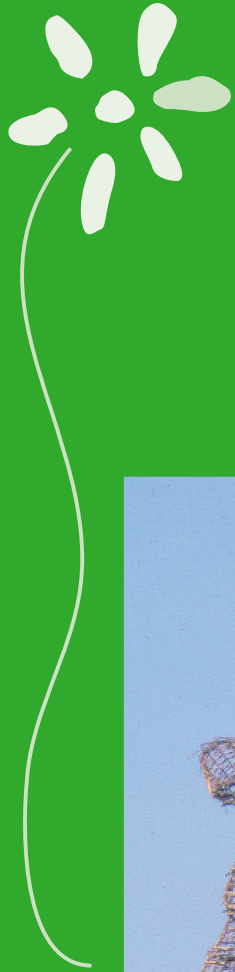




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Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers



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**Guidebook on Vicarious Trauma: Recommended Solutions for
Anti-Violence Workers** was prepared by **Jan I. Richardson** of the Centre
for Research on Violence Against Women and Children in London, Ontario
for the Family Violence Prevention Unit, Health Canada.

Également en français sous le titre **Guide sur le traumatisme vicariant :
Solutions recommandées pour les personnes luttant contre la violence**

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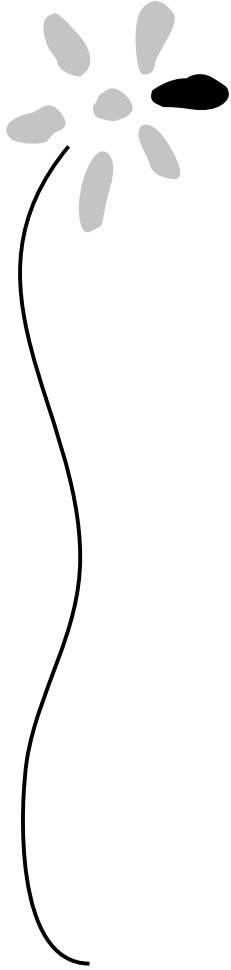
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Cat. H72-21/178-2000E

ISBN 0-662-29517-X



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Acknowledgements



A project of this scope requires the support and participation of many people. I thank the staff, volunteers and board of directors of Women's Community House in London, Ontario for their dedication to seeking the healthy balance between the grief and joy of the work. I am honoured to be part of a group that continues to strive to meet the challenges within our feminist mandate.

During the eight months I spent gathering information for this guidebook, I have listened to the experiences of staff, volunteers and board members from across the country and, at times, have felt overwhelmed by the many ways that the work changes an individual. As an executive director, I am humbled by the stories of pain and harm that are caused by the lack of leadership in organizations, and as a result I have spent considerable time looking at healthy organizational solutions. My life changed forever when I began my sojourn into this field in 1985. My work has been richly informed by this project and I now set for myself new challenges that respect and honour the strengths and gifts of the staff and volunteers.

I extend my appreciation to the members of the National Advisory Committee. For a brief moment in time, we shared a rare

and inspiring connection and the thoughts and strategies we discussed stayed with me throughout the writing. For a day and a half, we sat around a very large kitchen table soaking in each other's strength and vibrancy. We were reminded of our feminist roots and the strength and unity that comes from sitting together in peace and purpose. There were more than 200 years of combined experience of working in the anti-violence field gathered around that table. My thanks to:

Rina Arseneault
Chris Chevalier
Katalin Kennedy
Mary Nelder

Helen Dempster
Agathe Fille-d'alice
Deborah Sinclair
Becky Wentzell

In particular, I extend my appreciation to Judy Jarosch for superb support services and Michelle Amlin for her editorial skills. Thanks to Katherine McKenna and the Centre for Research on Violence Against Woman and Children for their commitment, and to Katalin Kennedy, Health Canada, for recognizing the need for this resource and supporting the proposal. Special thanks to sculptor Dawn MacNutt and photographer Peter Barss of Dartmouth, Nova Scotia for their contribution of the image of the artwork on the cover and chapter pages.

Thanks to all the others who helped to make this effort a reality. The women who attended the consultation meeting at Action Ontarienne contre la Violence Faite aux Femmes (AOcVF) and Madelaine Dagenais-Dignard, Veronica Vanderborght, Donna Sharon, Agathe Fille-d'alice.

I dedicate this guidebook to all the women who have taken action to end the violence they have endured, and to all those who walk beside them.

Jan I. Richardson

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Jan Richardson has served as Executive Director of Women's Community House since 1985. As an active member of the community, Jan serves on a number of committees including the London Coordinating Committee to End Woman Abuse and the Citizen's Advisory Council to the Chief of Police. She is an Adjunct Professor at The University of Western Ontario and serves as a Research Associate with the Centre for Research on Violence Against Women and Children.

Jan provides public and professional education for a variety of groups, including the police and justice representatives, health care providers, teachers, business professionals, church groups, service clubs and students.

An MBA from the Richard Ivey School of Business at The University of Western Ontario in 1994, Jan previously worked as a registered nurse, housing consultant and project officer with the federal government.

The Centre for Research on Violence Against Women and Children The University of Western Ontario

London's Centre for Research was established in 1993. The purpose of the Centre is the promotion and development of community-centred action research on violence against women and children using a feminist analysis. The Centre's role is to involve individuals, groups and institutions representing the diversity of the community, to pursue research questions, and to offer training opportunities relating to the use of research in understanding prevention of woman abuse.

The Centre operates in partnership with The University of Western Ontario, Fanshawe College of Applied Arts and Technology and the London Coordinating Committee to End Woman Abuse. In 1997, the Centre for Research on Violence Against Women and Children merged with the Centre for Women's Studies and Feminist Research and is supported directly through the governing structure of The University of Western Ontario.

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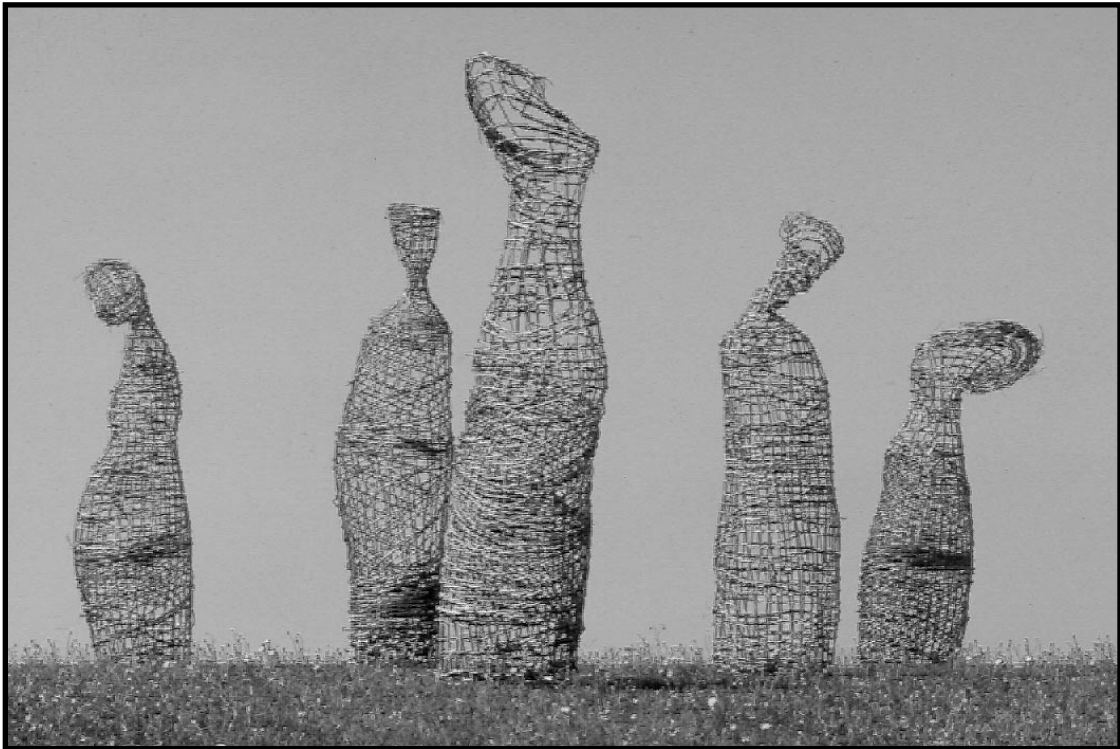
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Introduction



Introduction



I.1 Introduction

This guidebook is written for those individuals who have chosen to dedicate a time in their life to work with abused women, children and their abusers. It attempts to recognize the unique experience of anti-violence workers in Canada and to promote individual, professional and organizational solutions to support them. Vicarious trauma is one outcome of this work. The effects of vicarious trauma are cumulative and build upon memories obtained through listening to the stories of one inhumane act of cruelty after another. This creates a permanent, subtle or marked change in the personal, political, spiritual and professional outlook of the counsellor or advocate. Vicarious trauma has a life-changing effect on individuals, ultimately affecting their view of the world and their relationships and connections to families, friends and community. Understanding and working with the trauma is both an individual and organizational challenge.

Providing a definition of vicarious trauma is the first step in identifying and accepting the deep changes that occur in counsellors and advocates as a result of working with abused women and children. Definitions that describe the profound effect on therapists resulting

from exposure to the trauma experiences of their clients are offered by those in the vanguard of this emerging field of study. Laurie Anne Pearlman, Karen W. Saakvitne, Paula S. Maclan and the rest of the team from the Traumatic Stress Institute Center for Adult & Adolescent Psychotherapy, Charles Figley, and others provide valuable insight into vicarious trauma and lay a foundation for the information offered in this guidebook.

Compassion fatigue, vicarious traumatization, secondary traumatization, secondary stress disorder, insidious trauma and vicarious trauma are all terms that are used in an attempt to label and define what happens, why it happens, and how to live healthily with the experiences. These experts continue to collect evidence about the importance of recognizing the effects of vicarious trauma, of developing healthy personal solutions, and of promoting organizational responses to preserve the strength of counsellors and advocates.

In this guidebook, the term “vicarious trauma” will be used. Feedback from groups and individuals during this project, as well as consideration of the use of terms available in the literature,

determined that “vicarious trauma” comes closest to identifying the specific experiences of anti-violence workers. “Compassion fatigue” is another term often applied to this field; however, it is increasingly used to describe exhaustion and desensitization to violent and traumatic events portrayed, in particular, by the media.

To date, the work on vicarious trauma has been principally based on the experiences of trauma workers who are part of the mainstream service network, including emergency care personnel such as police, fire fighters and emergency nurses. This work is now being extended to include the unique experiences of those working with victims of sexual assault, childhood abuse, and with abused women and their children. Pearlman and Maclan (1995) and Saakvitne and Pearlman (1996), for example, recognize the particular effect and complexities for the therapist working with survivors of childhood sexual abuse.

Anti-violence workers are not always recognized and rewarded by society for their contributions in enhancing the lives of individuals and in creating new and effective social and community services. As such, a full public or academic understanding of the necessity and importance of the work, and the difficult environment in which the work takes place, is still developing. Shelters, second stage housing, sexual assault centres and advocacy centres have formed unique services based on a strong commitment to feminist values and social justice. All providers of a service, from administration to counsellors, are affected to some degree

by vicarious trauma. For the purposes of this guidebook, anti-violence workers include all staff, both counselling and administrative, volunteers and board of directors.

While the material in this guidebook focusses on vicarious trauma, it briefly covers other issues and disciplines that are relevant and beneficial to the topic. The vast body of material on stress and burnout, for example, provides resources for identifying individual and organizational stressors. The resources on stress and burnout offer useful remedies and solutions applicable to vicarious trauma, particularly those that recognize the stress of daily living and work. It is, however, consistently the case that the material does not identify or provide solutions specifically regarding the pervasive effect of the exposure of anti-violence workers to traumatic material.

There are many resources on women and self-esteem, self-care and relaxation that support the need for personal care and nurturing and encourage a search of self that promotes self-determination. Resources by Jennifer Loudon and N. Branden provide excellent suggestions that can be incorporated in a good self-care plan. Self-care is only one part of the equation in responding effectively to vicarious trauma. In addition to such individual solutions, there are also organizational approaches to ensuring that workers in this field are supported in healthy work lives.

There is a wealth of resources on leadership that are useful and relevant to anti-violence work. Particularly helpful

are those that focus on self-reflection, integrity, and finding a healthy balance among work, home and community. Stephen Covey and Max Depree offer good suggestions that support positive renewal and self-development.

To respond to the cumulative effects, ongoing care and organizational practices are needed. Providing immediate support following a traumatic incident is an essential response to those immediately and secondarily affected. Critical incident stress debriefing provides such support and employs trained debriefers following exposure to an event that is particularly horrifying or stressful. Critical incident stress debriefing and defusing is therefore included as one of several elements of organizational practice needed to respond to vicarious trauma.

When all of these resources are collected and blended with the existing material on vicarious trauma, it is clear that the solutions needed for anti-violence

workers to remain healthy and vibrant are comprehensive. They touch every aspect of organizational structures, patterns and policies, as well as personal, professional and spiritual beliefs and activities. All practitioners who are exposed to the trauma inflicted on others, whether by choice, accident, disaster or political intervention, may benefit from the solutions proposed in this guidebook. The suggestions outlined in the section on organizational responses provide low cost and no cost solutions that demonstrate an understanding of and commitment to the needs of staff working in anti-violence agencies.

Vicarious trauma is a clear and present danger to anti-violence workers and an occupational hazard of the profession. The women change us forever. To honour their courage, we must honour ourselves and commit to self-preservation, self-renewal and self-care.

1.2 Definitions

“In ten years of conflict 56,000 young Americans were to die in the jungles, river deltas and rice paddies of Southeast Asia. Between 60,000 and 100,000 were subsequently to take their own lives. The conflict in Vietnam was the first war in recorded history whose combat deaths were later to be exceeded by the suicide of its veterans.”

(Baigent and Leigh, 1998)

This startling statement provides insight into the devastating loss of life and gruesome experiences of young people sent to war. It highlights the incompatibility of reconciling their experiences of war with daily life when their tour of duty ended. Counsellors, psychologists and caregivers provided support to these troubled men and women, listening to countless tales of horror, ultimately integrating the veterans' trauma into their own psyche. At the

time, little recognition was given to the effect that listening to the horrendous experiences of veterans had on therapists. Efforts focussed on understanding the experiences of veterans and those who endured unspeakable atrocities while detained, held in captivity in concentration camps, or who witnessed the annihilation of families, villages and people. The disruptions in the daily lives of therapists and the changes to their fundamental belief systems would not be fully understood until years later.

Saakvitne and Pearlman (1996), Pearlman and Maclan (1995) and McCann and Pearlman (1990) and the staff of the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy define vicarious traumatization as “the transformation of the therapists’ or helpers’ inner experience as a result of empathetic engagement with survivor clients and their trauma material.” Vicarious traumatization “refers to the cumulative transformative effect on the helper working with the survivors of traumatic life events” (Saakvitne and Pearlman, 1996).

Further, “through exposure to the realities of people’s intentional cruelty to one another, and through the inevitable participation in traumatic reenactments in the therapy relationship, the therapist is vulnerable through his or her empathic openness to the emotional and spiritual effects of vicarious traumatization. Their effects are cumulative and permanent, and evident in both a therapist’s professional and personal life” (Figley, 1995).

The inclusion of the diagnosis of Post-traumatic Stress Disorder (PTSD) in the publication of the American Psychiatric Association’s third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSMIII) in 1980 is discussed by Charles Figley. He argues that the inclusion has helped to make a significant difference in the diagnosis and treatment for individuals affected by a wide range of traumas, which in turn supports recognizing the experience of the therapist. The 1994 DSM-IV revision of the American Psychiatric Association states: “The person has experienced an event outside the range of usual human experience that would be markedly distressing to almost anyone: a serious threat to his or her life or physical integrity; serious threat or harm to his/her children, spouse, or other close relatives or friends; sudden destruction of his/her home or community; or seeing another person seriously injured or killed in an accident or by physical violence” (APA, 1994).

Diagnoses that have been determined using the DSM-IV have not always been helpful to abused women and their children and at times have added to their oppression, despite a PTSD definition which reflects violence against women and recognizes environmental circumstances as a factor in the disorder. Women’s advocates have struggled with a system that has labelled and treated women with a diagnosis that does not incorporate all factors of a woman’s life, including how long-standing inequity, generational racism, bias and intolerance profoundly and subtly affect individuals. Maria Root and counsellors working with

women suggest that a diagnosis that does not recognize the common, repeated and current trauma that occurs as a result of the inequalities that marginalize women and other oppressed groups may limit an effective treatment plan (Root, 1997). Similarly, definitions of and prevention and management strategies for vicarious trauma must recognize all factors that influence or contribute to effects and changes in an anti-violence counsellor.

“The effect and change on us comes from a multitude of directions; the stories from women and children, fellow staff members, volunteers, funders, management, boards of directors, our own personal stuff, the community “it’s everything.”

*– A rural anti-violence worker
with 15 years’ experience*

Secondary stress disorder is “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1993, 1995).

Vicarious trauma is the experience of bearing witness to the atrocities committed against another. It is the result of absorbing the sight, smell, sound, touch and feel of the stories told in detail by victims searching for a way to release their own pain. It is the instant physical reaction that occurs when a particularly horrific story is told or an event is uncovered. It is the insidious way that the experiences slip under the door, finding ways to permeate the counsellor’s life, accumulating in different ways, creating

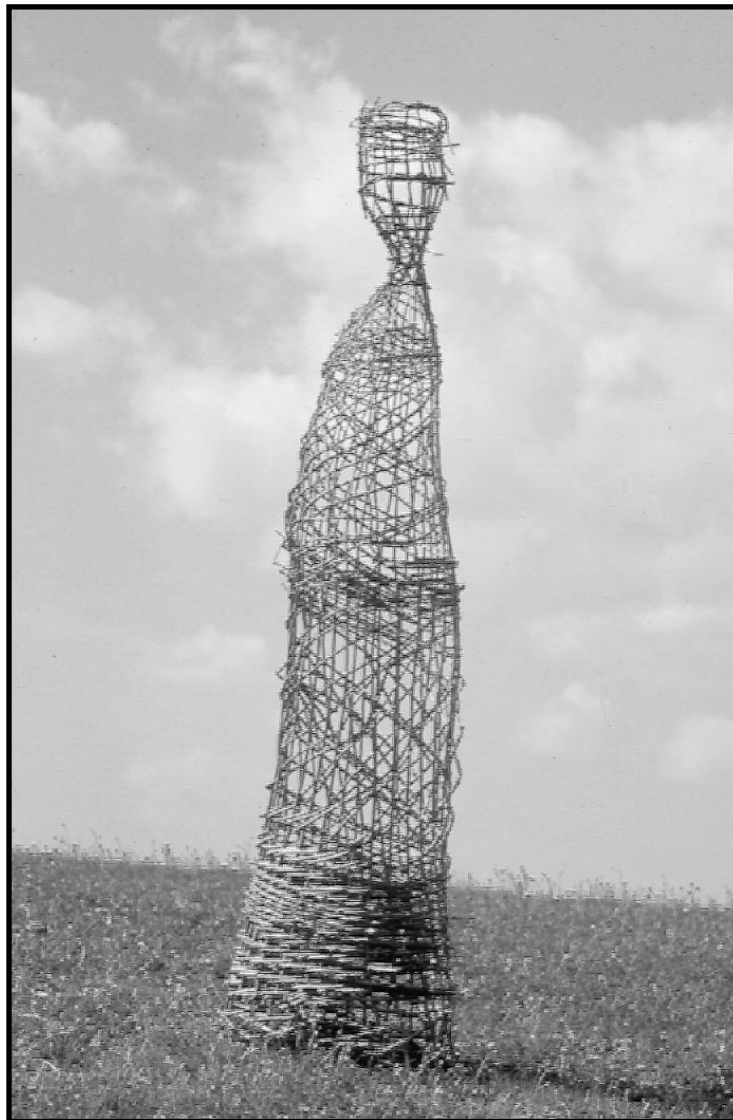
changes that are both subtle and pronounced. Vicarious trauma is the energy that comes from being in the presence of trauma and it is how our bodies and psyche react to the profound despair, rage and pain. Personal balance can be lost for a moment or for a long time. The invasive and intrusive horrors infiltrate and make their mark. The waves of agony and pain bombard the spirit and seep in, draining strength, confidence, desire, friendship, calmness, laughter and good health. Confusion, apathy, isolation, anxiety, sadness and illness are often the result.

“The work we do changes our lives forever.”

*– A shelter counsellor now working
in the area of prevention*

The transformation or changes that occur in the anti-violence worker are not all negative; it is the negative components of the change that are the focus of vicarious trauma. The transformation also brings about positive changes. Anti-violence workers describe the deep satisfaction of their work and recognize the strength, dedication and courage that women have to begin a new day of renewed hope. Rose-coloured glasses are removed and the world becomes clearer, more vivid. The layers of mirage are stripped away and the world is exposed in both its beauty and horror.

2 Individual Solutions



2 Individual Solutions



2.1 Introduction

What Rhoda Remembers About the First Five Minutes

pressing the buzzer
thinking how ugly
the sound of a buzzer

an intercom voice asking: who is there
wanting to say me just me
choking on my name

the sound of my voice
thinking how ugly
the sound of my voice
making
it all too real

doors unlocking
the woman named Valerie
her eyes like pillows
a calico cat on a green paisley couch
a desk piled high with papers

then there were whispers
a kind of chorus:

someone new is coming
someone new is coming
someone new is coming
do we have enough room
someone new is coming
hear how hard she's crying
she has a little baby

Valerie's voice apologetic:
can you please fill out this form?

"What Rhoda Remembers About the First Five Minutes," by Sheree Fitch was originally published in *In This House are Many Women* © Sheree Fitch, 1993. Reprinted by permission of Goose Lane Editions.

