Bearing Witness

Experiences of Frontline Anti-Violence Responders

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Des responsables de première ligne en anti-violence sont constamment témoins des conséquences directes et personnelles des abus chez les femmes. Toutefois, leurs expériences n'ont pas attiré l'attention des programmes canadiens de recherche et de documentation. Dans cet article ces personnes illustrent dans leur propres mots la nature du travail de première ligne en anti-violence ainsi que les quelques déboires et gratifications inhérents à leur travail.

Canadian frontline anti-violence responders literally bear witness, on a daily basis, to the pain and suffering experienced by victims of woman abuse. These responders represent a fundamental resource in our collective efforts towards eradicating woman abuse and addressing the farreaching personal and interpersonal consequences of this pervasive social problem. Despite the importance of frontline responders to the anti-violence cause, their particular experiences appear to have garnered relatively scarce attention in the national research and programming literature. Although those working on the frontlines in the anti-violence field often appreciate the positive and negative impact that this work can have on responders, concepts such as secondary traumatic stress, vicarious trauma, and compassion fatigue have only recently been conceptualized for research and intervention purposes (Arvay; Figley; Stamm).

In 2002, the Canadian Research Institute for the Advancement of Women (CRIAW) funded a study designed to explore frontline anti-violence service providers' experiences of secondary traumatic stress and coping, with an emphasis on identifying some of the strategies they implement in their personal and professional lives to counter the potential negative impact of trauma work with abused women (Martin). Nineteen female anti-violence responders were interviewed. All participants reported employment in a variety of frontline service-providing contexts, such as short and long-term emergency shelters, community agencies, and mental health organizations. Participants ranged in age from 27 to 64, and reported a variety of background preparation for their roles as anti-violence responders, ranging from diploma to post-graduate training. Some participants had worked in the anti-violence field for several decades, while others were relatively new to the field. The majority of participants were employed full-time, while several worked part-time. All reported pursuing continuing education on a regular basis. Female frontline anti-violence responders' own words are used to illustrate the nature of their work, the potential liabilities and rewards inherent in this work, and some potential responses to the experiences of frontline anti-violence responders. What emerges is a call to anti-violence advocates, agency administrators, and policy makers to prioritize the welfare of frontline anti-violence responders as an important aspect of our collective effort to eradicate woman abuse in Canada.

The Nature of Frontline Anti-Violence Work

Many anti-violence responders recognize that their work with victims of woman abuse poses unique personal, economic, and social challenges. Given the systemic complexity and the numerous social barriers that many women face in their efforts to transcend their abusive circumstances, it is not surprising that anti-violence responders may find that their work often yields minimal tangible outcomes of progress and impact. Crisis-oriented, short-term residential environments may be particularly difficult for frontline anti-violence responders. These environments encourage a high degree of vigilance regarding personal and client safety and often require 24 hour per day staffing, which may pose particular challenges to responders' personal health and well-being. Because responder-client relationships within shelter environments are often of a short-term, crisis-oriented nature, responders are often left to speculate on the impact and outcome of their work in the absence of follow-up contact with individual clients.

Anti-violence work environments often subsist with minimal human and economic resources. Provincial and national funding structures, and the apparent lack of focus on the importance of anti-violence work, represent a significant stressor for anti-violence responders. As one woman states:

Funding is not secure; it is year-by-year. To me, this is torture! For an agency to function, I think the antiviolence movement, the domestic abuse movement, needs

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> to get a little more real! I don't think we need to be cutting dollars; I think we need to be putting more dollars into the cause!

Due to funding issues, many anti-violence responders struggle with a significant degree of employment insecurity, lack of appropriate remuneration relative to the demands of their work, overly demanding, crisis-oriented caseloads, and inadequate staffing. In fact, although antiviolence responders often note that they tend to be more economically advantaged relative to their clients, they often identify with their clients' experiences of poverty and social marginalization. For example, one frontline anti-violence responder states:

Women are kept poor and dependent—their options are very limited. You can almost relate [to the women] in a kind of way. I mean, I'm much better off than most of them, granted, but it is still that framework of poverty. I don't have a big glamorous house. I don't have fancy vehicles. I don't believe ... maybe when my kids are older ... but I don't believe I could do this work full-time because of what it is, because of how it affects me, because of how hard it is. That's a decision I've made based on my own experience. I see, further down the road, some of the bigger complications and challenges. I have [antiviolence] colleagues in their 50s who are quite poor, and one, with challenges health-wise, with no retirement savings.

