

## "Women Working Together" in the Shadows of Sexual Violence

Petit E and Sarah L Parry\*

Department of Clinical and Counselling Psychology, Manchester Metropolitan University, Manchester, UK

\*Corresponding author: Sarah L Parry, Senior Lecturer, Department of Clinical and Counselling Psychology, Manchester Metropolitan University, Manchester, UK, Tel: +44(0)1612475796; E-mail: s.parry@mmu.ac.uk

Rec date: July 03, 2017; Acc date: August 11, 2017; Pub date: August 14, 2017

Copyright: © 2017 Petit E, et al. This is an open-access article distributed under the terms of the creative commons attribution license, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Abstract

The impact of trauma work upon practitioners is well documented. Experiences of vicarious trauma, compassion fatigue are explored throughout the trauma literature. However, less understood are the emotional benefits of such work and the restorative nature of working in trauma settings.

**Keywords:** Women; Sexual violence; Trauma; Resilience; Vicarious trauma

### Introduction

A limited number of empirical studies have considered the opposite of vicarious trauma, known as vicarious resilience which is the ability to reframe difficulties and develop new coping strategies as a direct result of learning from clients managing complex responses to trauma [1-4]. Although recent work, such as that of Israeli social worker and academic Orit Nuttman-Shwartz, has highlighted how shared trauma can facilitate posttraumatic growth, vicarious resilience and compassion satisfaction in 2016, little attention has been paid towards the potential positive psychological benefits of individual work with people who have experienced sexual violence. Therefore, a need was identified to explore the experiences of women working to support clients following experiences of sexual violence.

### Brief Work on Sexual Violence

In the UK, the continued austerity program has led to scarce funding for voluntary organizations as well as limited access to statutory services, which drives an even higher demand for community based support for people in need. For example, since 2010, 17% of specialist women-only services across the United Kingdom had to close due to lack of funding [5]. In 2015, 44% of women's services were running part of their service without dedicated funding [6]. Consequently, clients are waiting longer for help, services are increasingly strained, and the result is often that both clients and service providers are operating in environments with little certainty or secure-base support [7]. These broad and powerful systemic factors directly impact the experiences of clients and therapists, which our study aims to capture through rich personal narratives.

### Discussion

In order to ensure the richest exploration of qualitative accounts possible, personal narratives were sought from staff and volunteers of a feminist collective rape crisis service in England. Narratives can represent ways of making sense of the world and act as organizing forces in specific socio-cultural settings [8]. Personal narratives are rich and multi-layered accounts of how individuals make sense of their work and the systemic influences around them. Researching the

experiences of individuals working in trauma services is important to shape trauma-informed service delivery and support staff and volunteers working with traumatic stories to enhance practitioner wellbeing and outcomes for clients [9]. Understanding the challenges and opportunities available when working therapeutically with survivors of sexual violence may offer new strategies and solutions for service providers and clients.

Thus far, the data tells a story of an organization that can rely on its committed and resilient staff and volunteers, to provide a person-centered service for women in need:

*"Women working together (...) can be incredibly supportive and that's not to say there's no competition. You can be open and honest, people sometimes burst out crying for whatever reason." (Participant 3).*

Interestingly and perhaps surprisingly, participants were keen to share their experiences of working within an environment that is starkly different to mainstream healthcare services, rather than their individual work with clients. For example, the women-only aspect of the organization and the resulting sense of support and common understanding amongst staff and volunteers was often touched on as a positive aspect of their role. This raises interesting questions about the relationship between the environment at work and the quality of personal wellbeing of staff and volunteers. For instance, one participant explained how the stress of losing their funding impacted her relationships with colleagues:

*"I mean here, there was a point where it nearly went under and that was totally stressful um... And we weren't always-we were stressed all of us which made it more difficult to work together obviously..." (Participant 2)*

Overall, there appear to be important positive and negative aspects of direct work with clients in a sexual violence service, which impact the wellbeing of practitioners. Working with people who have been through traumatic life events can have a significant impact on practitioners' own sense of self, their perception of post-traumatic growth and vicarious experiences of resilience. For example, one of the participants recounts how she learnt from working with service users:

*"Seeing other people go through really horrible stuff and show resilience in it and actually become a stronger person because of it, that*

*is really empowering. It makes you rethink how you deal with your own difficulties."* (Participant 1)

However, wider systemic influences around funding and having a secure-base at work seem to have a greater negative impact on team functioning and practitioner wellbeing. Therefore, such services and funding bodies must prioritize reassurance, support and safety for practitioners, so as to enable them to provide the best possible trauma-informed service for clients [10].

## Conclusion

This research remains ongoing and a full report of the findings and recommendations will be available over the forthcoming months. This brief communication highlights some of the recent developments in the service delivery literature relating to trauma-informed care, as well as the individual, relational and systemic factors that influence the wellbeing of service providers and their ability to care for their clients. In the current climate of austerity that prevails across many Western societies, often compounding psychosocial difficulties in its wake, it is more important than ever that we as practitioners and researchers advocate for the continued funding and security of health and social care services. Such provisions are often a lifeline for people with few options and choices, and we must ensure evidence-based services and their workers are protected as they support society's most vulnerable communities. Research led by the personal narratives of workers in such services forms an important contribution to the wider literature around practitioner wellbeing and the socio-political influences upon service provision and best practice.

## References

1. Figley CR (1995) Compassion fatigue: Secondary traumatic stress disorder from treating the traumatized. Brunner/Mazel, New York, USA.
2. Huggard P (2003) 'Secondary traumatic stress.' New Ethical Journal 9-14.
3. Kapoulitsas M, Corcoran T (2015) Compassion fatigue and resilience: A qualitative analysis of social work practice. Qual Soc Work 14: 86-101.
4. Hernandez P, Killian K, Engstrom D, Gangsei D (2015) Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. J Humanist Psychol 55: 153-172.
5. Neate P (2017) Domestic abuse services hang by a thread-we can't waste any more money. The Guardian.
6. Women's Aid Federation (2015) Women's aid annual survey unknown place of publication: Women's Aid, England, UK.
7. Wu CH, Parker SK (2014) The role of leader support in facilitating proactive work behavior: A perspective from attachment theory. J Manage 43: 1025-1049.
8. Cassell C, Symon G (2011) Assessing 'good' qualitative research in the work psychology field: A narrative analysis. J Occup Organ Psych 84: 633-650.
9. Parry S (2017) Effective self-care and resilience in clinical practice. Dealing with stress, compassion fatigue and burnout. Jessica Kingsley Publishers, London, UK.
10. Women's Resource Centre (2010) Assessing the financial vulnerability of charities serving women. Unknown place of publication: Women's Resource Centre, London, UK.