Guidelines for Frontline Staff

Supporting Victims of Gender-Based Violence

EDITED BY **Dott.ssa Marcella Cavallo**

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Professional biography of
Dr. Marcella Cavallo

Dr Cavallo is a psychologist and psychotherapist, PhD at the State University of Milan.
In 2020 she completed a master's degree as HR Specialist - Expert in Human Resources Development
at the School of Work and Organisational Psychology in Rome.

After specialising at the Interactionist School in Padua in 2002, during her professional career she completed her psychotherapeutic training with a culturally sensitive systemic orientation. She has worked in the field of mental health in migration. For over 20 years. During the last 10 years she has collaborated in the start-up of the School of Specialisation in Ethno-Systemic-Narrative Psychotherapy in Rome; in reception contexts (C.A.R.A., reception centres for asylum seekers) in Bari; from 2018 to the present day, in health services at INMP (Istituto Nazionale Migrazione e Povertà, National Institute for Migration and Poverty) She has been appointed by the regional Order of Psychologists of Lazio to coordinate the reception and migration panel in the framework of a Metropolitan City project for promoting coexistence. As a senior expert on the phenomenon of trafficking and exploitation, she has collaborated for 2 years (2021/2022) with Save the Children in several projects for the protection of migrant women and their children. Dr Cavallo works for several cooperative organisations in Rome (San Saturnino, Europe Consulting and Speha-Fresia) and in Tuscany (Oxfam Italy) where she provides supervision and training on the prevention of burnout and work-related stress, and on cross-cultural characteristics of the mental health care of migrants.

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Introduction

These Guidelines are the result of many years of training and competence-building for frontline operators who work with migrants and refugees on a daily basis. Training and competence-building activities were carried out in collaboration with other partner organisations at European level.

The idea for these Guidelines actually arose within the framework of the WeToo project funded by the European Commission (2020-2022), which had focused on direct support and strengthening of referral systems for protecting the rights of migrants, refugees and asylum seekers. This project was followed by other initiatives supported by private donors including: *Fili Intrecciati /* WovenThreads (2022-2024) supported by Enel Cuore; the projects *Verso la resilienza e l'empowerment: un percorso per rafforzare l'inclusione sociale di donne e ragazze in Serbia/*Towards Resilience and Empowerment: Strengthening the Social Inclusion of Women and Girls in Serbia (2024) and *A voce alta - Promozione dei diritti e delle opportunità di donne e ragazze sopravvissute alla violenza di genere in Serbia/*Speak Out - Promoting Rights and Opportunities of Female Survivors of Gender Violence in Serbia (2023) funded by Fondo Beneficienza di Intesa San Paolo; and Connecting Spheres funded by the European Commission (2024-2027). The later actions allowed to reinforce the results of the first initiative.

The WeToo project was based on the expertise of partner organizations working to support women and minors who survived forms of gender-based violence. These organisations have developed a special focus on the specific needs of migrants and refugees in the countries involved in the project: Italy, Greece, Bulgaria, Germany, and Serbia. The project purpose was to strengthen the competence of frontline staff to adequately address the needs of violence survivors. Most survivors bear the consequences of complex trauma experiences such as abandonment, suffered or witnessed violence, torture, and other forms of gender-based violence that can deeply alter their identity and their interactions with people, thus generating special needs and requirements. The implementation of support and protection programmes brought to light the importance of understanding that frontline staff, both of partner organisations and of public and private services, are exposed to high levels of stress resulting from the very nature of care work and the peculiarities of their beneficiaries.

This type of fatigue, often referred to as "compassion fatigue", and the burnout syndrome are strongly influenced by the working conditions.

The stress factors identified in the focus groups conducted in each partner country, which involved a total of 120 frontline professionals, include several critical aspects such as continuous exposure to traumatic stories; the complexity of recipients' needs and the lack of resources for the well-being of staff, like spaces dedicated to emotional and professional elaboration; high levels of staff turnover; increasing bureaucratic pressure and stringent rules, especially in the legal, health, and social sectors. These ongoing problems are compounded by the chronic shortage of funding and resources that adversely affects remuneration, professional recognition, and career opportunities. In several European countries, frontline workers and volunteers often collaborate with private organisations and services under precarious or short-term contracts. They frequently express training and upskilling needs that are not met with the same opportunities offered to professionals under stable long-term contracts.

These issues significantly affect the quality of services aimed at supporting women victims of violence: the high stress level experienced by front line staff can adversely impact help relationships and make networking among different services more difficult.

For these reason, WeToo and the other projects contributing to these guidelines intend to strengthen protection measures and to promote the wellbeing of frontline operators, both essential to ensure strong support to female survivors of gender violence.

In the context of the above-mentioned initiatives, this manual is a useful tool to understand which factors influence the professional well-being of staff and to activate virtuous processes of prevention, protection, and recovery from care work related stress.

The manual is composed of a theoretical part that outlines issues and basic definitions concerning stress prevention in helping relationships and provides insights on how to evaluate one's emotional condition, both personal and professional.

1.
Psychological well-being in the workplace

In the early decades of the last century, workers[1] were regarded as an extension of the organization (company) for which they worked. All the social theories applied to improving their conditions focused on increasing efficiency and productivity, preferably by reducing the time required to carry out their tasks.

Only in the 1930s, and under the influence of the *Human Relations Movement* (Mayo, 1933), did **the importance of the human factor** come to light. Following a very interesting experiment (Mayo, 1933), the author concluded that employees felt much more satisfied with their work because **they felt more like individuals** rather than cogs in a machine, and that thanks to the communication with researchers, workers **felt more responsible for their own performance and that of the whole group**. For performance purposes, **feelings of cohesion and self-esteem were more important that any improvement in the working environment**. From this pioneer onwards, several paradigms of occupational well-being have been developed by the Motivational School (Maslow, 1954), the Systemic Approach (von Bertalanffy, 1951), the Situational School that emerged in the 1980s, and all the contemporary schools of the last 40 years. To summarize, all these different theories come to the following conclusion: **psychological well-being in the workplace** shall not be considered an individual's characteristic or an environmental condition, but rather **a feature of the relationship between individuals and their work environment.** This leads to a definitely complex view in which personal relationships, organization and structure are as interdependent as the cogwheels in a clock.

Source: La Longa F., Crescimbene, M.

This document will focus on investigating some essential aspects within these mechanisms that mutually and strongly influence the building factors of the well-being or discomfort experience in the workplace.

To begin exploring the relationship between the individual and the work environment, we will first examine the definition of **workplace climate** (Ostroff, 1993). This is a psychological construct referring to the perceptions that people develop about their work environment based on a set of experiences, evaluations, and emotional reactions. But how do we turn facts into experiences? From which bases do we start when it comes to evaluating events in which we are involved and reacting emotionally to them? Each of us enters the world of work with a diversified baggage and uses the tools contained in this baggage to interpret challenges, obstacles, recognition, and all that we are faced with. This effort requires various skills that can be divided into three large areas: "knowing", "knowing how to do", "knowing how to be".

"**Knowing**" represents the **basic skills** acquired during our studies. They are our reference framework, the theoretical notions subject to constant updating with which we approach the world of work.

"Knowing how to do" represents the **technical and professional skills**, the **practical knowledge** concerning our job function which develop from knowledge when it is put at the service of action and through action matures into *expertise*.

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[1] This passage depicts a historical situation and a social context (the first decades of the last century) where the concept of "worker" was predominantly associated with males, since salaried work was dominated by men. Nowadays, professionals in the care and psycho-social sector are mostly women, a fact that reflects the traditional gender disparities that still exist in this work environment.

"**Knowing how to be**" represents the **crosscutting skills** used in several areas (how to communicate, speak in public, work in a team, etc.) and has to do with our **capacity to be**. This requires above all a good knowledge of oneself. "**Knowing how to be**" relates to the world of personal values, communication, relationships, and *soft skills*. It is what conveys our abilities and allows other people to perceive them, it makes them recognisable and determines how and how much we take action in order to increase, reorganise and/or use knowledge in the sphere of knowing and to increase and/or best use skills in the sphere of knowing how to do.

The virtuous balance of these three areas (knowledge, practical skills, and soft skills) is the key to a development process for all workers and allows them to better deal with the negative psychological experiences they may incur in their professional life. In this development process, organizations and their models and perceived climate play a key role.

This document contains some guidelines based on specific epistemological assumptions. It aims to offer some hints for reflection and tools to prevent burn-out or, more generally, uncomfortable situations in the workplace which affect staff involved in helping victims of violence.

2.
Burnout prevention

Since the early 80's, research in clinical and social psychology has dealt with the issue of burnout. The term "burnout" conveys the image of a **"short-circuit"** and refers to the performance of individuals in the workplace (Cherniss, 1980; Freudenberger & Richelson, 1980; Maslach, 1982). As we will analyse in this document, burnout is a phenomenon that increasingly affects the so-called helping professions such as nurses, doctors, social workers, psychologists, operators of psychiatric hospitals, and educators.

