

To Compassion From Victim/Perpetrator:
The Manitoba Family Violence Worker's Association 5th Biannual Conference
Summary of Small Group Discussions

Prepared by Jocelyn Proulx

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Manitoba Family Violence Worker's Association 5th Biannual Conference
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Summary of Small Group Discussions

Introduction

Every two years the Manitoba Family Violence Association organizes a conference around a topic related to family violence. In 2007 the conference focused on compassion and how it can be implemented for a new direction in family violence services. Among the presented information were keynote addresses by Jan Haaken titled: "Battle Fatigue: Feminism, Psychology, and the Movement against Domestic Violence" and Harry Stefanakis, titled: "Putting Compassion to Work with Colleagues and Clients". These issues were further explored through group discussions guided by a series of questions.

Conference attendees were asked to form small groups of eight to ten individuals per group. On the second day of the conference these groups were asked to discuss three questions in the morning and four questions in the afternoon. Each table had a person who recorded the group's answers to these questions on separate sheets of paper. Responses to questions were discussed within the larger group. Researchers attended the conference, collected the written responses to each question and made notes on the larger group discussions. The content of these responses were analyzed for common themes and the results are summarized below.

Question and Discussion Results

A brief summary of the comments follow each question. Tables that present the response themes along with the number of comments that represent each category are then displayed. Themes are presented in descending order. More detailed descriptions of responses within these categories follow. These different modalities for presenting the data gathered will allow readers to select the one that is most appropriate to their needs or preference.

Question 1: What are the beliefs, principles and values that are important to you and guide your work in family violence prevention? Has anything changed for you over the last day and a half in how you might think about how you approach family violence in the future?

Summary

Five tables responded to this question. The responses were relevant to the first part of the question and thus pertained to the beliefs, principles and values that were important to respondents and guided their work in family violence prevention. The beliefs and principles of some attendees focused on individuals who use violence and balancing accountability with supporting and empowering individuals through life changes that will work to end their violent behaviour. For some this includes assisting with employment and accessing needed resources to facilitate change. The need for honesty and a nonjudgmental manner was voiced. A few attendees talked about different approaches to family violence programming, with some speaking out for culturally relevant approaches and others stating a belief in the educational and social learning approach. Values such as social justice and persevering towards family violence prevention despite existing personal and social limitations were also listed.

Table 1: Beliefs, Principles, and Values

Themes Identified	Number of Comments Made
Addressing abuse through appropriate programming	9
Honesty, openness, being nonjudgmental	3
Cultural relevance	2
Change through education and learning	2
Social justice	2
Recognizing limitations	1

Detailed Descriptions

1. Addressing Abuse Through Appropriate Programming

Most individuals discussed their belief and support for appropriate programming, particularly for individuals who use violence. Specifically they valued:

- Holding the person who used the violence accountable while providing support and helping them find employment and other resources.
- Believing that people who use violence can make positive changes towards nonviolence.
- Empowering the person who experienced violence.
- Taking a systemic and universal approach to family violence programming.

2. Honesty, Openness, Being Nonjudgmental

For some, being genuine, nonjudgmental and compassionate were valued as the principles required to address family violence.

3. Cultural Relevance

A few individuals valued the application of a cultural approach including encouraging a return to cultural beliefs and being culturally congruent.

4. Change Through Education and Learning

Others believed in the social and learned origins of behaviour and that education and learning were an effective approach to bring about change.

5. Social Justice

Some stated a value in social justice and a belief that the promotion of social justice would lead to a reduction in family violence.

6. Recognizing Limitations

One person believed that individuals had to come to terms with their limitations and that it was important to deal with these limitations as they work towards addressing family violence.

Question 2: Reflecting on your own work, what things have you done that you might do differently - what do you need yet to continue to move deeper into compassion - where will you go to get what you need to move deeper into compassion?

