

The influence of gender-based violence on women's career development: Perspectives from higher education career guidance practitioners in Ireland

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Abstract

Women and girls are disproportionately subjected to gender-based violence (GBV) and the effects for victim-survivors are multiple and long-lasting. An under-considered dimension is the profound influence GBV has on the careers of the women who experience it.

This small exploratory study aimed to explore this issue from the perspective of career practitioners. The research set out to understand how career practitioners working in Irish Higher Education Institutions (HEIs) understand GBV, how they identify this in a career context and the professional competencies they require to support female clients who may be affected by it.

Key words: Career guidance, gender-based violence, higher education, Ireland

Introduction

Gender-based violence (GBV) is a pervasive global problem with wide-ranging consequences at both the individual and societal level. The World Health Organization estimates that approximately 1 in 3 women have experienced physical or sexual violence, either from an intimate partner or a non-intimate partner during their lifetime (WHO, 2021).

GBV is rooted in unequal power dynamics and is disproportionately perpetrated against women and girls. It is 'both a cause and consequence' of gender inequality (EIGE, 2024).

GBV takes multiple forms and is not limited to sexual and physical violence. GBV can be 'conceptualised as a continuum whereby seemingly 'innocent' or 'mild' forms of misconduct when not addressed tend to gradually escalate into more severe and grave forms of violence' (UniSAFE, 2024).

There has been increased focus on GBV in Ireland in recent years. Recent legislative reforms include the right to paid employment leave for victims of domestic violence and the criminalisation of coercive control, stalking, and the non-consensual sharing of intimate images (Kelly, 2023).

In the 2022 Central Statistics Office (CSO) Sexual Violence Survey, 52% of women had experienced sexual violence in their lifetime. Young women, aged 18–24, experienced the highest levels of sexual violence (CSO, 2024).

Education and awareness campaigns are seen as fundamental to the prevention of GBV. The Student Sexual Experiences Survey (SES; Burke et al., 2020), based on a sample of 6,026 students, shed light on the scale of GBV in Irish Higher Education Institutions (HEIs). The survey found that 29% of female respondents, 28% of non-binary respondents, and 10% of male respondents had experienced non-consensual penetration. Experiences of unwanted sexual attention and sexist hostility were also high among female and non-binary students. Formal reporting of incidents was low among all students.

The publication of *Safe, respectful, supportive and positive: Ending sexual harassment in Irish higher education institutions* (Department of Education, 2019) introduced a framework for Irish HEIs to reduce occurrences of GBV in the sector through education and awareness campaigns, robust reporting and support mechanisms, and working in partnership with internal and external stakeholders. All public HEIs are required to develop action plans in response to the framework, and funding has been provided to employ designated Sexual Violence Prevention and Response Managers to implement institutional action plans and respond to complaints of GBV.

GBV in all its manifestations is the focus of much scholarly work, with particular attention given to the physical and psychological effects on victim-survivors. An under-explored dimension is the influence of GBV on the careers of women subjected to it. Existing literature on this dimension is predominantly from studies in North American contexts, which are not wholly transferable to Irish settings. Given the recent developments relating to GBV in Irish HEIs, this study aimed to establish to what extent these efforts have reached career guidance practitioners in HEIs.

Literature Review

GBV has been found to hinder women's opportunities for career development and advancement, shape or constrain their career choices, and often push them out of their chosen profession.

Lantrip et al. (2015) and McLaughlin et al. (2017) both highlight the detrimental impact of GBV on women's career progression. Focusing specifically on intimate partner violence

(IPV), Lantrip et al. found that the workplace can simultaneously serve as a site of abuse and a potential refuge for survivors. Their study revealed that the negative effects of IPV on career trajectories often persist long after the abuse has ended. Survivors reported that IPV 'affected every dimension of their career development over time including, but not limited to, their work and career search, performance, planning, identity, and advancement' (Lantrip et al., 2015, p. 602).

Ballou et al. (2015) focused on the experiences of women returning to work following interpersonal violence. They observed that this can be empowering and important for recovery from trauma, but workplace sexism and harassment can also reinforce trauma. They noted that dependency on employment for financial and health security can replicate the dynamic the women experienced with their abuser.

McLaughlin et al. (2017) found that women frequently exited the workforce following experiences of sexual harassment, either as a means of escaping the hostile environment or in response to the employer's inadequate or harmful response. Loya's (2014) study demonstrated that single incidents of sexual violence can have enduring and disruptive effects on women's employment trajectories, significantly diminishing their lifetime earnings. These findings illustrate how initial experiences of GBV perpetuate long-term economic and social inequalities.

