



‘Looking through a Lens of Terribleness’:

A Thematic Analysis of the experience of practitioners working in the field of domestic violence.

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Who am I?

- Worked in domestic abuse sector for nearly 15 years
- Front line specialist domestic abuse practitioner
- On site Social Work Practice Educator
- Domestic Abuse Trainer, Staffs and Stoke on Trent Safeguarding Board
- Local Authority Domestic Abuse Co-ordinator of services
- Manager of specialist domestic abuse refuge, 24 hour helpline and outreach project
- Currently, Counsellor, Psychotherapist Trainer and Writer

Aims of 'Looking through a Lens of Terribleness.'

The project aimed to qualitatively explore the experience and impact on practitioners who are regularly supporting victims and or survivors of domestic abuse.

Survivors of domestic abuse have powerful and traumatic experiences to share. McNab (as cited in Tehrani, 2010) suggests that 'Trauma is contagious; when anyone comes into contact with it they risk a piercing impact leaving them infected and vulnerable' (p283).

My suggestion was, that practitioners supporting survivors of domestic violence in a professional capacity listen to these traumatic experiences and are therefore vulnerable to this contagion, but receive different support.

Research Question

‘How do Specialist Domestic Violence Practitioners (SDVP’s), Social Workers (SW’s) and Counsellors Experience Professional Trauma and Fatigue when Working with Survivors of Domestic Abuse?’

Whilst those in caring roles endeavour to create relationships and support plans to help survivors, the question I kept returning to was:

“Who or what helps the practitioner?”

In context

- The Office for National Statistics (2015) report that each year around 2.1million people in the UK suffer some form of domestic abuse, 1.4 million women and 700,000 men.
- Women's Aid (2016) Days to Count Survey suggest that there are over 351 specialist services supporting victims of domestic violence. They work with survivors on a daily basis in both a crisis support role and / or a counselling and therapeutic role in the UK.
- Donovan (2016) estimates that there are currently 28,570 children's social workers in the UK.
- Brandon, Belderson, Warren, Howe, Gardner, Dodsworth and Black, (2008), suggest that of the families included in their biennial analysis of serious case reviews, over 60% involved domestic violence as a factor where children have been killed or seriously injured. These findings start to illustrate the degree of contact social workers have with families traumatised by domestic violence on a daily basis.

Context

Work Related Stress

In the United Kingdom The Health and Safety Executive HSE (2015) set out work related stress, depression or anxiety, as a harmful reaction that people have because of undue pressures and demands placed on them in the workplace. The HSE continue to say that stress accounts for 35% of all work ill health cases, and that 43% of all working days lost are due to ill health.

The highest rates of work based stress cited in the HSE report are within the Health and Social Care occupations. This report concludes that increased workload, lack of managerial support and organisational change are the primary factors for work based stress. The professionals in this present study, SW's, counsellors, and SDVP's, all work within a social care and health setting, where the highest rates of work based stress are reported nationally.

Professional Trauma and Fatigue

- Herman (1997) suggests trauma is infectious, and that engaging in work that support those that are revealing their traumatic experience poses a risk to the practitioner's psychological health. Herman (1997) asserts that "Just as no survivor can recover alone, no therapist can work with trauma alone" (p141).
- Fruedenberger (1974) and Maslach (1976) were pioneers in research on burnout and define it as a psychological syndrome or strain that develops as a reaction to chronic stress in the workplace. Burnout is a concept referred to and accepted in many areas of work, not just in the health and social care environment. It can also describe the impact of work based stress in many other professions.

Professional Trauma and Fatigue

- Figley (1995) acknowledged that whilst compassion and empathy are necessary elements to work with clients effectively, working with trauma regularly can have a cost to the practitioner. Figley (1995) called this compassion fatigue, a term to describe behaviours and emotions that are displayed by those caring for others.
- Acknowledging burnout and compassion fatigue, McCann & Pearlman (1990b) introduced their theory of Vicarious Trauma. They concentrated on a framework to present their theory based on the specific impact of working with those who have been victimised. This theory narrows down work based stresses even further, unique to practitioners who are supporting victims in the field of trauma.

