

# Travelling Through Trauma: Voices in Partnership, 2021-22

Executive Summary

June 2022



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June 2022

DOI: [10.7190/cresr.2022.125581967](https://doi.org/10.7190/cresr.2022.125581967)

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# The Trauma and Resilience Service

The Trauma and Resilience Service (TRS) is a small multi-professional group made up of senior mental health clinicians with substantial experience; as clinicians and managers of services, and of working with people suffering from complex developmental trauma. The team is led by a consultant psychotherapist with a background of working with children and families who is also a trained organisational consultant. Senior clinical specialists with backgrounds in nursing, social work, clinical psychology, and child psychotherapy also have training in systems and psychodynamic approaches.

The service sits within traditional NHS mental health services within RDaSH NHS Foundation Trust but is co-located within the voluntary sector. The service is supported by Rotherham CCG and is funded by NHS Health and Justice in relation to 'The Strategic Direction for Sexual Assault and Sexual Abuse Services 2018-2023' policy document and the NCA Stovewood investigation. The service was commissioned in 2018 in response to the Jay report 2014.

The TRS is in its fourth year developing services for adult survivors of child sexual exploitation (CSE) and their families.

The TRS is a complementary service whose role is to facilitate the provision of trauma-informed support by providing training, supervision, consultation, liaison, and commissioning in collaboration with voluntary and statutory services across Rotherham. It partners and funds several voluntary sector agencies and is also interlinked with statutory services of an increasing range to develop a CSE survivor support pathway<sup>1</sup> for adults across the borough. The partnership approach sits within the Gold command structure of the NCA Stovewood investigation.

The Rotherham Trauma Network (RTN) is an informal and inclusive community of practice made up of individual practitioners and organisations that have benefited from the training and workforce development opportunities that have been provided by the TRS. For example, over 900 hundred practitioners from a range of organisations have attended a variety of training since the inception of the service in 2018, mainly 'Trauma Matters' day package. Also, numerous have attended CPD conferences and events<sup>2</sup> linked to deepening the appreciation of complex trauma within a safeguarding context. Numerous others have been trained in the TRS trauma stabilisation programme.

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<sup>1</sup> See Survivor Roadmap diagram.

<sup>2</sup> For example, a study afternoon was held regarding Disassociate Identity Disorders, providing a developmental perspective.

The vision of the TRS is to augment a systems wide approach to enable victims and their families suffering from CSE to be valued and understood and find services accessible and compassionate.

In partnership, the TRS strive towards achieving a trauma informed Rotherham.

# The Evaluation

# 2

This evaluation illustrates the progress of the TRS, the Rotherham Trauma Network and associated Survivor Pathway since 'Travelling Through Trauma' (the second-year evaluation) updating service development and the content and reach of service delivery. The first year evaluation described the development of the service in its initial months and recommended the TRS continue to build relationships with various services and engage them in understanding the value of trauma informed approaches. 'Travelling Through Trauma' described the expansion of the Rotherham Trauma Network and illustrated examples of how it was working to support survivors and professionals. It concluded that the service had become established and offered outcomes where survivors could benefit from tangible results. The report recommended that working with survivors to seek their views would be timely and appropriate in the following year.

Consequently, this report '**Travelling though Trauma: Voices in Partnership**' whilst providing an update, primarily focuses on the survivor voice and experience, consulting with survivors who have benefitted from the work of the TRS and where this can improve. This evaluation focuses upon the experience of trauma interventions and the outcomes in relation to survivor's daily lives as a result of TRS voluntary sector commissioning and service design.

Although the focus of the evaluation on particular interventions and services captures only a fraction of the scoping and complex work behind the Rotherham Trauma Network, it provides a valuable insight into the very real impact of the work of the TRS upon survivors' lives.

Furthermore, while each evaluation can only capture so much of the expansive work underway in Rotherham, they remain guided by evaluating service progress and process according to the principles of Trauma Informed Practice and the evidence base.

