Summary of

EMERGING FINDINGS: INTERVIEWS

November 2022

INTRODUCTION[1]

Between March and October 2022, qualitative interviews were conducted with a total of 88 managers/supervisors and frontline workers. We report here on emerging findings from the analysis of 38 of these interviews.

Motivation, ideology, and work ethos

Common reasons or motivations for engaging in work to support marginalised or socially disadvantaged women and girls, were a desire to 'help others' or 'make a difference'. Many workers had 'lived experience' similar to the women they were supporting. This was particularly the case for those working in the violence against women and girls (VAWG) sector. These personal and close experiences acted as intrinsic motivation not only to engage with the work in the first instance, but equally to continue it despite its challenging nature.

These motivations and ideologies also translated into an ethics of care and kindness, as well as empathy and compassion. Reflecting established practice in models of working, most participants highlighted the need to build meaningful relationships and close engagement with service users to ensure the success of their support/intervention.

Exposure, costs, and consequences of the work

Emotional impacts and 'emotional labour'

There is little doubt that this work is experienced as both hard and emotionally charged, which requires both empathetic engagement and 'going beyond' whilst at the same time requiring workers to suppress their emotions when interacting with service users in order to achieve professional goals.

Participants described the heavy physical and emotional toll caused by the intense and demanding nature of the work, which translated into both psychological/emotional and physical impacts (e.g., stress, sleeping issues, physical exhaustion, relationship difficulties).

When this emotional labour is combined with bearing witness to service users' traumatic experiences of (past and current abuse, victimisation, cruelty, bereavement, loss, and abandonment) the emotional toll is worsened.

Moral Injury

Another key theme regarding the impact of this work was 'moral injury', occurring in response to witnessing or hearing about behaviours or situations that go against individual workers' values and moral beliefs. Participants described feeling 'let down' by what they witnessed in their work, particularly regarding the inequalities and oppression experienced by those whom they supported. Being confronted with the constant injustice and unfairness of wider systems (e.g., criminal justice; benefits; health and social care; education), sparked feelings of anger and frustration.

Levels of exposure

Many participants described operating within overwhelmed services, having to handle large caseloads, and working over their contracted hours, at night and over weekends, with little respite.

Frontline workers were particularly vulnerable to the effects of service users' experiences. Importantly, the level of exposure to traumatic narratives from service users further exacerbated negative impacts on staff wellbeing.

Vicarious trauma

Vicarious trauma (VT) was perceived by some participants to be a 'normal' or 'expected' response to working closely with traumatised victims and/or repeatedly hearing and seeing the effects of trauma. However, some managers were of the view that 'proneness' to VT was dependent on an individualised ability to handle testimonies of trauma.

The majority of participants described the work of their organisations as 'trauma-informed' and, whilst many also understood their organisations to have a responsibility to put in place mechanisms to support workers and minimise the impact of exposure to trauma, relatively

few were able to provide concrete examples of such mechanisms to identify, prevent or counteract VT.

Staff absences and sick leave as a result of stress, burnout and VT led to reductions in services, leaving service users unsupported; at the same time, the impact on other staff of carrying higher workloads as a result reduced their capacity for service provision, which in turn impacts on service users who are unable to gain the attention and support they need.

Maintaining health and wellbeing

Professional and personal boundaries

Boundaries allow practitioners to set the structure and parameters for working relationships with service users and provide a framework for intervention. Reflecting on their own health and well-being as it relates to their work, participants consistently pointed out the importance of setting appropriate boundaries, but also the difficulty of erecting and maintaining those boundaries.

Participants' reflections on their 'sense of self' revealed a difficulty in separating their sense of their own identity from their work (e.g., describing their work as a vocation, rather than just a job). Many described experiences of 'enmeshment', in which the boundaries in their relationships with service users became unclear or permeable and, in some cases, completely eroded.

Coping strategies

The importance of self-care (physical, psychological, social, and emotional) was a key theme. Examples ranged from self-awareness, reflection, and mindfulness to more physical pursuits (e.g., yoga, pilates, running, dog walks), recreational and creative activities or hobbies (e.g., arts and crafts, knitting, writing), and social activities with family and/or friends.

Vicarious resilience

Vicarious resilience refers to the strength, growth, and empowerment experienced by trauma workers as a consequence of their work. Despite the high workloads, the pressures workers are put under, the demanding and often chaotic nature of the work, and the horror of listening to others' traumatic experiences, many spoke of positive meaning-making and effects of their work which had transformed them and their experiences.

Witnessing service users' own resilience and recovery process strengthened participants' motivation to carry out this work, their understanding of service users' experiences, and led to an increased sensitivity.