When discussing the factors that create distress or well-being in people - which means discussing health – we should always define an epistemological framework. Over the last 50 years, the concept of health has made the object of several reflections and thorough reinterpretations. In 1977, Engels distanced himself from the biomedical model and theorised a bio-psycho-social model under which health is socially constructed in the context of human behaviours and relationships. In this model, the interactions between humans and the environment are key. The bio-psycho-social model has now undergone a further development; the human being and the subjective perspective in health assessment have gained a central role. People are able to provide a subjective measure of their condition which is just as reliable as objective parameters and indicators (Idler and Benyamini, 1997; Veenhoven, 2002). Health is considered in its connections with psychological, social, spiritual and cultural dimensions, and illness is considered in relation to the context in which it is evaluated and perceived. This means recognising subjectivity a central dimension (including from a cultural point of view) in people's perception of being or not being healthy. In this context, we will regard health as a positive experience subject to complex dynamics which are not entirely predictable or controllable and are partially still unknown. More specifically, we intend to emphasize that the concept of health is achieved within an interactive network of processes that occur at many different levels (biological, psychological, social, cultural, economic, environmental, etc.; LES, 2019).

In line with this approach, **we will regard burnout as a multidimensional phenomenon in which several factors (individual, socio-environmental, economic, political, historical, organizational) are intertwined in a systemic and complex way**. We will freely apply the conceptual suggestions provided by Christina Maslach (1982), one of the most prominent international scholars on this subject. She defines **burnout** in terms of syndrome and dimensions. The burnout syndrome is usually marked by particular states of mind (anxiety, irritability, physical exhaustion, panic, agitation, feelings of guilt, negativism, low self-esteem, empathy, listening skills, etc.), somatisations (migraine, sweating, insomnia, gastrointestinal disorders, paresthesias, etc.), and behavioural reactions (frequent absences or delays at work, defensive refusal of dialogue, emotional detachment from the other person, etc.).

Maslach e Jackson (1982) point out three dimensions of burnout:
1) Emotional exhaustion: The feeling that personal emotional resources are "drained" and of having nothing more to offer on a psychological level (for example, "I feel emotionally drained from my work").

2) Depersonalization: Detached manners, negative attitudes, sometimes cynicism in dealing with recipients ("I don't really care what happens to them").

3) Low personal accomplishment: The feeling of being inadequate at work, reduced desire to succeed, low self-esteem[2].

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2 These three components seem to be intertwined; however, they are conceptually different and clearly linked to other factors such as work satisfaction, job stress, the desire to switch to a new job, and the perception of psychosomatic symptoms (Cordes and Dougherty, 1993).

Maslach (1997) and her colleagues classify objective causes into six classes: control, workload, fairness, values, reward, and community. In the same study, the author comes to the conclusion that burnout is primarily caused by the objective factors of professional stress, thereby putting subjective causes into the background.

We will use the above-mentioned contents in a critical and constructive way because this document does not share the opinion that it is possible to find *objectivity* in personal experiences. An approach that is too individualistic and centred on the person and on intra-psychic explanations of phenomena, focuses on the individual capacity for self-determination and on the ability (or non-ability) to overcome obstacles such as "stressors". In our opinion, this approach disregards the complexity of the concept of well-being outlined above and emphasises, for example, categorisations that focus much more on workers' personalities than on the dynamics they are involved in. This can lead to classifying as "weak" those workers who are not really satisfied with their work environment and make dysfunctional attempts to cope with their colleagues' requests and hostility. As a consequence, concealing one's concerns, fear of failure and, in extreme cases, even suicidal thoughts, is a "common" practice in the workplace. A third negative implication of an individualistic and psychological approach to understanding burnout is the tendency to associate it with mental illness, as proven by the recent attempt to include it in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

In this document, we will not focus on the word "syndrome" which implies a nosography of the phenomenon that only clarifies the interpersonal and biological aspect, but rather on the word "process". In addition, we will apply definitions and reflections in the specific contexts that are of particular interest for this document and its prospective users (frontline staff in gender-based violence issues). The definition adopted in this document is as follows: *Burnout* **(or short-circuit) is a process of depletion of the worker's resources which particularly affects the most motivated and involved operators in helping professions. It derives from stress chronicisation, where stress constitutes a maladaptive reaction to the chronic emotional tension generated by continuous contact with other human beings, particularly when these are highly vulnerable or suffering.**

We will try to explain in detail each important segment of this definition. The definition "**depletion of the worker's resources which particularly affects the most motivated operators**" must be interpreted as a consequence of the psychosocial interaction between caregivers, beneficiaries, and the organization for which they work, including the relationships that characterize it; hence it should not be confined to something that occurs only at the intra-individual level due to lack of skills or to psychological fragility. **On the contrary, great attention should be paid to the very moment when workers started their professional activity in that workplace and to tracing the changes in performance, motivation, and effectiveness in order to comprehensively evaluate the reasons for change**. Recent studies have identified unsolved conflict, the lack of mutual support, and the presence of destructive social relations (Leiter, 2012) as "toxic elements" in the workplace which can be tackled in order to prevent burnout (Leiter, Day, Oore, & Spence Laschinger, 2012). An interesting perspective for interpreting burnout suggests considering work-life balance: in burnout cases, the question should be raised as to whether operators have lost this balance, whether they were too heavily unbalanced in one direction rather than another in the last period, and how the personal and professional dimensions are interacting. As usual, the focus shall be on the process rather than one any of the two poles: the question about burnout could be, "**what short-circuit in the person-job interaction generates** the subjective discomfort experience?"[3]

To get an idea of burnout symptoms, reference is made to the studies of Rossati and Magro (2001). They observed that after several months of great commitment, like a sort of honeymoon, the operator showed a drop in spirit and enthusiasm; a progressive loss of energy, idealism, motivation, and interest; episodes of nervousness, apathy, indifference; in the worst cases, cynicism towards his/her job and its beneficiaries. In a broader perspective, mention must be made of other theories of motivation which explain the physiological collapse of motivation after an initial stage of enthusiasm and high expectations: this concerns all workers, not only those in care professions. A useful theory in this area may be that of Hersey and Blanchard (1984) who describe *situational leadership,* i.e. the leader's ability to adapt choices and behaviours to the needs of their team (for example, being more present and supportive at a given moment in order to help a person get through that stage).

• **Burnout particularly affects professions involving help relationships** because in these professions there is a direct link between operators and beneficiaries which implies a massive use of the operators' personal skills (identified as *soft skills* or "*knowing how to be*"). Personal characteristics which represent risk factors are described in a very beautiful article by Romano (2005): the individuals most exposed to the risk of burnout are characterised by meticulousness and the need to prove to others - and to oneself - to be good and efficient, in the belief that this is the only way to gain approval. However, for the purpose of understanding this phenomenon, interpersonal and social relationships with colleagues, beneficiaries, managers, and family play a key role as well as individual attitudes or personality, and situational and environmental elements (Leiter & Maslach, 2004).

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3 The issue of work-life balance is extremely important and all the following paragraphs contain mentions of the imbalance that generates discomfort.

In helping professions, the emotional overload is also determined by the sum of personal attributes, relationships with colleagues, and the peculiarities of violence survivors; **it derives from stress chronicisation.** What qualifies an event as stressful is not necessarily the quality of the factors involved but rather **the intensity of the need for readaptation which is triggered** by the event itself. In the 1940s, Hans Selye **defined stress as a set of unspecific reactions brought about in the body by the more or less prolonged action of harmful factors (***stressors***).** Such factors are perceived by the worker as complex problems and activate emotional and physiological response mechanisms in an effort to adapt to a difficult situation and overcome it. The effort to overcome this situation generates two kinds of stress: *eustress* and *distress*. **Positive stress (eustress**) is an adaptive reaction which allows the person to interact with the challenge (*stressors)* in a functional and efficient way. This leads to a response, and sometimes to changes, that promote the balance between requirement and resource and bring about a new situation considered positive by the person. These situations enhance all three areas of knowledge in the positive evolution process mentioned in section 1. On the contrary, if the challenge posed by the environment does not meet the individual's perception of being able to handle it, **stress becomes negative (distress)** and leads to a maladaptive response with negative effects on the organism. Several characteristics of the stressful situation influence its perception: for example, it lasts for a long time, it is not mediated by people or elements that help process its impact, it seems to have no way out, no moderating elements and no support system, etc. The perception of the balance between requirement and resources is mainly determined by the cognitive, emotional, and experiential evaluation made by the person involved.

• For example, people possessing self-esteem, a good capacity to express their feelings, confidence in their own problem-solving ability, who approach life with optimism, have a good social support network, are able to ask for help when they needs it, regard change as an opportunity for growth rather than a threat, and lead a healthy life, will be more likely to transform adversity into eustress and therefore into a challenge that can be successfully overcome. Those who do not possess the same traits, or only possess them to a limited extent, will be more likely to develop burnout because they will perceive changes and requirements as disturbing or threatening (Zucconi, Howell, 2003).

