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Working with women and girls: researching experiences of vicarious traumatisation

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OVERVIEW

This Report presents emergent findings from a Wellcome Trust funded project [Ref: 201651/Z/16/Z] on service providers' experiences of working with criminal justice-involved women and girls. The analysis in the Report is based on data from 35 in-depth interviews conducted in a variety of custodial and community based settings across Scotland between February and December 2017.

Women and girls in, or 'at risk' of contact with the justice system are widely considered to have experienced high levels of victimization, abuse and trauma (e.g. Belknap & Holsinger, 2008; Batchelor & Burman, 2004; Sharpe, 2012, Robinson & Ryder, 2014). Women's traumagenic behaviour - frequently emerging from histories of abuse of all kinds – affect providers in front-line service environments whose work it is to lift the psychological and circumstantial burdens that are both precursors and contexts of a well-documented array of harms and dangers to themselves and others. Staff, facing real and perceived threats of psychological harm and the cumulative effects of bearing witness to, witnessing *in vivo*, and experiencing harmful and dangerous acts often have their own issues to deal with in terms of traumagenic effects: hence, troubled girls, troubled staff (Robinson 2012; Sedlak, McPherson, and Vasena 2013).

> *Troubled individual staff psychodynamics and staff-staff relationships, as well as staff-client relationships, exacerbate girls' sense of not being held, and compounds confusion and uncertainty about relational strength, safety, and supports toward autonomy and productivity (e.g., movement toward educational and vocational achievement and independence in young adulthood). If staff are mentally unwell because of the traumagenic stress of their jobs, they cannot provide the real and surrogate attachments that troubled girls need to (re)build their relational lives: in other words, the vessel of safety in which girls can reestablish trust that they will have care and nurture they need can be disrupted by high staff burnout, turnover, inappropriate behaviors, and empathic failure (Pearlman and Saakvitne, 1995; Robinson and Electris, 2008)* (Robinson & Ryder, 2014).

As a result of close work with the profoundly traumatised, service providers may themselves experience a particular process of traumatisation - vicarious traumatisation (VT). This is a process of psychological and somatic symptoms of acute and posttraumatic stress that can result from their close and constant work with such individuals (Pearlman & Saakvitne, 1995). Core dynamics of VT include isolation, helplessness, hopelessness, depletion, and altered or collapsed belief systems. This process has been described in a small number of studies, mainly pertaining to clinicians in one-to-one therapeutic interactions in general populations (e.g. Saakvitne et al 2000; Sexton 1999). However, prior to this research study there had been no research to examine in particular, the effects of VT upon those working with women and girls who are justice system-involved, or at risk-of involvement. This is a profoundly troubled group, for whom the ubiquity both of past victimisation, psychological

trauma, and traumagenic factors, and of tenuous or broken attachments, are understood as contributing to the behaviours that draw them into criminal justice contact.

The concurrence of traumatic disruptions and symptomatology amongst marginalised women and girls, and those who work closely with them (such as social workers, prison officers, counsellors, youth and community project workers) creates a tremendous pull on resources, tangible and intangible, at the micro, meso and macro levels of policy and praxis.

This research reveals that practitioners are delivering intensely emotional labour in complex and diverse settings; in work environments that are often trauma saturated. Bearing witness to accounts of past and current victimisation, whilst supporting women and girls through bereavement, abandonment and loss as well as supporting their engagement with criminal justice processes requires considerable resilience and vigilance as well as structured support mechanisms. In addition, as reflected in the interview data, there are multiple changes taking place in the field at this time, which appear to be part of the nature of work with criminal-justice affected women, especially in times of austerity and funding cuts. Hence, job insecurity, short-staffing, ill-health, high caseloads, and long shifts are just some of the very common features of work in this sector, all of which are very relevant to experiences of VT. The emotional work often has a '24/7/365' nature to it, although in some environments, the physical work also has this feature, as some staff are on call overnight, or do overnight shifts. This work is also highly gendered, reflected in an overwhelmingly feminised work force with its attendant causes, consequences and implications and as such illustrates the importance of considering organisational context in this field. There are often expectations in services that staff will provide support, guidance and emotional scaffolding for women and girls, but this was sometimes in the absence of structural support for staff.

Aims

The exploratory study had two distinct, but related aims:

1) to provide a preliminary understanding of how a defined process of VT may manifest in the personal and professional spheres of those working with women and girls in a variety of services related to the criminal justice system.

2) to understand how VT can impinge upon the efficacy of staff efforts to help those with whom they work.

The overall goal is to contribute to theory building in a new area, and through this, contribute to the efficacy of practice.

It is acknowledged that the VT process may manifest in different ways with different levels of staff involvement, individual personal histories, varying levels of training and education, and different working conditions, including staff support, as well as other individual variations (Pearlman & Courtois, 2005). The research project therefore sought to understand the experiences of those who work with these groups in a variety of roles, exploring whether, and to what extent this may result in VT.

Background

There is increasing recognition within various support services such as social work, domestic violence support services, mental health, crime prevention of the emotional and psychological hardship associated with working with trauma survivors (Baird & Jenkins, 2003; Bride, 2007; Ullman & Townsend, 2007; Coles et al., 2014). Pearlman and Mac Ian (1995: 31) suggest that professionals who are exposed to 'graphic descriptions of violent events, realities of people's cruelty to one another, and trauma related re-enactments' may develop psychological distress as a natural consequence of their work. However, others, such as Gregory et al. (2017) have argued that these effects are not limited to only professionals, but can apply to others, such as volunteers and researchers.

Various terms are used to describe the effects of being direct or indirect witnesses of trauma and abuse, but the most commonly used within the literature are secondary traumatic stress (STS), vicarious trauma, compassion fatigue and burnout (McCann & Pearlman, 1990; Figley, 1995; Baird & Jenkins, 2003; Conrad & Keller-Guenther, 2006; Bober & Regehr, 2006; Bride, 2007; Slattery & Goodman, 2009; Coles et al., 2014). Although there are differences in phenomenology and manifestations (Bober & Regehr, 2006), the features of these terms overlap and have an interactional effect (Courtois, 1993; Pearlman & Saakvitne, 1995), and all describe the negative emotional, cognitive and behavioural impacts that working with traumatised others may have upon service providers (Mathieu, 2012).

VT and STS are often unacknowledged and misinterpreted; they are not simply 'burnout'. Burnout is a fairly common experience, where physical and emotional exhaustion can result

from challenging working conditions, but does not mean a change in an individual's perception of the world or or themselves. Burnout can be relieved by a change in working conditions, or in job, for example (Mathieu, 2012). STS occurs when an individual is exposed to the traumatic experiences of an other or others, resulting in post-traumatic stress disorder symptoms, which include re-experiencing the survivor's traumatic event, avoidance and/or numbing in response to reminders of this event. VT, however, is a cumulative process of psychological and somatic symptoms of acute and post-traumatic stress that can result from the close and constant work of service providers with such traumatised individuals (Pearlman & Saakvitne, 1995). Whilst it can ebb and flow, its core dynamics include isolation, helplessness, hopelessness, depletion, and altered or collapsed belief systems (Robinson, 2015). It may also intrude on relational strengths in the life of the person affected, and place strain upon interpersonal relationships (Beaton and Murphy, 1995). Individuals may experience difficulty with intrusive thoughts or images of the traumatic experience(s). The process of VT can disrupt an individual's sense of safety, resulting in increased fearfulness, terror, and perception of vulnerability to harm (Robinson,2015).