"I tore myself away from the safe comfort of certainties through my love for truth; and the truth rewarded me."

– Simone de Beauvoir, *All Said and Done*
(de Beauvoir, 1982)

Anti-violence workers know the truth about the atrocities committed against women and children, and probe beyond accepted standards to help shape a new and better reality. At times, the harmful truth seems to be forgotten, and the loss of individual rights and dignity has

far-reaching consequences for those victimized by aggression and control. The depth, pervasiveness and extent of the violence have taken counsellors and advocates beyond denial, and in confronting the realities they are changed forever. The economic and health-related costs reflect only the tip of the iceberg on how systemic the cost and loss are to our society (Day, 1995).

“I got into working as a sexual assault counsellor because I believed I could make a difference. Each day we are confronted with more realities; sexual harassment, violence in the workplace, all needing new solutions. It’s too much, there are too many women destroyed. I have lost hope that anything will change.”

– A counsellor working in a rape crisis centre

Anti-violence workers engage with women and children who tell graphic descriptions and stories of the cruel and vile acts of violence they have endured and are exposed to, committed against them by choice, by another human being. Counsellors and advocates listen to myriad confusing and conflicting emotions, and witness the effect of misused power and the effort and courage it takes to move beyond the control. Atrocity workers listen and absorb the stories and the re-enactments of abusive and violent acts, and they observe the outcome of cruelty. At times, staff witness the change that comes over a woman as she begins to recognize her own self-worth and unravel the harm inflicted upon her. Women do

more than survive. Women adapt to a range of circumstances. Some move to a place of positive choices, while others do not, requiring long-term support and maintenance of social services.

“As we know, working at a shelter forever changes who we are and how we view things. Often, whether I am at work or not, I find myself in a group of people (on the bus, out speaking) wondering to myself which of these people are victims, survivors and abusers. I never did this before working here, I will probably do this for the rest of my life.”

– A counsellor at a shelter

The empathetic response of the staff and volunteers is at the core of the commitment to the services. It is this empathy that creates the greatest risk and vulnerability to vicarious trauma. Self-awareness, self-assessment and self-care are critical to preventing a toxic, unhealthy build-up of the negative and invasive effects. No one engaging in this type of work is immune to the effects. The transformation that occurs can be subtle and pronounced, and positive or negative. There may be an awakening of feelings, including the passion for social justice and the joy and celebration of working with women. The negative aspect of the work is vicarious trauma. The heavy weighting of the negative and damaging effects of vicarious trauma makes finding and maintaining a healthy balance a significant challenge.

2.2 Personal Impact of Vicarious Trauma

“I have found that while working in this field I am constantly having to take the time to remind myself that not every man/woman is abusive. I do this by enjoying time with friends, watching kids play in the park, and immersing myself in non-trauma settings. I also take the time out to play and have vacations from here. Without this balance, I think it would be very easy to develop a general attitude that the world was full of abusers and that I had to hide away in order to protect myself.”

– A counsellor

The effects of vicarious trauma extend to all realms of anti-violence workers’ lives and are cumulative, unavoidable and applicable to everyone uniquely. Experiences such as a change in beliefs and values and the way that one looks at the world, intrusive imagery and physical effects are normal consequences of the work. Different factors contribute to what triggers a personal response, and in how limited or magnified the effect will be. Some of these factors include personal characteristics or traits, prior experience, personal history of abuse, and the culture and practices of the organization.

There now exists a good selection of materials that identify how the effects of vicarious trauma may exhibit themselves in an individual. The staff of the Traumatic Stress Institute, under the leadership of

Karen W. Saakvitne and Laurie Anne Pearlman, have developed valuable resources that aid the individual counsellor, therapist and advocate in identifying the effects. These resource materials are useful guides to help restore a balance that preserves the positive experience of working with this client population. In particular, their workbook on vicarious traumatization, *Transforming the Pain*, is a practical resource guide.

Tables 1 and 2 on the following pages, by Janet Yassen, provide a helpful summary of many of the personal factors and how they can affect professional functions. The list is extensive and by no means conclusive. The nature and extent of vicarious trauma will vary for each individual and may extend beyond what is defined in these tables.

“The impact comes from many directions: the people we serve, the people in the service, funders, general public, politicians, even the abusers. The vital work faces obstacles from every direction.”

– A front-line worker

TABLE 1 – The Personal Impact of Secondary Traumatic Stress

Cognitive	Emotional	Behavioural	Spiritual	Interpersonal	Physical
<ul style="list-style-type: none"> • Diminished concentration • Confusion • Spaciness • Loss of meaning • Decreased self-esteem • Preoccupation with trauma • Trauma imagery • Apathy • Rigidity • Disorientation • Whirling thoughts • Thoughts of self-harm or harm toward others • Self-doubt • Perfectionism • Minimization 	<ul style="list-style-type: none"> • Powerlessness • Anxiety • Guilt • Survivor guilt • Shutdown • Numbness • Fear • Helplessness • Sadness • Depression • Hypersensitivity • Emotional roller coaster • Overwhelmed • Depleted 	<ul style="list-style-type: none"> • Clingy • Impatient • Irritable • Withdrawn • Moody • Regression • Sleep disturbances • Appetite changes • Nightmares • Hypervigilance • Elevated startle response • Use of negative coping (smoking, alcohol or other substance misuse) • Accident proneness • Losing things • Self-harm behaviours 	<ul style="list-style-type: none"> • Questioning the meaning of life • Loss of purpose • Lack of self-satisfaction • Pervasive hopelessness • Ennui • Anger at God • Questioning of prior religious beliefs 	<ul style="list-style-type: none"> • Withdrawn • Decreased interest in intimacy or sex • Mistrust • Isolation from friends • Impact on parenting (protectiveness, concern about aggression) • Projection of anger or blame • Intolerance • Loneliness 	<ul style="list-style-type: none"> • Shock • Sweating • Rapid heartbeat • Breathing difficulties • Somatic reactions • Aches and pains • Dizziness • Impaired immune system

(Yassen, 1995)

TABLE 2 – Impact of Secondary Traumatic Stress on Professional Functioning

Performance of Job Tasks	Morale	Interpersonal	Behavioural
<ul style="list-style-type: none"> • Decrease in quality • Decrease in quantity • Low motivation • Avoidance of job tasks • Increase in mistakes • Setting perfectionist standards • Obsession about detail 	<ul style="list-style-type: none"> • Decrease in confidence • Loss of interest • Dissatisfaction • Negative attitude • Apathy • Demoralization • Lack of appreciation • Detachment • Feelings of incompleteness 	<ul style="list-style-type: none"> • Withdrawal from colleagues • Impatience • Decrease in quality of relationship • Poor communication • Subsume own needs • Staff conflicts 	<ul style="list-style-type: none"> • Absenteeism • Exhaustion • Faulty judgement • Irritability • Tardiness • Irresponsibility • Overwork • Frequent job changes

(Yassen, 1995)

2.3 Factors Contributing to Vicarious Trauma

The following material explores some of the key contributing factors that attempt to recognize the unique characteristics of the anti-violence profession.

“There are times when our hands are tied and due to our mandate we are unable to continue to support a woman. There are times when so much needs to be done that we cannot possibly meet all the families’ needs. Although I respect our mandate and realize that we cannot meet everybody’s needs, I find it hard at times to watch women leave with so many needs left to be addressed and at times no possible options as to how to address them.”

– A counsellor in a community counselling program offering groups to women

2.3.1 Type of Service

The nature of anti-violence work means that there is often no closure or opportunity to know in the long term whether the services offered made a difference. Some agencies, such as shelters and crisis or helpline services, are often left wondering what happens to a woman and children after she leaves or gets off the phone. Follow-up groups, second-stage housing, advocacy centres and counselling services have more opportunities to witness the changes in a woman over time; however, even these services may not know what happened to her in the long term. The autonomy of agencies and strict confidentiality practices limit information sharing about families that access more than one

service. Some communities have developed inter-agency case planning formats to track, over time, the experience of the family and their use of different services. Communicating this information back to front-line staff in agencies completes the process.

“I was out speaking to high school students in a classroom and after my presentation a male student came up to me and asked if I remembered him”. He had stayed in shelter years ago. He happily told me about his life, his mother and family and told me how much he remembered his time in shelter. I hang onto those words, especially when I watch a mother and children disappearing inside the taxi to take her back home.”

– A children’s advocate with 11 years’ experience

Individual staff, boards of directors and agencies may have to rely on the evidence collected by researchers on the experience of women, children and men accessing services, rather than obtaining information directly from individuals. For example, research on the effectiveness of a batterer program continues to inform the nature of the work and evidence continues to be collected on how services respond to the needs of abused women. Getting involved in research initiatives can help to increase the understanding of how the service positively responds to changes in women, children and men. The five centres for research on violence against women and children operating across

Canada offer collaborative opportunities that match the skills and expertise of a researcher with those of community services. Influencing the research questions and project design can help to inform agencies of what changes occurred in the lives of women and children as a result of the service.

“When I am working in a group with women, I sometimes can’t believe what they share. Sometimes they talk about the violence as if it was nothing. Later, after they have spoken aloud, they are more ready to work with a counsellor.”

– A group counsellor

Based on the high degree of re-enactment, role playing, group programs, crisis intervention and telephone crisis work that are fundamental components of most anti-violence agencies, staff are at risk of experiencing vicarious trauma early on in their career. For agencies that provide a 24-hour helpline, staff may juggle other responsibilities in addition to responding to the crisis line. In some organizations, volunteers carry a beeper that relays the telephone call into their home. These intrusive calls and crisis situations can be disruptive to the individual.

Personal remedies offered by leading experts suggest rotating through different counselling or therapy styles and controlling the number of trauma clients seen in a day. These solutions may seem impossible to achieve, given the 24-hour nature of the work, funding shortages and crisis orientation of the environment. Changes to the operating practices of these

environments are needed to provide reasonable breaks from direct client contact. Rotating through different positions, public speaking, community networking and social justice activities are examples of means to provide a break in the routine for staff and to offer at least a temporary focus on the systemic aspects of violence against women.

Agencies such as sexual assault centres and community counselling and advocacy clinics can encourage counsellors to control their own schedules by building in times for breaks and having days or partial days that are focussed on administrative tasks. Taking meaningful breaks away from direct client contact may mean that the agency decreases the number of clients served. This difficult decision may support a long-term healthy commitment by staff who are dedicated to self-care.

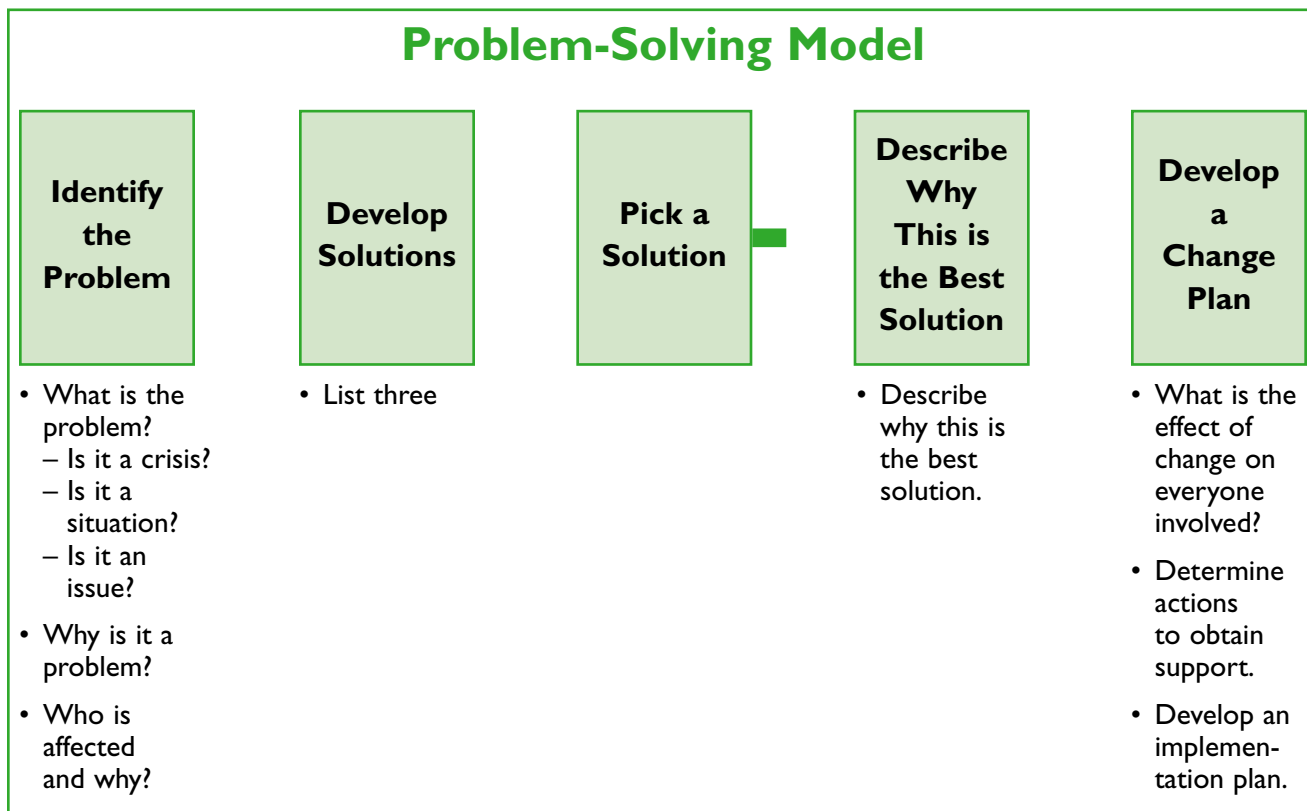
“One aspect of the work, which increases staff’s vulnerability to burnout, is the long hours that weekend staff work. The more tired one becomes the less able you are to separate yourself from your work. It is in maintaining that distance that I have been able to keep my level of stress down. Yet, when I am tired I feel things creeping in and I am aware that it is harder to shut off my day at the shelter when I go home. In other words, I end up carrying people’s stories with me.”

*– A part-time residential counsellor
in a woman’s shelter*

The continued work of assessing the differences between a crisis, a problem and a situation can help to decrease the pace of the work. Not all situations faced in a crisis-focussed environment are

emergencies. The working culture and reference point of the staff are predominantly focussed on high risk and crisis so that it is difficult, at times, to respond to situations outside of the immediacy of a crisis solution.

The following problem-solving model provides a process for assessing an issue and preparing solutions.



2.3.2 Nature of the Work

“It’s not just a job, it’s a lifestyle”
 – A shelter worker’s description of her 10 years’ experience

Epstein and Silvern (1990) identify the following as serious contributors to causing significant stress leading to burnout: role strain, staff conflict, lack of perceived support from a community of peers, work overload, lack of clarity about shelter goals or operating philosophy, and failure to involve staff in programming or

policy decisions. Blended into these factors are the personal effects of working with abused women, children and abusers.

“The personal is political and the political personal.”
 – Unknown

The political, social and cultural context of the agency or environment where the support is provided affects staff. The very nature of anti-violence work is political and linked to the values of society. The

feminist philosophy of an individual juxtaposed against the organizational structure can create personal conflicts. Racism and homophobia create a bias as to how the service is provided and in the relationships with co-workers. The philosophical underpinnings of woman-focussed shelters and counselling services suggest that staff and boards have moved beyond intolerance to a place of good-natured solidarity. Individuals are affected more deeply when the intolerance comes from within.

“I remember when we were building our new shelter. We were excited about the chance to design and make a statement of celebration. Women in the community couldn’t see why abused women and children should live in such a nice place.”

– An executive director of a woman’s shelter

Healthy hiring practices and ongoing sensitivity training are needed. Staff need to reflect on their own behaviours and attitudes and remain motivated to ongoing learning and challenges from the staff group.

2.3.3 Listening to the Stories

“Hearing stories day after day about the horrible things that humans inflict on others fills me with rage—not only toward the abuser but also against our systems for repeatedly failing to support.”

– A counsellor at an advocacy centre

Part of the healing process for women and children victimized by violence involves the telling of their stories, sometimes in gruesome detail, to non-judgmental listeners. Staff and volunteers listen on the telephone and in person as clients describe their abuse, pain and humiliation. It is impossible to block out these experiences. Staff come out of one session with one woman and meet with another who re-enacts and describes her story in vivid detail. The repetitive, cumulative effect of these stories can become highly invasive. The telltale signs are intrusive imagery or nightmares. The effects of vicarious trauma can be mitigated by immediate debriefing after intense, painful sessions. Body therapy such as massage may be helpful in providing a physical release to the absorption of the trauma material.

“I think one of the most overwhelming aspects of this work is that you are constantly moving from one crisis situation to another with little or no time to think or breathe in between. Fellow workers are overwhelmed as well so there is little if no time to debrief, and what debriefing there is is often rushed and tense. It is hard to debrief with individuals who are as overwhelmed as you are.”

– A shelter counsellor

Clinical supervision and peer consultation are critical supports to prevent inappropriate or unsupportive responses to a particular client or woman’s situation, and for monitoring counter-transference. Apprehension regarding the purpose of supervision and limited trust of the

supervisor will limit the opportunity for debriefing and problem solving. Day-to-day problem solving, particularly for a crisis-oriented environment, reduces tension and increases the support to women and children. Peer support and supervision that builds on team principles and an active learning environment support renewal and staff well-being.

2.3.4 Client Characteristics

“And deliver us from evil: This is my private prayer and chant when I hear about yet another woman and her children trying to escape the physical and emotional clutches of cult members. I pray that the evil will never win over and succeed because at times I felt there was nothing else I could do or say to help. I pray that there will never be another person who is brainwashed into saying the prayer backwards.”

– A counsellor

Women and children may be abused by family members, by someone in a trusted position within a school, community organization, church congregation, or by a stranger. Adults sexually and physically abused in childhood require focussed, specialized counselling and support to work back to the abuse and forward to consider the impact it has on them today. Individuals engage with service at different times, based on different needs and issues. Women may require support during a

difficult custody and access remedy that is before the courts, and the adversarial process may trigger new or buried memories of the abuse experienced. Women who have recently been assaulted will likely present in a high state of trauma that requires focussed crisis intervention.

Reactions and responses in the anti-violence worker are triggered by different things, including listening to the history of abuses, hearing the details of the abusive behaviour or observing the attitude of the client, such as her profound sense of helplessness. Working with women, children and men requires that counsellors balance their need for change with recognition of the individual’s starting point. This balance may be particularly difficult to maintain where the safety of the individual or family is at stake and the client does not share the same urgency or is unwilling, at the time, to act. This disparity can lead to an imbalance in the counsellor that, if left unresolved, can produce unhealthy responses.

Distinct services have been established requiring specialized staff expertise that is based on the presenting needs of the client. The type of service and skill base required of a staff in a crisis-oriented environment such as a shelter is different from those of a long-term counsellor. Skills and expertise are developed and refined in relation to the length of time the client can commit to the service or the type of program funded.

2.3.5 Personal Circumstances of the Counsellor

“I find it hard to watch mothers who are overly critical and/or abusive to their children. I also find it hard to watch moms who need some help with parenting skills. I often want to jump in and hug the child or respond to them in a more appropriate way. It takes a lot to stand aside (when it is not abusive) and work with the mother to help her develop positive parenting skills.”

– A children’s advocate

Individuals have different stressors that increase or decrease their susceptibility to vicarious trauma. Self-care plans change as individuals change, and regular self-monitoring and assessment will help to re-establish the balance among the personal, professional and community interests. For example, the type of case-load and personal circumstances of a counsellor will influence the amount and type of supervision that is needed. The more clarity the individual has about her personal needs the better able she is to articulate this to the supervisor, staff team or during peer consultation.

Counsellors with unrealistically high ideals, or those who excessively fantasize about rescuing their clients or plot revenge, or are overly invested in meeting client needs will likely become more affected by the work. Staff or volunteers who are new to the field or who have moved from a crisis-focussed service to longer term work may find the change stressful. The depth and complexities of the abuse experienced are unravelled and explored over time based on an established trusting relationship. This requires different counselling styles from crisis counselling and offers insight into the pervasive effects on individuals.

Training improves the confidence of the staff in providing the service. Few academic institutions provide training on crisis counselling, trauma work or violence against women.

What type of work do I want most?

Completing self-assessments can help identify what type of work you are most interested in and may help in selecting the appropriate work environment. Recognize that your interests may change over time. Prior to accepting a position with an anti-violence organization, complete a personal assessment of the type of work that you think you would like the most. Consider personal and family interests and beliefs. If you are uncertain about the type of work environment, operating structure, policies and practices, ask during the interview or hiring phase. Your personal needs will likely change over time. As part of your self-assessment, complete this exercise annually. Crisis intervention work may be well suited to your lifestyle and capacities during one time in your life and provide less satisfaction at another time. Compare this list to your current or prospective job requirements. Complete the following list and use it to help determine your career strategy.

Amongst the choices below, which type of work do I enjoy:

Intervention & Service:

- Crisis
- Short-term
- Long-term

Counselling:

- Individual counselling
- Group counselling

Working with:

- Women
- Children
- Men
- Families
- Volunteers

General:

- Advocacy
- Social justice efforts
- Outreach
- Administration/management
- Community development
- Flexibility of work day
- Constant interruptions-limited control of the workday

Shift work:

- Days only
- Days/weekends
- Overnights
- A combination

2.3.6 Safety and World View

“I am cynical about everything.”

– A counsellor working in an abuser program

“There was no way I was letting my daughter go to camp. I work with young women who were sexually abused at camps and places without constant parental supervision.”