• **Burnout particularly affects helping professions because beneficiaries experience extremely critical situations with high levels of sorrow**. As we will further explain in a section dedicated to the transcultural aspects of the interaction with others, people who need the support of helping professionals have experienced highly conflictual emotional and affective relationships. Their problems are sometimes "limited" to social and/or economic hardship, social-relational or mental health problems. Very often, a combination of these situations leads to violence that forces women to cross the line between life and the risk of death, between love and hate, the desire to preserve an idea of family beyond all evidence and the need to save themselves. They are not the only people at risk, but so are their sons and daughters towards whom they feel responsible in many ways, and this responsibility may have an ambivalent nature (for example, women who do not want to deprive their children of the paternal figure but realise that the father is not a valid model to follow for learning a healthy parenting style). A woman's empowerment process and choices are made very difficult by the necessity to recognize oneself as a victim of violence, to admit the failure of a relationship and the importance given to the female role within the family, to free herself from her passive role in the face of events and become an active subject who is able to interact, oppose, and choose. The relationship established with operators becomes a catalyser of all these needs, fears, pressures, and challenges. The intense work which violence survivors need to build and re-build confidence and self-awareness requires a lot of time and dedication and deeply challenges all people involved. However, this does not imply that the main component is fatigue, and in fact, the section dealing with post-traumatic growth will state just the opposite. As previously mentioned, the human factor is particularly involved and under strain in this kind of professional activities and some kind of overload must be taken into account when talking about burnout.

2.1 **Phenomenology of burnout**

This document describes the phenomenology of burnout by means of two lines of studies. The first one consists of the phases of emotional exhaustion, depersonalisation, and low personal accomplishment identified by Maslach (1981), an approach regarded as valid also due to a quick and very user-friendly questionnaire for self-assessment by the operator. Beside this model, the second line of studies presented in this document emphasizes on a theoretical level the complex dimension of factors interdependence. It describes **burnout** as a **progressive loss of idealism, energy and purposes, experienced by professional and non-professional social workers as a result of the relationship between worker and working conditions** (Edelwick and Brodsky, 1980).

The theory formulated by Christine Maslach (1981) describes burnout by means of **three dimensions:** emotional exhaustion, depersonalisation, and low personal accomplishment.

• **Emotional exhaustion** is the loss of personal emotional resources, a feeling that the relationship with others is draying up one's energy, of having no more psychological support to offer, and a sense of incapacity.

• **Depersonalisation** is expressed through negative indifferent behaviours, cynicism, coldness, and hostility towards beneficiaries.

• **Low personal accomplishment** is the perception of one's inadequacy and professional incompetence brought about by a reduction in self-esteem and professional ambition.

The first phase is characterized by a state of overload followed by emotional exhaustion, where demands are perceived as excessive as compared to available resources. This may determine a chronic form of stress: operators feels empty and exhausted, they lack the necessary energy to face another day at work, their emotional resources are used up, they feel no longer able to give something to others, they adopt a strategy aimed at avoiding the emotional involvement imposed by professional situations, they take on an increasingly bureaucratic and distanced attitude, show cold indifference towards the needs of others and a cynical disregard of their feelings. This type of response indicates the passage to the second phase of depersonalisation, marked by the operator's refusal of beneficiaries which is expressed by signs of clear indifference and in many ways: belittling and denigrating beneficiaries, refusing to be polite, ignoring their requests and needs, refusing to provide the most suitable help or assistance. In the third phase, feelings of guilt and low personal accomplishment can lead to a self-verdict of failure and thus to lower self-esteem, with the possibility of depressive symptoms which may prompt the person to seek psychotherapeutic help or to switch to a different job.

In 2017, Christina Maslach and Susan Jackson created a questionnaire called the *Maslach Burnout Inventory* to measure the three independent dimensions of the burnout syndrome in helping professions. The questionnaire is composed of 22 elements and each aspect is measured by a subscale. The frequency of the respondent's reactions indicated in each subscale is measured by means of 6-point answers, where the points range from "never" to "every day" (Zani, Palmonari, 1996). The same elements are the object of further answers where the intensity of feelings is indicated on a scale from 0 (no feelings) to 7 (highest intensity). A version of the test is available at www.mindtools.com/pages/article/newTCS_08.htm(. This site is managed by a global community of experts, but not all resources contained in it are free of charge).

Studies carried out by Edelwick and Brodsky (1980) suggested **four stages to define the typical burnout process: idealism, stagnation, frustration, and apathy**.

In the **idealism and enthusiasm** stage, workers channel their full potential and devote a lot of time and resources to their work. In the following **stagnation** stage, workers realize that the job does not fully meet their expectations and needs. Gradually, the usual concerns such as working time, career, and salary start to become problems. If the problems arising at this stage are clearly and resolutely addressed, they can possibly be overcome without too much damage, especially in an open and creative working environment where colleagues are supportive. If this is not the case, the next stage is **frustration**: workers wonder whether it is worth performing their tasks under chronic stress and without any recognition from other staff. This stage is essentially transitional as operators usually decide whether they want to modify stress-generating behaviours and working conditions in order to continue their professional activity, or take a distance from their job and adopt an indifferent and alienated attitude. The final stage of **apathy** can be considered the actual burnout phase: workers have mixed feelings of boredom and disgust towards nearly all aspects of their job, they experience a progressive emotional disengagement, and the desire to help other people completely disappears.

Signs and symptoms of burnout

In In services with a high level of absenteeism, excessive turnover, distorted communication, mistrust, refusal of responsibility, indifference towards beneficiaries, isolation of workers, frequent conflicts, increased waste of materials, higher frequency of work-related accidents, and higher costs, the question should be raised whether workers perceive a high level of professional stress. The issue should be investigated with appropriate and scientifically validated tools. In these cases, subjective experience may detect psychological and behavioural symptoms such as high resistance to going to work every day; feelings of failure, guilt, and disesteem; insomnia, irritability; a tendency to deny the problem; frequent clock watching; lower helpfulness and a reduction of positive feelings towards beneficiaries; isolation, withdrawal from work; inflexibility and resistance to change; avoiding discussions with colleagues but pouring out tension in conjugal and family conflicts; concern for one's situation possibly generating suspicion and paranoia; excessive use of medicines, tobacco, and alcohol. This process may result in somatisation such as frequent headaches and gastro-intestinal disorders; fatigue; frequent back pain, neck muscle tension; frequent colds and flu (Rossati, Magro, 2001).

2.2 Compassion satisfaction, compassion fatigue, and secondary trauma

Scientific literature proposes various tools to measure stress associated with care work and exposure to forms of secondary trauma.

The following diagram is an analytical representation of a process showing the possible positive and negative effects upon help services operators, particularly those working with victims of trauma such as female survivors of gender violence.
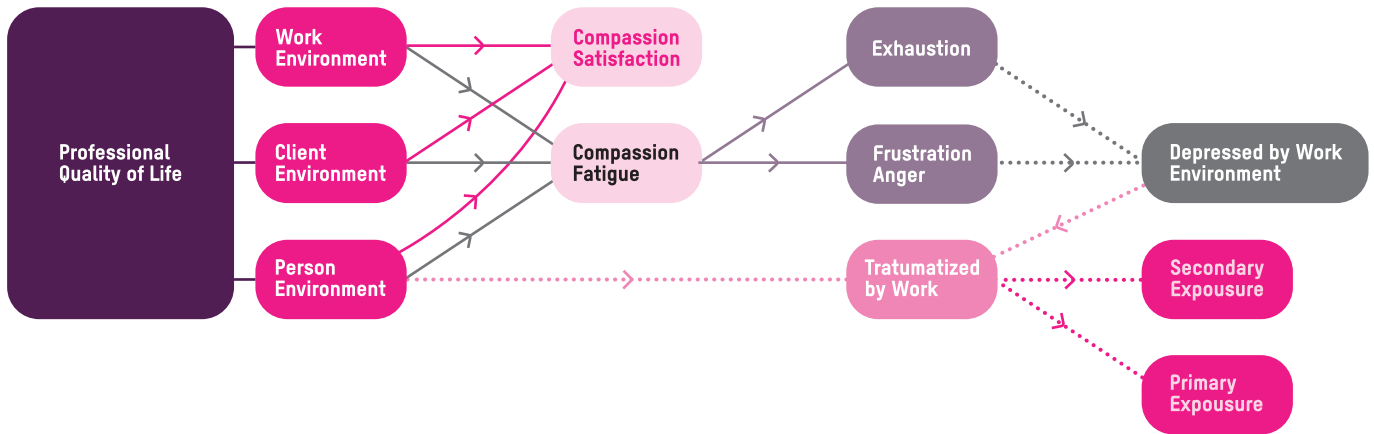
The scale of Professional Quality of Life, known as ProQOL, is used to assess the positive and negative effects of work carried out by frontline staff who support victims of violence, torture, or other traumatic events. Out of 100 articles in the PILOTS (Published Literature in Posttraumatic Stress Disorder) database, 46 use a ProQOL version. The scale was originally called Compassion Fatigue Self-Test and was developed by Charles Figley at the end of the 1980s. The test, whose original version is made available by the Center for Victims of Torture (CVT) at **https://proqol.org/**, analyses the different dimensions of stress that can influence working life quality in helping professions. The first test section contains questions that can be answered by assigning a score from 1 (=never) to 5 (=very often). The test consists of 30 items divided into 3 survey areas: compassion satisfaction, burnout, and secondary traumatic stress. **Compassion satisfaction** indicates the pleasure deriving from performing a job properly. For example, workers may feel that helping others by means of their job, collaborating with colleagues, contributing to the work environment or even to the greater good of society, is rewarding (2010, The concise ProQOL Manual, Beth Hudnall Stamm PhD). **Compassion fatigue** is the negative effect of being exposed to working stress which is typical of helping professions. It is composed of two parts: the first part is linked to **burnout** and involves feelings of tiredness, frustration, anger, and depression, while the second part is associated with **vicarious traumatic stress (or secondary stress)** due to indirect exposure to traumatic events experienced by other people. This may happen to operators who regularly take care of traumatic events survivors. Conversely, if it is the operators' own work that puts them directly in a dangerous situation (as in the case of emergency medical staff or rescuers), this is a primary exposure to stressful and potentially dangerous events. This type of exposure can lead to illness, too, and generate a primary traumatization related to the work environment. Symptoms of vicarious or secondary traumatic stress usually arise rapidly as a consequence of particular events. They include fear, sleeping disorders, intrusive thoughts concerning the traumatic event, or avoiding situations that remind of that event (2010, The concise ProQOL Manual, Beth Hudnall Stamm, PhD). Each test section is assessed by means of scores that help calculate satisfaction, burnout, and secondary traumatic stress levels to provide an overview of the professional operator's mental health and wellbeing. This tool is useful to identify individual risks as well as broader trends within an organisation. For further study and research purposes, the full manual is available at the following link: **https://proqol.org/proqol-manual**.

