

## PIE4shelters project

### Valorisation Short Summary fio.PSD\_Italy

#### Introduction

fio.PSD carried out four training in total, in May 2019:

**6<sup>th</sup> May 2019 - Udine** (internal training- one day): 50 participants from Associazione Opera Diocesana Betania Onlus services, Caritas Udine and some others organizations from Friuli Venezia Giulia and Veneto regions;

**7<sup>th</sup> May 2019 - Udine** (frontline staff training - half day): 30 participants from Associazione Opera Diocesana Betania Onlus and Caritas Udine services;

**7<sup>th</sup> May - Udine** (management training - half day): 7 participants from Associazione Opera Diocesana Betania Onlus organization;

**20<sup>th</sup> May - Rovereto (Trento)** (frontline staff training - one day): 11 participants from public service and third sector services for homeless people of Trento.

Most of both staff and management training participants in Udine (almost all) took part in the internal training as well.

All the trainings were held through the use of power point, video, working groups activities, frontal lessons with a lot of moments of sharing and exchange.

Through the training, we wanted to start a reflection about one of the most important findings from our National Gap Analysis Report: the big weakness in PIE and Trauma Informed framework, highlighted by interviewees, women and teams as well.

As regards the sub-scale *Access to information on Trauma*, in fact, the answers of the women highlighted that they had not the opportunity to learn how abuse (and trauma in general) affected their life in a lot of fields (body, mental health, relationships, thinking, remembering).

Answers of social workers showed that they usually did not employ a psychological framework and that their knowledge of GBV, DA and Trauma was poor.

For these reasons, the core topics during the training were:

- PIE approach and key elements;
- Trauma;
- Attachment theory;
- Vicarious trauma;
- Cycle of change.

Other important finding from the Italian Gap Analysis Report regarded the *Support for Parenting*: the testimonies by the interviewed women show that staff was not able to help them to explore how children's relationships can be affected by witnessing or experiencing abuse, how the experience of abuse influences the relationships with children and to provide opportunities for children to get help dealing with abuse and other difficult situations.

If we can assert, as we will read below, that we have started to respond to the first finding (the weakness in PIE and Trauma Informed framework), probably with regard to the second finding (Support for Parenting) we will still need to better explore it with specific training, given the difficulty of developing long and specific training and because the main purpose of the training was to begin an



experiment of reflection on the topic, perhaps not entirely new but little applied in reality, to be spread then in as many Fio.PSD services as possible.

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## **The procedure of valorisation**

Fio.PSD carried out both interviews and focus groups in October 2019, that is four months after the training.

The interviewees work for different services of Associazione Opera Diocesana Betania Onlus and Caritas Udine, in Udine and province.

We reached 28 people in total, so divided:

- Focus group 1 → 4 social workers, service for women victims of trafficking (anti-trafficking project);
- Focus group 2 → 4 social workers, shelter for women and men (in different places);
- Focus group 3 → 5 social workers, team of shelter and housing support for women, men, as well as couples;
- 15 social workers → all the other services of Associazione Opera Diocesana Betania Onlus and Caritas Udine (women and men shelters, women homeless services, housing support services, family and migrant services). 4 of them work in refugees shelter for women and male migrants.

The focus groups were carried out during team meetings while interviews were conducted individually. The evaluation was based on the questions agreed by partners during the meeting in Athlone (Ireland).

## **The findings**

### ***Impact of the training on staff, staff attitudes, work practice and workplace***

*Questions (1-2):*

- *What kind of changes (awareness, understanding, practice, management) have you experienced in your work in connection with the topics of the training?*
- *Which of these changes has had the biggest impact on you in your work?*

The main change highlighted by the interviews and focus groups was the increased awareness and understanding of the topic in general, of PIE approach and trauma in particular (clear framework on trauma, traumatized persons and women victims of gender violence - GBV -), of the signs of trauma and how this affects and impacts on working with women and on social workers as well.

The possibility to reflect on trauma during the training has allowed to better understand the stories of the women and the reasons behind their life choices and paths.

The attachment theory, the concept of resilience and the "window of tolerance" were particularly useful.

The training allowed to bring back attention to some well-known but "taken-for-granted" aspects and allowed a further reflection on the possibility of improving the working environment and work practice: more attention and importance is given to work spaces, to the person-centred approach, to the care provided through "being with" people.



Also, a new awareness of the environmental elements arose, along with the importance to get to know the socio-cultural context, the origins and the family background.

Exchanges in the Focus Groups emphasised how the training reshaped and enriched knowledge and practical experiences of staff, and contributed to the improvement of work practices.

Staff highlighted an increased awareness and an improved understanding of the traumatic pathways which lie behind some "indecipherable" behaviours of women service users. Staff also reported an improved understanding of the effects of GBV experienced by women, as well as an improvement in the management of situations between staff and women.

