

Transcript for Supporting Victim-Survivors

Webinar

[Introduction]

Hello and welcome to our Supporting Victim-Survivors training. This webinar is two and a half hours long and we'll have two five-minute breaks within that time. You should have received a link to the PDF of the slides and the handbook for this course, you will need those throughout the discussion so please have them ready. There are accessible formats available, so please let the host or the co-host know if you would like those. Ideally, we would like your webcams enabled, but we ask that you keep microphones muted unless you are participating in a discussion or asking a question. We do this because we want to minimise the distractions that background noise could create for people, but we also want to be able to see that everyone is here and engaged. We understand there might be occasions when you would prefer to have the webcam off. For example, if you're having problems with your internet speed, or you've got children who need your attention.

Just to say that information shared can be of a sensitive nature, and some of the content is not appropriate for children, so if children are in

the room, please consider using headphones and angling your screen away. Also, if you're happy to share any of your own experiences, please bear in mind confidentiality. We ask that you anonymise any examples, experiences or stories that you share.

With this course particularly, self-care is a priority. Talking about abuse and trauma can be difficult and painful. So please do whatever you need to stay emotionally safe throughout the session. If you need to take a breather from the training, that's okay. You can rejoin whenever you feel able to. It might be good to think about somebody you could reach out to if uncomfortable feelings or memories come to the surface. You might need to find support for yourself, or it might be that you're concerned about someone else or another situation after the session. If that's the case, please do contact our helpline as soon as you can because the trainer is not equipped to give specific advice on the webinar platform.

The chat facility can be used throughout for questions and for participation in activities. The co-host might answer the question, signpost you to further resources, or hold on to that question for the next pause and share it with the host. If a question is not answered, or a question is about a very specific issue, please do call our safeguarding helpline.

Thank you for choosing Thirtyone:eight for your training today. Our motivation is to equip, empower and encourage you in your safeguarding responsibilities. As we start, we just want to recognise the time, care and commitment you're investing in your church, charity or organisation by attending this training and in everything that you do, thank you. I hope that the message you get today is that you never have to do safeguarding alone. As I mentioned already, we have a helpline; you may want to pop contact details into your phone now if you don't already have them to hand. The helpline is there to support you with any questions regarding safeguarding. It might be queries about policy, or you might have a live situation which you'd value talking over with us and getting advice. The helpline operates from 7am til midnight, seven days a week, 365 days a year, or 9am to 5pm Monday to Friday for those regular questions about policies, guidance and processes, and the out of hours service for any more immediate concerns.

Everyone here today will have a different motivation for engaging with safeguarding. For us at Thirtyone:eight, it comes from our passionate belief that safeguarding is close to God's heart. Our name comes from a verse in the Bible, Proverbs 31:8 that says, "Speak out on behalf of the voiceless and for the rights of all who are vulnerable." When we take care of the vulnerable, we are fulfilling God's call. If you're part of

another faith group, you may well recognise this call from your own sacred scripts. Or you might be part of a charity that has care and dignity for the vulnerable at its heart. Whatever your motivation, we want to equip you.

[Course Aim and Structure]

The quotation you can see on the screen here is a touchstone for our course: “There are things you can do to help me trust you enough, so I don't shut down or avoid you.” This quote comes from a victim-survivor and you might recognise it from the NHS Scotland video that was part of your pre-course preparation. All of you are here because you want to support victim-survivors, and in turn, we want to support you on that journey. The impact of trauma is complex, and it can make aspects of daily life more challenging. It also means that well-intentioned support that doesn't take account of this impact may not feel safe or have the restorative effect we hope it will. We want to equip you with the understanding and tools needed to build positive, empowering support relationships with people who have experienced abuse and trauma.

Good support requires both awareness and intentional practice, and our training is split into two separate sections to reflect this. Part one is about raising awareness. We'll consider who we are supporting. We will also seek to understand how experiences of abuse, neglect and other

forms of harm and adversity can affect someone. This increased awareness will shape how we respond and offer support. In this section we will also remind ourselves of the importance of looking after ourselves as we support other people.

And then in part two, which is the longer of our two sections, we'll explore the practicalities of supporting someone in ways that avoid causing further harm, and instead seek to empower and restore.

[Part One]

So, let's begin part one. In this first part of the training, we will acknowledge the wide range of people we are supporting and the prevalence of abuse and trauma.

We will consider the impact of adversity experienced in childhood and the effects of trauma that we experience at any stage of our lives. This increased awareness will shape how we seek to respond and support, which we will move on to after the break.

In this course, we're exploring how we can support anyone who's experienced harm, abuse and neglect. We've chosen the term victim-survivor in the title of this webinar for clarity and also because this term acknowledges the ongoing effects and harm caused by abuse and

trauma, as well as honouring the strength and resilience of people with lived experience.

There are other terms that you may have heard, and ones that you may prefer to use yourself if this is part of your experience. The words we use are important. If we're working with someone who's experienced abuse and they express a preferred term, we should honour that and also recognise that it might change over time, and even from one day to the next. If you want to think through terminology more thoroughly, or you hear a term we use in the session that's new for you, appendix three in your handbook is all about terminology.

So, who are *you* supporting? You might have come to this training with a particular person or people in mind, an individual or family to whom you want to offer support.

You might be a victim-survivor yourself and you want to learn more about your own experiences, and what impact they might have had, and what might be helpful going forward.

You might work for an organisation with a particular focus on supporting those who've experienced harm, abuse or adversity.

You might want to equip yourself to support anyone in your community who might come forward in future.

You might simply be aware of how prevalent trauma and abuse is, and want to make your activities safer for anyone who has experienced trauma.

Take a moment now to reflect on what supporting victim-survivors might involve in your context. Feel free to share these responses out loud or in the chat.

In summary then, you may be supporting children or adults. Abuse could be a current or recent experience or something that happened many years ago with ongoing impact. The harm could have happened within your organisation or outside it. It might be an experience someone has disclosed to you, or you may just be aware that the life experiences of people within your community mean you are likely to be working with victim-survivors, whether or not they've told you about their experiences.

Let these initial reflections be a frame for your engagement and questions during this session. We want this course to equip you in your context, so think about how the principles we'll discuss can be applied where you are.

On this slide, we're going to consider the scope and the scale of abuse and trauma through some statistics and further reflection.

Almost all of us will know someone who has experienced harm, abuse, neglect or trauma at some time in their lives, whether or not they have told us. It might be part of our own experience too, whether or not we consider ourselves to be victim-survivors.

The first image you can see illustrates that seven children in every classroom experience abuse of some kind before the age of 18. That comes from NSPCC research.

The second image represents that one in four women, one in six children in one in 18 men have been raped or sexually abused. Those figures are from Rape Crisis for England and Wales.

The third image represents that one in five adults have experienced domestic abuse. That statistic is from the National Centre for Domestic Violence.

The fourth image considers care experienced children. Although each child or young person will have a unique journey into care, NICE guidance tells us that all looked after (care experienced) children and young people will have experienced trauma in some way.

These statistics can be surprising and sobering. The numbers may be much larger than news reports or conviction rates would lead us to

believe, but crime statistics are not necessarily an accurate indicator of the scale of abuse.

For example, Rape Crisis state that five in six women and four in five men don't report their abuse to the police. Further to that, fewer than 1% of reported rapes in England and Wales lead to a conviction. So, if we think about that – the number of perpetrators convicted represents a tiny proportion of rapes committed, and that is only one form of abuse.

It's painful to acknowledge, but trauma and abuse is prevalent, and the number of people living with its impact is significant.

Abuse and harm can affect anyone. However, statistics and research show us that, sadly, some social identities and life experiences mean that a person is more likely to experience harm or abuse. Are you aware of any social identities or life experiences that mean someone is more likely than their peers to have experienced harm or abuse? You can type your thoughts into the chat or unmute and speak out.