Why this study?

Three roles, all working with clients who have traumatic stories to tell.
What were the similarities and difference in their experience of the support they receive?

Support

The British Association of Counselling and Psychotherapy (BACP) set out their expectations in their professional framework for practitioners to commit to clinical or therapeutic supervision, 'in order to work as effectively, safely and ethically as possible' (British Association of Counselling and Psychotherapy, 2016, p11).

The BACP also recommend supervision to any practitioner who is providing therapeutic support, or who works in roles that require regularly giving or receiving emotional support.

This would suggest that SW's and SDVP's giving emotional support as a part of their role, in addition to listening to the trauma their clients are bringing to them, would benefit from this clinical or therapeutic supervision.

Methodology

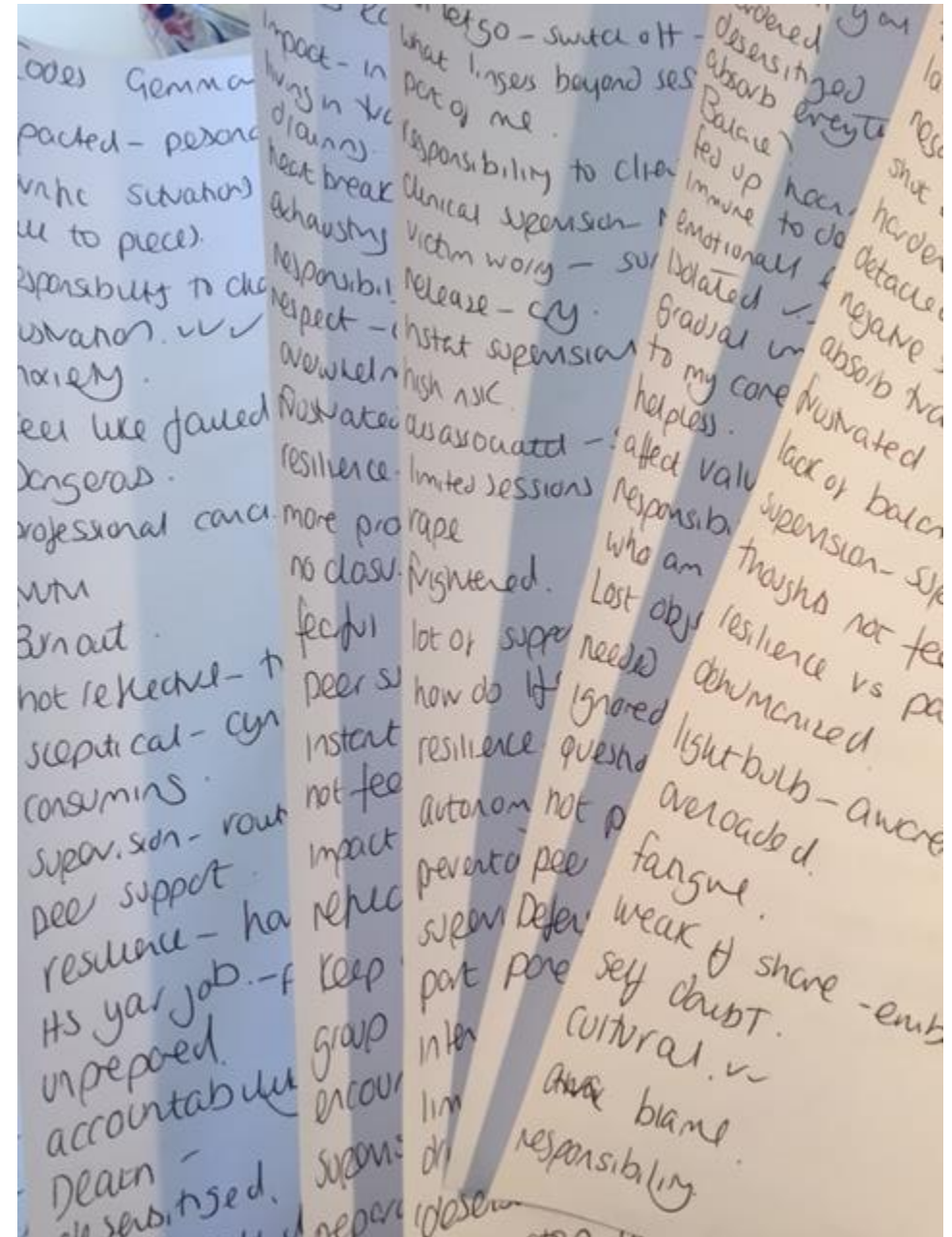
- **Qualitative Vs Quantitative** - work with people, using their words as data
- **Philosophy – Phenomenological**, understanding the world from the participants view
- Parallel to my person centred training. Rogers (cited in Kirschenbaum 1979) commented: ‘It began to occur to me that unless I need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process’.
- **Research Method - Thematic Analysis** – felt a little more flexible with a boundary or structure to work within.