Other changes reported were the care about the social workers well-being, the care of the "living spaces" of the women and the team, and the daily attention that workers should pay to women.

Many interviewees pointed out that the experienced changes had an impact on work practices ("daily work with people"):

- ability to manage different situations that so far tended to recur, being able to provide new answers;
- improvement in reception and listening;
- presence of different points of view by opening up the spectrum of personal observation methods;
- positive changes in daily reflective practice (the psychological framework that guides services is now clearer);
- always try to put yourself in the person's shoes to understand her needs, even when certain reactions, attitudes and behaviours are difficult to understand, without judging by appearances;
- awareness that some environmental and methodological aspects can greatly facilitate the path of women and work with them.

### ***Impact of training on conditions of women service users and service response***

*Questions (3-4):*

- *What consequences may the training have on the circumstances of women using your services?*
- *What changes have occurred in connection with the training that effect the way you connect to women using your services?*

Both from the interviews and from the Focus Groups, very interesting ideas emerged in relation to this aspect. In general, the improvement of services in terms of effective and competent support provision is emphasized.

This, as mentioned before, has allowed to get closer to women with experience of trauma and GBV with more preparation and better ability to understand situations.

Here are a few examples of the effects and changes regarding the condition of women and the changes in the way social workers connect to women service users.

Only one interviewee reported not to notice remarkable changes in this regard, while in one of the three Focus Groups the changes seem to confirm the effectiveness of attitudes and methods already applied in support provision.

More specifically, staff reported the following effects:



- co-building a personalized path: women as an active actor in the creation of their present and future paths, greater self-determination and involvement of women, empowerment and personalization of the service response;
- improvement of the relationship (more care and attention to women, awareness of the impact that trauma has on women's lives, prudence in dealing with issues that may upset the person, reduction of the risk of re-traumatization);
- improvement in understanding, listening (active, attentive and compassionate), support, reception, respect for women's pace and in the provided answers to women;
- more accurate and individualized answers, targeted actions and dedicated to specific needs;
- more attention to ensure a safe and secure service environment and creation of safer and more protective environments, services are able to support women towards a better position and situation from where to act;
- more attention to little aspects related to the structuring of the service, the spaces, the existence of dedicated places, awareness of the impact of the quantity of people using spaces, and cleanliness of the services;
- more time and resources for psychological support;
- enlargement of the window of tolerance of women;
- increase in the capacity of women and social workers to act with greater awareness rather than react immediately;
- improvement in the response to trauma by specialized services through the "bridge action" of the workers.

### ***Changes in team work and in the workplace, management of difficult situations***

#### *Questions (5-6):*

- *What changes have occurred in connection with the training that effect the way you and your colleagues work together as a team?*
- *What change has occurred in your workplace that effects how the members of your team handle difficult situations?*

The interviews showed the beauty of working in a cohesive and harmonious group.

The training underlined the importance of always sharing the experiences that accompany work, as well as information.

Team works towards sustainable goals trying not to pretend that changes in people are evident and remarkable.

Now the importance of working with a competent staff, attentive to the needs of the workers, in pleasant and suitable places is even more evident. Some workers now feel more motivated to maintain, preserve and cultivate this way of working.

Staff members put more efforts into caring about relationships within teams:

- activation of supervision paths;
- planning of social events;
- vacation shifts;
- greater awareness of how colleagues work;



- more attention to the importance of having personalized and pleasant spaces;
- continuous training to take better care of women;
- particular attention to taking care of the workers, handling difficult situations together;
- new spaces of reflective practice and team support;
- open relationship with the whole team, exchange of ideas and constructive information.

The focus groups also emphasize the need to promote the achievement of minimum objectives.

In teams, it is important to share the aspects that everyone can understand, thanks to the specific training; each social worker has a personal style but also a wide variety of skills acquired through studies and work experience which can be useful in managing difficult situations.

The team is the place where, especially in case of difficulties, many interviewees share their efforts and find solutions. Cohesion, listening, dialogue, exchange of ideas, sharing with the team are fundamental to face and manage complex situations and to identify trauma.

There are attention and care for the problems that arise during work and in being in relationship with people: «the opportunity to discuss about difficulties with a competent and aware team makes the difference for a social worker».

The moments dedicated to taking care of the emotional condition and greater confidence in admitting moments of difficulty were reinforced.

Specifically, some interviewees reported:

- the launch of a space dedicated to reflection on team work;
- a three-weekly group with women focused on personal narratives and emotional experiences;
- gradual but constant coaching with the psychologist who follows up with women to allow for more attention to the psychological aspects;
- change of structures / services for social workers, useful to have more points of view on a single problem.