Summary

Nine tables responded to this question. The majority of respondents believed that the path towards greater compassion was through more self care and increased support for clients. Self care through debriefing with colleagues, actively using support systems, cultivating a sense of humour, learning coping skills and implementing relaxation techniques would promote mental health thereby enhancing service providers capacity to help others. Self awareness of personal issues and limitations would further allow service providers to focus on client issues rather than their own issues and not get into situations where they do more harm than good. The promotion of understanding compassion in self and others would establish knowledge that could then be applied in service provision. Support for clients by being nonjudgmental, providing long term help, understanding and valuing each person, and recognizing and celebrating small steps towards positive change were identified as important parts of a more compassionate approach.

Table 2: Ways to Enhance Compassion Work

Themes Identified	Number of Comments Made
Being more supportive with clients	9
Greater self care	9
Understanding and promoting compassion	5
Greater self awareness	3

Detailed Descriptions

1. Being More Supportive With Clients

A number of respondents felt that being supportive of clients and their efforts towards change regardless of the extent or nature of those efforts was one means of enhancing their compassion. Specific suggestions for support included:

- Being nonjudgmental and accepting of differences and even if these are impossible, being aware of them and striving to achieve them.
- Providing a safe environment for work with clients.
- Showing more compassion for individuals who have used violence.
- Provide more long term services.
- Work to understand the client and separate the person from the behaviour.
- Use a harm reduction rather than a zero tolerance approach.

2. Greater Self Care

Service providers ensuring their own mental health through self care was believed to contribute to their ability to promote healthy behaviours in others and to be compassionate towards others.

Suggested self care techniques consisted of:

- Debriefing and being open and honest with colleagues.
- Having a sense of humour.
- Being trained to cope with compassion fatigue.
- Using support systems.
- Implementing relaxation methods such as meditation, quiet time for reflection, and balancing work and home life.

3. Understanding and Promoting Compassion

Respondents felt that it was important to identify what compassionate work was being done and to understand their own and others definition of compassion. This understanding would help them work together to increased compassionate care for clients. The active promotion of compassion in co-workers and other service providers would ensure that more people responded compassionately and would challenge the negative influence of dispassionate care.

4. Greater Self Awareness

Service providers' awareness of their own issues around family violence and of their own limitations was believed to make them better capable of being compassionate and helpful to others, as they would not let their own issues negatively influence their work.

Question 3: What do you feel passionate about in your work? What are the issues and questions that are most important to you?

Summary

A total of 20 tables responded to this question. A great deal of passion was expressed for the work done with clients. Respect for clients in terms of meeting individual needs by being creative and remaining up to date with approaches to counselling were clearly voiced. There was a concern about how to deal with resistance from clients, especially male clients and about service providers being overwhelmed by their feelings or feeling ineffective in the face of the long term nature of change. Many individuals felt passionate about helping clients recognize their strengths and making positive changes in their lives. They wanted clients to value small steps and make increasingly better decisions. The need for more services and adequate funding for existing and additional services were important to several respondents, while others were more impassioned by trying to bring about larger social changes such as reduced oppression and exploitation.

Table 3: Important Issues to Service Providers

Themes Identified	Number of Comments Made
Service provision and skills	38
Educating clients	18
More resources	10
Funding	8
Self care for service providers	4
Affecting social change	4

Detailed Descriptions

1. Service Provision and Skills

Respondents were most passionate about their providing services to clients and building their own skills. They stated a number of specific issues that focused on respectful and individualized treatment of clients, remaining current in their approaches to treatment, and dealing with difficult issues such as resistance. The particular items were mentioned:

- Respecting clients by being honest, direct, empathic, taking time to build rapport, and treating all equally. Some mentioned the importance of respecting boundaries and ensuring that some clients don't get preferential treatment while others are judged negatively.
- Helping clients in anyway possible including providing appropriate referrals.
- Providing individualized services in terms of letting clients set the pace, really listening to and understanding clients, and learning along with the client.

