptuous, this creates the potential for them to feel stigmatised (Smith and Hanna, 2021). This also means that staff are then more predisposed to foster animosity and resentment that inevitably affects their work with clients (Auth et al., 2022; Straussner et al., 2018). Leadership that prioritises and communicates permission to their staff, changes the room and what it can produce (Ratcliffe and Kaluževičiūtė-Moreton, 2023). Be it through protecting case note time, valuing cultural labour or allowing call refusal when safety cannot be guaranteed.

My reflexive journal linked in with this line of thinking as I contemplated the manager's dilemma of operating within underfunded systems:

Journal: The corporate framework dictates a certain way of thinking, being, decision making and viewing others. Line managers become the placeholders or buffer between frontline workers and stakeholders and are challenged with adapting their practice to satisfy both spaces. This positions them in a tricky space where a pay check is financially important, but advocating for those below you is ethically important.

Line managers should not be required to shoulder this moral and professional quandary without the necessary tools to do so. Organisations would be best served by investing in targeted manager training that focusses on trauma-informed leadership, culturally grounded supervision skills and workshops on practical rostering and advocacy. This would then give them the knowledge and language to protect their staff and invariably the service user. This move would empower them to pivot from being squeezed buffers, to empowered stewards of the shield. When managers are resourced, trained and held accountable for their staff's wellbeing, the room around the headset **can** change shape. Permission to pause, cultural safety and recognition, and validation for the adviser efforts can shift labour from something that is extracted, to that which is revered and defended.

When Culture is Tokenised.

Another dominant strand in the data, and the final sub-theme in this chapter, was the recognition and insistence that culture is not an ornament but a valuable clinical technology. The advisers noted how, by integrating concepts of *whanaungatanga* (kinship and connection), *kaitiakitanga* (guardianship), *manaakitanga* (kindness), *wairuatanga* (spirituality), *auahatanga* (creativity) and *kotahitanga* (unity) into their practice from an embedded value perspective, practice becomes stable and safe. (Askarany and Lam, 2025). When such sacred cultural practices are tokenised or performed for optics, they can lose integrity and amplify harm:

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Ay: So, back to that well-being - so tikanga and karakia are my daily practice. We learned in my old job that before every hui ... you're entering a vulnerable space, and a lot of damage can be chucked at you.

Ay shared how her cultural practices were protective to regulate state and share responsibility and healing and helping through connection. The underlying messaging here was that this valuable mechanism for collective containment was not being used in her current role, leaving advisers vulnerable.

Ay: We used to sing waiata, we used to do pōwhiri every time people came in ... we were so embedded into tikanga.

This memory seemed important to Ay as it described practices that normalise and routinise gentleness and aroha (love). The expression and authentic experience in this shared 'technology' is something that cannot be fabricated or faked, was framed as demeaning and insulting for not only the practices themselves but those that bear witness:

Zed: One of the staff meetings I did actually go to they wanted someone to do karakia at the beginning and I thought, shit, hey, and it was just done in such a disrespectful way, like it was a joke. I thought. Wow. Wow. It's disgusting, man... And you know what? They were laughing.

This counterexample illustrated how tokenism and performative application of cultural observances can injure. When ritual is performed without understanding or respect, it destroys the opportunity for connection, collaboration, cohesion and community (Askarany and Lam, 2025). This type of disrespect also highlights how prevalent and normalised implicit racism still is on a company and systemic level that individuals feel comfortable to laugh and make light of something so precious to Māori people.

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I will not spend long on my soap box here but would be remiss to mention that at the time of writing this thesis I was working in both a Kaupapa Māori agency and the refuge helpline. I was privy to both approaches and found that respectful observation of Māori cultural practices, even as the Pakehā outsider, were healing for my mind and soul and served to enhance my connection with peers and whaiora (clients) and bolster my practice. To pass this up for an asinine laugh still seems like such a waste to me.

Advisers noted how they often found their own way of creating connection through culture, and found micro-moments of belonging even when organisational scaffolds failed to support them:

Gee: If someone asks me to speak Te Reo Māori, I speak te reo Māori ... and I come from another very cultural country.

Gee's statement demonstrates the power in the way we use language. Her willingness to switch demonstrates the immediate potential of cultural recognition to build rapport and trust.

Her instinctual response demonstrates a form of relational cultural intelligence (Su & Ledermann, 2025) that is an attunement to shared humanity through language and respect.

Other participants noted how this might operate among staff:

Jay: Is having a cultural connection with another person that's on the same shift with me that I can call when I need to talk? ... Yeah, game changer.

When team connection and personal inter-peer conversation is not micro-managed with suspicion it can become a lifeline. Collegial trust is a form of collective regulation where leadership can model permission to connect beyond hierarchy, and workers can simply be humans in commune with each other (Pfitzner et al., 2022).

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During each interview I started to get a deep feeling of *whakawhanaungatanga* with each participant. They wanted to be heard, they wanted to be validated in their experiences, and longed for reflective spaces where we could talk, laugh, grieve and heal together. The data made clear that connection itself was curative.

Zed: It used to work. It used to be... there used to be way more team backup. I know when [redacted] was there man, she kept everyone connected. Today... the team was so good then.

Zed names the loss of good colleagues to better and safer opportunities, and how team cohesiveness was so important to her and feeling supported. In contrast, Gee noted how unconnected and alone she felt:

Gee: And that's an issue for me because I sometimes think imagine that I, you know, I have to give four weeks of notice... all the burnout... I can't handle this alone anymore. I'm just over it. I can't. Enough. It's enough, you know.

These lines trace the trajectory of organisational and political choices that reconfigure practice environment. Funding cuts, workforce depletion and managerial control reconfigure the tempo, tone and texture of daily work. This then translates into how work is experienced and embodied, which feeds down to the service user experience. Strain on the worker leads to attrition, and this is a signal of a systemic failure rather than a personnel weakness.

The emotional labour that advisers must perform is relational at its core. This cannot be endlessly mined without replenishment. The room's design choices need to consider what it is that people need to sustain the very important work that they do (Willis et al., 2020). To sustain this work psychosocial advisers need more chances to connect, more opportunities to share and be unified in our challenges and triumphs. That is where the alchemy lies – in

transforming isolation into solidarity, tokenism into authenticity and emotional labour into shared humanity.

Conclusion

The dataset for Chapter Five insists on the uncompromising truth that the adviser's crisis work is moulded by the room that surrounds each moment. Across participant interviews and my own reflexive journal, the corporate mechanisms of that room such as call timers, documentation processes and monitoring practices repeatedly appeared as active forces influencing what advisers can do, and what support callers receive. These structural patterns teach worker bodies to hurry up by making a healthy clinical pause an anxious luxury.

Surveillance frays connections and corrodes trust so that advisers become more guarded in what they say. These effects are cumulative and settle in the chest as heartache that erodes the adviser's capacity to care.

Beyond these micro-technologies are visible political choices that have practical frontline consequences. De-prioritisation and disestablishment of vital Kaupapa Māori services, nationwide redundancies, funding cuts and laws and policies that divide and disempower, means that the helpline must, like many healthcare spaces, manage the overflow on lines that were never designed to handle such complexity. The lived consequence is the weakening of existing structures and staff as they struggle to support the most vulnerable tangata whaiora in the community who simply did not have the same starting point in life as others.

Supervision and leadership were shown to be pivotal design levers that were capable of either stabilising or destabilising the room. What could be a protective factor for the adviser, could just as equally be the force that degrades the worker strength. When supervision is strength focused, trauma informed, and managers model self-care protection and cultural stewardship, things remain steadfast in the storm. When supervision and leadership is punitive, delayed,

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detached, the same structure becomes a source of harm, amplifying vulnerability rather than protecting against it. The difference is not coincidental, its architectural.

The overarching implications of this chapter are that even the most skilled, compassionate and resilient frontline workers cannot carry the burden of care within systems built to fragment it. Service users already disproportionately marginalised by race, class, language, and location become the human consequence of political agendas. The accounts from my journal and adviser interviews evidence a refusal to be part of a system that is quietly normalising structural and social harm. Unless the room around the headset is redesigned to acknowledge the embodied, relational and cultural labour of this work, the cost of care will continue to be borne by exhausted workers and the very communities least able to absorb it.

Optimistically, the cracks in the system also point where the light can enter, the spaces where advisers have found different ways of working, and different ways to manage the shield so they can wield their sword of protection. If care has been fragmented by design, it can be reimagined by design via practices that prioritise containment, permission and connection over control.

Chapter 6: Everyday Alchemy: The Making of an Adviser.

In this chapter I will discuss how advisers are formed and transformed in the doing of their work. Adapted from the book 'The Alchemist' by Paulo Coelho (2008) I will use the analogy of alchemy as a way of understanding how advisers are continually shaped by their experiences, and how exposure to trauma, distress, bureaucracy and care can both corrode and define the self. The Alchemist tells the tale of a young boy who, following his dreams of treasure, is guided to realise his true self by the wise alchemist. It is a mystical tale of self-discovery where the protagonist Santiago's journey for treasure leads him to individuation, teaching the wisdom of listening to our hearts, learning to read the signs encountered as we travel through life, recognising opportunity and following our dreams.

This parable reminded me of how repeated encounters with crisis calls transmute that which is latent (lived experience sensitivities, trauma scars and values) and that which is taught (scripts, standard operating procedures and professional practice protocol) into the craft of situated judgement. The adviser is both crucible and practitioner who contains others' pain while being altered by it. The emphasis within this analysis is not on innate traits the advisers might have, rather it is an appreciation for practice in motion and becoming. It is the recognition of the transformative nature of the work we do, and how the selves we bring with us to that work, are the very things that makes us so good at it.

This chapter was constructed around three distinctive sub-themes. First, 'The Crucible of Practice' examines the participants' various entry routes into the adviser role, and what potential and risk each unique positionality produces. Second, 'Recasting Violence' delves into the conceptualisation of domestic violence and how extended exposure to caller accounts challenges and changes adviser theories and understanding in use. It is the psychological progression from linear episodic incident-centred thinking to intersectional mapping of

patterns of behaviour that strip bare the insidious nature of coercive control and other slow and sneaky architectures that make leaving a violent relationship so dangerous (Brodie et al., 2023; Gillies, 2025). Third, 'Tempered Boundaries' revisits some of Chapter Four's discussion, and further expands on how the power and skills that develop through practice must be contained and disciplined by both practitioners and the collective. Supervision that adds capacity, boundaries that leverage power for protection, and situated support that acknowledges how the becoming of an adviser is also the creation of a strong social and moral justice advocate.

Throughout this chapter the data conveys the message that good and competent practice is enacted, appropriate sequences are learned through action, conceptualisation frameworks are devised and revised via repetition and reflection, trauma and lived experience can become a super power, and professional and personal identity is constantly being recalibrated by what the lines are teaching us.

Journal: Sitting in the midst of chaos offers the opportunity for change and transformation – the chance to change and step into a new reality through courage. It is my job to sit in the eye of the storm with this person and plan the next step back into the storm so we can both walk out the other side safely and with renewed vigour.

Crucible of Practice: From Script to Situated Judgment

Across the dataset, participants and I noted how we had entered this work through different pathways. Some said this job 'came' to them through a chance opportunity, others were driven by financial necessity and there were those who were motivated by the chance for vocational progression. How each of the advisers came to the headset shaped what they brought with them to the role. This was a mixture of academic training and education, prior work experience, personal history and lived experience of family and domestic violence, and the contingency of fortuitous timing that provided the impetus to enter the role that brought with it the raw metal for the making of an adviser.

These narratives of entry into the role, be it through necessity and contingency, relational and cultural provenance or for convenience and escape, positioned the adviser in a particular way well before they took their first call.

Jay: I honestly, to be very honest with you, it pretty much just landed on my lap. I wasn't too sure what I was going to study. I needed a job and this one, yeah... I could learn, you know, it's family violence. I could learn it.

Gee: Basically, it's all my situation. I was in New Zealand for three years because we got stuck because of lockdown and I decided to find a job in my profession and field, because I was working in hospitality and that was enough. So, they were the second one to, you know, to offer me a job. And I thought well, it's in Auckland, but I can move around.

I got the job and I accepted the job. That's all you know. It was my, my reason and because basically it was my first job as a, you know, on the domestic violence field. And I was very interested.

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Zed: I took this job because I needed to get out of my old one. I took the nights because of the money. I couldn't survive on the day. So that's why I jumped into this role.

Those advisers who accepted the role through contingency or necessity described the job as having come *to* them, or that it was a practical choice arising from visa requirements, migration aspirations or through the need for paid work. Jay's account of, “it pretty much landed on my lap” captured this common pathway where the underlying connotation is that to be a psychosocial adviser on a crisis line was not an expected choice, it just became one as it was accessible, available and offered the opportunity for learning in situ. Gee had taken this role where she would be working in family harm for the first time too, but as with Jay, appeared open and willing to learn and upskill to do the work.