We might think about care experienced children. A UK-wide NSPCC briefing said that the majority of looked after children are in care because of abuse and neglect, and all journeys into care involve trauma in some form. There is more about this in appendix one of your handbook.

We might consider refugees asylum seekers and others who've experienced conflict. The UK trauma Council states that many asylum seekers and refugees will experience traumatic events and losses. This may include exposure to violence, often for prolonged periods of time, and separation from family members.

Another group is people who are d/Deaf and people with disabilities. The NSPCC says that d/Deaf and disabled children and young people are at an increased risk of being abused compared with their peers who are not, they're also less likely to receive the protection and support they need when they have been abused.

You might consider groups with other marginalised identities who have adversities to face; people who have experienced or are experiencing poverty; those who have experienced or are experiencing homelessness; and people who have experienced adversity in childhood.

Why do we highlight these different groups? It's not about labelling someone or making presumptions. But when we acknowledge these parts of somebody's identity, we have a heightened awareness of what their experience *might* involve and so we can be compassionate in our approach. We balance this awareness with the knowledge that nobody is

immune from experiencing harm and abuse. Whoever we are, whatever our social identity is, this could be part of our life and our story.

[Adverse Childhood Experiences]

In this next section we're going to focus on Adverse Childhood Experiences (ACEs) and Adverse Community Environments (ACoEs).

There's a lot more about this in your handbook, including some really helpful resource links, if you want to explore the topic further after the webinar.

Adverse Childhood Experiences, which are depicted here as seeds or a young weed are stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live. Adverse Childhood Experiences are often termed 'ACEs', and I'll use that for brevity from now on. Examples of ACEs include: experiencing abuse or neglect, living in a home with substance or alcohol misuse, or being separated from a parent.

Around half of the adult population of the UK has experienced at least one ACE and between nine and 15% have experienced four or more.

So why do we need to know about this? Research shows a link between ACEs and the risk of poor health and social outcomes across the course of someone's life. Experiencing extreme (sometimes called acute) or

long-term (sometimes called chronic) stress in childhood can change how your body and brain develops. The fight or flight hormones that are usually released as a temporary response are in continual use. This would have an impact at any age, but when this is experienced in childhood, the release of these hormones has a toxic effect on the formation and development of growing brain and body.

The impact of ACEs increases when more are experienced. Research shows that someone who has experienced four or more ACEs is twice as likely to have a chronic disease, three times more likely to develop coronary heart disease, four times more likely to develop type two diabetes, and 20 times more likely to go to prison than their peers without these experiences. Those statistics are from a Safeguarding Board Northern Ireland resource which is linked in your handbook. So, we begin to understand the impact of childhood adversity on adult health and wellbeing.

Linked in with ACEs are Adverse Community Environments, which are depicted here as soil. The impact of ACEs can be exacerbated by other adversities in the child's environment, such as poverty, experiencing racism, or community violence.

According to the ACE Hub Wales, those living in Adverse Community Environments are less likely to have access to things that can help overcome the impact of ACEs, sometimes called resilience resources.

ACEs can have a long-term impact regardless of community environment. Following our plant analogy, we know that weeds can still sprout in paths and brick work, for example, but Adverse Community Environments provide more fertile ground.

As we near the end of this section, it's just important to say that access to support, safe and stable relationships and resilience resources can significantly reduce the impact of ACEs. As the ACE Hub Wales states, ACEs do not define anyone. It is never too late to break the cycle of adversity.

One of the key things that all studies have shown to help overcome ACEs and their impact is resilience. But what does that mean?

Resilience can be defined as having resources to adapt to and cope with adversity, and maintain psychological balance.

A 2020 study of children with four or more ACEs showed that resilience assets reduce the likelihood of poor health outcomes by two thirds.

Another study showed the presence of resilience factors reduced the risk of mental illness by half. Our co-host can post in the source for those quotes and statistics if helpful.

Resilience is thought to change toxic stress to tolerable stress.

Factors that support resilience include positive relationships, personal skills, community support and cultural connection. So, if a child has access to a trusted adult, supportive friends, or connections with school, then this can build resilience. In terms of personal skills, this could be social and emotional skills that a child has, perhaps aided by counselling, psychological therapies or emotional coaching. It can also be the ability to take advantage of other talents and strengths for example, sport or music.

When we consider community support this could mean having positive role models, attending groups and activities, and feeling that the community treats you fairly. Finally, cultural connection may involve celebrating festivals, faith and food, communicating in our heart language and having a sense of belonging. All these things support resilience.

Another quote from the ACE Hub Wales is “Access to support and protective factors can moderate the increased risks to mental health from ACEs. High positive factors that support childhood resilience related to substantial reductions in lifetime mental illness and potentially offers protections for everyone. Even those with no ACEs.”

And this is where we come in, isn't it? We might be those places, providing children and young people with resilience resources, we might be their community support, we might be their positive connections, we might help them to build their personal skills, and feel connected with their culture. Our support can be part of overcoming this impact.

The quote that you can see on the slide now is from the ACES aware questionnaire.

It says: "Experiences in childhood are just one part of a person's life story. There are many ways to heal throughout one's life."

An awareness of ACES is important for many reasons, namely, we need to recognise that adversity in childhood can have a lasting impact on a person, including ourselves, and in ways that we might not expect.

As with other wider forms of trauma and abuse, if we are aware, we can respond with compassion and understanding to signs we might notice that indicate that someone, again including ourselves, may have experienced or be experiencing ACEs.

When necessary, we can pass on our concerns to safeguard a child, so they don't remain in adversity or situations of toxic stress.

We might have the opportunity to be that reliable adult in a child's life.

This relationship is a resilience resource that can reduce the impact of ACEs.

We may, through our group activities, offer space for children and young people to be involved and connected. And this opportunity can help reduce that impact.

We can be intentional to support someone, of any age, in a way that recognises trauma and promotes recovery.

And finally, if we realise we have been affected by ACEs, we can seek that support for ourselves.

As that quote on the slide indicates, ACEs do not need to define us.

Once they are experienced, they can't be undone, but their impact can be reduced. They are part of our life experience. But not the whole story.

That was a lot to take in! As we end this section, just take a moment for yourself. You can stretch, breathe, check your phone, close your eyes- whatever works for you. To help us with this we've just got a ten second mindfulness timer. The circle is going to expand and contract and we'll let that happen before we move on.

[T/trauma]

This next part of our awareness section is around trauma. When we consider ACEs, we're thinking about the particular impact that adversity has when it's experienced in childhood. However, we know that abuse, neglect and other forms of harm can be experienced at any age, and have an impact long after the experience itself. So while it's important we know about and have an awareness of ACEs specifically, they don't represent the full range of trauma someone we're supporting may have experienced.

So over to you again, how would you define trauma? Please type into the chat or unmute and speak. The UK Trauma Council states that trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact.

The sorts of events that traumatise people are usually beyond the person's control, including experience of physical, emotional, and/or sexual abuse and neglect.

It is also about the meaning attributed to these events. The charity Mind states that: "What's traumatic is personal to you. Other people can't know how you feel about your own experiences or if they're traumatic for

you. You might have similar experiences to someone else but be affected differently or for longer.”

You might notice that on the screen we've got capital 'T' and small 't' trauma. It's not important for you to differentiate between them, all trauma has an impact, but you might see it written differently in various places so it's good to acknowledge.

Trauma with capital 'T' generally refers to an extraordinary or significant event that leaves the individual feeling powerless. For example, if their life or bodily integrity is in danger.

Small 't' traumas are events that exceed our capacity to cope and cause a disruption in our emotional functioning. These distressing events are not inherently life or bodily integrity threatening, but the individual is left feeling a notable helplessness.

On the following slides, we're just going to write trauma with a small 't', but we are referring to both kinds.