– A counsellor working with teens

Constant exposure to danger and high-risk situations changes how anti-violence workers view the world, including their personal sense of safety and fearfulness of harm to themselves and their children. Most anti-violence workers must be hyper-vigilant about their own personal safety and the safety of the women and children they work with. Constantly being on the look-out for high-risk individuals instils a changed perception of the safety of the world that permeates relationships with family members, children and friends. In rural or isolated communities, staff and volunteers may be well known and worry about the additional risk this poses to themselves and their families. Individuals who work within high-risk environments must develop healthy strategies to make the transition to and from the rest of the world. In recognizing the risk of the work and the risk in communities, advocates understand that they cannot always control the violence, and a balance between fear and safety planning needs to be developed. Attending annual “Take Back the Night” demonstrations and marches, participating in women’s safety audits or community safety projects designed to make public spaces safer, taking a woman’s

self-defence course and completing personal safety plans can help to provide positive outlets for the release of fear.

2.3.7 The Relationship Between the Counsellor and the Client

“When women come to us they are so distrustful, their lives seem to have been filled with trouble and breaches of trust. Yet they are willing to try again and in such a short time they begin to turn their lives around.”

– A counsellor at a sexual assault centre

Participating in counselling or support may be a new experience for a client. The historical and current violence may present serious issues to resolve, such as trust, resentment and lack of clarity about the client–counsellor relationship. Sometimes the very location of the service, such as a residence or home, can cause further confusion or worry based on where the violence or abuse has occurred.

There may be times when a particular connection with a woman or child loosens the ethical boundaries and staff can lose sight of their professional obligations. Prior experience as a counsellor, academic training and personal history of violence will influence the counsellor–client relationship. Counter-transference, or the process of seeing oneself in the client, or of over identifying with the client, or of meeting needs through the client (Figley, 1995) is a serious risk for

therapists. According to a recent study discussed by Figley, five qualities are needed to manage counter-transference. These are anxiety management, conceptualization of skills, empathic ability, self-insight and self-integration.

“I worked with one woman who was being sadistically abused. Her situation seemed so desperate that I became more and more involved. I gave her my home phone number and accepted calls at any time. My fellow counsellors and advocates questioned me about my lack of boundaries; other agencies providing support were frustrated by my need to be present. It didn’t matter what anyone told me, I couldn’t stop. I became angry and exhausted. I don’t know what made me stop, I only know that I jeopardized so many important personal and professional values.”

– A sexual abuse counsellor

2.3.8 Personal History with Trauma

Pearlman and Maclan (1995) provide insight into the experiences of counsellors working with abused women and their children. In a study released in 1995, they provide evidence that counsellors who have personal trauma history show more disruptions, particularly in self-trust, self-esteem and self-intimacy, than staff who do not have a personal history of trauma. Interestingly, the study suggests that therapists with a history of violence who continue to commit to the work on a longer term basis are healthier with fewer effects. The authors suggest that these employees may find meaning in their own trauma by dedicating their work to survivors. Working with women and children can trigger memories, and if the

counsellor has a personal history with violence or unresolved memories, pain can be evoked and the integrity of the counselling relationship may suffer. Supportive supervision, peer consultation, debriefing and personal therapy may support a counsellor through difficult periods.

“I was assaulted at gunpoint many years ago. I had done a lot of personal work and believed myself to be a strong woman doing excellent intervention work with women. I was working with a family who had a similar experience and the story really shook me up. I felt myself spiralling backward. The coordinator accused me of not being able to do the work...that I needed to personally get control. She suggested that given my history this line of work was not appropriate. She dismissed my experience, suggested that I should not be doing the work and eroded my self-confidence and made me question, in a negative way, if I could continue to do the work I was so proud of. I needed her support to help me get back on track quicker.”

– A front-line worker

2.3.9 Spiritual Beliefs

Vicarious trauma can weaken individuals physically, emotionally and spiritually. Sometimes, the effect of the work shatters the religious or spiritual beliefs of a counsellor. Working with religious communities that are unwilling to recognize the abuse within their congregation or that seem to collude with the tactics of the abuser can create disillusionment. This disrupted inner belief can be very unsettling for individuals who have placed a high value in their spiritual connections.

Self-care for the individual may include coming to terms with this loss and seeking out new spiritual beliefs that honour the change from within.

“Talking freely about...aspects of women’s lives and naming them as resources for spiritual strength in community have not been part of patriarchal religion. Feminist communities encourage truth-telling — naming of the experiences that are real in women’s lives. In these settings there are no correct doctrines into which women have to try to fit their experiences and so the truth-telling goes on, new ways of describing women’s spirituality emerge, and new sources of survival and strength are named and incorporated into women’s spirituality.”

– Charolotte Caron, from *“To Make and Make Again: Feminist Ritual Theology”*

“My partner and I had been invited to a wedding. A couple of days before the wedding, I was making a list of things to do. Buying a card for the young couple was on my list. Strangely enough, or perhaps not, I had thought of placing one of our “If you are abused take action” cards inside the card together with my best wishes. Working with abused women has forever changed my view of beautiful weddings and happy couples and the love they have for each other. Until death do us part has taken on a different meaning for me.”

– A residential counsellor

2.3.10 Women and Anger

“At times I feel that staff experience more direct trauma than vicarious trauma. We are often the recipients of verbal abuse by clients and at times physical threats or violence. It seems that even if the woman leaves immediately, staff are left having to deal with the effects of the rage and of being abused. Even though this abuse is not as harmful as it would be if it came from someone who was in my personal life, I am aware that it still has an effect on me. This effect is smaller if I can debrief or am not tired.”

– A relief residential counsellor

While women have much to be angry about, the anger expressed in anti-violence agencies is often labelled as abusive, and only the anger expressed quietly or softly seems to be accepted, listened to and supported. It is not the abusers’ emotion of anger that has harmed women; it is their use of power and control and the rage of hatred. Women have been silenced for a very long time, containing their anger, holding it in their bodies. Women who are abused sometimes react to anti-violence workers in anger, an anger that comes from their fear and from the trampling effects of the abuse. A moment of freedom taken can cause a release and, like an implosion, the suppression of emotion is released. The ability of anti-violence workers to listen to anger and learn the story of a woman is an important skill. When the anger is turned on each other, the reaction can be very different and quickly creates fragile working conditions.

2.3.11 Grief

“Women and children share with us their reality and their experience, their loss, their pain, it invades us and we grieve.”

– An intake counsellor

“A woman or child’s bruised face always makes my eyes fill up with tears. I am left feeling empty with their pain.”

– An administrative support staff

Anti-violence workers grieve the loss of life and dignity, and the grief can be an overwhelming ache that resides within. The grief cannot be denied and over time accumulates within. Holding this sadness in reduces the capacity of an individual to maintain intimate relationships. Releasing the pain immediately can help in gaining a feeling of support and comfort. Ongoing personal therapy may be needed to find ways to release or purge the residual grief. Participation in the National Day of Remembrance on December 6 is a way to collectively mourn the loss in our communities, nation and planet. First mourn, then act for change.

2.3.12 Personal Therapy

Working with trauma clients often brings a counsellor in touch with personal issues. The commitment to working toward an end to violence against women and children requires a commitment to self-development and preservation. For some, personal therapy is an important part of a self-care plan and supports the

achievement of seeking a healthy balance. Pearlman and Maclan (1995) suggest that trauma therapists who discuss the effects of their work with their personal therapist show a higher level of personal disruption. For those who almost exclusively use their personal therapy for trauma debriefing, it may suggest little or no separation between work and self. It may also point to situations where staff are using personal therapy time to discuss work-related difficulties because there is a lack of sound debriefing and clinical supervision opportunities in the workplace.

2.3.13 Work Environment

“The work environment is sometimes more traumatic on counsellors than the violence we hear about.”

– Rural front-line staff member for 15 years

The psychology or culture of an organization bears upon the psychological and physical state of the people working in it. The work environment significantly influences an anti-violence worker’s ability to mitigate the effects of vicarious trauma. Staff will contribute in meaningful ways to a work environment where they feel welcomed and supported and where they trust that the leadership is reliable and respectful.

A good working environment provides clear guidelines, structures, roles and policies for members of the board, staff and volunteers. A collegial staff culture that people feel part of, with time-related

benefits such as self-care days, enhanced holidays and an extended health care plan, encourages those experiencing profound effects of the trauma to exercise more care.

“We are not healthy with each other even though we often provide a healthy environment or opportunities for the women we serve.”

– Shelter staff member for 20 years

One of the greatest challenges facing working women is achieving balance among a career, family relationships, personal time and social justice. Work environments that recognize this conflict will demonstrate flexibility and support. Seasoned anti-violence workers know to ask detailed questions regarding the work culture and employment practices prior to making a commitment, to ensure that their self-care plans will not be compromised by an unhealthy environment.

2.3.14 Social Justice

“Find a way to make that rage fuel your passion to do the work.”

– An anti-violence worker

For many women and men working in the anti-violence field, the opportunity or personal commitment to do the work began out of social justice action. This passion, rooted in feminist philosophy and a desire to end oppression, was part of the motivation to work in the field or to be politically focussed. Working in an anti-violence agency is part of social change; the work is rarely limited to counselling.

Staff are involved in networking, public speaking, organizing and participating in responses to government initiatives or policies. The type of volunteer time provided in the past may change with the experience of working in a woman-focussed agency. It is impossible to attend every event, demonstration, rally or action, and individuals have the right to choose how they spend their volunteer commitment.

In many ways anti-violence work becomes a lifestyle. Continuing to make a commitment to the community through volunteer efforts may change as a result of the work. Volunteering in something that feels good or positive, such as a child’s daycare or community fair, may satisfy the personal need for involvement or the sense of giving to the community.

2.3.15 Effect on the Body

“I remember one time that a client was telling me a horrific story that affected me very physically. It felt like it hit my chest like a ton of bricks closing in on me. I felt my body shutting down.”

– A therapist working with sexual abuse

For generations, women have been socialized to contain their emotions, not to complain and to be polite. Emotions are suppressed within the body and it is not surprising that much of the vicarious trauma experiences are absorbed into the body; women learn to manage strong feelings by containing them. Anti-violence workers do not work in a typical workplace and basic coping strategies

are likely going to fail. If the trauma or stress is not released, there can be a toxic build-up resulting in a lack of wellness. The body, along with the spirit, will need nurturing. Taking the time to learn and

experiment with body therapies can help one to find a personal release, whether it be physical activity, massage, yoga, shiatsu or acupuncture.

2.4 Personal Solutions

Action List:

- Get involved in research that helps determine how services help
- Control the number of trauma clients per day
- Rotate through different counselling/therapy styles (group, individual)
- Take real breaks during a work day or shift
- Rotate through different positions, including public speaking, community networking, social justice
- Develop problem-solving techniques that determine if a situation is a crisis, problem or situation
- Designate administrative days or half days
- Remain motivated to learn, change and accept healthy challenges
- Develop specialized skills that match the type of service
- When it is time for a change, take a risk, exit gracefully
- Complete self-assessment scales on a regular basis and develop and frequently review self-care plans
- Set realistic goals when working with women, children and men

- Actively seek and attend training (workshops, courses, forums)
- Get involved in women's safety audits and events such as Take Back the Night and the December 6 National Day of Remembrance
- Develop realistic personal safety plans
- Develop a personal debriefing plan
- Actively use body therapies
- Make a commitment to yourself
- Renew spiritual beliefs
- First mourn, then act for change

"I have no creative use for guilt, yours or my own. Guilt is only another way of avoiding informed action, of buying time out of the pressing need to make clear choices, out of the approaching storm that can feed the earth as well as bend the trees."

– Audre Lorde (Lorde, 1984)

The real effort is in beginning and maintaining effective self-care practices and staying with it. Survival as a counsellor or anti-violence worker depends on the individual embracing a commitment to one's self with the same energy and passion that is dedicated to the work. Learning about self-care and body therapies will take some experimentation. Some people start

out feeling that self-care is a cause of stress. Women are conditioned to ignore themselves in order to serve others, and guilt limits the capacity to act. Just as vicarious trauma affects everyone differently, each individual will need to find successful self-care practices that incorporate personal characteristics. There are many options and only one barrier – time.

2.4.1 Finding and Taking Time

The most important solution and the one that is most difficult to find is time. Time has become a valued commodity. Organizations and individuals must find the time and then use it wisely to keep healthy, vibrant and able to face a new day of challenges.

Anti-violence workers need:

- time to mend
- time to take a break
- time to debrief
- time to case plan
- time to celebrate
- time to participate in decision making
- time off
- time-related benefits
- time for social justice
- time to sing, dance, laugh and live.

2.4.2 Self-care

Libraries, bookstores and Internet sites are filled with self-care resources. Materials range from personality inventory assessment scales to practical guides on seeking and finding harmony among work, home and personal need. Books and articles on women and work confirm the double and sometimes triple responsibilities or roles that women have that affect their capacity to lead a healthy life. Without getting carried away with completing personal assessment scales or by getting demoralized by how high the stress factors are, these scales are helpful in identifying some of the unique characteristics that might make one more susceptible to the effects of vicarious trauma. They may help to get started toward a new or renewed commitment to a celebration of self. Self-care begins with awareness. Keeping in mind the ABCs of addressing vicarious trauma may help with maintaining a personal focus.

The ABCs of Addressing Vicarious Trauma

Awareness

Being attuned to one's needs, limits, emotions and resources. Heed all levels of awareness and sources of information, cognitive, intuitive and somatic. Practise mindfulness and acceptance.

Balance

Maintaining balance among activities, especially work, play and rest. Inner balance allows attention to all aspects of oneself.

Connection

Connections to oneself, to others and to something larger. Communication is part of connection and breaks the silence of unacknowledged pain. These connections offset isolation and increase validation and hope.

In Three Realms of Our Lives

- Professional
- Organizational
- Personal

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2.4.3 Assessing Your Self-care

The following self-care assessment scale is by Saakvitne and Pearlman from the Traumatic Stress Institute. It is designed as a tool to measure how well a counsellor is addressing her own needs. It is useful to revisit this assessment regularly.

Rate the following areas in frequency

5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

Physical Self-Care

- ___ Eat regularly (e.g. breakfast, lunch, and dinner)
- ___ Eat healthily
- ___ Exercise
- ___ Get regular medical care for prevention
- ___ Get medical care when needed
- ___ Take time off when sick
- ___ Get massages
- ___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- ___ Take time to be sexual – with yourself, with a partner
- ___ Get enough sleep
- ___ Wear clothes you like
- ___ Take vacations
- ___ Take day trips or mini-vacations
- ___ Make time away from telephones
- ___ Other:

Psychological Self-Care

- ___ Make time for self-reflection
- ___ Have your own personal psychotherapy
- ___ Write in a journal
- ___ Read literature that is unrelated to work
- ___ Do something at which you are not expert or in charge of
- ___ Decrease stress in your life

- ___ Notice your inner experience – listen to your thoughts, judgments, beliefs, attitudes and feelings
- ___ Let others know different aspects of you
- ___ Engage your intelligence in a new area (e.g. go to an art museum, history exhibit, sports event, auction, theatre performance)
- ___ Practise receiving from others
- ___ Be curious
- ___ Say no to extra responsibilities sometimes
- ___ Other:

Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Reread favourite books, re-view favourite movies
- ___ Identify comforting activities, objects, people, relationships, places, and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters, donations, marches, protests
- ___ Play with children
- ___ Other:

Spiritual Self-Care

- ___ Make time for reflection
- ___ Spend time with nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish your optimism and hope
- ___ Be aware of non-material aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing
- ___ Identify what is meaningful to you and notice its place in your life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Spend time with children
- ___ Have experiences of awe
- ___ Contribute to causes in which you believe
- ___ Read inspirational literature (e.g. talks, music)
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g. lunch)
- ___ Take time to chat with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with clients and colleagues
- ___ Balance your caseload so no one day or part of a day is “too much”
- ___ Arrange your work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits, pay raise)
- ___ Have a peer support group
- ___ Develop a non-trauma area of professional interest
- ___ Other:

Balance

- ___ Strive for balance within your work life and work day
- ___ Strive for balance among work, family, relationships, play and rest

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Creative Selfishness

What Is It?

Creative selfishness is behavior that allows you to care for yourself without feeling guilty. Creative selfishness is taking time to live your life with respect for you!

We have all been indoctrinated to be unselfish. To even suggest selfish behavior smacks of heresy. Study a woman who practices unselfishness, and you may see a manipulative martyr who tries to win love and sympathy by practicing “good” behavior. Look at the words: unselfish and selflessness. No self!

Isn't caring for others an important part of life? Yes! But only if you are caring and doing for others because you honestly feel rewarded by it, not because you're telling yourself this is what you are supposed to do to be a “good woman.” Caring for others in order to be “good” means living without self-respect, and over time it is tantamount to self-destruction.

Creative selfishness sends a clear message to everyone in your life: I love you (or value you or respect you), but I am a separate person with needs of my own. By practicing creative selfishness, not only will you gain the time to care for yourself, you will also gain the respect of the significant people in your life.

Creative selfishness, like all self-nurturing activities, will help you amass an overflow of love that will allow you to care for others from your abundance. That is truly being a “good woman”!

When to Do It:

- If the idea of taking time for yourself is so foreign you needed someone to explain the concept to you.
- When the idea of saying no to someone makes you cringe.
- If you have no idea what a personal boundary is.

Eliminate guilt

Be firm

Define your boundaries

Say no

More help saying the “n” word

Be patient

Reprinted with permission from *The Women's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life*, by J. Loudon. (New York: Harper-Collins Publishers, 1992.)

Making a Commitment to Yourself

1. Write down three things you could do to address vicarious traumatization for each arena: professional, organizational and personal.

Professional

1. _____
2. _____
3. _____

Organizational

1. _____
2. _____
3. _____

Personal

1. _____
2. _____
3. _____

1. Next, place an asterisk beside every strategy you could implement during the next month.

2. Then, circle one in each category that you will try to do during the next week.

Adapted from: *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen W. Saakvitne & Laurie Anne Pearlman. Copyright © 1996 by the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy. Used by permission of W.W. Norton & Company, Inc.

2.4.4 Stress and Burnout

“When I am having a bad day all I need to do is walk through the residence, listen to a woman, see the kids. My heart sings again with their courage and I feel lucky and happy to be me. I go back and tackle my problems in the same practical ways we show women “one step at a time, breaking down the pieces into something I can handle”

– Residential counsellor at a women’s shelter

The work on stress and burnout influences the understanding of how exposure to traumatic material affects counsellors. The material has relevance today, particularly in how it alerts individuals and organizations to the serious consequences of avoiding the factors that lead to unhealthy lifestyles. Maslach’s and Jackson’s 1981 definition of burnout (“a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment”) has been the topic of considerable research on identifying job stressors that can aggravate burnout.

At the First Annual Inaugural Report of World Mental Health Day in Canada in 1998, leading experts predicted “that among richer, developed and advanced economies, depression and ischemic heart disease are projected to emerge over the next 20 years as the leading sources of work days lost worldwide as a result of premature death and disability” (The First Annual Inaugural Report of World Mental Health Day in Canada, 1998). The following statistics and predictions indicate that employees, boards and managers need to pay attention to mental health

on compassionate grounds and as good business sense:

- Currently, depression represents 12 percent of the world’s calculated rates of disability.
- It is predicted that by 2020 neuropsychiatric conditions will increase by 50 percent as a proportion of the global burden of disease, outpacing even cardiovascular disease.
- The single biggest work-related problem in the population is stress.
- Mental anxiety is taking more people off the job in Canada than physical injury.
- Depression alone is costing North American business more than \$60 billion a year.
- The United States loses approximately 550 million working days due to absenteeism—it is estimated that 54 percent of these absences are stress-related (Cooper and Cartwright, 1994).
- Millions of employees are working in conflicted and hostile environments.

The material on burnout and stress alerts individuals and organizations to some of the devastating and life-threatening outcomes of unmanaged stress, particularly when combined with the harmful effects of vicarious trauma.

A cautionary note: a lucrative industry has been built upon stress and stress management. Stress may be defined as an occupational health and safety issue; however, it is not a disease and individuals can take personal action to minimize stress signs (Patmore, 1998). Organizations can

become easily sidetracked from the real problems in the workplace, such as autocratic leadership, workloads and salaries, by focussing on stress management. Individuals can just as easily be sidetracked from the issues causing the stress (such as relationship issues and violence) by focussing on stress management. Developing healthy personal and organizational problem-solving techniques that

focus on the root of the problem will be more effective in the long run. The failure to act upon the stressor is likely to be more detrimental to both the short-term and long-term health of the individual and the work environment. The following are examples of stress scales and exercises. They are intended to confirm the range of information available and to encourage a comprehensive self-care program.

Checklist: Signs of Healthy Stress

- | | |
|--|--|
| <ul style="list-style-type: none"> • Good concentration • High standard of work • Cooperative behaviour • Effective problem solving • Deadlines met • Good information flow • Clear and confident decision making • Good attendance and time keeping • Cheerful manner • Concern and care for others | <ul style="list-style-type: none"> • Appropriate sense of humour • Strong interest in business • Enhanced achievements • Good long-term planning • Clear thinking • High level of motivation • Realistic about self • Plenty of energy • Positive comments • Constructive criticism given and received |
|--|--|

Adapted from: *The Stress Work Book: How Individuals, Teams & Organisations Can Balance Pressure and Performance* by Eve Warren and Caroline Toll. London: Nicholas Brealey Publishing Ltd., 1997.

Checklist: Signs of Overstress

- | | |
|--|--|
| <ul style="list-style-type: none">• Lack of concentration• Memory loss• Poor decision making• Worry, anxiety or fear shown• Depression• Inconsistency• Not meeting targets or deadlines• Irregular attendance and time keeping• Low self-esteem• Ineffective problem solving• Lower standards accepted• Overly self-critical• Losing business• Customer complaints• Poor long-term planning• Lost orders• No sense of humour• Confusion• Bad mistakes• Regularly working late | <ul style="list-style-type: none">• Constantly taking work home• Easily disgruntled• Uncooperative relationships• Poor work quality• Emotional outbursts• Unreasonable complaints• Frequent criticism, gossip or backbiting• Unpredictability• Tiredness• Cancelling annual leave• Extreme mood swings• Only concern shown is for self• Accidents• Eating difficulties• Greater use of alcohol, caffeine, nicotine, drugs• Difficulties with sleep• Low interest in work• No one wants to work with person• Physical illness |
|--|--|

Reprinted with permission from *The Stress Work Book: How Individuals, Teams & Organisations Can Balance Pressure and Performance*, by Eve Warren and Caroline Toll. London: Nicholas Brealey Publishing Ltd., 1997.