- Continuing the learning process and using information about current and effective methods.
- Employing alternative methods and approaches like story-telling, holistic approaches, and focusing on success stories.
- Focusing on prevention rather than being reactive.
- Make group work more enjoyable.

A number of respondents discussed some service provision dilemmas that they were passionate about solving. These included:

- Dealing with resistance and a lack of remorse and accountability in clients, particularly when one is trying to be compassionate.
- Resolving issues where personal ethics do not coincide with agency or co-worker ethics.
- Maintaining objectivity and neutrality while still helping clients.

2. Educating Clients

Beyond providing services several individuals felt that it was important to educate clients by giving them information and skills that would:

- Help them value small steps towards change and make decisions towards harm reduction.
- Help them be more self aware, including an awareness of their own strengths.
- Helping them see there is another way to live.
- Give them the coping skills so they feel less overwhelmed and concrete solutions they can apply in their lives.
- Increase their knowledge regardless of their situation.

3. More Resources

Many respondents indicated the need for more resources for men and women. Joint and/or separate counselling, a focus on being abused as well as being abusive and helping them understanding their rights and the available support were some of the specific issues mentioned.

4. Funding

Funding issues in and of themselves or in terms of the services they could support were another area in which some respondents felt were important. Specifically mentioned funding issues were:

- Funding to do follow-up work with clients.
- More funding for existing services to increase personnel.
- More funding for northern communities.
- Funding to build a relapse centre.
- Increased involvement of government funders in the services they fund.

5. Self Care For Service Providers

Some individuals recognized the importance of self care in order to continue to be helpful to clients. There was a concern that individuals would begin to feel ineffective because of the long term nature of change for clients. Others were concerned about service providers acknowledging rather than masking their feelings and effectively coping with these feelings.

6. Affecting Social Change

A few individuals were impassioned about challenging oppression and exploitation, as these exacerbated the effects of family violence and contributed to crises in people's lives.

Question 4: What will you do in your own practice that will move you deeper into compassionate work.

Summary

Twenty two tables responded to this question. Increased self care, personal growth and self awareness was believed to lead to greater mental health and subsequently greater understanding and capacity for compassionate care. Sensitivity in the services provided through listening and building rapport with clients and not allowing stereotypes to influence interactions were strongly suggested. In accordance with greater sensitivity, some individuals felt that demonstrating greater flexibility in the approach taken to service would allow them to have more individualized service that would be holistic in nature. Focusing on clients strengths and working with them towards change with respect and consideration for their current situations would be part of a more holistic and compassionate approach. Further, education for themselves and their colleagues was perceived as contributing to increased compassion in services.

Table 4: Intended Means of Increasing Compassionate Work

Themes Identified	Number of Comments Made
Increased sensitivity in service provision	19
Increased self care	19
Changing treatment techniques	13
Education	13
Increased self awareness	10
Changing program focus	7
Continued personal growth	6

Detailed Description

1. Increased Sensitivity in Service Provision

Several respondents spoke about increasing the degree of sensitivity in their dealings with clients as a means of becoming more compassionate in their care. In particular they talked about:

- Listening more carefully and with an open mind.
- Letting go of stereotypes about victims and perpetrators.
- Not imposing assumptions on clients who re-access services like shelters.
- Building rapport with clients.
- Showing fairness to all clients.
- No longer applying an "us" " them" dichotomy.

2. Increased Self Care

Service providers felt that increasing their self care would improve their mental health and thus their capacity to be compassionate to clients. A number of different self care activities were listed including:

- Being firm with personal boundaries and ensuring that there is scheduled personal time.
- Relaxation techniques such as meditation and taking more holidays.
- Debriefing with colleagues.
- Being vigilant for signs of compassion fatigue.
- Going for therapy.