### ***Other changes needed***

#### ***How management can further support a "trauma informed environment"***

*Questions (7-8):*

- *What other changes do you consider necessary for more positive effects (on women, on your work, on your service)?*
- *How can your management further support a trauma informed environment?*

Both interviews and Focus Groups evidenced the importance of the following issues: training, supervision and physical spaces which are all key issues. Many interviewees believe that continuous training would be necessary for the workers, as well as joint training between different services and teams that work together or share the same objectives. Sharing various points of view and different professional approaches could be of great help. Moreover, sharing experiences around traumas and their origin, as well as sharing together the personal and professional difficulties would create a greater connection between the matters of training and practicality.

Results evidence that a greater effort in the care of environments and physical spaces is required, to make them as suitable as possible for the goal of overcoming trauma (private and shared spaces,



colours, lights, adequate spaces to talk and also for entertainment activities etc.) and to make the places where people live their everyday life more comfortable and pleasant (i.e. to improve physical spaces in shelters).

Regarding the work with women, it is necessary to reinforce the intervention at various levels and with adequate time, through a greater collaboration with specialized services and the implementation of further internal services dedicated to women with experience of GBV.

Furthermore, it would be very useful to have training and work opportunities for women. More attention should be paid to everyday communication. Good communication should be established as quality threshold.

All interviewees agree that management can further support a "trauma informed environment" promoting and continuing to implement different actions:

- continuous and specific training on ad hoc topics (e.g. cultures of origin, educational aspects, insights on the trauma and on how the worker can act in presence of trauma);
- more "experiential" training (for specific situations and through simulations);
- continuous supervision (e.g. monthly supervision);
- sharing knowledge of good practices also at international level, through exchanges that also involve the lower levels of the organizations;
- reinforcing "psychological" support;
- creating moments and spaces for informally meeting users;
- nurturing well-being within the team (i.e. closeness and reinforcement of the group);
- dedicating a part of the team meetings to a joint analysis of how to improve these aspects.

### ***Complex Trauma and ability to identify signs of trauma***

*Questions (10-11):*

- *What is your understanding of Complex Trauma?*
- *How would you rate your ability to identify signs of trauma in women who you work with now?*

The interviews and the Focus Group work provided different responses regarding Complex Trauma (CT).

Below, some key elements are highlighted:

- repeated and prolonged exposure to traumatic experiences, events and situations in the course of life can result in different disorders and diseases;
- CT often develops within the family;
- CT goes beyond the definition of PTSD;
- CT leads to negative consequences in the life of the person, especially if experienced during the early years of life and if not dealt promptly;
- CT gives rise to complex and pervasive effects in terms of emotional-behavioural regulation and, therefore, in the daily life;
- CT can lead to alteration of the states of consciousness, the perception of self and others, the meanings, the personal reflection capacity and, obviously, affects relationships;
- it is essential to recognize a trauma or a complex trauma and inform work practice by CT;



- CT needs an immediate and appropriate intervention, or an individualized therapy and a caring context and environment, which help to restore a balance in the women with experience of GBV;
- most women using services have experiences of CT, which require a multi-dimensional and complex response, provided in collaboration with specialized services.

Social workers dealing with migrant women and migrant women victims of trafficking emphasize the "additional" traumatic events experienced in the countries of origin, during their journey, during detention in Libya and during the physical movement from one State to another.

Regarding the self-assessment of the ability to identify signs of trauma, the interviewees evaluated themselves as follows:

- Poor: 5 (including 3 people from one of the Focus Group formed by 4 people);
- Fair: 7;
- Good: 14 (including the members of the other two Focus Groups of 4 and 5 people);
- Very good: 1
- Excellent: 1.

### ***Vicarious Trauma and strategies for service response and prevention***

*Questions (12-13):*

- *Can you give an example of the sign of the Vicarious Trauma, and what would you do to respond to it?*
- *What changes or resources would help you to prevent Vicarious Trauma?*

The interviewees answered in a very articulate way, highlighting an interest on this issue.

Examples of signs of vicarious trauma but also examples of "stories" were reported.

From the answers, a definition of vicarious trauma as a process emerged, as an indirect exposure to the traumatic event of the user (indirect trauma), a reaction event of support workers which negatively affects their lives (private and professional). Vicarious Trauma originates from the empathic involvement between those who carry out a helping profession and those who are victims of trauma and it is a normal human reaction to the experience of trauma in another person.

Below, some examples of signs of Vicarious Trauma reported by staff:

- anxious and intrusive thoughts;
- devaluation of one's work;
- excessive emotional involvement, excessive identification or, on the contrary, not listening and lacking empathy;
- inability to know how to detach oneself from the suffering condition of the helped person;
- avoidance;
- struggling to separate private life from working life;
- sense of insecurity;
- tiredness, irritability, confusion, helplessness, impotence, depression;
- increase in the level of arousal;
- alteration of mood;
- isolation;



- headaches;
- excessive anger or pain;
- sleep disorders;
- anxiety, fear and other symptoms similar to those experienced by the person helped;
- PTSD symptoms;
- continuous thoughts about the people supported, even outside the work context;
- role of "Saviour".