Indeed, each evaluation has been preceded and informed by an iterative and ongoing literature review to ensure that the research is underpinned by an understanding of the evolving evidence base concerning adverse childhood experiences, C/PTSD and their presentation, impact and the principles of trauma informed practice.

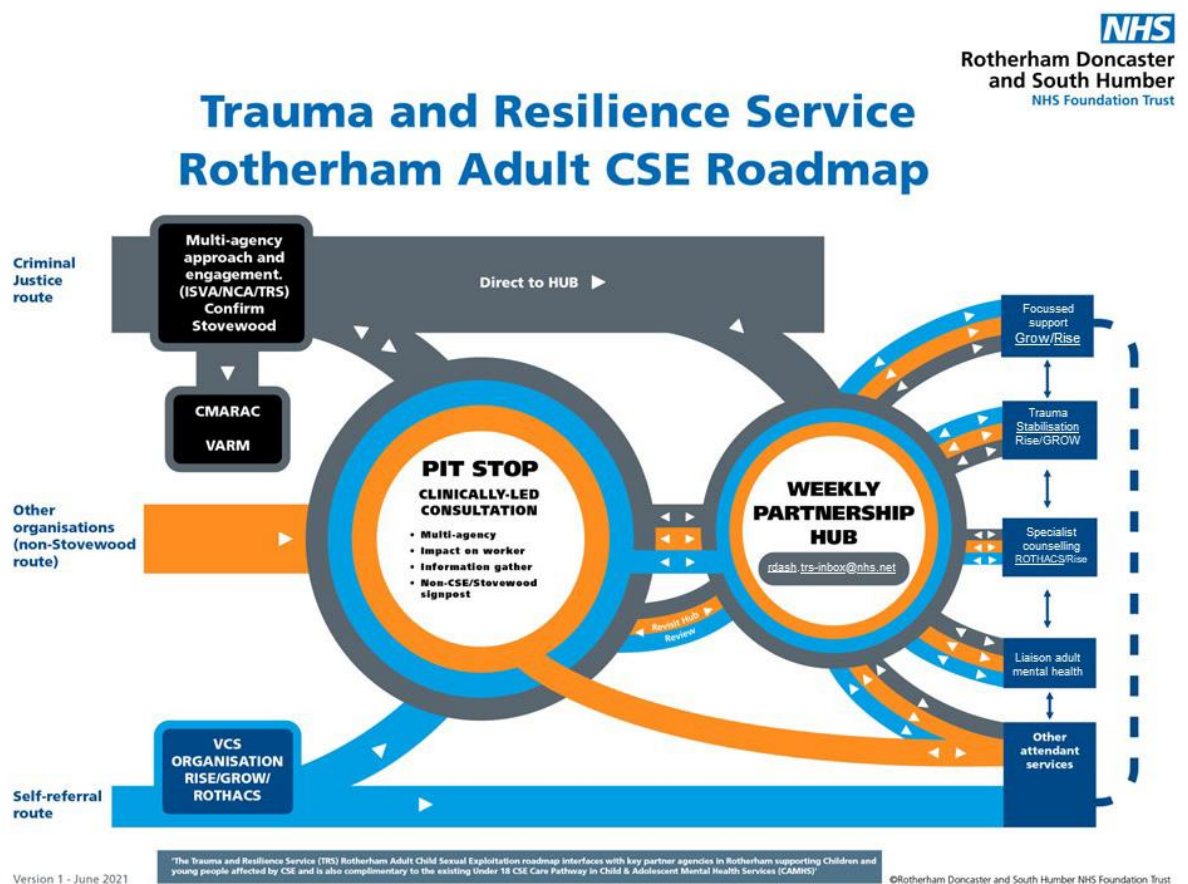
## 2.1. The Survivor Roadmap

The survivor roadmap illustration depicts its circular, multi- interface pathway, as opposed to more traditional linear pathways. Survivors and those who support them can access and then re-access according to their situation and needs.