Traumatic events affect people in different ways and on different timescales. Each person we are supporting is unique. They are the experts in their own lives, so we need to listen well and take our lead from them.

We also need to be aware that, whilst supporting others, trauma responses in ourselves can occur when we're not expecting them. That means we need to take care of ourselves, particularly when discussing difficult and potentially painful issues. And we will be aware that our previous responses to trauma aren't necessarily a reliable indicator for the future. That shouldn't cause us to worry or panic, but just be aware of our own emotional health, and make sure we know where we can seek support for ourselves should we find we need to.

It also helps us understand that the trauma responses of those we supporting will rarely be predictable or linear. So, as you can see on the screen, we've got these four little graphs showing different trauma responses. The top one illustrates an enduring response where distress and difficulties persist over time. Secondly, we've got a delayed response. This means that initially we might not see a noticeable trauma response, but this increases over time.

Thirdly, in recovery, distress and difficulties are there at first, but they reduce over time.

And finally, some people who've experienced something that we would perceive as traumatic may not appear to have any difficulties at all. The impact on their life is fairly minimal and stays such over time.

So how do we recognise when someone has experienced trauma?

Our first image illustrates that we might have firsthand experience.

Trauma is part of our reality and we can recognise the impact on ourselves. This might happen straightaway or be delayed, so we don't feel the effects until sometime after a traumatic event.

Image two, illustrates that somebody we're supporting might directly tell us that they've experienced trauma. They know, and they're happy for us to know as well, so they share that with us.

The third image indicates that we might notice signs and indicators of trauma in somebody's behaviour or responses to situations.

Can think of any signs and indicators of trauma?

You might think of emotional effects and responses. For example, anger, feeling numb, fear, confusion, shame, or hypervigilance (when we are very alert or aware of surroundings in case of danger).

You might notice physical effects, headaches, bodily aches and pains, tiredness, sweating, appetite changes, memory difficulties, physically shaking or having visual disturbance.

There might be behavioural effects or responses. Perhaps somebody becomes more withdrawn. They might become aggressive, or they might use alcohol or substances as a coping mechanism. There might be self-harm or self-neglect.

And there are some responses particularly associated with trauma.

Some examples include: Flashbacks, when someone's vividly reliving aspects of a traumatic event. Panic attacks. Dissociation, which is a coping mechanism for overwhelming stress when somebody feels numb or detached from reality, their body or surroundings.

Someone might experience sleep difficulties and nightmares. They may have suicidal feelings. Some people have particular triggers, which are sensory cues or stimuli that take a person back to a time of pain, bring back memories or feelings or trauma responses.

You're not expected to be an expert in any of those things. We have shared them here, and there's more detail in your handbook, for information. It's compassion and curiosity that we want to develop. We are aware that trauma might be part of someone's life, and it might cause them to behave in ways which are unexpected. There are things we can do to build a safe and secure relationship with them.

Before we move on, we're just going to spend a moment thinking about one particular sign and indicator of trauma that you may recognise in yourself and others, and that is the impact on executive functions.

Executive functions, which are sometimes called core capabilities, are the mental skills we use to plan, focus and manage our daily lives. They include things like planning and prioritising tasks, maintaining focus,

regulating our emotions, remembering what we've got to do, keeping appointments etc. These skills aren't automatic, they are built in childhood and developed and maintained over time. There are many things that can impact our executive functions, for example ADHD and autism, as well as trauma. Adversity in childhood can prevent a child's brain developing these skills. There is a helpful video and guide from the NSPCC linked in your handbook that explains this further. Extreme stress and trauma at any age can override the brain's ability to use these skills.

Recognising that someone is struggling with day-to-day tasks could be a sign of trauma. We can respond with understanding if this is the case for someone we are supporting and develop strategies for coping if this is our own experience.

We're going to do a quick poll now about different levels of trauma support. You might have heard things like 'trauma informed practice' or 'trauma counselling' in your professional lives or in the media. It's good just to be clear about the expectations of your support in relation to trauma, and what this training is, and what it isn't too. So, can you match the levels of trauma support with their definitions?

Firstly, being trauma aware means recognising the prevalence of trauma, and its potential effects on individuals. It helps remove the

stigma surrounding trauma and enables us to have a compassionate and understanding approach.

Secondly, being trauma-informed takes the understanding of trauma, and a practitioner's training, to a higher level. So, if you're involved in the NHS, or in social care, you might have undertaken Trauma-Informed Practice training. This requires a comprehensive understanding of the neurobiology of trauma and its potential long-term consequences on physical, mental and emotional wellbeing. Professionals are trained to identify trauma triggers, and respond appropriately.

Thirdly, then, there are also trauma-specific services. These are services and therapies that have a focus on trauma and exist to help an individual process their trauma and work towards recovery. For example, trauma counselling is a trauma-specific service.

This course is designed to support you to become more trauma aware, the other levels of trauma support require professional training.

We're almost ready for our break now as we finish this content-heavy first part of our training. We just want to take a moment to think again about our own wellbeing, which is so important when we're supporting others.

This quote is from a Zulu proverb, it says “You cannot wipe the tears off another's face without getting your own hands wet.”

We are not robots. When we support someone who has experienced abuse or other traumatic events, we will likely experience an emotional impact. We may feel sad or angry, and their account might play on our minds.

We need to proactively take steps to look after ourselves when we're supporting someone else. As the safety announcements on aeroplanes say, we need to put on our own oxygen mask before we help someone else put on theirs.

If you become aware that supporting someone is affecting your own health and wellbeing, please seek support so you avoid experiencing what we can call ‘vicarious’ or ‘secondary’ trauma.

The British Medical Association defines vicarious trauma as a process of change resulting from empathetic engagement with trauma survivors.

They identify signs such as experiencing lingering feelings of anger, rage or sadness, experiencing ‘bystander guilt’, shame or feelings of self-doubt, loss of hope, pessimism or cynicism, distancing, numbing or detachment or, conversely, becoming overly emotionally involved, or having difficulty maintaining boundaries.

If you recognise these signs in yourself, pay attention to them.

Take care of yourself emotionally. Take part in activities that you find a restful and restorative. Take regular breaks, seek social support from community and family members.

We'll finish with this short discussion: What is it that helps you keep safe and well while you're supporting someone?

We're going to have our first break just now. So, take five minutes to have a drink and time away from your screen. Thanks, everyone.

[Part Two]

Okay, so we're going to move into a second part now, and this is all about supporting well. We're going to take our awareness of abuse and trauma and apply it in practical ways.

Each of the short sections in this second part of our training is based on one of the principles of Trauma-Informed Practice, but please remember that we're approaching this at the level of trauma awareness. In each section, we'll consider how we can apply the principle to the support we're offering. The five principles are safety, trust, choice, collaboration, and empowerment.

You will see these principles here in our image of a flower - when these principles are present it allows for flourishing and growth. Safety is the

centre of our flower, because, while it's a vital principle in and of itself, it's impossible to outwork any of the other principles unless that sense of safety exists.

[Safety]

And this is the first principle we're going to consider. We're thinking of safety in terms of both physical safety and psychological safety. We'll explore how we can support someone in a way that increases their sense of safety and reduces the risk of re-traumatising them. We'll consider what 'safe' actually means, we'll think about different types of safety, and we'll look at a case scenario together.

So, here's a question to begin with, what does 'safe' mean?! What does it mean to you? We'd love to have as many answers as possible for this one. So please do type something into the chat, don't overthink it. It will be good to see a range of answers. We could have things like an absence of danger, it could mean freedom, or lack of threat. It might mean security or stability, a lack of judgment, it could be an ability to trust. For some of us, it will mean privacy. For others, it will mean companionship.

Although there are common themes, what feels safe for each of us will be personal, based on our own preferences, our personality and life experiences.

It's good to keep this in mind when we're supporting people as well, because we can then ask what feels safe for them, not make assumptions based on what feels safe for us.

