Mindfulness in PVAW Practice

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Danny Blay | Consultant – Violence Against Women and Children
PO Box 101 St Kilda VIC 3182
0417 690 311
DannyBlay@westnet.com.au
@DannyRBlay
Being mindful of our work

• What do we bring to prevention violence against women work?
• What does our work bring to us?
• Are their 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
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.
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...

1800 Respect – National Sexual Assault, Domestic Family Violence Counselling Service
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?
“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
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