### Key:

- **TRS:** Trauma and Resilience Service.
- **ISVA:** Independent Sexual Violence advocates.
- **NCA:** National Crime Agency.
- **GROW:** Women’s charity.
- **Rotherham Rise:** Domestic abuse charity.
- **Rothacs:** Rotherham Abuse and Counselling Service.
- **CMARAC:** Community Multi-Agency risk assessment conference.
- **VARM:** Vulnerable Adult Panel.
- **Weekly Partnership Hub:** consists of TRS, GROW, Rise and Rothacs and builds a bespoke package of care.
- **‘Pit Stop’:** Clinically led consultation service providing shared formulations, workforce support promoting coherent professional networks around victims.

Figure 1: The Survivor Roadmap



## Main Findings: The Survivor Voice and Experience

It is important to note that the evaluation does not capture all of the data concerning the TRS' development as it is mainly focused upon the interface between the voluntary sector and TRS in relation to the TRS commissioning projects. In doing so it has only touched lightly upon some other projects and has not fully mentioned the myriad of other projects under way. Examples of this include internal contribution to the transformation of mental health services, social care project, schools project etc. However, the overarching purpose of this research was to highlight the creative partnerships between the three voluntary sector organisations GROW, Rotherham Rise and Rothacs and the Trauma and Resilience Service. In doing so, we provide a snapshot of the work being done but the survivor quotes are indicative of the success of the whole-systems approach the TRS is employing.

The evaluation research is mixed methods and includes quantitative data on the development of the TRS and its work and qualitative observations and interviews. The main report includes the quantitative data and observations of a Multidisciplinary Team Meeting and A Recipient's Perspective of the Trauma Matters Training.

The quotes from the survivor and professional interviews however succinctly and powerfully capture the TRS' transformative impact, and so these are presented below to encapsulate the findings.

### 3.1. Interview Design

The interviews were conducted with six survivors and four members of staff who work in the voluntary sector organisations to whom the TRS provides a range of support.

#### *Professional Interviews*

The decision to focus on the professional experiences of the voluntary sector services who are partly commissioned and funded by the TRS was justified according to the following factors:

- The intensity of their work with the TRS means they have benefited most in terms of being able to directly deliver trauma specific practice and to advocate on behalf of survivors to link them with other services.
- Their close, regular work with survivors in connection with other parts of the Trauma Network means they have in-depth, rich knowledge of the needs and lives of survivors and can also provide further detail of survivor's journeys from an objective perspective, enhancing the subjective narrative of the survivor's world.



- The TRS' commissioning arrangements permits this close working with the voluntary sector and is quite a progressive arrangement; exploration of the functioning and impact of this relationship may inform future working relationships between the statutory and voluntary sector. Through such partnerships survivors can receive optimal support from multiple agencies working in collaboration to holistically meet individuals' various needs.

The voluntary sector workers' interviews focused on two main themes; the workers' experience of applying the trauma knowledge and related skills they have learned from the TRS and how they have seen the lives of survivors and their families change in relation to this.

### ***Survivor Interviews***

My own research experience involves interviewing women with histories of trauma and who often had multiple unmet needs and faced barriers in accessing appropriate support in services, so I felt that a similar approach would be suitable for this evaluation. Namely, this involved a semi structured interview focusing on hearing the survivors' narrative of their experiences of and needs from services, comprising a more informal discussion focused on a topic rather than a series of interview questions. The emphasis was also on survivors' perception and interpretation of their experiences as it is the subjectivity of experience that it is important to understand, so services can appreciate how survivors encounter obstacles to engagement, and how these can best be countered.

The guide for the interview structure was shared with TRS and voluntary sector workers who made sure that survivors were not asked for too much and put at risk of re-traumatisation.

It was gently emphasised to survivors that the interview was not about their experiences of abuse but their experiences of services generally and how their voluntary sector worker has supported them in improving their wellbeing.

