Women working with women

Vicarious trauma in the probation service

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Introduction

The survey data in this report forms one part of a London South Bank University (LSBU) research project into vicarious trauma in female probation staff who supervise women. The survey was distributed on behalf of LSBU by Napo to its female members' and Black members' networks. It was also publicised in Probation Quarterly and Napo Magazine.

This summary of the findings has been provided to Napo to enable discussions with probation employers regarding working conditions and support for women practitioners working with women. Key findings and key recommendations based on the survey results are outlined at the end of this report.

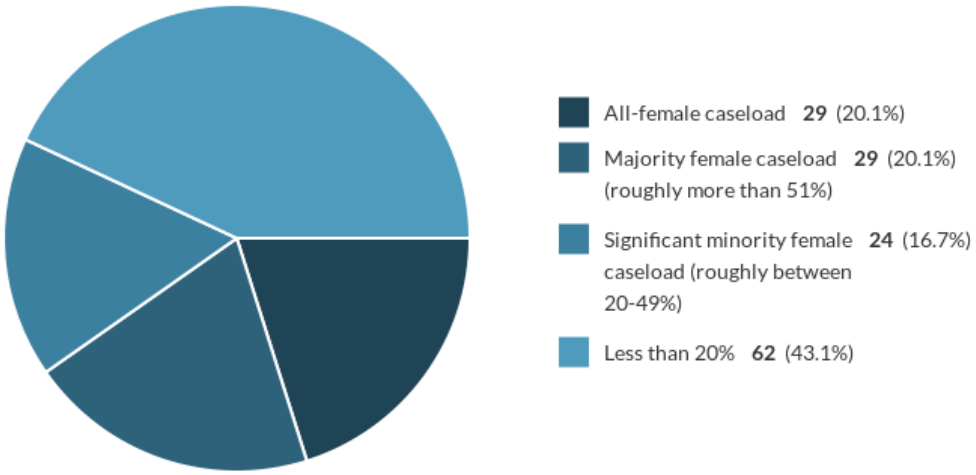
This version of the report is suitable for sharing with third parties and online publication. Information relating to demography and Napo membership have been removed. Included here are sections: workplace setting, client work; support, training and clinical supervision; probation culture; direct trauma; vicarious trauma; respondents' narrative views.

The data is presented in three formats: quantitative data is presented in raw form, with brief commentary after each section. Qualitative data has been thematically coded, followed by commentary. Extensive free-text response data has been included to the qualitative questions, to enable the unmediated views of respondents to be heard (quotations have been corrected for typos where the meaning was obscured, otherwise comments have been reproduced verbatim). Any potentially identifying details have been removed to preserve anonymity.

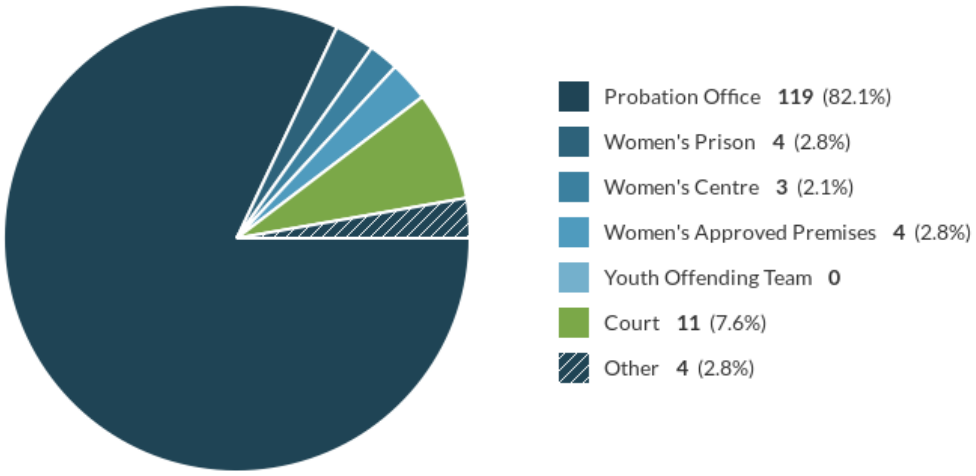
Workplace setting

The survey was open to all women practitioners and former practitioners who worked with women to aim for a wide data set. Therefore although the focus of the project is women who work with women, many practitioners are also supervising men. Where this is relevant it has been highlighted in the report.

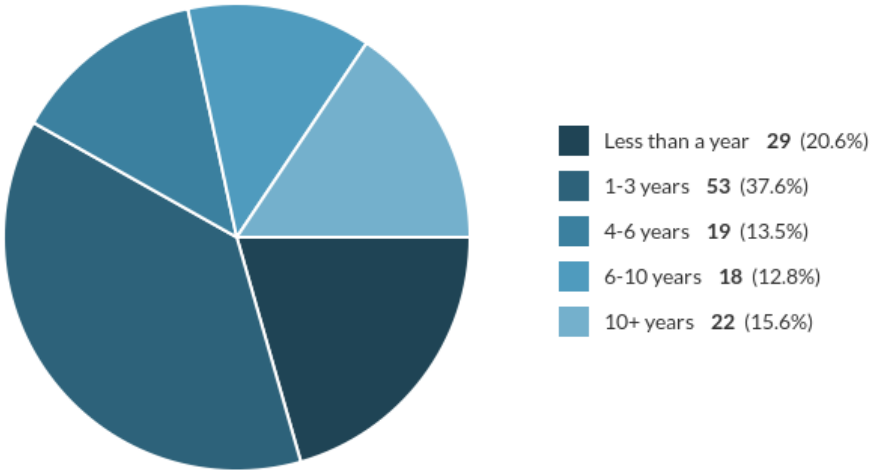
Q: What is/was the proportion of women on your caseload?



Q: What is/was your workplace setting:



Q: How long have you worked/did you work with an all-female or significantly female caseload?



38% of respondents had only 1-3 years' experience in the job, with another 21% having less than a year's experience in the job. This means over half respondents (59%) were relatively inexperienced, even though working with women is professionally complex and emotionally demanding. Retention of experienced staff can act as a buffer against burnout through colleague support and guidance, so this is of particular concern.

A follow-up question was asked about reason for leaving, and subsequent role. This was a free text question, the answers to which have been thematically coded. The data has been anonymised so no individual workers could be identified from this report.

The 67 responses received have been themed thus: moved to another team or role (31); – retired (4); promoted (6); left probation (1); remained in post but no longer supervising women clients (10); other (15).

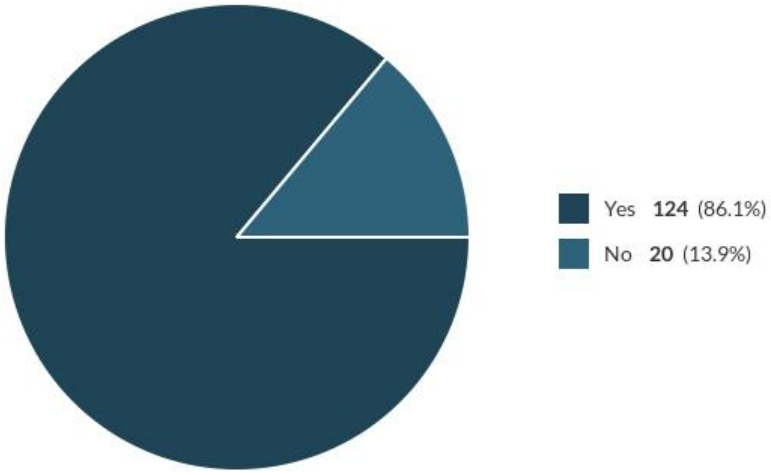
Narrative comments showed that some women who wished to continue to specialise working with women had been prevented by women's teams being disbanded, by being moved to a different team against their will or by their SPO not approving of specialisms. There are indications of inconsistent practice. Some were prevented from continuing as women's specialists on qualifying as a PO. Some chose to move on to different teams due to the emotional impact of working with women. Two respondents noted that they were prevented from supervising women once they were a qualified PO as they were reserved for high-risk work, which is usually with men, given a shortage of qualified staff who could hold those cases.