Infrequent but severe forms of workplace harm such as gendered harassment and sexist organisational culture were found to be as detrimental to women's occupational wellbeing as less frequent but more severe forms such as sexual coercion (Sojo et al., 2016).

Survivors of childhood trauma are sometimes motivated to pursue careers in helping professions (Maree, 2024; Bryce et al., 2022; Bryce et al., 2021). They may have high levels of empathy and altruism because of their experiences, which would be well matched to helping professions, but puts them at risk of re-traumatisation, vicarious trauma, and burnout.

Despite the harm GBV causes to the health, wealth, and wellbeing of the women who experience it, employers, academic institutions, media reports, and legal judgements often focus more on the potential career damage of the men who perpetrate it. In her study of institutional responses to reports of sexual violence in Western United States campuses, Bedera (2023) found that administrators equated the trauma of the victim-survivor with that of the accused. Leniency toward perpetrators was justified on the basis of protecting their future careers.

Experiences of GBV in higher education can lead to dropping out of studies or research careers (Humbert & Strid, 2024). Gunby et al. (2025) note the frequency of sexual violence in UK universities, the low reporting via formal institutional routes such as counselling services, limited staff confidence in responding to disclosures, and the risk of causing additional harm by not responding supportively.

Given the high prevalence of GBV and the well-evidenced effect on career trajectories, how can career practitioners work with victim-survivors? Bimrose (2004), focusing on workplace sexual harassment, suggested that career practitioners can support clients to make informed choices by raising awareness of sexual harassment laws. She argued that career guidance provision should be equally engaged in supporting individual clients and challenging structural inequalities.

Trauma-informed career guidance practice is an emerging area. Powers and Duys (2020) recommended that career practitioners should develop knowledge of trauma effects on the brain, focus on instilling hope with clients, and engage in multi-agency work with allied professionals and services. Cardello and Wright (2024) drew on the work of Powers and Duys and others to propose a framework to work with trauma, the HEART framework: (a) instilling hope, (b) establishing safety, (c) recognising and responding to chronic stress, (d) building resilience, and (e) the importance of engaging in ongoing training.

GBV is so prevalent that for many women it has become a normalised part of their experience and considered something to put up with in work and education (Bates, 2023; Spiliopoulou & Witcomb, 2023). Clients presenting to careers services may not be traumatised, but their career development may be affected by structural and systemic gender violence. This presents a challenge for career practitioners in situations where GBV may be present but not acknowledged by the client.

Social justice approaches to career guidance are highly applicable to practice with clients at high risk of GBV. This approach acknowledges that unequal opportunity structures shape career development (Hooley, Sultana, & Thomsen, 2021) while also maintaining that enhancing individual agency remains an emancipatory goal.

Sultana (2014) identified three levels of social justice intervention: micro (individual), meso (institutional), and macro (structural). Career practitioners often work at the micro and meso levels, but their practice should be informed by an understanding of broader inequalities.

These principles are especially relevant when supporting victim-survivors of GBV. Wikstrand (2018) introduced norm criticism, drawing on feminist and queer theory to challenge gendered career norms and support informed client choices. This approach could be utilised by practitioners to explore more subtle forms of GBV.

Methodology

This research was conducted as part of a dissertation for the MA in Career Development (Top-Up) programme at Nottingham Trent University. The research proposal received a favourable ethical opinion from the Nottingham Trent School of Social Sciences Research Ethics Approval Committee in March 2025. Given the sensitive nature of the research, contact details of local GBV support services were included in the participant information sheet, consent form, and screening questionnaire, and participants were offered a debrief at the end of the interview. To protect participants' privacy, pseudonyms are used, chosen by the participants themselves.

The primary aim of the study was to identify what career practitioners in Irish HEIs understand about the influence of GBV on women's career development. Three secondary research questions emerged from this primary question:

1. How does GBV present in career guidance interventions with women in higher education?
2. What skills and competencies are required of practitioners to support women with experience of or risk factors for GBV?
3. What are the support and development needs of career practitioners working with young women in the context of high prevalence of GBV?

Data were collected from in-depth, semi-structured interviews with four career guidance professionals providing career guidance or coaching with adult clients. All four participants were employed in careers services in Irish HEIs, with one also working in private practice. Table 1 provides further detail about the participants.

Table 1: Participant characteristics

	Sarah	Brian	Rika	Helen
Gender	F	M	F	F
# Years Relevant Experience	5+	20+	20+	10+
Sector	HE	HE	Multiple, including HE and corporate	HE

Note: F = female; M = male; HE = higher education.

An interview guide was developed and incorporated eight areas for discussion. These included exploration of the participants' background; their understanding of GBV; how GBV might emerge during career interactions; any experiences of disclosures by clients; how the practitioner worked with female clients where GBV may have been present; any relevant training they had completed; and their thoughts on the relevance of knowledge of GBV for career practitioners.