## **3.2. Findings**

The findings are analysed and presented reflecting the main principles of Trauma Informed Practice and the evaluation's concern with the experience of services.

The principles of TIP are agreed to comprise:

- Recognition **and** Response.
- Safety.
- Choice, Control and Trust.
- Collaboration.
- Strengths Based and Skills Building.

### ***Trauma Recognition and Response***

While Trauma Informed Practice (TIP) is experiencing something of a zeitgeist at the moment and this can only be a good thing, the reality is that there is a lack of clarity around what this consists of. To be effective, TIP must be underpinned by an understanding of the clinical presentation of C/PTSD and how services can appropriately *respond* to this. The Trauma and Resilience Service approaches trauma from a clinically informed perspective and brings a widening range of services into the Trauma Network to benefit from this. As a result, services who work with the TRS are

able to recognise and, crucially, respond to trauma on a granular level. Consequently, the survivors in Rotherham are able to access and engage with appropriate support and as a result, to function in and engage with their families and society, to be resilient during gruelling evidence giving procedures and to pursue their own goals.

The dual recognition of the specifics of trauma and ways services can respond in order to mitigate these and successfully engage survivors without retraumatising them is crucial.

This is exemplified by Heidi who, as did several professionals, recognised that though she had previously thought of herself as trauma informed, this hadn't extended beyond understanding that service users may have traumatic pasts until the involvement of the TRS:

*"I've been working in the domestic abuse field for just over ten years now so I've always understood that clients have experienced trauma but if I'm honest I've never fully understood the impact that trauma has on people's wellbeing and everyday life until I did the TRS training." (Heidi)*

Services frequently require survivors to risk re-traumatisation in order to access support. Here, Jodie provides an example of one of the myriad ways that services can exacerbate trauma if they are not truly trauma fluent:

*"The way she delivered it, I didn't have to go back into my childhood or my past because it were the way she explained it to me, you can tell people what you want to tell them. You don't have to expose yourself." (Jodie)*

Due to their receipt of training, liaison and consultation with the TRS, there was a wealth of evidence demonstrating how the counselling, trauma stabilisation and general support provided by the voluntary sector was transformative for survivors. Many referred to 'lightbulb' moments and being able to compassionately understand their pasts, to absolve themselves of any blame and to be able to use the skills to mitigate the impact of trauma and function in society in the future.

*"As she was talking about it, a lot of it made sense and I could place some things in my life, not just from the Stovewood stuff, but with my ex-husband who was also not very nice. So, it's made me realise things and why certain things have happened the way they have and why I've dealt with things the way I have, and a lot of lightbulbs came on!" (Naomi)*

The overwhelming impact of the trauma informed support being provided thanks to the TRS has been spoken of in glowing terms. Below, Eve describes the response from the women she works with:

The women I've worked with who've accessed services and the courses all were encouraging other women who were saying 'I don't want to do any of that' and they were saying *'you absolutely need to do it, it's the best thing! It's the **best thing!** It is the best course you can go on; it gives you a proper understanding of why your brain works like that and how you deal with trauma as a person, and it's done this for me, and it's done that for me...'* (Eve)

## **Safety**

Safety includes physical and psychological safety. The TRS achieve this in several ways. For example, they are careful that survivors are not required to attend services in triggering or unsafe areas and that professionals work in trauma informed ways to avoid re-traumatisation and to build trusting, positive relationships with survivors. Secondly, the partnership working the TRS promotes and the trauma fluent services

provided by the voluntary sector under their guidance have been transformative in supporting survivors to keep themselves safe. This includes through increasing trust in other services, providing skills to manage the impact of trauma and through the aforementioned building of positive relationships with professionals.

Because of the work of the TRS, survivors are increasingly benefitting from a landscape where services can be trusted and can be approached for appropriate support. Many survivors have had poor experiences of the police in the past, but Jodie's example illustrates how this is changing and how the voluntary sector professionals are increasing survivor's confidence in and ability to engage with other services, too.

