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‘DESIGNING TRAUMA-INFORMED SEXUAL ASSAULT SERVICES IN WALES’

Traumatic Stress Wales National Conference Workshop

15th February 2023, 15:15-16:45



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Alice Plummer



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WORD ASSOCIATION GAME

Say a word...

... that makes me think of ...

Repeat the word...

... that makes me think of ...



Alice Plummer



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Joanna Williams



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Yvonne Raybone



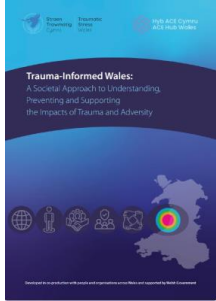
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‘INTRODUCING THE TRAUMA-INFORMED WALES PRINCIPLES AND PRACTICE LEVELS’

Dr Alice Plummer,
Clinical Psychologist

TSW Lead of Sexual Assault Workstream



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TRAUMA-INFORMED PRACTICE PRINCIPLES

The 5 Practice Principles:

- A universal approach that does no harm
- Person-centred
- Relationship-focused
- Resilience and strength-focused
- Inclusive



A universal approach that does no harm, proactively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.



Person centred: the person is always at the centre of a trauma-informed approach. It takes a co-productive, collaborative cross-sector approach to identifying, understanding and supporting the person's needs. It promotes psychological and physical safety by promoting choice, collaboration and transparency.



Relationship-focused: safe, supportive, empathic, compassionate and trusting relationships are central to a trauma-informed approach.

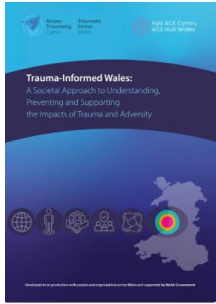


Resilience and strengths-focused: a trauma-informed approach builds on the natural resilience of individuals, families and communities.



Inclusive: a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society.





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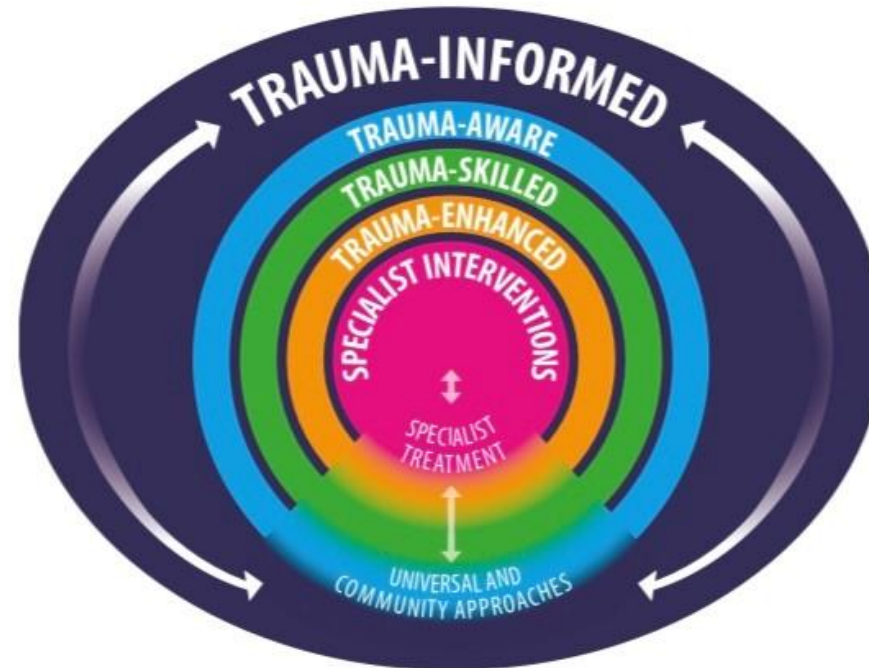
TRAUMA-INFORMED PRACTICE LEVELS

Trauma-Aware

- Universal level / everyone
- Awareness / understanding of impact / traumatic experiences in life (current / past)
- Supports resilience through connection, inclusion and compassion
- Prevention
- Calling things out!