What Your Score Means....

- 1–6: There are few hassles in your life. Make sure, though, that you are not trying so hard to avoid problems that you shy away from challenges.
- 7–13: You've got your life in fairly good control. Work on the choices and habits that could still be causing you some unnecessary stress in your life.
- 14–20: You're approaching the danger zone. You may well be suffering stress-related symptoms and your relationships could be strained. Think carefully about choices you've made and take relaxation breaks every day.
- Above 20: Emergency! You must stop now, re-think how you are living, change your attitudes, and pay careful attention to diet, exercise and relaxation.

Reprinted with permission from *Heart & Stroke Coping with Stress*. Canadian Mental Health Association, Metro Toronto Branch, 1997.

Advice

Read everything Gloria Steinem ever wrote – her last book first

Ego is like a hat
useful protection
but it should always be taken off
before entering a room
or sitting at a table
with others

You are not only what you do
or who you love
but you must do to discover
who you are
love to discover
why you are

If you're very lucky
you'll get seven minutes of ecstasy
twenty minutes of happiness
so quest after self-knowledge
and inner peace

Finding your balance
is a lifetime
high wire
journey

Keep asking
who is God

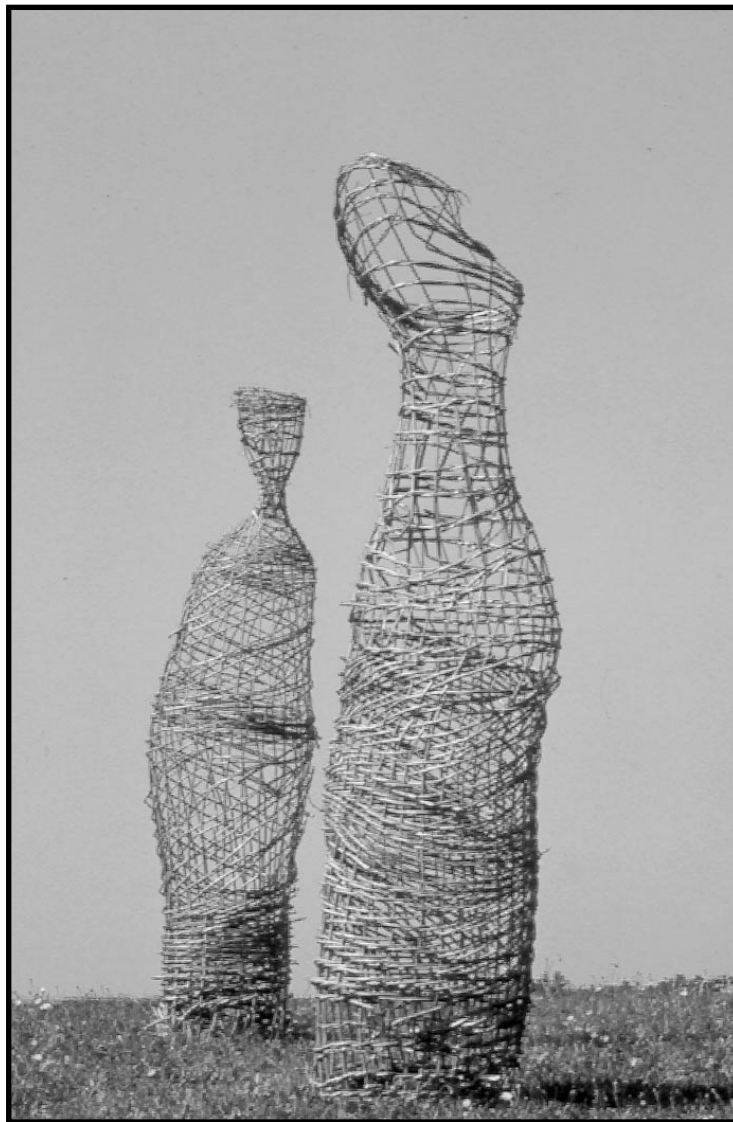
Listen to the chorus within
that sings the way
to what comes next

You can always change your mind
The best answers will always be questions

You can always call your aunt

"Advice" by Sheree Fitch was originally published in *In This House are Many Women*, by Sheree Fitch, 1993. Reprinted with permission of Goose Lane Editions.

3 Equity Solutions



3 Equity Solutions



3.1 Equity Issues

Vicarious trauma affects all members of an anti-violence organization. While the personal effects or symptoms occur at different times for different staff, these differences in experiences must also be put in a cultural context. Research collected to date has not fully recognized cultural variables in responding to vicarious trauma. It can be assumed that the effects of and solutions to vicarious trauma on First Nations, Metis and Inuit women, women of colour, Francophone women, immigrant and refugee women, and disabled women will be framed within their own experience of oppression and culture. Despite the anti-oppression efforts of feminists, unless services have been established with equitable representation and confidence of women of colour or distinct cultures and languages, Anglo-cultural traditions and norms will directly influence and determine the structure and programs.

“I am so tired of continually being asked to sit on a committee because of the colour of my skin. When do I get to do my work? I go to committee after committee meeting in the community and no one recognizes my time. We should be way beyond this tokenism.”

– Advocate in a sexual assault centre

Certain communities and cultural groups have, with perseverance and determination, influenced the design and delivery of anti-violence services. Responses to vicarious trauma in these settings should be explored to add to the wealth of information and solutions. To the credit of the feminist anti-violence movement, success stories of anti-racism initiatives have been shared across the country and have informed and changed models of service delivery.

“As a black woman in a white dominant community, I am always careful and I carry with me my fear of attack or put downs. The counselling centre tries really hard to be supportive and there are times when I feel like I am part of the hum of the place. But, my sense of community and my connection to my family is different. When the work gets to me I share with my mother, sisters and aunts and we are all really connected. When one of us falls down, we all seem to be there to help pick each other up.”

– Women’s advocate in a community centre

The insidious trauma described by Maria Root provides a helpful understanding of the generational oppression that Aboriginal women, black women, and women of non-dominant cultural and language groups experience (Root, 1997). These encounters affect responsiveness to vicarious trauma initiatives. A lifetime of enduring racism, fortified by the experience of oppression passed on through generational story telling, creates powerful memories. Trauma can be passed on generationally through this medium. This variant of trauma must be understood and incorporated into the design of vicarious trauma initiatives. The lone Francophone or Aboriginal woman employed in an agency may be unwilling to share information in a group in which difference is amplified and she does not feel safe.

Principles of universal design and cultural accessibility are helpful checkpoints to use when developing and incorporating solutions to vicarious trauma. Solutions to vicarious trauma will require flexibility, understanding and commitment to end oppression. The late Audre Lorde, who identified herself as a black woman, feminist, and a lesbian, provides an appropriate insight in her book *Sister Outsider*: “Ignoring the differences of race between women and the implications of those differences presents the most serious threat to the mobilization of women’s joint power” (Lorde, 1984).

The reasons requiring a response to violence against women are consistent in almost every village, town and city in Canada. Inequality, abuse of power and control, and the domination of women are the seeds of violence. The violence committed against women unites all women. Women-focussed solutions and feminist values forge a bond among anti-violence workers. It holds true that solutions to vicarious trauma are linked to solutions for achieving equity in the workplace. Principles and practices that reflect and respect the diversity of the community will lead to better personal and individual management of the effects of vicarious trauma for all anti-violence workers.

This guidebook provides individual and organizational responses to the effects of working with abused women and their children. Individuals, agencies and communities are encouraged to develop responses that match the blend of experience and culture to the range of solutions.

“We are a minority. In addition to being a shelter worker, you are supposed to be an expert on violence and be the voice of the minority.”

– A Francophone shelter worker

3.2 First Nations, Metis and Inuit Women

“For a long time I couldn’t figure out why Aboriginal women in the shelter seemed withdrawn and not interested in participating in the groups or counselling. As women coming together I thought it would be enough until I really listened to the experiences and history of the stories, and I began to understand why First Nations women don’t trust Anglo services. My shame silenced me for a long time as I grieved the actions of my ancestors and found within me how my expectations had come from my history.”

– A front-line counsellor

The roots of the oppressed course through First Nations people and the roots of the conqueror run deep in Anglo-Canadians. This continuum of oppression and racism keep harmony at bay. The invasion that began four centuries ago and the zeal of assimilation by church missionaries, settlers and the state ultimately failed. The loss, tragedy, cruelty and lasting effect can never be forgotten. First Nations communities continue to build on their own strengths and responses to healing their communities. Counsellors working with abused and assaulted First Nations, Metis and Inuit women are affected by this shared history.

Morrisette and Naden (1998) write about First Nations counsellors as healers who are exploring and responding to the experiences of those who lived in residential schools. These counsellors are particularly moved by the realization that the emotional, physical and sexual trauma has been concealed for so long. In their study, the counsellors identify the benefits

and drawbacks of the work. The benefits include feeling helpful, enjoying an increased level of intimacy and connection, and having a greater sense of cultural identity and pride. The more traumatic aspects of the work include feeling overwhelmed, shameful, emotionally paralyzed, resentful, angry and bitter.

Solutions for abused First Nations women developed by First Nations people are expanding across Canada. The programs that are developed to provide support are based in traditional healing ways that are unique to each community. Strong ties to community and family are recognized as essential when developing a support network for counsellors working with those who have been victimized. Communities too will be affected by the insidious trauma that seeps through into the lives of many. Any solutions to vicarious trauma must be both individually and community based. A counsellor working with residential school survivors may, for example, withdraw and become isolated from her family and community, which can affect her partner, children and extended family.

Not all communities have Aboriginal-focused services. As a result, abused First Nations women need the support of non-Aboriginal anti-violence agencies. Services to First Nations women must be provided based on an understanding of generational oppression and contemporary racism and bias. Developing trust is the crucial first step and the counsellor will need to look within herself and offer

respectful steps to build a relationship. Efforts that form friendships and partnerships with Aboriginal services in the community can help to nurture understanding and lay the foundation for a different future. The Healthy Communities model described elsewhere in the

guidebook identifies some practical principles for beginning to share a common experience.

“Your expertise on violence has to be perfect. In addition, your level of expertise on ‘francophonism’ has to be perfect. That’s a heavy burden. (That’s hard).”

– A Francophone counsellor

3.3 Francophone Women and Services

For centuries Francophone women lived in Canada, cleared the land, built homes and communities, worked and raised families. The distinct experiences of Francophone women rooted in culture and customs, laws and language, have influenced the development of a range of services. Service delivery models and provincial funding and policies have been developed for women based on influences ranging from land ownership, to the church, to the political milieu.

In Quebec, Francophone culture is dominant. In other parts of the country, isolated Francophone communities continue to struggle for recognition. Many factors, including language, combine to determine the nature of services provided to abused women and their children. In regions where Francophones are invisible, or where decision makers have the impression that all Francophones are bilingual or do not understand the unique reality of Francophones, the development of and accessibility to services are limited. In Francophone minority communities, not all Francophone women are bilingual.

“There is a lot of information never published in French.”

– A public education coordinator

One example is that of the case of French-speaking newcomers to Canada who arrive here with the hope that by being fluent in one of the two official languages in Canada they might find it easier to obtain work and to integrate into the community. Being unilingual French speaking outside of Quebec often has serious repercussions for immigrant women who also deal with racism and xenophobia. The Communauté des Femmes Africaines Noires Francophones de la Région de la Capitale Nationale estimates, for example, that 90 percent of French-speaking African women are unemployed (COFANF, 1997). Aging Francophone women, those who live in isolated regions or the Québécoises who have settled in Ontario are often unilingual.

Other factors determining service delivery include the leadership of anti-violence organizations, including members of the board of directors and the executive director or coordinator. Where Francophones are a minority, leadership can make a difference if it recognizes the specific needs of the Francophone community, the contribution Francophone staff make in an organization and the strength they add to service delivery. The effects of vicarious trauma on Francophone staff may depend on how recognized they are in the workplace. The responsibilities of the “designated” French-speaking staff are considerable. At times, little regard is given to the efforts in basic communication.

“If I speak English, I feel I am not as clear, less able to get my idea across, so I feel less credible. If I speak French, I feel I am disturbing the meeting and often I am not understood. If I remain silent, I feel excluded, I feel I am contributing nothing to the group “So what should I do?”

(Sirois, 1999)

Furthermore, always demanding and justifying the need for translation adds to the everyday exhaustion inherent in anti-violence work. In addition to regular job tasks and caseloads, Francophone women are often expected to translate all sessions requiring interpretation, including interventions that take place when the

Francophone staff person is off work. Sirois provides a not uncommon case as an example:

“In a rape crisis centre, a part-time employee has the arduous task of setting up services in French. In this case, women in the community who are not used to obtaining French-language services do not ask for them. The worker therefore sets out to visit schools, meet with community groups, etcetera. The rape crisis line remains unused by French-speaking clients despite her efforts. Overwhelmed, she finds her 18 hours per week inadequate for the job and asks for more time. The two part-time employees hired to do the same work for the English-speaking community are similarly overburdened and also request more hours. They receive an increase, while the Francophone worker does not. She learns in discussion with the collective that the members did not even read the reports she had prepared. Feeling completely marginalized, she resigns” (Sirois, 1999).

“On top of defending women against violence, to advocate for the rights of a Francophone is exhausting.”

– A Francophone counsellor

The assumption that Francophone staff can read and translate all the information, select appropriate resources for Francophone women, and act as

cultural and linguistic advocates is unfair and adds additional burdens that are often unrecognized.

“As part of the process of establishing a protocol with the police force of my community concerning sexual assaults, a consultation with the women of the community was arranged. Just a few days before the consultation was to take place, the committee recruited a Francophone woman to do publicity and to invite participants. The French-language invitation given to her was full of spelling mistakes. Not one Francophone woman came to the meeting.”

(Sirois, 1999)

There are fewer organizational supports for preventing and dealing with vicarious trauma for the minority Francophone worker. The solutions to vicarious trauma, for example, include training and talking about the experience with trusted peers and supervisors. If the Francophone staff do not feel trusted and respected for their individuality or cultural experiences, it is not likely that they will have their needs met. In recognition of this isolating experience, an external support may be required to support the Francophone employee in debriefing. This support must observe confidentiality and be accepted and agreed to by the employee.

“At the community level, Francophone women face systemic obstacles in their own groups: no translation at meetings, English-only documentation, a small number of participants obliged to stand up for the needs of the entire Francophone community.”

(Sirois, 1999)

Francophone staff are susceptible to vicarious trauma for reasons compounded by cultural and linguistic barriers. The following provides a list of approaches and activities that contribute to the cause of Francophone women's equality, and that help to reduce the effect of vicarious trauma in their work. Simultaneously, it is equally important to honestly question attitudes, consider how they contribute to the oppression of Francophone women, and work toward change.

For English-speaking women, here is what we propose:

- Support Francophone women: do not leave them alone to arrange for translation (in the same way that women of colour ought not to be left alone to raise questions of racism or act as sole representatives of their community, or that lesbians should not be alone in raising the question of homophobia).
- Put on the headsets when a Francophone woman addresses the assembly in French.
- Recognize that Francophone women have acquired rights: i.e., French has the status of an official language in Canada and Ontario has the French Language Services Act.
- Understand that providing services for a small segment of the population can require as much work: for example, a French university program in social work requires the same number of courses and professors as the same course given in English to a greater number of students. In the same vein, a program in French at a rape crisis centre should offer public education, individual counselling, a crisis line, recruiting and training of volunteers, etcetera. One woman alone cannot provide all of these services.
- Participate in discussions aimed at finding solutions to address weaknesses in French-language services.
- Offer to find resources in French (documentation, counselling, support groups). Find out about the French-language services that exist in your community. Establish partnerships with organizations that offer such services or refer Francophone women who wish to be served in French to these services. Do not deny the existence of the Francophone population in your region by saying, “there is no demand for Francophone services.” Francophone women often do not seek assistance from Anglophone agencies, nor do they normally ask for service in French. This does not mean that there are no Francophone women or that they prefer to be served in English. Be proactive in your approach.
- Denounce “Quebec bashing.”
- Take a French course!

Reprinted with permission from *Does Oppression of Francophone Women Exist? A Collective Analysis*, by Ghislaine Sirois. Ottawa: AOcVF, 1999.

For Francophone women, here are some steps you can follow and reflect on:

- Always say something in French in order to be visible. Translate if necessary, but present yourself as Francophone.
- Give this text to your English-speaking colleagues (at meetings of the Regional Co-ordinating Committee for example), discuss it with them.
- Sit on committees for French-language services, or create one.
- Post notices in French, prominently display books or pamphlets.
- Work to counter internalized oppression: we are not trying to be difficult when we ask for translation, we only want to better understand and participate. We also do it in solidarity with other Francophone women.
- Ask for simultaneous translation and workshops in French at government organized and/or financed meetings.
- Ask for all government documents to be translated.
- Denounce “Quebec bashing.”
- Say: “Doing this in spite of a smaller population, gives me just as much work as that of X committee, so what kind of support are you able to offer?”

Reprinted with permission from *Does Oppression of Francophone Women Exist? A Collective Analysis*, by Ghislaine Sirois. Ottawa: AOcVF, 1999.

3.4 Women with Disabilities

Meeting the needs of **all** women in the community who are assaulted and abused is incorporated into the mission statement of most, if not all, anti-violence agencies. This requires that models of service are continuously challenged to adapt and change. Providing a welcoming service to women with disabilities means much more than mere physical changes. For example, the March of Dimes defines Universal

Design as the design of products and environments to be usable by all people (to the greatest extent possible), without adaptation or specialized design. Universal design is governed by such principles as equitable use, simple and intuitive use, easy to understand practices, receptiveness to client needs, low physical effort, and size and space appropriate for approach and use (London March of Dimes, 1999).

These principles are helpful guideposts for service delivery and require a commitment at all levels of the organization. Principles that recognize inclusivity require actions that incorporate employment equity practices. Like many Canadian employers, anti-violence agencies do not employ disabled women in a number that proportionately reflects the number of women with disabilities who are of

working age. Only 30.7 percent of women with disabilities who wish to work are employed. Only 6.1 percent of Canadian disabled women who are employed had job accommodations made for them, despite a cost of less than \$1,000 (Runté, 1999). Anti-violence agencies must commit to improving services for women with disabilities and welcome women with disabilities into the workplace.

3.5 Lesbians, Gays and Bisexuals

“I am a lesbian. I believed that working at the rape crisis centre would be a safe place for me to come out. Not so. Some of the board members really made it hard for me, they were unwilling to extend same sex benefits to my partner. Most of the staff were pretty supportive and it still took a long time before I was accepted. The board eventually recognized this discrimination and the policy was changed.”

– A counsellor in a rural community

Lesbians, gays and bisexuals work and volunteer in anti-violence agencies. These individuals are part of a group that experiences intolerable homophobia and heterosexism that marginalizes and denies them of their basic rights.

Any efforts to end oppression and promote inclusive practices must include anti-homophobia activities. These activities, such as workshops, combined with anti-racism training, and training relevant to women with disabilities, help to link the lines of oppression together. Meaningful cultural sensitivity practices included in the operating guidelines, effective employment equity practices, and sustained leadership are only beginning steps in meeting the needs of diverse clients and staff members.

4 Organizational Solutions



4 Organizational Solutions



4.1 Introduction

“There is no going back once you have begun bearing witness to the atrocities. This is not a normal job.”

– A front-line counsellor

The anti-violence profession has grown dramatically since the early 1970s, and countless lives have been changed and saved as a result of naming the violence. This has been partly achieved by honouring the courage and supporting the choices made by women. Tremendous progress has been made. One only needs to look at the growth of shelters to recognize this. Statistics Canada (1999) confirms that there are 422 shelters operating across Canada.

An entirely new service sector has developed that contributes to the national economy. This growing sector employs thousands of people and offers meaningful volunteer opportunities to thousands more. Staff who have been part of the movement over the past 20 to 30 years have become storytellers of days gone by. These historic, early experiences of staff eking out an existence with limited or no resources, support or understanding are a stark contrast to today, when there is an increasing recognition of the need for anti-violence workers. It is a testament

to the strength and fortitude of the individuals and organizations that remain dedicated to the challenges.

There is much to celebrate. Canadians have a much more informed understanding of the pervasive and systemic effects of violence against women and children. Workplaces have begun to incorporate this understanding in day-to-day operations. In almost every field, anti-violence solutions have been initiated, including health care, education, medical training, government ministries and the justice system. The enhanced understanding of assault and abuse by primary partners has required attention and response to sexual harassment, ritual abuse, organized crime, child abuse, caregiver abuse, workplace violence and other forms of abuse committed through the use of power and control. Appropriate responses that reflect and validate the diversity of communities continue to develop.

While there is a continuing need for the patriarchal systems and structures, to be agitated to achieve an end to violence, there is evidence that the efforts of anti-violence agencies are being recognized. Groups and individuals are being asked with increased frequency to work with

policy makers, funders and mainstream groups to build solutions. The language of empowerment and woman-focussed solutions that are the heart of the feminist movement is increasingly heard in other forums and areas. This is a tribute to the commitment of many women. In almost every community in Canada, a new expectation has been established regarding the type of services needed for abused women, children and abusers.