These findings indicate there is dispersed and varied knowledge about working with women amongst female staff, and there is no 'one size fits all' operational model in place. There has been considerable flux within the workforce during reunification and it is not uncommon for staff to move between teams, roles and locations. This demonstrates the importance of wider support and awareness of women's work among non-specialist colleagues, to prevent ghettoization and isolation, and to skill up non-specialist staff who may nonetheless be allocated some women-related tasks, such as pre-sentence report writing.

The impact of trauma on staff wellbeing is directly relevant to practitioners' capacity to work effectively with clients without undue risk of burnout. This next set of questions addressed these issues.

Direct trauma

Q: Have you experienced direct trauma in your own personal life, i.e. outside of work?



86% of respondents stated they had experienced direct trauma. This is higher than the average for the general population of 50-70% (PTSD UK, 2023). It begs questions about whether women - or indeed probation staff more generally - who themselves have experienced trauma are drawn to the helping professions, which falls outside the remit of this research project but would benefit from further research.

This finding has implications for resilience when working with traumatised clients. In the narrative follow-up section to this question some respondents considered their own experiences to be a strength in the workplace, due to their capacity to empathise and relate to their clients. It is important that those with direct experience of trauma are not stigmatised within the workforce as being unduly vulnerable. However, without appropriate support, those with experience of direct trauma may be at elevated risk of vicarious trauma and burnout, as indicated in the academic literature (e.g. Cox & Steiner, 2013; Larias & Byrne, 2003).

62 responses were given to the optional follow-up question: 'If you wish to state how your previous experience of trauma impacts on you in the workplace then please do so'. These were free-text answers which have been thematically coded into two subsets: disclosures about types of trauma, and disclosures of the impact of trauma on work.

Types of direct trauma:

Domestic abuse (16); Sexual trauma (8); bereavement (10); childhood trauma (10); other trauma (18).

Impact of direct trauma on work:

Fatigue/stress and anxiety/physical symptoms/sick leave (9); reduced empathy/dissociation from casework (2); certain cases are triggering/elicit distress (16); inability/reluctance to hold certain offence types (5); increased empathy/understanding towards clients (15).

Responses below illustrate the impact of direct trauma on the work, and the emotional toll of managing casework while also recovering from direct trauma:

- *Previous experience of sexual trauma has resulted in reduced empathy for my cases who have experienced this trauma as I tend to distance myself from their experiences to safeguard my own wellbeing.*

- *I was the victim of Domestic Abuse, i felt this actually assisted me when working with women as a high proportion were also victims of DV. I was able to understand their experiences.*

- *It has enabled me to recognise the impact of sexual abuse and racism on individuals. Whilst the impact upon people is not universal or equal, there are commonalities and this has helped me in working with women affected by such trauma.*

- *Sometimes I feel the need to decompress, or certain things will trigger memories or horrible feelings, but these are often not things I realised would trigger these emotions. It is then difficult to explain why something that appears minor has made me feel a certain way to colleagues or managers.*

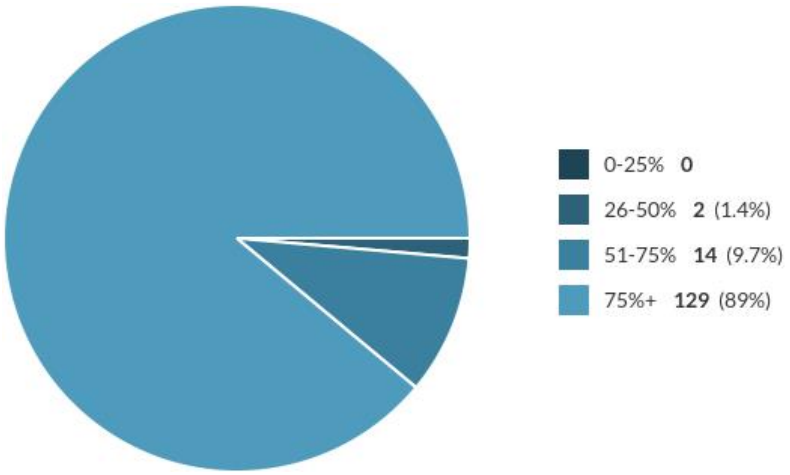
- *I witnessed domestic violence as a child and this impacts me in terms of my awareness of the impact of DV on children.*

- *Certain offences will sometimes bring about flashbacks and negative feelings.*

Given the overlap between the types of trauma experienced by practitioners and by clients (see next question) it is important that staff are able to safely process how they are relating to client work. This becomes particularly important when staff are more vulnerable to adverse reactions to the rigours of the job because of their own vulnerabilities (Michaelopoulos & Aparicio, 2012).

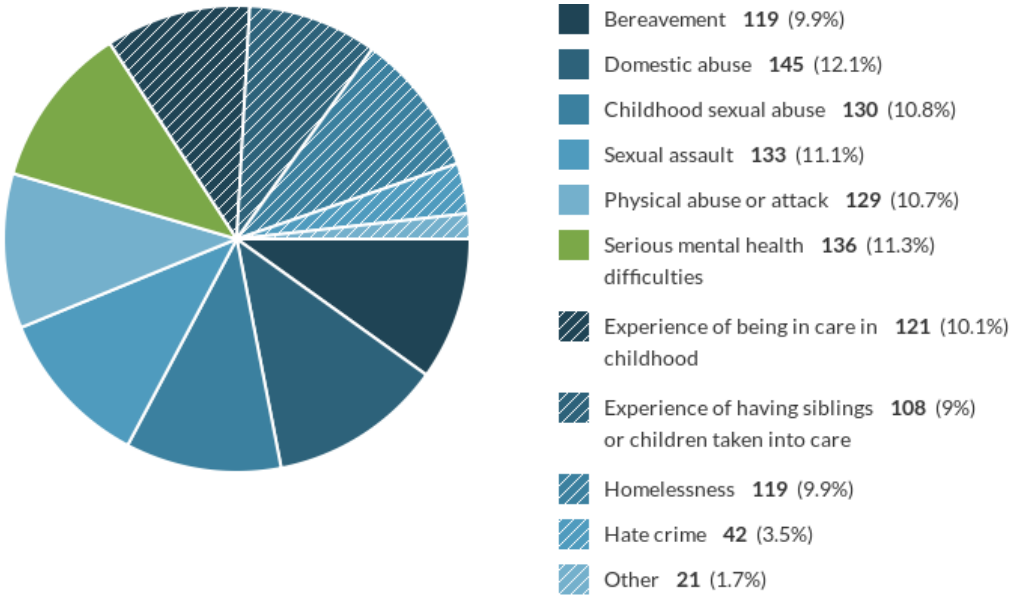
Client trauma

Q: Of your female clients, what proportion of them have experienced one or more serious trauma or traumas?



129 respondents (89%) said that more than 75% of their female clients had experienced one or more serious traumas. This confirms the official literature: findings of high levels of serious trauma in female offenders have been found by the Ministry of Justice (2018), the Corston Report (Corston, 2007) and by the wider research into female offenders (e.g. Hollin & Palmer, 2006; Gelsthorpe, 2019).

Q: Please indicate which trauma/s your female clients have experienced. Tick as many as apply.



Responses to the Other category have been grouped into the following categories:

Trafficking/modern slavery (8); sex work/sexual exploitation (7); death or murder of immediate relative (4); kidnap (1); other forms of childhood trauma (4); honour based violence (1); cuckooing (2); terrorism (1); trauma at the hands of the criminal justice system (3).

This adds up to more than 21 as some Other category responses cited more than 1 form of trauma.

145 respondents (100%) stated they are supervising domestic abuse victims, 136 (94%) are supervising those with serious mental health problems, 133 (92%) are supervising sexual assault victims, and 130 (90%) are supervising childhood sexual abuse victims. These are the highest reported types of trauma. Most women suffering these will also be suffering from other serious trauma. The scale of adverse experiences among this client group is phenomenally high. Probation staff may be supervising many women clients who suffer from multiple serious traumas at the same time.

The complexity of this casework should not be underestimated. A few narrative comments from more experienced respondents expressed concern that women clients were being supervised by newer members of staff without the requisite experience or support to manage this complexity.

An overlap can be seen between some forms of client trauma and staff trauma, which indicates that staff will need careful support and supervision to manage this dynamic. Staff members may not feel comfortable to disclose their own primary trauma at work, meaning that access to other forms of support are particularly important (discussed later in this report). One risk of such a high trauma caseload is that practitioners place their own health and wellbeing at risk by working overly hard to support vulnerable clients, given their very high support needs. This can lead to burnout among many other negative symptoms (Wilson, 2016). Supervising vulnerable women involves an interplay of several complex features, not least the relational aspects of the work, which this next question addressed.