Mathieu (2012) describes VT as an 'occupational hazard' in some fields of work. At an organisational level, experiencing VT may lead to workers turning away from the organisational and social structures that are supposed to help them to cope (Scanlon, 2013), although in some instances, ironically it may lead to the person working more and harder. The experience of VT is believed to be one reason why many human service professionals leave the field prematurely (Bride, 2007, FIgley, 1999). Scanlon (2013) describes the way in which individual workers may become '(dis)stressed' within '(dis)organised' workplaces, with difficult working environments with poor resources, poor support, pressure and responsibilisation.

The various studies show that the effects of vicarious trauma can manifest in different ways depending upon the professional's personal history and characteristics (i.e. history of trauma, training), the specific role and responsibilities of the professional (i.e. police officer, social worker), the traumatised people being supported (i.e. children, women), and organisational contributors (i.e. support systems) (Pearlman & Saakvitne, 1995; Ullman & Townsend, 2007; Slattery & Goodman, 2009; Coles et al., 2014). For example, Gregory et al. (2017) found informal supporters of domestic abuse victims experienced 'fear and panic' and 'shock and horror' from witnessing events, something professionals may not endure. A lack of training to deal with the complexities of the work (e.g. mental health, depression and substance abuse) can possibly increase risk of developing vicarious trauma. The extent to which a person is affected depends to some degree on coping strategies and resources, resilience and support (Gil & Weinberg, 2015).

Various strategies for reducing levels of symptoms and disruptions have been recommended and identified in the literature (Schauben & Frazier, 1995; Chrestman, 1999; Hesse, 2002; Way et al., 2004; Bober & Regehr, 2006; Slattery & Goodman, 2009; Coles et al., 2014), e.g.: formal and informal support, counselling; balancing professional and personal lives; active coping strategies (negative versus positive); training for trauma work.

This process of VT has been described in a small number of studies, mainly pertaining to clinicians in one-to-one therapeutic interactions in general populations (e.g. Saakvitne et al 2000; Sexton 1999, Figley, 1983, 1995; McCann & Pearlman, 1990;). However, this research study is the first to examine, in particular, the effects of VT upon those working with women and girls who are justice system-involved, or at risk-of involvement. Women and girls in, or 'at risk' of contact with the justice system are widely considered to have experienced high levels of victimization, abuse and trauma (e.g. Belknap & Holsinger, 2008; Batchelor & Burman, 2004; Sharpe, 2012). This is a profoundly troubled group, for whom the ubiquity both of past victimisation, psychological trauma, and traumagenic factors are understood as contributing to the behaviours, including violence, that draw them into criminal justice contact.

There is relatively limited research into work with women and girls who are involved with the criminal justice system, but it is suggested that features of effective practice include: holism, age and gender sensitivity, flexibility, relationship building, emotional support, practical life skills, and strengths based work (Robinson and Ryder, 2013; Burman and Batchelor, 2009; Gelsthorpe, Sharpe and Roberts, 2007; McIvor et al, 2004; Chesney-Lind et al, 2001). Many of these features clearly involve a personal and empathic engagement between the service provider and individual woman or girl, demanding emotional labour as a key component of the work. It is also, however, a common perception that working with women and girls in the criminal justice system causes anxiety amongst some practitioners, who describe women as a difficult, complex and/or manipulative group to work with (e.g. Sharpe, 2012; Gelsthorpe & Worrall, 2009; Batchelor & Burman, 2004; Baines & Alder, 1996; Worrall, 1999; Hudson, 1989). The conflict of these two positions – empathising and caring for a group of women who can be highly complex and challenging - may exacerbate the difficulty of the work. The concurrence of traumatic disruptions and symptomatology amongst such marginalised women and girls, and those who work closely with them (such as social workers, prison officers, youth and project workers) creates a tremendous pull on resources, tangible and intangible, at the micro, meso and macro levels of policy and praxis. As argued by Robinson and Ryder (2014) the support and safety criminal-justice involved women and girls need, can be disrupted by high staff turnover, inappropriate behaviours and empathic failure.

Methods

The study explored the nature and experiences of working with criminal-justice involved girls and women, as expressed by workers in their own voices. Consistent with feminist research methods that place women's experiences in their own voices as primary data sources, this study is an inquiry into the lives of participants through in-depth semi-structured interviewing, and analysis of transcribed interviews using methods of narrative analysis and latent content analysis (Bryman 2004).

Interviews took place with 35 service providers working in either custodial or community based settings in Scotland with women and / or girls who are involved with, or at risk of involvement with the justice system. Five different services participated in the research – two carceral (prison and secure care), and three community-based services supporting girls and women. These services were identified through the networks of the research team, and knowledge of the services that exist for criminal-justice involved girls and women in Scotland. A number of other services, both carceral and community-based, were also invited to participate, but declined for various reasons including staff capacity and 'fit 'of research study to current organisational priorities.

The research study underwent formal ethical review at the University of Glasgow. Organisations were initially contacted by email, and managers were provided with information, and asked if they would be interested in their organisation participating. In some cases the research team was invited to the organisation to further discuss the research with the managers or with the team. Recruitment of individual interviewees varied in different workplaces. In some, the manager circulated the email invitation with the information sheet, and practitioners could respond directly to the research team to express interest. In other cases, managers asked their staff if they would be interested in participating, and sent the details on to the research team. In all cases, interviewees were provided with an information sheet, an opportunity to ask questions about the research, and a consent form to sign.

All participants were aged over 18 years old. Thirty interviewees were female, and five male. Twelve of those interviewed worked in carceral settings (prison or secure care), and the other twenty-three in community-based settings. The majority of interviews took place in the workplaces of participants, and lasted between 50 and 90 minutes. Key interview themes concerned the views and experiences of service providers with regard to working with girls and women, and in particular what participants consider to be any effects – both negative and positive –that this work has had upon their professional and personal lives.

With permission of interviewees, all interviews were digitally recorded, and transcribed. Interview transcripts were qualitatively analysed using a thematic coding framework (Bryman 2004). Analysis was done both separately by the research team members, and jointly in discussions between the team.

Findings

For the purposes of this Report, the key findings from the research have been organised into three main domains: personal, organisational and structural. As well as engaging in a wide variety of support activities, the professionals interviewed work in a range of diverse settings that differ dramatically in term of access to support and resources, and organisational and governance structures. The aims and ethos of each organisation, working environment, management structure, and organisational funding are just some of the factors that may differ. These workplace-led predictors can shape professionals' ability to cope with STS and VT. The professional experiences of individuals are also affected by personal factors, with

differing backgrounds, motivations, educational experiences, and support networks determining to some degree how they experience their roles. Due to factors such as these, there is commonly variation in the personal and professional manifestations of VT, and/or levels of resilience.

Although motivations for working in the different settings which constitute this field obviously differed between individuals, a key reason voiced by many across both carceral and community-based settings was wanting 'to make a difference'. Wanting to help others, and being in the job 'because we care' (Vicky, community) were reasons commonly given, e.g.:*'I think probably I was always a bit like wanting to be in some sort of helper role, if I'm honest.'* (Polly, community). Figley (1999) describes how STS or VT can arise not just from helping, but also from *wanting to help* a traumatised other.

For others, personal life trauma, or significant events in their own backgrounds influenced their choice of job:

> *'I had a…kind of, a life event I suppose that made me realise that life was quite short and made me, sort of, questions why I was here and what I was supposed to do. And I, kind of, wanted something that was more useful that had purpose to it.'* (Joanna, community).