3. Changing Treatment Techniques

A number of individuals reported the intention of adding or changing the treatment methods they used to assist clients. Among the changes mentioned were:

- Increased flexibility in terms of types of approaches and pace. Some suggested using more story telling techniques.
- Taking a holistic view of individuals and appreciating the complexity of each person.
- Creating treatment plans with each client and working together towards change.
- Encouraging and modeling compassionate behaviour.
- Providing basic counselling rather than trying to fix the issues in clients lives.
- Become more comfortable with expressing feelings.
- Continue to evaluate their own work and whether they are being helpful.

4. Education

Many people felt that their own education and the education of others was something they could do that would enhance their application of compassion in their work. Education consisted in anything that would increase knowledge and understanding such as:

- Promoting a variety of forms of compassion in colleagues and co-workers.
- Training new staff in different methods of compassionate care.
- Learning to be compassionate in all situations and with all clients.
- Learning about resources and how to locate resources.
- Holding seminars on compassionate care.

5. Increased Self Awareness

Several people felt that by understanding themselves better they would be better able to guard against unhelpful or detrimental behaviours and help clients become self aware as well. Knowledge of self was seen as contributing to being able to show compassion to others. Some of these changes towards self awareness included:

- Be aware of personal issues, priorities, compassion levels and means of demonstrating compassion.

- Be aware of fundamentalist attitudes, attitudes about punishment and rehabilitation and personal triggers and how these can affect one's work.
- Awareness of internal states and how that can affect compassion work on any given day.

6. Changing Program Focus

Some people felt that they needed to change their current programming focus in order to be more compassionate in their approach. The proposed changes consisted of:

- Be more compassionate with offenders and their treatment.
- Increase culture appropriate programming by attending courses in Aboriginal culture.
- Taking a more contextual approach to programming and work.
- Focus on interdependence and inclusion of all clients.
- Focus on client's strengths rather than their problems.

7. Continued Personal Growth

As with self awareness personal growth was believed to enhance service providers lives and thus place them in a better intellectual and emotional state from which to provide compassionate care. Suggested means of maintaining personal growth included:

- Acknowledge that there is the capacity for growth and live the change that one wants to implement.
- Persevere in striving to be compassionate.
- Participate in personal growth activities.

Question 5: What does your workplace need to do to move deeper into compassionate work?

Summary

A total of 20 tables responded to this question. The clearest perceived needs were for improved work environment for staff and programming changes towards more individualized and flexible care. A more supportive work environment for staff would improve their emotional wellbeing thereby increasing their capacity for compassion. Efforts towards professional development and networking would increase staff knowledge about compassionate care, community resources, and set the stage for a more multi-systemic approach. Further, management and board of directors' support and promotion of compassionate care would help to make it an expected part of treatment. This compassionate care would include respect for diversity and building comfort with clients' various emotions and life circumstances. Attention to broader issues such as the social perspectives of family violence and compassion, the isolation and continuing lack of resources for northern areas and the lack of research into alternative treatment methods would also contribute to the establishment of more compassionate care for all clients.

Table 5: Needed Workplace Changes Towards Greater Compassion

Themes Identified	Number of Comments Made
Improved work environment	41
Programming changes	27
Professional development and networking	12
Increased sensitivity	4
Take a broader focus	4

Detailed Description

1. Improved Work Environment

A large number of respondents felt that their workplace environment could become more respectful and supportive of both clients and staff. Improvements in support included making the agency/organization safer and more welcoming to clients, particularly to men. However, for most individuals workplace improvements were focused on staff needs and issues including:

- Compassionate management that makes it safe for and expected of staff to use compassion in their work. This would include changing staff's negative attitudes.
- Taking more of a team approach with greater sharing of information.
- More reflection on the work being done, on the policies and priorities in the workplace, and more opportunity for individual workers to reflect on their work.
- Greater opportunity for self care for staff through relaxation exercises such as meditation.

- Reduce staff stress by teaching coping skills, reducing caseloads and implementing job shadowing for new staff, and encouraging and/or supporting the staff in getting counselling through or outside of the workplace.
- Increase wages and financial resources for staff.