How does female clients' experience of trauma impact on their engagement in supervision with you?

This was a free-text question. 124 narrative responses were received. This was the free text question which elicited the largest number of responses, indicating that staff have strong views on the topic, and are keen to discuss them. These have been thematically coded and anonymised. (Complex needs refers to combinations of factors per client, including mental health, domestic abuse, child protection, substance misuse.)

Key themes which emerged are:

Difficulty in establishing trust - 79 (64%); dependency/over-engagement/overly demanding - 20 (16%); difficulty with compliance/ chaotic lives - 15 (12%); aggressive/hostile behaviour - 7 (6%); complex needs/multi-agency working - 24 (19%); difficulty with boundaries - 9 (7%).
(These add up to more than 124 in total as several respondents identified multiple aspects of impact.)

Respondents' own words illustrate the relational challenges:

- *Lack of trust, lack of engagement, always feeling they will be let down, not caring about the consequences of failing to comply as nothing could be worse then what they have already been through*
- *Trauma can affect their memory, their ability to process and retain information.*

- *Due to staff shortages, a number of women have had numerous officers which I have found impacts their engagement… If they feel like they are being judged they completely close down especially in relation to their relationships with partners who abuse them.*

- *It takes longer for women to build a rapport of trust with someone they are working with. Women as well often perceive the building a rapport as 'building a friendship' as opposed to building a professional relationship. As a result, more working boundaries are needed to be put in place in order to have a successful working relationship.*

- *Often females will not attend appointments. They are very chaotic in their personal lives, they are dealing with trauma in their everyday lives.*

- *Trauma can overwhelm engagement due to individuals being engulfed in it and unable to focus on anything else.*

- *Women… often perceive the building a rapport as 'building a friendship' as opposed to building a professional relationship. As a result, more working boundaries are needed to be put in place in order to have a successful working relationship.*

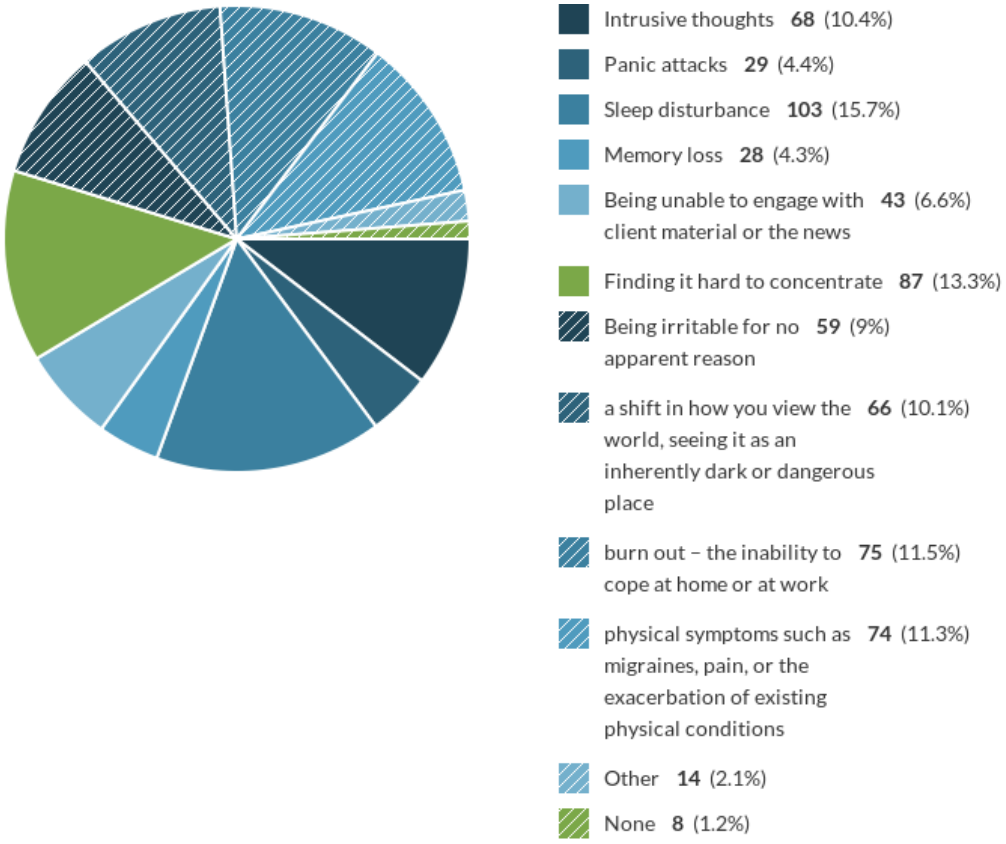
- *There is a wide variation between clients, some become very attached and deteriorate quickly if contact or support is reduced, where as some woman completely shut down and wont open up, they can become hostile, aggressive and detached.*

These challenges to developing trust are particularly relevant given the centrality of rapport-building to meaningful change for clients (Lewis, 2014; Nahouli et al, 2023). Sophisticated interpersonal skills and emotional resilience are required to manage such interactions to maintain boundaries and to manage the practitioner's own emotional responses. As the next section discusses in more detail the impact of this work is severe and requires far more support from the employer than respondents feel they currently receive.

Vicarious trauma

This section requested information from respondents about their own experiences of vicarious trauma. (All questions were optional, to reduce the risk of respondents being retraumatised by writing about their trauma if they did not feel comfortable to do so, or leaving the survey without finishing the remainder of questions.)

Q: Have you experienced any of the following symptoms of vicarious trauma while working with women in probation?



(Symptoms used in this question are taken from the legal organisation LawCare's definition of vicarious trauma symptoms, reproduced by permission.)

Only 8 respondents reported no symptoms of vicarious trauma. Therefore, 137 respondents (94%) stated they had experienced at least one symptom of vicarious trauma. As seen in the chart above, most respondents cited more than one symptom.

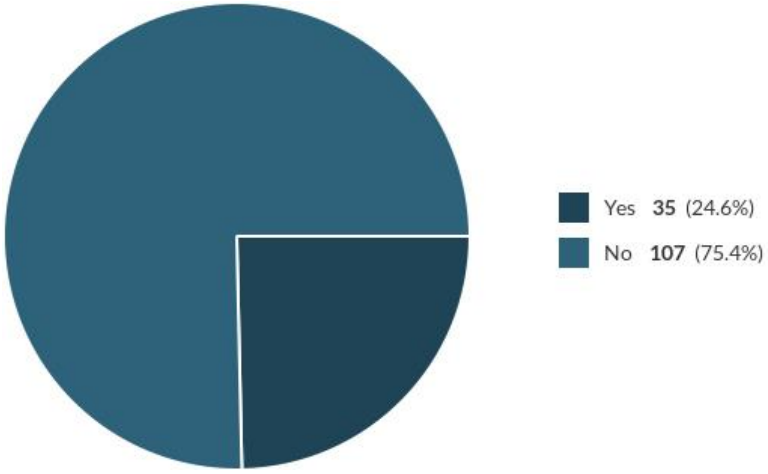
Sleep disturbance was the most cited symptom (103), with difficulty in concentration the next common (87). Worryingly, the third most common symptom was burnout, defined as an inability to cope with work or home life (75). Physical symptoms were next common (74), followed by intrusive thoughts (68) and seeing the world as an inherently dark or dangerous place (66).

These are serious symptoms of vicarious trauma with the potential to derail mental wellbeing and affect respondents' ability to do their job safely or sustainably.