Journal: I took this job because they gave it to me. I was finishing off my Bachelor's and my experience and education kinda met the job spec. They decide to take a chance on me, and I am so glad they did. Looking back now I do wonder if the family harm stuff and my own lived experience had anything to do with why I decided to push the 'Apply now' button, still not sure. But what I do know was that I really don't think I was prepared for what doing the job actually meant – I knew I could do what the job spec asked, but there was a lot there that words couldn't accurately warn me about.

Across the data, formal training was presented as welcoming practitioners onto the lines before practice could do the 'real' teaching. The practitioners and I were united in our sentiment that there was dissonance between what training promised, and what the line truly required. While experience is invaluable in accelerating learning, it also exposed novices to risk if their supervision is unskilled, disengaged and ineffective (Hawkins & Shohet, 2012; Rothwell et al., 2024). This apprenticeship then becomes a proverbial 'running of the gauntlet' and is a thinly veiled test tucked into a job offer – those who could quickly adapt and make

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sense of how best to do this work often drew on prior relational and occupational resources, while the rest were left to try and figure out how to keep their head above water.

Ay spoke to this in her interview:

Ay: I worked for 19 years at Woman's refuge itself. So, they brought me in to be the Māori covering that huge area... that's where I started... what made me (come) to family violence was watching Māori males think that they own Māori women. Working there and seeing them treating them like shit, I've never seen anything like that.

I was raised in a Catholic home, and I remember my mom, I remember my dad hitting her once. And the next day, she packed her daughters up and moved out.

So I learnt, you know. Don't do it. Yeah, consequences.

Ay's descriptions of connection with community and her lived experience were framed as equipping her with not only the motivation, but the embodied knowledge of working within the Domestic violence support and advocacy space. She argued that this epistemic toolkit provided the ability to read dynamics that training alone simply cannot supply. When an employee's cultural positioning is recognised by employers, as it was in Ay's previous role, it can become a valuable resource for brief intervention through *whakawhanaungatanga* on the lines, and bolstering mana-enhancing practice. Additionally, when companies assume a cross-cultural approach and embrace and spotlight the strength that lies in this diversity and culturally informed perspective, it can enhance organisational climate and worker satisfaction (Roth & Ritter, 2015). Conversely, when advisers must code-switch and translate their experience, positionality and knowledge to adapt to the language and culture of the service, without institutional support and resourcing, this can become another invisible labour that compounds worker burden (Simango, 2019).

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Tee: Um, well, it was mainly because my mom worked on the healthcare side and back then when she, because she's probably been there for about 6 years now, But when she first started, they had a lot of get togethers in Auckland and it sounded like a really, really good company to work for and then also the pay sounded good and working from home. It was the working from home thing that really got me like.

Mandy: Yeah.

Tee: My job prior I was only there for about nine months, but it was quite a toxic work environment like the boss was not very nice like she was abusive pretty much. So it was...

Mandy: Yeah.

Tee: Being able to work from home pretty much was what I wanted to do. I looked at the jobs that were coming up, the family and sexual harm advisor- - that job was just always there and I kinda like hummed and haaaa'd for probably like over six months like Ohh. I don't know if I really wanna do that. Like it sounds horrible. So really it was a convenience thing. And I thought that would just be a way to get my foot in the door.

Mandy: Yeah, yeah.

Tee: So yeah, probably wasn't the right, you know, right intentions to get in the job. But I just want it to be able to work from home.

Tee's comments highlighted the importance of convenience, family responsibilities, financial benefit (pay) and the appeal of working from home as decisive attractors to the role. The ambivalence she displays ('humming' and 'haa-ing' over applying) reveals her prioritisation of a practical solution to a toxic workplace over a true vocational calling. The contradiction

arises later in her narrative as, what started off as flexible and easy, over time became emotionally demanding and burdensome. This demonstrates how accepting employment for convenience may very mean that, as the tenure progresses, the adviser encounters underestimated and unanticipated need for recalibration, adaptation and emotional labour.

Just as the alchemist endeavours to transform raw materials into noble life-giving elixirs through a sacred and perfected process (Pereira, 2018), once the advisers arrived onto the lines, they began to transmute their potential into a finely honed craft through repetition and reflection. This process resembles an apprenticeship, although not a formal one, for much of what is learned occurs only in the doing of the work. Rothwell et al. (2024) refer to this process as 'action learning' whereby real-time learning occurs while organisational needs are met. In this sense, the first call becomes both initiation and instruction.

Gareth Terry's writing on *application-based learning* in critical health psychology offers a useful way of conceptualising this process. He argues that movement from theory to practice is never merely technical, but always situated, ethical and reflexive. Practice becomes a site of transformation where tensions between individual care and systemic constraints are negotiated. Within this liminal space between practice and study, workers must integrate conceptual knowledge with lived experience, adapting their practice to institutional, political and cultural realities. In Aotearoa New Zealand this also means responding to the obligations to *Te Tiriti O Waitangi* by grounding practice in relational accountability and equity (Terry, 2025).

Taken together, the adviser accounts of how they came to be an adviser offer an insight to the 'raw materials' they bring with them into the role. As they shifted from other roles, academic spaces, similar fields or completely different roles, they brought with them a valuable set of skills that, if honed, recognised and supported properly, could be an asset to the company.

When services acknowledge and integrated these capabilities into the operational aspects of practice, this had the potential to result in highly competent, stable and context-sensitive interventions. If not, this leaves the adviser to become individually adaptive, and these strengths of lived experience, work and academic proficiency have the potential to be misdirected, leading to challenges with maintaining clinical distance from clients, and experiencing unrecognised countertransference further exacerbating emotional burden (Redinger & Gibb, 2020).

Recasting Violence: Evolution of Understanding

A second sub-theme consistent throughout the participants' and my own autoethnographic accounts was that we had arrived at this role with preconceived ideas of what domestic violence was, how it looked, and how we situated ourselves in relation to this conversation. As we spent longer in the role, and were exposed to continuous raw stories of violence, our conceptualisations of DV began to be redefined. Over months, and in most instances, years, a new map for understanding and responding to DV support began to be formed by each adviser. Violence ceased being viewed as an isolated discrete event, and became indicative of a pattern of behaviours, hidden rules and power dynamics that govern a person's life. As previously discussed, all the participants bar one disclosed personal experience with DV. Coupled with their pre-existing knowledge and education around DV, each felt relatively confident about their understanding of the dynamics of violence, until they started working on the lines.

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Jay: Over time, absolutely. For me, at the beginning I was like, Yep, family violence, domestic violence, the stereotypes were there. It was absolutely there in my understanding of it is mainly physical. I knew like, yeah, there would be the emotional sort of parts of it. But I think my understanding of domestic violence as it is today and how I conceptualise it is, is essentially around control, you know.

That sort of coercive control, or the manipulative control, soft control versus the sort of the hard physical sort of in-your-face control?

Yeah, that's how I have really conceptualised and that sort of transcends biology, sex, you know, dynamics that control transcends all of those factors and is sort of linked within them. If it's system, systemic or within a relationship or whatever the case.

Mandy: Yeah. So, do you feel like this understanding is changed over time?

Jay: Absolutely changed and I think my, my understanding of it of it talking to people I think has been a big thing hearing these sort of accounts because you know from training and that sort of thing, you have call control and whatever and I still sort of had that of OK, Yep, physical. But through talking to people and actually hearing people say, you know, I wish it was physical because that's I think that would be better. Because I can't, you know, the emotional mental stuff is so bad that I wish I'd just have bruises.

And that's it. So, I think my understanding of, of family violence has changed.

Working in the space for over a year also has sort of connected me with my past and seeing how those behaviours were also abusive that I had no idea of, yeah.

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Jay's account traces the progressive reconceptualization of DV from stereotypical imagery of physical harm, to a more layered understanding of coercive control, power and psychological entrapment. This shift unfolds through *distal* and *proximal* processes. Cognitively distal in the sense that new frameworks and language learned expands how the adviser names and understands DV. Somatically proximal in that these recognitions also resonate with the adviser's own lived experience. Similarly to the interplay between distal motives and proximal affect processes that facilitate good performance and workflow, advisers learned through conceptual insights and felt engagement (Schiepe-Tiska et al., 2021). The crisis line environment accelerates this synthesis as repetition of practice hones intuitive pattern recognition, enabling advisers to formulate responses and take solution-focussed action, thereby bridging their learned theory with the practical application of lived experience and knowledge (Terry, 2025).

Jay's admission that this new perspective 'connected me with my past' also reveals a recurring tension. Conceptual clarity can be incredibly useful to inform safer interventions, but it can also re-open old wounds for the adviser with lived experience. Jung introduced the idea of the wounded healer in 1951. He theorised that those who have experienced illness, trauma or pain are often drawn to helping professions where their past victimisation experiences become a powerful mechanism for insight and empathy. Evidence suggests that shared experience can benefit both the healer and the client, as the healer has a more vested interest in the outcome of the interaction, and the client benefits from feeling heard and understood (McGlinchey & Killian, 2025). The caveat, however, is that this immersion into shared experience involves positioning and revisiting past wounds that can be both an asset and a liability to the adviser (Straussner et al., 2018). Operating within this space, advisers described needing reflexive containment where supervision and peer debrief recognise, name

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and situate this history as clinical material and not a personal failing (Willis et al., 2020). Tee spoke to this connection when she said:

Tee: Um. I think it gave me a lot of kind of terminology, you know, just the terms or like that's gas lighting that's manipulation like it just helped me to kinda clarify the names of each behaviour, but like.

Mandy: Yeah.

Tee: I've got my own experience of family violence, domestic violence. I'm so like I felt like I kind of came and with a knowledge like an inside knowledge of that, but it just helped me put all the names to each type of behaviour, yeah.

Mandy: Yeah.

Tee: And then also, like I can really empathise with the people I would was talking to because I knew exactly kind of what they were on about, like the type of behaviour. Not that I said, 'I know what you're going through'. Like, I didn't really put any of that on the lines, but yeah, it just kinda helped in that sense.

Tee's statements demonstrate the benefit and role of naming. Terminology such 'gaslighting' and 'coercive control' are more than scholarly descriptors; they can be a clinical technology merged with a powerful empathetic understanding of what experiencing this form of abuse feels like. When calls can be limited to an uncertain five or ten minutes, a single well-chosen term is an instant clarifier that transforms the interaction from one of subjective confusion and distress, to an actionable protection plan. Tee's framing also expresses an important boundary where lived experience can inform and enthuse empathy, but must be contained in practice. The adviser's own biography of trauma is a resource for recognition and connection, not a substitute for the caller's experience. Navigating and continually reenforcing this

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boundary is currently left up to the adviser themselves. The continuous revisiting of old painful memories, holding this information privately, and using this knowledge to varying degrees of success reappears consistently throughout the dataset.

Beyond the personal experiences the advisers bring to the line, they also spoke of being acutely aware and affected by the greater social context within which their work occurs. In Ay's interview, she noted that there seemed to have been a shift in the kinds of people currently needing support compared to when she first started the role:

Ay: Yes. Oh no, there are changes patterns with regards to the violence and that patterns [...] I think I noticed a lot of newcomers, new relationships and dealing with the same families, you know generational trauma. All that sort of stuff.

But now what I've noticed is there's a lot of new people reaching out. But I know it's 'cause the environment that we live in at the moment, too, so poverty and homelessness comes up, he stresses aye or they stress us.

Mandy: Yeah.

Ay: That's changed from when I first started. It was just about 'I own her so I can do what I like with her', you know, and it's really hard because you have all these experiences through the world of domestic violence.

And what you learn is, you know, like for Māori, it's an intergenerational thing aye, they learnt because, you know, I start with one whaiora and then, you know, pull in the sister, and sister-in-law and the next minute it's the parents. You know, and then I'll offer them help. Yeah, that's all they know. They know nothing else.

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Ay's reflection moved beyond the individual, to where abuse and patterns of control are enabled and exacerbated by external social and economic factors. Her account ties interpersonal abuse tactics such as ideas of ownership, entitlement and restriction to socioeconomic structural pressures such as housing insecurity, intergenerational inequity and poverty. She argued that both these aspects shape and define how violence and control is enacted and experienced (Jewkes et al., 2021).

To effectively respond the adviser must concurrently consider both aspects of the issue placed before them. The proximate lever of who controls the keys, the money and her phone, cannot be considered in isolation, but as co-existing with the more distal: what their culture considers normal, what their experiences have been with external agencies and whose name is on the lease where they live. Ay's commentary about intergenerational trauma, and abuse pattern reproduction, frame this trauma as travelling across generations and searing a brutal scar as it moves. These kinds of accounts remind us of our duty and ethical responsibility to be aware of the impacts of colonisation, the obligations we must uphold under Te Tiriti Waitangi, and how the current government policies and structure adversely impact whaiora and whānau alike.