One worker talked of having a similar background to some of the young women with whom she worked, and how her experiences of stigmatisation and isolation made her want to be there for others 'when no one else was' (Jennifer, community). Another spoke of a close family member who was 'troubled' and in a similar situation as those she currently works with; the experience of growing up with this particular family member and learning how to deal with and cope with difficult situations was a key impetus drawing her to this field of work. Others said that they had just always had an interest in, or 'fascination with' criminal justice, social work, or prisons, and could not pin point why this was; and others still had come into the role because of reasons such as job security, availability or opportunity.

Various studies show that the effects of vicarious trauma can manifest in different ways depending upon the professional's personal history and characteristics (Pearlman & Saakvitne, 1995; Ullman & Townsend, 2007; Slattery & Goodman, 2009; Coles et al., 2014). Personal trauma history is the most frequently mentioned individual level predictor of STS and VT in the literature, based on the idea that individuals with their own history of victimisation will hear clients' stories and feelings and then be reminded of their own (McCann & Pearlman, 1990; Figley, 1995; Pearlman & Saakvitne, 1995). However, findings for this are mixed, and Slattery and Goodman (2009) argue that the difference in findings could be due to how trauma is defined and understood.

Personal

In relation to the personal domain, interviewees reported a diverse range of experiences encountered in their work with women and girls which they believed impact (both positively and negatively) on their personal lives. Most interviewees believe that their work affects the

ways in which they relate to others (their families, friends or wider colleagues) and shapes their own sense of identity. As such, many spoke of the need and their attempts to draw a clear line around their professional lives.

Boundaries between work and home

Several interviewees described the need to put in a boundary between work and home at the end of the day, in order not to 'take the work home' with them. Examples included needing to go to the gym or for a run directly from work, or to take public transport to be in company of other commuters rather than driving, as this provided more space / reflection time.

> *'if I have a rubbish day or just feel particularly stressed that day I'll go for a run; it's the only way of maybe clearing my head at the time before I go home and then I'm a fresh person and I've got no workload in my head….. I don't want to talk to anybody until I do that'* (Debbie, secure care).

Where it is not possible to put this boundary in place, it appears to be harder to stop thinking about work at home. One community based service provider described how she will stay on longer at work on particularly difficult days, in order to try and process the feelings before going home, which chimes with the finding of Scanlon (2013), who described how VT may ironically lead to individuals working more and harder. However, a prison based service provider described how some tasks leave adrenaline levels so high that the effects persist all day, and that this can intrude upon home life, even when attempting to keep this separate from work. It was interesting that several prison based practitioners described how the prison gate acts as the boundary they need between work and home; that they are able to leave any problems behind 'at the gate', and then become 'a normal person at home'. One also described adopting a different persona whilst working in the prison, which allows a clear separation of home from work.

Switching off and challenges of enmeshment

Many interviewees – all women - described how it was their busy home lives that enabled, or forced them to switch off from work, stating that they needed this in order to return to 'normality'. Having responsibilities, e.g. children to look after, meals to cook, or dogs to walk, became priority as soon as work was finished, leaving little time for work to intrude mentally. However, some spoke of how having children to look after meant that they could not take the time that they really needed to reflect upon and process difficult work situations, so that these went unresolved, and at some points meant that they became more stressed in domestic situations, particularly when 'something has really touched you' (Ruth, community).

> *'I think I probably have times when I come in from work and probably haven't had time to switch off before I've locked in to the next situation. I think…probably if you lived on your own or you didn't have children or something, you could come in and you could just sit down and have a cup of tea. But I think if you're a working mum and you're walking in and the kids are needing to do their homework or they're needing their tea or they're needing run, it can almost still be…you know, you can*

> *sometimes shout at them where you probably wouldn't shout just because you're feeling a bit stressed or you just maybe don't have the same capacity to…you know, for their needs.'* (Heather, community).

Others commented that because they did not have such busy home lives, and the absence of distractions or responsibilities in this arena meant that thoughts of work could be difficult to dismiss:

> *'I think sometimes I take more on because there's less of a distraction when I go home. There's not a need to focus on something else. I could just sit and dwell on it if I didn't make myself go and do a thing, so a run or yoga or whatever it is. I think…I don't think I worry more about my own life because of this job, but I think it makes you more prone to stress and upset…you know, I do take mentally my work home.'* (Joanna, community).

It was particularly hard for service providers to switch off from work once home if there were concerns about the potential for self-harm or suicidal tendencies of a woman. For those working in custodial environments where responsibility is handed over to the next shift, intrusive thoughts included wondering if they could / should have done more whilst in work, e.g.

> *'there have been times where you've gone home, and someone will say, maybe say something when you're going off shift, oh I'm not gonna be here in the morning. And then it plays on your mind, plays on your mind, and thinking, is there anything I could have done, will I go in tomorrow, is she gonna have taken her own life.'* (Ben, prison).

Having such concerns meant that some struggled to switch off at home, as one secure care worker commented,

> *'I would be sitting and watching TV but I'm not watching TV. My head's racing. I'm maybe phoning work saying is this person alright or is there any help that you need so my wee heart's in here maybe but my head is at home'* (Debbie, secure care).

For those working in community environments, there is sometimes a feeling of responsibility because potentially no one else would be there for the woman during this time, so 'it's all on me' (Laura, community), 'you're the only person who cares, it's solely on your shoulders' (Joanna, community), and this led some workers to be continuously checking work phones at home in the evening. One said that once concerns had been voiced to any other key workers involved in the woman's life, it was sometimes necessary to accept that the response seemed unsatisfactory.

Experiencing constant tiredness was reported by many interviewees. Several said that their sleeping patterns are affected by the work: that they can not get to sleep, or that they wake up thinking about ongoing issues, and worrying that they had not done enough, or not done the right thing, or could have done more; that they would be worrying about work the next

day during the night; or thinking about difficult stories that they had heard, or events that they had witnessed, e.g.:

> *'the past few weeks I've been feeling much better, but a few weeks before that I listened to meditation and story tapes every night before I went to sleep because I could not lie in silence in the dark by myself. I would just sit and run through the day or what I should have done or worrying about someone or worrying about what we needed to do and not having the time to do it, having demands on your time and…you know, do you prioritise homelessness over health or health over that? You know, how do you make your diary work? You know, I'd dream about them…..I've never dreamt about work before. I don't, you know, normally have dreams about my customers dying. I don't…I've never had to listen to, like, audio books to go to sleep because I can't stop hearing or thinking about work.'* (Joanna, community).

And

> *'I definitely wake up more and I'm quite a good sleeper so this has been quite traumatic as well, being tired… every couple of nights I'll sometimes wake up and sometimes I just think about it and switch off and go back to sleep, but I had to sometimes get up and watch TV or read a book in the middle of the night.'* (Orla, community).

For others, sleep interruption was due to more practical issues such as being on call and feeling unable to wind down in case of an emergency or a phone call. Some described having to get up at night in order to read, watch TV or play computer games as they could not sleep due to thinking about work.

Because many professionals choose this kind of work as a defence against and/or re-enactment of aspects of their own personal story, there may be the challenge of overidentification and pronounced attachment to women whose problems and circumstances resonate. Enmeshment in the troubled lives of women or girls with whom they identify can make 'switching off' seem like failure or selfishness.