Interviews took place over MS Teams during March and April 2025. The interviews were recorded with live, AI-enabled transcription used with consent of the participants. The AI-generated transcripts were then cross-checked against the interview recordings for accuracy and manually updated where inaccuracies were found. Interview transcripts were analysed using reflective thematic analysis, following Braun and Clarke's (2006) six-stage framework. Three main themes were identified: (1) constructions of GBV in careers work; (2) career drivers and inhibitors for GBV victim-survivors; and (3) applying and adapting guidance competencies in relation to GBV.

Findings and discussion

Constructions of GBV in careers work

All participants expressed a conception of GBV as extending beyond physical or sexual violence to include coercion, emotional harm, and verbal abuse. Some participants cited strong parental influence over their children's careers as constituting a form of GBV. In most instances, GBV was framed by the participants in terms of interpersonal harmful acts, with limited reference to wider organisational and structural harm and cultural norms.

Only one participant, Brian, constructed GBV in a broader sense, positioning occupational gendered norms and outdated working practices as a form of violence. Referring to technological advances that have paved the way for increased women's participation in some traditionally male occupations such as veterinary care, he observed evidence of GBV:

... I hear it from them when they go into working situations, and they are having to continually stand up for themselves.

Of the four research participants, all but one felt they had not had direct experience of disclosures of GBV in their work. However, all then recounted situations disclosed to them or that they were aware of that would constitute GBV. These included unwanted sexual attention, male students photographing female students without consent, and workplace hostility towards a transgender student.

Rika identified four instances over the course of her career in which GBV was directly disclosed to her, and additional instances where she had a strong conviction a client was under the influence of coercive control. Rika referred to the four direct disclosures as 'the most memorable.' This would suggest that the participants may be less attuned to the 'less intense' forms of GBV Sojo et al. (2016) referred to, and that were reported by women and non-binary students in high percentages in the SES (Burke et al., 2020).

Career drivers and inhibitors for GBV victim-survivors

Participants saw experiences of GBV, and in some instances proximity to it, as a powerful force that both held back clients from realising their full potential and strongly motivated them to seek career change or progression.

Helen considered that in some cases, someone experiencing GBV may not want to be defined by this. Work or education could be:

... a space that is theirs, where they are not undergoing coercive control or abuse.

She stressed that where 'the abuse is very strong' it may not be possible to do this, and the desire not to be defined by abuse could further isolate or close off avenues of support. Helen felt that realising career goals could also provide a pathway out of abuse for some, such as young people under parental coercive control. Both Lantrip et al. (2015) and Ballou et al. (2015) noted that achievement of career goals can support recovery from IPV, but this is contingent on the quality of the work and the supports in place.

When asked how they felt GBV influences career, participants often focused on decision-making difficulties. The language used – 'stuck,' 'stuck on repeat,' 'cycling', could be seen as stigmatising and holding the client accountable for the situation they are in. As Hooley et al. (2021) have argued, the language used in career guidance can 'implicitly trace problems and deficits back to individuals.'

Rika discussed a client who had survived physical abuse by an ex-partner. Although her partner had been imprisoned, she was motivated to seek job prospects abroad due to fear of his future release. She successfully secured a job offer abroad but hesitated to accept it. Rika saw the experience as simultaneously pushing the client forward and pulling her back:

But now that the opportunity is there d'you know what I mean, the, the drag, it's almost like there's an anchor you know or the anchor is getting caught in something, d'you know what I mean? They're going to lift the anchor up and suddenly something just in here just pulls them right back, you know.

In this account, Rika attributed the client's hesitance to internal factors but did not acknowledge the injustice of her circumstances. Relocation may have left the client

dependent on her employer, reminiscent of Ballou et al.'s (2015) observations, but interview time constraints prohibited further exploration of this point.

Applying and adapting guidance competencies in relation to GBV

Participants were asked how they would work with GBV. In the main, this was addressed in the context of one-to-one guidance interactions and where GBV was disclosed or strongly implied by the client. The participants were able to apply the professional competencies of career guidance, coaching, and career counselling to these scenarios to respond to a client with empathy. Core guidance competencies such as active listening, reflecting feelings, attending to verbal and non-verbal signals, signposting, and setting boundaries were evident, and these align well with recommended approaches to responding to disclosures widely rolled out to staff and students in Irish HEIs.

