

Welsh Women's Aid Response: Trauma-Informed Wales: A Societal Approach to understanding, preventing and supporting the impacts of Trauma and Adversity

Name:	<i>Sophie Weeks, Head of Public Affairs and Communications</i>
Organisation:	<i>Welsh Women's Aid</i>
Email address:	<i>sophieweeks@welshwomensaid.org.uk</i>
Telephone number:	<i>02920 541 551</i>
Address:	<i>Pendragon House, Caxton Place, Pentwyn, Cardiff CF23 8XE</i>
These are the views of:	<i>Welsh Women's Aid (Third Sector) - the national charity in Wales working to end domestic abuse and all forms of violence against women.</i>

About Welsh Women's Aid

Welsh Women's Aid is the umbrella organisation in Wales that supports and provides national representation for independent third sector violence against women, domestic abuse and sexual violence (VAWDASV) specialist services in Wales (comprising our membership of specialist services and members of the regional VAWDASV Specialist Services Providers Forums). These services deliver life-saving and life-changing support and preventative work in response to violence against women, including domestic abuse and sexual violence, as part of a network of UK provision.

As an umbrella organisation, our primary purpose is to prevent domestic abuse, sexual violence and all forms of violence against women and ensure high quality services for survivors that are needs-led, gender responsive and holistic. We collaborate nationally to integrate and improve community responses and practice in Wales; we provide advice, consultancy, support and training to deliver policy and service improvements across government, public, private and third sector services and in communities, for the benefit of survivors.

We also deliver the Wales National Quality Service Standards (NQSS), a national accreditation framework for domestic abuse specialist services in Wales (supported by the Welsh Government) as part of a UK suite of integrated accreditation systems and frameworks. (More information on the NQSS can be found here: <http://www.welshwomensaid.org.uk/what-we-do/our-members/standards/>)

Question 1: Before reading this document, how familiar were you with the concept of a trauma informed approach? Do you agree it should be a priority for everyone in Wales

The specialist VAWDASV sector has been working in trauma informed ways for over 50 years. The VAWDASV sector was founded by and continues to be led by survivors. When creating this new framework, there must be recognition of and collaboration with the work of the specialist VAWDASV sector, in creating and embedding trauma informed approaches which work to meet the needs of survivors.

We welcome the concept of a formal framework that would streamline and widen this work across Wales, creating consistency across sectors and public agencies. We agree that trauma informed working should be a priority for everyone in Wales.

Part of the creation of this framework needs to really make clear the definition of 'Trauma' across the sector and public health. It will be important to acknowledge that the definition of a trauma informed approach varies between sectors and is not a simplistic concept.

Question 2. We would like to know your views on the aims of this framework, specifically whether it reflects the experience of adversity and trauma

Welsh Women's Aid held a workshop with our members to discuss the development of the framework and their hopes for the aims and outcomes. There was widespread positivity about the introduction of a framework and agreement that it is being developed at a very timely moment.

Strategically and operationally, there were calls to see the content of the framework and for provision of detail around how it will work across sectors and agencies, what the expectations will be on each sector and agency, and how progress and accountability will be monitored.

In terms of survivor's direct experiences with adversity and trauma, there is a question of how the framework will address long-standing issues around information sharing and integration, so that survivors will not need to continue re-sharing their stories - which can be very traumatic. There must be a balance between ensuring survivors are not being re-traumatised by having to continually reiterate experiences of violence and abuse, and how will it be ensured that this information is well controlled and kept confidential.

Regarding the aim of good practice and trauma-informed organisations, it is vital that the experience, expertise, and skills of specialist services are recognised, particularly those of 'by and for' services and their extensive knowledge and skills relating to the communities they work with.

During the workshop, the possibility of a need for an additional aim was discussed. This additional aim should allow individual who have experiences of trauma and have received a good service to provide feedback into the services, to strengthen the learning base for what good practice looks like.

There are concerns that the aims of the framework do not adequately consider sexually exploited women and their individual needs: such as lack of engagement, transient lifestyles, and the fact they are currently still actively within traumatic situations.

There is an absence within the aims that discusses multiple, intersecting needs, long term trauma, ongoing trauma, or barriers to accessing trauma-informed practise.

The aims do not mention addressing the trauma caused by organisations such as the criminal justice system and some public sector procedures. It is well documented that often, engaging with these services will trigger or re-traumatise individuals. To become truly trauma informed there will need to be an acknowledgment from these establishments and organisations that the way in which they currently operate not only lack the acknowledgement of trauma, but actively causes and contributes to further trauma.

Question 3. Is there anything missing in the overall approach set out in this document?

It is vital that the framework absolutely strengthens support for sexually exploited women who are often dealing with ongoing trauma, transient lifestyles, and increased barriers to engagement. As it currently stands, it is hard to interpret how this framework will improve services for sexually exploited women, and people experiencing more ongoing intense trauma.

During the membership workshop, concerns were also expressed that the framework expresses a lot of doing 'to' instead of 'with', lacking a spirit of genuine collaboration with those who have received trauma-informed work or who have experienced trauma. This has the potential to create an 'us and them' mentality between people delivering a receiving support. This not only has negative consequences and removes agency from the person receiving support but also erases any trauma that the person delivering support may have or might be experiencing. A holistic, trauma informed service should consider trauma as a whole and how ways of working seek to minimise the effects of trauma in all aspects of the service.

There are many positive concepts within the framework, what is currently lacking however is detail on how it will be embedded logistically and operationally, where the framework sits regarding existing practice and legislation, and the overall intentions and desired outcomes.