Trauma-Specialist

- Specialist services for people affected by trauma
- Specialist input to organisations and systems to become trauma-informed



Trauma-Informed

- Ongoing, whole system approach
- Culture shifts and organisational change

Trauma-Skilled

- Embedded within the practice of everyone providing care or support to people who may have experienced trauma
- Applies to most organisations and services

Trauma-Enhanced

- All frontline workers / services who work directly / support people known to have experienced traumatic events
- Supporting people in coping with the impact of trauma



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‘OVERVIEW OF SEXUAL ASSAULT SERVICES IN WALES AND WIDER CONTEXT’

Joanna Williams

Chair of Sexual Assault Workstream

Director of Welsh Sexual Assault Referral Centre (SARC) Programme



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Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

- ❑ The Welsh Legislative Context - [Violence against Women, Domestic Abuse and Sexual Violence \(Wales\) Act 2015 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2015/122) (The Act).
- ❑ National Strategy for 2022 – 2026 - Vision is to end violence against women and girls, domestic abuse and sexual violence in Wales.
- ❑ Objectives are to:
 - Challenge the public attitude to VAWDASV through awareness raising with the aim to prevent it.
 - Increase awareness of the importance of safe, equal and healthy relationships
 - Hold those who commit abuse to account and support those who perpetrate VAWDASV to change their behaviour and avoid offending.
 - Make early intervention and prevention a priority as part of a public health approach
 - Relevant professionals are trained to provide effective, timely and appropriate responses to victims and survivors
 - Provide all victims with access to support and justice through appropriately resourced, high quality, needs-led, strength-based, inter-sectional and responsive services across Wales



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WELSH SEXUAL ASSAULT SERVICES (WSAS)

- Aim is to deliver patient and victim centred sexual assault services with health needs as the key priority, to provide the best outcomes for victims of sexual violence.
- Partnership Board: **Health boards** **Police forces** **Police and Crime Commissioners**
Welsh Government **Third sector (NGO)**
- Take forward agreed **hub and spoke** service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent.

Cardiff, Swansea & Aberystwyth Hubs (Cardiff & Swansea Paediatric)
Colwyn Bay (Adults & Children)
Camarthen, Newtown, Risca & Merthyr Spokes

- The model will provide a more integrated service that supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and will ensure robust governance arrangements.



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EMPOWERMENT AND SAFETY

Support in the Aftermath of Sexual Trauma

Yvonne Raybone (MBACP)

ACP, Traumatic Stress NW

Betsi Cadwaladr University Health Board



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Language of sexual trauma





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Power-wielding and sexual trauma

“The essential element of rape is the physical, psychological and moral violation of the person. Violation is, in fact, a synonym for rape. The purpose of the rapist is to terrorize, dominate, and humiliate his victim, to render [them] utterly helpless. Thus rape, by its nature, is intentionally designed to produce psychological trauma ...

*In rape ... the purpose of the attack is precisely to demonstrate contempt for the victim's autonomy and dignity. **The traumatic event thus destroys the belief that one can be oneself in relation to others**”*

Judith Herman (1992)



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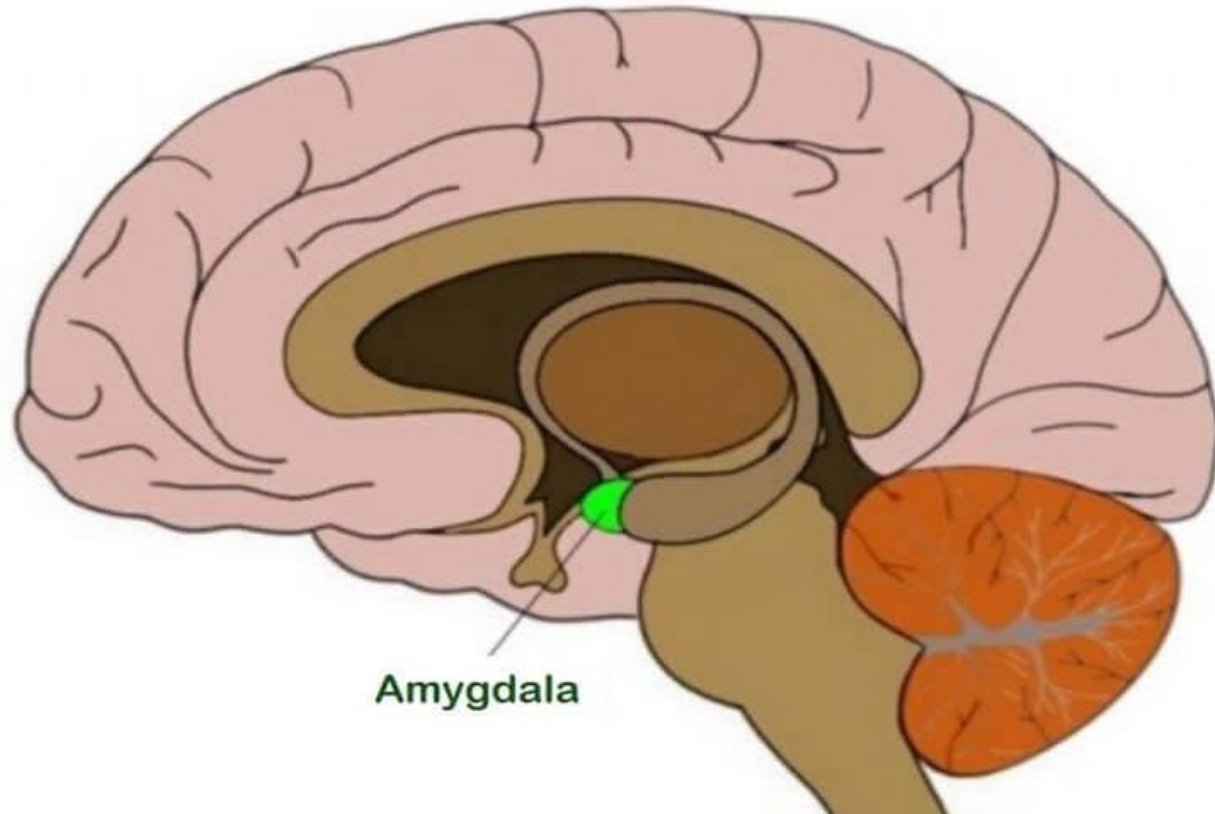
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Human threat response