On the response and coping strategies, on the other hand, we report the following shared answers from almost all the interviewees and Focus Group participants:

- being able to recognize the vicarious trauma;
- maintain a balance between private life and professional life;
- encourage moments of pleasure through friends and family networks;
- keep the relationship with colleagues and team, for a continuous dialogue, discussion and support;
- avoid isolation;
- sharing with teams or with coordinators;
- supervision;
- further training for the adoption of "anti-vicarious trauma" strategies;
- keep personal spaces, friendship networks, cultivating passions.
- psychotherapeutic support.

To prevent trouble and distress, to work peacefully and feel protected even in case of difficulties, the interviewees argue that the following actions are needed:

- continuous and specific training to increase the skills and knowledge on Vicarious Trauma, the mechanisms of the phenomenon and the strategies to tackle it;
- frequent exchange, mutual care and healthy relationship between social workers and between management and social workers;
- support of the team, cohesive team, support network, mutual support;
- daily dialogue, weekly team meetings;
- personal therapy, external psychological support;
- being in touch with your own dimension of suffering and being able to share it with someone or express it in a group;
- having a balance between work and rest and pay attention to recovery times;
- safeguarding leisure spaces;
- balance between private life and professional life;
- have more decompression space than exposure to some very emotionally impactful situations.





### **Topics not covered by the training and general training evaluation**

Questions (9-14):

- What topics do you think are important that were not covered in the training?
- How useful do you think this training was on a scale from 1 till 10? (1 not useful at all, 10 very useful)

Asked about topics which are important and which *were not covered* during the training, staff reported the following (examples, not exhaustive):

- further and specific *focus on trauma*:
  1. how to identify a trauma and what strategies to adopt in working with a traumatized person;
  2. childhood trauma and how this affects the life of people;
  3. how to recognize the physiological, psychological and emotional states in relation to the trauma and what is the contribution that the social workers can bring into the relationship with the traumatized person, considering that his/her role is not psychotherapeutic;
  4. moods and reactions that the workers can experience in dealing with the traumatized person.
- the socio-cultural aspects of women with experience of GBV;
- attachment styles and outcomes that determine personality;
- post-traumatic stress, consequences and possible interventions in the acute phase;
- social and economic recognition for the role of the social worker.

Someone points out the duration of the training, the continuity and the evaluation: "It would require more days to better understand the various aspects and to monitor and evaluate the progress of the work done".

As regard to the general evaluation of the training, on a scale between 0 and 10, the average of the evaluation was very positive (8.2 out of 27 scores).

We should point out that one person interviewed did not give an evaluation, that another one gave a score of 5 and that one of the two focus groups with each 4 staff members rated the training 6, adding that the training should be deepened.



## Summary

The key outcomes of the valorisation are the fundamental **importance of working in a trauma informed way** based on training and the creation of an environment which is **attentive to experiences of GBV and related trauma**. Staff who participated in the training recognized the added value of working in a trauma-informed way. The trauma-informed approach has become a constant reference point and a reason to investigate further aspects of work.

In many interviews, social workers report that the training had a strong impact on them and their work in terms of creating a new **awareness of trauma** (trauma processes, how to recognize it and how to deal with), the psycho-social development of women with experienced of GBV and DV and how this affects women's lives, their relationships and the work with women.

The training seems to offer the chance to better understand that GBV related trauma is a multidimensional issue which needs a good knowledge in different fields.

All the interviewees gave a very big importance to **supervision** (monthly supervision, specific supervision, support from specialist), **continuous training** and **team support**.

The consequences and changes about the condition of service access of women and the changes in the way that social workers connect to women, seem to reflect the contents of the training closely and concretely.

The interviews highlighted some other important points and suggestions like the impact of the training on daily work practices, the caring among team members and the relationship within teams.

The average of the overall evaluation of the training (8.2) indicates that participants appreciated the training. The positive feedback on trauma and vicarious trauma content show that some training topics have reached the recipients.

Like anticipated in the "Introduction", fio.PSD wanted to share new content on trauma as specific issue with some of its members through the PIE4shelters project and the implemented training.

In the future we would like to go deepen these topics, trying to cover some more findings of the Gap Analysis Report, also involving more staff, services and specific agencies.

The medium-long objective of fio.PSD, in its role of umbrella organization, is to provide the training for other members and to link the approach with other methods used to tackle severe poverty and marginalization of homeless women with experience of GBV and DV and, in general, to support homeless people with suffering caused by trauma or complex trauma (e.g. Housing First and Housing Led approaches).





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