When we're thinking about safety, there're different types of safety for us to consider. Firstly, physical safety. We've got two images here, one showing a person sitting outside and one inside. For some of us, if we close our eyes and picture a safe place, we will see ourselves nice and cosy inside a house. For others of us, a safe place is an outdoor environment with lots of freedom. It's going to be different for everyone.

So, what can we do when we're supporting someone in terms of creating a sense of physical safety? Consider the environment in which you meet.

Is this predetermined? For example, are you working in a youth club, a community centre, a church building, in a home as part of a house group, or in a particular institution? If so, can the person be invited to visit the building or ask questions to build familiarity ahead of the first meeting?

If it isn't a predetermined place, then the person we're supporting can choose where to meet, within the boundaries of it also being a safe and accountable place for you too - particularly if you're meeting one to one.

Can the person access the meeting place safely and easily? Are there any barriers that we might be able to remove, for example, help with travel arrangements or childcare? We can be mindful not to ask someone to return to a place where abuse occurred or with strong associations. For example, if abuse occurred within a faith context, it may not feel safe to meet somewhere that's surrounded by religious symbolism, even if it's a different building.

What could make the environment feel safer and more comfortable? You might have lots of different ideas about that. It could include having plenty of space, lots of light, clear exits, breakout spaces where someone can go if they need time away from the main group.

It might involve having a calm or a sensory corner in a busy children's activity or youth group. What are the noise levels like? What's on the walls? Do we offer food and drink? Are there any items to soften a sterile environment, like plants or cushions. We have some things in our physical environments that we can control, and others that we can't, but we can be intentional in thinking about it ahead of time.

The next type of safety for us to consider is psychological or emotional safety. What helps a particular person feel safe and calm? Is it being able to have familiar items or a familiar person with them? Does it help if somebody knows what to expect, sometimes simply providing a

timetable outlining the normal structure of a meeting can be really helpful because then the person may feel more prepared.

How do we interact with a person in a way that builds emotional psychological safety?

Being present for a person, listening actively, being calm, valuing and affirming someone can all help build psychological safety. Openness and choice are also part of this, which we will consider in more detail later.

Do we explicitly allow everyone in a group session to opt in and out of activities?

For some people, familiarity and routine can be really supportive.

Stability and predictability can enable someone to feel safe.

And our final type of safety is relational safety. And this is safety built on safe and secure relationships with others - feeling known, valued and having a sense of belonging.

It's about being intentional in how we build relationships. From as simple as, how would this person like to be addressed?

Do we need to learn to pronounce their name well?

Can we do those simple things like valuing them when they come into a room? "It's great to see you. How are you doing?"

We can find out from someone and share information ourselves about day-to-day things - likes and dislikes, interests. And, if we can remember these the next time, that signals that we value somebody. For example, asking how that football match went that they were looking forward to or saying you liked that podcast they recommended.

Consistency - being supported by familiar people, not having to start again each time, can help build a trauma-aware, supportive environment.

Can we build a connection and a sense of belonging? For example, by remembering and celebrating birthdays and festivals, sharing food, etc?

And then finally, let's think about language. Do we need any form of translation or interpretation to be able to communicate well? If you are working with refugees and asylum seekers, I really recommend a resource that the UK trauma Council has produced, called the community toolkit. It's got lots of wisdom, tips and ideas for people working with children who have experienced conflict. A simple example of building relational safety from there is: 'We give our newly arrived children a fan with key words and symbols so that they can immediately communicate basic needs to us - needing the toilet, feeling unwell, being thirsty, etc.' And communication can build from there.

We might also consider someone's spiritual safety and wellbeing, particularly if we are a church or other faith community. If abuse and trauma occurred in a faith context, were elements of spirituality or scripture manipulated in order to control and coerce or justify abusive behaviours? How can we ensure our support is spiritually safe? We can take our lead from that person. Rather than us suggest scripture readings or praying over someone, we can signal that we are open to pray or discuss aspects of faith if this would be helpful to them but that there's no pressure. If we don't feel equipped to support someone spiritually, we can offer to connect them with another person they are comfortable with.

Okay, we're going to work together to consider our first scenario now, and this scenario is about Zahra. It's split into two parts. In this first section, please consider: Are there any indications that Zahra feels unsafe? And secondly, what might help increase her sense of safety?

Zahra has come to your drop-in youth club for the first time this evening. She's been invited by one of your regular young people, Mina. Zahra is 13 years old and newly arrived in the UK. She seems quiet, but generally content, mainly talking to Mina in Pashto and also with a couple of other girls in English, using their phones to translate sometimes.

She has kept her coat and bag on, rather than putting them in the corner where many of the other young people leave their things. And every so often you notice her looking around the room, but whenever you catch her eye, she smiles and rejoins her conversation.

So, are there any indications that Zara might feel unsafe?

We haven't got anything that's particularly obvious or conclusive, but there are a couple of indications that could be. Zahra's looking around the room regularly. Maybe she's just curious, or could this be a sign of hypervigilance? Similarly, keeping her coat and bag on, that could just be her preference. Maybe she's not very warm. Or she's not very relaxed yet, or it could be an indicator that, actually, she doesn't feel safe without her possessions close by her.

What about anything that could increase her sense of safety?

We can make Zahra welcome, but without jumping on her or overwhelming her! Greet her warmly. Tell her your name. Tell her a little bit about the group and what to expect, where the toilets are etc, keep the interaction calm and casual. Check in with her every now and again as the session progresses.

Do you have something like a visual or easy-read information sheet about the youth club with times and routines and activities, photos of staff, that sort of thing?

Ask if there's anything she has questions about, just leave that invitation open.

You can show her where people usually hang their coats in case she just doesn't know, but make it clear that no obligation or expectation for her to leave her things.

Be clear when inviting her to join in any games or activities that these are options not expectations. If we just take our lead from her, we can help build her sense of safety.

Okay, now we're going to look at the next part of Zahra's scenario. The first thing I'd like us to consider is what might have caused her reaction? And then secondly, what would you do next?

Halfway through the session, the fire alarm sounds for its routine test. Most of the young people just ignore it, but a couple mock scream and then run around laughing. Once the noise has stopped, and you've settled the other young people back into their activities, you notice Mina crouching down by a table in the corner. Zahra is under the table with her knees drawn up to her chest and her hands over her ears.

So, if we think about what we notice and what might have caused this reaction, we notice that Zahra's hiding under the table, that she's got a protective body position that she's covered her ears. This could be a trauma response, the noise of the alarm or screaming could remind her of experiences she's had before.

Maybe the sound was a trigger for her. Remember, a trigger is a sensory cue, like a sound or a smell, that's got a strong link to a traumatic event and causes a person to be vividly reminded of it. A person might feel the same sensations and respond in the same way, even though the circumstances are very different. Maybe the last time Zahra heard a really loud noise and screaming like that was in a situation of physical danger. So, she's protecting her body in the same way now.

And what might we do next? There're a variety of things we could do. You're not expected to have professional expertise in situations like this, but think about what a helpful, compassionate response might involve. So, you might do things like approaching slowly and calmly, crouch down so that Zahra can see you but keep a clear distance and don't block exits.

We could avoid reaching under the table or crossing body boundaries for Zahra.

When someone's in a heightened emotional state, they're not going to be able to take in complex sentences or process lots of information. So, we can speak in calm, short sentences, keeping our voice low – “Hi, Zahra. It's me. The noise is over now.” Rather than, “Oh I’m so sorry, I should’ve told you about the routine test, I keep meaning to talk to Rav, our head of facilities, about it and see if we can have it at another time because it always causes a disruption...!”

If she's uncomfortable with your presence, then don't stay. You can step back but indicate to Mina that you'll keep checking in.

You don't want to rush her to come out. You might ask if she'd like a glass of water.