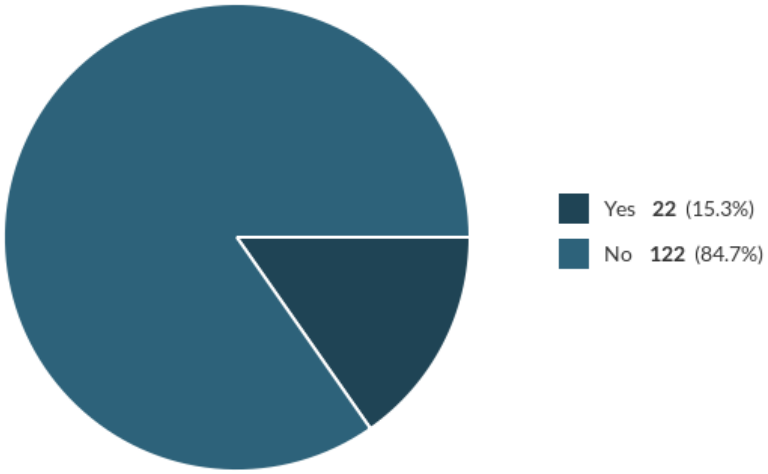
Q: If you feel able, please give more detail about your experiences.

14 narrative responses were received to this follow-up question, which are not included here due to anonymity requirements. This is quite a low response rate compared to most other free text questions. This may indicate a reluctance to be triggered by dwelling on VT experiences, or a reluctance to disclose such personal information in this format. Ensuring staff have avenues of support in which they do feel able to disclose and discuss their experiences needs to be carefully thought about by the employer, including potential barriers to disclosure.

Q: Have you ever had time off sick due to the effects of vicarious trauma?

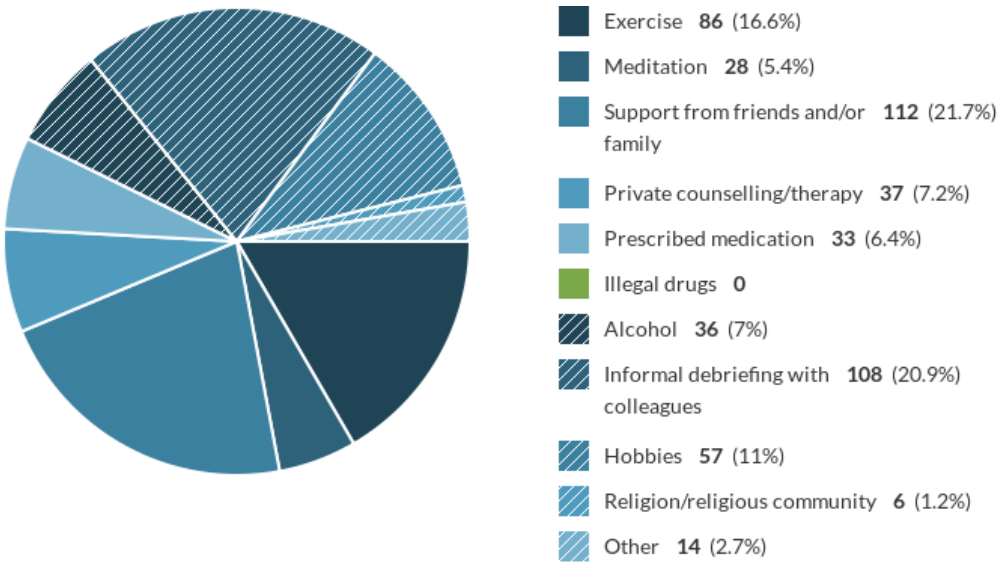


Q: Have you ever been referred to Occupational Health due to the effects of vicarious trauma?



One quarter of respondents have had time off sick due to vicarious trauma, and 15% have been referred to Occupational Health due to vicarious trauma related illness, which happens after longer term absences or frequent short periods of absence. These findings indicate a significant loss of work time due to this issue. This indicates it would be in the employer's interest to ameliorate vicarious trauma to reduce sick leave, as well as for reasons of staff quality of life and mental wellbeing.

Q: What coping strategies, if any, do you employ to manage work-related stress?



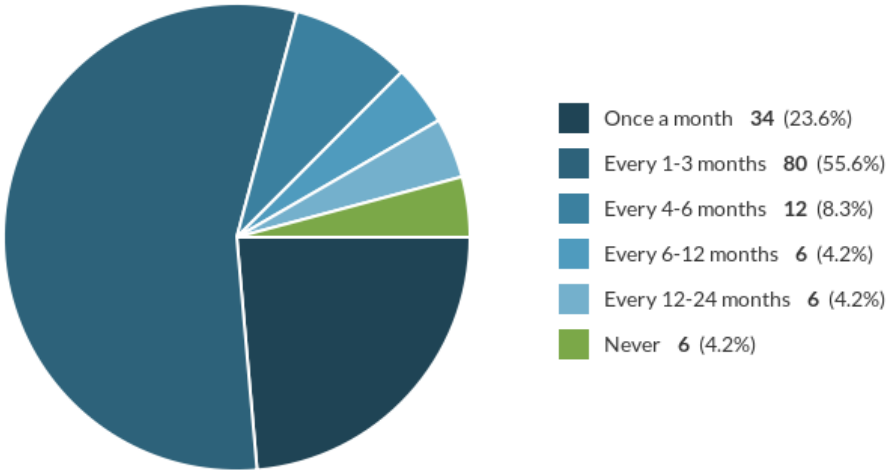
Talking to others to gain support was by far the most common finding, for example: getting support from family and friends (112) and debriefing informally with colleagues (108). Exercise was the third most chosen option (86). This indicates that staff need people to talk to about the strains they experience in the workplace. Support from family and friends has its limitations due to confidentiality – full discussion of cases is not permitted. This leaves informal debriefing with colleagues, or private therapy (37) as the activities which actually involve discussion of casework. However, informal debriefs are not included in workload management tools, despite their essential role in combating stress.

NB As respondents could choose more than one option; practitioners are often combining multiple coping strategies.

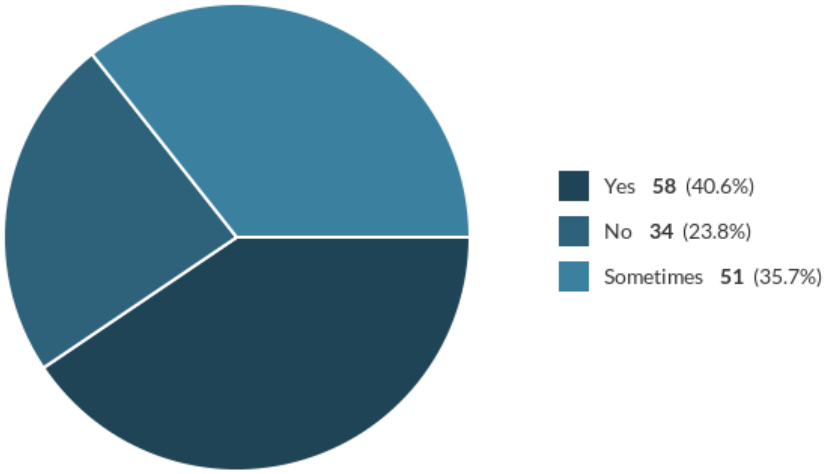
Line management

Respondents were asked three questions about their line management.

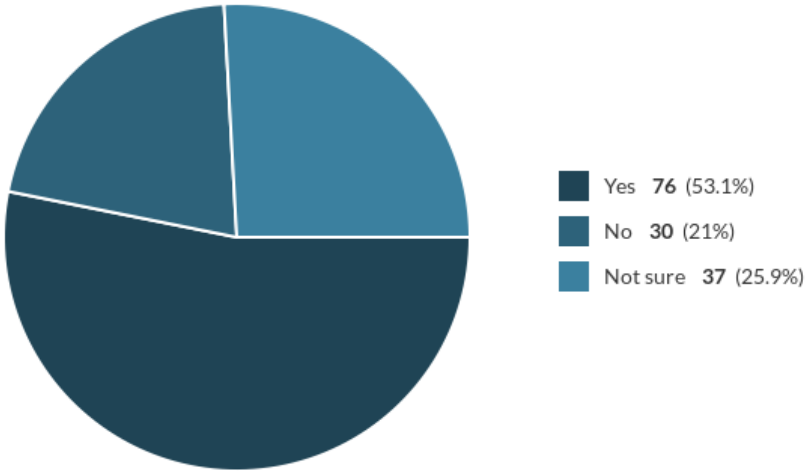
Q: How often do you have supervision with your line manager when you discuss casework (rather than targets or other managerial objectives)?



Q: In supervision with your line manager do you have the opportunity to talk about the emotional and/or psychological impact on you of working with traumatised women clients?



Q: Would you feel able to tell your line manager if you thought you were suffering from vicarious trauma?



