

Supporting the Supporters: addressing the psychosocial challenges of third-sector workers supporting criminal justice-involved women and girls

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In the UK, third-sector organisations have long supported, campaigned and advocated for the most disadvantaged, vulnerable and excluded individuals and communities in society, including those in contact with the criminal justice system.¹ In recent years, there has been a growing reliance upon this sector to address unmet social care and welfare needs, which has taken place in response to the contraction and shrinking of the welfare state. The organisations that make up this sector — including voluntary, community, social enterprises and co-operatives — whilst neither public nor private sector, have increasingly been contracted to provide public services.² Paradoxically, whilst governmental dependence upon and outsourcing to the third-sector has expanded, the reliability and adequacy of funding and support available has diminished.

The third-sector across the UK as a whole has a predominantly female workforce, with around seventy-two per cent of its workers being women, a striking proportion when compared with the forty-seven per cent average of women in the overall UK workforce.³ Despite this, only 50 per cent of senior management team roles, and 47 per cent of chief executive officer roles in the sector are held by women. However, 2022 data from England and Wales show that the

percentage of women chairs of third sector organisations has increased from 43 to 46 per cent.⁴

The workforce composition aligns to that of the health and social work sector more generally, where women hold seventy-seven per cent of jobs.⁵ In such work which is often shaped by an ethics of kindness and care, and by gendered expectations of this, the women who fill the majority of its roles are often performing 'double-duty caregiving' (i.e. providing care in both their family and work lives),⁶ as they attempt to balance the professional with the personal in different ways.

With complex needs to meet, and with a stretched and underfunded welfare state, there are high expectations of, and heavy pressure upon those working in these organisations. They conduct emotionally demanding work, but very often with a lack of external recognition, resource, and support. Their work has potential to cause psychosocial distress and harm to workers, both because of the nature of the work and the structural constraints within which it operates. In addition, the precarious nature of the sector means that it is particularly vulnerable to societal crises.

Our Nuffield Foundation-funded research project, *Women working to support women in the welfare sphere: psychosocial challenges* explored the

1. Ehrenstein, A. (2012) *Precarity and the crisis of social care: Everyday politics and experiences of work in women's voluntary organisations*. <https://orca.cardiff.ac.uk/id/eprint/28987/>
2. Cunningham, I. (2011) The third sector's provision of public services: Implications for mission and employment conditions. In *Working for the state: Employment relations in the public services* (pp. 147-165). London: Palgrave Macmillan UK.
3. Agenda Consulting (2022) *People Count Third Sector 2022. Volume 2.1 Composition of the Workforce and the HR Function*. 2.1 Composition of Workforce and The HR Function - Agenda Consulting
4. Community Foundation (2022) *Third Sector Trends in England and Wales 2022: Structure, purpose, energy and impact*. <https://www.stchads.ac.uk/wp-content/uploads/2022/12/Third-Sector-Trends-in-England-and-Wales-2022-employees-volunteers-diversity-and-investment-in-people-December-2022.pdf>
5. Francis-Devine, B., and Hutton, G. (2024) *Women and the UK economy*. House of Commons Library. SN06838.pdf (parliament.uk)
6. Ward-Griffin, C., Brown, J., Vandervoort, A., McNair, S., and Dashnay, I. (2010) Double-Duty Caregiving: Women in the Health Professions. *Canadian Journal on Aging / La Revue canadienne du vieillissement*. 2005;24(4):379-394.

psychosocial wellbeing and personal welfare of women workers in organisations across England, Northern Ireland, Scotland, and Wales, offering services, support, and advocacy to women and girls who may be socially isolated, economically marginalised and/or disadvantaged. The main aims were to determine how combinations of organisational challenges in service provision and increased service user need were interacting to change service demand and delivery; to document how processes of psychological distress may manifest in the personal and professional spheres of women workers, and; to determine the impact of increased individual, organisational and structural challenges wrought in particular by the Covid-19 pandemic and its associated lockdowns, upon the personal welfare of women workers.