You wouldn't laugh or comment or draw attention to the reaction even if you're trying to make light of it or make a joke to make it seem more comfortable. You or your colleague could keep the rest of the young people occupied in another area to give Zahra space and time to recover.

Depending on how Zahra is feeling, consider if we need to communicate with her parents or carers.

Possible thoughts for after the event could be that, if Zahra returns, make intentional connections in the coming weeks, greet her warmly,

engage in those low-key conversations, recall and ask about things that she tells you.

Is this a regular fire alarm test? Can it be done at a different time when the group isn't there?

If Zahra tells you more about her experiences in coming weeks, we might be able to support her by identifying and signposting her to specialist support. Are there any other things we can do to make her feel safe? And of course, as always, we will pass on any safeguarding concerns.

We do our very best when we're supporting to avoid re-traumatisation. This isn't always predictable, but there are some things we can do.

Being re-traumatised means being mentally taken back to a place of pain and trauma and experiencing its effects again, perhaps because a particular incident or interaction reminds us of a traumatic event.

Remember from part one, a traumatic experience is one where a person feels unsafe in circumstances beyond their control. So, if we intentionally create safe environments and give control to the person we're supporting, we're less likely to risk re-traumatising them.

We will explore how to keep the person in control of their support through the coming principles. There's more detail about circumstances that might re-traumatise someone in your handbook.

So, as we finish this first principle, we come to our 'If you do nothing else' (IYDNE) slide. At the end of each of our principles sections, we will have an 'if you do nothing else' slide highlighting a key way to apply the principle to our own support; this is our first one.

In summary, then, safety is an essential aspect of any supportive relationship. If someone doesn't feel safe, our support will not enable them to build trust or be empowered or any of those other good things that we want to develop. Safety can mean different things for different people and we're not trauma professionals. However, we can be trauma aware and invest time in finding out what a person needs to feel safe, not assume that we already know. So, if you do nothing else, ask the person you are supporting what they need to feel safe during support.

[Trust]

The second principle we will consider is trust. In this section, we'll consider the importance of clarity in building trust, and what can happen if this clarity is absent. We'll think about reliability and consistency. And we'll also look at a case study in breakout rooms. We've got two different case studies that you can choose between in this section. One is related

to working with children and one with adults. Please can you indicate to the co-host which scenario you would like to consider by typing 'child', 'adult' or 'either' into the chat now so they can assign the groups?

Remember from part one, a consistent, supportive relationship with just one adult is a resilience resource that can have a significant positive impact on a child's life and reduce the impact of ACEs. Abuse that happens at any age breaks trust, and can make it difficult for someone to trust others in the future.

When we're supporting someone who has experienced harm and abuse, we need to avoid over-promising or taking it upon ourselves to solve their situation. Instead, we need to be trustworthy, reliable presence walking with them as they journey. And of course, only if they choose for us to do that. As this quote says: "You can't fix this and make it go away. I don't want to be fixed. Just sit with me. And let me know that I'm not alone."

That quote comes from 'Letters from the Experts', a training resource produced by the University of Bedfordshire as part of a listening and advocacy project for young victim-survivors of sexual violence. The group co-produced a suite of really helpful resources for adults wishing to support young people with similar experiences.

We've all heard, and probably said, well intentioned things like the statements we can see on the screen just now. However, if we want to build a relationship of trust with someone whose trust has been broken in the past, we need to avoid them. So how are these statements problematic?

Let's take that first one: "Call me any time." It's unlikely that we actually mean *anytime*. There will be times when you can't answer, times when you need to sleep, etc., so be clear from the beginning. We are also unlikely to be someone's ideal port of call in an emergency. Equipping people with the appropriate numbers to call if they're in crisis, for example the Samaritans helpline, can be an important way to support them, rather than over promising what we can do ourselves.

Let's consider the next one, "I'm here for whatever you need." And so, similarly to the last one, we are unlikely to be able to provide whatever someone needs, so be clear about the boundaries. We can signpost and support people to connect with other agencies. This is much better than overpromising or working beyond our capabilities.

If we try to support beyond what is sustainable, at some time, we'll have to pull back. And this can leave someone feeling let down or abandoned, which can break trust, it's easier to build up support than reduce it.

Then that final statement, “I’ll be in touch again soon.” This is problematic because what I mean by soon and what you mean might be two different things. Something like “I’ll be in touch again on Friday morning, if that suits you?” would be a much more helpful thing to say as it enables the person to know what to expect. And, when you do get in touch on Friday morning, it will be an indication that you are trustworthy.

So those are things to avoid, but what positive steps can we take?

If supporting victim-survivors is a distinct part of your role, it's especially important that you have clear policies and procedures detailing what support involves so that people accessing it know what to expect.

Scotland's Trauma Informed Practice toolkit summarises the principle of trustworthiness as: “Transparency exists in an organisation's policies and procedures with the objective of building trust among staff, clients and the wider community.”

This is important because all abuse involves a misuse of power. A person who's experienced abuse has been on the receiving end of someone else's negative actions. We have power in our supportive relationships whether we realise it or not, whether we want it or not.

If we're unreliable in the support that we offer, this can have a damaging effect and add to the person's pain, rather than making it better, but

some simple steps can build trust. For example, we can explain any processes that are happening. If you are supporting someone whose disclosure of abuse has been referred externally, let them know who their information has been passed on to and why and what the next steps might be. Arrange regular updates, even if what you have to say in a particular update is that there's nothing new to report.

Really basic things like turning up on time for meetings and phoning when you said you'd phone can have a powerful positive impact.

Similarly, if you offer to research or contact other agencies with specialist knowledge, then make sure you remember to do this. If there's a set structure for a group activity, then we can stick to it. We can build trust by saying what we mean and then doing it.

Consistency is the next thing. Consistency is important both in terms of offering support in a fair and predictable way, and also providing support through the same person or small group of people. If staff and volunteers change all the time, this can be unsettling. If support through multiple people means someone has to recount their experience over and over again to every new person, it can even re-traumatise them.

And then finally, attachment. Attachment has got a couple of meanings in this context, and both of them are relevant.

The first one is related to how babies and very young children learn about relationships through their early experiences of their caregivers.

Prior and Glaser say that the first two years of a child's life are the most critical for forming attachments. During this period, children develop an internal working model that shapes the way they view relationships and operate socially. This can affect their sense of trust in others, their self-worth and their confidence interacting with others.

Children who have attachment issues can have difficulty forming healthy relationships when they grow up. This may be because their experiences have taught them to believe that other people are unreliable, or untrustworthy. And that's from Bowlby.

If we, or someone we are supporting didn't have the opportunity to develop secure attachments in early childhood, then there may be additional barriers to creating trusting relationships later in life. Don't be offended if somebody struggles to trust you, or needs multiple demonstrations of your trustworthiness.

The second consideration around attachment is more general. It's about acknowledging we are relational beings, we form bonds, and this is a good thing. However, in a supportive relationship with someone who's experienced trauma, we need to be intentional that our bonds are

healthy. We want to avoid co-dependence, or an all-consuming or inappropriate attachment.

If this support relationship is time bound, then we need to be particularly mindful of this so that neither of us feels bereft or abandoned when that time comes to an end. Preparing for endings and ending well is important. Not all of our supportive relationships are time bound, but if you're working in a particular role that might be relevant for you.

Okay, so we're going to go into two different breakout rooms for our scenarios now. We'll have some people considering Shona's scenario and some people considering Obi's. In both groups, you will discuss the challenges faced by these individuals and what support we could offer. The exact wording of the questions is in your handbook alongside the scenario text.

You'll have six minutes and then a one minute countdown timer at the end to indicate your need to bring your discussions to a close. The system will automatically bring you back into the main group at the end. Please can you nominate someone to give feedback on your return?