> *'I'm no different than any one of the girls I work with. And that's just how I see it. I'd rather sit in judgement of myself than any of my girls. I sit in judgement of myself. Have I done the right thing here have I done the fair thing here? Does she really want me to speak on her behalf?'* (Beth, community).

Personal coping strategies

Various strategies for reducing levels of symptoms and disruptions have been recommended and identified in the literature (Schauben & Frazier, 1995; Chrestman, 1999; Hesse, 2002; Way et al., 2004; Bober & Regehr, 2006; Slattery & Goodman, 2009; Coles et al., 2014), e.g.: formal and informal support, counselling; balancing professional and personal lives; active coping strategies (negative versus positive); training for trauma work. This research identifies similar themes in the interview narratives.

Whilst a small number of those interviewed described how they did not need any kind of coping strategy, e.g. *'I don't really think I need a coping mechanism to be honest, that is probably my nature.'* (Alison, prison), several talked of employing deliberate methods in order to manage the impact of the work upon themselves. Exercise was important to many of those interviewed, sometimes being described as a way of forcing work-related thoughts out of the mind through its intensity. In the same way, other hobbies (or diversions) such as computer games, crafting, card games or reading provided an escape from thinking about anything else e.g.:

> *'I play video games a lot. I'm not a drinker, I'm not a smoker, no recreational drugs, or anything like that. Coping strategies: I read a lot, I tend to just take myself away. Sci-fi, or historic fiction. As I say, just a release, a getaway. Sometimes, like, I'll read most nights, sometimes if I've had a really stressful day, I'll go out walking with the dogs, just getting some fresh air, out and about.'* (Ben, prison).

Mindfulness and yoga were also practiced by a few interviewees. Arranging a very busy social life was also described by several interviewees. Drinking alcohol was often a part of socialising, but some interviewees also described having a 'wee drink' at home in the evening after a difficult day.

For some interviewees, their religious faith was very much a key driver both for them doing the work in the first place, and also important as a means of coping, allowing them to seek solace and support through prayer and a community of faith.

It is important to note that several interviewees were very keen to point out that their work was not all 'doom and gloom and self-harming and suicides' (Alison, prison) and described how they frequently have a laugh at work, as well as pointing out that finding humorous things in the work context helped them to get through the day. A couple of professionals working in custodial settings described how knowing that they can move on to a 'brand new day' (Debbie, secure care) with seeming ease which helps them cope with difficult or challenging incidents. In this way each day is perceived to be, to some extent, contained, perhaps by routines surrounding the work, and by the boundaried nature of the work, in a way that may not exist in community based settings, where work can touch on every area of a woman's life and ongoing issues.

Personal safety – physical

The work conducted in the various settings was sometimes described by service providers as being perceived to threaten their personal safety, which is a feature of VT, as it can significantly disrupt personal feelings of safety, leading to increased fearfulness, terror, and vulnerability to harm (Robinson, 2015). Perceptions of work presenting a threat to personal safety appeared to mainly come from those working in community settings, and particularly from those working in settings which required them to work alone, or visit people in their own homes. There was a sense of having to place oneself in personal danger in order to conduct the work, or of putting the safety of the woman before oneself. This was usually in relation to picking up women from prison about whom the worker sometimes had little prior

information, or about visiting a woman in her home and not knowing whether abusive partners / ex-partners may be present.

> *'There's been a couple of occasions where the woman's getting out [of prison] the next day and there's been an emergency referral put in the day before and I've had to go and pick her up without knowing anything about her. ...but I just think in our, kind of, job you just do things. You just, you know, think of the women before yourself and you just do it.'* (Laura, community).

And,

> *'I had a couple of calls to 999 with men threatening women and getting in to houses and us having to leave and get the police involved, or coming in to a house where you've thought it's just the woman and the man's actually been in the room…or just even the drugs paraphernalia, you know, needles, things…you're exposing yourself to potential situations. If we were ever stopped and there was stuff in our cars that we weren't aware of or…just that kind of thing. You can leave yourself quite vulnerable.'* (Heather, community).

Steps are put in place by some organisations to prevent this, such as a rule that first home visits always be done in pairs; however, this does not negate the potential threat faced by workers on subsequent visits, and as one service provider outlined, some of the women did not feel up to meeting outside of their homes, often because of mental health issues, where 'walking out into a strange place by themselves would be too much.'

Some interviewees also felt unsafe at times transporting women in their own cars, either because, as mentioned earlier, they knew little about the woman's background and needs, or because of unpredictable behaviour from women who were often distressed and trying to deal with multiple needs. Additionally, for some, the use of their own car for work represented an intrusion into their personal space and home life, for example one said that it made her uncomfortable because she associated the car with her children. Feeling unsafe in particular situations was not, of course, limited to those in community settings; for some of those working in prison, recent changes in staffing and regimes meant that some interviewees felt less safe than before, describing how boundaries were being pushed by women, or had changed. However, those working in custodial settings often described the team around the individual, who 'have your back', in terms of offering protection or support, e.g.:

> *'you build up relationships with your staff so you will rely on them… I think it's a safety net more than anything else.'* (Alison, prison).

Personal safety – psychological health

Individual differences – by age, education and training, position, personal history, and other characteristics – produce differential meanings of countertransference and of VT. These individual differences manifest across aspects of engagement with the women or girls they serve, for example: the nature and durability of relationships; workers' interpretations and

perceptions of complex meanings of an individual woman's behaviour; and how they perceive and experience their relationships with the women with whom they work given their own personal histories. In line with the literature about many women's continuing and revolving involvement in criminal justice (see, for example, Annison et al 2015), many of the interviewees encountered the same women and girls many times during the course of their work. Working with some of the same women over and over again sometime for lengthy stretches of time inevitably leads to sustained relationships with emotional burdens to bear.

> *You can get angry, and frustrated. Other times, you get really sad, because things don't go right for a young woman that you're working with. And especially if you've working with them for a long time, you know, you do have feelings for these young women. You like them, you get to know them, you know them on a different level than, perhaps sometimes, they've ever let anybody else know throughout their lives…And then when you see they're really trying…you do feel for them, and you do experience some of the emotions that they do.*

Here the countertransference is apparent as the worker engages with the emotional lives of those she is supporting, whilst having feelings for them, one by one, and turning over a good part of her emotional life to those she seeks to help.

> *'Some of these girls who are sofa surfing, homeless, or in hostels, we leave them, who have they got? And you take that home with you, and, you know, you do think about them. And my phone is never off…'Are you available to talk? Or, can you phone me? When am I seeing you tomorrow?' So you know that you're an important part of their life, and that, you know, they do depend on you for many things. And that can be hard sometimes.'* (Beth, community).

There is a mutual importance of each to the other, as the women need her, and she needs for them to need her as she invests such emotional capital into helping them.

Involvement of partners, family and friends

As outlined earlier, VT may also intrude on relational strengths in the life of the person affected, and place strain upon interpersonal relationships (Beaton and Murphy, 1995). In this research, it appeared that few interviewees actually discussed their work with friends, family or partners. Most said that if they did it was in a very general sense, or when things were particularly good or bad. One, whose partner worked in the same type of organisation, said that they did not talk about work to one another, as it felt important to keep this out of their personal lives, but that the awareness that they shared of the work and its challenges helped when work was particularly difficult. A small number of community based workers spoke of how work can take sometimes take priority over their home lives, when they will rearrange personal things to meet work demands. Others said that it is when difficult things happen in one's personal life that it becomes hard to deal with the challenging work role; that if you are not 'firing on all cylinders' then work can have a greater impact. Some talked of how, in the face of the major issues and trauma experienced by many of those with whom they work, the problems that their friends and family may discuss can begin to seem insignificant, that they 'can't be bothered with anyone else's problems', which could then cause them to feel guilt or stress.