Conducted between 2021 and 2023, the study captured how first the Covid-19 pandemic, and then the subsequent increasing cost-of-living crisis exacerbated pre-existing challenges upon the professional and personal lives of third sector workers, and the efficacy of the services that they provide. In doing so it investigated the cumulative effects of intensified client need, arduous work conditions, job security concerns, and additional domestic caring responsibilities, on the psychosocial wellbeing and personal welfare of women workers, many of whom come from the same communities and share the same experiences as their service users. Importantly, in line with the feminist ethos of the study, one of its main objectives was to address the need to better support the supporters themselves. This involved identifying positive practices which support worker welfare and effective service delivery to inform considered thinking which, in turn, may enhance policy and practice in this area.

This article draws on findings from this wider study focusing specifically on the views and experiences of women working in organisations who work with women and girls in or at risk of contact with the criminal justice system. These organisations work

primarily to support and address multiple and complex needs, including around childcare and family contact, mental health, substance abuse, skills development, including financial skills and money management, resettlement, housing and employability. They include women's centres, diversionary projects, through-the gate and mentoring, criminal exploitation/county lines projects, as well as addiction services. Whilst such organisations usually have a specific focus (e.g. resettlement, housing) their work is often holistic in its provision.

Below, we outline some of the characteristics of women and girls who are in or at risk of contact with the criminal justice system, and some of the implications of working with this group. A woman's pathway to criminal justice involvement is a gendered one, often influenced by experiences such as trauma and violence, poverty and gender discrimination. Many of these issues are related to gendered experiences over the life course, including housing, employment, addiction, ill-health, social relationships, motherhood and mothering that are rendered more difficult by criminal justice involvement. Women in or at risk of contact with the criminal justice system report multiple needs at a higher rate than men, including mental health needs and problematic substance abuse, as well as experiences of childhood abuse and domestic

abuse.⁷ Many are in poor health and vulnerable to social disadvantage and exclusion. While it is important that justice-involved women are not defined by these vulnerabilities, these are, nonetheless, the fundamental realities of their lives.

Research into work with criminal justice-involved women and girls suggests that features of effective practice include: holism, age and gender sensitivity, cultural competence, flexibility, emotional support, practical life skills, and strengths-based work.⁸ Increasingly there has been the incorporation of gender-responsive approaches which emphasise the development of positive relationships, address trauma and provide continuity of care in order to achieve

Throughout the interviews, participants spoke of the psychological, emotional, and social impacts of working in this sector on their professional and personal lives.

7. Prison Reform Trust (2024) Bromley Briefings Prison Factfile. <https://prisonreformtrust.org.uk/wp-content/uploads/2024/02/Winter-2024-factfile.pdf>

8. See, e.g., Worrall, A., and Gelsthorpe, L. (2009) 'What works' with women offenders: The past 30 years. *Probation Journal*, 56: 329-345; Robinson, R., and Ryder, J. (2014) "Sometimes One Does That With Blinders On": Revisioning Care for Violent Girls. *Women and Criminal Justice*, 24: 193-208; Brown, S., and Gelsthorpe L. (2022) (eds.) *The Wiley Handbook on What Works with Girls and Women in Conflict with the Law: A Critical Review of Theory, Practice, and Policy*. Wiley-Blackwell.

rehabilitative outcomes.⁹ Many of these features of effective practice involve a personal commitment and empathetic engagement between the service provider and individual woman. Working with justice-involved women and girls often entails the elicitation of information about their lives, their past experiences, the circumstances leading to their offending or risk-taking, and their hopes and fears for their future. Such discussions frequently reveal personal backgrounds characterised by multiple and intersecting traumatic circumstances and events which, cumulatively, can have a lasting effect on mental, physical, emotional and social wellbeing.¹⁰ Testimonies of trauma may emerge not just from individual histories of abusive relationships of all kinds but also from wide-ranging experiences of loss and bereavement.¹¹ Bearing witness to these accounts requires not only intense engagement and a practice of commitment from helping professionals¹² but, as a form of emotional labour, it also requires the adoption of specific forms of self-presentation, demeanour and emotional states in order to maintain composure.¹³ Emotional labour and, in particular, active engagement in the management of emotional states¹⁴ can not only be exhausting but can also take its toll on practitioners' personal and professional lives.

