

Caring for those who care: **Supporting survivor-practitioners in the workplace**

Best-practice guidance for supporting practitioners with lived experience of sexual harm

SOUTH LONDON CSA SUPPORT SERVICES

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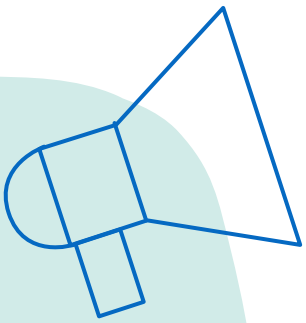
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Foreword

Welcome to this Best-Practice Guidance for Supporting Practitioners with Lived Experience of Sexual Harm. This guide is aimed at managers, practitioners and volunteers from therapy and support services, the voluntary sector, social care and related sector services. This guide has been produced by the South London CSA Services as one of a series of resources, and is part of NHS England's 'Enhancing sexual abuse pathway for CYP in South London'. Other resources in this series include a Guide to Running Groups and a series of resources for children and their caregivers.

The South London CSA Services resources are available for all professionals working in the field of CSA. The 'Enhancing Sexual Abuse Pathway for CYP in South London' programme, commissioned by NHS England, set out to create a collaborative partnership of CSA service providers in South London; with the aim of increasing reporting of CSA and to create equity of access and consistency of CSA support services across South London, delivered in line with the Child House model.

About this guide

This guide is designed to encourage and support organisations to adopt best practice approaches to supporting practitioners with lived experience of sexual harm. Shaped by the voices of over 60 survivors-practitioners, the guide outlines recommendations to improve what and how support is provided by organisations and accessed by practitioners with lived experience; with practical tools for practitioners and their managers.

Acknowledgements

With thanks to Isabela Avalos and Abibatu Samura, from London Survivors Gateway situated in Women and Girls Network; Beth Kelly, an independent practitioner; and Emma Harewood, Harewood Consultancy on behalf of NHS England (London), for creating this best practice guidance. This project was made possible by NHS England (London) funding from the 'Enhancing Sexual Abuse Pathway for CYP in South London' programme.

We extend our immense gratitude to over 60 individuals from across specialist sexual violence services, charity, voluntary and community sectors, statutory mental health and other NHS services, local authority children's services, the police; for their invaluable contributions as research participants. Through their participation they made a significant and meaningful impact on us and this guide. Their voices, insights, experiences and ideas have shaped the content and context of this guide, inspired the best practice recommendations here, and galvanised our collective hope that this is the beginning of change in how we care for those who care.

Language

The language used in this guide is reflective of the language used by the practitioners with lived experience of sexual violence, abuse, and harm. We recognise this is not the language everyone uses and it should not take away from how those with lived experience self-identify or the language that would be most effective within your organisations to implement this guidance.

Survivor (instead of Victim)
'Victim' and 'Survivor' are terms used interchangeably to refer to someone who has experienced sexual violence, abuse, or harm. 'Victim' is commonly used for people in the criminal justice system. We choose to use 'survivor' to acknowledge that someone has survived sexual harm, regardless of where they are on their healing or recovery journey, as an inclusive term for all survivor-victims.

Survivor-Practitioners
Employees and volunteers who have lived experience of sexual violence, abuse, and harm and are working in sectors that support survivors of sexual violence, abuse, and harm. Throughout the guide, we use the term "practitioner" to encompass all staff, volunteers, and managers. We recognise that managers can also be survivor-practitioners themselves, navigating their own relationship with their lived experience whilst supporting staff and volunteers working in related sectors.

Survivor-Service-Users
People accessing support from services related to their lived experience of sexual violence, abuse, and harm.

Lived Experience
Someone who has knowledge through their own first-hand direct experience and perspective; due to their identity or life experiences. In this guide, we are referring to people who have lived-experience of sexual violence, abuse, and harm.

Sexual Violence, Abuse, and Harm
An umbrella term for any unwanted behaviour of a sexual nature without consent; both recent or non-recent. We understand some may not identify their experience of unwanted sexual behaviour as "violent". Throughout the guide, we refer to "sexual abuse" or "sexual harm" to be more inclusive of differing experiences of sexual violence.

Child Sexual Abuse (CSA)
Any kind of sexual activity that happens to children and young people (CYP) under the age of 18 through pressurising, inviting, persuading, manipulating, or forcing them to engage in sexual activity in person or online. CYP may or may not understand or be aware of what is happening to them.

Research Participants
60+ practitioners who helped co-produce this guide through their participation in the surveys, workshops, and interviews.

Related Sectors
The sectors that support children, young people, and adults who are survivors; including specialist sexual violence services, charity and voluntary services, local authorities, NHS, police, education and any other sectors that provide support or care.

Vicarious Trauma
A shift in an individual's world view or attitude as a result of being exposed to someone else's trauma. This commonly happens to practitioners who empathetically engage with people who have experienced trauma and feel affected by this.

Secondary Trauma
Witnessing/hearing someone else's trauma, which can cause the individual to experience trauma responses within themselves.

Re-traumatisation
To re-experience or relive a past traumatic event.

Trauma-Informed Care/Practice
An approach adopted by services and professionals that ensures practice is rooted in an understanding of how trauma impacts people.

Volunteers
Volunteers make up a substantial portion of the front-line roles within the sector and are often met with first disclosures of sexual violence and risk. We acknowledge they often do not receive the same support as paid staff.

Overview

This guide is designed to encourage and support organisations to adopt best practice approaches to supporting practitioners with lived experience of sexual harm.

The best practice approaches throughout this guide have been informed by over 60 individual survivor-practitioners, managers, and service-leads from across related sectors, who shared their experiences of coping in workplaces where their lived experience has created personal and professional challenges. They disclosed experiencing vicarious trauma, secondary trauma, and re-traumatisation as impacts of working within trauma support services and felt they could have been better supported. This guide is punctuated with direct quotes from research participants to amplify their insightful and impactful voices.

Purpose

The purpose of this guide is to...