Another described how, rather than needing to share the details of the work with her partner, instead she just needed the symbolism of the support:

> *'I think he [partner] probably felt a bit lost, because I guess when you see somebody that you love… And for that you almost want to do something tangible don't you? You want to be a fixer. But actually what the person needs is literally just the knowledge that you're there.'* (Niamh, community).

Organisational

In this section, we discuss findings relating to the different work settings and organisational contexts within which interviewees are working. Interviewees were drawn from a range of organisations with different hierarchical structures and management arrangements in place, and these, along with *in situ* line managment and peer support mechanisms, are factors which are important both for enabling recognition of VT and for mitigating its effects.

The work can be draining

Service providers from all settings described how the work that they do with women can be draining, both in a physical and emotional sense, leaving them exhausted. This chimes with Mathieu (2012) describes the 'profound emotional and physical exhaustion' that often accompany the type of work that can lead to experiences of VT. One prison officer described the work as 'constant firefighting', and a community worker said that her job left her feeling 'absolutely shattered' (Laura, community). Others described how the sheer busyness of the job can affect them physically:

> *'some days you're just so busy that you actually…you know, your heart is racing. You feel like you're having palpitations, you know, and I've actually had to go and, like, sit in the bathroom and sit on the floor and be like…you know, the world will not end if you don't get this done or if you're ten minutes late for an appointment, you know, it's okay.'* (Joanna, community).

There were different reasons for this perception of the work being draining. A prison officer described the 'extremely volatile' population that she works with in one of the specialist units, where she said women had high levels of mental health issues, and there were high levels of self-harming and violence. Another said that it was frightening to see the 'state of some women after taking legal highs'. Part of the difficulty appeared to be an inability to help: one officer said that you can feel like 'you're banging your head against a brick wall' (Ben, prison), as it's hard for the officers to know what to do to help the women, especially whilst waiting for their medication to be sorted out. Community based workers also described how it could be distressing and shocking to see women under the influence of various substances, or self-harming.

Those who have more experience of working with diverse population in criminal justice settings felt that women were 'more open' than men about their traumatic experiences, and more willing to 'offload', which could in turn prove more difficult for staff. One community based worker described that on the occasions that they have gatherings for the women they work with, these situations can be very stressful for staff as they are unstructured and

uncontrolled times, where people may suddenly reveal distressing information. Other factors that were described as making the work challenging were being blamed by families or others for factors beyond their control (such as young people taking drugs), and dealing with situations where children have been removed from women.

Access to information

Access to accurate information about the women is crucial not only for devising a work plan but also to assist with building relationships, an important building block for working effectively with women in criminal justice (Burman and Batchelor 2004). Obtaining accurate and consistent information however was considered to be highly variable across the different organisations. Several interviewees from community based settings described significant challenges with building relationships with women, describing how they have to be persistent in order to demonstrate that they can be trusted. Where mentoring was a part of the role, some did not feel that the women they were working with were actually in a position where mentoring is appropriate, with it being general support on practical issues that is needed more than menoring *per se*. A prison officer described how sometimes when women come into the prison, the only information they have about them is their name, which can be challenging. A community based worker also described how poor access to information made the work harder, describing how workers feel responsible for getting the information that they need in order to do their job, adding to their workloads that already overstretched:

> *'You, kind of, have to do a wee bit of research to make the risk assessment stand up, you know, and to make it realistic so that you're not just going in blind. if it wasn't me that was finding out the information I wouldn't have the information.'* (Laura, community).

Some also described how the perceptions of others about the women that they work with make their jobs more challenging and more upsetting, for example when they experienced others stigmatising or judging the women.

Examples of experiences of vicarious traumatisation

Several examples were given by interviewees of times when they felt themselves to be significantly affected by the work, triggering a range of reactions, from self-doubt to ill-health. For example:

> *''there was a period when I was in the programmes group, that I was struggling with different things, my mood was being affected by what I was hearing.'* (Ben, prison).
>
> And,
>
> *'actually we're coping with far too much and we're actually not dealing with things properly, we're just kind of avoiding it because we had to at that point, it got to a point where…. I had to get a sick line for it…..I ended up not caring about clients for about a month, two months before I went off sick. I remember when clients would cancel I would be so relieved, I'd be like oh thank god, I didn't want to meet. Didn't*

> *care about them when they were telling me about things, I was completely turned off from it, like nothing shocked me, which I guess in this kind of work you have to have a bit of resilience, you can't be shocked about everything because you hear about horrific things every day, but you still have to have a bit of my god, what that person's went through is horrific, because otherwise then you're not empathic. So that went completely, which was hard for me as well because I always felt I was a very empathetic person'* (Niamh, community).

As in the above example, some interviewees described the impact that such experiences have upon them, and their work. Another community worker described the impact upon her of having a number of women that she was working with die all within a very short space of time, and how it left her thinking, *'I remember just thinking what's the point? Like what am I doing? I'm not helping anybody…..'* (Laura, community). However, she went on to describe how the busy caseload that she held meant that she just had to carry on with the job, but in the acute realisationnthat it might resurface later,

> *'You just, kind of, get used to it. You just have to think it's not that I didn't...I wasn't upset by that, it's that you, kind of, put it to the back of your mind and deal with this next person and then later I suppose at night you think about it.'*

One interviewee noted how the organisation in which she was employed was attuned to noticing when staff did start to be affected by the role, describing a staff member who had become 'hugely emotionally affected by the work', and who had got over involved with some of the women and their issues, and was spending too much time with individuals and overstepping boundaries, but was becoming disheartened when this was not having the desired effect. The situation had been dealt with by explaining that she was not actually helping the women by acting like this, and was supported to take a step back. Another, a community-based worker, described a staff member in the organisation who had started to 'forget to do fairly important things at work', which had been noticed by other colleagues, which they related to the effects of VT.

A common theme raised by those particularly in community based settings was that their ability to do the role would be time-limited, feeling that otherwise they would 'burnout', or become 'demotivated and complacent', and that the job was too difficult to do for longer than a few years. One said that workers needed to be able to balance being sympathetic and empathetic with not letting these emotions take over, as otherwise they 'wouldn't last long in the job' (Heather, community). Several interviewees voiced the perception that it was harder for those in frontline positions, who had direct contact with criminal-justice involved women on a daily basis, with one community based manager stating that she believed that it was moving up into the managerial position that enabled her to stay on in the organisation, because it gave her some detachment from the day-to-day contact (Vicky, community). An example was given from one organisation of a number of staff who had left the job because they felt unable to continue with it because it was too stressful, distressing and challenging. In this sector, theer are high levels of ill-health and sick–leave which can, in turn, place additional demands on existing staff who remain in post, as they need to takeup one

another's workload in the absence of constrained resources. An interviewee who reflected on the lengthy period of sick leave that she had taken in the recent past explained how this made her guilty about leaving her colleagues to carry her workload and abandoning the women she was working with. These findings resonate with existing literature: for example Bride (2007) and Figley (1999) both argue that the experience of VT is believed to be one reason why many human service professionals leave the field prematurely.