Our research approach

The wider study placed women's experiences centrally, being framed through reference to feminist theoretical and empirical work on good practices regarding working with women and girls. It was also informed by material on the development and application of trauma-informed approaches for

working in settings including criminal justice, social services and health.¹⁵ Ethical approval for the research was granted by the University of Glasgow College of Social Sciences Ethics Committee.

The research employed a multi-method approach, namely a desk-based mapping exercise aimed at identifying UK community-based organisations working with marginalised or socially isolated women and girls, alongside a review of materials published by identified organisations on challenges wrought or exacerbated by

Covid-19; an online survey (n=153) aimed at managers/supervisors which sought data on pandemic-related changes to service demand, changes to ways of working and service delivery, resource constraints and other organisational challenges, changes, and opportunities. This was followed by a two-stage interviewing process. A first round of semi-structured interviews was conducted with managers and frontline workers (n=94), some of which held dual roles, of which 29 worked with criminal justice-involved (or at risk) women and girls. This included those working with women serving prison sentences, on probation, and at risk of being affected by the criminal justice system (e.g., those experiencing criminal or

sexual exploitation), among others. A second round of interviewing was carried out with 41 of the originally interviewed participants, of which eight were criminal justice-related. Interviews explored views and experiences of the impact of working in this sector on their personal and professional lives and were analysed using qualitative analysis software NVivo 12. This article draws specifically on the survey responses and interviews with those providing services to women and girls in or at risk of contact with criminal justice.

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9. Ministry of Justice (2018) *A Whole System Approach for Female Offenders: Emerging evidence*; London: Ministry of Justice; NOMS (2015) *Achieving better outcomes for women offenders: Evidence-based commissioning principles for women offenders*. National Offender Monitoring Service.
10. SAMSHA (2014) *SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services.
11. Batchelor, S., and Burman, M. (2004) Working with girls and young women in G. McIvor (ed.) *Women Who Offend*. Jessica Kingsley, London.
12. Brown, S., and Gelsthorpe, L. (2022) (eds.) *The Wiley handbook on what works with girls and women in conflict with the law: A critical review of theory, practice, and policy*. Wiley Blackwell
13. Hochschild, A. (1979) Emotion work, feeling rules, and social structure, *American Journal of Sociology* 85 (3): 551-575
14. Hochschild, A. (1979) Emotion work, feeling rules, and social structure, *American Journal of Sociology* 85 (3): 551-575
15. NHS Education for Scotland (2021) - see <https://www.nes.scot.nhs.uk/news/the-national-trauma-training-programme-http/>

Emotionally charged work

Shaped and driven by strong values and ethics, women providing support and services in this sector usually work closely with the communities they support, frequently incorporating an understanding borne of lived experience. Workforces are often highly specialised, skilled, experienced and knowledgeable, building close and trusting relationships with their service users, and addressing a wide range of needs. Participants revealed a range of motivations, usually of a personal and intrinsic nature, relating to lived experiences of themselves or their family or friends, and/or wanting to help other women in challenging circumstances. Many also described being driven to do the work by a strong sense of injustice relating to the difficult lives of their service users, and the lack of support available to them. Often, more than a job, this work was portrayed as a vocation or a sense of mission.

One of the things he told me, when I think I was still a student at the time... is that if you find that you're not absolutely horrified whenever you go into a prison, then it's time to stop going into prisons.... you become desensitised to it... that's when you need to step back and recognise that it's not having an impact anymore. And I thought that was a really interesting way of looking at it. Because these things are horrible, and they are distressing, and if you stop feeling that, not that you have to be really, really upset every single day, but it's just recognising this is something...this is real, and that's why we're doing that work, is to make it better. (018, manager, support services for families affected by maternal imprisonment)

Participants conveyed a sense of intense emotional, inter-corporeal and inter-subjective