2.2 Possible options for managing burnout constructively

Several "constructive" management strategies to cope with burnout have been put forward over the years. Such strategies or techniques are obviously influenced by the importance given to the person, the workplace conditions, or the complex interaction between all components.

The next section will analyse measures concerning the workplace. In this section, we are going to outline the main proposals **concerning individuals** (Leiter, M. P., & Maslach, C. 2014):

1 **Adopting a healthy lifestyle** (sport, diet, etc.) that seems to be associated to greater resilience in coping with any kind of stressful experience.

2 **Practicing relaxation techniques** (meditation, biofeedback) to reduce the activation level.

3 **Improving social support**, not only from colleagues and friends but also from family members and trying to reach the best possible work-life balance.

4 **Increasing self-awareness** of strengths and weaknesses in order to improve it by means of a range of techniques such as <u>mindfulness</u>, counselling, or therapy.

5 **Strengthening one's coping skills** to deal more effectively with stressful situations, for example by means of techniques such as time management, constructive conflict management, and cognitive restructuring in general.

Since it is not possible to describe all solutions at length, particular attention is paid to the last two because in their processes they somehow encompass the impacts on the first three. The next paragraphs will explore mindfulness as a way to self-awareness, resilience, and coping strategies.

3.
Mindfulness as a way to self-awareness

Mindfulness means **paying attention, on purpose, in the present moment, non-judgementally** (Kabat-Zinn, 1994). The practice of mindfulness promotes the possibility to be in relationship with oneself and develop awareness of how our internal world is connected to the world in which we are immersed, moment by moment. Through mindfulness, we develop the capacity to focus on **fundamental elements** such as the present moment, awareness, attention, and acceptance. According to tradition, the practice of mindfulness **allows the transition from a state of imbalance and distress to one of increased subjective perception of well-being, thanks to a deep knowledge of mental states and processes**. Stephen Covey (2015) has transferred these principles into the world of organizations through the paradigms of "**proactivity**", that is, the need **to be aware of one's resources and capacity to choose, instead of reacting instinctively or in a dysfunctional way** to a certain input. Mindfulness offers a space in which to choose. It shows us how to fully live in the present moment and be aware of our physical, mental, and emotional resources. It clears the way for the elaboration of new and more effective responses to "usual" problems; it promotes a non-reactive attitude and the capacity to adopt a clearer vision. The question we shoud ask is: **Do I act with no rationale, or is my action goal-oriented?** The first *modus operandi* generates distress, the second one generates eustress (satisfaction). The ability to make sense of what we do, and to draw satisfaction from it, is obviously not an exclusive achievement of mindfulness; however, mindfulness leads to a state of balanced concentration that facilitates and boosts the process. The mind intentionally focuses on a simple and well-defined stimulus, such as concentrating on breath or physical sensations, and remains open and alert to capture everything that is happening in the experiential sphere (in terms of thoughts, sensations, and emotional states) at a given moment. Whenever we realise we are distracted, the minds will bring attention back to the chosen stimulus. During the practice, the mind calms down and an innate attitude can be trained which is already present in every person: self-observation of the inner landscape to achieve a higher level of awareness in "knowing what we are doing at the moment when we are doing it".

Within organizations (Weick, K. 1995), the adoption of mindfulness practices specifically allows:
• **The reduction of dysfunctional stress effects** (symptoms such as excitability, nervousness, insomnia, concentration problems, difficulty in making decisions)
• **Better capacity of emotional and somatic regulation** (stopping putting distance in the hope of avoiding approach; not having to end relationships to avoid dialogue; taking revenge in the expectation of avoiding pain; submitting, holding back pleasure; rebelling in order to avoid frustration)
• **Better clarity of mind in decision-making** through self-awareness of the pursued goal.

The continuous development of these practices brings about many recognised benefits that are perceived in the medium-long term as "spontaneous development" of the practice itself. Mindfulness is a discipline that can be practised more or less intensively and continuously throughout life and becomes a *modus vivendi* that allows people to train their attention and self-awareness over time. This continuous training is useful to manage stress (which is unavoidable in any profes-

sion, especially in helping professions) through physical exercise, the improvement of self-relaxation skills, and the possibility to express emotions; by seeking support among colleagues or outside, enjoying moments of leisure, reprocessing negative thoughts of self-doubt and low self-esteem to transform them into positive thoughts, and acquiring self-esteem. In addition, self-awareness helps operators focus on the beneficiaries and develop empathy and acceptance without losing sight of themselves and their inner world made of emotions, thoughts, and feelings.

4.
Resilience and coping strategies in helping professions

The concepts of resilience and *coping* are regarded here as solutions for preventing and/or exiting *burnout,* and the following definitions of these concepts will help better understand how functional they are to this purpose. We shall therefore introduce one more element underlying both concepts: the perception of being able to control and modify life events, defined as *locus of control*. According to Rotter (1966) who theorised this construct, *locus of control* is a unidimensional continuum ranging from external to internal. At its poles, two groups are placed: those who attribute their achievements to their own abilities and those who attribute them to the external world. Preferring an internal locus of control (Rotter, J. 1966) means feeling actively responsible for what happens, rather than thinking that events and outcomes depend on external factors beyond our control (typical attitude of people with an external locus of control). Research in this field (Brookings, Bolton, Brown, 1985; Halpin, Harris and Halpin, 1985) has detected a correlation between people with an "external" locus of control and burnout. Santinello and Pedrabissi (1991) also reported that the typical dimensions of burnout influenced by the locus of control are emotional exhaustion and depersonalisation. In their study involving 300 teachers, the authors confirmed the hypothesis that the educational staff most exposed to the risk of burnout are resigned and submissive when the stressful situation requires action (typical reaction of individuals with an external locus of control). As a consequence, they (unconsciously) prefer to take their distance from stressful events (depersonalisation) and gradually drain their residual energy (emotional exhaustion). This leads to the idea that one of the constructive coping strategies to prevent burnout is to strengthen the internal locus of control. In fact, programmes to promote self-empowerment "contribute to significantly improve specific areas of competence by enhancing self-efficacy, responsibility, positive thinking, and hope" (Gheno, 2006). Similarly, self-efficacy (Bandura, 1999), which consists in the personal conviction of having the capacity to organize and use the necessary resources to manage situations appropriately, is also recognized as a coping strategy that reduces the risk of burnout (Aloe, Amo and Shannon, 2013). The first scholars to address the issue of *coping* were Folkman & Lazarus (1984). They described coping as the cognitive and behavioural efforts made to master, tolerate, or reduce internal and external requests and conflicts perceived as onerous or excessive for a person's resources. **Those who are able to actively cope with situations (coper) succeed in finding an effective solution to what they perceive as a problem; they consider their resources to be sufficient and, if necessary, see the work environment as an opportunity for help and change. In terms of locus of control, they attribute responsibility for what happens alternatively to themselves** or to other people **in a flexible way, depending on the situation.**
Conversely, burned-out or "short-circuited" operators are no longer able to flexibly deal either with their working environment or with their own resources and responsibilities. They develop frustration and resistance to change, whereas previously they were driven by high expectations and attributions of capabilities. As is often the case, the critical aspect of this psychological phenomenon is the rigidity and pervasiveness by which it is expressed: the loss of flexibility in personal beliefs and cognitions adversely impacts emotions, behaviour, and health in general. What solutions can be found? Promoting a sense of competence and efficacy is certainly one way to go when subjective factors contributing to burnout are prevalent. For example, recognizing their limits and accepting them (that is, switching from an internal to an external locus of control) will reduce the operators' feelings of omnipotence which inevitably lead to a sense of failure. However, as mentioned in the previous paragraph, personal characteristics should not be considered as the only cause of burnout. They should always be associated to other and more complex factors, such as the available environmental resources, the extent and the chronical nature of the problems posed by beneficiaries, etc. To emphasize the importance of the connection between individual and environment, and between relational climate and consolidation of self-esteem, the concept of **resilience** shall be introduced. This definition was first codified in the field of physics, where it indicates the property of a material to absorb a shock without breaking. Psychology has adopted this term to indicate a person's capacity to address and overcome a traumatic event or difficult period through "elastic" transformations. The most widespread and familiar use is individualistic: it has to do with the intrinsic strength of the person who is able to endure stressors. This intrapsychic conceptualisation is more useful, in this context, in its systemic dimension that ca be explained with an interesting metaphor: "Resilience jars" (Bertetti and Castelli, 2015). An elderly Chinese woman used to carry two earthenware jars to fetch water every day: one of them had a crack in it, while the other one was perfect and carried all its water content.