Meeting the needs of women and children has required that anti-violence agencies develop partnerships with groups or professions that have not always been helpful to women, or that caused them harm through a lack of empathy and support. The opposition to solutions that recognized the uniqueness of women's experiences is giving way to the growth of new services within traditional health care, mental health, and children's service sectors. Anti-violence agencies now watch with interest the actions of groups that were once ambivalent about violence against women. The voices of survivors, anti-violence advocates and academics, to name a few, grew too loud and insightful to ignore. From time to time, there is cause to celebrate the strength and leadership within the judicial, education and health fields demonstrated by the movement away from oppressive tactics and policies. Always and unfailingly, however, the organized resistance and backlash continue to hold onto notions of control and a way of living that has systematically denied women and children their basic rights.

Any change creates some type of upheaval. The advent of shelters, sexual assault centres and advocacy centres constitutes a change and challenge to communities that forces attention to the experience of abused women and demands that society re-examine and change deeply entrenched and fundamental behaviours and attitudes. It has not been an easy journey for anti-violence advocates. Determined to make a difference based on an ideology that dismantles the patriarchy and restores women's positive strengths, the predominant systems, values and culture are pushed and pulled in every direction. Safe enclaves established for women continue to face demands from funders, the community, and even each other, to adopt practices that are easily understood and integrated seamlessly into mainstream culture. Many groups have gone through, and continue to go through, painful internal revolutions, some with toxic results.

While working so hard to make a difference in the lives of abused women and children, organizations often overlook, or do not know how to recognize and respond to, the pervasive impact of this work on the staff. Anti-violence agencies are unique in their exclusive focus on and exposure to women's and children's experience of violence. Staff are witness to, and part of, the efforts of individuals to survive and move beyond the controlling patterns and atrocities imposed on them. Anti-violence workers' exposure to traumatic material and bearing witness to atrocities is constant, routine and day-to-day. There are few professions that

expose staff exclusively to violence against women and their children primarily inflicted by men, or those in a partner relationship, or by other trusted individuals. It is this experience that makes the work different. In comparison, emergency workers such as police and nurses see a range of individuals and situations over a given shift, not all of which would be identified as traumatic.

The external pressures, individual experiences of staff, and type of operating structure combine to affect the organization as a whole in positive and critical ways. Without practices in place that allow some release of the group experience, new conflicts build on unresolved conflicts, and worry, fear and lack of trust can foster fragile times.

One of the greatest attributes of anti-violence workers is their high empathy. The very walls of anti-violence agencies scream out with pain, anger, grief and loss. The combined experiences of women and children pulsate through these places of comfort. The empathetic skill of tuning into the emotion is a great gift to offer women and children as they work through complicated feelings. It can also be a liability as these emotions reverberate through offices and residential spaces of shelters. The emotions of joy, laughter and harmony that provide healthy balance are dampened, and greater effort is required to incorporate positive events and activities into the organizational framework.

“You know it’s not the work with the women that gets me. It’s the work environment.”

*– A frontline worker with
17 years’ experience*

All staff experience some symptoms or effects of vicarious trauma. Each individual will likely have a personal self-care plan, some more developed than others. At any given time, a staff member may discover that her personalized self-care plan needs to change to respond to new effects of vicarious trauma. Others may not have very developed self-care plans and believe that they can ward off the intrusive effects simply by wearing a suit of armor, not recognizing that the suit itself causes fragility. Not surprisingly, few self-care plans include healthy management of organizational vicarious trauma that emerges as a result of working at an anti-violence agency.

Like a communicable disease, a cynical virus can infect one staff member and then another. Suspicion, frustration, intolerance, rigidity and irritability can create perceptions of conspiracy at all levels of the organization. Charles Figley describes this as chiasmal or secondary trauma, which strikes when the traumatic stress appears to “infect” the entire system after first appearing in only one member (Figley, 1995). Boards and executive directors often look to rigid interpretation of policy to control the cynical cycle, factions can develop among the group, and without healthy intervention the damage can erode the quality of service and confidence of the group.

“I am stressed at work but it’s not because of the work with women, it’s because of the tension in the centre (the shelter).”

– A Francophone shelter worker

Organizational theory confirms that most of the problems that develop in the workplace can be attributed to the organization’s communication patterns, structures and personalities. New staff coming into an environment that is overcoming a toxic

event will be sensitive to the spill-over effects and this may ultimately limit their length of employment or create disillusionment. The rewards of work by women for women may be lost, pride in the work may be jeopardized, and strength and resourcefulness may be temporarily misplaced. Organizational self-care combined with individual self-care will help to reduce the effects of vicarious trauma in the workplace.

4.2 Feminist Philosophy

Action List:

- Develop and post easily accessible definitions of feminism, abuse, and the agency principles to help guide actions. Have these approved at both staff and board levels.
- Define operating beliefs and philosophy in writing.
- Develop an annual agenda for social justice action that defines board/staff roles.
- Support staff and board involvement in woman-focussed community events.

Anti-violence agencies are a blend of many practices, structures and different levels of understanding and commitment to feminist values. Feminist ideology rooted in a desire to seek an end to oppression is the greatest strength of anti-violence agencies. It may also be their greatest challenge. Insufficient operating funding, limited staff training, a lack of resources for organizational development, a strong local focus and lack of connections across the country are only a few of

the significant challenges that compromise the feminist vision. A feminist philosophy promotes a model of supporting a woman to make informed positive choices and changes, and respects a woman’s decisions as her own. The same should be true of the workplace.

A straightforward organizational definition of feminism:

Recognition that oppression exists that creates barriers for women, which we strive to overcome through individual and collective acts of advocacy and social change.

Research conducted by Epstein and Silvern (1990) suggests that shelters are influenced by feminist ideology. Respondents acknowledged the importance of both feminist and professional goals and ideology. This appears to be a change from findings of earlier research by Schechter (1982) and Ferraro (1983) who suggest that there is a much stronger influence of professional values that serve to improve the quality of work. In Epstein and Silvern’s study, individuals who place a

higher priority on feminist goals and ideology reported that they experienced more role confusion and ambiguity. If the individual's goals and ideology are not in keeping with the organizational definitions, or if the definitions at the agency level are not clearly defined, the contradiction can cause disillusionment, frustration and anger.

"I took women's studies courses and I thought I knew it all until I started working at a women's counselling centre. Even Barbie didn't escape debate."

– A recent graduate

There will continue to be efforts to find a balance between the purist ideology and the practical limitations of working in an organization that is dedicated to providing a service. The feminist vision need not be abandoned. Alternatively, groups can continue to experiment with and evaluate structures and systems that complement feminist beliefs and are inclusive to all

women. Truly effective collectives allow for the unique strengths of individuals and determine role assignments through informed discussion and communication. While feminist ideology may draw women toward the pureness of the collective, the practicalities of funding and the political and societal realities often make a collective operating structure impractical. For the most part, anti-violence agencies are structured as modified hierarchies.

Operating structures, policies and practices (including hiring, orientation and training) can be developed and defined in writing, based on the principles, values and beliefs of the organization. Finding the right feminist operating structure and integrating feminist values into day-to-day work is both possible and necessary. Reinforcing the feminist philosophy through training, and healthy debate maintains an important commitment to the service model and staff.

4.3 Social Justice

Action List:

- Restore a commitment to ideology – go back “to the kitchen table”.
- Build and maintain community partnerships.
- Review videos such as “Backlash: Resistance to Change.”
- Establish a social justice framework and support staff time to get involved and report back to the organization.
- Include advocacy in strategic planning and community solutions.
- Form or make strong ties with coordinating committees – do not give up.
- Commit to short action-oriented projects that help staff take a leave of absence from front-line work. Use grants to support these projects.
- Publish results, use the media to celebrate victories, celebrate progressive change.

- Infiltrate the status quo by ensuring representation on community advisory committees, provide staff time to do this – have realistic expectations.
- Support women-positive electoral campaigns – run for office.
- Maintain a curiosity for life have fun doing constructive damage to a society that remains locked in oppression.

For many years women organized for action. Discussion groups, making plans and contacting others took place around kitchen tables. Women got together and talked about solutions, argued about philosophy and established services. Sexual assault centres and shelters sprang up across the country through the tireless determination and volunteer efforts of women. Demonstrations and marches demanded attention. Chants, such as “not the church, not the state, women must control their fate,” publicized demands.

Today’s kitchen tables are cluttered with women-positive materials from a range of sources. Heated discussions in homes have often been replaced with boardroom debates about policy and fiduciary obligations. Running organizations created by women and for women requires attention and dedication to ensure that the effort, effectiveness and efficiency of the service are monitored and accountable. The future, however, will not be inspired with the same zest and hope if organizations do not maintain their commitment to progressive change through social action. The summary that follows outlines the continued and urgent need for women and men to get back to the kitchen table

to openly and honestly debate such topics as the feminism of the future and the unanticipated outcomes of the feminist movement, and continue to build approaches to welcome diversity. Today, we live in an era that:

- continues to deny the incidence, severity and forms of violence
- continues to blame the victim
- continues to have a limited understanding or interest in anti-violence services
- sees mainstream institutions attracting new service dollars without incorporating the knowledge, expertise and philosophy of the anti-violence movement
- has a virulent and organized resistance and backlash
- continues to be sexist, racist and homophobic
- shows a lack of political priority and lack of enough funding
- expects cost analysis by comparing use and resources to mainstream services, without recognizing the differences
- glorifies violence and objectifies women in submissive and over-sexualized roles
- attempts to silence women who are agitating for change.

The opportunity for members of the organization to participate in social justice, endorsed and supported as a valued activity of the group, supports the principles of self-care. Continuing to value and place a priority on why the work is done, combined with how the work is done, is a critical combination for success.

“I was really affected by my community’s reaction to a tragedy. Within a four-week period there was a murder/suicide of a woman who was making progressive steps to living away from her abusive ex-partner. He killed her and then killed himself, leaving two children orphaned. The following week a young man was knifed down in a random act of violence where the murderer did not know the victim. The community was outraged by the knifing and

formed a community task force of local politicians, chief of police and the business community to take action. At a small vigil held in memory of the woman murdered, her church minister downplayed the tragedy and the vigil was protested. She was forgotten, her children orphaned, having witnessed an earth-shattering evil made out of the ultimate exercise of power, control and selfishness.”

– A volunteer coordinator

4.4 Organizational Structure

Action List:

- Define in writing the operating structure and philosophy of the organization.
- Determine decision-making structure.
- Define in writing the staff’s participation in planning and policy development.
- Develop a framework that supports the accountability by the board to the staff and vice versa.
- Invite and welcome the input from staff into policy development.
- Promote staff autonomy in decisions relating to clients.

“Participative management is both a philosophy and a method for managing human resources in an environment in which employees are respected and their contributions valued and utilized. From a philosophical standpoint, participative management centres on the belief that people at all levels of the organization can develop a genuine interest in its success and can do more than merely perform their assigned duties.”

– Daryl R. Conner (1993)

Despite the strong links to feminist values, most agencies operate within some type of hierarchical structure. Healthy models provide collaborative communication and decision making through a participatory style. While some of these organization models have failed dismally, sending organizations into a negative spiral, other groups have courageously experimented with different styles and established structures that continually seek the balance among philosophy, effectiveness and collaboration. Alternative operating structures are being implemented with holistic respect for the strength of women. Workplaces that operate within a rigid hierarchy, with strict rules and routines, do not generally achieve autonomy, support or trust. In a work environment fostering an environment that promotes autonomy, management works in a personal and collaborative fashion; policies support flexibility and discretion, and staff actively participate in decision making and are confident risk takers.

An organization can compound the effects of vicarious trauma. The cynical or negative cycle that groups go through, for example, is often fueled by practices that shut out staff's involvement. The impact of the vicarious trauma on the professional functioning of staff members is described by Janet Yassen and is included in the Individual Solution section of this guidebook. A partial list of these work-related effects includes low motivation, dissatisfaction, apathy, a sense of a lack of appreciation, staff conflicts and faulty judgement. Solutions require an organizational structure that challenges these effects, that respects the commitments made by the individual for self-care, and that encourages learning, including self-reflection and involvement in agency practices. Success in managing the effects of vicarious trauma in organizations requires efforts that enhance conflict resolution and risk taking. This is generally successful when the leadership of an organization commits to building on the learning potential and growth of the staff. Trust and respect build up over time and come with consistency and reliability.

*"The most important thing to **do** is to build the organization around information and communication instead of around hierarchy."*

– Peter F. Drucker (1990)

Most women have experienced the negative outcome of the inappropriate use of power. In a women's organization, these experiences create a hypersensitivity about power in the minds of everyone. Fear of the power that comes from within, lack of confidence in using inner power, and systemic oppression and abuse

of power have led to unhealthy scenarios in anti-violence agencies. A defined operating structure with lines of authority that govern the behaviour of the board of directors and the executive director provides clarity for all members of an organization. Typically in a governance model, the board of directors delegates managing all aspects of the operation to the executive director and commits to activities focussed on planning and development. How decisions are made regarding policy or significant organizational change can be defined in writing. This includes an efficient complaint practice that, in times of heightened conflict, can ensure a process that respects everyone.

"The grapevine grows most vigorously in organizations where secrecy, poor communication by management, and autocratic leadership behaviors are found."

(Hersey, Blanchard and Dewey, 1996)

In a participatory structure the walls of secrecy come down. There is very little information that staff cannot or should not be privy to, and this information is generally limited to difficult employment performance matters. Even this scenario does not have to be conducted in complete secrecy. The organization's grapevine will be overactive during times of conflict, often leading to misinformation and an increase in tension. Making or determining the right decision or the best decision can create two different outcomes. The right decision will be one that abides more strictly by the policy and the best decision will likely be one that incorporates policy, culture and individual circumstances.

Interesting evidence has been introduced by Brown, Epstein and Silvern regarding shelter staff's personal sense of accomplishment in relationship to decision making. In Epstein and Silvern's paper, "Staff burnout in shelters for battered women: a challenge of the '90s," they confirm that the more staff were involved in the decisions involving the residents and clients, the less likely they were to experience emotional exhaustion (Epstein and Silvern, 1990). This suggests that staff will have the greatest sense of personal accomplishment when they are supported in problem solving and decision making regarding a resident or client. This is logical given the commitment that staff make to support women in their development of self-awareness.

It has generally been assumed that to fulfill a feminist commitment to provide the greatest level of employee satisfaction, staff should be involved in all aspects of the decision making. Epstein and Silvern indicate that participation in more general policy and administrative decisions was not associated with less burnout, even for workers with greater seniority. Staff's personal sense of accomplishment appears to increase with client-focussed decision making and not administrative decision making. Recognizing that staff's major responsibilities and interests are providing service to the women and

children suggests that a decreased proportion of time will be available to support organizational decision making, such as financial management and policy development. This does not, however, suggest that staff are not interested. Decisions that directly affect staff, such as personnel policies, will have a higher chance of successful implementation if staff are involved during the development of the policy. No surprises and meaningful involvement in decisions that have a direct relationship to staff members' lives constitute an important solution to offset some of the effects of vicarious trauma. Organizations that provide information about the current and future realities – such as funding, government policy, community changes, organizational planning – along with efficient and effective means of participation, find that staff have fewer symptoms of stress and burnout. Healthy operating practices support healthy responses to vicarious trauma.

Input can be received from staff in a variety of efficient ways. Brief surveys or questionnaires regarding a specific matter, completed early in the development of an initiative, may be helpful, particularly when the results are posted for all to read. One example is a brief survey sent to staff by e-mail or mail bins.

Your Opinion Matters Survey

Over the next six months we will be reviewing the possibility of introducing self-care days. Self-care days are intended to be paid days off for staff to be used for personal self-care and promotion of mental health. What are your thoughts and questions on this topic?

Thank You

Please return to: (Person)

By: (date)

This simple method accomplishes several things:

- it alerts the staff to change
- it offers input into the decision making
- it informs the individual or committee developing the policy of staff thoughts
- it allows the shared thoughts of staff to be posted
- it provides a quick pulse point of the support for the idea.

Some staff may be interested in developing policies. A written policy format or outline of how policies are developed for the agency helps ensure that staff and committees will develop a draft policy in a consistent fashion. Alternatively, establishing a written policy review

process can help to invite staff participation without requiring the active time commitment needed to develop the policy. Prior to a policy being approved by the board of directors, the staff can review and approve it. This practice may slow down implementation of the policy, yet it ensures that staff participate in the process. Below is an example of a policy approval process.

Policy development and implementation practices will depend on the operating structure. There are many anti-violence agencies operating in Canada that have one or more collective agreements in place. In these organizations, policy review and development will be subject to the terms of the union/management relationship. This does not necessarily

Policy Approval Process

Draft policy developed by staff member/committee and recommended for circulation



Draft policy posted two weeks prior to staff meeting (amendments or questions can be included)



Draft policy presented at staff meeting – staff are invited to offer amendments and to discuss the policy



Staff approve/do not approve the draft policy for presentation to the board of directors



If policy is not approved or there are significant amendments, the policy is returned to writer or committee for re-work



Policy presented to the board of directors for approval. (Given the participatory nature, there should be limited discussion at the board meeting and the background information will respond to most of the board's questions and concerns.) If the board does not approve, return for further development.

entail an adversarial relationship. The relationship between staff and management changes in a unionized environment and may improve the policy clarity and safety by ensuring that the rights of staff are observed in a consistent manner. In other unionized environments, there may be limited opportunity for discussion of new practices or for active participation by staff in policy design and development. Staff may also feel ostracized by their union local if there is a lack of understanding of the work environment of an anti-violence agency. Operating within an

organized environment creates different challenges and operating practices. There are excellent examples of positive staff–management committees that remain focussed on the mission of the agency. Achieving a positive relationship requires positive leadership by the board of directors, management and union leaders, and respect by staff for the organization. Like all workplaces, union structures are evolving to welcome participatory management styles that do not compromise the ethics and mandate of the union.

There are a number of ways in which boards and staff can work toward achieving equitable and healthy operating practices that recognize the unique functions of anti-violence agencies and the strain experienced by staff. If operating practices and principles are unclear, it is too easy for individuals and factions to sidetrack from the primary purpose of the group. Two useful and practical places to begin are outlined below.

Developing a framework for a healthy organization that links local efforts to a national agenda can be achieved by participating in an annual review of the recommendations outlined in the *Changing the Landscape* by The Canadian Panel on Violence Against Women. This document was released in 1993 as Canada's call to action and provides recommendations specific to service organizations on policy development, performance review, and equity policies. Its primary purpose was to provide recommendations to work toward an end to violence against women. The actions outlined in the document were developed to support organizations in providing a direction that facilitates a clearer understanding of purpose, job function and service goals. When developed in a participatory manner and adhered to with consistency and ongoing review, this national action plan can help staff, management and boards of directors build on a common foundation. The report outlines, for example, major steps to take to apply a Zero Tolerance Policy and provides recommendations to guide the

evaluation and reformulation of operational activities. Working toward the implementation of these actions may help to inspire groups to champion organizational practices that promote healthy employees and volunteers as well as to ensure a high-quality service. The actions are:

- priority setting
- allocation of resources
- human resource management
- legislation/regulation/policy
- programs/services/practices
- consultation
- coordination
- research and evaluation
- education/promotional activities
- physical environment management
- accountability

Another approach to a healthy organization is offered by a unique and inspiring community project in Sudbury, Ontario called Better Beginnings and Better Futures Association. The project developed a management and operating philosophy anchored in both feminist ideology and Aboriginal Canadian heritage. Its principles for community development recognize the value of diverse participation, consensus decision making and strong partnerships. These principles can be adapted for development and maintenance of healthy group dynamics in anti-violence organizations.

Principles of the Better Beginnings and Better Futures Association:

- **Promote Forums for Participation**
- **Create Egalitarian work relationships**
 - policies include responsibilities during disagreement, including mediation and arbitration
 - teams develop program goals, develop and negotiate budgets and administer the programs
- **Nourish Daily**
 - give value and relevance to small details of daily living
 - respect the social, emotional, physical and intellectual well-being of members
 - include sharing food at meetings, celebrations and circles
- **Caring for Caregivers**
 - provide training during orientation and on an ongoing basis on cultural sensitivity, team management, mediation and conflict resolution
 - accept that staff have family commitments, staff exercise their own judgment when to work at home
- **Expand the Capacity to Act Powerfully**
 - take charge of personal areas of responsibility and work in small groups
 - learn how to develop our own power
 - give hiring priority to community residents
- **Nurture Partners and Network**
 - a community advisory committee meets twice a year to support projects and fund raising

(Modlich, 1999)

4.5 Board of Directors

Action List:

- Determine and observe the governance structure of the organization.
- Develop policy on board members serving as volunteers or staff – clarify who they report to.
- Provide information to the board on vicarious trauma – develop a long-range plan.
- Conduct an annual review of the organization’s solutions to vicarious trauma.
- Define conflict resolution practices in writing – include grievances and complaint practices.
- Define the conflict of interest policy in writing.
- Complete an annual review of broader issues and social justice efforts.
- Develop and conduct the annual performance review of the executive director.

“I was out speaking to a church group and was telling them about the stats and it hit me like a ton of bricks. Each one of the women that we turned away because we were full probably had children and families and lives all torn apart by the violence. I couldn’t sleep. I don’t know how the staff do it every day.”

– A board member of a women’s shelter

Members of a board of directors are affected by the traumatic environment and information they are exposed to. Staff receive the information first hand or, as in the case of administrative staff, through their daily exposure to the clients and

their stories. While boards are not exposed as frequently or as directly to the stories told by women, the anecdotes and statistics received at meetings describe a global story of loss, limited resources and tragedy. Board members may become emotionally entangled out of a sense of helplessness at the vastness of the problem and the limits of funding and services, and may draw other members into unnecessary conflict.

In 1998, the Canadian Panel on Accountability and Governance in the Voluntary Sector released its final report, *Helping Canadians Help Canadians: Improving Governance and Accountability in the Voluntary Sector*. The report commends the tremendous contribution made by the voluntary sector and makes recommendations to strengthen the commitments made across the country by boards of directors, staff and volunteers. The report points out that conflicts and challenges involving the directors of the board can and do limit the stewardship and accountability capacities of the organization. Common challenges such as confusion around roles and expectations, conflict of interest, and board succession are noted. The solutions to problems found in the broader not-for-profit or voluntary sector can be applied and adapted to the unique environment of anti-violence agencies.