Here is Shona's situation: Shona is eight years old. She has been in a long-term foster placement with the same family since being removed from her birth family when she was two.

She has been having supervised contact with her birth mother over the last six years, but these meetings have become more inconsistent recently. She is due to move up to the next age of your kids' club in a few weeks' time.

Just as a reminder, our questions are, what challenges might this pose for Shona and what support could you offer?

There're a number of challenges, aren't there? Firstly, just the change to familiarity and routine. This change could be disruptive, and depending on other aspects of Shona's experiences and needs, potentially distressing.

Does a change of group mean separation from friends? Does a change of group mean separation from trusted adults? Does it mean a change of physical environment? As in, are the groups in different rooms or different buildings?

How does Shona feel about moving up? Is she happy and excited? Or she nervous and upset? Does she even know that this is on the horizon?

Are you aware if she has any separation or attachment anxiety? There's no information here about why Shona was removed from her birth family. Shona will have experienced ACEs and potentially insecure attachment. She may have an abundance of resilience resources, that mean this

change will have little impact on her. But, when we have an awareness of her experiences and background, we can prepare and be intentional to put things in place to just make this transition easier.

I think it's good to highlight here that there's a common misconception that if a child experienced trauma before they were able to form conscious memories, then this doesn't have an impact on them.

However, this isn't the case. If there's a child in your activities who has no conscious memories of harm, we should still make sure we have trauma aware principles in place, since research tells us that the impacts of trauma can be significant, even without a memory of the events.

So, what support could you offer? Start by considering what you already know about Shona - her needs, her strengths, her character, her experiences. Keep these things in mind when we're offering support.

Does this move need to happen now? What are the pros and cons?

Start with what Shona wants and work from there. Does Shona have friends or siblings in the next group? Is there a trusted adult who might move up with Shona, so she's got that consistency?

Could she visit the new group a few times before transitioning?

Could you create a buddy system with a couple of children in the next group, so she's got connections and friends there?

Has she had a chance to ask questions and find out about activities and routines? Do you have a welcome pack that she could take home and discuss with her family? And can we ask her what would help her feel safe and comfortable?

Okay, let's move on to our second scenario, which concerns Obi. Obi is 35 years old. He has recently returned to live in your area and to the church he attended as a child. After he'd been at church for a couple of weeks, he spoke to the safeguarding lead and disclosed that, 20 years ago, he was emotionally and physically abused by one of the leaders who used to be involved in children's work. This person is no longer working directly with children but is now one of your trustees. The safeguarding lead supported Obi to report to the police and the investigation is ongoing. The trustee has been stepped down and the safeguarding process is being followed. The church have appointed you as a support person for Obi.

Our questions to consider for Obi are: What barriers to trust might Obi have and how can we support him?

So firstly, we've got this association with people and a place where he experienced abuse. We've got the fact that he wasn't kept safe as a child. There's that disconnect between a church that preaches love and

his own experience of harm. In addition, the person who abused him is still there and in leadership.

He might question the impact that power dynamics and relationships within the church will have on the safeguarding process. He might be concerned you will share things he tells you as others. We would want to know if he understands the safeguarding process and what this means for him.

And does he know you? How have you been appointed to support him? Does he understand your role and what that means? Offering that clarity can help.

So, how can we support Obi with the principles of safety and trust in mind?

First of all, clearly explain who you are, and what your role is and what your role isn't, and the boundaries of confidentiality.

Find out what Obi wants to happen. Does he want a support person from the church? If not, we could signpost him to an external place to be supported. For example, there's an organisation called 'Replenished', a charity that supports those who have experienced abuse and trauma and faith communities.

If Obi does want your support, how would that feel safe and comfortable? What boundaries do you both have on your time? What forms of contact are okay? Where could you meet? Be clear at the beginning. Make arrangements that are realistic and time specific and stick with those.

Will the support always come through you or is there someone else in the team who may be involved? Try and limit the number of people to maintain consistency. We want to recognise Obi as the expert and take our lead from him, within the remit of our role.

Be mindful of Obi's spiritual safety and wellbeing. If he wants to pray with you, this can be a restorative aspect of our support, but it should be at his request and provide an open space for him to connect with God in any way he needs. Prayer and other aspects of faith can sometimes be used to manipulate a person's feelings or outlook, even by those with good intentions. We might feel that Obi would be better off if he could come to a place of peace about what happened to him, but we can't force that, and it could be harmful and break trust to try. Being a safe place for him to express any anger, bitterness, hurt and doubt that he has without rejecting him is a better way to support him.

Now, as we finish our section on trust, we have our second 'If you do nothing else' slide: If you do nothing else, set clear and realistic expectations and honour them.

Abuse and trauma can make it difficult to trust other people. We need to be mindful of expectations, both our own and those of the person we are supporting. Remember the quote from the beginning: "You can't fix this or make it go away." Try not to overestimate what you can give as someone in a support role or make promises that are unrealistic or unsustainable. This can lead to you becoming discouraged and the person you're supporting feeling let down or perhaps worse.

However, when we are consistent, clear and reliable, we can help to build trust and provide a safe support relationship that can empower a person to take the next step.

Now it's time for our second break. Take five minutes away from your screens and I'll see you soon.

[Choice]

Okay, in this short module, we consider how enabling victim- survivors to voice and exercise meaningful choice can reinforce safety and trust and move towards collaboration, and empowerment.

Experiences such as oppression, modern day slavery, exploitation and abuse are marked by a lack of dignity to choose what happens to your body and your life. Exercising meaningful choice is an important part of recovery from trauma. Without it, our support can be paternalistic, and disempowering.

I'd love to hear from you again now. What meaningful choices can we offer the people we're supporting in our context? And what impact might this have?

This might be choice over who provides support. It could be about communication preferences, so does someone prefer to have conversations verbally, or do they find it easier to communicate through writing, or sending emails, drawing, texts etc. Is their first language British Sign Language, or another language, and does that mean we might need an interpreter to facilitate our conversations?

What is their preference in terms of time and frequency of communication? We want to avoid assuming that we know the ideal frequency. If there's flexibility in that, then let the person choose.

Similarly with the length and the format of interactions, places to meet and the content and pace of discussions. A person that shouldn't have to talk about their traumatic experience when they don't want to.

We might have a set idea in our minds of what our conversation is going to look like when we meet somebody under the banner of support, but they might really value just talking about the weather. Talking about what they did at the weekend, interests, TV shows etc. is not wasted time. If that conversation hasn't moved on to their traumatic experience that's absolutely fine, you're building connections. Sometimes a person who is living with trauma just needs the freedom of time away from difficult thoughts. The relationship you build will help them to realise that you are safe and trustworthy person to talk to.

When someone tells you about abuse, or any other safeguarding concerns, it is important that you pass this information on to your safeguarding lead. However, for some adults there may be a choice about whether to report their abuse outside your organisation.

What other considerations should we have around choice? Trauma specialist Dr. Karen Triesman often uses this phrase in her training, she says 'brains in pain struggle to learn'. She's referring to the fact that dealing with trauma takes up a lot of energy and mental capacity.

Bombarding someone with a lot of arbitrary choices can be unhelpful and overwhelming, rather than empowering.

For example, imagine we're trying to arrange a first meeting for support.

I say to you, "Where should we meet? We could go to Costa, or we

could go to Starbucks, or Cafe Nero or that new café in the high street, or the one at the church on the corner, or Wetherspoons? And shall we have coffee and cake? Or should we have lunch? Or maybe just a drink? It's totally up to you." Exhausting, right?! Can you think of a more helpful way to offer a choice of location?

We also want choices to be real. Avoid presenting something as choice when it isn't really. I wonder how many of you have said this as parents, or heard this as children? "Would you like to wash your hands before dinner?" Do we mean that it's optional?! A simple change in this situation can create a genuine choice. "Do you want to wash your hands here in the kitchen with me or in the bathroom?" If we are giving someone choice, there must be more than one option that is acceptable and viable, or otherwise that offer is dishonest.