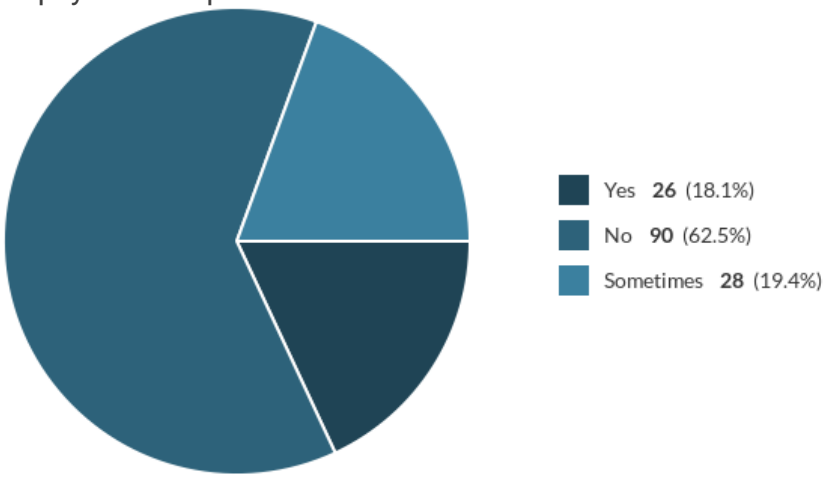
Respondents' views on their line management presents some mixed results, with some welcome positive findings. 114 (80%) respondents report having regular supervision, either monthly or every 1-3 months. 58 respondents (41%) stated they would be able to discuss the emotional impact of the work, with another 51 (36%) sometimes able to discuss this. However, 34 respondents (24%) do not feel they have this opportunity.

It is positive that more than half – 76 respondents (53%) - would feel able to discuss symptoms of vicarious trauma with their manager. However, that does leave a lot of respondents who are either unsure – 37 (26%) - or would not feel able to tell their manager about their symptoms – 30 (21%).

Given the high levels of disruption within the service during reunification, and the knock-on impact on team reorganisations and restructures, it is positive that there is a degree of stability in the new organisation which means management supervision is happening regularly, and a significant number of practitioners feel able to talk to their manager about this issue. However, given the likely underreporting of VT by practitioners, there is an opportunity for improvement in these numbers with management and practitioner training.

Clinical supervision

Q: Do you have access to clinical supervision, i.e. supervision by a qualified psychologist or psychotherapist?



The majority of respondents stated they do not have access to clinical supervision, despite the very challenging nature of the work. The next question explores this issue in more detail.

Q: Do you think that access to regular clinical supervision helps, or would help, manage the emotional labour of the job?

This was a free-text question which garnered 128 responses. The narrative responses have been coded into themes. Most respondents thought that clinical supervision helped or would help (108); were unsure (8); had negative views of clinical supervision (11). 1 response was unclear.

The data shows that there is an expressed need for clinical supervision. However, staff require adequate time to access it. There was some confusion between clinical supervision and the employee assistance programme PAM Assist. Not all practitioners felt able to tell their line manager if they were feeling emotionally affected by the work, meaning it is particularly important they have another appropriate professional from whom to seek support.

These free text answers illustrate practitioners' views:

Positive views of clinical supervision:

- *'Yes. Every therapist I speak to in a personal or professional capacity is horrified to discover we don't have this.'*
- *'Myself and other colleagues have experienced person on probation on our caseload has died and we have not been offered any support or even a chat about how this made us feel'*
- *'It is certainly something that is missing. It would be so beneficial to talk through some of the things we deal with.'*
- *'I truly believe that holding an all-female caseload should come with clinical supervision. There is not a day in my working week when I am not subjected to the onslaught of women's trauma, to the detriment of my own wellbeing and my family time'*

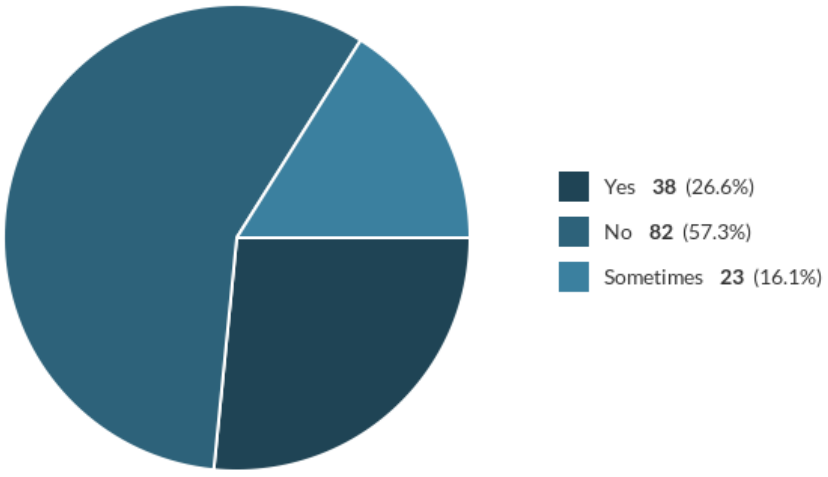
- *'Yes, I think being able to talk to someone about the trauma that they have experienced and the impact that that has on us as well as the impact that their behaviour can have on our state of mind would be beneficial I have had this in the past and it did help'*
- *yes - i have managed a staff member in a victim liaison role who was diagnosed with vicarious trauma. That role is often forgotten in terms of the things they experience and hear about day to day.'*
- *'I think it is imperative that we as practitioners have access to mental health support. Had I had this previously I may not have hit burn out.'*
- *'When I was a WSO we had access to regular clinical supervision with a professional experienced in the area of DA and that was a significant source of support.'* (*WSO - women's safety officer, DA – domestic abuse)

Negative views towards clinical supervision:

- *Current service is useless but previous agencies have been very helpful*
- *I've ticked yes but it is via employee support and I don't know qualification of the person who you end up talking to if you need and intervention.*
- *No, clinical supervision is generic, prescribed and with a stranger*
- *No, accessed and they just smiled at me .... No response, no suggestions or advice, waste of time*
- *I've had clinical supervision and find in simply and exercise where the practitioner repeats what I said. Do not find it helps manage any part of by job simply a tick box exercise.*
- *Possibly. I just found that I was upset after I had one session of clinical supervision which, for me, was not helpful.*
- *I take the view that the clinical supervision offered does not actually recognise the trauma of the work undertaken.*

Case formulation meetings/group supervision

Q: Do you have access to other forms of support, such as group supervision or clinical case formulation meetings?

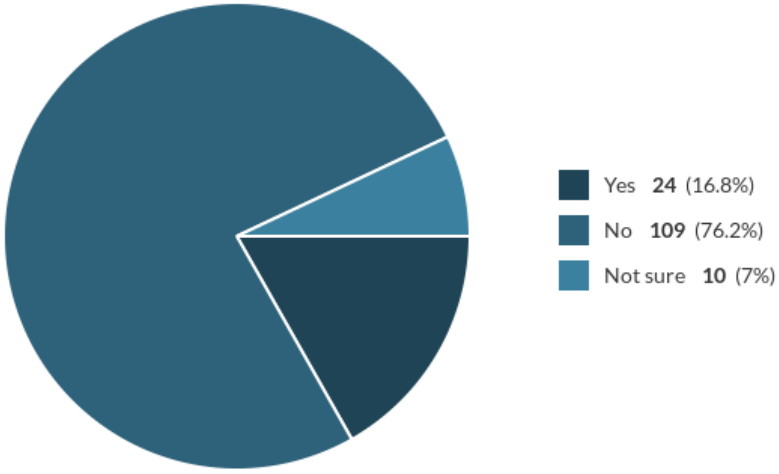


These responses show that fewer than half (43%) of respondents have some access to case formulation meetings or group supervision, as alternative avenues for discussing casework. However, it is encouraging that 27% of respondents did have access, indicating there is a base of good practice which can be built upon.