*"The support, it's changed over the last ten years, it's different now. I've got more faith in the system. Not 100% but I'd say at least 95%. What I learnt from (support worker) with the police it isn't about hiding, I don't want my kids to think that. She made me less in fear of the police." (Jodie).*

Many survivors are struggling with complex needs due to the symptoms of their trauma, for example through substance misuse and mental health problems. The testimonials from survivors regarding the impact of the trauma-informed counselling and stabilisation interventions were resoundingly positive. They revealed survivors using techniques and the insight gained in their daily lives, even with their children, to great effect. Eva attests to how the support of trauma fluent services can also empower survivors to safeguard themselves when these complex needs are overwhelming:

*"When she (daughter) is in a more manic stage and heavy drug using, what she's been through in the more stable part is ironically what she draws on and drags her through...If you see her and she's at her absolute most manic, even if you speak to her at the time she'll still be using certain techniques she's learned and she'll be doing that without even thinking about it sometimes." (Eva)*

Safety is of course, nuanced, and the ability of survivors to keep themselves safe and to receive protective support from services is a significant outcome of the TRS' work. Cassie's experience is a stark testimony to the impact of the Trauma Network on survivor's safety in the boldest terms and illustrates the life saving as well as life changing influence of the TRS.

*"At times when I was self-harming, I was slashing my legs, I was feeling suicidal, she actually made me laugh on the phone call that we had! Because we interacted on the phone with each other and she actually made me laugh which was a big relief because there were times, well years, where I felt I couldn't laugh or smile...I've got three children and if it weren't for her, I wouldn't be here now, for definite. I wouldn't be here." (Cassie)*

### **Choice, Control and Trust**

Choice, control and trust have been grouped together because the findings show how they intersect and interact; in order to be able to take control and realise choices, it is critical that survivors build trusting relationships with their support workers as this gives them the confidence and skills to realise and act upon their autonomy.

Despite several having previous negative experiences with services, many survivors spoke of the value of the relationships they had been able to develop with the support of professionals who understood how to work with trauma. The incredible impact of this is encapsulated by Cassie:

*“She makes you feel like you’re something when you’re actually feeling degraded, dirty, neglected, ashamed, embarrassed. She actually lifts that a bit and it takes (ignore my language) a lot of balls for someone to do that job...for someone to make you feel like you’re something when you’ve lived with this for 20/30 years, and to make you feel that you can achieve things.” (Cassie)*

Part of this relationship development was facilitated by the openness of the TRS partners to responding to the survivor’s needs and wants and being able to be led by the priorities of the survivor:

*“When I’ve had counselling before –it’s always felt like their agenda and what they want to push. Whereas, working with (voluntary sector partners) was person centred because as things cropped up throughout my weeks of working with her, we’d discuss them as they arose.” (Keira)*

The result of the work that TRS-supported voluntary sector are doing with survivors means that survivors often feel empowered and recognise their own self-worth; due to this, several survivors mentioned advocating for themselves and asserting boundaries in healthy ways. Previously, many survivors did not view themselves as worthy of respect or care.

*“We see how in the women then their confidence changes in how they respond to other professionals in their life, recognising that they have got a voice and they have got a right to be heard...very often these women come along and they don’t feel they’ve got any right in the world and that’s absolutely huge.” (Anne)*

*“For me one of the things that’s changed is I was never able to say no to anyone. I was always a people pleaser, even in work life, home life...I’ve learned to say no, and I’ve learned to raise issues in my work life and personal life...now I feel like I’m able to have that voice and my voice is important too.” (Keira)*

The techniques taught to survivors also empower them to take control of their lives instead of being overwhelmed by the impact of their trauma. Naomi describes the value of being equipped with versatile strategies that are not dependent on the presence of a professional:

*“It’s OK talking to somebody and telling them what you feel and what you’ve been through and stuff like that. But they give you something to go away and put into practice when they’re not there, in that second where you need something, you can do all the strategies and help yourself.” (Naomi)*

### **Strengths Based and Skills Building**

In providing survivors with safety, security, self-worth and the skills to manage their trauma and advocate for themselves, the voluntary sector partners are empowering survivors to build resilience, develop skills and realise their goals in life. The following quotes from survivors and professionals demonstrate the significant impact of this on survivor’s lives and wellbeing.