- ✓ Demonstrate the importance of supporting practitioners with lived experiences and their managers
- ✓ Emphasise the need for this to be achieved at an organisational- and sector-level
- ✓ Ensure an understanding that provision must not be dependent on disclosure
- ✓ Outline how this could be achieved
- ✓ Provide practical tools that can help

The guide aims to start conversations about how this can improve by outlining recommendations for survivor-practitioners, their employers, their organisations and the sector as a whole; with practical tools to help facilitate these conversations.

While the guide was created to improve workplace support for practitioners with lived experience of sexual harm, many of the recommendations contained within this guidance would be of benefit to practitioners more widely. We recognise that practitioners may be survivors of other forms of harm including racism, domestic violence, ableism, transphobia, and homophobia. Practitioners may also be the parents, caregivers, partners, or other loved ones of survivors. And they may experience vicarious and secondary trauma in this work with or without their own lived experience of sexual harm.



Time for change:

Over two-thirds of practitioners are survivors too

Employing organisations benefit from the strength, resilience and fierce advocacy that survivors of sexual harm bring to their roles; as well as their insight, empathy and emotional awareness. In our research, managers estimated survivor-practitioners make up 60-100% of their workforce in the sector.

Yet, survivor-practitioners have often coped with the impact of their lived experience within their own support structures, personal time, and using their own resources - because the nuances of their support needs are not fully understood, acknowledged, or accommodated.

Amplifying survivor-practitioner voices

While creating this guide, over 60 survivor-practitioners and managers were consulted across surveys, workshops and interviews. We heard that personal lived experience and/or the lived experience of a loved one is often motivation for entering into their roles. They shared a profound desire to make things better for other survivors, despite and because of their own lived experiences.

Across our sector services, it is widely recognised and expected that amplifying service users voices, empowering them to guide their own support and continuously incorporating their feedback; can ensure that services consistently improve and become more accessible. Our guide seeks to use the voices of survivor-practitioners and managers to make improvements in this way, respecting their unique insights and the need for these to contribute to change.

The sector is constantly evolving its understanding of trauma-informed care. A trauma-informed approach is essential within organisations to meet the support needs of the survivors employed as practitioners or managers, or contributing as volunteers.

Important Disclaimer:

This guide is not an exhaustive or prescriptive list of recommendations employers should implement to best support their staff and volunteers with lived experience of sexual violence, abuse, and harm; but serves as a conversation starter within your organisation. Continuous and collaborative dialogue between employers, decision makers, survivor-practitioners and managers is required to tackle implementation barriers, and find creative, tailored solutions.

Our research with over 60 professionals and volunteers working in the sector demonstrated a lack of adequate support, resources or understanding from their employers to do their jobs to the best of their ability. Often this leads to burnout, time off sick or away from work, trauma symptoms, leaving roles and leaving the support sector altogether.

It is possible to change this - with better understanding about how lived experience of sexual harm and/or secondary trauma can show up at work, organisations can prevent these destructive and disruptive cycles from persisting in the sector.

> **"Some of the best and most trusted staff and volunteers I have managed are survivors. Most of the staff with lived experiences are on their own healing journey. Although it isn't linear, they are more able to see the hopefulness of recovery. That hope is something they can use to connect with other survivors. It also means they have a greater sense of 'trusting the process' of healing and recovery, which contributes to a more resilient workforce."**

What survivor-practitioners need

Our research participants emphasised a number of key considerations that impacted on their ability to access support in the workplace.



Choice about disclosure

Survivors of sexual harm often encounter significant barriers when trying to access support, including the fear of judgement or stigma. This is magnified in the workplace, where job security can be impacted by perceptions of competency, capability and capacity. Consulted managers named this as one of the primary reasons they believe their staff and volunteers delay or avoid asking for the help they deserve, even in instances where this support is available. Survivor-practitioners may also prefer to keep their personal and professional lives as separate as possible, and so disclosing lived experience of sexual harm in the workplace can feel unsafe and/or uncomfortable.

However, our research found it was frequently the case that survivor-practitioners felt forced to name their lived experience in order to access support in the workplace, feeling like doing so was essential to justify the need for support. One research participant shared "saying you need support feels like it is not enough unless you disclose." Organisations should reflect on what this means for those who feel able to disclose and those who are excluded from support because of this barrier. This dynamic also impacts intersectional inclusivity, as the ability to disclose may vary greatly based on age, length of service, race, cultural background, immigration, disability, and socio-economic status. Ultimately, it is in the best interest of survivor-practitioners, and by extension, organisations, for support to be accessible without the need for disclosure.



Confidentiality

> **"Saying you need support feels like it is not enough unless you disclose."**

Maintaining confidentiality was a key concern for research participants around making disclosures and engaging with organisational support. They named this as a reason for reluctance in sharing lived experience and related impacts, as they weren't confident about who would then be made aware of this information. The survivor-practitioner should be given a clear understanding of what happens if they disclose their lived experience of sexual harm or disclose that they are currently at risk of harm, so they feel safe and comfortable to do so. It is important that the survivor-practitioner can make an informed choice about what they share, are aware of who needs to know, and have control over the support options they choose to access.

For example, it may be agreed between a survivor-practitioner and their line manager that they may need to access wellbeing leave following a disclosure. The details of why the survivor-practitioner is taking leave must be kept confidential to only those who need to know details around this leave. After a new manager or mental health ally is in post, explicit consent should be sought to share information so that the survivor-practitioner remains in control of their personal information and who specifically has access to it. **It is the survivor-practitioner's choice if, to who, and when a disclosure is made.**

> **"It is difficult to ask for help. At present that help is not made readily available or easy to locate. This requires having to ask people and admit out loud that help is required. It is difficult in a work place to admit a requirement for help for those who have lived experience."**

To feel heard

Even with good intentions, managers in trauma-related sectors may not always make survivor-practitioners feel heard and supported. In our research, survivor-practitioners shared that they felt dismissed, overlooked, or neglected by those responsible for their wellbeing. Organisations should offer a range of diverse and accessible support options, to allow choice for the survivor-practitioner around what feels safest for them to access and to create equitable access to support. This could include speaking to their mental health ally or Occupational Health, if a survivor-practitioner does not feel supported by their manager.

