

# Mindfulness in PVAW Practice

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# Being mindful of our work

- What do we bring to prevention violence against women work?
- What does our work bring to us?
- Are there personal or professional risks?
- What could we do about it?
- Mindfulness, introspection and reflection can be *tricky*...

# Reflections – preventing violence against women

Why is the prevention violence against women important:

- for the community
- for us as workers/activists

# Mindfulness – clinical definitions and applications

- “The intentional, accepting and non-judgmental focus of one's attention on the emotions, thoughts and sensations occurring in the present moment.” (Zgierska, 2009)
- Mindfulness is also an attribute of consciousness long believed to promote well-being
- Clinical psychology and psychiatry since the 1970s have developed a number of applications based on mindfulness for helping people who are experiencing a variety of psychological impacts
- Clinical studies have documented the physical and mental health benefits of mindfulness
- Mindfulness programs have been widely adapted in schools, prisons, hospitals, veterans centres, and other environments

# Mindfulness – self care

- For our purposes – focussing on what's going on for us, here and now
- Deliberate awareness
- Reflection on our deliberate engagement and actions in preventing violence against women
- Thinking about what our roles are and aren't
- Considering what our actions do externally and internally

# Mindfulness

Quietly think about how often we might reflect on what some of the positive outcomes are when we respond to concerns about or actual violence

- for women and children (and men)
- for us

# What's happening?

In your group discuss:

- What could some of the aspects of mindfulness be in this space? For example:
  - Safety
  - Making a personal contribution
  - The work can be stimulating and richly rewarding, both personally and professionally
  - Social justice
  - Contributing to our community (particularly in local government)
- How regularly mindful/conscious are we of these aspects?

# Impact

- How can this work impact on people working in this space?
- Is there a difference between
  - direct service
  - management/coordination of services and programs
  - 'bystander' action
- How would we know this might be happening to others in our team?
- How would we know if this might be happening to us?



# What's the Impact?

- 'Vicarious/secondary trauma', 'post traumatic stress disorder', 'compassion fatigue', 'emotional exhaustion', 'burnout', 'secondary traumatisation' and 'counter-transference' ...
- Described as a transformation in workers as a result of working with others' traumatic experiences
- 'The inner transformation that occurs in the inner experience of the [worker] that comes about as a result of empathic engagement with clients' trauma material.' (Pearlman and Saakvitne, 1995)



# Impact

- It can also be expressed as ‘feeling heavy’, or when the work (or an aspect of the work) ‘gets inside you’
- While the symptoms of trauma need to be recognised as culturally diverse and specific (Wasco, 2003), trauma reactions are generally divided into three categories:
  - *intrusive reactions*: dreams/nightmares, flashbacks, obsessive thoughts, physiological reactions and other persistent re-experiencing of the traumatic event;
  - *avoidant reactions*: general numbing in responsiveness and avoidance (particularly of things related to the traumatic material); and
  - *hyper-arousal reactions*: hyper-vigilance and difficulty concentrating



"Well, all the symptoms of just another typical case of burnout, I'm afraid."

# Impact – physiology

- Our brains, like other organs in our bodies, have changing demands
- They are built to adjust to changes in demand
- Comparison: a bodybuilder. Their bodies don't just come out that way on their own, they make tremendous adjustments based on the demands (like lifting more weight with specific muscle groups)
- Our brains don't swell and grow like muscles, though. Instead they restructure their connections

# Impact

- Each brain cell (neuron) communicates to the cells it is connected to
- Like our social connections, our brain's connections can change, even in adulthood – 'neuroplasticity'
- Evidence shows that changes in our brain's connections can impact on the ways in which, and the capacity, for us to process certain types of information. *It can change the way our brain works*

# Impact

Vicarious trauma accumulates over time, through interactions with a variety of workers and clients, and can change the worker's overall view of the world and the people around them.

It can affect cognitive functioning and values and can be **as debilitating** as primary trauma.



The overflow

# Impact – ‘the overflow’

Workers may experience:

- anxiety
- depression
- de-personalisation
- feeling overwhelmed by emotions such as anger and fear, grief, despair, shame, guilt
- increased irritability
- feeling of reduced personal accomplishment
- procrastination
- low self-esteem
- having no time or energy for self or others
- increased feelings of cynicism, sadness or seriousness
- an increased sensitivity to violence and other forms of abuse, for example when watching television or a film
- avoiding situations perceived as potentially dangerous
- feeling profoundly distrustful of other people and the world in general
- disruptions in interpersonal relationships
- sleeping problems
- substance abuse

# Prevalence of vicarious trauma

*Statistics from the Field: preventing vicarious trauma among professionals* (Olga Phoenix, California)

Between 40% and 85% of “helping professionals” develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms

– Francoise Mathieu (2012)