One of the advisers had the benefit of being able to compare the systems in Aotearoa with current conceptions of DV abroad:

Gee: Yeah, I mean, I was very surprised that here there's a difference, you know, between domestic violence and sexual abuse which for my country it's all gender-based violence not domestic violence and sexual abuse, so I was very surprised whenever I had someone call expressing that she was sexually abused by her fucking ex-boyfriend or whatever, and the services were like, no, no, no, we don't take sexual abuse, sexual abuse situations, so.

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Another thing that it was very surprising to me, it was that it needed to be from an intimate partner, so they don't care if it's the uncle, the father, the mother, the, you know, any relative.

I mean, I believe also that it's quite a taboo - sexuality, you know.

Sexuality here in New Zealand is really something that people don't like to talk about, you know, and if you mention about any, you know, anything sexual they just don't know what to say. Or they get tired. They just don't. Yeah...

In this instance, Gee offers a confirmation of Ay's discourse, just from another vantage point. The mismatch between how family and domestic violence is lived and experienced, and institutional categorisation, is not merely a cultural curiosity; it speaks to a recurring operational problem. With such narrow definitions, and strict qualifying criteria, set by those who get to gatekeep access to services, this leaves many vulnerable and damaged victim-survivors without the support they so desperately need. Additionally, this leaves the adviser on the proverbial coalface to absorb the brunt of the service user frustration with a system that is underfunded and not fit for purpose. As I noted in my journal:

Journal: There are times when I have been called an angel or a saviour, but other times I've been called a fucking bitch when the services cannot provide the victim with basic needs supports like housing, food, transport etc. because it is not within the scope of the line they have called and they don't think she is at imminent risk. I've then got to give them solutions like sleeping outside of the police station, going to a homeless shelter filled to capacity with active addicts and unsafe men just so that she will not return home to her abuser. I think most of the time she does.

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Sometimes all we can do is share our concerns with the service user, extend our empathy and hope that something sticks:

Zed: I'm on the end of a phone when somebody's ringing 'cause, they don't even know what they want to talk about half the time. And then you unravel. So, if we can plant a seed for someone and give them that support to go 'bro, this isn't you. This is him. And he wants you to feel like it's your fault because that way he's got so much control over you because there's nothing right'.

And if that seed gets planted sometimes, they'll ring back and say, 'I rang you a couple of months ago. This has happened since then', and I'm like, yes, it's worse.

Mandy: Yeah sadly, sadly.

Zed: You know, just know that someone could be moving on or survive a situation that could very easily kill them. And I literally have. So, I'm direct. Often, I've been pulled up by people leaders and I'm like, well, hang on a minute. Go back to my calls where they say, 'hey, thank you so much. I really appreciate you being so direct because it's woken me up'.

And I say to them, look, he could hurt you really badly or worst-case scenario, kill you, I said. What are your kids going to do then?

Mandy: Yeah. Yeah.

Zed: 'Oh, I never thought of that of it that way'. And, and you can feel, you can hear them thinking about it. And I say, look, I'm really sorry 'cause it sounds harsh, but that's the reality.

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Mandy: And sometimes that's what people need to hear. Hey, as you say, like you've, you've worked in these situations, and you've worked with people where it's got real bad. I mean that that example's hectic man.

Zed: Well, she was this close to death, right? This was 2013. She's still. I think she's had her last surgery. Lost her eye, had broken arm, broke a bit. [redacted]

Mandy: Damn.

Zed: Yeah, he smashed her with a baseball bat. They said it was under the bed, but apparently, he went down to the car and picked it up out of the car. So that's why he got done for attempted manslaughter.

Mandy: Shit.

Zed: But it was horrific and, and I was just so shocked and I went into fact, why didn't I do something? You know, I went through all that, internal stuff. And then I thought to myself, after doing this more, I thought, you know what, what could I have done? She wasn't hearing it. She wasn't taking it in, you know, so. You know, and often if you talk to the victim you could have had a fall out, but I wasn't worried about that. But I just seem to know when something's not right. I said you need to be really careful.

You know, but it didn't bite. And then the next thing I hear, she's just about dead in a hospital. And I was just fuck. I just wanted to vomit. You know, it was horrific the way that it hit me.

And, and that what happened to her. Because we all go into - shit, what could I have done? What could I have done, you know? Yeah, this wouldn't have happened. Well, we don't know that - we could have all been dead, you know.

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There are times when the adviser's experience, intuition and learned and lived experience must be placed on hold, and we must be satisfied with just being able to plant a seed for the victim-survivor. Sometimes, as Zed states, this needs to be delivered in a carefully calibrated blunt manner, for it is the only way to be heard. The control required to not impose our wishes for the service user is in and of itself a tremendous ethical burden to juggle. We know how bad it can get, we can see and hear where her situation is heading, but we must honour the victim-survivor's freedom of choice and autonomy. I must say, in response to this conundrum, I have become a very good salesman when pitching my life upending solutions to more than one service user! However, I employ these negotiation and persuasion tactics in response to my limited modicum of control over what outcome the service user experiences, and do it because I care, not because I want to be right.

Taken together, the data analysis produced three strong conclusions. First, as the adviser's conceptual understanding of harm and control shifts and changes, so too does their orientation and framing of questions, language and interventions. This revised frame of reference becomes a useable working model for intervention. Second, this reframing of understanding and responding requires advisers to negotiate institutional, societal and cultural taxonomies to reach the best outcome for service users, in systems where terminology simply does not match lived experience. This translation and circumnavigation are unrecognised time-consuming burdens of labour. Third, as the lens through which adviser's view violence changes, their own reflection on their personal histories and current situation is drawn into focus. This clarity can bring up some confronting truths about unrecognised prior harm or current risk that demands proper attention, and protective action, from the company and managers who have a clinical and ethical responsibility to keep the adviser safe. I would like to note that at the time of writing this thesis no such protective plan exists.

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Throughout the dataset it was clear that the evolving theory of understanding violence changed the texture of the work advisers do, and how they revisited and viewed their own experiences differently. Not only did they explain family and domestic harm inversely from when they first started, but they then positioned themselves as individual intermediaries and advocates between service users and collective social, political and economic systems. This intermediary position carries great emotional costs for the adviser. The work of parallel processing their own trauma alongside service users' hurt (McGlinchey & Killian, 2025) and the slow recognition of institutional limitation is like the persistent drop of water that eventually hollows out the stone. A challenge then, when working on the line as our understanding shifts and changes, is to hold complexity without collapsing into self-serving saviourism or despair.

Tempered Boundaries: Power, Limits and Staying Human.

This section is an extension of sorts on the ideas discussed in the theme 'Fatigue and Firebreaks' in Chapter Four. For this section of data analysis, I delved more into the power dynamics present in our work, namely the power structures we must operate within, and the power that is bestowed upon us in our role. Power here is not an abstract idea, it is a position of superiority we are granted by having the ability to either open or close the doorway to services and support (Purc-Stephenson and Thrasher, 2010). The data provides accounts of how we establish and maintain personal, professional and operational boundaries and convert this power privilege into ethically responsible, mana enhancing and sustainable help. This section moves beyond the micro firebreak strategies such as breath, grounding and karakia to strategic, collective and institution bound responses (or lack thereof):

Gee: Are you OK at work? Of course I have to say yes. I'm OK. I love my job because I do. I like my job. I love to work to help people I love to

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do things, you know, like that. But I really believe that we are abandoned, that this needs to be temporary. You know, we don't need to grow. We need to change the system, and we are there as a, you know, like backup or saying, hey, you know, while you're waiting for counselling sessions or help from domestic violence support and know where to go like kind of assistance in that way.

But people are using this because we are more comprehensive.

We are more empathetic. There are people who who have told me I like to talk to you guys because you listen.

You take the time; you don't judge mental health like some other helplines. They are overloaded. No cases waiting list and still they treat people like shit.

Mandy: Yeah.

Gee: So that's this, plus the lack of support from folk. Well, first, our team leaders then services. So, it's like a kind of cocktail that you put everything there - you mixed, you shake it and it's like, well, what do I have in my hands taking this pressure off?

Gee's account highlights the double bind at the heart of boundary politics where advisers are valued because they support beyond the scope of practice, but this generous extension is itself a mechanism of extraction. Differentiating between power-with and power-over are difficult in practice. As with the process of dual processing trauma with the client (McGlinchey & Killian, 2025), one of the most equalising and clinically ethical things that can be done is employing reflexive emotion (Redinger & Gibb, 2020), whereby the adviser is able to concede and say, 'I am just as powerless as the person calling in'. The caller and adviser can then share the journey and come up with the solution together. This move is an ethical

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response to, as aforementioned, recognising the limited modicum of control crisis line advisers have on the outcome of a call, and the limited support we have. The promises we make need to reflect reality, and this requires the shifting of positional power to a unilateral responsibility.

This admission and surrender of control and power through connection allows me to simply be a humble human being trying as best to help someone, bringing with me all my strengths, weaknesses, biases, frailties and foibles. This is how I stay human in a job that could strip me not only of my faith in humanity, but my very experience of being and feeling human. To survive this mahi I need to be able to feel, and to cry and to rage, and to just get the shits when I am sick of hearing all the truly shitty things human beings can do to each other. I tried hardening my heart to keep me safe, but that just made me cold, snappy, self-isolating and extremely unhappy. Now I let the emotions run with me and through me, and I feel like the caller can tell when I am being my most authentic self.

When establishing boundaries becomes a collective, visible effort, it changes the dynamics of practice from an individual coping strategy to a distributed moral procedure. Advisers are no longer the isolated bearers of risk, but become part of a shared architecture that can recognise prudent limitations and service-level constraints. This shift is a sharp turn from viewing the individual response as emotional mismanagement, to the institution supporting them by being brutally honest. We need to name what cannot be guaranteed, articulate very clearly what is and is not within our scope of practice and function, and be transparent about the true cost of systemic thinness. In practice this could mean having a shared language for refusal, establishing post call and note taking time as non-negotiable, and fostering a culture that validates and celebrates stepping back when continuing to work is more harmful than helpful.

Tee: I spoke to my people leader and said I actually can't be on the family violence

lines because it is traumatising me while I'm in the space.

Zed: I put in boundaries, and they don't like boundaries as we know, but I'm like, well, hang on a minute. This is my time off, my weekend, so you can get fucked, basically.

This organisation's expectation for advisers to be a buffer for underfunded and overstretched services showed up consistently throughout the dataset and was very evidently a source of great moral strain. These testimonies, when viewed in context, are clearly not a workload complaint, rather they are a commentary on the ethical economy of the role. In my autoethnographic journal I wrote:

Journal: If the company is not feeding anything other than a salary back into its people one could argue that they are mining their people of their very energy, empathy, light and authenticity.

McGlinchey & Killian (2025) speak of trauma-informed supervision as a protective strategy for those working in victim-survivor service industries. They purport that empowerment from this perspective not only galvanises the worker, cultivates emotional safety and collaboration, but counteracts staff turnover and attrition rates. Organisations that prioritise the enhancement and protection of their employee's wellbeing improve client outcomes and allow for workers to continue the dualistic challenge and reward dynamic of crisis work (McGlinchey & Killian, 2025). By honouring adviser boundaries, understanding these boundaries and helping workers to hold fast on these boundaries, it could be argued that this would enhance better results for company, clients and crisis workers alike.

Boundary work must be recognised as both clinical and political. Clinical, because having ritualised safety procedures foster vicarious and vocational resilience. Political, as making refusal visible reframes the terms of engagement with a system, and a job, that has simply asked for too much.

Conclusion

Theme three has evaluated the process of becoming an adviser as a practical, moral and embodied one. The metaphor of the alchemist is not a decorative one, for it names a transformative process that involves raw materials such as training, personal histories, intuitive call tempo and the immediate ethical pull of a single voice at the other end of the line. These are distilled, moulded, tempered and recast into finely tuned practice. What emerges is a polished practitioner, not a heroic rescuer, rather a very human wound healer (Jung, 1951) who is prepared and positioned to serve.

The making of an adviser occurs through the micro-decisions we must make under pressure. Recasting our understanding of violence and abuse rewrites our reference map irreversibly. When we are forced to create desperate solutions to impossible problems created by other people's bullshit (Phillips, 2024), we develop a sensitivity to patterns, a tenacity to stay present and a capacity for quick empathy response while coming up with innovative solutions to complex problems. The sensibility and humility of the adviser's craft is powerful because it is so modest. It is the repeated sowing of a single seed, a pattern spotted and named, a small safety step made possible through clarity and restraint.

Everyday Alchemy is not a claim about individual heroics; it is an account of how good people came to practice disciplined and humble habits to try and produce the best outcomes possible. I evaluated what such effort costs and what is required to keep this process honest.

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This disciplined way of working holds complexity without collapsing, but if it is to be sustained rather than exhausted, the making of an adviser must be seen as a collective project where supervision is trauma-informed, systems and governing structures are called to accountability for worker safety, so that the person who answers the call is protected just as well as the stranger who entrusts them with their story.