> **"Over the years I have sought therapy when I have felt I needed to. I have moved jobs when I have felt that my own mental health is beginning to suffer."**



Trauma-Informed Care

Research participants reported that the support provided by their employers was generic, inflexible, and lacked the compassion and understanding they deserved. While organisations are increasingly adopting trauma-informed practices to support survivors as service-users, the same principles are not always applied internally to support staff. Avoiding re-traumatisation where possible is a cornerstone of a trauma-informed approach. For practitioners who have their own experiences of trauma, working with other survivors can be difficult and emotionally activating.

When applying a trauma-informed lens to support, organisations should:

- ✓ Minimise re-traumatisation
- ✓ Provide access to trauma-responsive specialist support options
- ✓ Ensure breaks and buffers in the workday so trauma responses can be proactively managed as they arise
- ✓ Empower practitioners to make choices about their own wellbeing.

Our research with survivor-practitioners identified that many have accessed private therapy and support. Where support options are limited through the workplaces, they noted that there is an additional financial and personal cost associated with being a practitioner with lived experience. The availability of support options was a deciding factor for remaining in their role, with 45% identifying the lack of support as an important factor for leaving a previous role.

With a better understanding of how lived experience of sexual harm and/or secondary trauma can show up at work, organisations can prevent these destructive and disruptive cycles from persisting within organisations delivering support services.

Working definition of trauma-informed practice - GOV.UK
Trauma-informed practice: toolkit - gov.scot

Recommendations for change

Support for survivor-practitioners

Creating a constant thread of support throughout their role and beyond

Listening to numerous accounts detailing experiences of sexual harm can have long-lasting impacts on any practitioner's wellbeing. Whilst practitioners working in sectors that support survivors, will be familiar with vicarious trauma and secondary trauma. The risks of being affected by the work can be higher as they may also experience re-traumatisation. It may seem obvious that working with trauma will be heavy but, the reality and size of this weight does not often hit until a practitioner is deep in the work.

Our research participants spoke about the importance of receiving support from the point of recruitment, throughout their work, and being resourced for life after their employment. Having strong foundations for support should thread throughout a practitioner's career, demonstrating that a practitioner's wellbeing is a priority and their labour is valued.

Support at recruitment stage

→ Application packs should encourage people with lived experience to apply

By naming this on the application, it shows applicants that the employer recognises that having lived experience can be a strength in doing the role. It acknowledges the need to have survivors represented in the workforce, without the need to disclose this.

→ Publicising employee benefits and existing support structures

This is a great way for candidates to get a clear understanding of how and to what extent an organisation invests in their staff and volunteers' wellbeing, so they can make an informed choice as to whether the organisation is the right fit for them.

→ Encouraging people to share any adjustments they may need

Accessibility is key. Candidates should feel like their employer takes their needs seriously and strives to make sure that they can comfortably engage with the interview and subsequent work.

→ Providing interview questions or topics ahead of time

Interviews can be anxiety inducing. This approach is being adopted widely across different organisations as good practice to allow for more authentic conversations and for candidates to showcase their skills more accurately.

> **"Saying we welcome applications from people with lived experience makes it feel like it is okay to say you are a survivor... it takes the fear out of naming it."**

Support at induction stage

→ Providing trauma-specific training

Research participants shared that it is helpful to understand how trauma can manifest and present in different ways. Having a psycho-educational framework to shape their learning not only equips them to better support survivor-service-users, but also understand how trauma can show up in themselves.

→ Specific guidance on coping strategies

Different roles may be exposed to accounts of sexual violence in different capacities. Research participants shared that it would be helpful to have a better understanding how their specific roles can be exposed to trauma, and be provided with tailored suggestions on how to manage this.

→ Reflective 1:1 spaces with manager

Having frequent 1:1 spaces starting from the beginning of a survivor-practitioner's employment is a clear demonstration that they are being supported. It creates an opportunity to have more communication with their manager and work together to make decisions around the progression of their role. For example, practitioners may benefit from having specific check-ins with their line manager to ensure that they feel ready to start working directly with survivor-service-users.

Support through employment

Wellbeing Support Plan

The Wellbeing Support Plan is a tool that acknowledges the importance of starting the conversation around wellbeing at work. This tool aims to be a proactive way of understanding an individual's needs at work, and can give survivor-practitioners control over what support is put in place for them.

The Wellbeing Support Plan can be completed at any point during an individual's employment. These conversations can commence from the beginning of a survivor-practitioner's employment and should be regularly reviewed and repeated to accommodate changes in circumstances and needs. Managers and survivor-practitioners may choose to review the wellbeing support plan more regularly in circumstances where the survivor-practitioner is experiencing more difficulties.

Some research participants named the frustration and re-traumatisation of repeat disclosure to managers who have forgotten their previous disclosures or do not make the link between a previous disclosure and current struggles. Having a wellbeing support plan can better equip a manager with information that they can refer back to in order to support survivor-practitioners from a place of compassion and understanding.

We have included a template of a Wellbeing Support Plan in the practical tools section of this guide.

Access to Emotional Support

Spaces that provide emotional support can help people find ways to cope with different challenges as well as making them feel heard and less alone.

→ Specialist Clinical Supervision

Survivor-practitioners regard clinical supervision as being valuable to their wellbeing at work, allowing them to have a confidential space to understand the challenges they face, talk about having good boundaries, and feel listened to. Clinical supervision is commonly provided to practitioners in frontline or survivor-service-user facing roles. However, clinical supervision can be beneficial for practitioners, in management, operational, or administrative roles and related sectors that provide support to trauma survivors.

→ Specialist Therapeutic Support

Research participants emphasised the importance of having a range of therapy options for survivor-practitioners. However, they noted free therapy provided through Employee Assistance Programs is often not specialist and does not address the nuance of being exposed to narratives around sexual violence daily or how this relates to lived experience. Survivor-practitioners also named benefiting from having a variety of therapeutic support options, including aromatherapy and body therapies like somatic therapy and trauma-informed massage. For survivor-practitioners who work in the gender-based violence and specialist sexual violence sectors, there may be additional barriers to accessing specialist therapeutic support due to concerns around confidentiality - where your colleagues and peers may be the counsellors and therapists providing this specialist support.