Organisational responses to staff health and wellbeing

Organisations that are both aware of and responsive to the impacts on their staff of working in trauma-saturated environments are key to worker psycho-social well-being. Yet relatively few interviewees were able to describe particular processes or policies that directly address VT, despite the prevalence of trauma-informed practices with service users. Those that could described embedded care strategies for staff, e.g., the regular occurrence of reflective practice sessions and informal and formal structures of 1:1 support and supervision that sit alongside case reviews, and clear mechanisms for disclosing adverse impacts and processes for managers and workers to follow, with options for flexible working, workload reduction, 'time-out' and, in some cases, the opportunity to temporarily change jobs within the organisation.

Adequate supervision and support mechanisms were perceived to be central in preventing and responding to the potential negative impacts of the work, including lessening the effects of vicarious traumatization. Externally provided clinical supervision was particularly valued.

Financial precarity

The financial precarity of organisations and the effect on workers were key themes. Core funding for organisations in this sphere is relatively rare and, where it is in place, concerns were expressed about sustainability and the likelihood of reduced funding, as a result of the cost-of-living crisis.

Financial precarity acts as a structural precursor to VT and poor mental health for those working under already arduous conditions. Short-term funding and fixed-term positions hinder career progress and create immense instability for those working in this sector.

The impact of Covid-19

The pandemic had major effects on organisations' abilities to meet planned work and objectives, with large increases in service demand and larger workloads. There were major changes in methods of service delivery e.g., suspension or reduction in face-to-face

services, the introduction of additional support services, and pivoting to online working – which meant bringing the work and stories of trauma into their own homes. These had to be managed alongside increased concerns about service users (e.g., increased risk of victimisation during lockdowns or lack of access to support), as well as concerns for themselves and their families. Perhaps unsurprisingly, the lack of 'physical' separation between 'home' and 'work' environments further diluted professional boundaries.

New models of working exacerbated the persistent norms of overwork and expectations of availability and created conflict with workers' domestic and unpaid caring responsibilities.

Covid-19 brought along increased financial struggles for organisations, workers, and service users, adding to an already uncertain landscape. While some interviewees described support from funders and trustees, others described struggling with short-term/quick turnaround emergency funding.

It is important to acknowledge, however, that for some organisations Covid-19 provided a period for rethinking and reconsideration regarding, for instance, sustainability. Nevertheless, not all organisations have access to these opportunities, particularly those of small size.

Importantly, by bringing to light many of the deficiencies or gaps within organisational support for workers, Covid-19 opened the way for creative approaches to staff care and connection and allowed for reflection around different and flexible ways of interacting with service users.

Insights and Implications

High staff workloads seem to be the norm, with many interviewees describing these as 'unmanageable' and which, inevitably, increases their exposure to trauma and traumatised service users.

Whilst there are strong personal, moral, and social reasons for staying in this work, the physical and mental costs and consequences are high.

The morally injurious landscape of funding is also abundantly clear. There is evidence of significant anxiety about mid to long-term funding arrangements, and the sustainability of smaller organisations and local and community-based projects in particular.

The financial precarity of organisations, their staff, and the women they serve is being exacerbated by the cost-of-living crisis which disproportionally impacts women's lives.

The research reveals the extent to which women workers are devising and deploying their own initiatives and coping strategies to maintain their health and well-being in the face of arduous and challenging work.

The findings point clearly to the importance of organisations developing a more heightened awareness and recognition of the possible adverse consequences for staff working in this sector, including the potential for VT. Coupled with this should be clear and transparent strategies for the identification and mitigation of the traumagenic effects of this work which are accessible to staff. This should be considered as part of the duty of care that organisations have to ensure the safety and well-being of their staff

Yet many organisations do not have recognisable processes in place to support the well-being of their staff, even where they are explicitly deploying a trauma-based approach in their work with service users.

Whilst it is acknowledged that many organisations are operating under severely constrained financial conditions and face uncertain futures, the lack of clear strategies and associated processes for mitigating indirect trauma may be considered an abrogation of organisational responsibility for staff safety and wellbeing. In addition to the costs and consequences for individual workers who are already performing under stressful and constrained conditions and who inevitably find themselves unable to create the time and space for adequate self-

care strategies, this can also jeopardise the efficacy of service delivery which impacts on the experience of service users.

Some of the larger organisations and those that have a national remit did evidence good practice in supporting staff welfare both pre and post-Covid. These are workplaces that take their duty of care towards their employees seriously, which normalise rather than individualise the traumagenic effects of working, and which have introduced strategies to minimise stress and support staff wellbeing, such as robust structures for support and supervision, the provision of regular external clinical supervision, and the embedding of self-care practices into staff policies.

Examples of good practice include accessible operational processes, policies, and procedures to be followed to minimise and/or mitigate worker stress, and systems that can identify and respond appropriately.

Leadership and management structures that recognise the likelihood of secondary stress arising from this work alongside a commitment to reform the deeper structures and workplace processes which encourage long hours and high workloads are vitally important.