Chapter 7: Synthesis and Conclusion

Synthesis Overview

This final chapter gathers together the threads of a long and sometimes difficult journey.

What began for me as set of questions about crisis line work, became a deeper inquiry into what it means to care within a system that simultaneously enables and constrains good care.

Through the lens of critical realism this synthesis aims to look beneath what is visible, said and felt, to detecting the patterns and conditions that shaped the experience of those who listen to others for a living (Bhaskar & Hartwig, 2016; Bhaskar et al., 2017).

When I first entered this research project, I imagined the work of a crisis line adviser to be emotional and psychological, and something that resided within the exchange between two people. Now, having travelled with the stories, interviews and my own reflections, I have come to understand it as something larger and far more entangled. The adviser's experience cannot be separated from the organisational and political structures that hold them, nor from the cultural considerations that should define what support could look like. The headset is only a tool, a threshold between real human connection and institutional design.

Across the study, three constructed themes gave shape to this landscape. In *Fire and Shadow*, the emotional duality of the work came into view exploring the burning light of connection, the pressing weight of trauma exposure and the quiet residual aftermath that lingers following the call. In *The Room Beyond the Headset*, the focus expanded to include the digital, managerial, political and organisational scaffolding that delineates access to supports, options within the intervention process, and how time and effort is recorded and valued. Finally, in *Everyday Alchemy*, I explored how advisers find ways to stay well amidst stories of violence

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and trauma and transform what they absorb into something they can live with, through instinct, humour and solidarity.

These themes are not separate but relational. Each evidenced how the personal, cultural and structural forces constantly negotiate with one another. The fatigue, rush of empathy and tense tightening in the chest that is felt in the body of the adviser is also a product of the predetermined operational tempo, policy language and managerial expectations. What is often described as ‘resilience’ is often a quiet form of adaptation to systems that rarely stop moving. Beneath the surface of every call lies the intersectional conditions of social, political and economic factors that determine how much time for care is allowed, all that this care can ever look like, how risk is defined and how success is measured.

Looking through a critical realist lens, the findings point to a layered nature of the work, and the multiple realities that exist therein (Bhaskar & Hartwig, 2016; Bhaskar et al., 2017; Cena et al, 2024; Yardley, 2000). On the surface sat the immediate experiences of the voices, emotions and decisions that shape each moment on the lines. Beneath that lies the recurring patterns and practices that govern each shift – the relentless call queues, monitored wrap up times, supervision and case notes, and the constant pressure of the CRM dashboard. Further beneath that lay the deeper generative forces of gendered labour, austerity, risk governance and cultural inheritance of who is expected to carry pain. It is within these entwined layers that the adviser’s wellbeing, identity and sense of purpose are formed and continually reformed.

I have approached synthesis by examining where these threads cross, rather than where they converge. The data supported multiple truths that spoke to a system of relationships between policy and people, efficiency and empathy and personal and political. Each story and every

moment of silence on the line offered a way of seeing how the private experiences of violence and care echo within the public architectures of power.

A simple understanding can be derived from this view that care work is not, and should not, be sustained by an individual alone. Support depends on design and whether the systems that have been build are able to properly hold and protect the people who work in them. The wellbeing of workers cannot be improved through self-care posters or sub-standard supervision session if the organisational systems themselves are not fit for purpose (Pfitzner et al., 2022). To properly sustain care both people and structures must be shaped with humility and intention.

The remainder of this chapter will review the findings to identify the conditions that might allow for remote psychosocial work to be humane and sustainable. Thereafter, I propose a set of operational design principles grounded in what the advisers themselves demonstrated through their practice, as these principles speak to the real work of supporting those who support others.

This synthesis seeks clarity more so than it does closure. It is the point at which lived experience meets systemic insight and poses a new question of ‘How might we do this differently?’ and, perhaps more importantly, ‘How might we do it together?’.

Re-Braiding the Findings

To re-braid my findings I will trace each strand of experience as it intertwines with others to create new shapes of understanding when viewed together. In this study the three established themes of *Fire and Shadow*, *Beyond the Headset* and *Everyday Alchemy* each made clear an essential aspect of remote crisis work. However, it is in their intersections that the real texture of this practice becomes apparent. Thus, my act of re-braiding is not just an analytical

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exercise, it is an ethical one where I endeavour to hold the strands I have gathered, allow them to speak to one another so that the emotion, identity, structure and sense may be seen.

The First Thread: Emotional Labour

Theme One, *Fire and Shadow*, exposed the emotional dance at the heart of Domestic violence support crisis work. It is the to and fro of depletion and connection, the complex choreography of empathy and exhaustion. Advisers described profound moments of connection and intimacy with callers as someone finally says ‘I am not safe’ or through the small exhale that signals trust. These moments signal meaningful support but also have consequences. The residue of holding other people’s grief and fear leave a residue that sometimes cannot be shaken off at the end of a shift.

When viewed in isolation, it might suggest that adviser wellbeing is dependent on their own emotional regulation and coping skills, but when re-braided with theme two, a deeper picture is discovered. *Beyond the Headset* highlights how the call pace, operational metrics that define productivity and success as well as restricted decompression time all act as invisible sculptors that mould and shape what emotions can be felt, expressed and processed, when and for how long. Emotional labour is then not a private act and responsibility but a organisationally orchestrated one that is squeezed, stretched and tested by the systems that surround it.

The Second Thread: Organisational Architecture.

The Room Beyond the Headset indicated how the remote work environment is anything but detached and autonomous. It is enmeshed in systems, queue dashboards, scripts, performance scripts and metrics and protocols designed to manage risk on a large scale. The moments that

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the advisers described as most painful were those related to not being supported by partner services, having to turn away vulnerable service users due to strict criteria, having to end a call too soon due to protocol not aligning with their true desire to help and their work being measured by numbers rather than impact. These are not mere frustrations, rather they are a stark symptom of moral injury produced by organisational design. Using critical realism to make sense of this interplay, it is the experience of emotional strain that arises from underlying generative mechanisms such as logics of efficiency, resource scarcity and assumed liability, that operate largely unseen.

The Third Thread: Identity and Meaning

Everyday Alchemy explained how the advisers transformed the raw materials of this work – the victim-survivor voices, the stories and the weight of trauma into something liveable and useful. Through their transmutation, humour became resilience, trauma became a gift, reflections became boundaries and shared experiences became a form of oxygen that sustained them. This theme spoke to the active process of the *making* of an identity as an adviser, rather than it being incidentally formed as advisers craft themselves anew each day to stay present, to keep caring and to make sense of work that sometimes has no real closure point.

When I re-braid this thinking with the other two themes it becomes evident that this identity formation and fluctuation is more than a mere psychological attribute. It is an adaptive form of agency. Through the small moments of meaning-making and action, the adviser resists the reduction of their passion and labour to call statistics and scripted empathy. Their alchemy in this instance is the developed micro-politics of survival as they resist constraint in favour of good ethical practice and repetition is used to solidify their self-established purpose.

The Crossing of the Threads

The points at which these threads and themes intertwine brings a holistic view of a system that cannot be understood through organisational design, emotional effects and identity formation evaluation alone. At the intersection points sits the adviser who must negotiate and navigate the demands of care within a web of uncontrollable expectations that extend far beyond the headset. The adviser's wellbeing is not a static state, rather it one that fluctuates as it seeks equilibrium through micro-acts of resistance, judgement, reflection and repair.

In this space, personal becomes political (Braidotti, 2019). The emotional regulation required to remain calm and efficient on the line is inextricable from the institutional regulation dictating how quickly the line needs to be cleared for the next call. Any compassion the adviser might feel is mediated through the operational architecture of surveillance, call monitoring, scripts and call timers that facilitate and fragment care. Any personal and professional identity the adviser might build is continually tested by the dissonance between organisational aims and the realities of human suffering.

From this re-braiding exercise, what can be understood is the practice of crisis line work as a *relational* system of care, not an individual occupation. Each call to the helpline is an intersect point between private emotion and public infrastructure. It is the junction point where a vulnerable person in danger meets with the bureaucratic systems designed to keep them safe. Guiding this duality is both a source of strength and strain for the adviser. It requires of them to hold steady and strong in a space where procedure must coexist with empathy, and margins for human error are terrifyingly small.

Re-braiding illustrates that which advisers reported feeling in their bodies, and is a direct expression of what the system either values or neglects. Compassion satisfaction or fatigue, burnout or breakthrough, and vicarious trauma or resilience are then to be understood as not

opposite ends of a spectrum, but dynamic outcomes of collective culture, structural design and adviser tenacity.

Towards a Reimagined Practice

Ultimately, the success and sustainability of the Domestic Violence support adviser's psychosocial work depend on alignment between the values we claim to uphold, and the systems that allow us to deliver them. Currently, where there is tension between these two undertakings, advisers must absorb this friction. When they are in harmony, care becomes not only possible, but truly transformative for both the caller and the worker.

Generative Design Principles for Remote Crisis Work

Across the dataset one insight one insight recurred frequently, and it was that care could not be sustained where there is no acknowledgement or permission to feel (Clibbens et al., 2023; Werkmeister et al., 2023b). The organisational credo encourages empathy for callers, and advisers are rigorously trained to listen, validate, respond and validate distress; yet the same depth of care is not always directed inwardly towards self or the team. Within the constrained corporate environment there are few prioritised and sanctioned spaces to pause, exhale and admit that the work has taken something from us (O'Neil et al., 2024).

Permission is Care therefore becomes my first proposed design principle. This calls for emotional permission to be reciprocal, where attention is directed to callers as well as those across the team of call takers. Permission here means more than tolerance. It is the purposeful and deliberate creation of temporal, physical and digital spaces, where advisers can express their emotions without fear of being seen as unprofessional, unfit or too unstable for the work. My proposition recognises that emotional articulation is not a weakness to be managed, but an essential part of cognitive and ethical processing.

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Within the critical realist framework such permissions could function as a causal mechanism, whereby change becomes possible within a system, and as emotional permission expands, so too can moral and relational capacity.

Practically, this might mean scheduling decompression time into shifts after traumatic calls, designing supervision that begins with the adviser's own sense-making process rather than an organisational checklist, or modelling emotional authenticity in leadership – not as a performative gesture but as an act of shared humanity.

At its heart *Permission is Care* is a reframing of emotional presence as professional integrity and intelligence. It is underpinned by the understanding that advisers are not simply performing empathy at their end of the headset, rather they are living it, and sustaining this work requires systems capable of returning empathy to those who give it.

Containment by Design is my second proposed design principle. Containment here refers to the idea that, within the midst of risk and crisis, there must be a structure capable of holding such escalated danger. On the Domestic violence support crisis line this containment is both emotional and organisational. It resides in the adviser's capacity to stay grounded while seated in someone else's fear, and in the system's ability to hold the adviser while she does this. Yet, as the findings reveal, this reciprocal containment is not entirely consistent or secure – it is something that is continually being made and remade in the spaces between policy, pace and people.

Advisers frequently reported the paradox of being both stretched and supported. While formal structures do exist, such as clinical supervision, team meetings and wellbeing initiatives, their capacity to truly contain depends on how they are enacted. When supervision feels perfunctory or overly managerial, its containing and supporting function weakens. Similarly, while call dashboards and risk protocols offer structure, their relentless tempo erodes the

psychological space advisers need to think and breathe. Many participants spoke of moments where they felt ‘held’ but these were often temporary and dependant on individual initiative rather than as part of an embedded design.

Containment by Design does not imply that containment is missing from the examined context, rather that it requires intentional design to endure. Within a critical realist conceptualisation, containment is more than a static state, it is an emergent property that is produced when there is alignment between cultural, relational and structural practices, that in turn create safety through connection. When this alignment buckles, then containment collapses into coping.

Designing for containment means that responsibility for risk, harm and wellbeing management is distributed across the system, rather than relying on individual resilience. This could involve pacing call rotation to prevent cumulative overload, embedding short reflective huddles into shifts or ensuring that managerial supervision is resourced, appropriately trained and flexible enough to meet the emotional and procedural requirements of supporting their staff (O’Neil et al., 2024).

Ultimately, *Containment by Design* invites a shift from reactive care to anticipatory structure. I pose the question of what the system might look like if it were designed to hold the emotions of their workers in the same way the workers held their callers? When organisations mirror the very qualities that they demand of their employees then compassion, steadfastness and responsiveness become inherent, embodied responses to human pain.

The Net or the Funnel is my third proffered design principle. The advisers often described their work as navigating a tension between having the strong desire to hold space for a caller in crisis, and the organisational pressure to move efficiently through a service pathway. These

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structures were seen to narrow the scope of care they were able to provide, shaping support into funnels through which distress is channelled, processed and passed on.

Advisers described different ways in which they were able to resist this reductionism, and their practice indicated a countermovement, where their instinct in response to distress was to widen their support approach rather than narrow it. They wanted to listen for longer, discover the context of the caller experience, and to trace the story beyond the immediate incident.