Commissioners have stated in contracts from members that they should be working with PIE (Psychologically Informed Environments). There must be detail provided on how this will be integrated in the framework. The specialist VAWDASV and wider third sector have spent a lot of time and resources engaging with PIE and the PATH model. The framework should be reflective of this work and acknowledge that some agencies will be starting from a completely different level of understanding than others.

It would be useful to the sector to have detail around how the framework and its successes plan to be monitored as well as if there will be future changes of this framework depending on evaluation.

Question 4: Thinking about the definition of a trauma-informed approach proposed in this document, is there anything missing?

The main thing missing is the acknowledgment that recovery from trauma is not linear. People with multiple needs, ongoing trauma and long-term trauma will all have a different recovery journey, and what may be a minor goal for one person may be a huge achievement for another considering increased barriers and adversity. This will need to heavily impact assessment and monitoring; it will be vital to allow flexibility to reflect the different progress and recovery for individuals, depending on multiple factors.

There is an absence of awareness of the influence of socio-economic factors on receiving a trauma informed approach.

Question 5: The approach set out in this framework is underpinned by 5 practice principles; are they right? Is anything else that should be included

There was consensus amongst members that the practice principles are good, and there was an appreciation that it does not just focus on the medical model but wider social impacts. A priority for members (which WWA fully supports) was to ensure the framework encouraged these principles to effectively translate to widespread practice.

Question 6: The trauma-informed practice framework has four practice levels. Are the difference between each of these levels clear, and can you see who they might be aimed at?

We agree in principle that there should be practice levels which reflect different agency's current level of knowledge, skills, and practice in relation to trauma informed ways of working. Our concern however is that these practice levels will be incorrectly attributed and those with a higher understanding (and often less resources) will be held to higher standards than those who are only just beginning their journey to becoming trauma informed. This would consequently cause great impact on the outcomes for the individual accessing the service. Practice level should be determined on impact and those who currently have great impact but low understanding and practice, should be supported to reach the appropriate practice level as soon as possible.

It would be very beneficial to have clarification around if commissioners will be looking at services to determine what level they would fall under, and if there will be considerations of different levels of training.

Question 7: Within the practice levels, is the support that might be received in each level clear, and do you have any further examples of what good looks like in relation to this?

It is clear what service should be expected from each practice level; however, we have ongoing concerns that practice levels will be wrongly attributed. Practice levels should apply to the level of impact the lack of a trauma informed service would have on the person receiving support, not the services current level of understanding and practice.

Question 8: Thinking about trauma-informed organisations and systems, is it clear how the definition, 5 principles, and practice framework applies?

As stated throughout, although we are supportive of the aims and principles, it is not yet clear how the framework will apply across Wales, which responsibilities fall on which agencies and how accountability will be monitored.

Question 9: The practice framework aims to exemplify the approach it sets out; does it achieve this in the tone, language, and inclusivity of diverse lived experience?

We do not believe this has been achieved yet. As previously stated, while we agree with the

principles and appreciate that there are a lot of good examples of positive practice, the framework needs to be strengthened regarding genuine intersectionality.

All violence against women and girls is a cause and consequence of inequality between women and men, which intersects with factors such as ethnicity, age, class, sexuality, and disability to impact on experiences of abuse and routes to recovery.¹ We urge further acknowledgement of the importance of intersectional approaches, a greater reference to the specific barriers and experiences these intersecting factors contribute to and a commitment to addressing and removing these barriers.

We wish to emphasise that efforts should be made to improve the accessibility of trauma informed services to consider the needs of Deaf, disabled, and blind victims. These group of victims' needs are often overlooked, neglected, or addressed inadequately.

Question 10: We want to understand your thoughts on implementation of the framework. What are the challenges to putting this into practice, and what else might you need to do so?

The list below outlines some points we hope would be considered when implementing the framework. The list has developed in conjunction with our specialist member services.

- Will commissioners be looking at services to see what level they would fall under? Would there be considerations of different levels of training?
- Is the evidence supporting trauma-informed practise based on medical experiences, or experiences of survivors?
- How will implementation address the socio-economic issues which are not currently included in this framework?
- How will the framework function to support people experiencing multiple needs, ongoing trauma, long term trauma?
- Within some services, especially those providing support to CYP, staff do not always have the capacity to be prescriptively trauma informed because of short contracts and limited sessions with children. How are situations like this practically overcome? What support will be put in place?
- Where does the VAWDASV sector sit within the framework, as its under pinned by a trauma-informed response?
- There will be some organisations that do not share the same views and commitments, what is the level of accountability?

¹ <https://www.welshomensaid.org.uk/wp-content/uploads/2019/11/Annual-Membership-Report-2018-19-FINAL.pdf>



Llinell Gymorth Live Fear
Byw Heb Ofn Free Helpline

0808 80 10 800

ffôn • teict • sgwrsio byw • ebost
call • text • live chat • email



Cymorth i Ferched Cymru

Welsh Women's Aid

Rhoi Merched a Phlant yn Gyntaf
Putting Women & Children First

- Is there a training framework for this trauma-informed framework? Some appropriate training is sparsely sourced.
- Consider issues around diagnosis. Some individuals will have a formal diagnosis, and some will not. How do we bridge the gap between this and the trauma-informed support individuals with both experiences would receive?
- There must be an awareness that engaging with organisations/systems as they currently operate can cause trauma, where does recognition and accountability for this lie and how can this be tackled?