And choices should be meaningful. Giving the person we're supporting choice about times and places to meet, what to eat or drink is good and right. In fact, if the person has experienced control and coercion as part of abuse exercising these simple choices can be really powerful.

However, it shouldn't stop there.

We want to encourage someone to make meaningful choices about their life, their future and the next steps to take to support themselves.

Empowerment is a key part of supporting victim-survivors, and we'll explore this in more detail shortly.

Some aspects of safeguarding and other systems, for example, the justice system, don't allow for choice or choices may be limited. If you're supporting someone in prison, for example, they'll be operating within an environment with very limited choices. If a child discloses abuse or a situation means that others are at risk of significant harm, there is no choice but to report. In situations like this, then clarity and honesty are important. There may be other ways that the person can be empowered, and some form of choice might be possible. For example, would they like support when they report and, if so, then who from?

So 'if you do nothing else' - enable someone to exercise meaningful choice through your support. Incidents of abuse and trauma take away somebody's agency, their ability to control what's happening to them. This is why choice is such an important part of any work with victim-survivors. Sometimes safeguarding, and the support mechanisms that we offer, can inadvertently mirror the dynamics of abuse, and cause a person to feel like they're on a train that they just can't get off.

Giving choice shows that we recognise a person's humanity, that they are individual, valuable, and they have their own mind.

Choice could be as simple as asking a child if they would like juice or water or what cup they would like to use when they come to our group. If we're intentional in giving the person we're supporting ownership of, and choice about, the support we offer, we can ensure that they stay in control their own journey.

[Collaboration]

And that brings us on to collaboration - truly listening to and working with someone, rather than assuming that we know what they need or making them the passive recipients of our support.

In this section, we're going to look at a case scenario, identify why active listening is essential, consider power dynamics and reflect on co-production.

Here is our scenario. It is about Elis. And I'd like us to consider the following four questions: What do you notice about Elis's behaviour? What explanations might there be for what you notice? What might the consequences be if you don't address this (for yourself, for Elis and for the group as a whole)? And what might collaboration look like in this situation?

Elis is 22 and has joined your latest cohort for your young leaders training programme. When he came for interview, he was enthusiastic

and made a good impression. Last night was the first session with this new group. Elis sat at the back and appeared to be looking at his phone through most of the introduction. When the first group task began, he started to vape. You went over and asked him to wait until breaktime, but he carried on. When one of the other people in the group challenged him, he stood up and shouted, "Who do you think you're talking to?!", pushed the table and walked out.

What do you notice about Elis's behaviour? We've got a change from his presentation at the interview. Here in the session, he appears to be disengaged, looking at his phone. Then he started vaping and displayed an aggressive response to challenge.

What explanations might there be for this?

You might remember from foundational safeguarding training that when we notice a change in someone's behaviour, we should be curious about it. With Elis, we've got a contrast between his presentation at interview and now, so what's happened?

Is Elis under extreme stress? Is he waiting for urgent messages on his phone? Is he vaping to cope with anxiety?

Does he have social anxiety? Is he uncomfortable in a learning environment? Are we seeing defence mechanisms? Is he modelling learned behaviour?

Is something in the environment or situation triggering a trauma response? Could he be in recovery from addiction? Is what we're seeing an unhealthy way of exerting power on his behalf?

What might the consequences be if you don't address this? Think about consequences for everyone involved. For everyone in our group, we're going to have unclear boundaries and expectations which can create an insecure learning environment.

The aggression and an unhealthy challenge can create unhealthy group dynamics. There could be fear and intimidation. There's a lack of respect, there could be power struggles which make the environment uncomfortable.

For Elis himself, there's risk of rejection by his peers or maybe being asked to leave the course altogether, which might limit his opportunities.

So, what might collaboration look like in this situation?

We want to arrange a time to talk and listen to Elis in a way that feels safe for both of you. We want to be curious, not judgmental. Being

trauma aware means a shift in our response and thinking towards 'What's happened to you?' rather than 'What's wrong with you?'.

We can frame questions in an open way, avoiding hostile or accusatory language. This is very different, though, from letting unhealthy behaviour persist or not addressing it. We're going to maintain clarity and clear boundaries, which are vital for creating a safe environment.

Find out what would make Elis feel safe and able to engage.

With the whole group, including Elis, co-produce ground rules for group sessions. As leaders, be prepared to make safe changes to our own presumptions or expectations. For example, vaping might be completely acceptable for the whole group, or the group might agree not to do it in the main room, but people can go outside whenever needed, rather than wait for a designated break time.

When can phones be used within a session? Are there any exceptions to this? Are there things that are never acceptable?

Encourage the group to include things that they want to embrace and develop and so include positive, proactive ground rules, rather than a list of 'do not's'.

You might be thinking, well, we don't know whether Elis's behaviour has got anything to do with trauma at all. Exactly - we don't know. Trauma

awareness involves understanding that trauma is prevalent and therefore we have a curious, rather than a judgmental, response to unexpected behaviour. The principles of collaboration outlined above will be helpful and productive, whether trauma is involved or not.

We'll look briefly now at a practical skill that is helpful throughout any supportive relationship but is particularly key to collaboration - active listening. If we are going to truly work *with* somebody and develop connection and understanding, listening is essential. What are any key elements of active listening that you're aware of? Please unmute or type into the chat.

Active listening involves being fully present, putting your phone away, minimising distractions. Eye contact signals that you're engaged with the person you're speaking to. Comfortable eye contact varies from person to person. For people with some forms of neurodiversity, sustained eye contact can be particularly uncomfortable. We don't want to end up staring at somebody! Some studies suggest eye contact for 50 to 70% of the time is a good benchmark, but we don't need to get a timer out.

Be aware of nonverbal cues, both your own and the person you are speaking to. Someone's body language, pace of speech, etc, can tell us how a person is feeling. When we're listening, try to engage with open

body language, which will signal listening and empathy. This means we'd avoid sitting with our arms folded, sighing or looking at our watch.

We can ask open ended, clarifying questions rather than closed, leading or interrogating ones. Reflecting back what we've heard shows we have been listening. Be patient, withhold judgment, avoid assumptions and don't rush to fill silences.

Active listening is an important element of collaboration. If we don't listen to the person we're supporting, then we risk making assumptions about what they need, how to support them, and the meaning of certain behaviours.

At best, this means that our support won't be as effective as it could be. But at worst, we could compound the experience of powerlessness that is a part of abuse and trauma.

A final thought around collaboration concerns collaboration and power. The charity 'Survivors Voices' has published a charter for organisations who want to engage with survivors of abuse as part of their work. There is a link to this in your handbook, and I commend it to you. A key motivator for the creation of this charter is summarised in this quote, "All work with all people affected by abuse and trauma needs to look unlike, and be the opposite of, abuse. Otherwise, it can inadvertently replicate the dynamics of abuse and cause harm."

When someone experiences abuse or another traumatic event, their power is taken away. We don't want our offer of support to add to this experience.

There are many ways in which we might hold power in our supportive relationship. Someone might have come to us for support because we hold a level of expertise in an area in which they have need. For example, we might work for an organisation that supports those with specific experiences. For example, we might be part of a modern slavery charity or work for a domestic abuse helpline.

We might hold a recognised role within a trusted organisation, as a church pastor, safeguarding lead or support worker, for example.

We might have power because we're an adult supporting a child.

We might hold power because of other aspects of our social identity that gives us greater access to things, for example our class, our first language, ability, ethnicity or gender.

We need to have an awareness of power dynamics so we can intentionally work towards a more balanced distribution and put power back into the hands of the person we are supporting.