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commitment to their roles and to those with whom they work.¹⁶ They also demonstrated strong empathy and affiliation — acknowledging, appreciating and responding to the material circumstances and emotional trials and challenges of the women and girls — but also refracted through their own first-hand experience of similar challenges. Care and an ethos of commitment to the role were evident, and there were frequent expressions of passion, dedication, satisfaction and fulfilment in the work. As Bondi (2008) notes in relation to the emotional and power dynamics of women's caring work, what we see here is the co-existence of the oppressiveness of care, but also the 'expression of love, pleasure and vocation.'¹⁷

Despite the strong motivation and sense of vocation, participants spoke of the emotionally demanding and physically draining nature of work with

service user populations who frequently presented with complex, multi-faceted, and layered needs, which intensified during Covid-19. Experiences of past or ongoing trauma were common. Throughout the interviews, participants spoke of the psychological, emotional, and social impacts of working in this sector on their professional and personal lives, underscoring previous research that emphasised the potential for psychological distress for workers.¹⁸ As one explained,

I always say, I love my job. It's really fulfilling, it's a good organisation to work for, there's a lot of support from the manager, service manager, the other staff, but it's emotionally the most draining and challenging job I've ever had. ... , I

remember the first Christmas. So, I started here around Easter time, and I had a two week holiday quite quickly and then I was like up to Christmas didn't really have any holidays. And I remember it got to the week before Christmas and I remember saying to the manager, I am exhausted, and I can't wait

16. Cohen, R. (2011) Time, space and touch at work: Body work and labour process (re)organisation *Sociology of Health and Illness* 33(2): 189-205

17. Bondi, L. (2008) On the relational dynamics of caring: a psychotherapeutic approach to emotional and power dimensions of women's care work. *Gender, Place & Culture*, 15(3): 249-265.

18. Burman, M., Robinson, R., and Crowley, A. (2018) *Working with women and girls: researching experiences of vicarious traumatisation*. Scottish Centre for Crime and Justice Research (SCCJR) Research Report 02/2018. Glasgow: SCCJR.

to be off work. And I'd never felt like that in the Prison Service. (056, frontline worker, women's centre)

Pearlman and Mac Ian (1995) suggest that helping professionals who are exposed to 'graphic descriptions of violent events, realities of people's cruelty to one another, and trauma related re-enactments' may develop psychological distress as a natural consequence of their work.¹⁹ The effects of hearing about traumatic events retold by the traumatised may, in certain circumstances, have negative emotional effects, potentially affecting not only professionals whose work it is to lift the psychological and circumstantial burdens of those with whom they work, but also on their colleagues, their families and their organisations.²⁰ In other words, those working closely with the traumatised may themselves become vicariously traumatised. Many participants self-reported adverse physical and psychological outcomes including burnout, exhaustion, depression, and anxiety, as well as an erosion of their sense of self.

I used to be quite obsessed with talking about work when I was [in that role], I couldn't talk about anything else. I would go out with friends, and I'd be like, how can you even be laughing and joking when the world is this horrible, what I'm dealing with at work; and I just became really difficult to be around, because I was so distressed that so much trauma existed and nobody was talking about it. How could they not be talking about it? (025, manager/frontline worker, women's centre).

Maintaining clear boundaries between personal and work lives was a challenge, with many

participants relaying experiences of spillover between the two. These difficulties were exacerbated by Covid-19 and home-working but also explained by the sense of responsibility concerning the wellbeing of their service users during this time:

I think it has, it took me a wee while to fully understand the impact of the role on me personally, it could be at work you can hear a lot of really traumatic stories, a lot of...you can hear a lot, and you can witness quite a lot of really horrible situations and things and you've got that professional boundary there. So, it's like a wall but you're not understanding, suddenly I've become much more emotional in my personal life, things that I used to be able to deal with, I would just burst out crying for in my own life. I had it pointed out to me that the emotions are going somewhere and that's into my personal life. (015, frontline worker, mentoring services)

Service users had been 'let down' by injustices, unfairness and failings of 'the system', with rolled back statutory services not meeting their needs, and as a result exposing them to greater peril and harm.

