



PIE4shelters project

Valorisation Short Summary fio.PSD_Italy

Introduction

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

6th 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;

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

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

20th 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).

At the same time, from the answers of social workers it was easy to notice how they did not employ a psychological framework so frequently 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 Italian Gap Analysis Report regarded the *Support for Parenting*: the women interviewed, in fact, answered that staff was not able to helps women 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 provides opportunities for children to get help dealing with the abuse and other hardship.

If we can assert, as we will read below, that we have started to respond to the first finding, probably with regard to the second finding 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 more of 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 spaces);
- 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 questions were the same as agreed by the partners during the last meeting in Athlone (Ireland) and we will report it below in the findings.

The findings

Changes fostered by training and impacts on workplace and workers

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 their paths.

The attachment theory, the concept of resilience and the "tolerance window" were particularly useful. The training allowed to bring again attention on some well-known but "taken-for-granted" aspects and allowed a further reflection upon the possibility of improving the working environment and working practice: higher attention and importance is given to work spaces, to the person-centred project, to the care in "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.



The Focus Group activities underlined how the training reshaped and enriched knowledge and practical experiences on GBV, improving working practices.

In this case as well, it was highlighted an increased awareness and a better understanding of the traumatic pathways lying behind some "indecipherable" behaviours and of the consequences carried by women with experience of GBV, as well as an improvement in the management of situations.

Another change was also emphasized regarding the care of 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 towards women.

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

- ability to manage different situations that until then tended to recur, bringing new answers;
- changes 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 clearer);
- always try to put yourself in the person's shoes to understand his need, even when certain reactions, attitudes and behaviours seem inconceivable, without judging by appearances;
- awareness that some environmental and methodological aspects can greatly facilitate the path of women and work with them.

Consequences on the condition of women using the services

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 that work effectively and with a competent look is emphasized.

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

Here are a few examples of the consequences and changes about the condition of women using the services and the changes in the way they connect to women themselves.

Only one interviewee reported not to notice remarkable changes in this regard, while within one of the three Focus Groups the changes take on more the contours of confirmations of attitudes and methods already activated in the support paths.

- 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 answers;



- 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 empathetic), support, reception, respect for women's time and in the provided answers;
- more punctual and individualized answers, targeted actions and dedicated to specific needs;
- more attention to a safe and secure hosting environment and creation of a safer and more protective environment, able to put women in a better position to act;
- more attention to little aspects related to the structuring of the context, the spaces, the existence of dedicated places, the crowding and cleaning of the structures;
- 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 management of 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 show 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.

There is a greater investment in the care of relationships within the team:

- 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;
- continuing 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 the team, it is important to share the aspects that everyone can grasp, thanks to its specific training; each social worker has, in fact, a personal style but also a wealth of skills acquired in studies and work experience that can be useful in managing critical 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 a trauma.

There are attention and care for the problems and difficulties that arise during work and in being in relationship with people: «the opportunity to discuss it 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, for example, 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 people for greater attention to the psychological aspects;
- change of structures / service for social workers, useful to have more points of view on a single problem and not to work exclusively with some people.

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?*

From the interviews, as well as the Focus Groups, it has emerged the importance of the following issues: training, supervision and physical spaces, they 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 that share the same objectives. Sharing various points of view and different professional approaches could be of great help. Moreover, sharing attention to the history and to the traumas experienced, as well as sharing together the personal and professional difficulties would create a greater connection between the matters of training and practicality.

It would be required a greater effort in the care of environments and physical spaces, to make them as suitable as possible for the goal of overcoming trauma (private and common spaces, colours, lights, adequate spaces to talk and also for entertainment activities within the services, etc.) and to make the places where people live their everyday life more comfortable and pleasant (i.e. to intervene with physical improvements on services).



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. Also, it would be useful to give more space and time to the service and to shape it in order to foster constructive relationships. Furthermore, it would be very useful to have training and work proposals for women and pay more attention to communication in everyday life, and not relegating good communication only to a few limited moments.

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

- 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 the "psychological" area;
- creating moments and spaces of informal listening for users;
- nurturing well-being within the working group (i.e. closeness and reinforcement of the group);
- dedicating a part of the team meeting to analyse together 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. Below, by way of example, 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;
- often it can develop within a family unit;
- it goes beyond the definition of PTSD;
- it leads to negative consequences in the life of the person, especially if experienced during the early years of life and if not dealt promptly;
- it gives rise to complex and pervasive outcomes in terms of emotional-behavioural regulation and, therefore, in the daily life;
- it can lead to alteration of the states of consciousness, the perception of self and others, the meanings, the personal reflection capacity and, obviously, affects the relationship area;
- it is essential to recognize a trauma or a complex trauma and keep it in mind to face it and to better understand and work with people;
- it needs an immediate and appropriate intervention, or an individualized therapy and a cared context and environment, can help to restore a balance in the women with experience of GBV;
- most of the women using services have experience of this type, that require a multi-dimensional and complex approach, in synergy with specialized services.



Social workers dealing with migrant women victims of trafficking emphasize the "additional" traumatic events experienced 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 strategy to respond to it and to prevent it

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" have been reported.

From the answers it also emerged the definition of vicarious trauma as a process, an indirect exposure to the traumatic event of the user (indirect trauma), an event that arises in those who work in the helping relationship and that negatively affects life (private and professional) of the social workers. The vicarious trauma derives from an excessive empathic involvement between those who carry out a helping profession and those who are victims of trauma.

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

- 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 the 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 of the topic, 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, joint teams;
- 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 giving 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 in the training and general evaluation of it

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)*

Among the topics considered important and which *were not covered* during the training or which should be further deepened, we draw attention to the following (by way of example and not exhaustively):



- 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 in 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 graded it 5 and that one of the two focus groups of 4 members rated it as 6 on the scale, adding that the training should be deepened.



Summary

The first thing that we can confirm is that the fundamental **importance of working in an informed, trained and attentive environment** has been recognized and the method has become a constant reference point and a reason to investigate further aspects of work.

In many interviews, social workers report that was very impactful on them and their work the 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 DA and how all these elements affects their lives, their relationships and the work with them.

The training seems to offer the chance to better understand that this is a multidimensional context of work that 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 women using the services and the changes in the way that social workers connect to women themselves, seem to reflect the contents of the training closely and concretely.

The interviews highlighted some other important points and suggestions like the impacts of the training on daily working practices and the care of the team and the relationship within it.

The average of the overall evaluation of the training (8.2) seems to indicate that the participants appreciated the training and the good feedbacks regarding the trauma and the vicarious trauma show that some contents have reached the recipients.

Like anticipated in the "Introduction", through PIE4shelters project and the training, fio.PSD wanted to do a first experience of specific contents transmission towards some of its members.

In the future we would like to go deeper into these topics, trying to cover some others findings of GAP and involving others participants, services and specific agencies.

The medium-long objective of fio.PSD, in its own role of umbrella organization, it is to provide the training for others members and to link the approach with other methods used to tackle severe poverty and marginalization of homeless women with experience of GBV and DA 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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