- Social Workers, MSW: 70% exhibited at least one symptom of secondary traumatic stress (Bride, 2007)
- Social Workers: 42% said they suffered from secondary traumatic stress (Adams et al., 2006)
- Social Workers, Domestic Violence and Sexual Assault: 65% had at least one symptom of secondary traumatic stress (Bride, 2007)
- Therapists, Sexual Assault: 70% experienced vicarious trauma (Lobel, 1997).
- Hospice Nurses: 79% moderate to high rates of compassion fatigue; 83% didn't have debriefing support after a patient's death (Abendroth & Flannery, 2006)
- Immigration Judges: Higher burnout levels than hospital physicians and prison wardens (Curtis, 2010)
- Law Enforcement: 33% showed high levels of emotional exhaustion and reduced personal accomplishment (Hawkins, 2001)

# Prevalence of vicarious trauma

- Only 15% of law enforcement professionals were willing to seek personal counselling as a result of vicarious trauma vs. 59% of mental health professionals (Bell, et al., 2003)
- Forensic Investigators, Internet Crimes Against Children: 36% of investigators were experiencing moderate to high levels of secondary trauma (Perez et al., 2010)
- Child Welfare Workers: 50% traumatic stress symptoms in severe range (Conrad & Kellar-Guenther, 2006); 34% met the PTSD diagnostic criteria, due to secondary traumatic stress (Bride, 2007)
- Child Protection Service Workers: 37% reported clinical levels of emotional distress associated with secondary traumatic stress (Cornille & Meyers, 1999)
- Child Protection Workers: 50% suffered from 'high' to 'very high' levels of compassion fatigue (Conrad & Kellar-Guenther, 2006)
- Female Forensic Interviewers: 34% reported experiencing symptoms of secondary traumatic stress (Perron & Hiltz, 2006)





# Examples in the family violence sector

- Michael
  - Administration worker in a non-service delivery organisation
  - Asked to format a PowerPoint presentation by his manager
  - Noticed some typos – began to skim/proofread
  - ...
- Sylvia
  - IT consultant
  - Developing new data capture software for family violence incident reporting
  - Works from home, young baby
  - Writing code regarding reports of alleged child abuse
  - ...

# Examples in the family violence sector

- Senior police member
  - Noticed he began delegating reviews of research, public speaking
  - Aversion to watching/listening/reading the news
  - Disrupted sleep, nightmares
  - Couldn't get rid of a head cold
  - ...
- Accountant, media organisation
  - Relatively small project promoting a violence against women prevention organisation
  - Only tasks were account reconciliations and payment of invoices
  - Caught herself thinking about the name of the organisation
  - ...

# Risks

- Where services or professionals work [directly or indirectly within the prevention violence against women] there is a risk that employees will experience ongoing stress, burnout or, more seriously, compassion fatigue and work-induced trauma.
- Work-induced or vicarious trauma is more likely to arise where...workers have the qualities that make them good at their job (and valued as professionals) – empathy, relational connectivity and specific skills...

## Workplace warning signs

- The impact of stress, trauma and burnout does not dissipate at 5pm and potentially 'spills over' into our personal lives in a way that is not always easily recognised, making it important that workers recognise the signs that stress is invading a number of areas of their lives.
- Mindfulness of the impact of trauma on our connection with others is crucial to self-care.

# Barriers

- What might prevent workers from exploring the impact of preventing violence against women with their colleagues/team?
- What might prevent workers from exploring the impact of preventing violence against women on themselves?

# Barriers

Exploring the impact of preventing violence against women on:

- Workers' colleagues/team
  - 'Pandora's Box' – what would I say? What if I get it wrong?
  - What would my manager/HR say?
  - They've received quality training. They should be professional about it
  - What's happening for them personally is none of my business
  - Space for safe disclosure?
- Workers
  - This is ridiculous – it's not as if *I'm* using/experiencing violence against women
  - I don't want to be seen as incompetent
  - This work has got me thinking about personal stuff, but that's not relevant to my work
  - If I don't keep doing it, who will?
  - I'm no good at this anymore

