



## Violence and Abuse: Achieving Change through Training

### INTRODUCTION

Training is often assumed to be a key way to improve service responses for survivors of violence and abuse. Training initiatives often aim to:

- Increase awareness about the effects of trauma on survivors' lives and mental health.
- Challenge damaging attitudes and values that blame victims or label them as difficult and demanding.
- Improve skills and ways of working
- Reduce inequalities e.g. in access to services

However, resistance to new perspectives and practices can be considerable and training alone is rarely sufficient to achieve wholesale change.

### CHALLENGING THE STATUS QUO

Any training that requires us to think, or do something, differently has the potential to provoke resistance and training interventions in the field of V&A are especially vulnerable in this respect. This is because participants are required to consider abuses of power which are rooted in an unequal gender system (Scott and Williams 2004, Lombardo and Mergaert 2016). This has resonance for everyone because our beliefs, attitudes and values about gender are fundamental to our identities and understanding of ourselves. Other interlocking inequalities such as those based on ethnicity and class are also personally meaningful and potential sources of sensitivity. Training initiatives therefore need to be designed to take potential resistance and conflict into account.

### RESISTANCE

Though resistance in this context is understudied (Lombardo and Mergaert 2016), there is some relevant research (Scott and Williams 2004) and most experienced trainers in this field recognise the forms resistance commonly takes.

#### Personal resistance

The centrality of gender to identity means that anxiety and self-protection can lead to people not attending courses or failing to learn from them. This can happen when training challenges our assumptions in ways that make us feel criticized, punished or prompted to change our own personal identity. Social privilege (i.e. being male/white/middle class) is therefore a predictor of this type of resistance (Burden 2013). For example it has been observed that significant numbers of male staff

avoid attending training that promotes trauma informed and gender sensitive care for women and that this impacts on efforts to achieve change in mainstream services (Scott and Williams 2004) .

One way to avoid resistance is for training courses to deflect attention away from the social context of violence and abuse, and to address the issues as though they are the same for men and women. This makes training less contentious but means it offering no critique of the systems of power and inequality which are sustained by rape, domestic violence and child sexual abuse.

A more constructive approach is to name the problem and then try and minimise resistance by making the training context as safe as possible for the discussion of difficult matters (Crawford and Jackson-Best 2017).

## Safe and effective training

### Pre-course

Pre-course interviews with individuals and groups of potential participants present an opportunity to gather information, 'fine tune' courses and address issues that might reduce attendance, increase resistance or actively promote engagement.

It may be helpful to discuss:

- The purpose of the training
- Any anxiety about being blamed or held to account or being asked to speak about their own experiences
- How they might handle anything that is personally triggering
- What will be expected of them after they have completed the training

### Course provision

*Trainers:* Effective trainers are critical to the success to all training interventions, but in this context there are special requirements. In addition to the usual competencies they need to have the knowledge and skills to respond constructively to challenges to their credibility and the credibility of what they are talking about. Trainers also need to reflect on their own use of power and co-trainers, observers and supervisors are a valuable source of feedback.

Employing survivors as trainers and co-trainers - with due regard for any needs they may have for support and training - provides participants with important opportunities to listen and learn. When survivors speak authentically about their experiences it can cut through resistance in ways which are hard to achieve in any other way.

*Ground rules:* The importance of safety can be emphasised by agreeing ground rules with participants on matters such as being respectful and not using derogatory language. This also provides an opportunity to acknowledge that the issues being considered can trigger strong views and feelings.

*Using lived experience:* Participatory and experiential teaching methods can provide safe opportunities to explore personal experiences of privilege and disadvantage and reduce resistance. Exercises that help participants realise that inequalities are systemic and that different social locations mean we are all privileged in some aspects, and oppressed in others, can help to avoid a 'them' and 'us' divide (Samuels 2009) and help people connect with the experience of oppression (Dorine 2004).