Some of those working in prison felt that the extent to which staff might be affected and need support was determined by where they work within the prison, how much close contact there is with women, the precise nature of their role, and how much the role involves exposure to difficult or upsetting narratives. So, for example, one prison officer believed that working in a programme role where it was likely that staff would hear more about individual women's trauma was particularly challenging. The degree of exposure is also described in the literature as an individual level predictor of VT and STS , for example as measured by caseload and number of traumatised client contact hours (Brady et al., 1999; Slattery & Goodman, 2009, Schauben and Frazier, 1995, Bober and Regehr 2006). Obviously not all interviewees working in community based organisations felt the same way about the length of time for which they felt capable of doing their job, but it was notable that feelings of work needing to be time-limited were not voiced to the same degree by those in custodial settings, although some spoke of staff having to be moved from one unit, wing or team to another if things became difficult.

Relentlessly large caseloads are a challenge for many community based workers, and trying to balance these seen as a considerable source of stress. One described her caseload as 'completely unmanageable' (Michelle, community). Another said that it could be difficult to share out caseloads when women become attached to certain workers. In prison certain services (programmes, psychological services) may have long waiting lists, but factors related to prison rules or regimes make it difficult to reduce these. Baird and Kracen (2006), and Bride et al. (2009) also identify heavy caseloads and exposure to large amounts of traumatic material as risk factors for STS and VT. Somewhat similarlty, several interviewees described their 'chaotic'diaries and specifically how they have little contraol over their working days. So, for example, coming to work with a list of tasks to conclude but then having to drop everthing to deal with crises and changes of work plan. It is important to state that tsi is not perceived as an uncommon occurrence, but rather a characteristic of the job.

Community-based organistions in particular are faced with dilemmas of ensuring accessible services on the one hand and ensuring continuity of work and workload management on the other. For example, one interviewee described the success of her organisation in making their service 'barrier-less' and approachable for criminal justice involved women to arrive at any time. However this can mean that all staff are involved as part of an ongoing traumatic event, with the 'protective measures of distance' reduced, making it difficult for them not to also experience the emotional distress (Vicky, community). Figley (1999) describes how VT can arise from the experience of helping those who have *just* been victimised, and this is exemplified by one interviewee who described the sudden arrival of a woman in a very

distressed and volatile state whose behaviours and needs both affected and required the input of all staff present at the time.

Organizational behaviour and vicarious traumatization

There is a kind of organizational countertransference to what are perceived as 'types' of behavior/defences especially given the range of organisational histories, and diversity of clients, leading to an extensive matrix of possible and extant dynamics. This is reflected, for example, in patterns of organisational response, synthesis, and case management, as well as in workers' views about their role and the organisational context in which they work:

> *'It's a thankless job. Sometimes, it is. In terms of, from the [young womens] perspective, because they'll say, well, what do you know, and what do you care? You go home to your husband and your child, what do you care when I'm, ten o'clock at night, locked out of my house and can't get in because I've lost my keys. So, it's a worthwhile job that we do, but sometimes, the girls can often make you feel that you haven't done your best by them. And that's when I think it can sometimes become, you know, a thankless job…Not because you want a pat on the back, or because you want everything to be right. Because you've given your all, and it hasn't made a jot of difference to that girl, on that particular day…I can't be there 24/7, (my manager) can't be there 24/7, you couldn't be there for anybody 24/7. And as much as we like to say, we give our all to the job, do we really?'* (Beth, community).

Peers / team

The importance of being surrounded and supported by a good team of peers and supportive line managers was raised by service providers from both community and custodial settings, with this appearing to be a key factor in determining the length of time that individuals stayed in their jobs. At its best, the team served to provide support, advice, laughter, and a place in which to offload and share experiences, and to confirm that others might also struggle with similar issues related to the job.

> *'It's such a serious job that you need to be able to go back and laugh about things. You need to just be part of a team that, kind of, jokes and makes fun of things, and I think also when you've had a tough day the fact that your team members recognise that and help you out.'* (Laura community).

In prison, interviewees talked about how they often work with the same team for a long time, which means that staff know that they can rely upon one another 'more than anything else' and that they 'have each other's backs'. The support offered by prison officer peers included noticing when a colleague was struggling, and offering tea and a chat, bringing in cakes and chocolate for long challenging days, and socialising with one another outside work in person and through social media. In secure care part of the close team relationships meant that it was possible to identify when one colleague might be struggling with a particular young person, and acting to change the team makeup and dynamic. In the community, service providers described how the work was extremely challenging when there was not a team structure around the individual worker:

> *'when I first started I was based in a tiny wee house and everybody was out all day and I was there for about six months and I hated it. I was so lonely. I had nobody to bounce anything off'* (Laura, community).

However, for those working in various community settings, even when a team existed, finding time to meet up appeared difficult due to busy schedules, and so interviewees described how being able to phone each other for support was really useful. However, one community based interviewee described how being encouraged to share experiences with peers through both the organisational ethos and physical design of the workplace could result in overloading individuals with too much difficult information, and making them feel responsible for the wellbeing of their colleagues as well as for the women in their care.

Loneliness in this work is real, irrespective of depth and length of experience. A community based worker with quite a few years of experience in her current organization and the deep respect of her colleagues expressed:

> *'You do a lot of lone working, so that can sometimes be difficult, especially with the issues we sometimes have to deal with. And especially anything that comes up that's unplanned…So, sometimes the work environment can be a bit lonely, it can be hard, there's nobody to, kind of, offload to, at that point, when something goes wrong, or when something doesn't go to plan*.

Debriefing, supervision and other support

The amount and style of supervision, formal support and debriefing unsurprisingly varied between types of services, and type of role. Some had a very structured system of providing support, for example one community organisation provided a combination of monthly supervision, weekly team meetings, weekly reflection times, and ad-hoc support and debriefing. However, some interviewees had no support available to them whatsoever, with one saying that she had never even had the opportunity to discuss her cases with a manager, let alone in a team.

It was very common in all organisations that following a serious incident, there would be a debrief with a manager. However, where workers were more isolated / lone working, this did not always take place, or took place later than in other working environments. Where they did take place, debriefing was described as being a useful process within which to reflect, to receive reassurance, and to learn. One community based interviewee described how debriefing thoroughly after an incident was really important in order to accept that it had happened, and to be able to move on.

Several services, particularly secure care and some community organisations, had weekly meetings with staff to discuss particular cases, which were described as useful for reminding staff that they might not be the only one struggling. Some interviewees described how such support was more practical than emotional, and whilst useful, did not do enough to address the feelings and insecurities that service providers might have regarding certain situations. One community based interviewee commented that although she and her colleagues loved working with the women, they felt that they as workers did not receive much support

themselves which they found ironic in an a support driven organisation. On the contrary, a worker in another community based organisation said that offering too much support could make it difficult to critique fellow worker's actions, or make workers too dependent upon their colleagues.

In prison settings, staff were offered access to an external counselling system, which apparently was well used. However, one interviewee described how she had never felt the need to access this, despite almost daily suicide attempts at one stage of working there, stating that she would just deal with it herself and move on: 'you just have to switch off and not take it personally' (Alison, prison). One psychologist interviewed commented that compared to those working in the community, she felt that prison officers were probably more 'shut down' to their feelings, because there was nowhere to take them, and a general lack of supervision and support available to them, so it was easier just to block it all (Polly, community). This may resonate with the finding of Scanlon (2013) who described how VT may lead to workers turning away from the organisational and social structures that are supposed to help (Scanlon, 2013).