→ Mental Health Allies

Research participants suggested organisations introduce mental health allies as a way of offering non-judgemental and compassionate emotional and practical support from someone who is not in a hierarchical position like a manager or HR team member. This may allow employees to feel more comfortable seeking help, knowing they are speaking with a peer rather than someone who might influence their career progression. Allies should be from various departments and levels of the organisation to create a network of support, making it more likely that employees will find an ally they feel able to approach. Additionally, organisations should consider setting up regular drop-in sessions where employees can seek support on an as-needed basis. This flexibility ensures that mental health allies are readily available which promotes a culture of openness and support within the workplace.

Peer Support Options:

Peer support should be naturally embedded in our daily interactions, whether through offering a listening ear to a colleague or confiding in loved ones about personal challenges. In the workplace, formal peer support spaces provide a valuable opportunity for practitioners to connect over shared experiences, particularly for survivor-practitioners. These spaces help build connections, discuss workplace difficulties, share effective coping strategies and offer mutual guidance and support which can foster a sense of solidarity and understanding. A peer support space means that all practitioners can give support whilst receiving support at the same time.

Peer support spaces can accommodate varying needs. While some research participants named wanting a space to specifically acknowledge their lived experience, others may find this daunting and prefer a peer support space that does not focus on their own "survivorhood". Participation should always be voluntary and each practitioner should feel in control of how they engage. This is especially significant for survivor-practitioners where they have had lived experience of having their control taken away from them.

Peer Support topics

The research participants shared various topics to kick-start a peer support space within your work environment. These are suggestions, so feel free to come up with topics that suit your group best:

- → Difficult experiences at work
- → How trauma responses can show up at work
- → Understanding burnout
- → Impacts of positivity culture
- → Seeking support without disclosing
- → Experiences raising concerns within the workplace
- → Managing ethical values and conflicts in the workplace
- → Being a manager and a survivor-practitioner
- → Tried and true coping strategies

Accessibility is crucial and consideration should be given to in-person or online meetings, as location or lack of accessible facilities can be a barrier and impact on who can engage. Some survivor-practitioners may experience concentration difficulties in groups hosted online or feel unsafe/uncomfortable engaging with emotional support while physically alone. Finding a balance that meets the diverse needs of practitioners is key. For more guidance on what to consider when creating group spaces, you can read the "Best Practice Guide for Running Groups" which has been produced as part of our South London CSA Services series.

Practitioner safety can be enabled by establishing clear intentions, boundaries, and confidentiality in a Safety Agreement. It is helpful to co-create these agreements with practitioners to ensure they reflect the group's values. Our 'Safety Agreement Tool' can be used as a starting point to set out an agreement.



Buddy Systems

Peer support doesn't always have to be in groups; it can also be one-on-one, such as through a buddy system. This approach can provide a less intimidating form of support, particularly for new starters, by pairing them with someone familiar with the organisation. Buddy systems help avoid isolation and foster a sense of solidarity over shared experiences.

Environmental Considerations:

Physical space can have an impact on wellbeing at work. Whether practitioners work from home or are being reintroduced to working in the office, carving out space in the day to decompress is beneficial to wellbeing. For some, this may look like having a physical room in the workspace filled with comforting items such as fidget toys or essential oils, where the survivor-practitioner can spend time grounding themselves. Where having a physical space may not be possible, having allotted time to decompress can serve the same purpose.

Suggestion

Take a 5 minute break every hour to step away from the work to stretch and pause from the intensity of being uninterruptedly immersed in trauma work. It is okay to take time during the working day to process it all.

Opportunities for Feedback:

Listening to the needs of survivor-practitioners is the best way to understand how to respond to those needs. A key component of trauma-informed care is that those that receive it drive what it looks like and have influence in what is put in place. Organisations should engage with the voices and perspectives of practitioners with lived experiences. Here are some examples of how this can be achieved:

- ✓ Recognising survivor-practitioners as experts by experience in understanding what support options are best suited for practitioners who have lived experience of sexual harm.
- ✓ Ensuring there is representation of practitioners with lived experience within key governance structures such as Boards of Trustees and Strategic/Steering Groups
- ✓ Opportunities for survivor-practitioners to be surveyed and to have meetings with Senior Leadership Teams to feedback their experiences and consult on how internal support pathways can be developed.

Support after employment

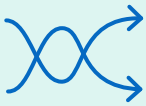
Part of caring for staff and volunteers is providing skills for life after employment in a survivor support organisation. Our research identified that survivor-practitioners, or their colleagues, had to leave their organisations due to the negative impacts on their wellbeing, with some feeling more impacted by trauma than when they started and others leaving with no job to go to.

Investing in meaningful support for survivor-practitioners can help identify what works well for their individual needs and offer hope about their own recovery and healing process. It can also support them to recognise that they are valued and to know what to advocate for when they move on into different workplaces.



Wellbeing Support Plans

Practitioners can take a Wellbeing Support Plan to share with their new employer. It provides a record of what has worked well in the past, which can inform what can work well for them in the future.



Onward support

Providing a practitioner with links to specialist therapeutic support that they can access after their employment if they need it. This can include extending access to wellbeing support beyond the end of employment.



Alumni Networks and Peer Support Groups

As part of proportionally acknowledging and addressing the lasting impacts of vicarious trauma, secondary trauma, and re-traumatisation, employers could look to create spaces for those who have concluded their employment with an organisation to access ongoing emotional support, mentorship, and resource-sharing. Knowing that individuals in related sectors often leave and revisit organisations, this could also provide an invaluable link back into an organisation at a later stage of their personal and professional development.



Exit Interviews

These can help an organisation understand why someone is leaving, allowing them to provide honest feedback that can inform useful changes within the organisation. This shows the practitioner that their experience is valuable and it can help existing practitioners receive better care from their employers.

Recommendations for change

Guidance for managers

Our research included managers in related sector services, to better understand their experiences of working with survivors-practitioners. While they helped inform the recommendations for support for practitioners with lived experience, they also identified a number of support options an organisation should implement that would help them best-support the survivor-practitioners they manage.

Specialist Training

An overwhelming majority of consulted managers recommended more specialist training and guidance on how to support staff and volunteers who have lived experience of sexual abuse and harm. Training needs that were highlighted included psychoeducational training on trauma responses, the impact of trauma on practitioners with lived experience, and support and coping mechanisms for survivor-practitioners in the workplace. As well as specific training around completing a Wellbeing Support Plan with their individual staff and volunteers.