Vicarious trauma training

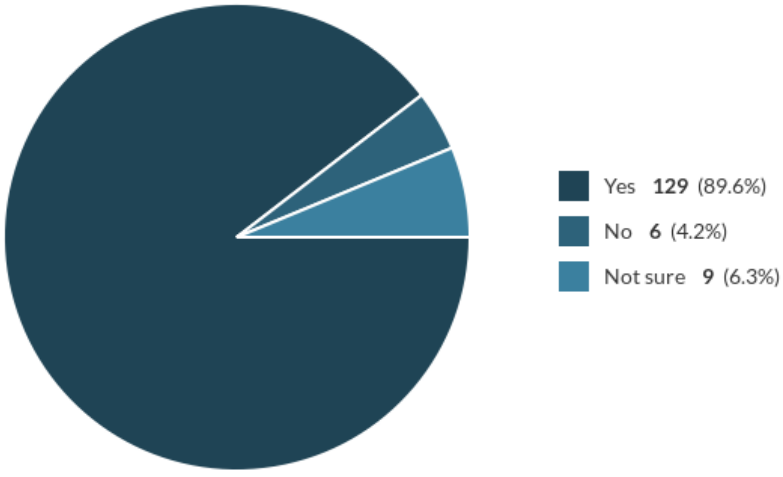
Participants were asked three questions in this section.

Q: Have you had any training on vicarious trauma at work?



109 respondents stated that they had not had any training on vicarious trauma, with a further 10 unsure. This means a low number of 24 (17%) of respondents stated that they had had any vicarious trauma training. Given the high proportion of respondents who stated that they suffered from one or more symptom of vicarious trauma it is of concern that many of them have not had access to training on this topic. Access to training on VT can act as a protective factor against developing it or one's symptoms worsening (Olsen, 2022; AbiNader et al, 2023).

Q: Do you think there is a need for training in managing vicarious trauma specifically for women working with women?



Just under 90% of respondents felt there was a need for gender-specific vicarious trauma training. There appears to be a mismatch between what is available to staff and what is wished for by staff. Not only is training on vicarious trauma not being provided consistently, but the gendered aspects of vicarious trauma are also under-recognised.

This question elicited 111 narrative responses, which have been coded into the following themes:

Need for this training (26); probation organisational culture doesn't recognise VT (21); not only women working with women who need VT training; (8); VT training would improve service to women clients (11); difficulties of coping with the job/managing own trauma (35).

Some free text answers are given here for illustration.

Need for VT training:

- *Women are more likely to have been victims of sexual trauma, domestic violence and childhood trauma. In addition, women are far more likely to be involved in sex working and to have been victims of human trafficking that can often to 'hand in hand' with sex work. As a result, i believe it is imperative to be fully trained in such areas so we can best support the women.*
- *We know female pathway into offending is most likely to be through trauma. Its inevitable hearing their experiencing, their offending and quite likely their own going trauma will impact on the worker. Learning to identify, manage and respond to vicarious trauma would benefit staff to maintain their health and ability to work.*
- *I have not received any training of this nature , yet there is a general consensus within the team that working with women tends to be a far more complex, time consuming and emotionally challenging.*
- *I can't remember holding a case where the female hadn't experienced some level of trauma. More often than not, I found the trauma was linked to their offending so it was necessary for the trauma to feature in their supervision… Receiving specific training on how to process the vicarious trauma would have been invaluable in order to be effective in my role.*
- *As practitioners we need to know how to protect ourselves as much as possible from the effects of vicarious trauma, otherwise we will be unable to fulfil our role effectively and unable to support women appropriately. We may even have a detrimental effect on them*

Probation organisational culture doesn't recognise VT:

- *It's not discussed. There is no space to talk about how our own experiences of trauma can be triggered by the female service users we manage it how much we absorb the emotions these women put on us. I would feel guilty that I couldn't protect a service user from going home to a violent partner.*
- *It is not generally recognised that it exists despite most of my colleagues stating that they do not want to work with women because they are so complex and draining*
- *I feel that this is something that has not been mentioned since I began working in Probation. I would welcome any training that could be provided to help manage vicarious trauma*
- *I'm not sure we really recognise it in Probation. We don't hold meetings to share and talk about it we just absorb it and move on really.*
- *It's a barrier to working effectively with female offenders and to recognising its impact on co-workers*
- *When having a high caseload and demanding role, often difficult to provide self care. Employers responsibility to ensure some reflective and informed place to reflect.*
- *…we are left to 'get on with it' when we are dealing with horrendous cases on a day to day basis i.e murder, manslaughter, rapes, GBH, child cruelty, domestic abuse etc*
- *When my staff member told me about vicarious trauma I had never heard of it - how can I support her effectively in that scenario?*

All staff need VT training:

- *I think there is a need for vicarious trauma training for all staff - male and female. Staff are open to vicarious trauma from male and females on Probation. I think it is a bigger problem than has previously been recognised and one that does need addressing*
- *I think male & female staff should have access to this training*
- *I think vicarious trauma could come from any case, not just gender specific and therefore training on vicarious trauma for any case would be important, especially given that we manage the majority of male cases.*
- *I think this training should be available throughout the probation service as many of the male cases i have held have also been extremely difficult emotionally. However the prevalence and severity of trauma amongst female clients would make it, in my view, more of a priority to train.*

VT training would improve service to women clients:

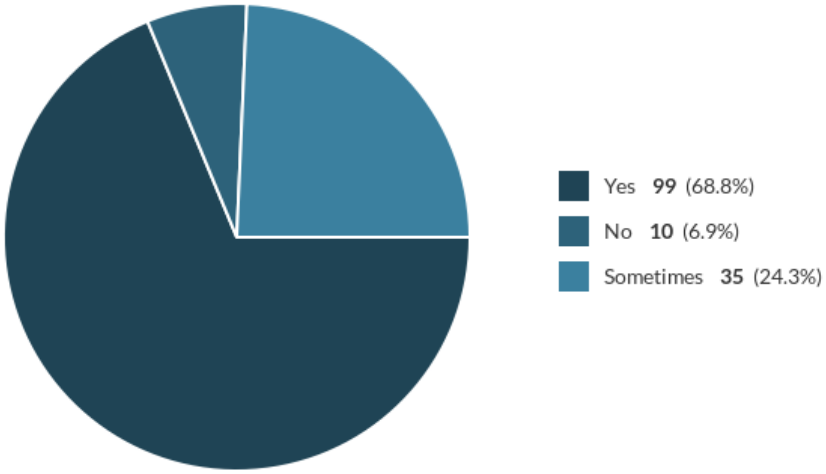
- *I believe this can be an issue, and helpful training will help all round, both the woman managing and the woman she is managing. Helpful training would hopefully enable a case manager to remain empathetic but not become too emotionally involved that it effects the professional support they give.*
- *It helps to formulate the best way to work with women and use a more trauma informed approach. I have found this way of working beneficial with women.*
- *Would better prepare staff and prevent burn out and therefore offer women more consistent service as Case Managers not frequently changing.*
- *understanding the effects of trauma on people's behaviour and mental health can always be a positive and an aid to building relationship and positive supervision*

Coping with impact of the work/managing own trauma:

- *Working with women who have or are experiencing trauma may bring forward issues relating to our own past trauma that we have not dealt with or that we have buried emotionally.*
- *Most female staff will either have been through or know someone who has been through trauma similar to what is disclosed by POPs. This can bring up feelings unexpectedly and work is not always the environment in which people feel safest to deal with those emotions effectively when they are unexpected.*
- *women can often relate to other women's trauma which can be triggering and draining so something specific for women working with women would be good*
- *Due to the complexity of issues female service users experience. Female workers may have also experienced similar traumas, which could also be triggered.*
- *I have found that many of my female colleagues (and myself) have experienced domestic abuse and the vast majority of our female clients have also. There is a particular need there as our clients trauma may be very similar to our own, meaning the chances of vicarious trauma are more likely.*

Lockdown/Covid working from home

Q: Were you working from home during lockdown?



Q: If you worked at home during lockdown how did this affect you? For example, did it affect your work-life balance, your caring responsibilities, or have an impact on your ability to 'switch off' from work?

127 narrative responses were received. These have been coded into the following themes: intrusive nature of the work (23); impact on work-life balance – negative (53); impact on work-life balance – positive (23); isolation (25); childcare difficulties (24), did not work from home (6). (The total is more than 127 as answers addressed more than one issue.)