A morally injurious landscape

Motivations to do this work are very often drawn from an individual's principles and sense of justice or morality. Having strong motivations for doing the work does not alter its challenging circumstances and indeed, may exacerbate individual's sense of 'moral injury.' When witnessing or hearing about behaviours or situations that go against an individual's values, moral beliefs, and ethical code, a sense of 'moral injury' can occur.²¹ Moral injury is understood to be the strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code.²² It can be a motivation for becoming involved in this type of work, but also an impact of the work.

19. Pearlman, L., and Mac Ian, P. (1995) Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26: 558-565: <https://doi.org/10.1037/0735-7028.26.6.558>
20. Gregory, A., Feder, G., Taket, A., and Williamson, E. (2017) Qualitative study to explore the health and well-being impacts on adults providing informal support to female domestic violence survivors. *BMJ Open* [Online]: <https://doi.org/10.1136/bmjopen-2016-014511>.
21. Shay, J. (2014) Moral injury. *Psychoanalytic Psychology*, 31(2), 182-191.
22. Litz, B., Stein, N., Delaney, E., Lebowitz, L., Nash, W., Silva, C., and Maguen, S. (2009) Moral injury and moral repair in war veterans: a preliminary model and intervention strategy. *Clinical Psychology Review*. 29: 695-706.

Participants described how the pandemic, combined with years of austerity policies, and heightened costs of living, affected the ways in which they worked such that they considered that the services they deliver fall below what they would usually consider to be good enough. They felt that service users had been 'let down' by injustices, unfairness and failings of 'the system', with rolled back statutory services not meeting their needs, and as a result exposing them to greater peril and harm.

The system. The clients are never a problem, the system is a nightmare but that's why we're in it, you know, we deal with things that are nightmares and we deal with the stuff of nightmares in our world don't we, in criminal justice. (004, manager, coaching project)

Experiences of morally injurious events can cause feelings of shame and guilt, alterations in cognitions and beliefs, and maladaptive coping responses. Participants reported feeling constantly angry, outraged, frustrated and despairing as a result of witnessing and trying to address the inequalities and oppression experienced by those they support:

I think, so the motivation for this type of work, I think it's like, it comes from lots of different areas, but is mainly about having a real anger, actually, at the way society is, and the inequality that exists, and disparity. And seeing how this inequality, this disparity, drives really terrible issues, such as serious youth violence, such as exploitation. I think there's a real, the narrative that's given around these issues is always... it's like it's an entity on its own. But it's not, it's caused by societal issues... and yet, I feel like the way that, especially like the media, the government, would have you believe that they exist on their own because these are bad people. And it's like, no, these are situations that have been created by the environment that they're in, by the inequalities that they face, by

systemic barriers, by the systemic racism. (074, frontline worker, child exploitation)

Certainly, the pandemic and cost-of-living crisis intensified pre-existing inequalities fuelling anger and frustration in participants who emphasised that these, alongside their feelings of powerlessness and hopelessness about the situations of their service users, were not new. They described working under resource-constrained service models for many years, relying on short-term and/or patchy funding, which threatened the sustainability and continuity of services and, of course, their jobs. One participant said, referring to the sector,

'How far can we stretch people who are holding up society, they're working with the most vulnerable in society, unseen, unrecognised, grossly underpaid' (011, manager, children and young people service).

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Given the already challenging nature of the work, the lack of appropriate reward and the financial precarity experienced by organisations (and hence workers) adds to this morally injurious landscape.

Coping in challenging circumstances

Reflecting on the challenges explored above, participants shared a range of coping strategies which they deployed to deal with the impact of their work. These involved varieties of self-care, most of which were self-initiated and self-directed, such as exercise, recreational and creative activities, time spent with family and friends and other individualised forms of relaxation, such as meditation and mindfulness practices.