*“Before, when I would have bad days I wouldn’t be able to do anything, like I would be in bed for days totally unresponsive but now I can look at what I can do, like if you’re having a bad day focus on what you can get done and do that so now I can get up and get the kids fed and to school, the important things.” (Emma)*

*“Some women have gone onto better themselves in going to college courses, some have gone into work. They’re getting on regardless and that’s what we want for these women.” (Anne)*

*“I’ve just done my degree too, with COVID and all the Stovewood stuff going on, I’m really proud of myself, at my age as well.” (Naomi)*

Naomi is also raising two children, has left an abusive relationship and with the support of trauma fluent services has been able to achieve a degree, despite a pandemic and an ongoing uncertain and stressful criminal investigation.

### **Supporting Survivors for Justice**

An important aspect of building resilience and strengths is supporting survivors to manage the potentially distressing criminal justice proceedings many are involved with. This indicates not only how the TRS are strengthening the criminal justice system but equipping survivors with skills to weather adversity in the future.

*“If we can give them the skills and tools to recognise that while they’re giving their evidence there might be triggers, all the things we’ve discussed, we can give them the skills to be able to give the best evidence to their ability and have the best outcome for them as well as the general public.” (Dana)*

### **Adaption in the face of COVID-19**

Finally, it is relevant to comment on how well the TRS and voluntary sector partners responded to the crisis of a global pandemic. The impact of COVID-19 upon vulnerable populations and relevant services is only beginning to be realised. However, the voluntary sector professionals swiftly adapted and ensured they could do their best to support survivors even under the constraints of lockdown. In fact, several women had only ever received support under pandemic regulations and had made significant progress nonetheless.

*“Obviously it hit, and it hit hard and there was a complete change in how we had to work. We were very few and far between and we offered telephone support, delivered trauma stabilisation. But we were used to face to face appointments and groups, so we had to develop a new way of being able to work... we now have successfully completed trauma stabilisation over telephone and I have completed virtual stabilisation over Teams.” (Dana)*

# Recommendations and Next Steps

## 4.1. Nationwide roll out

The TRS is well placed to offer consultation and guidance to underpin the roll out of trauma informed services and sexual assault services nationally. They are clearly a trailblazer who have had significant impact in a short period of time under demanding circumstances. It would make good economic sense for the learning and evidence base from Rotherham to be shared nationally and for this model to be tested out in other localities, in order to develop a (currently lacking) wide evidence base.

Below, I detail the core benefits of the TRS model and the potential of nationwide rollout.

- The Multidisciplinary Team Meeting, providing a mental health and well-being focus at the criminal justice interface, is well received. The MDT is unique in bringing a multidisciplinary, collaborative and trauma informed dimension to criminal justice processes. This model could be transferred to great use in other parts of the country where vulnerable populations are involved in criminal justice proceedings.
- The TRS/VCS hub is another transferrable concept that enables a paced approach to building tailored packages of care in a community and place setting.
- The TRS clinical and organisational consultation service is wide reaching and provides the 'glue' that augments system integration around survivors, especially high risk and complex survivors.
- The TRS contribute to a learning culture in Rotherham through conferences and focussed training packages that are then embedded in practice. The training is free and available across the Rotherham footprint.
- The TRS integrates the 'Voice' of the survivor within partnership working. This embodies the TIP principle of 'doing with' and not 'doing to' and focusing on 'what has happened to you' rather than 'what is wrong with you.' It also provides a framework for further developing models to implement co-production in service design and evaluation with survivors.