Less formal ways of 'debriefing' are practical for their spontaneity, for example what one community provider called 'rant phone calls' to 'let off steam', and whilst sheepishly admitting that calling them as such was 'probably not very politically correct', she was clear that 'we all have quite a good understanding of the feelings involved with the work that we do' (Beth, community).

Managers and Line Management

The importance of having a good manager for both identifying and preventing VT amongst staff was a very common theme in the interviews. Across all organisations, a good manager was described as being someone supportive and understanding, but crucially someone who has worked their way up to the role and so who has done the job that they are now managing. Having an accessible and approachable manager was described as 'critical' when working with women who have histories of trauma. However, managers in this filed appeared to vary widely, with some seen as offering really good and informed support, and noticing and taking action when their staff were struggling, but others having more of a 'just get on with it' attitude.

Supervisors are key organisational players for developing a safe workplace that prevent staff distress by ensuring they do not have heavy caseloads, and that there is ongoing professional education, personal days, supervision and social support – this may mediate the development of VT (Chrestman, 1999; Way et al., 2004: 67; Slattery & Goodman, 2009). McFarlane and Bryant (2007) argue that in high-risk occupations, employers should be ready to provide support to their employees through managing risk by early recognition of symptoms, establishment of screening and monitoring of employees who are at risk, and prompt treatment. However, in this research, a manager of a community based organisation described how she needs to try and 'keep it all together' for the sake of the staff and offering support to them, but that it can be difficult for her too as it tends to be the 'horrific stuff' that is escalated to her, and this takes its toll on her own wellbeing.

The importance of training

Worryingly, many interviewees voiced the opinion that the training that they had received was insufficient for the job that they were expected to do. Many said that they had not had any prior experience of working with criminal justice involved women before coming into their current role (although some had previously worked with men). In prison settings, officers said that after the initial 6 weeks training, they felt that they had received very little training for this particular type of work, and that it could be very challenging to deal with the mental health issues and substance misuse issues that they faced without specific and up-to-date training on these issues. This was even more pressing for those working in specialist units within the prison. In some recognition o f these issues, there is specific 'trauma-facing' training being developed for staff working with women in priosn settings, which includes peer-reflection groups and reflective listening. However at the time of the research, no interviewees had undergone this training. Gregory et al (2017) described how for informal supporters of domestic abuse victims, the lack of training to deal with the complexities of domestic abuse was possibly a factor in increasing the risk of developing VT.

Transitions / endings

Finishing work with women – including both the prospect of this and the processes for doing so - brought about different feelings for different workers. A number of community-based workers spoke of feeling guilty about 'disappearing' from women's lives. Another said that she was always very nervous when she had to tell a woman that she would no longer be working with her, and described an experience where:

> *'I was trying to introduce her to another worker and she just wasn't having it. No, I don't want anybody else and she was saying if you close me I'm going to start cutting myself to get you back and I was like you can't do that and she was saying I'm going to commit suicide if you close me and then she ran out the car and I didn't see her for a week'* (Laura, community).

One interviewee working for a community organisation described how for her, it was difficult to close off a relationship with a woman with whom she was working , but that she coped with this by just moving on to the next, as there were always so many women on the organisation's books. A prison worker described the key challenge of when women are moved unexpectedly, and there is no further communication or contact, which can often result in unresolved concerns about the woman's wellbeing. However, a secure-care based worker described how knowing that engagement with a young person is time-limited helped her to cope when the work was challenging, and a community worker said that there were some women that she was quite happy to finish working with. As stated earlier, many women in contact with the criminal justice system are in a 'revolving-door' situation, in receipt of short sentences and coming in and going out of the system in a cyclical fashion. As such, they may repeatedly come within the ambit of the organisations who participated in this research. This can mean that professionals may develop longer-term ongoing relations with those in their care – sometimes over many years. This is double-edged in that the prior knowledge and contact can assist with working relationships but at the same time provide living proof of the 'failure' of professional services. Confronting the fact that a woman has

re-offended and is back into criminal justce following an often lengthy period of work was seen by many to be demoralising, and a sign of their lack of efficacy. Others however, acknowledged this as an inevitable and routinized aspect of the job.

Chaos of the work

For those working in community based settings, the work is perceived often to be chaotic, particularly with regard to diaries, where things often change at the last minute, and arrangements rarely go to plan. This was described by several interviewees as frustrating and challenging and a source of stress. It often means that workers go from one crisis to the next, and as a result have to cancel meetings with other women that they are scheduled to see. It also means that paperwork may be neglected, impacting upon future contacts where details may be missed. The chaotic and changing nature of the work also sometimes means intrusion into personal life, either to catch up on paperwork, or as one community based worker described, checking her phone on her day off in order to try and prepare for the next day. Different settings have different kinds of chaos: a prison officer described how the work is not so much chaotic because of the prison regimes, but that its unpredictability made it challenging: he would go into the unit for vulnerable people not knowing who had been admitted the night before, and the situation could change from minute to minute. He described how dealing with people with very different needs in one place was hectic and very challenging. The lack of control that 'chaotic diaries' represented was experienced by many interviewees as a key factor leading to stress which often necessitated absence through ill health.

Shift in expectations

It was a common perception in interviews that at first, staff could become very upset by challenging or distressing incidents involving the women with whom they work, but that over time such occurrences become normalised and/or staff learn ways to cope. Several interviewees thus described how dealing with distressing accounts from women became easier over time and with the accumulation of experience. Some described this as developing the ability to contextualise, whilst others saw it as becoming 'numb'; one interviewee said that she became more cynical over time. However it was framed, it was clear that many saw this response as functional, and as allowing them to 'get on with life' (Michael, community). Many of those interviewed described this ability to 'just get on with things' as resilience. It was generally accepted by those working in all the different settings that in order to work with criminal justice involved girls and women, a good level of personal resilience was required:

> *'You could be getting verbally, emotionally abused every single day. I would say you need really good resilience to come back in here your next shift and just move on, brand new day, and just get on with it.'* (Debbie, secure care).

Some saw themselves as 'naturally resilient', or born that way, whereas others thought that resilience was built up over time working in such an environment. One community based worker said that when difficult situations were repeatedly experienced, this could build up resilience: *if* you were able to accept that something had happened, speak to someone

about it, and move on, then the work was 'ok'. Another said that her role included helping staff to build resilience, which she said was about empathising and acknowledging that the job is difficult, reassuring them that it was ok to make mistakes and to go back and apologise, and normalising how they feel.

It appeared to be more common for staff in community based organisations to acknowledge difficulty with the job. One secure care worker said that 'you may be seen as weak' if a young person could 'tip you over the edge'. A prison officer said that she was 'just a resilient person', and that difficult experiences did not affect her, and that she did not absorb them, but that others may be affected.

Several interviewees said that they had learnt over time that it was important to recognise and value the little successes or changes, and to be aware that there was only so much that they could do. A worker from secure care said that it helped to realise that internal changes may be going on for those in her care, even when there are no visible signs of this. One prison officer said that he had learnt not to take it personally when women do not change, despite the effort that you are making. A community based worker described how her expectations had shifted over time: at first she had been frustrated when women did not turn up for appointments, but now she was just pleasantly surprised when they do.

There are other studies which reflect on the positive impacts on professionals of working with traumatised clients, termed 'vicarious resilience' (Ben-Porat & Itzhaky, 2009; Hernandez-Wolfe et al., 2015). That is, professionals may experience personal and professional growth by being witness to and inspired by their clients' processes of resilience. It is hypothesized by some researchers as a unique and common consequence of trauma work that co-exists with VT (Hernández et al., 2007; Ben-Porat & Itzhaky, 2009; Hernandez-Wolfe et al., 2015). There may be similarities between vicarious resilience and the coping strategies that professionals adopt to manage or prevent VT.