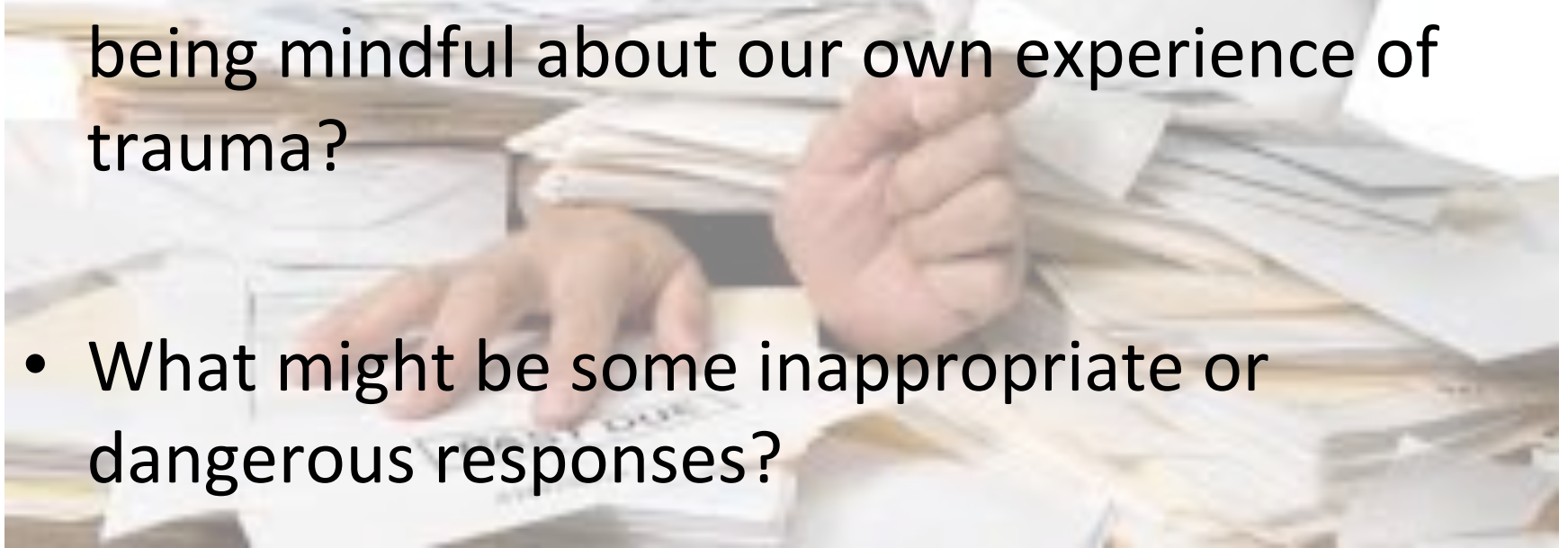
# Protection

- Consider other examples of ‘affecting work’: construction work
- What do they use to ‘protect’ themselves from harm?



# Strategies

- How can we 'protect' ourselves? What 'equipment' and 'tools' could we use?
- What might be some positive strategies in being mindful about our own experience of trauma?
- What might be some inappropriate or dangerous responses?





# Response

“Burnout is not a condition that gets better by being ignored. Nor is it any kind of disgrace.”

– Herbert Johnnie Freudenberger

## Mindfulness – self care

- Be aware that there is a normal emotional reaction to PVAW work in **all** of its forms
- Discuss any work-related issues with a colleague, peer support officer or line manager, or if necessary, an Employee Assistance Program counsellor
- Take responsibility for your self-care and balance work demands and personal life
- **Demand** access professional supervision practitioners, networks and forums

# Mindfulness – self care

- Care for ourselves to ensure we can care for others – workers and clients
- “If the cabin loses air pressure, oxygen masks will drop from the ceiling. Please put on your own mask before assisting others.”
- Can you support others if you are struggling?



# Workplace disclosures

Increase in awareness, activity and consideration of preventing violence against women can lead to increased disclosures of experiences by staff

- Why might this be happening?
- Is this appropriate?
- How should we respond?
  - What might *they* need immediately?
  - What might *we* need immediately?

# Strategies

How can you find out more about positively exploring and responding to trauma?



# Strategies

Formal responses:

- **Anyone injured or ill to seek appropriate treatment**
  - If an accident or serious incident has occurred, the most important thing is your worker's health and getting appropriate treatment.
  - This will depend on the type of injury or illness your worker has.
- **If there has been a serious incident, notify VWA immediately on 13 23 60**
  - Any injury or illness should be recorded in your workplace's register of injuries.
  - The injured worker or someone on their behalf should complete the Register of Injuries.
- **Keep in contact with your worker if they are away from work**
  - If your worker needs time off work, keep in contact with them while they are away.
  - Explore what your worker *can* do at work rather than what they *can't* and talk to them about it.
  - People generally recover better and faster if they can safely stay at work while they recover.
- **Start planning for return to work**
  - At the point you know a worker is injured and can't perform their normal duties, it's important to provide them with return to work information and start planning for return to work.
- **A guide for employers - What to do if a worker is injured** – Victorian Workcover Authority – [www.vwa.vic.gov.au](http://www.vwa.vic.gov.au)

# Strategies



## Resilience Program

- The resource is a 3-step process:
  - **Step 1. Resilience Assessment**  
Take their Resilience Assessment to get your resilience score.
  - **Step 2. Analysis of your score**  
Read the analysis of your resilience score to find out if you should do the program.
  - **Step 3. Program**  
Sign up for their 10-week program delivered by email.

# Strategies

- Expert debriefing/counselling
- Specific focus on trauma experienced from working to prevent violence against women
- External to the organisation



# Questions

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