



Valorisation Short Summary Hungary PIE4shelter's trainings at BMSZKI services

Introduction

Between March 27 and June 16 2019, we delivered 5 trainings at different services of BMSZKI. One of these was for social workers of a night shelter and a day center. The participants support mostly the same service users as they use the day center during the day and the shelter at night. The shelter is a women-only service, while the day center is open for women and men. Three more trainings were delivered in 3 different services where service users are single women and men as well as couples. 2 of these trainings were for workers in all kind of roles (receptionist, maintenance, safety guard and social workers). The fifth training was delivered for the management of BMSZKI where the leaders of the organisation and the leaders of different services and deputy managers participated.

- The aims of the trainings were:
 - all staff to have a common understanding of GBV and the impacts of trauma,
 - to be able to recognise signs of trauma and coercive control,
 - to sensitize staff not to use blaming when connecting to women who have experienced GBV,
 - to introduce the aspects of PIE,
 - to observe the practice and routine of the particular service through these aspects, especially:
 - managing relationship,
 - staff support.

The events were one day long except the manager training (3 hours) where the aims were to introduce the aspect of PIE and put emphasis on the feasibility of trauma model.

The content of the trainings was handed over by presentations, videos, discussion and group activities.

The Gap Analysis Report showed that in our services the main gaps in the practice are:

- Consistent practice/approaches needed; shared understanding of roles; desired outcomes; understanding of domestic abuse;
- Co-occurring issues – policies, understanding and intervening. Knowledge about what is fundamental is important.
- Information on abuse and trauma not provided to service users.
- No peer support opportunities present.
- Strengths based approach does not show sensitivity to context of people lives.
- Training that relates to practice issues, dilemmas priority for frontline staff.
- Training of managers in clinical supervision.

Although a one-day training cannot answer to all of these, the opportunity to train all staff together is a good starting point to establish a consistent way of support for service users, as the Psychological Informed Environment takes into consideration the experience of service users while focusing on the



well-being of all people who are in the service (staff and service users). For this, putting emphases on reflective practice is essential. During the trainings, the perception of staff members were taken seriously and place was given to discuss about their psychological needs and workload. Staff had the possibility to describe what they think could support them to have better relations with the service users and each other. The daily practice was discussed thoroughly while the operation of PIE principles were observed.

Because of the limitation of time and the fact that we wanted to avoid that the participants become overwhelmed by too much information in one time, the presentation connecting the affects of trauma aimed to have a common understanding and appropriate (not blaming victims and pointing out the responsibility of the perpetrators) words to use in the communication with service users experiencing DA.

It is our plan that the unanswered gaps can be solved by following trainings and case reviews led by experts of the GBV sector and we want to give a deeper training to our deputy managers to use the principles of psychologically and trauma informed practice developed in these learning processes during the project.

The procedure of the valorisation

At the end of August and during September individual interviews were carried out to measure the effectiveness and impacts of the trainings. (Except staff of night shelter where a group discussion was carried out using the interview questions.) Altogether 11 individual interviews were made while in the group discussion 5 people took place. The interviews reached a minimum 3 people from each training.

The previously agreed questions were asked from all interviewees:

- 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?
- 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 who using your services?
- 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?
- 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 enviroment?
- What topics do you think are important that were not covered in the training?
- 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?
- 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?
- How useful do you think this training was on a scale from 1 till 10?

The findings

Changes in practice experienced by the interviewees:

- Some interviewees answered that they did not experience any changes. One proportion of them mentioned that the huge workload and the summer holidays did not let the service implement the principles in practice, while others considered that their service had been working according to the principles before and after the training. The most common changes mentioned by the interviewees were in connection with the cooperation and communication of the staff members. They felt that after the training there was an improvement in both areas, but some of them mentioned that cooperation had initially become better but it has fallen back after a certain time.
- In those services where there are support workers in different roles, those who are responsible for the daily operation of the service and issues related to safety (receptionists, safety guards) had a deeper insight and theoretical background on how the social workers are thinking about the behaviour of their clients. That made people in these roles more sensitive towards hardships of service users life.
- The affects of trauma to personality, behaviour and human relationship have been refreshed for the social workers and aspect of “what happened with you instead of what is wrong with you” has been enhanced in the relationship with clients.
- Some answers indicated that in one service in case of conflict among service users the staff react differently. Even though there is no safety procedure in place, always more staff members take part in the mediation attempts, and it is obvious that everybody who is working at the service at that time is around and pays attention if there is need for more support.
- The level of advocacy by the leader of the services were evaluated better. In some services the participants have experienced better reaction from the management of the organisation for their needs in relation of safety and psychological well-being.

