

Description of two trusts that have adopted different approaches to addressing violence and abuse as a core mental health issue

1. Devon Partnership Trust: SAGE Groupwork

Context: Mental health workers within Exeter and District community mental health services began to address the prevalence of childhood sexual abuse and its impact on women service users in the mid '80s. Women came to its mental health services wanting to speak about their abuse precipitated largely by the increased profile of childhood sexual abuse eg setting up of Childline. In addition referrals, notably from GPs, for obsessional behaviour, self-harm, depression, post-natal depression, eating disorders, etc. increasingly made reference to childhood sexual abuse as a contributory factor to current or longstanding mental health difficulties. These community mental health workers recognised that they were not equipped to respond effectively, and the decision to begin to offer groupwork was informed both by the number of referrals and by the request from women clients to meet with other women survivors.

Way forward: A multi-disciplinary approach was developed by establishing a forum of women with experience of groupwork or individual therapy/counselling with women survivors, and those with an interest in learning, from statutory mental health and social services and voluntary organisations like Incest Victims Helpline. The first group for women survivors took place in 1987 facilitated by a senior community psychiatric nurse and a multi-professional health trainer and was very positively evaluated (Harflett and Scott '88). *This initial group established a commitment by this forum to develop groupwork for women in mental health services to address childhood abuse as an integral part of Exeter's adult mental health services.*

The rationale for groupwork: It has a solid research base, acknowledged to be effective in reducing the stigma, shame and isolation of childhood sexual abuse and consequent self-blame and re-victimisation. Groupwork creates the possibility of emotional expression in relative safety, the sharing of experiences and of women being empowered by each other's survival and witnessing each other's strengths and vulnerabilities. The SAGE groupwork model developed in Exeter is an empowerment model informed by clinical theory and research and by women clients and workers personal experiences as women and of surviving abuse.

Groupwork - the process: Each group for six to eight women runs for two hours for a 12 or 16 week period with two facilitators, who establish a safe and equal space for each woman, maintain boundaries, establish confidentiality and create a containing context for the group. As the group develops, women increasingly sustain and support each other. Group sessions focus on the abuse experienced in childhood and the profound psychological and emotional consequences for each woman. Art and clay work facilitate the safe expression of powerful feelings of loss, sadness, fear or anger. Sessions subsequently focus on safe strategies for distress and the development of self-acceptance and self-worth. The strong support and understanding women receive from each other is a central part of this process.

Each member of the group additionally has a support worker (drawn from SAGE networks and key workers) who meets with her weekly for the group's duration and for two sessions subsequently. These individual sessions support women throughout the

group, helping them prepare for sessions or processing issues that have arisen within group sessions. These support workers are supported, in turn, by a co-ordinator. Group facilitators receive supervision after every group session and this is also the context for them to explore any personal issues that the group process has exposed. The SAGE forum meets every six weeks to review groups, address issues raised, co-ordinate referrals, plan future groups and training. It also enables peer training and the updating and reviewing of practice. The groups do not operate in isolation but are part of core mental health services and link with the wider community eg safe accommodation, crisis services, the legal system and relevant community support.

Evaluation: Each group is evaluated through a combination of group feedback, self-report measures and post-group and individual reviews. Following these reviews, women may decide to do further work in groupwork, creative or individual therapy or may end their contact with mental health services. Women consistently report a reduction in depression, self-harm, reliance on medication and hospital admissions. Six month follow-ups find that progress has been maintained.

Wider outcomes: Mental health workers are encouraged, through training and CPA, to assess childhood sexual abuse and childhood trauma in all mental health assessments. Childhood sexual abuse has become an expected part of specialist mental health and primary care work, the mental health consequences are now more easily recognised and the pathways to recovery more understood. It continues to be a function of the SAGE forum to keep childhood sexual abuse – a key factor in many women’s mental health difficulties – central to and visible within mental health services. The hospital culture has proved harder to change than community mental health and primary care services. Training continues to be key to the process. Funding for SAGE groupworkers not employed by mental health services has been difficult to securely establish. SAGE are now linking with mental health colleagues in South Devon and elsewhere to support the development of groupwork for survivors in other mental health services.

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2. South Staffordshire Healthcare NHS Trust: Sexual Abuse Team

Background The sexual abuse service offered at South Staffordshire Healthcare NHS Trust was established in 1993, as a comprehensive needs led service for adult survivors of sexual abuse and their families. The need for the service was highlighted following a growing number of disclosures of past abuse issues and a lack of specialist knowledge among mental health workers. Having explored the options to persuade the Trust to meet the gap in service provision, it was eventually three patients who made the difference by being prepared to “tell their story” to the Chief Executive. The stories they told were not of their past sexually abusive experiences, but of recent “abusive” experiences within the mental health service from professionals who had told them to “put it all behind” them, or that they needed to seek out a voluntary service to talk to.

A service was immediately agreed – two nurses were appointed to work specifically with this client group (The Sexual Abuse Team), and the development of a voluntary service, EMERGE, was supported in terms of accommodation, help lines and access to training. In addition to client work, a Clinical Nurse Specialist took the lead for in-service training; the development of multi agency working relationships; specialist training courses

provided at Staffordshire University; providing supervision; setting up Forums to share best practice and education.

The Principle has not been to have a team big enough to cope with all disclosures of sexual abuse, but to encourage and enable mental health practitioners to address issues of abuse sensitively with access to support, supervision and through joint sessions. The Sexual Abuse Team offers assessment, individual and group therapy, and works in partnership with the voluntary service, EMERGE, which offers telephone help lines, face-to-face and group support, including a group for non-abusing parents and partners. The development of the voluntary side of the service was informed by patients, who pointed out that in addition to better informed mental health professionals, there was also a need for a confidential, without-health-record service for those who did not feel able to disclose issues of past abuse to statutory practitioners (eg the patient's GP may also be the family GP).

The Outcomes: Practitioners within the service recognise the importance of collaborative working with police officers; the need to have a clearer understanding of the criminal justice system; issues regarding therapy pre-trial; the impact of the reporting/court procedures/outcome of trial upon the victim and family, and therefore the need for informed support throughout this process. Since the service began in 1993, there has been an increasing amount of men coming forward to discuss issues of past sexual abuse; an increase in disclosures of sexual abuse by women; an increase in adult survivors wanting to report past sexual crimes to protect others; a change in presentation in that patients are now more likely to disclose the abuse to a GP to ask for specific help, rather than vaguely discussing the symptoms. The increased media attention to child abuse created an aware population of survivors who have been given the message that the best path to recovery from traumatic memories is to ask for help.

In South Staffordshire, health practitioners have had the benefit of a small specialist team from which they can access support, training and to whom they may refer, and may appear well prepared in comparison to other services – but there is always room for improvement. Despite the extensive training and awareness raising, there is still reluctance from a small group of practitioners to ask, at assessment, about a history of physical, sexual or emotional abuse. Fears expressed by practitioners are of saying or doing the wrong thing which may cause more trauma for the survivor – clear evidence that even more training is required to get it right. South Staffordshire Healthcare NHS Trust is committed to further improve the response to disclosures of sexual abuse, and indeed domestic abuse, having appointed a Consultant Nurse for Sexual and Domestic Abuse and Women's Issues.

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