Intrusive nature of the work:

- *Felt as though I was not able to escape work and it consumed my life. Felt very overwhelmed and felt as though my home was a "trauma centre" as a result of the repeated conversations with 50/60 female offenders.*
- *I was writing Pre Sentence Reports on mostly men convicted of sexual offences against children, which had a profound impact on my ability to switch off when working from home. Additionally, when my child was unable to go to nursery, it was really disturbing being able to hear her when I was interviewing a male about child sex offences. This experience has caused significant damage to my mental health, which I have only recently realised.*
- *Was much more difficult to switch off from work, meant you were bringing some often traumatic parts of the work into the home where you should feel safe.*
- *Yes, it was too intrusive, I would be dealing abuse of others over the phone whilst looking after my daughter in my home, It felt like people knew where I lived*

Impact on work life balance – negative:

- *Blurring of lines between work and home therefore never felt 'switched off'*
- *It was harder to separate work from home. There was no symbolic cut-off point at which work ends and personal life begins.*
- *It affected my work-life balance and made it harder to switch off after work.*

- *It is more difficult to stop working or to switch off. I also dislike not having regular face to face contact with offenders and the impact of this on risk assessment and offence focussed work. Also affected the way offenders view Probation/appointments and engagement. Harder to build a rapport.*
- *yes - never off work as family see you as 'at home' and therefore demands increase from everywhere with no time for self.*

Impact on work life balance – positive:

- *struggled to switch off from work, however working from home supported me in work life balance due to other issues*
- *I preferred the balance between home and office. My Sunday night anxieties were gone, knowing I had Monday at home really helped. My work-life balance improved massively. I was able to switch off from work easily and it helped manage my anxieties. The days I am in the office, I am productive and the days working from home, I am also productive. I no longer feel close to burn out.*
- *I found working from home to be really beneficial. I was able to get a lot my work completed in a quieter environment. I still work from home, and I am structured and disciplined in ensuring I have that work life balance*

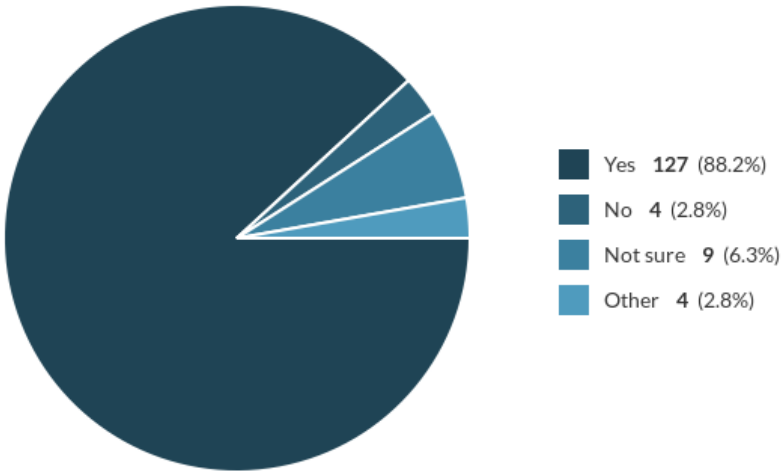
Isolation:

- *Affected ability to switch off, caring responsibilities and experienced loneliness*
- *absolutely, no peer support, feelings of isolation*
- *I felt isolated, i still do. I feel i have not been trained efficiently to do my job. I feel like i do not have adequate support form colleagues/ management. I have recently undertaken a stress risk assessment due to this*
- *Isolating, no management support in my… Team, no team meetings, supervision.*

Childcare difficulties:

- *It was challenging working from home with the children home schooling. Spinning plates –*
- *I was able to switch off from work when not working, however I struggled with the juggling working with child care whilst children were at home and the schools were shut.*
- *I found the first lockdown very difficult as my children were also working from home and I had to "split" myself in helping them whilst trying to deal with my clients who were also struggling*

Q: Would you like to retain the option of working from home some of the time in future?



127 respondents (88%) wished to retain the option of some home working, indicating that the increased flexibility that staff discovered during lockdowns is valued.

Despite the extensive difficulties associated with working from home during lockdown, women practitioners do not want to return to being in the office full-time. Many of the positive comments about working from home related to balancing other commitments, including caring responsibilities. However, given the number of respondents who highlighted the isolation of doing difficult casework without access to support from colleagues, and the difficult of 'switching off' and maintaining boundaries when working from home, it appears that if hybrid or home-based working is to be the norm then some thought needs to go into how this is done so that women in particular are not disadvantaged, as working from home whilst being a carer is a profoundly gendered experience (Philips et al, 2021). Those who do work from home need clear support structures including access to colleagues and managers to debrief and access support and professional companionship.

Final question

Q: Is there anything else you would like to say about the topic of vicarious trauma in women working with women in probation? All feedback and comments are very welcome.

This was the last question, which elicited 77 narrative responses. These have been coded into the following themes:

- impact of working with women (14); victim/survivor work as traumatising (6); need for clinical supervision/counselling (9); need for trauma training (10); women's work not a service priority/women clients perceived negatively (10); probation culture not trauma-informed (11); high workloads (7); other (17).

The following quotations illustrate the issues raised throughout this survey.

Impact of working with women:

- *Working with women is completely different to working with men. In my experience you build a closer working relationship and they open up parts of their lives that are upsetting. I feel a lot of managers do not often understand these differences and you are often expected to learn as you go along.*
- *I find working with the women on my caseload exhausting. It can be consuming in terms of my time and energy. The lack of resources to support women often results in more time spent with them/doing work for them.*
- *Rehabilitating women is something I am genuinely passionate about and will forever remain so. I believe my colleagues do their very best for women under supervision,.. colleagues are creative and innovative with the resources they have at their disposal they tirelessly and thanklessly deliver the most favourable outcome, tailored to the woman as an individual.*
- *Working with women is harder than I ever imagined however it is also so rewarding working with them.*
- *I loved working with women and supporting them in improving their lives. It was a draining experience as often it would feel like one step forward, two back due to their levels of dysfunction caused by the trauma they had experienced. However, I felt protective towards the group due to their vulnerabilities. It is a difficult balance to get it right as the women are often lacking boundaries and ensuring I offered the boundaries whilst remaining empathetic is a challenge, but one that I used to relish.*
- *I love my work, I have formed good relationships with my female cases and partnership agencies. I am good at my job but I can't do it anymore. The service has ruined me by failing to consider the emotional/physical impact of the work we do - especially when working with women and in experiencing vicarious trauma.*

Victim/survivor work as traumatising:

- *I feel that there is a very severe lack of inclusiveness for staff who only work with victims which is very sad as I feel that we are written of by our colleagues and the powers that be. I think that this would perhaps change if they were aware of the horrors that are sometimes shared with us.*
- *The most impacted i have been in recent months was when i was reading depositions for a Court report and read the victim statement of a female victim. Her words were in my head for days, even though I've never worked with, or even met that woman.*
- *I think it is really important to note the emotional impact of working with victims, we have been downgraded to band 3 and it is an insult to the work we do and the emotional impact of the job (VLO)*
- *VLOs in the probation service are the 'forgotten few'. We are left to manage our thoughts/feelings when dealing with some cases that have an obvious impact on our mental health. We are often too concerned that we will be taken out of the role to moan about the lack of support that we receive*

Need for clinical supervision/counselling:

- *we need clinical supervision or counselling, there is no doubt about that*
- *Get rid of PAM assist annual tick box exercise and bring back bi-monthly face to face counselling*
- *Clinical supervision, whether individually or in a group setting would certainly assist, as would training.*

Need for trauma training:

- *Looking forward to hearing more and attending training (proper not meaningless e-learning)*
- *This is a topic that needs to be more widely discussed within probation and training should be provided.*
- *I'd like to see vicarious trauma support and training for all staff.*
- *This is a topic that needs to be more widely discussed within probation and training should be provided.*
- *I welcome any training or support in relation to vicarious trauma*

Women's work not a service priority/women clients perceived negatively:

- *It is overlooked - individuals who work with people who sexually offend get clinical supervision and so should women who work with traumatised women.*
- *I like working with women and not many people do - which is another problem after everything else that has happened to them.*
- *Women offenders are seen as "difficult" "hard work" in a lot of offices I have worked in. With Many people avoiding being allocated these cases when possible. Overall we need a change of understanding and attitude service wide.*
- *The criminal justice system seems geared towards the majority of men who enter it by committing crime. Women are a minority especially in the prison estate. This means that their very particular needs have been ignored, leaving practitioners struggling to cope when trying to supervise women on their caseloads. It seems to me that female probation officers are more likely to struggle with vicarious trauma if they are not supported in their work with women who offend*
- *I feel extremely isolated as I am the only officer that works with women solely in my office. Some colleagues make me feel segregated. They tell me that I am 'too soft' in my decision making when it comes to enforcement. I listen to comments about women who offend that are very derogatory.*