> **"Training on the impact of sexual violence and prevalence. Unfortunately, it is still understood as something that happens to other people."**

Managerial Group Support

→ Reflective Best-Practice Spaces

Managers need spaces where they are supported to learn about good practices to support their colleagues with lived experience. Our research identified the need for spaces to confidentially share experiences of being a manager in trauma-related sectors and learn from each other on how to best care for their staff and volunteers - alongside balancing their managerial responsibility and personal well-being.

→ Peer Support Groups for survivor-managers

In our research, some managers also expressed the desire to have spaces that recognise them as survivor-practitioners, acknowledging the unique challenges they face. A peer support space for survivor-practitioners who have management responsibilities will raise different themes to survivor-practitioners who provide direct frontline support.

Flexible policies to support survivor-practitioners

In our research, some managers reported providing flexibility to the survivor-practitioners that they manage, including reducing workloads or allowing them to leave early without recording sick leave. They expressed facing difficulties in knowing how best to support their staff and volunteers without a clear policy that addresses this issue. Our research also identified particular difficulties when managers receive disclosures from survivor-practitioners after a recent experience of harm. Ensuring clear policies are in place allows for a consistent approach across the organisation and demonstrates that the organisation takes its duty of care towards staff seriously. Policies also equip and prepare managers for how to respond to their staff in the case of a new disclosure or re-traumatisation.

Support service manager described giving

> **"time off work without recording it so staff don't have to use their annual or sick leave, as there is no compassionate leave that takes into consideration the impact of trauma."**

Recommendations for change

Organisational change

Staff wellbeing is a key element of an organisation's health and safety accountabilities. By having policies and structures in place that embed staff wellbeing, an organisation should see a positive shift in staff retention, minimisation of burnout, reduced absenteeism and improved productivity. Policies that are trauma-informed demonstrate the organisation's intention to be people-centred at every level.

Trauma-informed leave entitlements:

Wellbeing Days

Survivor-practitioners may need to take time away from work as a way to cope with recent or non-recent traumatic events. Our research identified a recommendation for Wellbeing Days to provide survivor-practitioners with a buffer to take time off without needing to use their annual leave or sick leave. The principle of Wellbeing Days recognises that there will be times that an individual may need to slow down or take time out to respond to their wellbeing needs and demonstrates that the organisation recognises the impact of the work on practitioners. This is particularly important for those with lived experience of sexual harm who may have overlapping chronic health concerns. By referring to this type of leave as Wellbeing Days, it makes it accessible to all practitioners and does not rely on a survivor-practitioner needing to disclose their lived experience to receive support.

Leave for staff experiencing harm

Unfortunately, someone can experience sexual violence, abuse, or harm at any point in their life and may need to become involved in a criminal justice process, often a re-traumatising process for survivors. Organisations should have policies in place to safeguard and support an employee who has experienced a current or non-recent harm and/or is affected by the criminal justice process. Policies that include discretionary leave entitlements in these situations is another way an organisation can demonstrate that they are working in a trauma-informed way.

Survivor-practitioner said

"We provide trauma-informed care for clients but the workspace is not trauma-informed. We should be provided with wellbeing days to support us and reduce burn out. It feels disheartening that we encourage clients to take time out of work if needed but there is no space for us, despite how much the organisation speaks about the impact of vicarious trauma and self-care."

Sick Leave

In our research, consulted managers spoke about the value of sick leave procedures that are trauma-informed and support an employee to take time off when they are unwell and unable to work, without being pressured to disclose intimate details around why they are unwell.

Enabling reasonable adjustments

Survivor-practitioners have different needs to enable them to be supported in the workplace. For example, some survivor-practitioners may require more frequent breaks throughout their working day, whilst another survivor-practitioner may require flexible hours to make personal appointments for counselling over a set period. Flexible work arrangements can improve a survivor-practitioner's wellbeing by allowing them to have more control and freedom to do their work in a way that reduces stress and increases productivity.

> **"It feels quite intimidating to reach out for such personal support in a work space."**

It can be difficult reaching out for help or ask for additional support. Many of our research participants shared a fear of judgment acted as a barrier to them reaching out for help. Managers are encouraged to create spaces where people feel safe enough to ask for more support, without the pressure to go into details of why they require this support with their manager. Using a third party, occupational health services or external expertise to create a safe space, is useful for survivor-practitioners who do not feel comfortable opening up about their needs to their managers.

> **"Just the ability to have a conversation in relation to reasonable adjustments where I don't feel like I have to defend the request, but feel supported"**

Cultural Change

Our research showed that there can be a lack of competency or sensitivity around how trauma responses might impact a survivor-practitioner's ability to do their work, which can lead to victim blaming. Practitioners reported being seen as "broken" if they were struggling. Others shared that some work environments with the best intentions fall into a "toxic positivity" trap, due to a lack of acknowledgement that healing and recovery is not linear. It is normal for survivor-practitioners to feel more healed or recovered at some stages of their lives and experience a shift or dip in their recovery at other stages. For example, a survivor-practitioner of CSA may experience heightened trauma responses if they are a parent of a child who turns the same age that the survivor-practitioner was when they were abused.

> **"Organisations want this perfect person that cares enough, but never lets it affect them"**

Recognising how this work can be a source of trauma in itself, a source of vicarious trauma, and a cause of re-traumatisation, can shift attitudes towards how we view survivor-practitioners. For guidance on how some trauma responses can present, have a look at the **"What can Trauma Responses look like?"** resource included in this guide. Understanding how trauma can impact survivor-practitioners can influence a cultural shift and create the ways organisations can make work a safer space to be a survivor.

Recommendations for change

Influencing sector-wide change

In addition to individual and organisational change, support for survivor-practitioners should be considered across sectors and at a commissioning level. Sexual violence is an epidemic that many practitioners and organisations have dedicated years to fighting alongside each other. There is an opportunity for organisations to work together to create the cultural shift required to best-support survivor-practitioners across the sector.



Cross-sector peer support

During our research, some survivor-practitioners shared that they would find it useful to have cross-sector peer support spaces. A cross-sector peer support space may focus on wider issues impacting practitioners or may focus on building a stronger sense of community, enabling practitioners to feel safer seeking support outside of their organisation.