It's important that we recognise the victim-survivor as the true expert in our support relationship. We might have expertise that the person we are

supporting needs, but victim-survivors are the experts in their own lives and experiences. For example, they know how they feel, we don't. They know what 'safe' means for them, we don't. We might know more about what choices are available for further support, but they will know which option best fits their personality, capacity, life circumstances etc.

In terms of collaboration, 'if you do nothing else' - listen and collaborate, don't assume that we know best. For all of us participating in this training, the ways we are supporting victim-survivors will be different.

However, we always aim to avoid support that is 'done to' someone, with the victim-survivor as passive recipient. This might mean co-producing an agreement for how you will work together, seeking regular feedback and making responsive changes. We want to truly collaborate with the person we are supporting - bringing our respective skills, capacity and expertise to co-produce a framework of support that is safe and trustworthy and enables choice and empowerment. When someone has ownership over their support pathway, support can be an empowering process. This is the final principle that we will consider next.

[Empowerment]

In our final section, we will consider the principle of empowerment. We will explore this through our last case scenario, consider the importance

of control and agency and the opportunity to build skills. We will finish with a final reflection on truth and justice.

We're now going to listen to Joyce's scenario and answer some questions together. While you are listening, think about: What would be an unhelpful way to respond to Joyce? What would be helpful? What would be empowering?

Joyce is 64 years old. She has been coming to your community group for a couple of months. Yesterday, she stayed after everyone else had left and said she's been wanting to tell you something for a while now. She tells you that when she was a child her stepfather sexually abused her for 5 years. He died recently and it's brought a lot of memories back and she's having trouble sleeping. Sometimes she loses track of time and will burst into tears without warning. She doesn't know what to do.

So, what would we NOT want to do for Joyce? What would be unhelpful ways to respond? I think the worst thing would be not listening – carrying on tidying up or looking at the clock while Joyce is talking to us. Other unhelpful responses would be: Acting with shock or disgust or, conversely, trivialising her experience - telling her she needs to put it in the past, forgive and forget or move on etc. Implying that you don't believe her would be really damaging. You might wonder why she didn't tell you sooner, but it wouldn't be helpful to ask her this. She is telling

you now. It is very common for victim-survivors, particularly of sexual abuse, not to talk about their experiences for many years and sometimes never.

Asking her for details of the abuse is inappropriate and could re-traumatise Joyce by making her relive her experiences in detail.

Saying you know just how she feels because something similar happened to you or someone you know may feel like a way of making connection or showing empathy, but now is not the appropriate time. We can't know how she feels, only how we felt when we had a similar experience.

It's important to avoid treating Joyce differently than you did before – loss of respect and dignity, the fear of being thought of as fragile or broken, or being defined by the abuse can sometimes prevent victim-survivors from telling their stories.

A big display of emotion on your part or unasked for physical contact would be unhelpful. This doesn't mean you can't be moved, or feel like you have to sit there like a statue, but Joyce's needs and emotions need to take precedence in this situation, not ours.

Finally, telling others in the community group what Joyce has told you – unless she expressly asks you to - is not ok. We may need to tell our

safeguarding lead but keeping appropriate confidentiality is key to providing safe, empowering support.

So, what would be helpful? Listening actively and being present with Joyce is a powerful way to support her. Respond calmly but genuinely. Thank her for telling you, acknowledge the bravery of doing so and affirm her.

And now what would not only be helpful but also empowering?

Importantly, we want to ask Joyce what she would like to happen next.

Would she like to report her abuse to the police? This is still possible when the perpetrator is dead, and may be an important step for some victim-survivors. Ask if she has ideas or preferences about other means of support. Would she like your help finding out about these or contacting other services, for example, counselling, her GP, local or national support groups, websites etc.

Offer to talk again if she would find this helpful- let her suggest when, where and how she would like to do this.

Reassure her that you are there to support her but that the journey is hers; you will not take her information out of her hands, share it where she doesn't want it shared, press her for details or talk about this again unless she chooses to.

If there are things you have to share in your organisation or externally, be clear with the victim-survivor about this. Empower through information, build trust through clarity, give choice and collaborate where possible. In Joyce's situation the perpetrator is dead and so no longer a risk of harm to others. However, if he had been a leader in a community, for example, there may be a need to pass this information on to their safeguarding lead for record keeping. Similarly, if you are worried that Joyce needs safeguarding, talk to your safeguarding lead.

We will now consider three important aspects of empowerment: Control and agency; building skills and amplifying voices.

Abuse and trauma take away a person's control and agency. Our support should do the opposite. It should be on that person's terms and be for their good, not to serve us or our organisation's agenda or feel like they have no autonomy in what happens with their story.

Part of empowering support could be signposting and enabling access to opportunities to build skills that a person has not had the opportunity to develop before, especially ones which give control and agency. For example, language skills for refugees and asylum seekers, budgeting skills for someone whose finances have been controlled or young people leaving care, parenting skills, college courses, computer skills, strategies for dealing with anxiety or anything else that would enhance that

person's life. We might envision our support involving listening to someone talk about their experiences but what they might value more is us looking after their toddler for an hour a week while they join a webinar – if this is within our capacity and remit, we should take our lead from them.

If we work with victim-survivors, how do we ensure they can speak into our work- influence policy and practice, co-produce resources and help make our support as empowering as possible? There are a variety of ways to do this, from anonymous feedback surveys or suggestion boxes, to focus groups and recruiting lived-experience experts on to teams or for specific projects.

Our final thought is around truth and justice. In her book 'Truth and Repair: How Trauma Survivors Envision Justice' Judith Herman writes: "...Every survivor with whom I have ever worked, has wished above all for acknowledgement and vindication. Survivors want the truth to be recognised and the crime to be denounced by those in their communities who matter to them."

What might justice involve for the people we are supporting in our communities? It could mean legal justice – that a perpetrator is prosecuted, stands trial and receives a prison sentence or other formal

consequences for their actions. Also removing barriers and ensuring equity of access to legal processes for victim-survivors.

If abuse happened in our organisations, it could involve ensuring there is a platform for victim-survivors to be heard and commitment to action as a result, including removing someone from a position of power, a sincere apology, public accountability and a tangible commitment to culture change.

It could be about community witness – standing with someone and acknowledging that what they experienced was wrong, that we believe them and value them.

It could involve financial redress or other ongoing support, both professional and pastoral or community-based. Redress schemes seek to take responsibility and meet some of the financial burdens that a victim-survivor may carry on their journey because of their experience.

No amount of money can undo the harm caused by abuse but acknowledging that there is a cost can be an important element of seeking justice.

There could be changes to policy and practice to ensure that patterns aren't repeated, investment in training and a willingness to listen and learn through reflective practice.

Later in the same book quoted earlier, Herman writes: “Survivors’ visions of justice combine retributive and restorative elements in the service of healing a damaged relationship, not primarily between the victims and offenders but rather between victims and the bystanders in their communities. In other words, survivors’ justice demands that when a person has been harmed, the first duty of the moral community is to support and care for them. When the community embraces the survivor, justice is served.” I’d encourage you to reflect on this question after the course: What would it mean for your community to embrace victim-survivors? How would this serve justice?

So, for our final ‘if you do nothing else’, we want to offer support that gives control, voice and agency to victim-survivors. Our support can be restorative when it is empowering and reverses the dynamics of abuse.

Let’s review our learning journey for this webinar. In part one, we explored ACEs and T/trauma in order to increase our understanding of how these experiences can have an impact on the people we are supporting and ourselves too.

In part two, we used the principles of safety, trust, choice, collaboration and empowerment to think through how we can support in ways that avoid causing further harm and instead seek to empower and restore.

As we draw to a close now, we'd like you to pause and take a moment to consider what you have learned and how you can apply this to the support you offer moving forward.

Thank you for your participation in this Supporting Victim-Survivors training. We would really value your honest feedback, please complete the form and help us equip, empower and encourage more delegates in the future. Thank you.