This approach based on instinct and experience, reflects a different type of intuitive care approach that is a net, not a funnel.

The Net or the Funnel approach captures a reimagining of what practice can look like. Where the funnel approach is directed towards closure, the net approach catches and holds, if only for briefly, the fragments that might otherwise slip through. This follows the adviser's lead, as they explained treating each call as an encounter that holds relational, ethical and even spiritual weight. From this position, measuring a call in terms of metrics is obsolete. Instead, call handling becomes mana enhancing and a place for connection, dignity, and where the caller can be truly 'seen' and heard.

Designing for *The Net or the Funnel* suggests a rebalancing of purpose, metrics and performance data. By creating systems that allow room for depth and reflection, and space for staying with the complexity of a call without feeling the pressure to close, can create work that is rich in trust, presence, collective insight and offers a better chance of improved outcomes.

Based on the collected data, advisers already improvise these nets as part of their practice, despite the constraints of their environment. They spoke of pausing a moment longer before ending a call, taking time to regroup after a particular difficult call, checking in on other colleagues' mid-shift, or sharing small reflections, light-hearted banter and quick teams' calls

or messages to maintain connection. Ultimately *The Net or the Funnel* is an argument for corporate infrastructures that move with, and not against, the relational rhythm of crisis work. Efficiency and care need not be in opposition with one another, for without care at the fore, efficiency becomes meaningless. When the system behaves more like a net that is flexible, responsive and able to hold weight without tearing, it protects those in crisis as well as those who carry them through.

Supervision as Thinking Help is my fourth suggested design principle. This proposed design captures the difference between supervision as management, and supervision as meaning making. The latter consciously recognises that not only are advisers constantly interpreting trauma exposure, but they are also coping with it simultaneously. Good supervision slows this process down so that the adviser can use the experience to develop understanding, process the trauma exposure and gain a sense of closure. Reflective and collaborative supervision holds the potential to transform emotional residue into knowledge and resilience. When supervision is consistent, and psychologically and emotionally safe, it strengthens the adviser's confidence in themselves, and their ability to act with clarity and compassion, even in the most intense and risky situations. When supervision is rushed, absent or not informed by appropriate training and continuous development, the supervisory function is hollow and ineffective, leaving the adviser to improvise containment in isolation as their emotional load accumulates.

Design for *Supervision in Thinking Help* requires of those in supervisory and management roles to advocate for, and protect, conditions that allow thinking to happen. It involves training supervisors in relational reflexivity, rather than just focussing on performance monitoring. Additionally, people leaders must value their role as a function of intellectual and emotional labour that facilitates peer connection, team reflection, and informal exchanges as a part of the ecosystem of good worker support. When supervisors and managers are able to

listen deeply, name what has happened, and hold space for the adviser to find potential in the situation, encounters can renew stamina and clarity for the worker.

When managerial supervision sustains thought through care, and offers wisdom and witness to the adviser experience without judgement, it can become a cornerstone support for the psychosocial adviser, and one that steadies them against burnout, not by hardening them but by helping them to stay human.

Theoretical and Practical Implications

This study contributes to the conversation about what it means to care within the context of remote crisis work. It recognises that the adviser experience is shaped by layered realities that interact with one another dynamically rather than hierarchically. These layers can generate harm and possibility, depending on how systems are designed, interpreted and inhabited.

By focusing on what lay beneath the surface of what was being said in the collected data, the macro-level forces of risk governance, austerity and digitisation could be seen to show up in the micro-politics of adviser calls.

I continue to assert that, supported by my research findings, wellbeing and resilience in crisis work cannot be cultivated solely at the individual level. The data analysis showed that wellbeing is produced, maintained and sustained at relational, organisational, cultural and political levels. Empathy and critical thinking and split-second decision-making skills can be strengthened by systems that enable flexibility, reflection and reciprocity. Closed down spaces create a dynamic where emotional and psychological strain is inevitable, and a clear failing on the part of the organisation rather than the individual.

In terms of practice, this research offered several design suggestions to sustain good and ethical care. These included the ideas of supervision, digital system design, leadership culture and decompression time over pressured metrics.

This study also contains specific relevance for Aotearoa New Zealand. Māori cultural frameworks such as *whakawhanaungatanga* (relationship and connection), *manaakitanga* (care and hospitality) and *aroha* (love and compassion) are positioned as not only ethical ideas, but pragmatic and protective counterweights to transactional service delivery. Embedding these values into organisational systems represents a tangible step towards bicultural integrity in crisis response work.

In conclusion, the theoretical and practical implications of this study converge on a single point, and that is that care can no longer be treated as a byproduct of a well-intentioned organisation design. When care becomes the foundation, rather than a desired outcome, organisations create the conditions to sustain both those who seek help, and those that provide it.

Research Limitations

As with many qualitative and autoethnographic work, this study offers a view through one window into a much larger landscape. It captures a moment in time within a single organisational context, and is shaped by my own lived experience as survivor, adviser and researcher. The stories shared are not meant to represent everyone's truth, just ours, and I use them to illuminate the conditions under which this truth is spoken and heard.

My three-pronged positionality introduced certain tensions. There are times when the survivor in me wanted to demand advocacy and ethical support, while the researcher in me wanted to analyse, the adviser in me simply wanted to care and protect. I endeavoured

throughout to preserve the safety of my participants and to protect their confidentiality, meaning that what was most emotionally charged needed at times to be tempered down by me. These constraints aptly mirror the reality of crisis work where clarity and compassion must constantly negotiate their boundaries.

I have purposefully chosen to not include systemic and organisational perspectives, particularly those of leaders, policy makers or organisational managers. Their absence and exclusion highlight the distance that exists between practice and governance. Future work might explore this gap as a point from which alternative dialogue might begin.

Future Directions

There is still much to be discovered about what sustains people who work at the intersectional space of trauma, technology and care. Future studies might build on existing research in several ways. Longitudinal research might trace, over time, how an adviser's sense of purpose, identity and wellbeing changes in response to the rapid progression of technology in remote work. Comparative studies could examine how different leadership or supervision models mediate and mitigate vicarious trauma and resilience across organisations.

There is also strong potential for a participatory design approach study. This type of research could bring together advisers, managers and system architects to collaboratively co-design structures that transform insight into practice that bridges the disconnect between organisational response to the emotional reality of remote crisis work.

Importantly, the potential of ongoing integration of Kaupapa Māori and Pasifika frameworks into systems of care in Aotearoa could be explored. Grounded in relational, collective and spiritual understandings of wellbeing, these systems offer holistic perspectives that expand

what ethical design in crisis care should look like, while simultaneously honouring Te Tiriti O Waitangi.

Concluding Reflections

My research thesis began with the question, *How Can I Support You?* and throughout this journey I have found myself asking another question alongside this – *What does it take to sustain those who support?*

I have come to believe that the answer lies in how the systems that support us are designed.

Care simply cannot be reduced to a process or policy, rather it must live in the relationships and rhythms that shape everyday work. Advisers need environments where their emotions can be acknowledged, shared and transformed into knowledge that informs future practice, not a shield from these emotions.

The voices of my participants revealed extraordinary resilience and passion for what they do. This was not stoic endurance, but each woman who participated had quietly adapted to continuously provide good care despite the strain and constraints they were painfully aware of. Their stories offer the opportunity to consider another way of providing care, and caring for those who care for others.

As I reach the end of this journey, I return to the image that has travelled alongside me. It is the adviser who sits at her desk, headset on, taking a deep breath in before answering the next call. Somewhere, someone is about to trust her with their most private and fragile truth.

Between them, in that moment, a thread connects both of their worlds. This thread relies on presence, the willingness to listen, to bear witness and to stand steady in the face of uncertainty.

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Ultimately, I hope that my research offers the reader a reminder that in supporting others, we are shaping the conditions under which support and care itself can exist. To design for care is a design for the betterment of humanity, and to aspire to systems that do not simply function but feel.

So, then the question remains, as it always will:

How Can I Support You?

References

- Adams, K., Shakespeare-Finch, J., & Armstrong, D. (2015). An Interpretative Phenomenological Analysis of Stress and Well-Being in Emergency Medical Dispatchers. *Journal of Loss & Trauma, 20*(5), 430–448.
<https://doi.org/10.1080/15325024.2014.949141>
- Allice, I., Acai, A., Ferdossifard, A., Wekerle, C., & Kimber, M. (2022). Indigenous cultural safety in recognizing and responding to family violence: a systematic scoping review. *International Journal of Environmental Research and Public Health, 19*(24).
<https://doi.org/10.3390/ijerph192416967>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM–5). Retrieved October 10, 2020. <https://www.psychiatry.org/psychiatrists/practice/dsm>
- Antoniotti, N.M. (2021). Standards and Guidelines in Telehealth: Creating a Compliance and Evidence-Based Telehealth Practice. In: Latifi, R., Doarn, C.R., Merrell, R.C. (eds) *Telemedicine, Telehealth and Telepresence*. Springer, Cham.
https://doi.org/10.1007/978-3-030-56917-4_7
- Askarany, D., & Lam, J. (2025). The Role of Māori Values in Corporate Culture and CSR: A Comparative Study in Aotearoa-New Zealand’s Fishing Industry. *Systems Research & Behavioral Science, 1*. <https://doi.org/10.1002/sres.3156>
- Auth, N. M., Booker, M. J., Wild, J., & Riley, R. (2022). Mental health and help seeking among trauma-exposed emergency service staff: a qualitative evidence synthesis. *BMJ Open, 12*(2). <https://doi.org/10.1136/bmjopen-2020-047814>
- Autoethnography Journal: [Journal of Autoethnography | University of California Press \(ucpress.edu\)](https://ucpress.edu)
- Baffsky, R., Beek, K., Wayland, S., Shanthosh, J., Henry, A., & Cullen, P. (2022). “The real pandemic’s been there forever”: qualitative perspectives of domestic and family violence workforce in Australia during COVID-19. *BMC Health Services Research, 22*(1). <https://doi.org/10.1186/s12913-022-07708-w>

- Balzarotti, S., Telazzi, I., Vismara, L., Campi, G., Dal Santo, S., & Mazzei, G. (2025). Feasibility of a brief, remote self-compassion intervention for employed mothers. *Journal of Contextual Behavioral Science*, 35. <https://doi.org/10.1016/j.jcbs.2024.100855>
- Bamforth, K., Rae, P., Maben, J., Lloyd, H., & Pearce, S. (2023). Perceptions of healthcare professionals' psychological wellbeing at work and the link to patients' experiences of care: A scoping review. *International Journal of Nursing Studies Advances*, 5. <https://doi.org/10.1016/j.ijnsa.2023.100148>
- Bartle, S. M. (2024). *Andragogy*. Salem Press Encyclopedia.
- Bedsole, L. B. (2023). *The Past Is Killing Our Dreams: The Unraveling of White Supremacy, an Autoethnography of a Small-Town Debutante*. (Doctoral dissertation). ProQuest Dissertations & Theses.
- Bhaskar, R., & Hartwig, M. (2016). *Enlightened common sense : the philosophy of critical realism / Roy Bhaskar ; edited with a preface by Mervyn Hartwig*. Routledge.
- Bhaskar, R., Danermark, B., & Price, L. (2017). *Interdisciplinarity and wellbeing : a critical realist general theory of interdisciplinarity / Roy Bhaskar, Berth Danermark and Leigh Price*. Routledge.
- Braidotti, R. (2019). A Theoretical Framework for the Critical Posthumanities. *Theory, Culture and Society*, 36(6), 31-61-61. <https://doi.org/10.1177/0263276418771486>
- Braun, V., & Clarke, V. (2022). *Thematic analysis : a practical guide / Virginia Braun and Victoria Clarke*. SAGE Publications.
- Braun, V., & Clarke, V. (2024). Reporting guidelines for qualitative research: a values-based approach. *Qualitative Research in Psychology*, 22(2), 399-438. <https://doi.org/10.1080/14780887.2024.2382244>
- Broadbent, E., & Gasteiger, N. (2025). Technology-enabled approaches to remote intervention delivery in health psychology. In *APA handbook of health psychology, Volume 2: Clinical interventions and disease management in health psychology. Vol. 2* (pp. 557-578). American Psychological Association. <https://doi.org/10.1037/0000395-026>

- Brodie, Z. P., Hawkins, R. D., MacLean, C., & McKinlay, J. (2023). "Abusers are Using COVID to Enhance Abuse": Domestic Abuse Helpline Workers' Perspectives on the Impact of COVID-19 Restrictions on those Living with Domestic Abuse. *Journal of Social and Personal Relationships*, 40(8), 2375–2399.
<https://doi.org/10.1177/02654075221147203>
- Cena, E., Brooks, J., Day, W., Goodman, S., Rousaki, A., Ruby-Granger, V., & SeymourSmith, S. (2024). Quality Criteria: General and Specific Guidelines for Qualitative Approaches in Psychology Research. A Concise Guide for Novice Researchers and Reviewers. *International Journal of Qualitative Methods*, 23.
<https://doi.org/10.1177/16094069241282843> (Original work published 2024)
- Chang, H. (2016). *Autoethnography as method*. Routledge.
- Clare, S.S. (2002). *The Investigation of Vicarious Trauma in Face to Face and Phone Counsellors Dealing With Rape Victims: The Implications of Training, Nature of Exposure and Empathy*. (Doctoral dissertation). ProQuest Dissertations & Theses.
- Clibbens N., Baker J., Booth A., Berzins K., Ashman M.C., Sharda L., Thompson J., Kendal S., & Weich S. (2023). Explanation of context, mechanisms and outcomes in adult community mental health crisis care: the MH-CREST realist evidence synthesis. *Health and Social Care Delivery Research*, 11(15).
<https://doi.org/10.3310/TWKK5110>
- Coelho, P., & Clarke, A. (2008). *The Alchemist / Paulo Coelho*. HarperCollins.
- Crocket, K., Flanagan, P. G., Swann, H., Swann, B., Soundy, T., Smith, B., Simpson, N., Pizzini, N., Frayling, M., Frayling, I., Finnigan, S., Campbell, J., Bush, D., Bruce, A., Baird, J., Allen, J., & Alford, Z. (2015). *Supervision as cultural partnership: Contributions to dialogue*. New Zealand Association of Physiotherapists Inc.
- Davies, C., Timu-Parata, C., Stairmand, J., Robson, B., Kvalsvig, A., Lum, D., & Signal, V. (2022). A kia ora, a wave and a smile: an urban marae-led response to COVID-19, a case study in manaakitanga. *International Journal for Equity in Health*, 21(70).
<https://doi.org/10.1186/s12939-022-01667-8>
- Denzin, N. K. (2017). *The research act: A theoretical introduction to sociological methods* (5th ed.). Routledge.