Training on violence and abuse is likely to resonate with some participants personal experience. (Borshuk 2017). It helps to be clear at the outset that participants will be invited to draw upon personal experiences, but that they are under no obligation to share these with the wider group. It may also be relevant to remind them that while every effort will be made to make the training course a safe place, it won't be able to provide the kind of help offered by a therapy group. However, trainers should be well informed about local services and resources for survivors.

*Gendered dynamics:* When trainers are familiar with group and gender dynamics they are well placed to create a safe learning environment for participants. They can respond constructively when participants are angry; unwilling to learn or very comfortable exercising power in the group. Power dynamics can skew the contributions of trainees, and trainers have an important role in ensuring that everyone is able to participate - especially those who might otherwise be silent.

## Institutional resistance

Institutional and organisational support for training is widely recognised as being an important determinant of success. That there is resistance amongst commissioners, policymakers and key decision makers in human services is unsurprising; few will be experts in gender and inequality (Lombardo and Mergaert 2016). Furthermore, feminist analysis is likely to be incompatible with the bureaucratic requirements or medical model that dominate their working lives.

An initiative specifically designed to address institutional resistance to recognising the links between violence, abuse and mental health offers a number of important lessons (the Mental Health Trusts Collaboration Project, McNeish and Scott (2008)). The intended outcomes of the eight mental health trusts that first participated in this programme of change were:

- Sexual, and other, abuse is embedded as a core mental health issue.
- Routine exploration of physical, emotional and sexual abuse is consistently carried out by all mental health professionals conducting assessments.
- Adult services users with a history of abuse receive the support, care and therapy that they need.
- Every trust has an adequate number of staff with confidence and skills to provide appropriate support to service users with a history of abuse.
- Joint working with service users/survivors is embedded as a core principle.

The theory of change was that these outcomes could be achieved by putting in place a number of 'building blocks': including training, supervision and case consultation, one-to-one and group work with survivors, forging links with specialist services in the voluntary sector and establishing Sexual Abuse Practice Development Forums to provide information and support to staff.

The evaluation identified the following transferable lessons for similar change initiatives:

## Leaders & champions

- Initiatives like this need champions. A small group of strong-minded, highly committed insiders is essential – people who believe they can/will make a difference.
- Make sure there's a senior clinician leading or advocating for it.
- Have an advocate among the psychiatrists.
- Have a project manager with enough clout and two days a week to keep the show on the road.

## Training & trainers

- The credibility of trainers is crucial. They need to be local, approachable and visible in clinical roles.
- Consider involving service users in the training.
- Ensure the training is well designed.
- Make sure trainees have access to books and papers that are referenced in the course.
- Training whole teams together gives much greater impact.
- It's hugely helpful if the training is mandatory.
- The training needs to focus on why the issue matters and how to do make the required changes.
- Recruit men as well as women trainers.
- Provide a free lunch (using drug company sponsorship if necessary)

## Senior management support

- Management 'sign up' is critical. Managers have to be convinced that the training is impactful and that they thought of the initiative themselves.
- It needs a senior manager who 'owns' it and understands how it fits into the organisation's overall agenda and plan - and who will hold people to account as well as endorse the initiative.

## Team leaders

- Get the initiative prioritised at team leader/line manager level, get them to own it so they will first, release their staff for training; second, provide adequate supervision and encouragement for the initial implementation; third, advocate for the support needed by survivors.
- Consider training them first.

## Planning

- Link into other emerging systems/policies.
- Write an action plan that everyone signs up to.
- Have a structured programme and a timeline for achievement of the plan.
- Get any monitoring documentation sorted first - making sure the right questions are in the right place.

## Partnership

- Try to take an integrated approach rather than building relationships in isolation.
- Set up a steering group of interested parties. Include voluntary sector representatives, safeguarding, CPA and equalities leads, someone from training, psychology and in-patient services.

## CONCLUSION

This briefing makes two key points:

- It is necessary to plan for resistance when delivering training intended to transform practice around violence and abuse.
- There is good evidence that if training is to gain traction it needs to be delivered as part of a broader strategy to achieve system change.

Finally, we should take heart from the fact that speaking directly about the damage caused by gender and other social inequalities not only validates survivor's experience but is an important source of energy for change.

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