Amygdala

- Freeze
- Fight/Flight
- Fright
- Flag
- Fawn



Amygdala



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First disclosure, subsequent disclosure

Specialist services

SARCS

RAPE CRISIS CENTRES

SPECIALIST COUNSELLING

DOMESTIC ABUSE SERVICES

SPECIALIST PHONE LINES

RASSO POLICE TEAMS

SEXUAL HEALTH CENTRES

Everyone else...

*Any person who is believed
to be or has been
experienced as being a
Trusted Other*

Being trauma-informed

Psychological Containment

- Believe
- Listen & validate
- Be compassionate
- Attend to emotional safety
- Support existing strengths
- Offer access to information and resources.

Physiology of Trauma

- Stay focused on the present
- Normalise threat responses
- Attend to anxiety
- Provide psycho-education
- Ensure understanding, and repeat if necessary.

Cultural/Social Understanding

- Be sensitive to the use of words and understanding of what may have happened
- Be aware of potential barriers
- Address physical safety
- Consider loss of resources
- Explore access to new resources

****Attend to yourself and seek further support / resources as needed****

Everyone's business

PREVALANCE & PERVASIVENESS

- During the previous year 2.9% of women (618,000) and 0.7% of men (155,000) aged between 16 and 74 years old experienced sexual assault (including attempts)
- 7.5% of adults aged between 18 and 74 years old experienced sexual abuse before the age of 16 years old (3.1 million people).
- The majority did not tell anyone when it happened; *but more than 1 in 3 did tell someone in later life.*

EVERYONE'S ISSUE



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NARRATIVES FROM PEOPLE WITH LIVED EXPERIENCE OF SEXUAL TRAUMA

ORGANISATIONS / USER NETWORKS:

Sudta.org, Stepping Stones, BAWSO, ESTY Wales, Dewis Choise

Joanna Williams



Is worth to note how challenging was to engage victims and survivors as they don't feel empowered and safe to share their responses to these questions.

Galop representing the LGBTQ+ although didn't have the capacity to lend our voice, still the emphasised the importance of the 'conversation therapy' with approximately 25% of LGBT+ people in Wales have been subject to this form of abuse.

You can read more here:

[There was nothing to fix: LGBT+ survivors' experiences of conversion practices - Galop](#)



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- In terms of trauma-informed sexual assault services, what does good look like from your perspective?
- Any barriers / gaps?
- What is the one thing that could make the biggest difference to you?



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RACHEL WILLIAMS, SUDTA.ORG

DEWIS CHOISE





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BAWSO

Bawso is the lead organisation in Wales providing practical and emotional support to black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, human trafficking, Female Genital Mutilation and forced marriage. Our vision is of a future when all people in Wales are free from abuse, violence and exploitation. To achieve this vision, we have been working tirelessly for twenty-four years to end all forms of Violence Against Women. We have supported a quarter of a million people so far

“Good” looks like changing the approach from “what is wrong with you” to, “what happened to you”? The approach for many services and organisations is still very much about victim blaming, this needs to be turned around so that service users, from minoritized backgrounds in particular, feel empowered and supported enough to engage and disclose.

“Good” also looks like having a complete picture of the service user’s life, past and present so that a more holistic approach can be provided. Part of this includes understanding how sex is perceived in BME communities and the internal and external barriers victims of sexual assault have to face before accessing any kind of support.

The one thing that **could make the biggest difference to the women that we support is inclusivity for ALL women.** This includes women in the UK who have no recourse to public funds but struggle to access support and safety due to their Immigration status, leaving many still subjected to the abuse from their perpetrators and allowing perpetrators to continue to abuse with impunity.