The cracked jar was ashamed of its imperfection, and after two years, it decided to apologize to the old woman for the defect which caused the loss of half of its load. The old lady smiled and explained that she had always known about the crack in the jar. For this reason, she had planted some seeds on its side of the road: the cracked jar had constantly watered them and made flowers grow, while on the side of the "perfect" jar, the soil had remained dry.

This metaphor shows the **usefulness of the concept of resilience and its systemic application: any "defect" or characteristic of a person that is perceived as useless and dysfunctional can become part of a wider context in which it becomes functional.** This concept obviously applies at individual level, but it will be much more effective if it is shared within a group as a transformation process which is initiated by everyone and concerns everyone. Operators identify the cracked jar with their beneficiaries but also with themselves as individuals. In the empathic benevolence of the old lady, they recognize their own competences and those of the people who helped them overcome personal and professional problems. Operators also agree on the need to treat as many beneficiaries' problems as they can, without the illusion of wiping out troubles and trauma once and for all. The jar waited two years before speaking up, which points out that it is difficult to recognize something wrong, both for beneficiaries and for us. The elderly woman was able to **respect the jar's timing because taking time to understand before acting is important. However, respecting other people's timing is just as difficult as respecting ours, and the desire to help sometimes haunts us excessively.**

Time management as a resilience strategy

Time management (meaning time for work, time for reflection, and time for life) is also an efficient strategy to address burnout. A common perception among people who are experiencing a phase of work malaise is not having enough time, always having to rush, not meeting many deadlines due to overload, etc.

Time management (A. Sansavini, C. Sansavini, 2019) is the object of specific techniques listed below. In reception and care services particularly characterized by emergency situations, **the usual approach often consists in going from one urgency to another: time seems impossible to manage**. However, time is indeed one of the main factors to invest in if we want to focus on clear objectives, achieve better performance, and thereby increase workers' resilience and perceived well-being.

The two authors have identified a series of strategies:

I. **Using a "to-do list"** is a useful tool to set goals by visualizing priorities and deadlines. One may be thinking that time spent planning is time stolen from doing, but it is just the opposite: the better we organize our resources according to what we need, the more we improve the quality of our work.

II. **Focusing on priorities**: learning to manage both distractions and contingencies that, while seeming to be urgent, are no real priorities and can be postponed to a later date.

III. **Acting immediately instead of postponing:** sometimes we defer to a later date activities on which we should focus without delay. This habit generates feelings of guilt and usually leads to tasks being put off until there is no more time to complete them.

IV. **Measuring out the amount of work carefully; learning to say no or to delegate if necessary; taking breaks and trying to do one thing at a time.** Particularly in helping professions, the needs of workers are almost regarded as selfish acts that reduce the effectiveness of their performance, while on the contrary, respecting one's own time and limits contributes to making work more functional.

V. **Learning to slow down**: **"effectiveness" sometimes means doing less (and thinking more), not being a slave to tasks.** Getting caught up in the adrenaline rush when there are a lot of requests to fulfill is not a sign of effectiveness and can generate discomfort.

VI. **Planning activities according to one's chronobiology:** activities that are mentally or physically demanding should be planned in times of the day when they can be carried out at their best.

As a conclusion, resilience is a characteristic of people and of the relational environments they live in. Resilient people face challenges and difficulties with competence; they work towards inducing positive changes in their environment that help manage situations better. Similarly, a resilient working environment helps to face difficulties with competence and proactively and eventually turns critical issues into new opportunities. Like any process, this needs continuous adjustment and great flexibility to achieve new and more satisfactory adaptations.

5.
The power of communication in conflict management

Communication and the relationships within a group working together are extremely important and essential for the well-being of people and the organisation as a whole. If team members know how to communicate and interact supportively, their results are reflected in **motivation**, in the ability to **express feelings**, to **transmit information,** and to **regulate/ control emotions**. All of this usually lowers the risk of generating conflict or - since a certain amount of conflict is unavoidable - creates efficient skills to manage it.

Thomas Gordon (1998) has conceived a system to promote long-lasting and significant relationships between individuals. The system was initially created as a pedagogical method addressed to teachers, students, and parents and was later adapted and extended to interpersonal communication. This communication technique helps manage conversations in an assertive way by explaining one's points of view without offending the other party and without the risk of exacerbating the discussion. It implies the ability to listen, to express one's needs, and the willingness to collaborate to find a solution, and is essentially based on two principles: active listening and first-person speech.

• "Active listening" means **listening empathically** with all one's *heart, gut and mind,* paying attention, interacting actively, and deeply engaging in the dialogue. It can be divided into **4 stages**:

I. Passive listening, or the stage of silence and attention to what the other person is saying. When only this approach is used (along with second-person speech) without moving on to the next stages, there is a higher probability of developing conflict and nervousness because the other person will feel judged.

II. Accepting what other people are and what they are telling us. It is very useful to accompany this phase with sign of assent and facial expressions, looking straight into the other person's eyes.

III. In-depth discussion with questions to clarify concepts *(What do you mean? What do you need? What are you feeling?)*.

IV. Active listening means the assimilation of what the other person says. It is demonstrated by **summarising in one's own words** and by **non-judgmental feedback.** In this phase, the speaker feels that the listener has **empathically** put himself in his/her shoes. Throughout its stages, active listening creates a climate of respect, trust, and mutual acceptance, giving all participants the opportunity to express themselves without being judged by the others.

• **First-person speech**: Communicating our feelings in the first person by means of messages that do not contain judgments or accusations addressed to the other person. When we feel angry, disappointed, hurt, or irritated we often tend to formulate messages with the pronoun "you": "...you are wrong!", "...you are late!", "...you made me angry!", "...you are selfish!", "...you are messy!", "...it's your fault because...". This approach sounds hostile and can trigger a negative reaction, one which is oppositional and defensive and allows the other person to strike back. **Sentences containing the pronoun "I" will be much more effective**, for example: "...I feel hurt when you do not listen to me, I feel ignored", "...I feel neglected when you have too much to do", "I feel irritated when you are late for the meeting because I have to explain all over again, that's why I ask you to be on time". In so doing, we are not accusing the other person, our reasons are explained in an adult and direct way, our thoughts are properly expressed, and each action is assigned a shared responsibility. This can result in a collaborative environment where the other person will feel considered and useful and will be more willing to cooperate.

To develop an effective communication, especially in conflict resolution, operators must be aware that an **assertive attitude** aims to affirm their needs and rights with decision while respecting those of the other person. This attitude is certainly more functional and beneficial than a passive or (even worse) an aggressive one. This principle is not only true in the relationships with colleagues: if operators prefer a passive attitude, this can also lead to certain interpretations being extended to the beneficiaries' behaviour in the helping relationship. For example, even legitimate requests by beneficiaries may be perceived as a threat solely because of an underlying sense of powerlessness that is not closely related to them but results from a general situation that is inherent to the working environment. Similarly, not listening carefully or attentively to the needs of people cared for may trigger a sense of guilt and self-devaluation or may result in aggressive reactions.

6.
Team building: The necessity to feel part of a team and the importance of organization in burnout cases

Along with the above-mentioned theories formulated by C. Maslach, we wish to introduce further studies pointing out that **burnout is linked to the relationship between operators and their team, operators and their co-workers, and the organizational structure.** Cherniss (1980) proposes a process model of **burnout as a means to let off work-related stress, divided into three phases: work stress, exhaustion, and defensive coping**.

1. The **first phase** of work stress is marked by an imbalance between the operator's resources, insufficient to adequately cover the set objectives, and the organisation's or beneficiaries' needs.

2. In the **exhaustion phase,** the emotional response to this imbalance is expressed in the form of tension, anxiety, irritability, fatigue, boredom, loss of interest, and apathy. The work environment is perceived as exhausting, and attention is given to technical and bureaucratic aspects rather than to clinical ones. The operator lives in a continuous state of alarm and tension. If not adequately managed, this leads to disillusionment and the fragmentation of professional ideals, with a resulting inability to reprogram activities according to the available resources.

3. In the final **defensive coping phase,** behavioural changes occur such as emotional detachment, rigidity, and cynicism, with the purpose of limiting the physical and psychological damage as much as possible and surviving in the professional world.