Liabilities of Frontline Anti-Violence Work

Research suggests that while many frontline anti-violence responders find satisfaction in helping people overcome their experiences of extremely stressful events such as violence and abuse in the context of intimate relationships, secondary exposure to the traumatic stress experiences of others can have a negative impact on responders (Stamm). In fact, bearing witness to others' stories of pain and suffering resulting from the trauma of woman abuse can become highly deregulating for caring anti-violence responders (Richardson; Stamm). At worst, classic symptoms of responder stress are congruent with those of Post-Traumatic Stress Disorder (American Psychological Association) and may include: acute intrusive images, nightmares, emotional numbing, dissociative experiences, and an exaggerated startle response.

All participants reported some experience with symptoms consistent with secondary traumatic stress, particularly an altered worldview and concerns regarding the general well-being of self and colleagues. For example, some of the reported symptoms included: physical and mental exhaustion, decreased quality of eating and/or sleeping, shortness of breath, impatience, irritability, and judgmental and/or "black-and-white" thinking. Furthermore, when feeling burdened by the demands of their frontline anti-violence roles, participants reported not wanting to go to work, not wanting to see particular clients, self-doubt regarding skill level and knowledge base, impaired judgment at work and at home, and doubts about therapeutic effectiveness and impact. One participant observed a direct relationship between the nature of frontline anti-violence work, her personal coping repertoire, and a variety of symptoms consistent with secondary traumatic stress:

The symptoms would be agitation, irritability, not sleeping or eating well. I would eat comfort foods to calm myself, to take my mind off of the work.... Chronic, chronic sore throat, achy muscles.... Self-doubt, like "maybe I'm no good."

Many participants also expanded on behavioral and emotional tendencies consistent with what Anna Baranowski refers to as the silencing response in counselling or therapeutic contexts, wherein the responder shutsdown, redirects, minimizes, or neglects the traumatic material presented by the victim of woman abuse. The following excerpt illustrates this concern:

I know a lot of workers in this field who give up on the women, and they become the abuser, you know? Telling the women what they should do, and how they should do it. There's a very fine line and, unfortunately, this field can attract people into "helping" who may have power and control issues themselves.... I see that a lot, [the helpers] judge why the women go back, or why they leave. That isn't our place to do that.

Several participants reported examples of altered worldview with associated positive and negative outcomes: You become aware of the continuum of violence, and what I have found for myself is that I am less willing to tolerate what I used to take in. Professionally, it's given me a really good grounding for what I offer women. Personally, it has made me much more aware and cautious in my own life about what I'm looking for. When you do this work, you come to know that violence is everywhere—that's the downside. Sometimes, I wish I could just set it aside, but I can't go back and not know what I know.

There's a "cost" [inherent in frontline anti-violence work] in that I'm isolated. There's a "cost" in that I know that I feel like I shouldn't have to know these things. It's changed my worldview. A few years ago, I was walking in my neighborhood and someone's plate glass window had been broken—it was obvious that that's what had happened. My mind went to "a woman got thrown through that window." So, when I see a man buying flowers, I think, "what did he do?" And, sometimes the "cost" is not sleeping well, I will sleep very broken and dream about, not necessarily the details per se, but the woman's struggle, and that will get wrapped into my own life, so I have this horrible sleep.

Finally, many participants reported concern for the wellbeing of their colleagues, and openly questioned the potential of enjoying a sense of personal well-being while continuing their work as frontline anti-violence responders:

I've questioned some of my peers in terms of doing this work and staying healthy, as it is such difficult work.... I see women smoking, I see women who are drinking, and I know women, like myself, who are eating.... So I really question, at times, is doing this sort of work healthy? Also, though, more recently, I've seen women who are doing this work who seem healthy.

In addition, the negative consequences of frontline anti-violence work may be cumulative and permanent, and impact the personal and professional lives of antiviolence responders (Saakvitne and Pearlman), including changes in how they experience self and others, such as changes in feelings of safety, increased cynicism, and a sense of emotional disconnection from loved ones. Left unaddressed, these concerns may lead to depression and substance abuse, with concomitant compromised interpersonal relationships and decreased quality of life for frontline anti-violence responders.

Finally, in terms of employee performance, the cumulative effects of bearing witness to the trauma of violence and abuse against women may result in higher rates of physical illness, greater use of sick leave, higher turnover in employment, lower morale, decreased productivity, and, sadly for the direct victims of violence and abuse, reduced quality of clinical judgment which may result in client care and service delivery errors (Saakvitne and Pearlman).