2. Programming Changes

Several individuals saw programming changes a necessary for their workplace to move towards more compassionate work. These suggested changes were:

- Being flexible in programming and moving out of taking a rigid, routine or tradition bound approach in terms of theory and practice. This does not mean employing techniques that are in vogue at the moment, but having the flexibility to have service providers work with their gifts and use what works for each client. This would allow service providers to tailor services to each individual and work within clients' value and belief systems.
- Work towards rehabilitation and not just punishment for offenders. This involves the realization that compassion for offenders does not negate compassion for the victim, nor does it absolve the offender from taking responsibility and being held accountable for his actions.
- Taking and becoming involved in a multi-systemic approach to service provision.
- Taking more of a family based focus.
- Increase cultural awareness including understanding the effects of history and colonization, hiring more Aboriginal people, and allowing more cultural freedom in practice.

3. Professional Development and Networking

For a number of people the way towards more compassionate care was to have the workplace more supportive and involved in professional development and networking activities. These activities should focus on:

- Providing staff with more information so they can continue to learn about and practice more compassion based methods.
- Increasing staff knowledge of resources so appropriate referrals can be made.
- Generating understanding of family violence and compassion in board members so they too can become part of the process.

4. Increased Sensitivity

A few individuals felt that their workplace and staff needed to work on sensitivity of care including:

- More active listening.
- Being nonjudgmental and patient and being comfortable with client's emotions (such as anger) and circumstances.

- Recognizing and respecting diversity.

5. Take a Broader Focus

Other individuals stated that their workplace needed to take a broader perspective of compassionate care such as:

- Focusing on the larger social system and its treatment of family violence issues.
- Addressing issues of geographical isolation and the lack of resources in northern communities.
- Addressing the need for research into methods other than cognitive behavioural therapy so that these methods can gain the same credibility and be more generally accepted.

Question 6: What do funders and policy makers need to do to move deeper into compassion?

Summary

Nineteen tables responded to this question. Service providers' responses demonstrated their belief that funders and policy makers have an essential role to play in compassionate work. This role involves gaining a greater awareness of the nature of domestic violence and its effect on the lives of individuals and families, awareness of what compassionate care is and how it can be promoted, and gaining an understanding of what frontline workers do and the issues they face on a daily basis. Understanding these issues should then lead to a redistribution of funds that would more effectively address the needs of clients and communities, including supporting prevention programs, culturally diverse and northern communities and meeting the basic living needs through increased social assistance. It would also lead to policy makers providing opportunities for more compassionate work to be done. Flexibility in mandates, policies and procedures regarding assessments of successful outcomes that would allow a longer time for significant outcomes to become apparent and would acknowledge the quality as well as the quantity of work being done were recommended.

Table 6: Needed Funder/Policy Maker Changes Towards Greater Compassion

Themes Identified	Number of Comments Made
Informed distribution of funds	24
Bridge the gap between frontline agencies and funders	22
Increased flexibility	19
Greater understanding of compassion	17
Greater understanding of domestic violence	6
Create opportunities for compassionate work	3

Detailed Description

1. Informed Distribution of Funds

Beyond just asking for more funds, service providers felt that funders need to redistribute funds to achieve more equitable support for services and to support the movement towards more compassionate care. This redistribution would involve:

- Reallocating funds based on community needs and priorities. This would include reviewing community needs taking into account the culture and diversity of the population.
- Allocate more funds to northern communities.
- Increase funding for education, resources, and staffing.

- Fund a diversity of programs. Funders need to recognize the importance of programs for men, women, children, couples and families to better serve the specific needs of each individual and family.
- Recognize the need for long term funding and working within a more reasonable timeline for demonstrated change.
- Allocate funds for prevention.
- Increase social assistance rates and ensure universal access to childcare to provide people with basic needs so they can focus on programming and healing.
- Change the funding structure, ending the per diem funding.