This short description clearly shows that several environmental elements can trigger burnout. Due to their complexity, such elements are difficult for a single person to change and require specific organizational strategies and interventions. They are, for example, (Romano, 2005) **the duration of work shifts; a possible state of isolation; the beneficiaries' extreme vulnerability and needs; lack of recognition of the operator's professional value by the public; insufficient resources; lack of assessment criteria to check the effectiveness of interventions; excessive productivity requirements; inadequate training; indifference or undue interference by management members; insufficient remuneration; confusion of roles; sharp decrease in the sense of belonging to a community; conflicting values.** Some professions were reported to be more at risk than others because they require more energy, involve higher risks, and the contact with beneficiaries is more emotionally loaded and not easy to manage. Operators who show signs and symptoms of burnout are people experiencing a crisis in their personal capacity to manage their own health. They probably do not recognize their condition or ascribe too much of it to others. The burnout process gets worse if they belong to a working organization with inadequate knowledge and awareness of health promotion and of the potentials and benefits deriving from it. **For any organisation wanting to prevent burnout, improving the quality of life and the well-being of its staff should be a priority. Promoting health in social and health services does not only mean providing information and training about health and the risks associated with helping others. It primarily means implementing effective training programs concerning the perceived health and the personal and professional growth of the various professional figures working in it, including coordinators and managers.**
Therefore, all organizations, especially those taking care of victims of violence, should try out various programs and activities promoting the knowledge and improvement of health and focused on the empowerment of individuals and organizations, so that these raise their awareness and take responsibility for the protection of well-being at work. Our lifestyle and behaviours, the places where we choose to live or work, our way of thinking, the strategies we adopt to cope with life, the perception of our own capabilities, our social relationships - everything has a positive or negative influence on our quality of life and on our health. For example, a workplace where shifts are too long, where there is no opportunity and time to "recharge" and workers' needs and emotions are not respected, is a workplace where people easily fall ill. Managers must be made aware of this, or the consequences will be negative on many levels: not just for workers but for the whole organisation. To promote health, in addition to adequate training, **continuous and effective supervision is essential within the organizations where all staff shall have the opportunity to express their fears, weaknesses, feelings of guilt or helplessness, and their self-perception in day-to-day activities. This must be done in a non-judgemental, welcoming, respectful, and mutually trusting atmosphere where operators enjoy the support and assistance of all co-workers and managers**.
As Raquepaw and Miller (1989) point out, the entire organization and especially the senior management must gain awareness of the interdependence of workers in the process of reaching success as well as failures. This means that, whenever work is not productive and satisfying and/or one or more workers are experiencing burnout, all organization members must engage in changing something. Many authors (for example Nikitenko et al., 2017) emphasize **the importance of teamwork and team building as a tool for managing change in the organization. This is made possible by focusing on and learning key aspects that improve employees' skills and positive attitude as they strive to perform their roles and fulfil their mutual responsibilities**. An interesting research study by Giannetti and Tesi (2016) revealed highly significant aspects in the perception of work well-being within organizations. For social workers, the most demanding are: conflicts resulting from poor

communication with colleagues and supervisors; work/life conflict; lack of cooperation with the beneficiaries' families; emotional involvement; psychological workload; lack of autonomy; inadequate remuneration; difficulty to find a meaning to one's work; confusion in roles and tasks. In contrast, the support from colleagues, participation in decision making, rewards, a good human resource management policy, the possibility to work in a pleasant environment, work flexibility/autonomy, the protection of workers' rights, and free time opportunities are perceived as work resources. As to personal resources, the five emotional competences that Goleman (1996) identifies in the concept of emotional intelligence are important to operators: self-awareness, self-regulation, motivation, empathy, and social skills (communication and interpersonal skills). An additional handbook would be necessary to address each of these aspects - but we would like to explore at least two of them which we feel can be more easily analysed here.

One aspect that is often neglected within organizations consists in the two distinct forms of communication which are two sides of the same coin: content (verbal language) and form (non-verbal and paraverbal language). Both provide very important information to the receiver. Content is what we want to convey, while form is how we convey it. If these two aspects do not enhance one other, there is a risk that what is being said may be considered unimportant or may not even be heard and be ineffective or, even worse, harmful.

Another key aspect is **workers' involvement and participation in making decisions which are important for the whole organization, so that they reinforce their sense of belonging rather than feeling like the last rung on a hierarchical ladder where they have no decision-making power**. For example, roles and skills needed to carry out the assigned tasks should not be imposed, but rather acquired; to this end, both the worker's competence and the management's ability to provide valid reasons are needed in order to establish a relationship between the three skills mentioned above (knowing, knowing how to do, knowing how to be). Based on these preconditions, employers should take the necessary steps to identify the elements that best match and promote the operators' tasks and/or the skills they lack to perform their job to the best of their potential. At the same time, according to Byers (1997) all employers should constantly seek to understand and be fully aware of the actual skills of each individual worker, including their psychological aptitudes or contingent situations, in an effort to enhance the employees' skills and the organization's image. This because technical skills are important, knowledge is fundamental, but human qualities are necessary in the interactive and constructive process that is established between coordinators/managers and their teams, and vice versa. If all these complex aspects are considered and given space, staff involvement and participation will be extremely functional and will generate well-being along with productivity; if it is neglected, the organization runs the risk of triggering burnout among its workers.

As to corrective measures in the workplace, there are only few studies concerning possible interventions on environmental triggers; however, programs aimed at the entire organization and designed for a significant length of time seem to deliver positive outcomes (Leiter and Maslach, 2014).

In 2011, Maslach developed and proposed **a set of guidelines** regarding possible interventions on burnout:

• First, **the importance of preventing the phenomenon** and minimising the risks that could cause it.

• Secondly, **strong engagement of individuals** in their work by fostering a strong sense of belonging and involvement in their tasks, goals, and work environment so that they can better deal with any challenges that may possibly arise.

• And finally, **initiative at the organizational level** seems to be more productive than at individual level because **all individuals within a company are part of a group that they influence and are influenced by**. Social interaction can contribute to providing support but, at the same time, can turn into a crucial factor for developing a hostile environment (Leiter, 2012), just as working hours (Perlow and Porter, 2009) can contribute to the risk of burnout.

• Basing on these considerations, a large amount of today's literature tend to focus on the individual-organization fit and to seek a solution to the problem of burnout in that delicate balance. The so-called **AW Model** (*areas-of-work-life model*; Maslach and Leiter, 2017) is an important contribution to this purpose. **According to this model, the phenomenon of burnout is generated by a strong imbalance between individual and workplace** which influences behaviour, social life, and individual well-being.

More specifically, the model is based on **six areas** which may be subject to imbalance:

1. **Workload**, if it exceeds the individual's capacity to cope with it;

2. **Control**, since scarce autonomy or the incapacity to take on the responsibility of making important decisions seems to be associated with burnout;

3. **Reward**, both social and financial;

4. **Community**, in terms of relationships with co-workers;

5. **Fairness**, i.e. the perception of honesty and fairness that fosters engagement and satisfaction;

6. **Values**, or the match between individual values and the organization's values. If they differ, the mismatch can generate stress due to having to choose between what one wants to do and what one must do. A longitudinal study (Maslach and Leiter, 2008) revealed that employees in an organization perceived as unfair were at greater risk of burnout in the years to follow. The organization decided to implement a series of changes that brought about positive reactions.

7.
Transcultural aspects of the relationship with migrant women who survived gender violence and discrimination

The experience of being a victim of violence has serious consequences on women's health at various levels: **physical** (neglect of physical care and of one's living space, acute or chronic inflammation, etc.), **sexual and reproductive** (sexually transmittable illnesses), **mental** and behavioural (lack of self-esteem and self-confidence, mistrust, suicidal thoughts/ attempts, mood disorders, post-traumatic stress disorder [PTSD], insomnia or intermittent sleep, feelings of isolation, anxiety, etc..). Parenting skills are sometimes influenced and compromised as well. **Consequences on women's health can be both immediate and acute, or long-lasting and chronic. The higher the level of violence, deception, exploitation and coercion, the greater will be the impact on women's health**. Being subject to multiple forms of violence (e.g. physical and sexual violence) and/or to repeated acts of violence over time, can bring about more serious consequences on psychic and physical health, including self-harming behaviour. For example, mental health problems arising from multiple traumas and ignored or poorly treated can result in suicide or conditions such as alcohol or drug abuse, which in turn can lead to death. Some experiences of violence and exploitation can influence the choice of future partners and confine women to harmful relationships even though they could be free to choose a better life. The situation gets even worse if the victim is a migrant woman who has experienced violence in her country of origin, during the journey and/or in the destination country (e.g. trafficking associated to sexual or labour exploitation). Violence experienced during the migration process or representing the push factor that led women to leave their countries will be the main feature of their self-narrative and their choices, and further exacerbate feelings of loneliness and lack of alternatives that often affect migrant women.