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EYST WALES

Rena Ahmed has been with EYST Wales for over 6 years as a designated safeguarding lead, working with families and young people from diverse communities and provide holistic support with a culturally sensitive approach. On average EYST receive 1 to 2 cases a month with safeguarding concerns where the client is from the BAME community and has experienced sexual assault.

For a good trauma informed service for children, it needs to be a child appropriate support service, that uses the right language, experts with appropriate safeguarding and lone working policies in place. The support needs to be transparent and to show the child that they can trust the service, in terms of delivering the support that they promise.

For a good trauma informed service for young people needs to have trained and experienced specialists to work with young people, able to understand/read body language as many times young people are withdrawn and do not give all the information or give little information. Therefore, need experts who can fill the gaps with sensitivity and give them as much time as possible to extract information slowly and patiently.

For a good trauma informed service for adults there needs to be complete confidentiality and trust, especially in the BAME community, that the information will not be shared with anyone outside the service and with the victims to be supported throughout, without being handed over to another new face and new service having to go over the information all over again and to relive it.



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All 3 age groups from BAME communities have many barriers in accessing services which has resulted in many gaps in service provisions such as:

- Not understanding stigma, which brings shame to the family and community if it gets out
- Language, communication and cultural barriers as it is not the norm for parents to speak about sex to their child. Often children do not speak their home language and will find it difficult to explain any inappropriate behaviour towards them. It is seen as a taboo, disrespectful to talk about sex openly in many cultures. There is fear in many cultures that if the child discloses any sexual assault, then they will be taken away by Social Services. And if it is a girl who discloses, then later on, she will not be able to get married into a respectable family. As a result, it is important to have a one stop service that addresses all these barriers and more.

The one important thing that will make the biggest difference is having practitioners who are qualified/experienced and has the knowledge/understanding of supporting BAME communities with regards to trauma and sexual assault. And the victim will know that they will be heard and understood, rather than being passed on to yet another support service because they cannot provide culturally appropriate support. As well as delivering more training and workshops for communities to understand trauma, sexual assault and reporting. This will hopefully get more communities talking and make it the norm to report.



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'I experienced CSA at the age of 11 by a close family member.

In my opinion I have found Good Practice to be the help and support I have received and continue to receive from Stepping Stones.

What is reassuring is knowing that I have regular contact and can access support and counselling. For me there is nothing that can make more of a difference'

Client A

STEPPING STONES

'I experienced CSA at the age of 3 by my mums partner.

Good for me is having a kind, nonjudgmental team to talk too and discuss both the process and my feelings in dealing with my trauma. Regular contact is so helpful and makes me feel so much better.

I have found counselling priceless to overcome my trauma, for me the biggest difference could have been made by North Wales Police keeping me updated'

Client B

'I was a child when I experienced CSA by my stepfather.

A good Trauma informed service to me is the regular support and reassurance I have on a weekly basis and also when I need additional support. The gap I have identified that would make a difference to the support I receive is having regular updates from the Investigating Officer from my case.'

Client C



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Dr Katie Brown

Highly Specialist Clinical Psychologist, Traumatic Stress Pathway Lead,
Cwm Taf Morgannwg University Health Board



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INTERACTIVE GROUP DISCUSSIONS

Alice Plummer



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‘1-2-ALL’

- 1 minute Quiet self-reflections jotting ideas down
- 2-3 minutes Paired conversation (or 3 if uneven numbers)
- 7-8 minutes Table top discussion 3-4 shared ideas



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‘1-2-ALL’

*Given everything you have heard so far in the presentations,
and everything that you know from your own experience
and expertise...*



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ROUND 1

- How can we improve sexual assault services / or how we respond to people who have experienced sexual trauma?
- What is working well? What would “even better” look like?
- What do we need to get there?



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‘1-2-ALL’

*Given everything said so far, further thoughts you may have had,
and anything that is yet to emerge...*



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ROUND 2A

What are the obstacles / barriers or gaps?

What stands in the way in what would need to change?

How can we overcome these challenges?



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ROUND 2B

How do we move this forward?

Is there anything that hasn't been mentioned that is important here?

And what is the one thing that would make the biggest difference?



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FEEDBACK FROM THE GROUPS

What stood out the most?

What was the most surprising thing?

Anything that hadn't been thought about?

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CONCLUDING GROUP DISCUSSIONS

What needs to happen next in terms of a quick win?

What do we need to do now?



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Training

CY

Trauma-Informed Wales

A Societal Approach to Understanding, Preventing and
Supporting the Impacts of Trauma and Adversity



traumaframeworkcymru.com



Traumaframework@wales.nhs.uk

Thank
You!

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CTM.TRAUMATICSTRESS@WALES.NHS.UK

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