Rewards of Frontline Anti-Violence Work

Many anti-violence responders indicate that their work holds tremendous personal meaning and intrinsic reward value; they believe that their efforts on the front lines make a difference, whether large or small, on a day-to-day basis. Sources of satisfaction in their roles as frontline antiviolence responders relate primarily to their experience of

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bearing witness to women's strength and resilience in the face of violence and abuse, and celebrating small positive changes in the way women view themselves and their options as they strive to transcend their abusive circumstances. For example, one participant expands upon the reward value of her work:

The rewarding thing for me is to see these people, these women—who are courageous, strong, and brave actually take that to a new level where they feel good about themselves, where they're not giving that away to somebody, they're keeping it for themselves, so that they can better themselves and their children's lives.

A facilitative, empowering approach to working with women victims of interpersonal violence may mitigate, to some extent, responders' vulnerability to the liability inherent in bearing witness. Such an approach may be viewed as feminist in orientation as it emphasizes women's strengths and resources, supports them in making informed positive changes, and respects their personal decisions and sense of self-determination. For example, one participant poignantly captures the importance, to her, of this framework of responding to victims of woman abuse:

[Anti-violence work] is really about me helping [women] find their strength and their truth for their own lives. If they need to stay, if they need to go, whatever it is.... I have nothing invested. I'm invested in their safety and in what they want. I tell you, it's been a hell of a lot easier for me to do this work since I've gotten to that point. But, early on, when I was frightened ... when I thought I knew better [than the women], that was hell! I'm a facilitator [of change]. I'm not there to tell [women] what to do, I'm not there to judge them, and I'm not there to tell them that they have to get out. I am there to inform them so that they have the power of information. Often, as professionals, we expect to know it, to know it all, to lay it on! I think that domestic violence is just not like that. I am not a "therapist" with these women; I am a "witness," that's what I am.

A number of participants were clear about the need to maintain a feminist analysis of woman abuse, a perspective that does not blame women for the interpersonal violence inflicted upon them. As well, maintaining a personal sense of hope may foster job satisfaction and ongoing commitment to the anti-violence cause:

My contribution might be a little piece of information, or it might just be to listen ... that I had been there at that moment, and that person felt listened to.... All I ever have is the hope that maybe something that I did, even to give the person a bed for the night, made a difference in her life. But there's nothing that you can do that is visible as a measure of "making a difference."

Responding to those Bearing Witness

Mitigating the liabilities inherent in bearing witness to the trauma of those dealing with violence and abuse demands significant personal awareness of the consequences of traumatic stress left unaddressed, and a clear organizational mandate that places a premium of the well-being of frontline anti-violence responders. Frontline anti-violence responders are encouraged to ensure that they have adequate training, prioritize their own physical and mental health, maintain a clear sense of their own motives and needs as they relate to anti-violence work, and cultivate a substantive support network of quality personal and professional relationships. One anti-violence responder emphasizes the importance of attending to personal needs:

Do what you need to do to create balance in your own life, both in your worldview and in your life. [Antiviolence work] demands it, demands attention to balance, to have ongoing healthy interactions with life and everything. Make sure you eat well, make sure you sleep well. Consider your own needs and don't feel guilty about that!

Another comments on her hopes as a frontline antiviolence responder:

I would hope I never lose my compassion for a colleague who has these experiences. I would like to see us as a staff be able to talk about these things openly with each other and not feel like there's this expectation that, "oh, we're the helpers, we have to have it all together, this stuff doesn't affect us." Show your colleagues that, yes, it is a real thing when you do feel stressed out because a client shared something with you that was overly traumatic. It's okay to feel this way. It's okay to want to cry sometimes after you hear a traumatic story. You're human!

Program developers and educators involved in the provision of training for frontline anti-violence responders are encouraged to incorporate curriculum and practical experience in the area of secondary traumatic stress, positive coping, and personal advocacy. The encouragement of reflective practice in anti-violence work is also regarded as important, as it is through responders' experiences and identification of personal needs that preventative strategies may be identified and implemented in both personal and organizational contexts.

Workplaces appear to be important venues for advancing proactive policy and practice. Administrative and collegial awareness of the potential consequences of frontline anti-violence work, sensitive support within the direct employment context, and ongoing organizational advocacy on behalf of frontline anti-violence responders and abused women are all important counter-balances to the liabilities inherent in bearing witness to those experiencing woman abuse. These issues are particularly important given the tendency within and beyond the antiviolence sector to minimize and disregard anti-violence workers' vulnerability to the liabilities of bearing witness, as exemplified by the comments of two participants:

There are a lot of people who do not believe we are affected by seeing this stuff over and over and over again. So, when someone does show signs of stress or trauma related to seeing all of this stuff, sometimes they're judged like "well, what's the big deal? It's just an incident."