The challenges experienced by social service agencies cause legitimate grievances that detract from the mission of the organization. Not all anti-violence

agencies operate within a hierarchical structure. Some operate within a collective environment in which both staff and board have equal responsibilities. In any type of structure – ranging from a typical hierarchy, to a modified hierarchy, to a collective – clear governance practices are required to ensure that disruption, caused by lack of clarity about roles, is kept at a minimum. This reflects the difficulty or stress and distress that many organizations are going through, have gone through, or fear that they will face. The panel on the voluntary sector offers many recommendations to strengthen and support organizations, including the following “Code of Good Governance Practices”:

- ensuring the board understands its responsibilities and avoids conflicts of interest
- undertaking strategic planning aimed at carrying out the mission
- being transparent, including communicating to members, stakeholders and the public, and responding appropriately to requests for information
- developing appropriate structures for the organization
- maintaining fiscal responsibility
- ensuring that an effective management team is in place and providing oversight of human resources
- implementing assessment and control systems
- planning for the succession and diversity of the board.

(Panel on Accountability and Governance in the Voluntary Sector, 1998)

While funders often expect direct involvement by the board in the operation, generally there is a growing consensus that organizations functioning in good health have incorporated a governance model where lines of authority, accountability and autonomy are clearly defined, communicated and understood. These boards delegate their authority to the executive director and respect her leadership to manage all aspects of the operation.

The Canadian panel differentiates the sector by size of budget. It suggests that an organization with an operating budget of \$200,000 or greater will likely have less conflict and be more effective if it adopts a “policy governance” board that governs by making policy and providing strategic direction, and keeping “hands off” day-to-day management of operations. Professional management is required in this type of structure to achieve the results outlined in the mission and purpose of the organization.

In his book, *Boards That Make a Difference*, John Carver (1990) describes many of the common and chronic problems that occur with boards, including those regarding the role of the board and its governance mandate. He makes useful recommendations about accountability, the arms-length relationship between the board and the staff, and the board’s direct relationship to the executive director.

Given the limited resources and unique work environment of anti-violence agencies, it is critical that relationship issues between the board and staff and the board and the executive director are

defined by policy and adhered to so as to avoid instant solutions that are invented in the heat of a conflict. If boards agree to delegate authority to the executive director, they must support her autonomy to lead, including through tough times. Boards must concern themselves with vision, structures and standards of accountability that are based on results and outcomes.

By virtue of their voluntary role, active board members give approximately 10 hours per month to the agency they serve, whereas full-time staff spend approximately 40 hours per week or 160 hours per month. This difference in time also reflects a difference in expertise. A chartered accountant or a lawyer would not expect a lay person with an interest in the field to assume that his or her knowledge was greater than the professional's. In the same way, anti-violence workers and managers must be regarded and respected for their dedication to this unique profession and the commitment of time and learning made to establish this expertise.

Staff are drawn to this profession as the primary motivator in their lives on the basis of their education, chosen field of study, life experience and ideological orientation. People are drawn to volunteer as a member of a board of directors as a result of a secondary or tertiary motivator in their lives. Their primary work or interests are likely based in a different field of study or occupation; they generally represent a range of ideologies and want to contribute to society through their volunteer participation.

Boards of directors are generally far removed from the realities of the day-to-day operation, yet they are accountable to ensure that the mandate of the corporation is fulfilled. Experience and background requirements in the recruitment of the board are often far less demanding than the screening of potential staff. Staff in contact with women and children, for example, will likely have a comprehensive understanding of a feminist analysis and the complexities of woman abuse. In comparison, board members are likely selected for their sensitivity to and/or interest in women's issues and their professional expertise in a capacity that complements the organization's accountability (e.g. chartered accountants, lawyers, police officers, teachers). The differentiation of roles must be understood, including the recognition of staff as the experts in providing services to women and children. Boards of directors offer valuable insight and wisdom based on their diversity of backgrounds and views as well as their community representation.

Unhealthy scenarios develop when boards intervene outside their mandate, undermining the role of management and staff. Alternatively, a healthy response to self-monitoring or self-governance would be to encourage staff to use appropriate conflict resolution and complaint/grievance practices. Further, board members can use their role to support the development of policies and practices to enhance the operation. Board members must reflect on their roles, their emotion and ultimately their responsibilities as board members. Accountability practices are healthy and helpful ways for board

members to ensure that the fiduciary obligations of the organization are met. Determining the type of monthly report submitted, committing to review practices, and the annual performance review of the executive director may improve the confidence of the board in ensuring these fiduciary responsibilities are met.

4.5.1 Dual Role – Board Member as Volunteer

“We have a good relationship with the executive director and trust her skill. We sit down occasionally, although we never seem to get around to it annually and look at what her professional development needs are. Typically, we support her development of management and leadership skills. It’s a pretty big service and if the governance structure works we all need to be confident.”

– An anti-violence agency board member

A particular dilemma to the anti-violence sector is the dual role that board members may have in the agency. Given the negative cycle that staff and agencies can go through as a result of organizational vicarious trauma, board members involved in the day-to-day operation may become sponges for the conflict. Their unfamiliarity with the unusual dynamics of the organization may lead them to intervene in intrusive ways. Board members who volunteer or serve as staff will have influences that may enhance their personal vicarious trauma and they therefore may benefit from additional self-care practices. Their direct exposure to women’s experiences may set them

apart from the rest of the board and they may feel that they have a higher responsibility to represent the position of the staff. Board members may also be set apart from the staff, in part because of the power imbalance that is inherent in the hierarchical structure and the staff’s suspicion of, or confusion about, the board member’s role. Staff may resent the presumption of the board member if he or she attempts to represent a staff position to the board. Finally, a board member serving as a staff member may pose a threat to the executive director if the lines of communication and authority are not clearly understood and respected.

Some members of the board become volunteers or are volunteers when they join the board. When board members serve as volunteers or as staff, they are accountable to the executive director. As board members they are accountable to the president of the board. This dual role has the potential to be helpful and provides for an informed understanding of the complexities of the operation. This situation, however, is often described as a cause of toxic build-up in an agency. The lines of authority become muddled and the staff and board circumvent understood policies, rules of order and practices, ultimately disabling systems meant to ensure fairness and accountability.

In situations in which a staff member or volunteer’s rights have been violated, or in which there has been a breach of policy, staff have the right and obligation to complain or grieve through a formal practice. These practices and policies are intended to provide a fair response to

contain and resolve conflict. In unhealthy circumstances in which board members are too involved day to day, they may receive complaints directly and choose to act on the complaint outside an organizational policy or practice.

The lack of clarity regarding the role of the board and its involvement in day-to-day operations was identified as a problem by the Canadian Panel on the Volunteer Sector. The Panel's final report suggested steps to ensure that a board of directors develops a shared understanding of its role. It suggests that every board should:

- decide upon and communicate its philosophy of governance
- develop a code of conduct for board members
- establish and enforce a written conflict of interest policy governing board members
- provide job descriptions for board members that outline general duties and how the board's work will be evaluated

- invest in board members with orientation and ongoing information sessions
- recognize the contribution of board members and provide feedback on the board's performance
- use the time of the board members efficiently.

(Panel on Accountability and Governance in the Volunteer Sector, 1998)

“We spent a year answering the question: how would we know that the organization is running well and that the staff are happy? We developed reporting requirements for the executive director and set up an annual calendar to hear about different programs and the evaluation criteria and review certain policies and practices of particular interest such as finance and extended health care benefits.”

– A board member

4.5.2 Internet Resources on Non-profit Management

Internet Resources on Non-profit Management

- <http://www.charityvillage.com> – CharityVillage’s Main Street is “Canada’s supersite for the non-profit sector,” offering more than 2,000 pages of news, jobs, information and resources for non-profit managers, staff donors and volunteers.
- <http://www.idealists.org> – Idealist is a comprehensive international directory of 16,000 non-profit organizations in 130 countries. This site includes an online library of Resources for Non-profit Managers with information about managing and funding a non-profit organization.
- <http://www.nonprofits.org/npofaq/> – The Non-profit FAQ is a searchable compilation of hundreds of questions and answers touching on every aspect of non-profit management.
- <http://www.philanthropysearch.com> – This is a new search engine designed specifically for the non-profit sector, containing information about charitable giving, volunteering and other issues.

(Sattler, 1999)

4.6 Executive Directors

“The incredible responsibility of running the shelter affects every aspect of my life. I am careful about separating work and home. I realized I needed to examine my boundaries when my five-year-old son asked for a meeting with me for his birthday.”

– An experienced executive director

Action List:

- Commit to organizational practices that support a healthy response to vicarious trauma.
- Maintain professional development, including work on areas of skill deficits.
- Develop a personal code of conduct.

- Accept the role of leadership and the use of power through self-reflection and training.
- Establish and maintain an operations plan.
- Demonstrate commitment to staff, exercise fairness, flexibility and compassion.
- Develop personal self-care plans, including professional supports.
- Maintain long-term healthy relationships with the board.

Executive directors are expected to fight many battles inside and outside the agency. They must successfully manoeuvre

in an unfavourable climate to ensure that politicians are on side, that funders maintain and increase resources, and that traditional service providers do not deny women and children their basic right of access to service. They speak to the media and perform a delicate dance with the board of directors. This requires a vibrant energy and a tenacious leadership. It requires the use of positive power and it means that this power energy must be carefully harnessed, put on and worn in an appropriate moment and taken off and hung up immediately afterwards.

To achieve this balance of power requires insight, self-reflection, training, experience, self-awareness and confidence. The energy needed externally may not always be welcome in an anti-violence work environment and can serve to intimidate and harm the staff. Staff need humanness, coaching, motivation and honesty in an executive director. Given what is understood about violence against women and the ideological reasons for choosing to work in an anti-violence agency, it can be concluded that some staff will have a heightened sensitivity to misuse of power, which may trigger a series of reactions. While each individual must continue to embrace the principles of change and self-learning, a manager, coordinator or executive director has a heightened obligation to build on positive leadership skills.

Executive directors are isolated in their roles and it may not be appropriate or comfortable to debrief or discuss personal reactions to vicarious trauma

with the staff. In addition, executive directors may not be comfortable discussing how they are affected by the work, and a supportive president or executive committee may offer some relief. There are times when the personal disclosure of the executive director is healthy for staff (such as group training sessions focussed on diversity, vicarious trauma or team building). In these controlled situations it may help staff to identify with the woman rather than the leader of the organization, and it may help to decrease the gap created by the operating structure.

It is rare to find someone who has all the qualities the board is seeking at the time of hiring an executive director. The current culture of the group and the skill set of the past executive director can influence the hiring committee. It is difficult to have an individual learn an attribute or belief (such as a feminist philosophy) versus a skill (such as conflict resolution or financial management). The feminist or woman-focussed philosophy rooted in an awareness of oppression is not something that is easily taught, yet it is at the fulcrum of the work done and decisions made in a woman-focussed environment. This suggests that ideology and philosophy can never be compromised. While this compromise may be made with other staff, volunteers or board members, the executive director or coordinator is expected to act as the leader of the organization and cannot be seen to be struggling with this fundamental value. Anti-violence agencies are unique organizations and require unique leadership approaches.

4.7 Staffing

There are few education or training programs that prepare someone for the realities of anti-violence work. Juggling compelling issues and constantly needing to sort out a crisis from an immediate problem with not enough time and resources is stressful, particularly when many of these situations are potentially life threatening.

Shelters have additional responsibilities that complicate healthy solutions to vicarious trauma, some of which are shared with sexual assault centres and advocacy centres. A residential environment is unpredictable and it is difficult for shelter counsellors to implement an effective daily routine. The focus of service is based on one woman's experience and the immediate need to advocate for individual solutions for her and her children. Individual support by counsellors is interrupted or shortened to respond to the crisis helpline or to complete a new intake. The daily requirements of providing a home-like environment, including meal preparation, issuing medications, bus tickets and linens, and providing for basic needs, supporting arrangements for school, as well as dealing with illness, communicable diseases, parasites, and a whole host of other compelling problems require a response that challenges a consistent routine or schedule.

The stovepipe approach of one-woman-one-solution provides a supportive individual response, yet makes it difficult for staff to focus on broader issues. It can be hard to identify, through these

incremental small acts, that change toward ending violence against women is taking place. The despair or sense of helplessness that counsellors can feel when the solutions for women and children are so inadequate can be damaging to the individual and organization.

“There were staff from the early years who dedicated their work based on commitment and life experience. Some had degrees, few from traditional social work, and many did not have the skills that would stand up to the scrutiny of the social work profession and were reluctant to have their counselling style held up for review. Besides that, in the beginning front-line workers were criticized by many social workers.”

*– Retired shelter worker
working in a mental health agency*

“I feel like I am a grandmother telling stories about the old days when we had nothing and sometimes I feel like the new staff don't have much respect for their elders,” says a seasoned staff member who has been through the changes of time and has been part of forging a path for services to abused and assaulted women and their children. Newer staff accept the workplace for what it is today and may be unfamiliar with the challenges faced in the early days of anti-violence work. The darker days of the past 20 years when there was no funding is a different experience compared to today. Shelters now struggle with insufficient funding. The staff who have worked with so many women and have remained healthy are

rich with knowledge and become excellent mentors for new staff. The great wave of professionalism of the mid-to-late 1980s has generally settled down with a new balance emerging that honours life experience, values, education and training.

4.7.1 Human Resource Policies and Practices

Action List:

- Provide vacation time and encourage staff to take time in longer periods.
- Provide self-care days.
- Implement extended health care benefits.
- Establish a vicarious trauma response committee or add it to the Health and Safety Committee's responsibilities.
- Hold annual vicarious trauma workshops.
- Organize staff exchange programs in other cities or communities.
- Provide in-service training and workshops on a variety of topics, including anti-racism, anti-homophobia and women with disabilities.
- Obtain short-term grants committed to the broader vision and use as secondment opportunities for staff.
- Define a code of conduct, professional ethics and principles of service.
- Commit to salary grid increases that achieve pay equity.

Human resources or staffing accounts for 85 percent of the operating budgets of most social service agencies. The staff are

more than a cornerstone of the operation; in many ways, they are the service. The staff also guide the activities of the volunteers, often providing the training and supervision to support their efforts to enhance the service. Staff are hired and trained to provide most components of the service delivery, including direct service, administrative and support activities. The staff of the organization make a difference in the lives of the women and children who are served. The agencies and buildings are empty shells without the diversity, compassion and commitment of the staff.

Staff often choose to work with assaulted and abused women, children and their abusers because they have a particular expertise and desire to make a difference. They generally do not come to work for an anti-violence agency because the salaries and benefits are comparable to counselling services or emergency service providers. It is the case, however, that the qualifications typically required match those of higher paid professionals in the community. The pay equity surveys completed by some provinces revealed a serious gap between the qualifications and job requirements when compared to similar professionals.

Many agencies put pay equity plans in place that indicate that the organization will not achieve maximum pay equity payments for over 20 years. To achieve this goal requires a commitment to annual increases to salaries, with or without government support. The salaries and benefits of the staff of anti-violence agencies have been compromised for too

long. The percentage of the budget spent on salaries confirms the priority of the leadership of the organization to continually champion improved working conditions for the staff. Anti-violence work is a profession that has gained credibility and interest. Staff are staying longer and maintaining their commitment in healthy and positive ways. It is disappointing to consider how women-focussed agencies contribute to the wage gap between men and women, rather than demonstrating leadership in this area.

“I speak a lot in the community and frequently comments from the audience are that they could never do the work and they don’t know how I can. They ask; don’t I get angry with the abusers sometimes I think maybe the board should hear this. I do get angry and tired and need a break. I also have a family that I am trying to raise.”

– A counsellor working at an anti-violence agency.

The demand for service in many communities is so great that, rather than take care of the staff by ensuring healthy policies and salaries, more work and expectations are added to the already burdensome workload. Government cutbacks in some provinces reduce the options of organizations even further, and there continues to be a lack of recognition and support expressed by some funders and members of boards of directors for reasonable salary and benefits. It is often difficult to gain board approval for salary grid revisions and personnel policy amendments. Determining why salaries and benefits should be

enhanced is often based on what the individual board member makes or what benefits they receive. In addition, other anti-violence agencies are often used as the reference points, rather than an organization with staff who have similar types of qualifications, expertise and experience matched in comparable working conditions (i.e. shift work and exposure to high-risk situations). Developing improved practices may require a long-term plan and may even require a decrease in service expectations. A solid commitment to make improvements to salary and benefits, even if made slowly over the long term, is a more welcoming statement to staff and helps staff to believe the organization has a commitment to them.

“I am a professional in a company and I don’t get the kind of sick time that the staff in the clinic get. Why would they possibly want more?”

– A board member

Staff are making longer term commitments to careers in anti-violence agencies, and organizations have a responsibility to support their salary, extended health care benefits and pension needs. Self-care is the greatest mitigator of the symptoms of vicarious trauma and not all self-care remedies are without cost. Body therapies, such as massage, chiropractic, yoga, personal therapy or counselling, cost money. Extended health care plans – including vision, dental and medical benefits – encourage physical and emotional health. Solutions may require partnerships with other agencies or provincial associations if the staffing group is too

small to obtain a reasonable rate or benefits. Same sex benefits that provide equal access to lesbians and gays working in agencies must be offered.

Time-related benefits also help to reduce the effects of vicarious trauma. Discouraging excessive overtime by monitoring and discussing alternatives further demonstrates the principles of self-care. Vacation time that exceeds the minimum employment standards of a province allows employees much needed time away from the workplace. Extended time off or encouraging staff to take their leave in longer periods of time, rather than a day here or there, contributes to personal self-care. Self-care days or compassionate fatigue breaks are another incentive to support staff. These days are intended to be used when the pressure, stress or trauma seems to infiltrate the self-care practices. They can be self-nurturing days that encourage re-energizing through rest and personal reflection. Progressive practices that recognize the health or illness of family members and women's extended role in family care can further support personal self-care plans.

Organizations with progressive salary, pension and health care benefits can turn their attention to innovative opportunities that continue to develop the expertise of staff. Anti-violence workers have unique and dynamic expertise to share with each other and with the community. Regional and local differences are rarely showcased because of the fragmented communication networks and

limited national conference opportunities. A staff exchange program may provide a creative way to recognize the collective good of the agency and offer a staff member the chance to work in a different city, town or province. It takes the will, interest and leadership of two agencies to develop this opportunity.

"In my workplace they get on me if I have just a few hours of overtime. Sometimes I really want to stay, especially if I have made a good connection with a family. When I challenged this I was told that modelling good boundaries is good for staff and clients, that there is more to life than work and that it is easy to get into an overtime trap that leads to feeling overtired and overworked. I was kind of happy that management took this position."

— A group counsellor

Research provides evidence of the high personal cost and effects on staff that result from bearing witness to the atrocities of anti-violence work. James Munroe (1995) likens the experience of vicarious trauma to an occupational hazard. Some responsibility for this health and safety risk to employees can be incorporated into the activities of the health and safety committee if the work environment is large enough to warrant it. Alternatively, a vicarious trauma response team can be formed to support organizational self-care. A sanctioned committee with allotted time to recommend actions may stimulate the group to remain alert to the personal and organizational signs of vicarious trauma.

4.7.2 Training

The issue of woman abuse continues to evolve. Changes in provincial structures, funding and the economy affect the profile of the users of the service and hence the programs of the agencies. Recent changes in the policy of psychiatric institutions, for example, have meant a higher percentage of individuals in acute mental health distress, accessing community-based services in higher numbers. Women who do not speak French or English as a primary language require cultural interpretation and understanding of their distinct cultural needs. Meeting the needs of women with disabilities requires attitudinal and physical plant strategies to provide welcoming, accessible environments. Sensitivity and understanding are required to work with survivors of substance use and misuse, child abuse, ritual abuse and sexual harassment. It is unrealistic and unfair to staff to assume that they can gain all the expertise required in this changing milieu without the organization's commitment to training and professional development. Regular in-service training sessions provide low-cost solutions for staff. Sensitivity training on racism and homophobia, and training in conflict resolution skills, require additional time and resources. These efforts will support staff participation, better integration of their skills, and the attitudinal changes needed to meet the needs of the community.

Vicarious trauma workshops promote individual and organizational awareness of its symptoms and provide opportunities for discussion. Realistic solutions that

motivate both individuals and the organizations to engage in healthy practices are presented and discussed. Stress management workshops typically do not address the complicated and invasive aspects of the work and generally focus on stress prevention techniques. Because vicarious trauma cannot be prevented, workshops should address the life-changing experiences in all components of the staff's life. Support and administrative staff can benefit from being included in this type of workshop.

A training program is often only as good as the trainer. A competently designed program and capable trainer can advance the continuing education of the staff. If an external trainer is to be used for vicarious trauma training sessions, an agreement or understanding should be developed to ensure that the trainer delivers what is needed. Moreover, a trainer needs to:

- present a training outline in advance of the session
- understand the unique environment and adapt his or her language and training style to it
- commit to an evaluation
- respect the confidentiality of the group.

It is the responsibility of the organization to ensure that the trainer is fully informed about the organization, staff and training needs before the session. Through sustained commitment to meeting the variety of staff needs, an organization can work to channel the organizational and personal effects of vicarious trauma to healthy results.

4.7.3 Administrative and Support Staff

Action List:

- Sign professional standards agreement confirming job responsibilities at the time of hiring and orientation.
- Provide supervision that supports recognition of vicarious trauma.
- Include administrative and support staff in in-service training and workshops.
- Respect administrative staff.
- Provide debriefing opportunities.