However, this, and other research reveals that the most effective and important ways to support workers are not those that rely on individualised self-awareness or self-care, but those which are embedded into organisational policy and are practice and organisation led.²³ Particularly for those with 'double-duty' caring responsibilities in their personal lives, and where professional boundaries are hard to maintain between their personal and professional lives, coping strategies

23. Burman, M., Crowley, A. and Robinson, R. (2018) *Working with women and girls: researching experiences of vicarious traumatisation*. SCCJR Research Report. 02/2018. Glasgow: Scottish Centre for Crime and Justice Research.

often only do so much, and the erosion of boundaries can lead to forms of psychosocial distress, feelings of tension and isolation, as well as physical and mental exhaustion.²⁴

But it is difficult at times because... you do go home and sometimes you're really worried about somebody over the weekend, or ..., you're just, you're really concerned about somebody's health or you're just worried about their situation at home, or who they're living with. And it can be difficult to turn that off, but I do find it much easier now. And I think that's just through probably experience and the fact that I have lost a few women... And as difficult as that is, it's part and parcel of this job and the people we work with... So, I think experience has made that a lot easier. (056, frontline worker, women's centre)

Vicarious resilience

Such work may be emotionally demanding but has the potential to bring great emotional reward. Participating in work that is driven by values and an ethical code that align with one's personal beliefs can provide positive outcomes and experiences for workers and service users alike. Vicarious resilience, 'the strength, growth, and empowerment experienced by trauma workers as a consequence of their work',²⁵ emerged as a key theme here. Vicarious resilience happens when the professional experiences personal growth in their own life through witnessing the growth of their service

users. In this vein, participants described how witnessing the positive effects of their work, such as the growing strength of service users, can in turn help them build personal resilience despite the significant challenges faced. This speaks to a body of research that reflects on possible positive effects of working with trauma which runs parallel to the more usually documented negative effects.²⁶

Working closely with traumatised populations can provide an increased understanding of, and sensitivity towards service users' experiences, and strengthen participants' motivation to conduct their work. When practitioners are able to maintain a focus on what has been accomplished, they are able to create a sense of purpose and fulfilment within themselves. But this

requires work and resource. Whilst it is important to develop an awareness of the potential for psychological distress, learn the signs and symptoms of stress, burnout and vicarious trauma, and identify strategies for coping, it is vital that organisational strategies for mitigating vicarious trauma and promoting vicarious resilience are developed and implemented. This includes policies and procedures as well as specialised training to aid recognition of experiences of vicarious trauma, assist practitioners to be able to cope better when hearing about others' traumatisation, and build vicarious resilience. Of importance is the development of a 'relational organisational climate that fosters authenticity, reflectivity, and mutual

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communication about stressors, concerns, and disagreements' ²⁷ which enables workers to see the opportunities for growth in their service users despite the difficulties they face.

24. Ward-Griffin, C., Brown, J., Vandervoort, A., McNair, S., and Dashnay, I. (2010) Double-Duty Caregiving: Women in the Health Professions. *Canadian Journal on Aging / La Revue canadienne du vieillissement*. 2005;24(4):379-394.
25. Puvimanasinghe, T., Denson, L., Augoustinos, M., and Somasundaram, D. (2015) Vicarious resilience and vicarious traumatisation: Experiences of working with refugees and asylum seekers in South Australia. *Transcultural Psychiatry*, 52(6): 743-765.
26. See e.g., Hernández P., Gangsei D., Engstrom, D. (2007) Vicarious resilience: a new concept in work with those who survive trauma. *Family Process*. 46(2):229-41; Hernandez-Wolfe, P., Killian, K., Engstrom, D. and Gangsei, D. (2014) Vicarious Resilience, Vicarious Trauma and Awareness of Equity in Trauma Work. *Journal of Humanistic Psychology* 55(2): 153-172; Tassie, A. (2015) Vicarious resilience from attachment trauma: Reflections of long-term therapy with marginalized young people. *Journal of Social Work Practice*, 29: 191-204; Frey, L., Beesley, D., Abbott, D., and Kendrick, E. (2017) Vicarious Resilience in Sexual Assault and Domestic Violence Advocates *Psychological Trauma: Theory, Research, Practice, and Policy*. 9(1): 44-51.
27. Frey, L., Beesley, D., Abbott, D., Kendrick, E. (2017) Vicarious Resilience in Sexual Assault and Domestic Violence Advocates. *Psychological Trauma: Theory, Research, Practice and Policy*, 9(1): 44-51.