I think there's a "cost" attached to this work that is not recognized by agencies. There needs to be more than just some money going for salary, whether that's extra time off or time for debriefing. There's also some built-in isolation in working in this field so that when you're just totally engrossed in a situation that takes you three days to work through with a person, you're not connecting with your colleagues because your colleagues are also involved with whatever, so sometimes I think we unnecessarily carry around a lot of stuff that maybe 20 minutes of debriefing would rectify.

However, another participant expanded on the impact that a workplace characterized by empathy, support, and collaboration has on her work as a frontline anti-violence responder:

There is a spoken and unspoken agreement that everybody who is here works towards making it a healthy place so that they are honoring and respectful of everyone—all the clients and each other. There is always someone to talk to, and staff members are offered clinical counselling and supervision. We also have regular group meetings to discuss clinical cases and offer support and information to one another. It just feels very progressive and very respectful.

Charles Figley suggests that research should focus on determining who is most vulnerable to experiencing the liabilities of bearing witness, and what types of work settings and associated conditions set the foundation for responders to fall victim to the liabilities of bearing witness. Female frontline anti-violence responders in the area of woman abuse may be particularly vulnerable to the personal and interpersonal negative consequences of antiviolence work (Arvay). Chronic exposure to acute incidents of woman abuse and its devastating effects and the remarkable persistence of woman abuse in Canadian society (Brzozowski) may negatively impact frontline anti-violence responders whose efforts towards change may, at times, seem in vain. In fact, Jan Richardson contends that the collective efforts of anti-violence responders are not always recognized and rewarded by society, and that a comprehensive understanding of the importance of anti-violence work, as well as the difficult environment within which this work most often takes place, requires further development. Ultimately, because both frontline anti-violence responders and victims of woman abuse suffer when responders' distress or impairment is inadequately addressed (Meldrum, King, and Spooner, 2002; O'Connor, 2001), compromised responders may inadvertently hinder our collective progress towards finding solutions to violence and abuse on a broader societal level. Importantly, women represent the vast majority of care providers in the frontline anti-violence service providing sector, which suggests that their personal health and economic welfare should be of significant concern. Attending to the experiences and needs of frontline anti-violence responders is a critical consideration in advancing our collective efforts towards eradicating woman abuse in Canada.

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References

American Psychological Association *Diagnostic and Statistical Manual of Mental Disorders* (4th edition, textrevised). Washington, DC: American Psychological Association, 2000.

- Arvay, M. J. "Secondary Traumatic Stress and Trauma Counselors: What Does the Research Say?" *International Journal for the Advancement of Counselling*, 23 (4) (2001): 283-293.
- Baranowsky, A. B. "The Silencing Response in Clinical Practice: On the Road to Dialogue." *Treating Compassion Fatigue. Psychosocial Stress Series.* Ed. C. F. Figley. New York: Brunner-Routledge, 2002. 155-170.
- Brzozowski, J. A., ed. *Family Violence in Canada: A Statistical Profile, 2004.* Statistics Canada: Canadian Centre for Justice Statistics, 2004.
- Figley, C. L., ed. *Treating Compassion Fatigue*. *Psychosocial Stress Series*. New York: Brunner-Routledge, 2002.
- Martin, S. L. "Helping the Helpers: Exploring Solutions to Secondary Traumatic Stress in Frontline Anti-violence Counselors." *Intimate Partner Violence: Reflections on Experience, Theory, and Policy.* Eds. M. R. Hampton and N. Gerrard. Toronto: Cormorant Books, 2006. 120-143.
- Meldrum, L., R. King, and D. Spooner. "Secondary Traumatic Stress in Case Managers Working in Community Mental Health Services." *Treating Compas*sion Fatigue. Psychosocial Stress Series. Ed. C. F. Figley. New York: Brunner-Routledge, 2002. 85-106
- O'Connor, M. F. "On the Etiology of Effective Management of Professional Distress and Impairment Among Psychologists." *Professional Psychology: Research and Practice* 32 (4) (2001): 345-350.
- Richardson, J. I. *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-violence Workers*. Health Canada: Family Violence Prevention Unit, 2001.
- Saakvitne, K. W., and L. A. Pearlman. *Transforming the Pain: A Workbook on Vicarious Trauma for Helping Professionals Who Work with Traumatized Clients.* New York: W. W. Norton and Company, 1996.
- Stamm, B. H. Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers, and Educators. Baltimore, MD: Sidran Institute and Press, 1999.

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