“I work in administration. The counselling staff tell us all the time about a difficult crisis call, a horrible story they have just heard, how crazy busy the shelter is. We only hear about the danger, the high-risk alerts and the problems and then I go into the residence and see the faces of the kids...It breaks my heart.”

– Administrative Support Staff

The administrative and support staff of agencies generally do not provide direct counselling or intervention services; however, they do engage with the clients and the community. Administrative support staff answer phone calls from abusers and harassers and often hear first hand the anger and hatred. Support staff are trained on deflecting these phone calls and to adhere to the safety and security practices. There are also times when women in crisis call on the administrative or business line. As it would be insensitive to cut a woman off immediately, the administrative staff may hear some of the woman’s story

before appropriately transferring her call. Counselling staff occasionally share a difficult counselling session or situation with administrative or support staff. This small cluster of individuals in an organization do not generally participate in peer consultation or case planning sessions, nor would it be appropriate for them to do so. In many cases, there is little support or recognition of the exposure by administrative staff to trauma.

Include administrative staff in training sessions, particularly ones focussed on vicarious trauma and self-care. Administrative staff are an integral part of an operation and can benefit from participation in workshops and in-service sessions. It supports their broader understanding of violence against women and their activities with the general public. To support the administrative staff in not getting involved in counselling or supportive activities with the clients or residents, opportunities can be provided during orientation and ongoing supervision to discuss professional standards and clarify job functions. A professional standards agreement signed during the hiring and orientation of a new employee helps to confirm job responsibilities and the boundaries of behaviour. Administrative staff can benefit from ongoing supervision that includes opportunities to discuss the experiences. The administration team – including on-site finance, fund raising and office support – can benefit from occasional meeting time to review safety concerns and experiences that have had an effect on them.

4.7.4 Hiring

Action List:

- Screen candidates on the basis of a balance among life experience, experience working in women-focussed environments, and education.
- Include hiring questions on:
 - personal ideology and feminist philosophy
 - expectations of the work culture
 - practical experiences
 - vicarious trauma and self-care
 - understanding of equity issues and diversity in the workplace and among clients.
- Complete self-assessments of what type of work is preferred by the individual.
- Complete self-assessment surveys.
- Discuss personal experience with violence.
- Provide enough information of the job and work culture to candidates for them to make an informed acceptance.
- Include in the contract information on the effects of vicarious trauma.

The hiring of staff is a quest to find the right person with the best balance of skills, expertise and philosophy, with the potential to succeed in this unusual work environment. There are many reasons why individuals choose to join a work environment serving abused and assaulted women, their children or their abusers. For many, they are drawn to the agency or

service because it is woman-focussed and they want to make a difference in a place that is meant to make a difference. Individuals choose to work or volunteer for a variety of reasons, including:

- to assist people in need
- to assist women and their children
- to help end violence against women in the long term
- to contribute unique expertise to the program
- to find fulfilling work related to their educational background
- to be part of something that makes a difference
- to be part of a feminist environment
- to be part of the women's movement and to contribute to social justice action
- to reconcile personal trauma experiences
- to give back

Vicarious trauma self-assessment surveys may help to identify questions for interviewing and may help candidates to assess their own suitability. Before accepting employment or signing an employment agreement, the prospective employee would meet with a counsellor who provides a tour and an opportunity to discuss the realities of work. This screening and opportunity to self-select could assist in identifying and avoiding future problems.

Women with a personal history of violence can be a great asset to any organization. This is especially true where the individual has been able to find some sort of personal resolution to her experiences.

“I couldn’t handle working in the shelter. Each time the crisis telephone rang I became immobilized, terrified of the story I might hear. I quit after four weeks.”

– Counsellor now working in a social service agency

If the exposure to the work causes painful memories and unresolved issues to surface, the environment has the potential to be damaging to the staff person, the staff team and even the client. Given how compassionate counsellors are about their work and recognizing that it is not always possible to maintain a professional distance, the boundaries between staff and client can become blurred. This has the potential for very damaging results. Good orientation, supervision, structured peer consultation and organizational support are needed to confront this difficult and common situation.

The recruitment and hiring phase is a crucial period for the employee and employer. It is one of the few times when probing questions can be asked by both parties to determine if there is a good fit between the individual and the organization. A thorough recruitment, selection and interview process may take over 30 hours per employee to complete. When staff are hired using a committee approach, the investment of time is considerable and valuable. Pre-interview

planning is needed to develop skill, attitude and behaviour questions and scenarios that help to confirm the problem-solving abilities, philosophical underpinnings and career expectations of the candidate. New employees also have an opportunity to ask important questions related to support for self-care, feminist definitions, training opportunities and workplace values. As many staff find out, the environment is far different than expected and the interview is a helpful way to bridge this gap and enhance understanding.

The following is a list of interview questions:

- Describe how you expect counselling and working with the women will affect you.
- What self-care practices do you use now and how do you think these will change?
- How do you expect your personal experience of violence to affect your work?

(Asking a direct question often provides a direct answer. If candidates have never thought about their lives in the context of violence, it may demonstrate a lack of integration between philosophy and lifestyle.)

- Working in a hectic and demanding environment can be very stressful. What are some of the ways in which you handle your stress?
- Describe a recent time when you used your personal power.

- What is your personal definition of a feminist perspective?
- How do you apply your feminist perspective in day-to-day life?
- What is the most significant social issue for you today?
- What have you done about it or how have you involved yourself in change?

4.7.5 Orientation and Training

Action List:

- Provide a tour and an opportunity to meet with counsellors.
- New staff sign an employment agreement which includes understanding of the effects of vicarious trauma.
- Define operating principles/beliefs/definitions of feminism, abuse, violence against women and equity issues.
- Review vicarious trauma and self-care material.
- Complete self-assessment vicarious trauma scales.
- Provide reading resources.
- Show a video on vicarious trauma.
- Provide healthy ways to exit gracefully.
- Provide a session for family members.

Once the candidate has been selected, the organization is responsible for providing an effective orientation process that extends over a period of time. Revisiting orientation issues regularly with the new employee is one way to check for understanding.

“The training for my position was excellent and I feel that this training helped me to prepare myself for the work that I would be doing. I am happy that we had so many intense training sessions, review and questions, as well as times to shadow other staff before we were asked to do the job by ourselves. By the time I was working by myself, I felt comfortable with the details of my position and could concentrate on the residents and taking care of myself. Also, self-care and vicarious trauma were subjects that were stressed when we were in training.”

– A counsellor with one year of experience

James Munroe (1995), in his article, “Ethical Issues Associated with Secondary Trauma in Therapists,” suggests that in addition to being client-centred, organizations must also be helper-centred to ensure the health and long-term well-being of the caregiver. By adapting the ethical guidelines of the American Psychological Association toward being helper-centred, he defines the ethical imperative of organizations to include such actions as “Duty to Warn” and “Duty to Train” staff regarding vicarious trauma.

The following is adapted from his “Proposed Informed Consent Form for Trauma Therapists”:

Consent Form for Anti-violence Staff

I, _____, have been informed by the staff at _____ that this program works with survivors of trauma, and that I therefore will inevitably be exposed to the effects of secondary trauma. I have been informed that these effects can have beneficial or detrimental results; if dealt with openly, such responses can be viewed as parallels to the clients' trauma responses and as such, are valuable clinical information; if denied or ignored, these same responses can lead to an altered world view which may impede my clinical judgement and interfere with my personal life. I have been informed that my age, experience or professional training may not provide adequate protection from secondary trauma. I have been informed that the staff expects each member, including myself, to work to understand and act on how this work affects each staff member in the delivery of services to our clients. I have been informed that I may not be a good observer of how this process affects me at any given time. I have been informed that staff believes all of its actions and interactions related to secondary trauma are considered models for our clients and that each member of the staff is expected to recognize an ethical obligation to model good self-care.

Signature: _____

Date: _____

(Munroe, 1995)

Include in the orientation information about organizational structure, communication practices, the role of the board, equity issues, principles, beliefs, agency definitions, language and policies. Work environments that strive to have simple and practical guidelines and policies on a range of topics can decrease the confusion and stress that new staff feel. Setting the tone through the use of personnel policies, particularly time-related ones, supports self-care.

4.7.6 A Model of Training for Counsellors

Marg McGill, of Sexual Assault Centre London, has developed an unpublished model of healing called "Activating the Internal Healer." The model is based on a feminist analysis that recognizes the strength and solutions to meet the challenges of working with abused and assaulted women. The training, or Phase I, is 25 hours in length and is completed over an eight-week period. It provides a

combination of theoretical and experiential opportunities that support the trainee in developing effective group counselling skills. The first four to five weeks have a primary focus on theory, including information on:

- trauma theory
- normal growth and development
- feminist analysis – a political analysis of sexual violence
- psycho-dynamics, including transference and counter transference
- emotional literacy
- loss theory
- vicarious trauma
- self-care.

The next three weeks are spent in a group experience. The group process is intended to normalize some of the common themes that are experienced by women, including despair, eating disorders, anger and suicide. The group comes to terms with individual vulnerabilities, which helps participants to accept and expect women's anger, to understand what triggers personal reactions to the material presented by the client. The trainees focus on the different forms of women's anger, relationships and concepts regarding mothers and self-care.

Following the group, each counsellor candidate completes a test or quiz that confirms that the fundamental theories and practices of the work have been learned. A lengthy evaluation of the

training and self-evaluation are completed and an interview with the group trainer occurs. This helps to determine or identify the individual or personal learning plan.

Stage II is mentoring and not all individuals move into this phase. Some find the experience rewarding and take the new skills back to their home agencies, and others recognize that this type of counselling is not for them. Others will realize that the exposure to the information and different forms of violence triggers the need to complete personal work before working as a group counsellor. In this phase, an experienced group counsellor is paired with a trainee to participate in the group facilitation. This phase includes a check-in half way through the group cycle and an in-depth self-evaluation and mentor evaluation. Once this phase has been completed, the trainee is now eligible to work as a group counsellor. The organization offers several group counsellor contracts which provide employment and experience in understanding the complexities of sexual violence.

4.7.7 Personal Relationships of Staff

Action List:

- Hold orientation sessions for family members.
- Introduce opportunities for families throughout the year.

“It’s hard for me to believe in a good life for me and my children. I think such bad thoughts that something will happen to them or me. I seem overly safety conscious, overly protective. I lecture them about the hazards of the world, especially people.”

– A victim advocate

The effects of work can often influence relationships with family and friends. Simple things such as a good work day can influence off-work behaviour. Anti-violence work is not simple, and workers are affected in ways that are not easily transparent to those around them. Children may not understand the over-protective nature of a parent. Partners and friends may not easily understand the hypersensitivity to events or comments. There is a personal responsibility to find ways to release the tensions of the day and to accept that families and friends are affected by personal behaviour. Workplaces can support employees and the unusual circumstances of anti-violence work by including family members at key intervals in an employee’s career.

Although work at times seems to be an overwhelming priority for staff, relationships are maintained with parents, partners, children, family, friends and community. Counsellors and staff are acutely aware of the high-risk nature of the work and the need for strict confidentiality. Staff may assume that by sparing trusted family and friends the truth of the work, they will spare them exposure to the trauma.

Information is shared about other aspects of the work, including relationships with fellow staff members, workplace issues and challenges. Family members sometimes drop off and pick up staff and may never see the inside of the work environment. This may mean the workplace takes on the unusual mystique of being both a safe and potentially dangerous place.

Anti-violence work has the potential to change people. As a result, relationships, whether close or casual, are affected. Staff can be informed and supported in dealing with these realities. During orientation, offer a session for family members, including children, with a goal of demystifying the environment. An orientation session for families/partners might have the following agenda:

- Provide definitions on feminism and abuse.
- Provide a tour of the agency.
- Discuss vicarious trauma and self-care.
- Introduce opportunities for involvement throughout the year.
- Show videos (e.g. “Backlash: Resistance to Change”).

“I blamed that women’s place for all the changes in my daughter. Everything became an argument or debate about the order of things. Until one of my friends at the church was sexually attacked and, well, she called me because she knew where my daughter worked. She was ashamed and scared and wondered what to do, and I called my daughter and saw what she had to give. I am so proud.”

– A mother of a crisis counsellor

Finding ways to welcome family into the work culture throughout the year can help build a supportive framework for staff. A family picnic that welcomes children, partners, family and friends is a casual way to provide an off-site, relaxed environment to introduce work colleagues. For organizations that hold an open house for other agencies and politicians, invite families.

“When I tried to explain to my partner that I was changing...that my lens of the world was different...that I felt rejuvenated by the discovery of my political self, he said he didn’t want me to change. Shortly afterwards, our marriage ended.”

– A residential counsellor working in the field for five years

4.8 Supervision

“I found the open door policy of the supervisor helpful. When the supervisor is working at the same time that I am, I feel comfortable approaching her to debrief. I feel that having a supervision session in which the purpose is to let staff debrief, relax and which promotes self-care would be useful for the centre to adopt. Even though I am very aware of what I need to do to take care of myself, there are times when I cannot do so within this environment or when I am too exhausted to do so when I get home.”

– Part-time residential counsellor

Action List:

- Recognize the link between performance, vicarious trauma, organizational culture and stress.
- Support flexibility in policy, practices and meeting staff needs.
- Develop definitions of peer consultation and performance supervision.
- Develop with staff the peer consultation process, including group guidelines.

- Establish a written contract or agreement for an external facilitator.
- Provide regular, paid opportunities for all staff, including relief and part-time.
- Develop a performance management system based on a model that promotes continuous learning.

Lack of supervision appears to cause a higher percentage of personal disruption or vicarious trauma effects for individuals (Pearlman and Maclan, 1995). Supervision is a complicated issue for anti-violence workers. There is often a lack of understanding and suspicion regarding supervision. Perhaps it is the word “supervision” that conjures up such misgivings. Prior experiences of power being used over the employee in negative ways do not fit with the vision of a feminist workplace. Failed attempts at supervision, including accessing external supports, are registered in the collective memory of the group and can create a heightened resistance when supervision is reintroduced. How supervision is provided is as critical as actually participating in supervision.

Supervision models can be introduced that decrease the resistance and increase the opportunity to share difficult experiences, problem solve and learn. Supervision that is linked to performance, or perceived to link to performance, can lead to fear or worry. Staff may be more reluctant to disclose a negative experience or feelings about a client if they have a concern that it will result in an unfavourable review. The models of supervision introduced into anti-violence agencies must recognize the diversity of backgrounds of the agency (i.e. cultural, educational, experiential) and complement the operating philosophy. Lack of financial resources and time constraints can be seen as taking time away from the services to women and children.

The social work profession has developed models for clinical supervision, and reliable supervision models that recognize the time to debrief with supervisors or peers are available. These models have not always been transferred successfully to anti-violence agencies and there is merit in learning the strengths and challenges of different models.

Confusion exists about the differences among performance management, supervision and peer consultation, and there are realistic time and resource constraints. This has led to some organizations combining supervision and performance management. There is a significant difference between the principles and practice of peer supervision or consultation and performance management. Performance management provides an opportunity to discuss the individual's personal learning

plan, work-related issues, and career growth and development. When performance management is developed incorporating the principles of learning, the experience can be rewarding to both the employee and the organization. Offering a check-in opportunity, such as once every four months, provides a direct link to an annual performance review. Regular performance management supports a work culture of no surprises and allows for discussion regarding policy comprehension.

Peer supervision or consultation provides a safe place for staff to go to unload, to vent and to debrief. It is often done in a group with a facilitator. There is respect for confidentiality and it is not linked to performance management. Peer consultation can be broken down into two components. The first component is the debriefing and problem-solving response to a group session, counselling experience or interaction with a client. If the staff feel safe, this time can be used to discuss painful emotions such as grief anger and sadness. When combined with a second component dedicated to self-care, there is a more positive and comprehensive promotion of organizational and individual self-care. The last part of peer consultation can be used for meditation, bodywork, humour or cleansing rituals. Peer consultation is not a place to discuss the power dynamics of the agency or do policy development work. In an intense or crisis-focussed environment, peer consultation may be needed on a weekly basis.

Retaining an external facilitator to conduct peer consultation may be a productive option for some groups

“I was hired as a supervisor – I spent most of my time counselling the staff instead of providing clinical supervision. In the end, staff, management and I were unhappy and I left bitter and angry.”

– A counsellor in a community counselling agency

which lack the experience or trusting environment. In some communities, there are supportive therapists well trained and tuned into the experiences of anti-violence workers. These individuals can provide a valuable, supportive perspective. Recognize that not all therapists have the skills to succeed at group facilitation. If an external peer support is retained by the organization, the following guidelines recommend that the facilitator:

- have the experience and expertise to guide the process
- receive an orientation to the practices and policies of the organization
- sign a confidentiality waiver that ensures there will be no breach of confidentiality between the group and the organization
- agree to terms and conditions that include what peer consultation will provide and not provide (In particular, the facilitator is not there to deal with power issues or policy matters of the agency.)
- agree that it is a conflict of interest to serve as a staff member, volunteer or member of the board of directors
- agree to an evaluation process
- agree to the terms of contract renewal and contract termination.

4.8.1 Clinical or Counselling Practices

Action List:

- Take breaks during the work day.
- Rotate through different job assignments or tasks.
- Share or split job roles during a shift with co-workers.
- Decrease the size of caseloads.
- Have paper days and don't see clients.
- Provide regular debriefing and diffusing times.
- Work on special projects through grants or secondments.

Some work environments are more conducive to supporting self-care practices than others. Agencies that have some control over scheduling appointments can support the flexibility and needs of the counsellor. Exercising choice, such as booking out time to attend community meetings, to complete administrative tasks or take longer breaks for self-care, are healthy practices. Other environments, such as shelters, will have a more difficult time controlling the environment. If staff regularly assess whether the situation is a crisis or a problem, this will help them to remain focussed on time management and limit crisis-focussed emotions and solutions. Shelter co-workers may be able to share or rotate through some of the work, such as answering the crisis line. Time built into the schedule for breaks should be honoured. This may mean going to a separate part of the building or to a staff quiet room for a break.

4.8.2 Critical Incident Debriefing

Counsellors and staff live and work with the constant understanding that a tragedy involving a client or resident could happen at anytime. When this type of crisis occurs, staff need immediate compassionate support. Material on critical incident debriefing is readily available and can be adapted to the anti-violence work environment. The airline industry, emergency personnel and educational systems have developed debriefing and support systems that can be quickly deployed following a disaster, tragedy or homicide. Trauma response teams are trained in crisis and grief counselling and are skilled in debriefing and defusing serious and difficult events.

The Critical Incident Stress Foundation has patented a Critical Incident Stress Debriefing (CISD) Model, which combines crisis intervention, education and stress management theory, designed to decrease the impact of the trauma on the individual. There is recognition that sensitivity and understanding of the unique characteristics of the profession involved in the incident are required to do effective intervention work. The CISD model supports the establishment of multi-disciplinary teams that respond to a situation. A fatality or serious trauma involving a firefighter, for example, would be facilitated by a peer fire fighter not usually from the same unit or firehall.

The network of emergency personnel is more extensive than the local network of anti-violence agencies. However,

many communities have local woman abuse coordinating committees that are geographically, regionally or community based who are trained in a critical incident debriefing model. Such a committee could support a small team of individuals. Developing both a community-based and an agency response system can facilitate a sensitive response to a local tragedy.

For more information, contact the ICISF
Web site: <http://www.icisf.org>

Traumatic stress and vicarious trauma are a serious combination to both the organization and the individual, and policies and practices responding to the differences are required. Trauma debriefing following an acute incident can help alleviate serious and long-lasting negative effects. The following Critical Incident Plan is a combination of two models: from the Leeds Permanent Building Society, “Traumatic Stress at Work” (Richards, 1994), and the Critical Incident Debriefing Model.

Immediately following a traumatic incident, trained debriefers are contacted to commence the support process for staff and volunteers. Staff involved in the trauma and those attending debriefing sessions are paid for their time – possibly through a special fund established to cover staff costs. The following steps can be followed in the case of an incident. Many of these require advance planning and preparation.

Critical Incident Plan

Emergency Kit

The sealed kit is opened by staff following a critical incident. The kit contains a procedural checklist, a pamphlet on coping with a critical incident and contact lists for police, health care, executive director and management, and trained debriefers.

Management Visit

A management staff member immediately attends on site and usually becomes the designated team leader. Management is trained in defusing and provides immediate support to staff and volunteers. The manager will generally contact and arrange for the trained debriefer and peer support.

Peer Support or Debriefing

Debriefers are trained in debriefing techniques and have agreed to be contacted at any time. The debriefing follows a standard format as provided in the CISD training. Debriefers are sensitive to the anti-violence environment.

Debriefing Session

Staff directly involved in the acute incident attend a session within 72 hours of the event. The written policy confirms this, including confirmation that it is paid time. This is generally mandatory attendance for those primarily affected.

Time Off

Trauma leave is included in the personnel policies and is linked to compassionate leave. Flexibility will be required, depending on individual circumstances. The policy supports time off and a graduated return to work.

Health Screening

Screening and assessment are monitored for two years following the acute incident – using assessment checklists and informal check-ins. Note: Use standard measures for individual stress management scales. These scales are useful to alert an individual to how they are responding to stress over time.

Peer Support and Debriefing

Peer support and debriefing will continue as required. Debriefing will likely be required over a period of time, decreasing in frequency as time passes.

Positive Management Gesture

Visits, gestures of support and letters of recognition that support the difficult experience that staff went through are provided.

Personal Therapy

Provision for confidential supportive therapy is available. If there is no extended health care plan in place, the organization will cover the costs of these sessions.

4.9 Vicarious Trauma Resources

Action List:

- Set up a resource area for materials on vicarious trauma, self-care and stress management.
- Have staff complete self-assessment surveys every six months.
- Check Internet web sites frequently and download information.
- Join one of the list groups to keep up to date on new research and findings.