- Doniger, W. (2025). *Kali*. *Encyclopedia Britannica*. <https://www.britannica.com/topic/Kali>
- Donnellan, A., Bradshaw, D., & McMahon, J. (2024). Social support and self-efficacy serially mediate the association of strength of identification with text-based crisis support line volunteers' compassion fatigue and compassion satisfaction. *Journal of Community & Applied Social Psychology*, 34(1), 1–13. <https://doi.org/10.1002/casp.2735>
- Downing, L., Marriott, H., & Lupton, D. (2021). “‘Ninja’ levels of focus”: Therapeutic holding environments and the affective atmospheres of telepsychology during the COVID-19 pandemic. *Emotion, Space and Society*, 40. <https://doi.org/10.1016/j.emospa.2021.100824>
- Eden, L. (2018). *The Lioness Awakens*. St Martin's Press.
- Employment Hero. (2022). *NZ Remote Work Report*. [EH RemoteWorkReport NZ-1.pdf](#)
- Erbe, N., Normore, A. H., & IGI Global, publisher. (2015). *Cross-cultural collaboration and leadership in modern organizations / Nancy Erbe and Anthony H. Normore, editors*. Business Science Reference.
- Faraut, B., Cordina-Duverger, E., Aristizabal, G., Drogou, C., Gauriau, C., Sauvet, F., Lévi, F., Léger, D. & Guénel, P. (2022). Immune disruptions and night shift work in hospital healthcare professionals: The intricate effects of social jet-lag and sleep debt. *Frontiers in Immunology*, 13. <https://doi.org/10.3389/fimmu.2022.939829>
- Fia' Ali'i, J., Groot, S., Hyde, J., Le Grice, J., Manuela, S., Moore, C. (2017). *He kohikohinga rangahau = a bibliography of Māori and psychology research*. (New ed.). School of Psychology, University of Auckland.
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209- 230. <https://doi.org/10.1177/146879410200200205> (Original work published 2002)
- Fond-Harmant, L., Kane, H., Gourret Baumgart, J., Rusch, E., Breton, H., el-Hage, W., Deloyer, J., Lebas, M.-C., Marazziti, D., Thome, J., & Denis, F. (2021). International professional practices in mental health, organization of psychiatric care, and COVID19: A survey protocol. *PLOS ONE*, 16(12), 1–10. <https://doi.org/10.1371/journal.pone.0261818>

- Fuller, S. (2022). Supervising practitioners in the sexual violence sector in Aotearoa New Zealand, who are themselves survivors of sexual harm: examining potential counter-transferential issues. *New Zealand Journal of Counselling*.
- Furlonger, B., & Taylor, W. (2013). Supervision and the Management of Vicarious Traumatization among Australian Telephone and Online Counsellors. *Australian Journal of Guidance and Counselling*, 23(1), 82–94.
<https://doi.org/10.1017/jgc.2013.3>
- Fusch, P., Fusch, G. E., & Ness, L. R. (2018). Denzin’s Paradigm Shift: Revisiting Triangulation in Qualitative Research. *Journal of Social Change*, 10(1), 19–32.
<https://doi.org/10.5590/JOSC.2018.10.1.02>
- Garofalo, M., Vaithilingam, S., Ferrando, S. (2021). Telemedicine for Psychiatry and Mental Health. In: Latifi, R., Doarn, C.R., Merrell, R.C. (eds) *Telemedicine, Telehealth and Telepresence*. https://doi.org/10.1007/978-3-030-56917-4_23
- Gillies, A. (2025). Family violence: The hidden epidemic in Kiwi homes that costs the country billions. *RNZ: The Detail*.
<https://www.rnz.co.nz/news/thedetail/568176/family-violence-the-hidden-epidemic-in-kiwi-homes-that-costs-the-country-billions>
- Girgensohn, K. (2023). Flickers of Hidden Meaning – Braiding Essays as Creative Experience for Academic Writers. *Journal of Academic Writing*, 13(2), 66–72.
<https://doi.org/10.18552/joaw.v13i2.802>
- Gogia S. (2020). Chapter 2 - Rationale, history, and basics of telehealth. Edited by Gogia, S. In *Fundamentals of Telemedicine and Telehealth* (pp. 11-34). Academic Press.
<https://doi.org/10.1016/B978-0-12-814309-4.00002-1>.
- Golding, S.E., Horsfield, C., Davies, A., Egan, B., Jones, M., Raleigh, M., Schofield, P., Squires, A., Start, K., Quinn, T. & Cropley, M. (2017). Exploring the psychological health of emergency dispatch centre operatives: a systematic review and narrative synthesis. *PeerJ*, 5, e3735. <https://doi.org/10.7717/peerj.3735>
- González Campanella, A. (2023). “Trauma Informs so Much of What Happens:” Interpreting Refugee-Background Clients in Aotearoa New Zealand. *Perspectives: Studies in Translation Theory and Practice*, 31(3), 413–430.
<https://doi.org/10.1080/0907676X.2022.2098784>

- Gregory, A., Taylor, A. K., Pitt, K., Feder, G., & Williamson, E. (2021). “. . . The forgotten heroes”: A qualitative study exploring how friends and family members of DV survivors use domestic violence helplines. *Journal of Interpersonal Violence*, 36(21–22), NP11479–NP11505. <https://doi.org/10.1177/0886260519888199>
- Griffith, B., Archbold, H., Sáez Berruga, I., Smith, S., Deakin, K., Cogan, N., Tanner, G., & Flowers, P. (2023). Frontline experiences of delivering remote mental health supports during the COVID-19 pandemic in Scotland: innovations, insights and lessons learned from mental health workers. *Psychology, Health & Medicine*, 28(4), 964–979. <https://doi.org/10.1080/13548506.2022.2148698>
- Haldane, H. J. (2009). The provision of culturally specific care for victims of family violence in Aotearoa/New Zealand. *Global Public Health*, 4(5), 477–489. <https://doi.org/10.1080/17441690902930816>
- Handbook of research methods in health social sciences. [electronic resource]*. (2019). Springer.
- Hawkins, P., & Shohet, R. (2012). *Supervision in the helping professions* (4th ed). Open University Press.
- Hayes, S., Doucet, D., & Bedi, R. P. (2021). University Students Who Overcame Learned Helplessness: What Helped or Hindered? *Canadian Journal of Counselling & Psychotherapy*, 55(3), 334–362. <https://doi.org/10.47634/cjcp.v55i3.69678>
- Haynes, S., & Hunsley, J. (2020). *Writing Dissertations and Theses in Psychology: A Student's Guide for Success* (1st ed.). Routledge. <https://doi.org/10.4324/9781003013822>
- Hickey, R. (2020). *English in multilingual South Africa : the linguistics of contact and change*. Cambridge University Press.
- Hindle, S. (2005). *Struggling with systems : refuge workers accounts of domestic violence service provision*. (Master's Thesis, Massey University, Palmerston North, New Zealand).

- Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te Ara Tika: Guidelines for Māori Research Ethics: A framework for researchers and ethics committee members*. Health Research Council of New Zealand.
- Hughes, S. A., & Pennington, J. L. (2017). *Autoethnography : process, product, and possibility for critical social research*. SAGE Publications
- Jesson, J. & Lacey, F. (2006). How to do (or not to do) a critical literature review. *Pharmacy Education*, 6, 10.1080/15602210600616218.
- Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A., Gibbs, A., Stern, E., & Christofides, N. (2021). Elements of the Design and Implementation of Interventions to Prevent Violence against Women and Girls Associated with Success: Reflections from the What Works to Prevent Violence against Women and Girls? Global Programme. *International Journal of Environmental Research and Public Health*, 18(22). <https://doi.org/10.3390/ijerph182212129>
- Jones, W. G.-A. M. (2017). *Ārai Whakamōmori: An Exploration of Te Whakaruruhau's Suicide Prevention Strategy*. (Master's thesis, The University of Waikato, Hamilton, New Zealand). Retrieved from <https://hdl.handle.net/10289/11700>
- Jung, C. (1951). *Fundamental questions of psychotherapy*. Princeton University Press
- Kaplan, A., Slonim-Franco, S., & Lifshitz, G. (2024). “Leave me out of it and raise my salary”: Invisible work in the labor market and the gender wage gap. *Women's Studies International Forum*, 107. <https://doi.org/10.1016/j.wsif.2024.103001>
- Kim, J. Y., Campbell, T. H., Shepherd, S., & Kay, A. C. (2020). Understanding Contemporary Forms of Exploitation: Attributions of Passion Serve to Legitimize the Poor Treatment of Workers. *Journal of Personality and Social Psychology*, 118(1), 121–148. <https://doi.org/10.1037/pspi0000190>
- Kim, J., Chesworth, B., Franchino-Olsen, H., & Macy, R. J. (2022). A Scoping Review of Vicarious Trauma Interventions for Service Providers Working With People Who Have Experienced Traumatic Events. *Trauma, Violence, & Abuse*, 23(5), 1437-1460. <https://doi.org/10.1177/1524838021991310>

- Kim, J., Chesworth, B., Franchino-Olsen, H., & Macy, R. J. (2022). A scoping review of vicarious trauma interventions for service providers working with people who have experienced traumatic events. *Trauma, Violence, & Abuse*, 23(5), 1437–1460. <https://doi.org/10.1177/1524838021991310>
- Kitchingman, T. A., Caputi, P., Woodward, A., Wilson, I., & Wilson, C. (2025). The impact of their role on telephone crisis support workers' psychological wellbeing and functioning: Qualitative findings from a mixed methods investigation. *Death Studies*, 49(8), 998–1011. <https://doi.org/10.1080/07481187.2024.2376038>
- Kitchingman, T. A., Wilson, C. J., Caputi, P., Wilson, I., & Woodward, A. (2018). Telephone crisis support workers' psychological distress and impairment: A systematic review. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 39(1), 13–26. <https://doi.org/10.1027/0227-5910/a000454>
- Large, R. (2024). My View - The Future of telehealth in New Zealand. [My View - The Future of telehealth in New Zealand - Health Informatics New Zealand](#).
- Large, R. (2025). Opinion: The role and impact of telehealth - a response to *Face off: Political desire meets clinical caution meets telehealth turmoil*. [Op_Ed_Whakarongorau_NZ_Doctor_Ruth_Large_11_March_2025_219ffec034.pdf](#)
- Larsson, E. W., & Stern, T. A. (2013). Helplessness in the helpers: Etiology and management. *Primary Care Companion to the Journal of Clinical Psychiatry*, 15(6). <https://doi.org/10.4088/PCC.13f01538>
- Larsson, E. W., & Stern, T. A. (2013). Helplessness in the helpers: Etiology and management. *Primary Care Companion to the Journal of Clinical Psychiatry*, 15(6). <https://doi.org/10.4088/PCC.13f01538>
- Lawrence, E. (2023). *Rethinking the Narrative: Intimate Partner Violence in New Zealand*. Amicus Curiae Project [Rethinking the Narrative: Intimate Partner Violence in New Zealand — Equal Justice Project](#)
- Lee, C. (2019). Capturing the personal through the lens of the professional: The use of external data sources in autoethnography. *Methodological Innovations*, 12(1), 2059799119825576. <https://doi.org/10.1177/2059799119825576>