All participants had completed some training related to GBV or responding to disclosures of GBV, and this was provided by their HEI. In most instances, the practitioner was personally motivated to complete the training but not mandated to by their service. Sarah was aware that colleagues had been disclosed to and was motivated to complete disclosure response training to be prepared for this possibility herself. The training helped her understand how her guidance skills could be applied to a disclosure:

...what I learned from that is that actually it's about asking the student what they want and you know, letting them know the supports that are there for them if they choose to proceed with anything, and I suppose that was very reassuring because you know, that's something I can do very well, because that's what I'm doing in my job anyway.

Sarah's warmth and empathy are apparent in this observation and could be seen as instilling hope, as per Cardello and Wright's (2024) framework.

Participants all expressed strong adherence to professional boundaries and concern not to stray into committing to support they were not trained to provide. This at times manifested as a reluctance to follow up with a client in situations where GBV may have been a factor but was not directly disclosed. Only Rika expressed confidence in directly asking a client whether there may be 'something else going on' and had adapted her style of contracting based on a non-GBV-related disclosure. By explaining her process to the client and emphasising the voluntary nature of any disclosure, Rika powerfully demonstrated Cardello and Wright's (2024) concept of establishing safety.

The participants' concern about transcending boundaries may also be attributed to the existence of institutional supports such as student counselling and wellbeing services. All participants acknowledged close working relationships with colleagues in these services and showed no hesitation in referring students on where necessary. These services are often co-located with HEI careers services, reducing barriers to referral. Victim-survivors will not always disclose through formal channels, and minoritised students may seek out staff with shared identity characteristics to disclose to (Gunby et al., 2025). This reinforces the value of practitioner preparedness to respond to initial GBV disclosures and confidently refer for ongoing support.

Participants did not share examples of responding to GBV beyond individual guidance, such as in group work activities or career education programmes. Brian felt that it was difficult to incorporate this into group activity in a safe way and without getting 'into the abstract,' and he felt it then lost impact and meaning. Here, Brian maintained awareness of structural inequalities even when not feeling he could influence at the meso or macro levels (Sultana, 2014).

Conclusion and recommendations

This study set out to explore what career practitioners in Irish higher education institutions understand about the influence of GBV on women's career development. Participants demonstrated awareness of GBV and the ability to draw on their guidance skills to respond sensitively to direct disclosures of GBV in a guidance interaction. However, the tendency to frame GBV primarily as interpersonal rather than structural harm limits a more socially just disposition towards career guidance. The reticence of some participants to directly ask clients about potential GBV may mean that more subtle forms of GBV are missed by practitioners and the career implications unexplored.

This was a small exploratory study focused on career practitioners operating in a specific setting. Several recommendations for career guidance practice in Irish HEIs and future research can be made based on these findings.

Trauma-informed approaches to career guidance practice emphasise the value of ongoing training, particularly in relation to trauma. This would support practitioner confidence in recognising signs of trauma in clients and how this may affect career management skills. Practitioners in this study found disclosure response training particularly effective. This is widely available in Irish HEIs, and it is recommended that careers service management enable practitioners to avail themselves of this training and monitor uptake. Bystander intervention training is also widely available and would benefit HEI career practitioners to effectively challenge harmful gender norms and bias in both one-to-one and group interactions.

Practitioners should maintain awareness of the scope of GBV, particularly more frequently occurring forms such as street harassment which can result in cumulative harm. Awareness of groups at high risk of GBV is also recommended, as such groups may face additional barriers to reporting and accessing support. It is important that training and support expectations are clearly contextualised in accordance with professional boundaries.

Practitioners could embed awareness of GBV into career education to adopt a more proactive stance towards GBV prevention and response. This could involve the visible display of internal and external reporting procedures or routinely including safety information in printed careers information materials such as study-abroad and placement opportunities. Trauma-informed and socially just approaches to career guidance both place value on working in partnership with allied professionals. In this respect, careers practitioners in HEIs could work in collaboration with Sexual Violence Prevention and Response Managers in addition to equality managers, counsellors, and student support staff.

Gender equality-related themes can be integrated into group learning activities, encouraging students to critically engage with topics such as gender pay gaps, equality policies, and gender representation in the workplace. The toolkit to reduce gendered educational choices

developed by Lux et al. (2025) and *Training for Exploitation?* (Precarious Workers Brigade, 2017) are resources that could be drawn upon for this purpose.

Practitioners in this study did not always recognise some manifestations of GBV. Future research might incorporate techniques such as case studies or vignettes to explore understandings of GBV. Longitudinal study could enable further exploration of trauma-informed or socially just approaches to individual or group guidance, which was not feasible for this study. Future research should also go beyond HEIs to include practitioners working in a wider variety of settings. Finally, further research might address the career implications of GBV on other groups known to be at high risk, such as transgender and non-binary people, LGBTQ+ people, and disabled people.



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