Violence against women (including trafficking and exploitation) is a crime that is not limited to the intimate sphere of the victims: it is a phenomenon that deeply involves the communities where it takes place, both those to which the victims belong and those in the destination countries. To provide help to victims and to fully understand this kind of phenomena, operators must first question themselves about their own reference values deriving from the culture they belong to. In fact, each society passes down from one generation to the next the meaning associated, for example, with health, illness, body, psyche, and the male and female gender, hence with being men and women in terms of love relationships, education, body, sexuality, etc. By means of their stories, migrant women bring to light important structural components of their cultures of origin and, by reflection, of their host cultures. Strong patriarchal traditions, a disadvantaged status in terms of control over resources and their own bodies, socially determined and unequal gender roles and relationships (for example, early and/or forced marriages), social and health needs conveyed through their body (e.g. genital mutilation) are some examples of gender discrimination and violence that force women to migrate, often leaving behind family ties and filial love. Young migrant women so deeply want to believe in the possibility of a different future that they rely more or less consciously on human trafficking, which for many of them ends up in sexual and/or labour exploitation in transit or destination countries. **Any story of a woman who reaches the destination of her migratory journey, probably surviving violence and exploitation, is a cross-section of family life in cultures other than our own; of social mechanisms, of constraints deriving from cultural rituals and traditions that should be read with a non-ethnocentric lens (Crivellaro, 2021).**

When migration affects whole families, it threatens even more strongly family balances that used to be taken for granted and that were the heart of the reference communities until then. In these cases, relationships among family members, certain traditions, and culturally accepted values may be questioned and renegotiated. All the distinctive features of the cultural background must be considered when encountering migrant women and minors, especially if they are violence survivors, though bearing in mind that the migratory path they are following brings about enormous changes and poses enormous challenges to all participants in the relationship. In fact, migrant women make choices in their destination coun-

tries which are certainly influenced by the situations they experienced in their own countries of origin as much as by the receiving environment that all of us contribute to shape around them. Hence it is recommended that operators involved in helping professions with victims of violence (especially if these are migrants) receive a training based on a *culture-sensitive approach* that will guide them through the different meanings of violence and trauma perceived by each person depending on her/his culture and migration project. To address these issues, a **systemic approach** should be adopted that takes into account the role of various contexts where women grew up: family, friends, neighbourhood, their village or city of residence, the organization and the nature of personal services and public safety bodies that they can turn to for help, society as a whole with its values and norms, their educational and school environment. A process of sharing different worldviews and meanings, which incorporates different cultural and social instances, can help build a complex and difficult integration path, and effectively enhance all the participants in the interaction relationship. As already mentioned above, to achieve this result we must dare to question some of the fundamental principles on which our epistemology and our care system is based. Let us start with trauma.

8.
Trauma as an opportunity for growth and change

In their beautiful article, Losi and Papadopoulos (2004) propose a very interesting review of the concept of trauma and its possible consequences in the lives of people who suffer it. They conceptualize it with an approach called *ethno-systemic-narrative* which emphasizes, among other things, the specific social and cultural function that narratives of violence may acquire. By narrating violent events, we have the possibility to turn unutterable experiences into a series of actions linked into a comprehensible framework, defined by chronology and by psychological effects, and in any case, "expressible and conceivable." **In so doing, the violent event that has radically disrupted the flow of normality appears to be predictable, and the moment of chaos that has challenged order is tamed** (Thornton, 1999, p. 3). In other words, when we "clothe" an experience or a situation of chaos with a story or a narrative, we transform it, give it sense, and we somehow attempt to tame the chaos deriving from it. However, this is not a neutral process. As suggested by Feldman (1991, p. 27), "Narratives not only explain events; they are integral to how we decide what is an event and what is not."

More specifically, referring to an event that causes psychological damage, Papadopoulos (1998) underlines with some concern that "mental health experts use theories of the mind (psychologization and pathologizing) to try to ease the distress caused by anguish that emanates from a violent and destructive act, in an attempt to confine its effects into a well-defined framework." For example, the dictionaries of the English language (Merriam-Webster) provide the following definition of trauma (from the Greek word τραῦμα (-ατος) "wound"): "[1] a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time; [2] a serious injury to a person's body". The underlying assumption is that trauma compromises a person's health: and in fact, it is a medical term referring to an injury or a wound. In the Greek language, the word trauma (meaning "injury" or "wound") comes from the verb "titrosko" (to pierce), hence the original meaning of "trauma" is the mark or injury left on the skin by a puncture. Research into the etymology of the word "trauma" (Papadopoulos, 2000; 2001; 2002) has revealed interesting new insights: "titrosko" originates from the verb "teiro" meaning "to rub" and had two connotations in ancient Greek. The first one was "to smear, to penetrate by rubbing", and the second one was "to erase". Therefore, trauma is the mark left on people as a consequence of something being rubbed on them.

 Since rubbing has two meanings, there could be two options: "smearing" or "rubbing" an injury or wound, and "erasing" or cleaning a surface where there used to be marks, such as when we use an eraser to remove writing from a sheet of paper. Having suffered a potentially traumatic event is a subjective experience detached from the linear causality trauma=symptoms. It is not only limited to the consequences of an injury or fracture (or of the verb "to pierce" of Latin and Greek origin), but can involve an enrichment at personal and social level which would be otherwise unthinkable. The possible psychological manifestations of having suffered traumatic events must include the act of crossing a familiar threshold, a barrier until then perceived as the end of what is "thinkable", depending on the expansion of meanings and possible consequences. A contribution to this process comes from the culture of origin, the way it was experienced, the emotions and personal traits it involved, the changes it caused, the people belonging to it, and the life perspectives in which it may be embedded. This means that, when discussing trauma, we cannot only consider its intrapsychic context and pathological outcome: questions must include a systemic and ethno-clinical conceptualization of the meaning of trauma (Losi, 2020). If asked the right questions, victims of trauma often spontaneously express the need to rethink life in a new way and reorganize their priorities despite painful and difficult experiences. After a trauma resulting from violence, for example, people may reconsider their life philosophy, better appreciate the fact of being alive, attach value to friendship, discover a new vitality for new activities, change their destiny to suit their children's needs, and so on.

This is the reason why all operators working with women who are potential victims of trauma bear a great responsibility, seen as an opportunity: to aim not only at reducing post-traumatic symptoms but also at fostering the discovery and enhancement of positive elements resulting from that event. Recognizing the possibility of post-traumatic growth is important regardless of a decrease in symptoms because any form of psychological distress is more tolerable if a person is able to ascribe a meaning and a value to the experience of trauma. Once a relationship of trust has been established, operators can perceive all possible positive aspects emerging from the beneficiaries' words and behaviours and translate them into new narratives so that the experience of growth becomes cognitively relevant. Comparing and mirroring the positive changes that are taking place can encourage further progress in the transformation from trauma to growth, triggering a process of cognitive rehabilitation called post-traumatic growth.

9.
Post-traumatic growth (direct in beneficiaries, indirect in operators)

Tedeschi, Park and Calhoun (1998) define post-traumatic growth as the tendency to experience positive changes in three main areas after a trauma: change in self-perception, in interpersonal relationships, and in life philosophy. The growth process does not directly depend on trauma but is the result of a complex cognitive re-elaboration that allows to find a new balance within oneself and in interpersonal relationships.

Here again, as with one aspect of burnout, we refer to the *locus of control*. Women survivors of violence may experience major impacts on their identity sphere, especially on their locus of control (a principle referring to the subjective evaluation of factors causing events). Individuals with an internal locus of control regard their own actions as the cause of events, whereas individuals with a prevalence of external locus of control perceive their events, outcomes, and results as being mainly influenced by external and less or not controllable forces. As these constructs are not innate but socially acquired (Bandura, 1999), they provide a measure of how much we ascribe to ourselves the potential and resources needed to make choices and change our lives, or how much we need to build it up through positive relationships with others and in new contexts. Violence survivors who have suffered betrayal, exploitation, and inhuman situations over which they had no power, introject a vision of themselves as victims which perfectly reflects the role they have inhabited. However, when circumstances change and opportunities become real in terms of growth and redemption, not all women are able to abandon the "identity dress" that their past violent experiences have sewn on them. To promote their development, it is essential that they do not regard themselves only as victims and are not considered as such, but that they acquire a new protagonist role and build new possibilities of change and empowerment within their life projects. This different perspective allows women, and therefore their children, to be aware of their **potential empowerment** which is made up of **resources** (access to territorial services, material resources, decent work opportunities), **capacities** (parenting, acquisition/strengthening of personal skills, creation of supportive relationships), and a **sense of agency** (perception of oneself as a person capable of consciously participating in choices that are important for life).
The high level of resilience which is a distinctive female trait embodies the possibility of change. This opportunity must be initially recognized by caregivers, especially in case of pregnant women or mothers with children, in order to create a space for analysis and consideration of important principles that can help promote post-traumatic growth. After succeeding in coping with a traumatic event, a person may feel more competent, redefine herself in a more positive way, and take more pleasure from situations that were previously taken for granted.