- Lee-Cheong, S., Alaverdashvili, M., Kolla, N., Jardine, M., & Maharaj, V. S. (2025). Burnout and Professional Quality of Life Amongst Crisis Hotline Responders: A Cross-sectional Survey in Canada During COVID-19. *Healthcare (Switzerland)*, 13(9). <https://doi.org/10.3390/healthcare13091025>
- Leroux, J., Johnston, N., Brown, A.-A., Mihic, A., DuBois, D., & Trudell, A. (2022). Delivery of Distance Counselling to Survivors of Sexual Violence: A Scoping Review of Promising and Best Practices. *Inquiry (00469580)*, 1–20. <https://doi.org/10.1177/00469580221097427>
- Leung, T., Schmidt, F., & Mushquash, C. (2023). A Personal History of Trauma and Experience of Secondary Traumatic Stress, Vicarious Trauma, and Burnout in Mental Health Workers: A Systematic Literature Review. *Psychological Trauma: Theory, Research, Practice & Policy*, 15, S213–S221. <https://doi.org/10.1037/tra0001277>
- Lundy, T., & Crawford, J. (2024). Health and wellness outcomes of intimate partner violence support workers: A narrative review. *Trauma, Violence, & Abuse*, 25(4), 2942–2956. <https://doi.org/10.1177/15248380241231604>
- Lyndon, M. (2025). *Culturally Unsafe Healthcare is Unsafe Healthcare – we cannot pretend otherwise*. The Spinoff. [Culturally unsafe healthcare is unsafe healthcare – we cannot pretend otherwise | The Spinoff](https://www.thespinnoff.co.nz/culturally-unsafe-healthcare-is-unsafe-healthcare-we-cannot-pretend-otherwise/)
- Massey University (2017). *Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants*. [MUHEC_Code.pdf](#)
- McGlinchey, D., & Killian, K. D. (2025). Helping others while helping yourself: Vicarious resilience in victim service workers with and without experiences of victimization. *Journal of Social Service Research*, 51(2), 466–473. <https://doi.org/10.1080/01488376.2024.2429668>
- McLachlan, A. & Huriwai, T. (2016). *He Puna Whakaata: Therapeutic Activities to Guide Change*. Wellington: Te Rau Matatini. [He-Puna-Whakaata_0.pdf](#)
- Méndez-Fernández, A. B., Aguiar-Fernández, F. J., Lombardero-Posada, X., Murcia-Álvarez, E., & González-Fernández, A. (2022). Vicariously Resilient or Traumatized Social Workers: Exploring Some Risk and Protective Factors. *British Journal of Social Work*, 52(2), 1089–1109. <https://doi.org/10.1093/bjsw/bcab085>

- Ministry of Justice. (2024). *5 years of insights on crime and victimisation in Aotearoa*. Vine Booklet – Electronic Document by [Ministry of Justice | Tahū o te Ture](#), 2024. [New Zealand Family Violence Clearinghouse catalog › Details for: 5 years of insights on crime and victimisation in Aotearoa](#)
- Moumtzoglou, A. (2017). Digital Medicine: The Quality Standpoint. In A. Moumtzoglou (Ed.), *Design, Development, and Integration of Reliable Electronic Healthcare Platforms* (pp. 179-195). IGI Global Scientific Publishing. <https://doi.org.ezproxy.massey.ac.nz/10.4018/978-1-5225-1724-5.ch011>
- Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231205789> (Original work published 2023).
- New Zealand Family Violence Clearinghouse (2023). *Understanding violence statistics*. [Understanding Stats](#)
- New Zealand Police Annual Report (2025). [annual-report-2024-2025.pdf](#)
- O’Hara, S. (2018). Autoethnography: The Science of Writing Your Lived Experience. *Herd-Health Environments Research & Design Journal*, 11(4), 14–17. <https://doi.org/10.1177/1937586718801425>
- O’Neil, J. J., Heidl, B. H., Bratton, A., Vossler, A., & Moller, N. (2024). The emotional labour of teleworkers conducting online counselling during Covid-19. *New Technology, Work & Employment*, 39(2), 238–258. <https://doi.org/10.1111/ntwe.12284>
- OECD. (2023). *Violence Against Women Indicator*. [Violence against women | OECD](#)
- Pack, M. (2004). Sexual abuse counsellors’ responses to stress and trauma : a social work perspective. *New Zealand Journal of Counselling*.
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021, 372.
- Pavlova, A., Scarth, B., Witt, K., Hetrick, S. & Fortune, S. (2022). COVID-19 related innovation in Aotearoa/New Zealand mental health helplines and telehealth providers

THE DOMESTIC VIOLENCE CRISIS LINE ADVISER EXPERIENCE.

- mapping solutions and discussing sustainability from the perspective of service providers. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsy.2022.973261>
- Pereira, M. (2018). "Alchemy". In [Craig, Edward](#) (ed.). *Routledge Encyclopedia of Philosophy*. Routledge. doi:10.4324/9780415249126-Q001-1
- Pfifzner, N., Fitz, G. K., & Meyer, S. (2022). Responding to women experiencing domestic and family violence during the COVID-19 pandemic: Exploring experiences and impacts of remote service delivery in Australia. *Child & Family Social Work*, 27(1), 30–40. <https://doi.org/10.1111/cfs.12870>
- Pfifzner, N., Fitz-Gibbon, K., & True, J. (2022). When staying home isn't safe: Australian practitioner experiences of responding to intimate partner violence during COVID-19 restrictions. *Journal of Gender-Based Violence*, 6(2), 297-314. <https://doi.org/10.1332/239868021X16420024310873>
- Posselt, M., Baker, A., Deans, C., & Procter, N. (2020). Fostering mental health and wellbeing among workers who support refugees and asylum seekers in the Australian context. *Health & Social Care in the Community*, 28(5), 1658–1670. <https://doi.org/10.1111/hsc.12991>
- Pschetz, L. and Bastian, M. (2018). Temporal Design: Rethinking time in design. *Design Studies*, 56, 169-184. <https://doi.org/10.1016/j.destud.2017.10.007>.
- Public Service Association. (2025). *Cuts to frontline health services exposed by health workers survey*. [Cuts to frontline health services exposed by health workers survey](#)
- Purc-Stephenson, R. J., & Thrasher, C. (2010). Nurses' experiences with telephone triage and advice: a meta-ethnography. *Journal of Advanced Nursing*, 66(3), 482–494. <https://doi.org/10.1111/j.1365-2648.2010.05275.x>
- Pyle, M., Loftus, L., Emsley, R., Freeman, D., Gillard, S., Gumley, A., Sierpatowska, J., Wood, L., O'Connor, R. C., Pfeiffer, P., Simpson, S. A., Cockayne, N., Shields, G., Beckley, A., Beckwith, H., Filippidou, M., Glen, C., Allan, S., Hazzard, R., & Longden, E. (2024). Study protocol for an adaptive, multi-arm, multi-stage (MAMS) randomised controlled trial of brief remotely delivered psychosocial interventions for people with serious mental health problems who have experienced a recent suicidal crisis: Remote Approaches to Psychosocial Intervention Delivery (RAPID). *Trials*, 25(1), 1–18. <https://doi.org/10.1186/s13063-024-08293-5>

- Ratcliffe, K., & Kaluzeviciute-Moreton, G. (2024). Telesupervision in counselling and psychotherapy: a systematic review of the literature. *British Journal of Guidance & Counselling*, 52(5), 801–814. <https://doi.org/10.1080/03069885.2023.2264480>
- Redinger, M. J., & Gibb, T. S. (2020). Counter-transference and the Clinical Ethics Encounter: What, Why, and How We Feel During Consultations. *Cambridge Quarterly of Healthcare Ethics*, 29(2), 317–326.
<https://doi.org/10.1017/S0963180119001105>
- Richardson, P., & Dumani, N. (2025). “Inside I Am Crying, Outside I Am Smiling”: Vicarious Trauma Among Emerging Violence Prevention Researchers in South Africa. *Journal of Humanistic Psychology*, 65(3), 455–477.
<https://doi.org/10.1177/00221678251318908>
- Roth, K. R. & Ritter, Z. S. (2015). Diversity and the Need for Cross-Cultural Leadership and Collaboration. In N. Erbe & A. Normore (Eds.), *Cross-Cultural Collaboration and Leadership in Modern Organizations* (pp. 196-215. <https://doi-org.ezproxy.massey.ac.nz/10.4018/978-1-4666-8376-1.ch012>
- Rothwell, W. J., Singh, D. S., & Lee, J. (2024). *ACCELERATED ACTION LEARNING Using a Hands-On Talent Development Strategy to Solve Problems, Innovate Solutions, And Develop People*. Productivity Press.
- Schiepe-Tiska, A., Schattke, K., Seeliger, J., & Kehr, H. M. (2021). Distal and proximal motivational processes related to flow experience: Investigating the role of implicit motives, affective and cognitive preferences, and perceived abilities. *Current Psychology*. 1– 11. <https://doi.org/10.1007/s12144-021-01409-z>
- Sercombe, J., Devine, E. K., Deady, M., & Mills, K. L. (2025). Holding the line—Mental well-being, stressors, and coping in crisis supporters. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 46(1), 32–41. <https://doi.org/10.1027/0227-5910/a000985>
- Shanthi, K., Bernard, J., Snegha, & Subhiksha. (2024). Understanding Vicarious Trauma and Burnout in Mental Health Care: A Study of Psychologists, Social Workers and Nurses. *Library of Progress-Library Science, Information Technology & Computer*, 44(3), 21383–21394.

- Simango, S. R. (2019). English Prepositions in isiXhosa Spaces: Evidence from CodeSwitching. In R. Hickey (Ed.), *English in Multilingual South Africa: The Linguistics of Contact and Change* (pp. 310–328). Cambridge University Press.
- Smith, C. (2005). Epistemological Intimacy: A Move to Autoethnography. *International Journal of Qualitative Methods*, 4. <https://doi.org/10.1177/160940690500400206>
- Smith, E., Pooley, J.-A., Holmes, L., Gebbie, K., & Gershon, R. (2023). Vicarious trauma: exploring the experiences of qualitative researchers who study traumatized populations. *Disaster Medicine and Public Health Preparedness*, 17(e69). <https://doi.org/10.1017/dmp.2021.333>
- Smith, S., & Hanna, S. (2021). Does helping hurt the helper? An investigation into the impacts of vicarious traumatisation on social work practitioners in Hawke’s Bay, Aotearoa New Zealand. *Aotearoa New Zealand Social Work*, 33(3), 48–60.
- Stapleton, K. (2020). Swearing and perceptions of the speaker: A discursive approach. *Journal of Pragmatics*, 170, 381–395. <https://doi.org/10.1016/j.pragma.2020.09.001>
- Straussner, S. L. A., Senreich, E., & Steen, J. T. (2018). Wounded healers: A multistate study of licensed social workers’ behavioral health problems. *Social Work*, 63(2), 125–133. <https://doi.org/10.1093/sw/swy012>
- Su, T., & Ledermann, T. (2025). *Relational Cultural Intelligence Scale*. PsycTESTS. <https://doi.org/10.1037/t96402-000>
- Sullivan, C. M. (2017). Understanding How Domestic Violence Support Services Promote Survivor Well-being: A Conceptual Model. *Journal of Family Violence*, 1–9. <https://doi.org/10.1007/s10896-017-9931-6>
- Taylor, A. K., Gregory, A., Feder, G., & Williamson, E. (2019). “We’re all wounded healers”: A qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse. *Health & Social Care in the Community*, 27(4), 856–862. <https://doi.org/10.1111/hsc.12699>
- Terry, G. (2021) Key informants. In Ritzer, G. and Rojeck, C. (Eds.) *Wiley-Blackwell Encyclopedia of Sociology*. Doi: 10.1002/9781405165518.wbeosk002.pub2

THE DOMESTIC VIOLENCE CRISIS LINE ADVISER EXPERIENCE.