Mitigating psychological distress and building vicarious resilience

Vicarious or secondary trauma can be mitigated if adequate support structures are in place.^{28,29} Organisational support, and importantly that provided through informed leadership and organisational/management structures that recognise the likelihood of psychological distress arising from this work and the importance of it being addressed are absolutely key. This can also engender a sense of being protected by the organisation, which can in turn lead to lower work-related stress.³⁰

Through this research, it became clear that many organisations lack recognisable or accessible processes to support staff wellbeing and prevent vicarious traumatisation. Structures for identifying and/or addressing psychological distress were rare; instead, it was left to staff to self-disclose or for an attentive manager to spot. Nonetheless, some participants positively recognised organisational efforts to implement methods and structures for engaging with staff, and channels for staff to express concerns about their wellbeing. Some of these were put into place during Covid-19, and for the most part, were retained post-pandemic.

Participants highlighted regular check-ins with senior staff, which included discussions of wellbeing and support needs to be of significant value. Externally provided clinical supervision was also highly valued, albeit only that provided by counsellors who understood the sector. Research has pointed to the protective function of ensuring external supervision to those working in trauma saturated environments through which practitioners can talk freely about the challenges that they face, and explore feelings, thoughts and concerns.³¹ Reflective practice was considered especially important by practitioners to

allow them to explore their experiences and the emotions attached to those experiences in 'safe' supportive environments. Confidential reflective practice groups were also thought to facilitate discussion of impact upon individuals and a space to process, as well as to learn from one another.

Some reflections

The criminal justice system has been characterised by rapid policy changes, underfunding and understaffing in recent years with policy being driven by 'populist punitiveness' leading to prison overcrowding, strains on prison staff and probation staff, and thus to increasing reliance on third sector organisations for the delivery of services. This research highlights the highly constrained and challenging landscape of service provision for criminal justice-involved women and girls. In doing so, it illustrates how 'the cost of caring'³² can be high for workers in this sector, resulting in various forms of psychosocial distress. The multiple and intersecting gender inequalities that the predominantly female workforce also often experience only serve to increase this cost. Practitioners' accounts detail challenges associated with a lack of adequate financial, emotional and psychological wellbeing structures within organisations.

Societal crises such as Covid-19, withdrawal of the welfare state, and the worsening cost-of-living situation have not only deepened service-user needs and increased demand for support, with already disadvantaged and marginalised women disproportionately affected, but have also wrought alterations in ways in which organisations in this sector operate. They are called upon to fill gaps in public sector services, but being reliant upon precarious, insufficient, patchy and often short-term funding to do so means additional pressure upon organisations and workers alike. When supporters are well supported, the

Participating in work that is driven by values and an ethical code that align with one's personal beliefs can provide positive outcomes and experiences for workers and service users alike.

28. Covington, S. (2008) 'Women and Addiction. A Trauma-Informed Approach', *Journal of Psychoactive Drugs*, Nov. Suppl 5:377-85. doi: 10.1080/02791072.2008.10400665. PMID: 19248395.
29. Najavits, L. (2002) *Seeking safety: A treatment manual for PTSD and substance abuse*. Guilford Press.
30. Senreich, E., Straussner, S., and Cooper, C. (2020) Health, wellness, and workplace experiences of lesbian, gay, and bisexual social workers. *Journal of Gay & Lesbian Social Services*, 32(2): 209-239.
31. See, e.g. Slattery, S., and Goodman, L. (2009) Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women*, 15(11): 1358-1379.
32. Figley, C. (1999) Compassion fatigue: Toward a new understanding of the costs of caring. In: Stamm B.H. (Ed.). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed). (Lutherville, MD: Sidran Press). 3-28.

costs of caring, the vicarious traumatising, and the moral injury — all of which may be experienced in their work — can be reduced. In turn, the efficacy of their vital work, and thus the lives and wellbeing of women and girls in or at risk of criminal justice involvement can be improved.

This is a short overview of key themes emerging from the research. You can access the full report on the Women Supporting Women website.³³

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33. <https://womensupportingwomen.uk>