Wellbeing support grants

We heard from survivor-practitioners exposed to trauma work, that their professional life can overflow into their personal life, impacting how they cope outside of work. Research participants suggested a Wellbeing Support Grant could exist to help survivor-practitioners access more self-care such as contributions towards the cost of private therapy, gym memberships, and other wellbeing activities. They recommended the Wellbeing Support Grant being hosted at a sector level, so that practitioners could apply for the grant without disclosing to their employer and regardless of the level of funding their organisation secures. Regardless of where you work, or what your role is, supporting survivors is meaningful work and can impact an individual's wellbeing.



Commissioning with wellbeing in mind

Support services exist because people care about survivors and want to support a person who has been harmed to receive the care that they deserve so they can feel more resourced within themselves to move forwards. For services to be able to work towards this goal, they need practitioners who are passionate and feel able to do this work, and adequate funding to support the practitioners to deliver service of a good quality. Our research has shown that the workforce in this sector is made up of many survivors, who too deserve to be cared for and prioritised in the same ways that they care for the survivor-service users.

Our research participants widely recognised that funding is one of the main barriers to accessing support as a survivor-practitioner. Funders should commission services with the wellbeing of their workforce in mind and acknowledge that survivor-practitioners may require additional support options that enable them to deliver good quality services for survivors. Our research identified organisational issues such as limited capacity and low staff retention due to burnout and lack of support structures.

> **"Including wellbeing buffers on service level agreements when services are designed, would mean that targets are realistic and allow for staff to not worry about feeling guilty for taking lower caseloads."**

→ Commissioning services with a Wellbeing Budget

Commissioners could consider funding a wellbeing budget in survivor support services, to enable free specialist counselling to survivor-practitioners. By-and-for services are experts in responding to the needs of survivors who are experiencing different layers of intersecting traumas, often a result of being marginalised or facing multiple disadvantages. Their workforces will largely be made up of practitioners who represent the communities they support and may have lived experience of the intersecting issues their survivor-service users face. Commonly, by-and-for services often do not have the same access to resources and funding as larger services, despite being experts at delivering specialist support. However, our research shows that some by-and-for support services have offered free counselling, but reported being unable to maintain this support option as they do not receive specific funding for this and can no longer afford to offer it to the staff.

→ Service Level Agreements with an Wellbeing Buffer

Commissioners could consider setting activity levels in service level agreements that acknowledge the potential for wellbeing leave, in addition to their usual service capacity calculations. This allows services to have realistic activity targets, reducing the pressure on organisations, managers and survivor-practitioners alike.



Next Steps

Survivor-practitioners bring valuable resilience, empathy and insight into their roles supporting survivor-service-users. Structured support can help navigate the impact of their lived experience of sexual harm when working in related sectors, by creating environments that prioritise trauma-informed care and wellbeing.

This guide is the start of a conversation for employers to commit to the need for change, to discuss these recommendations with survivor-practitioners in their organisation, and to dismantle the barriers that individuals and communities of survivor-practitioners may face in accessing support. In doing so, organisations can ensure that those who do the work of caring for survivors are also heard, valued, and cared for.

Practical resources

Employer commitments

We have compiled a list of commitments to supporting survivor-practitioners that an employer can make available (online, in an employee handbook, etc.). We have also included a list of support options that survivor-practitioners who participated in this project recommended.

This list is not exhaustive, nor is it prescriptive. They are suggestions that organisations can consider implementing as part of a wellbeing initiative to support their practitioners.

Consider making a commitment to:

- ✓ Acknowledgement of the presence and support needs of survivor-practitioners
- ✓ Inclusion and amplification of survivor-practitioners' voices in decisions around their support and care
- ✓ Confidentiality around survivor-practitioners support and disclosures
- ✓ Enabling cross-sector support
- ✓ Trauma-informed care
- ✓ Collective responsibility for the wellbeing of survivor-practitioners
- ✓ Continue this conversation around best-practice in supporting survivor-practitioners
- ✓ Supporting survivor-practitioners in the workplace

What this means in practice:

- ✓ Trauma-informed recruitment processes
- ✓ Publicising employee benefits and existing support structures
- ✓ Specialist training for staff, volunteers and managers
- ✓ Best practice spaces
- ✓ Specialist Clinical Supervision
- ✓ Guidance on Coping Strategies and Self-Care
- ✓ Specialist Therapeutic Support
- ✓ Reflective 1:1 Spaces
- ✓ Wellbeing Support Plan
- ✓ Wellbeing Support Grants
- ✓ Wellbeing Buffers
- ✓ Peer Support Groups
- ✓ Buddy Systems
- ✓ Mental Health Allies
- ✓ Physical Wellbeing Spaces in the Workspace
- ✓ Wellbeing Days
- ✓ Employee Assistance Programmes
- ✓ Trauma-Informed leave policies
- ✓ Adjustments/Occupational Health
- ✓ Holistic post-employment support

What trauma responses can look like

Trauma responses can be wide-reaching and varied. They can also range in intensity over time and are more commonly experienced during times of stress/pressure, when someone comes across reminders of what they went through and/or goes through significant life (or work) events.

People who have experienced sexual violence, harm and abuse may not be fully aware of how their day-to-day experiences and routines can be significantly impacted. While it is perfectly natural to experience these symptoms in the present following a traumatic incident that took place at any stage of life, understanding the ways in which trauma responses can exhibit and manifest in the workplace, as well as well, where, and how, can make it easier for adequate and appropriate support for survivor-practitioners to be put in place. It is important for practitioners and their managers to remain curious about how trauma responses can be activated and experienced in the workplace.

Practitioners are encouraged to reach out to their GP around concerns related to their wellbeing to seek medical advice, and to reach out to emergency services in urgent situations.

It is possible to experience one or more of these symptoms without having experienced trauma. The list is not complete either; trauma responses experienced but not listed below are just as valid.

The purpose of this list is to increase awareness of the relationship between the lived experience of trauma, trauma work, and its impacts on the mind and body in order to jump-start a conversation about support in the workplace between survivor-practitioners and their managers.



Re-Experiencing Symptoms

Unwanted memories and intrusive thoughts that are overwhelming and distressing.