2. Bridge the Gap Between Frontline Agencies and Funders

There was a sense among many attendees that funders and policy makers' decisions were removed from the reality of frontline work and therefore was not responsive to the needs of the communities and individuals within those communities. Three basic suggestions were made as to how funders and policy makers could bridge this gap in their understanding:

- Spend time with frontline workers and at agencies to gain knowledge about what agencies do within a day and what they need.
- Taking less of a formal approach and work more collaboratively by forming partnerships with frontline workers.
- Build greater trust in frontline workers in terms of decisions about use of funds to meet client needs.

3. Increased Flexibility

Respondents also felt that policy makers and funders had to be more flexible in their policies, mandates and procedures. This flexibility would be manifested in:

- Looking beyond quantitative statistics and recognizing the quality of the work being done. This would involve redefining what success means.
- Revisiting the confidentiality policies and revising their use so they do not hinder integrated systemic care and access to services.
- Working within more realistic timelines for expected outcomes and demonstrations of program success.
- Having longer term policy planning.

4. Greater Understanding of Compassion

It was believed that funders and policy makers had to understand what compassionate care consisted of and to implement measures that would promote its use on a larger scale. This greater understanding would mean:

- Not taking a black and white view of people.
- Understanding how compassion is linked to social change.
- Change the language used in order to remove stigmas and labels.

- Understand the need for self care, debriefing, and stress counselling.

5. Greater Understanding of Domestic Violence

A few respondents also believed that funders and policy makers required a greater understanding of the nature of domestic violence and the issues faced by families in order to become more compassionate in their own contribution to services.

6. Create Opportunities for Compassionate Work

A few individuals felt that policy makers and funders were also responsible for creating the opportunity for greater compassionate work at the community level. This would include:

- Funding new ways of addressing family violence.
- Funding initiatives for integration of services among professionals.
- Support compassion work in First Nations communities.

Question 7: Imagine a family violence approach that integrates these values and principles.

Summary

Fourteen tables responded to this question. The ideal of compassionate care for family violence would involve programming that was holistic in terms of addressing all of an individuals needs, but would also address partner relationships, families and communities. It would be flexible enough to be modified to meet the diverse needs of individuals and would include prevention programs for children and long term programming for clients. Because agencies cannot address all of the multitude of needs presented by clients, it was proposed that community agencies would need to work collaboratively and cooperatively to provide integrated services. Collaboration would also include clients and governments, making all systems of care integrated and providing informed care. Service providers would be trained using up to date information and would conduct evaluations of their services, making them knowledgeable and confident in the effectiveness of the care they provide. This type of care would improve situations for all people by increasing safety and health and, reducing stigma and socially condoned violence.

Table 7: Components of a Compassionate Approach

Themes Identified	Number of Comments Made
Holistic, individualized and flexible programming	30
Cooperation and collaboration among service systems	19
Improved situations for all individuals	9
Increased knowledge and understanding among service providers	6

Detailed Description

1. Holistic, Individualized and Flexible Programming

In the ideal of compassionate care programming would be responsive to each individual and their existing situation. Specifically this would include:

- Recognition of the attachments among family members and provide family and/or couples programs rather than fragmented programming.
- Culturally appropriate programming and cultural sensitivity.
- Preventive programs directed at children.
- Individualized plans for clients.
- Empowering individuals to take responsibility for their actions, make better decisions, deal with all of their emotions, and have a more positive attitude.
- Long term programming.
- Challenging the norm when necessary.
- More programming in northern and rural communities including reserves.

- Increased resources to meet all needs and the funding to support these resources.

2. Cooperation and Collaboration Among Service Providers

Several individuals believed that the ideal system would include integrated services, including frontline services and government agencies funding the programs. Since no one agency can address all needs, this type of integration would be part of a holistic approach addressing different needs. Collaboration and cooperation among agencies would result in

- Increased awareness and understanding among various systems including service providers, clients, and governments and closer partnerships in advancing compassionate care.
- Greater ease in making referrals if other agencies practice compassionate work as well.
- First Nations and other communities being included in policy making.
- Services that modeled the values they promoted.