Impact of the training for the individual work:

- In one service the staff asked for and received clinical supervision.
- Some services put emphasis on team building after the training.
- The level of feeling competent increased.
- Staff members’ ideas and views received more attention inside the teams.
- More individual commitments in responding to challenging behaviour without sanctioning.

Impacts of the trainings on the women service users:

- There is bigger emphasis on the principle that the pace of engagement depends on the service users’ will.
- The physical safety has higher level in some services:



- Recycling automat is getting out from the entrance of the women-only shelter.
- Cameras have been inserted and doors are opened by staff in every 15 minutes in the day-center.
- A previously mixed service has been transformed to women-only service (night shelter and day center only for women).
- The staff of the day-center and night-shelter can cooperate more effectively due to the common training.
- The not qualified staff members can react better in recognising signs of difficulties and give information to social workers more often in such cases.
- Staff have become more confident in recognising signs of trauma.

Impact on cooperation among team members

- Most interviewees mentioned better communication between team members.
- It was mentioned in some interviews that recreation programs for staff away of the services happened since the training. (2 different units)
- Some mentioned that barriers between the different roles working together had reduced.

Changes that the staff members think necessary to implement for better reaction on women's needs

- more access to psychotherapy
- case management for every women
- case reviews for social workers led by GBV experts
- opportunities for improving parenting skills
- more women-only services
- social group work with women
- hygiene packages for women
- Some mentioned that they would like to hear about topics in training like:
 - vicarious trauma
 - parenting support
 - simple communication with women who have difficulty with reading and writing
 - tools in talking with victims and perpetrators

Changes that the staff members think necessary for better reaction on the impact of trauma

- Most interviewees mentioned that more trauma awareness trainings needed.
- Some mentioned the need for less administration and more emphasis on reflective practice.
- Others talked about the need for a policy for rescuing from the abusive partner.
- The need for regular supervision came up in almost every answer.

Effectiveness of training in giving information about trauma

For the question how the evaluate their competences to recognise the signs of trauma, in the group discussion all participants (5) evaluated themselves 4 or 5. (on a 5 degree scale.) In the individual interviews the most common was the 3-4 (8) while one person evaluated himself/herself to a 2. When the interviewees were asked to talk about the Complex Trauma, 5 of them gave comprehensive description about it, 5 of them mentioned only one or two phenomenon in



connection to that, while 2 people did say that they did not remember that it was mentioned during the training.

None of the interviewees could give example to the vicarious trauma although when they realised what it was, they could talk about prevention. (Although some indicated that they do not feel that their teams would be a safe place to talk about their feelings and personal experiences.)

12 people evaluated the effectiveness of the training on the scale from 1 till 10. The average of this was 8,1.

Summary

The most important impact of the trainings were that during the event, staff members felt they had relevant experience that could be used and built in the operation of their services. Most of the feedback said that the information about the effects of trauma were not completely new for them but placing it in the focus of the observation of how the particular services work gave a new insight about their work. Events like this training where most of the staff thinking together should be regular according to the answers of almost every interviewee, because they felt that the effects of the event lasted for limited period and the aspects of PIE slowly lost from their importance in their team meetings and daily work.

A part of the terminology that was used during the training seemed to be lost during the time as the questions that focused on the knowledge gained during the training were answered with gaps. From the information that nobody could give an example of vicarious trauma (without the support of the interviewer) seems that we have to put more emphasis on this issue not only when training the staff members but a higher organisation level when supporting the leaders of the services.

The high point that the interviewees gave for the question how much they consider effective the training (8,1) shows the importance of the issues raised up during the trainings.

Before and during the training program there were some attempts in BMSZKI services to give better response for women's needs (Safe place for women in day- center: Every Wednesday afternoon one of our day- center was opened for only women. Power to change groups. Women health program.) but none of them is operating presently. According to the feedback of those who were working in these programs the main reasons why the programs stopped were that it was very hard to handle the resistance of men as they were continuously blaming support workers to give advantage to women only which caused conflicts between team members as well. Working together with team members and receiving relevant information of gender-based violence and its dynamic could give better understanding and resilience for staff members in these challenging situations.

We consider it important that dealing with GBV and DA is an emotionally overwhelming experience in which staff members need support from other team members and professionals. Because everyone who has contact with victims of violence has a high risk of vicarious trauma, clinical supervision is essential. Based on the feedback from the trainings, the management of the organisation made efforts to have funds for clinical supervision for the teams. At this point teams can decide if they want to use this opportunity, but ongoing and regular training would give them adequate information to consider when teams made decision about their needs.



Another important lesson is that at this level of knowledge and skillset that the staff of the services acquired is still essential that the regular case reviews of supporting women experiencing DA will be lead in cooperation with GBV experts from agencies working in this field.