Methodology

- Semi structured interviews
- Pilot Study – lack of SW knowledge
- Participants, sampling purposive, recruited through existing professional networks.
- Pen Portraits, 2 Counsellors, 2 SDVPs 2 Social Workers
- Braun and Clarke (2006) six stage process

Data Analysis

- Coding



Looking Through a Lens of Terribleness

Data Analysis

- Theming



Power of words as data

From transcripts

'I cant believe that happened to that woman, I wonder if I will see her next week?'

'The worst case I ever worked with.'

Dragged round the house by her hair.'

'Routine supervision, if you're lucky enough to have it.'

'There's one line on your supervision sheet that says "How are you?" I say I'm all right!'

'The things you're hearing you need to offload.'

'On the verge of going off sick.'

'How can you be a normal human being that cares and it not have an impact on you.'

Themes

Five themes developed.

- The Brutality of Domestic Violence
- Support
- The Weight of Responsibility
- The Impact
- Training and Awareness.

Weaknesses

- Small study
- Geography, postcode lottery of support services and funding
- The researcher!

Implications

The therapeutic or reflective supervision that counsellors commit to accessing appeared to be defined by all practitioners as desirable and appropriate.

In this study therapeutic or reflective supervision was only available to counsellors.

According to Safelives and the BACP, clinical or reflective supervision is suggested as best practice to all practitioners listening to clients stories.

Further research could explore why this does not happen, in order to investigate the feasibility of if and how it could.

Other Support

All participants had clear ideas on what they believed could be put in place in order to support them in their roles appropriately and effectively

- Authentic and effective supervision
- Peer Supervision / Informal Supervision
- Group Supervision
- Creating a culture of self care – put it on the supervision agenda?

Implications

All participants demonstrated that they felt unprepared for the role, both in their knowledge of domestic violence and the impact that working with survivors of domestic violence can have on them.

This suggests a need for academic institutions to include domestic violence and expand further on professional trauma and fatigue in their curriculums.

Implications

Domestic Homicide Reviews and MARAC are a reality.

Practitioners cannot prepare to work within statutory frameworks if they are not aware of them.

Further studies could explore how many practitioners are actually aware of this framework.

If they are not aware, how can this information be cascaded more effectively to those who may be affected professionally?

Implications

There were 'cultural' issues within the workplace.

What would it take to encourage you to take a lunch break, 'disciplinary not too.'

A study exploring these cultural norms and expectations of being 'weak' 'struggling' 'not able to do the job,' if participants asked for help.

Conclusion

What did my Counselling learning bring to the research?

- Model of Supervision
- Relationships for practitioners with their managers – safe, heard and supported
- Trauma Informed

‘The only person who is educated is the one who has learned how to learn and change’ – Carl Rogers

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