3. Improved Situations for All Individuals

Compassionate care for individuals involved in family violence would result in improved lives for all individuals and improved conditions for society as a whole. Among the improvements would be:

- Diminished stigma associated with getting help for domestic violence.
- Better care and assistance for service providers.
- Increased safety for everyone and within all communities.
- Families leading healthier lives.
- Reduced promotion of violence within society, for example in the media.

4. Increased Knowledge and Understanding Among Service Providers

Within the ideal of compassionate care service providers would have, and work to continually gain, information that would benefit their services. These would include:

- Actively seeking solutions and information rather than making assumptions.
- Conducting program evaluations.
- Thorough training and supervision that utilized up to date research. For some this would include cross training of disciplines.

Conclusion

Individuals attending the conference were willing to be more compassionate in their work. The small group discussions revealed a number of recurring themes as to how compassion could be incorporated into family violence services. Foremost among these were suggested changes or additions to existing services. Individualized care and treatment planning was believed to provide a more holistic treatment that respected the individual and their specific situation. Further, individuals live within families and therefore joint treatment with family members and partners may sometimes be an effective means of providing holistic care. Flexibility in the types of approaches used including alternative methods and cultural approaches would be part of this individualized plan, as one approach may not work for everyone. Because treatment plans often involve changing behaviours that have been established over several years, service providers felt that a harm reduction approach would be best for some clients. Since service needs will vary among communities, funding for services should be based on the identified needs of each community and the population within that community. For example the needs in the northern and rural communities were identified as surpassing the funding they receive.

Within the programs, there are specific worker behaviours that would be part of compassionate care. Among these are active listening, involving careful attention to clients' stories without making assumptions about their experiences or their needs. Working with clients' strengths rather than focusing on their problems would reinforce the message that they are worthwhile and that there is hope for positive change. Respecting individual differences and being nonjudgmental was identified as essential in demonstrating compassion. A number of individuals specifically called for compassion towards offenders by offering rehabilitation and not just punishment. A reminder that compassion for offenders does not remove their accountability for their behaviour or deny compassion for the victim was stated by a few attendees. Some individuals were interested in learning how to overcoming resistance to treatment and to compassion in clients, suggesting their interest in making compassion part of their work.

The beneficial and compassionate nature of counselling and other services depends to a large degree on the emotional and physical wellbeing of those providing services. Thus, many attendees pointed to the need for self care and self awareness among service providers as a way of ensuring that personal issues and biases do not take the focus away from the client or otherwise interfere with the therapeutic relationship. In addition, the need for service providers to remain current in their counselling methods was stated. More education about compassionate work and opportunities for professional development in this area that would utilize up to date literature and research were recommended for frontline workers, management, and policy makers.

Regardless of how compassionate and comprehensive in approach, no one agency or service can meet clients' every need, it was therefore seen as essential that services work cooperatively to provide an integrated system of care. This system would include funders who would interact more informally with the agencies they fund, connect more frequently with frontline workers and visit agencies to personally experience and understand the needs of the clients accessing that agency. Funders would then understand how change for many only happens over the long term.

This type of systemic collaboration would demonstrate compassion by making clients' access to services more effortless and ensuring that funding was located where needs existed.

Large scale solutions to more compassion in services focused on different forms of social change that would begin by understanding how the social system views family violence and the mechanisms that fuel a lack of compassion for those affected by violence. Part of compassionate care would then involve addressing these mechanisms such as reducing violence in the media. Many clients who access services for family violence suffer from poverty, racism and sexism. Compassionate care would work to address these and other forms of oppression and exploitation

Overall, the small group discussions demonstrated that service providers were not only interested in compassionate work, but were also motivated to increase compassion in their agencies. There were a diversity of ideas of how this could be accomplished and a willingness to be educated in the application of compassionate methods. Capitalizing on this motivation should include concrete plans for action that would maintain the momentum generated by this conference.