Distressing dreams and nightmares

Flashbacks: Feeling or acting as if the traumatic event is happening again; re-living the same feelings and sensations experienced at the time of the traumatic event as if transported back in time.

Panic attacks and anxiety attacks: Feeling very distressed and physically activated, e.g., fast breathing, rapid pulse, etc.

Experiencing physical sensations such as pain, sweating, nausea, trembling, headaches, dizziness, chest pains, stomach aches, and more.



Avoidance Symptoms

Dissociative amnesia: Being unable to remember parts of traumatic events.

Detachment: Feeling disconnected, distant, and no longer close to people you previously felt close to.

Avoiding associations: Avoiding memories, thoughts, feeling, things, people, places, and conversations linked or related to the traumatic event. This might include avoiding TV and other media and avoiding work tasks that may cause distress.

Dissociation: Feeling out of your body or not present in it. Feeling disconnected.



Mood and Moral Injury[1] Symptoms

Negative beliefs and expectations: Thinking negatively about yourself, others, or the work, experiencing feelings of "guilt, same, disgust and anger"[2] with oneself, persistently experiencing fear, and/or fixating on worst-case scenarios.

Anhedonia: Feeling unable to experience positive emotions like joy, satisfaction, or love. This may impact one's ability to participate in or be interested in activities that used to be enjoyable. May be described as feeling emotionally numb.

Hopelessness: Feeling like it is impossible or would be impossibly difficult for things to get better.

Feeling like you can't trust anyone.

Feeling like nobody understands

Memory Difficulties: Finding it difficult to recall information and event details.



Alertness and Reactivity Symptoms

Hypervigilance: Being overly aware on what's going on about you and being unable to relax. Always being on guard or on 'high alert' for danger and feeling like few, if any, places are safe. Feeling easily startled and on edge.

Concentration Difficulties: Finding it hard to focus on tasks that you were able to focus on before.

Sleep Difficulties: Finding it challenging to fall asleep and/or stay asleep; insomnia. The quality of any sleep that is possible may also be affected, meaning that you wake up still feeling tired. Sleep may be disturbed by flashbacks, nightmares, or panic attacks. Sleep paralysis or the feeling that can last a few minutes of being awake without being able to "move, speak, or open your eyes" may also be a trauma response.[3]

Irritability: Having outbursts where you are verbally or physically short-tempered or aggressive towards people or things.

Risk-taking behaviour: Engaging in activities that might be damaging or dangerous to yourself.

Feeling like you have to keep busy all the time.

For more information:

nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd

nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/symptoms

mind.org.uk/information-support/types-of-mental-health-problems/post-traumatic-stress-disorder-ptsd-and-complex-ptsd/symptoms

1 ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp#:~:text=Guilt%20and%20shame%20are%20core,also%20common%20features%20of%20PTSD

2 ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp#:~:text=Guilt%20and%20shame%20are%20core,also%20common%20features%20of%20PTSD

3 nhs.uk/conditions/sleep-paralysis

Safety agreement

- ✓ We recognise that people in this space may have their own lived experience of sexual violence or harm. You can choose to identify as a person with lived experience in this space if you feel comfortable doing so. However, this is not a requirement of participation. The purpose of this space is to relate to your experience of working in sexual violence or related sectors, we ask you not to disclose details of your lived experience in this space.

- ✓ We request that you **hold sensitivity** to what is being shared in this space and respect each other's **confidentiality**.
- ✓ All contributions are valuable. We want to hear as much as everyone feels comfortable sharing. We invite you to also take extra care to **listen** to and hold space for others.
- ✓ We aim to respond to each other in a **constructive and caring** way, respecting differing views.
- ✓ We hold space for all identities and experiences. We ask you to be aware of your own power and privileges. We encourage you to **amplify each other's voices**.
- ✓ We encourage you to stand up, move your body, take breaks as and when needed. Participation is completely **voluntary**, so you can choose to take yourself out of this space whenever feels right for you.
- ✓ We will be making notes on what is being said during this space. Please let us know if you feel comfortable with being quoted anonymously.
- ✓ We won't share anything identifying to you. Our aim is to gather general themes and viewpoints.
- ✓ If there is anything you mention during this space that you do not want to be included in the guide, feel free to pull us to the side, or drop us a message to let us know.
- ✓ We know that this space may bring up difficult memories or emotions for you. You deserve to have spaces where you can get support around this. If you would like any information on where you can get support, let us know.
- ✓ **For the online workshop**, we also ask where possible to keep your cameras on as much as possible. This is to ensure the safety and confidentiality of the space and its participants.

Wellbeing support template

Sometimes trauma responses may feel like they are bubbling under the surface, other times it might feel like it shows up out of the blue.



Using the "Green, Amber, Red" light system can help identify how overwhelm, stress and trauma responses can develop over time. "Green" does not necessarily mean that things are going perfectly, and "Red" does not indicate that everything is bad.

Having this insight on how things can progress can help you and your employer implement supportive interventions to happen sooner rather than later. However, it is important to note that it is never too late to reach out for support.

You can find an editable version of this template in the accompanying pack.

When I am feeling good, my wellbeing in the workplace looks like this:
What do you enjoy? How do you respond to situations? How do you engage with your work?

When I am starting to struggle with my wellbeing, I notice this starts happening to me:
What are your early warning signs? What changes do you notice in your physical, emotional, behavioural, and mental wellbeing?

This is what it looks like when I am finding it hard to cope at work:
What starts to happen when you have become overwhelmed? How does this present itself physically, emotionally, behaviourally and mentally?

Continued below

I notice I struggle more when…
Is there anything specific that activates any feelings of overwhelm or distress? Are there any triggers that you feel able to share?

It would be supportive for my manager to know this about me…
Are there any needs that you have that you feel able to share with your manager? This can be anything you're living with that impacts you on a day-to-day basis such as health conditions, or something happening in your personal life that is affecting you.

What current arrangements at work feel supportive to me right now?
Is there anything that is currently helping you maintain your wellbeing? This could be anything from how you plan your day, your relationships with your colleagues, or existing support structures. If you are struggling to answer this, feel free to write down something that has helped you previously.

What might I need in addition to this?
Think about what is not already in place that you would find helpful e.g. flexible working arrangements.