This multidimensional construct with its different aspects will also have a significant impact on operators: **indirect post-traumatic growth**. Basing on the notion of post-traumatic growth, some authors (Tedeschi, Park, Calhoun, 1998) suggest and prove in their research that professionals establishing a relationship with people who are able to "react" to trauma and therefore participate in their "growth" and personal restructuring, can in turn experience specific positive effects at an emotional, cognitive, and behavioural level, in their perception of themselves and others, and of the surrounding reality.
This virtuous circle also highlights the importance of a subjective response to events, thus promoting the individual taking care of each beneficiary according to her own history and personal resources. Focusing on the person and on her peculiarities means rebalancing the roles of the participants in a relationship and this, in turn, fosters more effective interventions and protects from frustrations caused by expectations not centred on the person. To better explain this concept, we will use Losi's and Papadopoulos' (2004) theory on the constellation of violence.

10.
The constellation of violence

Anyone who is involved in helping relationships knows how much this role exposes to daily accounts of potentially traumatic experiences that no human being would ever want to hear. In reception and protection activities, victims of violence transmit their distress to operators. Sometimes they do so without restraint, other times using just non-verbal language or by closing themselves in a hostile silence, but always conveying a tangible and deep pain which derives from experiences of violence, betrayal, inhumanity, and ferocious treatment that necessarily evoke further pain. Female operators are more easily trapped in this mechanism because they deeply share a gender issue that is always too neglected and is common to different cultures and societies. If this transmission involves excessive exposure to emotions and empathic involvement of staff who is not able to keep adequate distance, the already mentioned phenomenon of vicarious traumatization may occur, which is a sort of indirect trauma affecting frontline operators.

This kind of reaction, combined with other personal factors, may lead operators to take on the role of rescuers of the victims and to connotate their intervention with feelings such as pity, welfarism, idealism, omnipotence, an powerlessness. **All these aspects imply operational models and crystallized patterns of actions focused on the idea that beneficiaries "are" their trauma; that they "are" the absence, betrayals, and violence they suffered; and that they must be supported accordingly, with the risk of losing sight of the woman as a person.** The result of this narrative construction process, despite being inspired by the best of intentions, may hinder post-traumatic growth by **providing a recurrent model in which the victim remains a victim, while the role of the other party may change from persecutor to rescuer** (*Figure 1*). The result clearly does not help beneficiaries to reach empowerment and to discover their own resources, and above all, it exposes operators to a role that in the long run will deplete their personal resources and pave the way to burnout.

> *Figure 1: Social Discourse on Violence (Stephen Karpman's 'Location Triangle'), Losi and Papadopoulos, 2004*
> *> THE DRAMA TRIANGLE / GRAPHIC REWORKING @ WIKICOACHING – S. KARPMAN <*
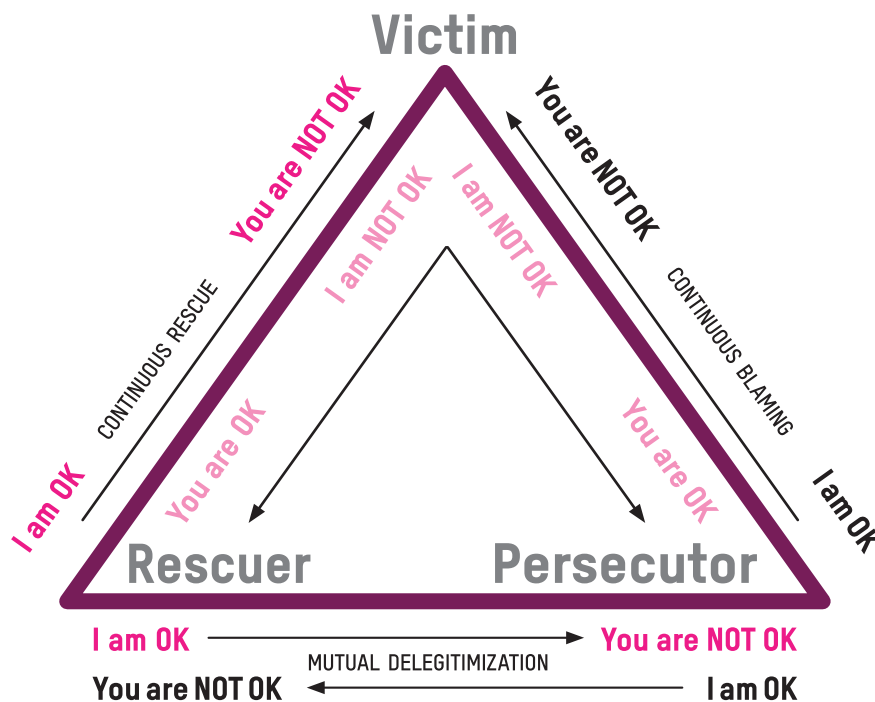
Experience also shows that victims and rescuers can easily take on the role of persecutors: for example, when they become tyrannical to each other with their originally legitimate and well-intentioned requests (Losi, Papadopoulos 2004). "How many times have we thought that the other person was lazy compared to our continuous attempts to help? "How many times have we thought that the other person was lazy with respect to our continuous attempts to help her? How

many times have we ascribed to behaviour patterns the failure of empowerment projects designed for her?" As operators involved in reception and care, the only possibility we have of modifying this triangle is changing and softening the rigid role of the only actor in this constellation with whom we directly identify, namely the "rescuer". **To break away from the harmful effects of this oppressive triangle, those who adopt a saviour attitude must be aware of the alternatives offered by the multiple scenarios that make up the complex helping relationship with victims of violence**. It is recommended that operators become deeply aware of the implications of their roles within the triangle, both to rectify them when burnout arises and for the beneficiaries' sake. In fact, if we realize that particular attitudes have effects that are the very opposite of those desired, the dynamics of the system shall be modified in order to achieve non-repetitive solutions. **Especially in helping professions, roles that become fossilised need to be abandoned, starting from asymmetrical attitudes of operators and victims, in order for rescuers to help build a future that is less exposed to the systematic cycle of violence.**

Self-training programs guided by a trainer are available that focus on four points: **awareness** of the implicit use of stereotypes and knowledge; **self-awareness** of the models and personal history that guide us; **reflective awareness**, or the possibility to re-think, re-do and re-feel what appears to be already known and taken for granted in our actions; **strategic awareness** that releases some of the knots in which we may feel trapped and allows us to fulfil our role by using other skills and other stories. Hence a periodically available space for supervision would be useful in which to reflect on the assumptions that govern the helping relationship, according to the characteristics of all the people involved. Continuous effort should be focused on always putting people (beneficiaries and operators) at the center, helping them recognize their own emotions and taking some time to understand them, and then integrate them functionally in the support action. At the same time, keeping an adequate and safe distance from the impact that certain narratives can have on one's emotions is recommended. One of the possible ways to do this is to understand that life experiences do not have the same meaning for everyone: they are substantially modified by a number of elements including the cultural characteristics of each society and sub-culture (that is, a very small cultural group associated with small communities or even family clans).

Conclusions

In an effort to support organisations in managing stress and preventing burnout of frontline staff, this manual has been used and may be used in the future for training activities addressed to services dealing with the protection against gender-based violence, and for the education of professionals who work in different roles to respond to this phenomenon in the social, health, and legal fields.

It contains recommendations and best practices that can be a useful tool made available to staff in helping relationships to promote their well-being and that of the beneficiaries they support.

The lives of beneficiaries are marked by extremely hard experiences which create very particular needs that have to be detected, interpreted, and met. Furthermore, some of them come from other countries and carry with them cultural differences that need continuous exchange and integration. Relationships become catalysers of strong and contrasting feelings with complex implications such as educational, therapeutic, empathic, and training aspects. This is one of the reasons why professionals in these areas are rapidly exhausted by their work and become discouraged, turnover is high, and the support they manage to give each other is more on an individual and mutual level. Invisible wounds affect both operators and beneficiaries, and sometimes interventions that are designed to "save" them exacerbate their situation of direct victimization and generate a vicarious trauma, that is, further exposition to critical situations of people having already suffered a trauma with psychological and/or physical damages.

Drawing on this analysis, a roadmap of reflections, explanations, and constructive management strategies has been outlined to help organizations as groups, and workers as individuals, implement effective actions to prevent burnout. Taking perceived wellbeing at work as the starting point and the final goal, we have pointed out that this is not limited to purely psychological-behavioral performance of a person. Indeed, the way we feel, perceive, and act is closely interconnected with the context in which we operate. This can be described as a circular movement where people participate in the construction of relationships both with their personal characteristics and in response to what they perceive from the external environment. Hence it is imperative to work on every piece of the puzzle that makes up the whole image, basing on reference points such as emotional and relational competences, intercultural skills and knowledge of the phenomenon of violence in general, teamwork, interpersonal communication, coping strategies in stress management or resilience, and continuous work on improving one's own personal strengths and skills as well as the beneficiaries'. Being a constantly changing profession, each team should benefit from periodic supervision moments such as sensitivity groups in which groups of operators share real cases and follow a precise methodology to work out critical issues, changes, transformations of the group, roles, etc.

The first version of this paper was written at the point in history when the Covid-19 pandemic had just ended, which had exacerbated many of the difficulties mentioned in our study. A very fashionable expression, "no one is safe until everyone is safe", is often used to express how essential it is to feel that we are all united like the gearwheels of common and harmonious mechanisms. In harmony with this principle, we wish to conclude by saying that "no one changes on their own" and that "the river shapes the banks, and the banks guide the river" (Bateson, 1977).

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