Probation culture not trauma-informed:

- *I am aware of staff who have been diagnosed with VT, however, the organisation appears to offer very little support or provision for staff to access counselling etc. We are offered resilience training instead!*
- *In my view the probation service is still in the very early stages of understanding and working effectively with trauma in clients, despite how common it is, and is way behind the understanding of other organisations working with women and with other groups of service users. Its appreciation of the potential impact on staff and what helps us deal with this is even further behind… In my view this requires a cultural change rather than sticking plasters.*
- *I feel there needs to be a greater understanding amongst colleagues but also an acknowledgment from higher management so that this can be openly discussed in the workplace without fear of being deemed in a negative light*
- *I have recently interviewed someone who has almost 30yrs experience - she used words such as scared and frightened to describe the feelings she has about her capacity to do her work well - THAT is trauma...and it is not the fault of the clients...it is the fault of the organisation and the government which fail to invest in us.*

Workloads:

- *The impact on women working with women is significant, it can impact both physical and mental health and this needs to be addressed and our caseloads reduced to lesson the impact*
- *It can be very tiring and demanding and not sure that this is always taken into account with WLMT* (*workload measurement tool)
- *More recognition for the work we do on the workload management tool would also be a bonus as I don't think other staff or managers realise the difference in working with women.*
- *Whilst I enjoy working with women, a more accurate assessment and reflection of time demands and emotional strain needs to be more widely recognised, especially within the workload management tool and during supervision.*
- *We have too high a workload, a workload tool that isn't fit for purpose in attaching weighting of women's demands or needs to our allocation, not paid enough for what we do, and interventions for women in our area are diminishing, not increasing as the staff leave, adding to expectations on us to deliver all interventions. We are not valued.*

(NB Some respondents reported the existence of a culture of negativity towards women clients in parts of the wider probation workforce, which can contribute to the isolation of women specialists. Expression of open prejudice without challenge – by both male and female staff – towards women service users is not acceptable. This requires a cultural shift away from casual misogyny by some probation staff. This was also a reported issue in the qualitative interviews which form a further part of this research project. This is a significant issue which falls outside the scope of this report but warrants serious attention from the employer and Napo.)

Conclusion

The central finding of this research is that vicarious trauma is widespread among women practitioners who work with women. This requires recognition and action by the employer.

This is not a randomised sample, it is a self-selecting sample of women practitioners who are either in Napo or have a friend/colleague in Napo, as the survey was distributed by Napo. The results cannot therefore be generalised across all female practitioners who supervise women.

However, the findings strongly indicate that vicarious trauma is widespread among this group of staff, and that there is a lack of consistent support and training available. This is unlikely to be different for non-Napo members in the women's cohort, therefore it is reasonable to state the relevance of these findings across the women's cohort, notwithstanding some variation based on local circumstances.

There is a strong perception among these respondents that the probation service does not prioritise women's work, either in relation to the clients or the staff, and this contributes to feelings of isolation, frustration, exhaustion and despair. Women practitioners are experiencing vicarious trauma symptoms including burnout, and that this is affecting their wellbeing and sometimes their capacity to do their job, leading to time off sick and physical and mental health difficulties.

The job of being a probation practitioner is inherently demanding (Mawby & Worrall, 2013). A certain level of stress is to be expected due to the nature of the work and practitioners are aware of this. However, the stressors these practitioners report are often in excess of a 'reasonable' amount of work pressure or stress.

High workloads have been identified as a problem in probation over many years (Tidmarsh, 2022), but this survey looks specifically at the risk of and experience of vicarious trauma as a result of supervising women. This client group is particularly traumatised, and the casework is usually very complex. Therefore, a bespoke approach to supporting staff doing this work is needed, which includes manageable caseloads, based on a workload model which takes into account criminalised women's complex profile.

Respondents clearly expressed a need for appropriate support to enable to them to manage the job. This included clinical supervision, appropriate counselling services by suitably experienced counsellors, and access to training on trauma and vicarious trauma. These do not appear to be universally available, and the limited access to clinical supervision is a particular concern.

Several recommendations are made at the end of this report which, in my assessment, would be likely to improve the workplace for this staff group, with hopefully a reduction in the frequency and severity of vicarious trauma, and amelioration of the risk of burnout. This would also be of benefit to women clients, from an enhanced supervisory relationship, and to the employer, from a happier and less chronically stressed workforce.

Key findings

- 93% of respondents have experienced vicarious trauma, with 71% of respondents reporting sleep disturbance, 60% reporting concentration problems and 52% reporting burnout (top 3 symptoms).
- 86% of respondents have experienced primary trauma.
- 25% of respondents have had time off sick due to vicarious trauma.
- Disabled respondents reported higher levels of vicarious and primary trauma and sickness absence due to vicarious trauma.
- 59% of respondents had 3 years or less experience in the job.
- Very high levels of women client trauma – 100% of respondents reported supervising domestic abuse victims, 93% supervising those with serious mental health problems, and 91% working with victims of sexual abuse (top 3 trauma types).
- 80% of respondents report having regular management supervision, either monthly or every 1-3 monthly. However, nearly a quarter (24%) feel they do not have an opportunity to discuss the emotional impact of the work with their manager.
- 63% of respondents reported having no access to clinical supervision.
- 90% of respondents stated there is a need for gender-specific vicarious trauma training.
- Staff were affected differently by lockdown, with negative impact on work-life balance the most common experience (41% of respondents).

- 88% of respondents would like to retain the option of working from home at least part of the time.

Key recommendations

- The trauma profile of women on probation is significant and complex. The additional time required to engage with female clients due to the complexity of the casework, the impact casework has on staff, the multi-agency working, and the time needed for relationship-building and engagement is not reflected in the workload measurement tool, despite recent improvements to this model which better reflect complex casework. A gender-specific trauma-informed workload measurement tool is required.

- Women-focused practitioners would benefit from being in teams together, where this is possible. In rural/smaller offices where there are few women clients, women concentrators/specialists should have regular access to other women's work specialists, and a women-specialist line manager who is familiar with the complexities and emotional challenges of the work, to avoid isolation and reduce the risk of burnout.

- Clinical supervision should be available to all staff supervising women, or working with women victims, and should be provided by suitably experienced and trauma-informed psychologists/psychotherapists with expertise in working with women and trauma informed practice.

- Self-referral should not be complex or time-consuming. Long waiting lists will deter self-referrals. Many respondents were unclear about where or how to access clinical supervision. This should be publicised with clear messaging and instructions.Training specifically on trauma-informed working with women and its challenges should be provided to all women staff who are supervising women or working with women victims. This should be proper groupwork training, not online solo learning, which can increase isolation.

- Gender-specific vicarious trauma training should be available to all women working with women, and for those supporting women victims. Training should include information on recognising and managing signs of vicarious trauma and risk of burnout, with guidance on where and how to access support.

- Clinical supervision, case formulation meetings and gender-specific training must attract workload relief within the WMT or staff will not be able to participate in it.

- Information about how to recognise the symptoms of VT should be easily available to staff and managers. A VT screening tool should be developed that staff can request.

- Disclosure of VT symptoms should trigger the Stress Risk Assessment process, which requires meaningful support to be provided.

- Vicarious trauma caused at work which leads to sickness absence is an industrial injury and should be treated as such, i.e. excluded from sickness absence management procedures which can lead to warnings or dismissal. Fear of being taken into sickness absence or capability procedures deters disclosure of VT symptoms by staff.

- Qualified probation officers should be able to hold non-high risk female cases due to their complexity and need for sophisticated case management and interpersonal skills.

- Victim Liaison Officers and Partner Link Workers also require support to manage the trauma they work with regularly, including access to clinical supervision. They should be recognised as part of the women's cohort.

- The change to home working needs careful consideration by the employer, particularly in the context of ensuring staff manage to maintain a sustainable work life balance and are not left managing distressing casework alone. Access to collegiate support is required to mitigate the risk of isolation.

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July 24

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