What can my manager do to support me?
What practical changes can your manager put in place to support you? Perhaps you would like more 1:1s, debriefs, or need an adjustment to your workload.

What can I do to support myself?
It can be anything that helps you feel better. Regardless of how big or small it may seem, it can hold significance.

Signed by me: ..... Date: .....

Signed by my employer: ..... Date: .....

To be reviewed by manager ahead of line management

To be formally reviewed together: .....
I understand I may request or my manager may suggest an earlier review.

Practical resources

Self-care

While this guide has focused on how managers and organisations can support survivor-practitioners, it is also important to recognize that individual self-care strategies can significantly contribute to practitioner well-being. These strategies are not a substitute for comprehensive organisational support but, instead, complementary to it.

Self-care is the intentional, individual actions practitioners can take to preserve and improve their physical, mental, and emotional health. For practitioners exposed to trauma-related content, self-care is particularly crucial in preventing, managing, and addressing burnout and other responses to lived, vicarious, and secondary trauma.

> **"Everyone's journey is unique."**

It is important to note that self-care is a personal process; what works for one person may not work for another. Survivor-practitioners should try out different strategies to find what is most effective for them.

However, organisations still maintain the responsibility to support self-care through organisational structures which accommodate self-care practices such as flexible work arrangements and protected time away from direct support work. This ensures that survivor-practitioners can engage with self-care not just in their own time, but during the work day. Offering psychoeducation training, specialist trauma counselling, peer support groups, and fostering a culture that prioritises employee wellbeing are examples of how organisations can promote effective self-care.

"Trying to use my voice to improve things for others"

"Being able to understand when things are getting difficult for me and I need to make a change"

For further ideas on self-care, we recommend the following:

- **Rape Crisis England & Wales** – Self care rapecrisis.org.uk/get-help/tools-for-victims-and-survivors/self-care
- **Mental Health Foundation** - Self-care techniques for women impacted by exposure to sexual violence media coverage mentalhealth.org.uk/explore-mental-health/publications/self-care-techniques-sexual-violence-media
- **SARSAS** – Self-Help Guide sarsas.org.uk/support-and-information/sarsas-self-help-guides
- **London Survivors Gateway** – Self-care guides survivorsgateway.london/resources/self-care
- **Survivors of Abuse** - Mindset/Nutrition/Fitness/Stress Management survivorsofabuse.org.uk
- **Book:** The Body Keeps The Score, *Bessel van der Kolk, MD*

Examples of tried and tested self-care techniques used by survivor-practitioners surveyed include:



Prioritising Physical Wellbeing

Working to ensure that you get enough sleep and rest, eat nutritious food, stay hydrated, get fresh air (even if just from opening a window) and move your body. While exercise can be an effective form of stress relief, building regular short breaks into your work day to stretch and move around can be a gentle way of improving your physical wellbeing.



Grounding Techniques

Meditation, deep breathing, mindfulness, using fidget toys, aromatherapy, and other grounding techniques can help practitioners to manage overwhelming emotion, reduce stress, improve sleep, and increase focus. Audio and visual distractions may also be supportive.



Personal Development and Positive Reflection

Investing in your own personal growth and development professionally and personally. The knowledge that you are helping others can help you.



Seeking Support

Engaging with clinical supervision, counselling/therapeutic support, reflective and group supervision are helpful ways to build support networks.



Boundary Setting

Establishing clear boundaries between work and personal life including: setting limits on work hours, pacing yourself, avoiding excessive overtime, building decompression time into work schedule around direct support work, taking breaks when feeling activated, and disengaging from work-related activities during personal time where possible.



Social Connection

Spending quality time with loved ones, "talking to friends and family", joining support groups, or participating in social activities can help to counteract feelings of isolation and managing trauma responses alone.



Creative Expression & Hobbies

Finding outlets to express your feelings and thoughts, pursue hobbies and passions that bring you joy, and finding activities that allow opportunities to celebrate your successes and build self-esteem.



Advocacy (and Agency)

While it may feel challenging, advocating for yourself and others in the workplace can be a positive form of self-care.

Signposting

Specialist Emotional Support for Survivors of All Genders

24/7 Rape and Sexual Abuse Support Line
(for survivors and their supporters)
0808 500 2222
247sexualabusesupport.org.uk

NAPAC
(National Association for People Abused in Childhood - for adult survivors of all types of childhood abuse) 0808 801 0331
napac.org.uk

Emotional Support for Women & Girls

Pan London Sexual Violence Helpline
0808 801 0770
wgn.org.uk/service/sexual-violence-helpline/

Practical Support for Women & Girls

Women and Girls Network
Advice Line 0808 801 0660
Email: advice@wgn.org.uk
Webchat: wgn.org.uk/our-services/advice-and-helplines/web-chat

Emotional and Practical Support for Men & Non-binary People

Safeline
0808 800 5005
safeline.org.uk

Survivors UK
online WebChat: m2.icarol.com/ConsumerRegistration.aspx?org=56520&pid=248

Emotional & Practical Support for Survivors from LGTBQ+ Community

Galop
0800 999 5428
galop.org.uk

Support for Survivors of Domestic Abuse/Violence

Refuge National DA Helpline
0808 2000 247
nationaldahelpline.org.uk/online-chat

Mental Health Support

If you are worried about harming yourself, please contact your local crisis service. You can find the number here
survivorsgateway.london/crisis-numbers

Shout
24/7 Text SHOUT to 85258
giveusashout.org

Samaritans
116 123, open 24/7
samaritans.org

Maytree
020 7263 7070 (open daily 8.30am-7pm)
maytree.org.uk

For a conversation about onward support:

London Survivors Gateway
0808 801 0860
survivorsgateway.london

Find a Helpline

For anything else, here is a platform that brings together all the helplines in the UK and Ireland. You can search using the issue or issues you would like support around.
findahelpline.com

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This guide is the start of a conversation for employers to commit to the need for change, to discuss these recommendations with survivor-practitioners in their organisation, and to dismantle the barriers that individuals and communities of survivor-practitioners may face in accessing support. In doing so, organisations can ensure that those who do the work of caring for survivors are also heard, valued, and cared for.

SOUTH LONDON CSA SUPPORT SERVICES