## 4.2. The Continuation of the TRS

The evaluation provides vivid snapshots of the transformative impact of the TRS' work upon the lives of survivors and the capacity of the voluntary sector to support them. Several respondents raised concerns about the TRS and Trauma Network not becoming a permanent part of the support landscape for survivors. This is essential both because identified survivors will need support on an ongoing basis, survivors will continue to identify in the future and unfortunately, inevitably, CSE will continue to occur and new survivors must not be abandoned. Eva encapsulates this concern:

*"It's no good the TRS only being available for a bit of time. It might take years for survivors to get to a place where they need help, but if it's not there when they do decide, how can they do that? How can you put a time limit on someone wanting to be able to get help that I have only heard from the women and our own daughter is positive? It can't be a time-limited thing. I think there will be more people who need this as years go on...I think it would be a travesty for it not to be there in some shape or form... my biggest concern is that at some point there won't be any funding for anyone to access and that means there will be a lot of survivors out there who are not ready now to access but may be in the future and it's not there...so where do they go, where do they go?!" (Eva)*

## 4.3. Awareness Raising

Professionals and survivors raised concerns around public awareness of the support available and so an awareness campaign that is clear about what is on offer, from where and to who could be a valuable method to optimise the ability of survivors throughout the borough to access support. As Emma mentioned, *'I do think an issue could be people not knowing about what the services are doing now, I only knew because of my job and finding out through there. It's not really publicised'*. Regarding publicity, Eve suggested adverts in public places or on council documents which could reach survivors but also raise awareness of and empathy towards trauma survivors among the general public.

## 4.4. Development of Trauma Stabilisation for Children

The impact of the TRS partnership with the voluntary sector for Stovewood survivors has been spoken of glowingly by survivors and professionals. Professionals did identify a need for a similar trauma stabilisation program to be developed to specifically cater towards younger people and given comments survivors made regarding worries and the actuality of their children being groomed, this seems an area of development to be prioritised. Upon feeding this back to the TRS, I understand that this is already being undertaken, which demonstrates their ambition and scope.

## 4.5. Co-Production

Finally, we wanted to further consider how to continue developing models to capture the survivor voice. Involving survivors in co-production in future, whether evaluations, service review or design, or all of these modalities. Naturally and reflecting the principles of trauma informed practice, the first essential step was to assess survivor's interest and the potential benefit for them in doing this. I was aware that survivors may feel pressured or for the desire to 'people please' to lead to them agreeing to things they are not sure of. Therefore, we will be meticulous about the process of informed consent going forwards.

However, all of the survivors were effusive and positive about being involved in co-production further down the line, and several had shown their interest in contributing to trauma support before I broached the subject. This is extremely encouraging, and the next steps will be to carefully consider, with the TRS and voluntary sector partners, how best to support and engage survivors in this work together. There is a great duty of care and there are many variables to be aware of when exploring how to do this in a trauma informed way. The potential for this piece of work to make a significant and new contribution to the field of co-produced, survivor-led knowledge and practice around trauma is significant.



## Conclusion

The work and reach of the TRS has continued to grow and deepen and the service is appreciated and now embedded within the Rotherham system. Its offer meets a variety of government drivers such as the 'Transformation of mental health services and the development of integrated systems: health social care and voluntary sector' (ICS).

The TRS offers a transferrable model for enacting systemic change which would be of huge benefit nationwide. While these evaluations focus on the TRS, the research is also a vehicle to realising a snapshot of multi-agency functioning across the system. The importance of systemic change and collaborative, multi-agency support for survivors of CSE was most starkly highlighted in the 2014 Jay Report and is the core principle identified by for successful trauma informed systems change by Gerber (2019).

In 2022, these evaluations demonstrate how the TRS is achieving this by embedding systemic recognition of and response to trauma across the service delivery landscape and in survivors themselves. This level of transformation is highly desirable nationwide and across all services who are likely to work with people who have histories of trauma and offers enormous benefits, economically, socially and in terms of justice.

# Sheffield Hallam University

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