Providing reading materials on vicarious trauma and self-care that is made available throughout an employee's career may help staff to incorporate healthy strategies to respond to vicarious trauma. While some aspects of vicarious trauma cannot be prevented, the continuum of effects can be more balanced if the harmful effects are managed.

Completing one or more of the self-assessment scales at the beginning of employment and repeating it every six months helps employees to monitor and maintain positive control over their own health (see Pearlman and Figley scales included in Section Two and the Appendix of this guidebook). Staff can use the original assessment scale as a benchmark for scales completed in the future. Completing the scales every six months or annually may help alert individuals to

“After attending a workshop on vicarious trauma, I realized I was saying the words about my belief in healing and change and realizing I felt everything I was doing was futile. The workshop made me realize that I needed to leave the shelter to replenish. I’m working in an outreach program for youth. I love their enthusiasm and passion for change. Some days I miss the powerful forces that exist at the shelter and I can honour once again the courage of the women and the special gifts of the staff.”

– A children’s advocate

changes that can be supported through self-care practices. Note that this is a personal document, not a personnel or human resource tool to be used for performance evaluation.

4.9.1 Use of Technology

Action List:

- Get online – find a local or government sponsor or grant.
- Determine safety practices and policies on ethical use.
- Attend training.
- Try it out – practice.
- Join a chat line.
- Build a web site – link with others.

There is a growing body of feminist literature that addresses the technology “gender gap” by considering the role of women in computerization and information technology, as well as the impact of technological innovation on women and women’s organizations. The consistent theme throughout is the necessity for feminists to participate in and gain control over new information technologies as a means of empowering women and breaking down existing hierarchies.

New information technologies offer women important alternatives to traditional electronic, broadcast and print media, opening up unique ways to communicate, network and learn. Technological tools provide feminist and other equality seeking groups with a powerful means of exchanging information, building strong coalitions and making change. The use of Internet tools to pursue an activist agenda, and familiarity with woman-focussed web sites, mailing lists and newsgroups will become increasingly critical to organizations seeking to target their communication activities to women (Sattler, 1999).

Many anti-violence workers are isolated in their own communities and it may be difficult to build friendships or risk a breach of confidentiality. Email provides direct access to anti-violence workers around the world. Online groups devoted specifically to the issue (e.g. list serves, chat rooms) can help workers to share

information, even to assist with debriefing (while observing all concerns of confidentiality). Email is a much more informal way of communicating than letter writing and may be used more frequently and more conveniently by workers.

The use of email for peer consultation and supervision may help to support anti-violence workers as they attempt to ease or work through difficult situations. Developing safety protocols and practices will be necessary to increase the understanding of the application. A project by Women’s Community House in London, Ontario intends to explore technology for online counselling for women, peer support for staff and increased access to information regarding shelter services for women across Canada. Policies, procedures and security features are key components of the initiative.

4.9.2 Summary of Traumatic Stress and Related Web Sites

The summary of the traumatic stress sites included here is not necessarily focussed on vicarious trauma. Most focus on post-traumatic stress disorders and information on trauma and disaster. It is a beginning. There is a wealth of information on traumatic stress available on the Internet. The following is a selection of useful sites that contain many links to other sites and related topics.

Canadian Traumatic Stress Network CTSN-RCST.CA

This is a good starting place for a search. The mission of this site is to “be the Canada-wide network of resources dedicated to the advancement of traumatic stress services through education, training, public awareness, professional development and research.” It contains an excellent list of useful web connections. The site is by David S. Hart, PhD, who is based in the Education Faculty at UBC.

Email: David.Hart@ubc.ca

David Baldwin’s Trauma Info Pages <http://www.trauma-pages.com/index.phtml>

This is an informative and award winning site on PTSD and related topics. According to the Canadian Traumatic Stress Network, “it is a huge resource, a labour of love, which we very much appreciate for its invaluable contents and fine organization. If you are ever looking for information on trauma or disaster, this should be your first step.” The site is by David V. Baldwin, PhD in psychology, based in Eugene, Oregon.

Email: dvb@trauma-pages.com

International Society for Traumatic Stress Studies <http://www.istss.org/>

This site is “dedicated to the discovery and dissemination of knowledge and to the stimulation of policy, program, and service initiatives that seek to reduce traumatic stresses and their immediate and long-term consequences.” Members of the society include psychologists, psychiatrists, nurses, counsellors and researchers. The site contains information about the society, its members and current research. It is maintained at the ISTSS headquarters in Northbrook, Illinois.

Email: www@istss.org

Grant Devilly’s Psych Trauma Pages <http://www.psy.uq.edu.au:8080/PTSD/>

Published by the Psychology Department at the University of Queensland, Australia, this site contains a thorough summary of trauma-related research and services in Australia. It also contains useful links to other Australian sites and sites around the world. The site is maintained by Grant Devilly.

Email: dev@psy.uq.edu.au

Police Stressline <http://www.geocities.com/~halbrown/>

Edited by Hal Brown and Gene Sanders, the authors of “The Trauma Recovery Workbook for Law Enforcement,” this is a very practical site for police services. It contains a number of stress tests and links to other practical sites. This site is based in Middleborough, Mass.

Traumatology

<http://www.fsu.edu/~trauma/>

Edited by Charles Figley, this site is an online journal. It contains the International Electronic Journal of Innovators in the Study of the Traumatization Process and Methods for Reducing or Eliminating Related Human Suffering.

Email: cfigley@garnet.acns.fsu.edu

Traumatic Stress and Secondary Stress

<http://www.isu.edu/bhstamm/ts.html>

This site was created and is maintained by Beth Hadnell Stamm, a leader in the study of compassion fatigue. It contains links to other sites and a literature review.

Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy

<http://tsicaap.com/>

This is the web site of the Traumatic Stress Institute and describes the activities of the institute.

Critical Incident Stress Foundation

<http://www.icisf.org>

The critical incident stress foundation has patented a critical incident stress debriefing model. This web site includes background information on the foundation and provides training schedules on the model.

4.10 Retreats and Celebrations

Action List:

- Hold semi-annual celebrations.
- Put up only positive images on the walls (art, posters, children's drawings).
- Find ways to release negative energy or have office "cleansing" practices.
- Hold random and regular events that celebrate births and birthdays.
- Hold positive self-renewal retreats.
- Provide a self-care or quiet room for staff.
- Include time for positive experiences at staff meetings.

Anti-violence organizations are places of hope and courage. The staff, volunteers and boards of directors work diligently to provide a place of peace and support for clients and residents. Through continually responding to violence, the staff can become consumed with the grief and loss and lose sight of the constructive changes that are taking place. These safe enclaves and spaces provide opportunities for the clients or residents to make changes, and they also serve as change agents in the community. What was once a fragile struggle for recognition and survival has now become a cornerstone of service delivery in many communities. These

foundations will continue to grow and build into stronger and more united places. It is the strength and health of individuals, agencies and groups that will continue to foster the changes needed to achieve an end to violence.

Groups establish their own sense of reality – if several members of a group believe something to be so, that belief takes on considerable power and overcoming it can be a difficult and lengthy process. The intense emotions circulating through anti-violence workplaces stem from the violence that can be disruptive to group dynamics, particularly if the group stays in a negative cycle. The cost of not having a vicarious trauma recognition program is too high. The evidence collected to date compels organizations to assume their ethical obligation to the clients, staff, community and society.

Policies can do much to assist in meeting the needs of staff. When the leadership of the organization champions responses to vicarious trauma, it may provide relief, trust and motivation for staff to pursue self-care plans. Organizations can promote the positive strength of the group. An executive director who demonstrates insightful leadership will motivate and support staff through a participatory approach to management. There are a variety of approaches an organization can take to promote self-care, such as displaying positive images, sponsoring retreats and holding celebrations.

Descriptive visual images portraying a silent re-enactment of violence or the chalked outline of a murdered woman are public awareness techniques that can be

effectively used to educate the general public about the horrific consequences of violence against women. Many anti-violence agencies will use these resources when engaged in public speaking to “get the message across.” These violent images can also be found in the hallways and offices of shelters, second-stage housing, rape crisis centres and counselling centres. Part of organizational self-care includes replacing these statements of horror with positive images. Colourful posters and inspirational quotes help to turn minds toward healthy thoughts.

“I need a place away from all the noise and people. Five minutes of quiet is sometimes all I need to feel ready again.”

– residential counsellor

A retreat is another approach to organizational self-care. It can be a time of staff renewal that allows for creative planning and strategic thinking. Retreats that attempt to deal with a negative build-up generally are not successful unless there is careful planning and gifted facilitation. Conflict resolution responses to resolve the issue and unanticipated outcomes in a controlled environment prior to a retreat may support the visioning and positive renewal that should occur at a retreat. Careful planning of the purpose of a retreat will foster positive development. Retreats take considerable time, effort and resources, particularly if food and accommodation are included. A staff and management committee can work together to plan and implement the retreat. Away from the workplace, individuals share a different type of time

together, which can be used to get to know one another differently. Board/staff retreats can also be used to encourage organizational development and growth. Generally, retreats that include an overnight stay or are for an extended period are not effective forums to mix staff and board. The lines of authority can become blurred, facilitation is difficult and the experience may be detrimental to the group. Shorter, more focussed sessions provide opportunities for board and staff to work together and will likely be more effective. There are as many formats for retreats as there are staff groups and ideas.

A small allocation from the operating budget to support celebrations can make a great difference to the staff group. Some organizations choose to hold events that exclude partners and children based on the special bond that staff share. This exclusive event of well wishes and fun, typically held during the festive season, can be matched with an inclusive event such as a family picnic. Hosting a family picnic provides an opportunity to welcome board members, staff, volunteers, and their partners and children. Coordinating a fun-filled event that includes food and games provides opportunities for staff to celebrate in an informal way.

4.11 Exiting Gracefully

Anti-violence work is not for everyone. The invasive stories, unpredictable environments and unique culture are a source of great inspiration and creative energy for many. The search for self becomes heightened in powerful ways and it is impossible to hide from the truth of the changes.

The stories and experiences of atrocities and the assertive strength of women create an environment of ongoing conflict and challenge. For some, working in an anti-violence agency becomes a negative experience. Their vision or values about the world may become fragile or shattered, and their hopes of a feminist utopia are dashed by the realities of surviving in a patriarchal culture.

Good supervision, positive listening, teamwork and effective personal self-care are some of the fundamental practices that

“I am so tired inside that I know I am ready to leave. Going back into the real world is something I don’t want. Besides why would anyone want to hire a burned out second-stage housing worker.”

– Second-stage counsellor

will help an employee determine whether working in an anti-violence agency is the best fit for her. Once an employee identifies that either there is not a good fit, or that it is time to leave, she can be supported in taking the step to move on. Even though she may not be eligible for extended benefits, sessions offered through a local Employee Assistance Program may help support staff in making healthy decisions. Both organizations and peers can help staff to recognize their strength and self-awareness in making a choice to leave and celebrate the gifts they have given.

Saying Goodbye

Ritual that can be practiced in healthy offices is a goodbye party when somebody leaves or is “let go.” It is healing to get together and perform a little magic before you say goodbye. Here is another version of the same.

Take some gold dust (pyrite), place it in the hand of the person who is leaving, and let her blow it to the four corners of the universe (east, south, west and north) with a wish for the future. When she has finished, you should all chime in with your blessings and confirm her wishes. For example, it might go as follows:

Woman (blowing to the east): “May I find profitable employment with good benefits, stability, and opportunities for promotion!”

All: “It is done! It is done! It is done!”

Woman (blowing to the south): “May I find a job that will use my passion!”

All: “It is done! It is done! It is done!”

Woman (blowing to the west): “May I find a new job that will give my heart satisfaction.”

All: “It is done! It is done! It is done!”

Woman (blowing to the north): “May Mother Earth be healed and may my work never harm her!”

All: “It is done! It is done! It is done!”

When it’s all finished, party together as usual.

(Budapest, 1993)

4.12 Conclusion

The strength of the women's movement has been based on working toward women's equality through an end to oppression. This fundamental ideology can be upheld at all levels in organizations. Anti-violence agencies will continue to evolve by building on staff competencies and providing effective organizational solutions with a complementary blend of feminist and professional values that serve to improve the quality of work. The journey to achieve equality is only beginning and the efforts of the past 30 years are a

tribute to the early explorers who travelled through dangerous terrain to build a new route in support of women and children. Celebrating these accomplishments and committing to building healthy personal and organizational solutions are important steps to managing vicarious trauma. Vicarious trauma changes individuals and the culture of an organization. Solutions require risk taking and change in new directions that recharge these workplaces with the hope and vitality that started the journey.

Marie's Lullaby

I am the angel of this house
house of broken dreams
house where dreams begin again
house of women

At night when you are sleeping
I sing lullabies
lullabies for every Edna
Kathy
Barbara
Helen
Rhoda
Emily
Charlotte
Jane
Gwendolyn
and all the women before you
and all the ones whose names
I do not know yet
who will come after

I sing lullabies for Jason
and all the sons of violence
lullabies for the men who live here

in the nightmares and the dreams
of all the women
hope my song will float and settle
upon their foreheads
like a cool cloth to soothe
the pain fists and words
have caused

I sing lullabies for all the others
living in a house
where there is no shelter
I cradle pain within my wings
sing one more lullaby
pray that someday
in this house of many women
there will not be
any women

Reprinted with permission from *In This House are Many Women* by Sheree Fitch (Goose Lane Editions, 1993)

Appendices



Appendix I

Recommended Resources on Vicarious Trauma

Figley, C. R. (ed.). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner/Mazel, 1995.

Summary: This book was written to introduce the notion of secondary traumatic (or compassion) fatigue. Each chapter is organized with respect to three themes: describing the concept of compassion fatigue and its assessment, outlining methods of treatment, and identifying ways to prevent traumatic stress reactions. Information presented forms the basis for current views of compassion fatigue and illustrates the need for trauma professionals to be aware of compassion fatigue and develop effective ways of coping.

Pearlman, L. et. al. *Vicarious Traumatization I: The Cost of Empathy; Vicarious Traumatization II: Transforming the Pain*. Ukiah, Calif.: Calvalcade Productions Inc., 1995.

Summary: Produced by the Traumatic Stress Institute, these videotapes summarize the Institute's findings and observations concerning vicarious trauma. The

first videotape describes what is meant by vicarious trauma and the negative impact of trauma work on helpers. "Transforming the pain" focusses on recognizing the symptoms of vicarious traumatization and provides strategies useful in reducing the negative effects of vicarious traumatization. In addition to providing factual information, the videotapes feature interviews with trauma therapists describing the impact of trauma work on their lives.

Saakvitne, K. W. & Pearlman, L. A. *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: W. W. Norton & Company, 1996.

Summary: In response to workshop participants' requests, the authors have developed a workbook featuring worksheets and exercises to assist in reducing the negative effects of vicarious trauma. The book presents simple and easy-to-read charts, questionnaires to identify the symptoms of vicarious trauma, activities designed to assist in developing techniques, and strategies to prevent and cope with vicarious trauma. The activities are useful for anyone working with individuals who have been traumatized.

Stamm, B. H. (ed.). *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, & Educators*. Lutherville, Md.: Sidran Press, 1995.

Summary: The chapters written in this edited book were written by leading professionals in the field of secondary traumatic stress. The purpose of the book is to summarize current perspectives of secondary stress and present new directions for study. Because the authors were encouraged to choose their own topic, a wide array of information is presented, including ways to protect trauma workers, effects of stress on communication, and ethical issues associated with secondary traumatic stress.

Warren, E. & Toll, C. *The Stress Workbook*. London: Nicholas Breakey Publishing, 1997.

Summary: Based on their experience running stress workshops and training courses in many different organizations, the authors have developed a comprehensive and easy-to-use workbook to assist individuals, managers and organizations as a whole in reducing work-related stress. The signs of stress as well as the impact of stress on both individuals and the workplace are discussed. Various practical ways of achieving balance and reducing the negative effect of stress by turning it to your advantage are discussed. Ways in which management can help its employees to cope with job-related stress more effectively and thereby reduce stress in the organization are discussed.

Louden, J. *The Women's Comfort Book: A Self-Nurturing Guide for Restoring Balance in Your Life*. New York: Harper-Collins Publishers, 1992.

Summary: A comprehensive workbook with hundreds of suggestions for self-care, *The Women's Comfort Book* is intended to help the reader build a lifetime commitment to caring and nurturing the self. Self-care is essential yet individuals rarely acknowledge its importance. However, as Loudon notes, in order to nurture others, people need to build the necessary resources by comforting and caring for themselves. The book outlines how to identify one's self-needs, how to develop a self-care schedule, and how to begin to develop a positive view of one's self. A variety of suggestions for self-care are presented, ranging from establishing personal sanctuaries to becoming a "guru of play."

David Baldwin's Trauma Information Pages

<http://www.trauma-pages.com/index.phtml>

Summary: This is an informative and award winning site on PTSD and related topics. According to the Canadian Traumatic Stress Network, "It is a huge resource, a labour of love, which we very much appreciate for its invaluable contents and fine organization. If you are ever looking for information on trauma or disaster, this should be your first step." The site is by David V. Baldwin, PhD, a psychologist based in Eugene, Oregon.

Email: dvb@trauma-pages.com

Traumatology

<http://www.fsu.edu/~trauma/>

Summary: Edited by Charles Figley, this site is an online journal. It contains the International Electronic Journal of Innovators in the Study of the Traumatization Process and Methods for Reducing or Eliminating Related Human Suffering.

Email: cfigley@garnet.acns.fsu.edu

**Traumatic Stress Institute/
Center for Adult & Adolescent
Psychotherapy**

<http://tsicaap.com/>

Summary: This is the web site of the Traumatic Stress Institute and describes the activities of the institute.

Appendix 2

C. Figley Self-Awareness Exercises

A cautionary note: The scale developed by Charles Figley is extensive and may cause excessive worry if it appears that the rankings are too high. Use the scale with caution and as one of several components of your self-awareness assessment.

Complete the following assessment using the scale:

0 = Never

1 = Rarely

2 = A Few Times

3 = Somewhat Often

4 = Often

5 = Very Often

Items about you

- _____ 1. I am happy.
- _____ 2. I find my life satisfying.
- _____ 3. I have beliefs that sustain me.
- _____ 4. I feel estranged from others.
- _____ 5. I find that I learn new things from those I care for.
- _____ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- _____ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- _____ 8. I have gaps in my memory about frightening events.
- _____ 9. I feel connected to others.
- _____ 10. I feel calm.
- _____ 11. I believe that I have a good balance between my work and my free time.

- _____ 12. I have difficulty falling or staying asleep.
- _____ 13. I have outbursts of anger or irritability with little provocation.
- _____ 14. I am the person I always wanted to be.
- _____ 15. I startle easily.
- _____ 16. While working with a victim, I thought about violence against the perpetrator.
- _____ 17. I am a sensitive person.
- _____ 18. I have flashbacks connected to those I help.
- _____ 19. I have good peer support when I need to work through a highly stressful experience.
- _____ 20. I have first-hand experience with traumatic events in my adult life.
- _____ 21. I have first-hand experience with traumatic events in my childhood.
- _____ 22. I think that I need to “work through” a traumatic experience in my life.
- _____ 23. I think that I need more close friends.
- _____ 24. I think that there is no one to talk with about highly stressful experiences.
- _____ 25. I have concluded that I work too hard for my own good.
- _____ 26. Working with those I help brings me a great deal of satisfaction.
- _____ 27. I feel invigorated after working with those I help.
- _____ 28. I am frightened of things a person I helped has said or done to me.
- _____ 29. I experience troubling dreams similar to those of the people I help.
- _____ 30. I have happy thoughts about those I help and how I could help them.
- _____ 31. I have experienced intrusive thoughts of times with especially difficult people I help.
- _____ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.

- _____ 33. I am pre-occupied with more than one person I help.
- _____ 34. I am losing sleep over the traumatic experiences of a person I help.
- _____ 35. I have joyful feelings about how I can help the victims I work with.
- _____ 36. I think that I might have been “infected” by the traumatic stress of those I help.
- _____ 37. I think that I might be positively “inoculated” by the traumatic stress of those I help.
- _____ 38. I remind myself to be less concerned about the well-being of those I help.
- _____ 39. I have felt trapped by my work as a helper.
- _____ 40. I have a sense of hopelessness associated with working with those I help.
- _____ 41. I have felt “on edge” about various things. I attribute this to working with certain people I help.
- _____ 42. I wish that I could avoid working with some people I help.
- _____ 43. Some people I help are particularly enjoyable to work with.
- _____ 44. I have been in danger working with people I help.
- _____ 45. I feel that some people I help dislike me personally.

Items about being a helper and your helping environment

- _____ 46. I like my work as a helper.
- _____ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- _____ 48. I have felt weak, tired and run down as a result of my work as a helper.
- _____ 49. I have felt depressed as a result of my work as a helper.
- _____ 50. I have thoughts that I am a “success” as a helper.

- _____ 51. I am unsuccessful at separating helping from personal life.
- _____ 52. I enjoy my co-workers.
- _____ 53. I depend on my co-workers to help me when I need it.
- _____ 54. My co-workers can depend on me for help when they need it.
- _____ 55. I trust my co-workers.
- _____ 56. I feel little compassion toward most of my co-workers.
- _____ 57. I am pleased with how I am able to keep up with helping technology.
- _____ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- _____ 59. Although I have to do paperwork that I don't like, I still have time to work with those I help.
- _____ 60. I find it difficult separating my personal life from my helper life.
- _____ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- _____ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as helper.
- _____ 63. I have thoughts that I am a "failure" as a helper.
- _____ 64. I have thoughts that I am not succeeding at achieving my life goals.
- _____ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- _____ 66. I plan to be a helper for a long time.

The scoring instructions are not included. The scoring that accompanies the scale is part of an ongoing research initiative. For information on the scoring, contact the Traumatology web site: <http://www.fsu.edu/~trauma/> or Email: cfigley@garnet.acns.fsu.edu

(Stamm, 1995)

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