- Terry, G. (2025). Becoming a critical health psychology practitioner: Practicum, internships, placements, oh my! In *Critical health psychology : foundations, approaches and applications / edited by Sarah Riley, Kathryn McGuigan, Eleanor Brittain, Gareth Terry, Aorangi Kora, Siobhán Healy-Cullen, Clifford van Ommen and Don Baken*. Massey University.
- Terry, G., & Hayfield N. (2025). Reflexive thematic analysis and men's embodiment following injury or illness: A worked example. <https://doi.org/10.1002/ase.70058>
- The Backbone Collective (2020). *Victim-Survivor Perspectives on Longer-Term Support After Experiencing Violence and Abuse*. Ministry of Social Development. [Victim+Survivor+Perspectives+on+Longer+Term+Support+Backbone+report+for+M+SD+2020+FINAL.pdf](https://www.msd.govt.nz/assets/Uploads/Victim+Survivor+Perspectives+on+Longer+Term+Support+Backbone+report+for+M+SD+2020+FINAL.pdf)
- Toole, B. (2024). Standpoint Epistemology and Epistemic Peerhood: A Defense of Epistemic Privilege. *Journal of the American Philosophical Association*, 10(3), 409–426. <https://doi.org/10.1017/apa.2023.6>
- Tower, M., Rowe, J., & Wallis, M. (2012). Reconceptualising health and health care for women affected by domestic violence. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 42(2), 216–225.
- Trainor, L. R., & Bundon, A. (2021). Developing the craft: reflexive accounts of doing reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 13(5), 705–726. <https://doi.org/10.1080/2159676X.2020.1840423>
- Turner, L. (2024). How to survive a crisis. In *Lessons in Diplomacy: Politics, Power and Parties* (1st ed., pp. 21–30). Bristol University Press. <https://doi.org/10.2307/jj.12348169.6>
- Turner, L. (2024). *Lessons in Diplomacy: Politics, Power and Parties*. (1st ed.). Policy Press.
- Under Siege Quotes. (n.d.). *Quotes.net*. Retrieved October 13, 2024, from https://www.quotes.net/movies/under_siege_quotes_12063.
- Van Eeden-Moorefield, B., Khaw, L., Autret, M., Turner, F., & Mele, K. (2022). Combining Collaborative Autoethnography and Reflexive Narratives in an IPV Study A Methodological Exploration. *Journal of Autoethnography*, 3(4), 510–525. <https://doi.org/10.1525/joae.2022.3.4.510>

- Vanderpyl, J. (2004). *Aspiring for unity and equality : dynamics of conflict and change in the “by women for women” feminist service groups, Aotearoa/New Zealand (1970-1999)* (Doctoral thesis, University of Auckland, New Zealand). University of Auckland..
- Venville, A., O’Connor, S., Roeschlein, H., Ennals, P., McLoughlan, G., & Thomas, N. (2021). Mental health service user and worker experiences of psychosocial support via telehealth through the COVID-19 pandemic: Qualitative study. *JMIR Mental Health*, 8(8). <https://doi.org/10.2196/29671>
- Werkmeister, B. (2024). *Improving Outpatient Mental Health Service Delivery via Informed Use of Telehealth in New Zealand: A Mixed Methods Interpretive Description Study of Clinician Perspectives and Administrative Data*. (Master’s thesis, Victoria University of Wellington). <https://doi.org/10.26686/wgtn.28052588>
- Werkmeister, B. J., Haase, A. M., Fleming, T., & Officer, T. N. (2023). Experiences of the COVID-19 Lockdown and Telehealth in Aotearoa New Zealand: Lessons and Insights from Mental Health Clinicians. *International Journal of Environmental Research and Public Health*, 20(6). <https://doi.org/10.3390/ijerph20064791>
- Werkmeister, B., Haase, A.M., Fleming, T. & Officer, T.N. (2024). Correction: Global Implications From the Rise and Recession of Telehealth in Aotearoa New Zealand Mental Health Services During the COVID-19 Pandemic: Mixed Methods Study. *JMIR Formative Research*, 8, e64385. <https://doi.org/10.2196/64385>
- Werning, K. (2023). "Autoethnography as Self-portrait: An Autoethnographic Analysis of Trauma-Sensemaking through Art". (Master’s Thesis). *All Theses*, 4033. https://open.clemson.edu/all_theses/4033
- Whakarongorau Aotearoa//New Zealand Telehealth Services (2024). *Our Insights*. [Our_Insights_May_24_425346d61c.pdf](https://open.clemson.edu/all_theses/4033)
- Whiley, L. A., & Grandy, G. (2022). The ethics of service work in a neoliberal healthcare context: doing embodied and “dirty” emotional labor. *Qualitative Research in Organizations and Management: An International Journal*, 17(1), 136–157. <https://doi.org/10.1108/QROM-08-2020-2005>

THE DOMESTIC VIOLENCE CRISIS LINE ADVISER EXPERIENCE.

- Willis, E., Lawn, S., Roberts, L., Couzner, L., & Goble, E. (2020). The impact of emergency call taking on the mental health and wellbeing of ambulance call-takers: A systematic thematic narrative of qualitative research. *Australasian Journal of Paramedicine*, *17*, 1–11. <https://doi.org/10.33151/ajp.17.801>
- Wright, J. (2022). The Deep Roots of Inequity: Coloniality, Racial Capitalism, Educational Leadership, and Reform. *Educational Administration Quarterly*, *58*(5), 693–717. <https://doi.org/10.1177/0013161X211029483>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, *15*(2), 215–228. <https://doi.org/10.1080/08870440008400302>

Appendix A



The Autoethnography of a Domestic Violence Crisis Line Adviser.

Are you a Family and Sexual Harm Adviser in Aotearoa New Zealand? If so, you are invited to participate in this important study exploring your experiences of how you understand and feel about the work that you do, and how it has impacted you.

Why Participate?

There is currently no research on the Family and Sexual Harm Adviser role that we perform. I invite you to share your experiences and contribute to this significantly under-researched area, with the hopes of creating awareness about our work, what it means to us, and how it affects us. Additionally, we are situated in the unique position of saving and changing lives, and I want to tell our story.

If you take part, you will be given a \$50 petrol or supermarket voucher as an acknowledgement for your time and contribution to this study.

Who can take part?

This study welcomes people who are living in Aotearoa, who are over 18 years old and currently work as a FASH Adviser. Participants must be attending external supervision sessions and have worked in the Adviser role on some, if not all, DV support lines.

When and where?

Via Zoom at a time convenient to you and will last approximately 60-90 minutes. Any information identifying you will be kept confidential, and your data will be anonymised.

How to get involved?

If you would like to know more, don't hesitate to contact me via my email address or phone number below. I would love to chat about this research project, answer any questions you might have and send you more detailed information via the project information sheet.

Student Researcher: Mandy du Toit

Ph: [REDACTED] Email: [REDACTED]

Appendix B



INFORMATION SHEET

“How Can I Support You?” - The Autoethnography of a Domestic Violence Crisis Line Adviser.

Thank you for your interest in this research project. My name is Mandy du Toit, and I am a student completing my Master of Arts (Psychology) qualification at Massey University.

Project Description:

The aim of my research is to explore the challenges faced by FASH advisers, how the work we do affects us, and the coping mechanisms we use to manage stress and exposure to violence within the current cultural, social and political climate of Aotearoa New Zealand.

If you choose to participate in this project, you will take part in an interview where you will be asked to think about your experience as a FASH Adviser, specifically how you understand and experience your work, how it has impacted you, and what strategies you may have developed, and use, to safeguard your wellbeing.

Before the interview, I will send you a copy of the questions to review and will be available to discuss any questions you may have. The interview will be semi-structured, which means that I will ask you to tell me some stories that reflect your experiences, rather than having questions that are more specific and closed in nature. For the interview we will meet via Zoom. I expect that each interview will last between 60-90 minutes.

About You:

I am inviting participants to take part in this study who:

- Are over 18 years old
- Reside in Aotearoa New Zealand
- Have worked in the Adviser role on Domestic Violence Support Lines and provided brief intervention support.
- Have an external supervisor and regularly attend external supervision session.

The benefits and risks of this research:

There is currently no research on the Family and Sexual Harm Adviser role that we perform. As such, very little is known or understood about the work we do, and how this work affects us.

We provide brief intervention collaboratively with external agencies and established networks within Aotearoa New Zealand, and very often how well we can do our jobs relies on the structure and efficacy of these external supports. I invite you to share your experiences and contribute to this significantly under-researched area with the hopes of raising the profile of this topic so that further research may be done. It is also my aspiration that from this research, agencies that work alongside us, and the agency that employs us might develop strategies that support our wellbeing in the work that



we do. Additionally, we are situated in the unique position of saving and changing lives, and I want to tell our story.

You will also be offered a \$50 petrol or supermarket voucher in acknowledgement of your time and contribution to the study.

During the interview, you will be discussing details of how disclosures of domestic violence, sexual harm and trauma may have impacted you. Recalling details from this time, where you were actively experiencing distress, could bring up unpleasant feelings or thoughts. However, you will be provided the questions before the interview and will have multiple opportunities to ask questions or raise any concerns that you may have. You will also have the right to decline any question that you do not wish to answer and can stop the interview at any time. You do not have to explain why you want to stop.

Information of some support organisations are provided at the end of this sheet.

Data Management:

Your confidentiality and privacy are important and all names and identifying information will be removed from the transcripts, data and write up of the research. I will record our conversations so that I can transcribe it into a written document. I will use pseudonyms when transcribing our discussion and will remove any other identifiable information. Your transcripts will be stored within a password protected file on a password-protected computer. A couple of weeks after our interview, I will arrange for us to meet again and show you the transcript or email it to you. You will be given the opportunity to edit this if you wish to. Once you are happy with the edited transcript, you will be asked to sign an authority to release form, approving the transcript and I will then delete the audio files. I will store consent forms, with your real names on them, in a locked filing cabinet. Thereafter, I will digitise the consent forms, password-protect the files, and store them on a password-protected computer. Upon completion of the research project, all documents will be destroyed following Massey University's document destruction policies. I will also provide you with a summary of the research findings if you request this.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study up to two weeks after your interview;*
- *ask any questions about the study at any time during participation;*
- *ask for the recorder to be turned off at any time during the interview;* ● *provide information on the understanding that your name will not be used;* ● *be given access to a summary of the project findings when it is concluded.*



Contact Details

My research supervisor is Dr. Gareth Terry, Senior Lecturer at Massey University.

If you have any questions about the study, please contact me or my supervisor.

Mandy du Toit Student, School of Psychology Albany Campus Massey University Ph: [REDACTED] Email: [REDACTED]	Dr. Gareth Terry Email: G.Terry@massey.ac.nz
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Support Information

If you find the interview distressing, please use your existing support services. It can also be useful to talk with your GP, Supervisor or other medical professionals that you have a good relationship with. The following support lines and resources can also be used:

- **1737, need to talk?** If you're feeling anxious, down, overwhelmed or that you need to talk with someone, you can call or text the helpline for free, anytime (24 hours, 7 days a week) 0800 1737 1737 – free call
- **Anxiety Helpline** (0800 2694389)
- **The Depression Helpline** (0800 111 757) or text 4202
- **Healthline** (0800 611 116)
- **Lifeline** (0800 543 354)
- **Samaritans** (0800 726 666)
- **The Lowdown** www.thelowdown.co.nz or free text 5626
- **Health and Disability Commissioner** <https://www.hdc.org.nz/mental-healthaddictions/where-to-find-help-and-support/>
- **Mental Health Foundation website** <https://www.mentalhealth.org.nz/get-help/incrisis/support-groups/>

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the ethical conduct of this research that you want to raise with someone other than the researcher(s), please contact Massey University Human Ethics by email: humanethics@massey.ac.nz.

Appendix C



“How Can I Support You?”

- An Interview Study of a Domestic Violence Crisis Line Adviser.

PARTICIPANT CONSENT FORM

By signing this participant consent form, I agree that I have:

- Read and understood the information sheet.
- Had the details of the study explained to me.
- Had any questions that I may have answered to my satisfaction, and I understand that I may ask further questions at any time.
- Been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time up to two weeks after my interview.

Please circle the following to indicate your consent:

- I agree/do not agree to the interview being audio recorded
- I wish/do not wish to have my recordings returned to me.
- I wish/do not wish to have a summary of my interview sent to me.
- I wish/do not wish to have data placed in an official archive.
- I agree/do not agree for short, anonymised extracts from my interview to be used for teaching and training purposes.
- I agree for short, anonymised extracts from my interview to be used in publications, including a Master's thesis.
- • I agree to participate in this study under the conditions set out in the Information Sheet

Participant Declaration:

I _____ [print full name]_____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix D

Semi-Structured Interview Questions

INTERVIEW QUESTION SHEET

“How Can I Support You?”

The Autoethnography a Domestic Violence Crisis Line Adviser.

1. What brought you to this line of work as a Psychosocial Adviser on the Domestic Violence Crisis Line.
 2. How do you conceptualise/understand Domestic Violence as a result of working on the Domestic violence support Crisis Line?
 3. Do you find that this understanding has changed over time, or remained the same?
 4. What do you find stressful about your job?
 5. Do you ever find yourself upset by hearing disclosures of violence on the Crisis Line?
 6. What does this look like for you?
 7. What strategies do you use to safeguard yourself from harm/vicarious trauma after hearing traumatic stories of domestic/family violence?
 8. Has there ever been a time when these strategies haven't worked?
 9. What did you do then?
 10. Do you feel that your wellbeing is adequately supported while performing this job?
 11. What other things could be introduced to help support your wellbeing while working as a Crisis Line Adviser?
 12. Is there anything else you would like to share about your role and how it has affected you?
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