Structural

It was not very common for interviewees to directly discuss structural challenges to their work, but these were apparent in some of their comments, and in particular, in the interviews with those based in community settings.

Resources

A recurring theme in interviews with those working in community settings was the funding landscape, organisational resources and the prospects for sustainability. For example, an interviewee described being unable to attend some training because of a lack of funds within the organisation. Another said that the work environment was constrained by inadequate resources, and that there was nowhere suitable at the office to take women for a chat. Others spoke of antiquated equipment – for example, an interviewee whose role involved her travelling to meet women in many different locations said that the old style mobile work phones did not have access to GPS maps which made travelling challenging, and also did not provide access to emails which made the job even more difficult.

Resourcing for girls and women leaving prison or secure care was described as very problematic. One of the most commonly mentioned issues for community workers was finding suitable accommodation, which was described as 'a continuing nightmare' and 'a constant headache' and a major source of concern, especially where this affected those who were considered most vulnerable. Interviewees spoke of their concern at trying to find short-term accommodation late into the night and the temptation to simply take the women home with them for the night. From the other side of 'the gate', a prison worker spoke of how liberation from custody was one of 'the riskiest times' for women (Sophia, prison), and that trying to find services outside to help them was extremely challenging, with emails going unanswered, or services being found to be shut down or constrained due to a lack of funding. This is a constant refrain in the research literature women leaving custody (see, for example: Annison et al 2015).

More generally, the vulnerability of young women leaving care appears to recapitulate in the professional – and personal – vulnerability of some providers, particularly in long-established community relationships. As much as there is the frustration and pain of endings and separations for the young women and the providers, pervasive helplessness grows from both as well because of more structural policy matters:

> *'I understand, there's financial implications for a lot of places, you know, local authorities, they have budgets, and things like that. And that there isn't a bottomless pit of money. But these girls need more than money being spent on them, they need time, they need patience, and they need somebody to listen. Because, in my experience, many of the girls we work with have never really had anybody to listen to them. They take such a long time to build up trust with you, you know, if they've been through the care system, they've had many, many workers come and go, they've invest in a relationship, and that person has left. So they invested in another relationship, and that person moved on…They're tired of that, they think 'What's the point?' So we actually get them at their most vulnerable time…They come out of the care system…and invariably, they fail. They end up in the homeless system, the criminal justice system, they're a hundred times more vulnerable.'* (Beth, community).

Such perceptions of powerlessness to make an imperfect system work, or to change it, seem to echo the words this provider attributes to those she tries to help: What's the point?

Job precarity

Several community-based workers described the precarity of their jobs. Some said that they did not know for how much longer their roles would exist because the future funding for the project was uncertain. Several community based workers felt that their pay was not reflective of the complexity or challenge of the role that they do, but knew that there were no extra funds available to increase this.

> *'I always say to people if I wanted to be well off then I would definitely not do this job…. at the end of the day you have to live. You have to be able to have a life and a house and a family if you want that, and actually sometimes you think what we've dealt with today, we've maybe dealt with somebody who's suicidal, I've been with somebody to be admitted to the [hospital], mental health hospital, I met a woman after she'd just been physically sexually assaulted by her partner, all these things, you're like that person's crutch and yet you're not financially being acknowledged for that.'* (Niamh, community).

One said that she would 'happily do the job until she retires' (Ruth, community), but was aware that funding may be an issue. Another worker described how the organisation had received extra funding to take another group of women, which made their jobs more stable, but which had added more pressure to their caseloads. In prison also, an officer described how the changes to the women's prison estate meant that staff morale was low, not so much because people feared losing their jobs (as they are often transferred) but due to the unpredictability of their futures and the loss of close-knit teams.

Perils of the 'stiff upper lip'

Many interviewees expressed dedication to the work in structural terms, as they fill a social and moral niche in the care world, however punishing it may be. Several articulated difficulties of working throughout serious illness, personal health issues, and family turmoil of a personal nature whilst putting so much emotional and physical energy into the women they serve without pause.

> *'I have got that in me. I don't know whether you'd call it the British stiff upper lip or what, I don't know what it is. But I've come from a family where we've always had to work hard...I have that work ethic, I think it's built into me. That there's a job to do, we have to get this done. Because if I don't do it for these girls, who will? Because they've disengaged with so many other services over the years.'*
>
> *'…I find that the world of social work can be quite unforgiving.'*
>
> *'If you didn't have hope, you'd have nothing. The world would be a shitty place, and everyone in it would be shitty, because you would have no hope. And you have to have hope to do this job, because so many people write these girls off. '* (Beth, community).

Several interviewees spoke of the need 'to hope' and many engaged in long explications of how they tend to judge themselves for the work they do for and with women and girls in precarious situations, and how they find themselves personally and professionally wanting, despite their efforts.

Policy / practice recommendations

There is a need to **increase awareness** of the possibility of VT taking place in this type of work. The research reveals that workers in both carecral and community settings need to be made aware of the complexities of VT, so that they can better understand it and identify it themselves, in order to get support.

The inclusion of materials on VT awareness and advice shoud be included in all **training** for new staff, and be consistently reinforced in follow-up training and development. Training itself on this topic could be a traumatic experience if there is no follow up support or discussion.

Avoid states of denial – it is important that there is an open acceptance of the potential for VT and STS in this type of work.

Raising awareness can assist in **normalising VT** as a means for dealing with it. This means emphasising to staff that they may sometimes think about work issues at home, or feel traumatised by it, but that these are **normal responses to difficult situations**.

It is particularly important that awareness and acknowledgement of VT traumatisation is **intrinsic to managers**, so that they can help normalise it for staff they manage, and reassure them that they will be supported with it.

Strong and informed leadership role models who can recognise and pre-empt the signs of VT and inform decision making on staff deployment shoud be encouraged and developed.

Organisations should consider their **duty of care to staff** and ensure that resources are put in place to ensure awareness, response and support are appropriately considered in all management arrangments.

Support mechanisms are crucial for both minimising and responding to VT. This may include both **structured** support mechanisms, and more i**nformal** opportunities for the development and rollout of team support structures, although it is recognised that this will necessarily be organisationally specific.

The provision of **personal support** to staff is crucial and this may usefully be provided through line management structures or through peer or team support mechanisms, or if necessary through referrals outwith the organisation.

Perceived **organisational support** is also key. Staff need to know and be reassured that the organisation has 'got their back' and is able and willing to provide necessary support.

Taking seriously and acting to address **staff perceptions of levels of work related danger** is a key aspect of organisational support

All operational **policies and procedures need to be clear and immediately accessible** to staff to assist their decision-making in challenging situations and minimise any inherent stress

All routes to **access help-seeking behaviour** should be clearly flagged to staff and reinforced in the provision of personal and organisational support mechanisms

Particular attention needs to be paid to developing appropriate and regular support **mechanisms for lone workers and/or geographically isolated staff.** Technology could play an important role here.

De-briefing should be seen as a regularised and essential component of this work.

Ensuring continued **job satisfaction** is an important buffer to VT - methods for workload management, oversight of contact hours, supervision and support are essential.

Acknowledging staff achievements and ensuring reward and recognition where due and wherever feasible is important to mainintaining a sense of job satisfaction.

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