

Creating trauma-sensitive spaces within communities

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Today's Workshop

- Who am I?
- My researching findings: victim blame.
- Trauma sensitive spaces.
- Intersectionality.
- Sharing best practice!



Who Am I?

- Amy Beddows, trauma therapist in Edinburgh.
- PhD in women's experiences of victim blame from agencies.
- Independent consultant in VAWG.
- Edinburgh Napier University student counselling.

Research Findings

1). Victim blame is more than blame

- Disbelieved, devalued, objectified, mocked, ignored, silenced, dehumanised, belittled.
- ‘Responsibilised’: made responsible for *everything* (not just violence): health, finances, housing, parenting, agency failings.

Research Findings

2). **Victim blame is about more than victims**

- Women felt they were treated badly due gender, age, sexuality, class, race, ethnicity, neurodiversity and ability **more** than experiences of violence.
- Negative responses are interlinked with structural inequalities and marginalised identities.

Research Findings

3). Trauma-informed spaces make a difference

- Space for **action**: meaningful options with the resources, time, and support needed to consider them (Kelly, Sharp & Klein, 2014).
- Spaces to **speak** with and be heard by informed, compassionate others (Wilson, 2016).
- Space to **be with** other women and to just **be**, without any expectations (Beddows, 2022).

Aspects of Agencies

Responses are communicated through four aspects of agencies:

- Individual staff.
- Policies and processes.
- Physical spaces.
- Reputation/expectations.

Across all sectors, even specialist services.

NB: experienced through the 'lens' of trauma.

Individual staff

- Comments and actions.
- Attitude, body language, tone.
- Absence: what they did not do.
- Expectations of working with male staff, without asking if that was ok.
- Having to speak to many people.

You feel like you're damaged goods and that you don't deserve any better, don't you? (Alice).

They come in with this sergeant-major attitude, very cold, very hard (Beverley).

Is it too much to ask for an ounce of compassion, of understanding? Again, it was just a man perpetuating atrocious treatment (Ellen).

Policies and Processes

- Long waiting lists.
- Intrusive procedures or questions.
- Having to tell what happened many times.
- Stigmatising diagnoses/labels.
- Long application/registration processes.
- Difficult-to-access services.

I did not have the strength of going on again and telling people again (Adelaide).

It leaves you nowhere, cos they pass you from pillar to post all the time, like 'here go to this, phone this number, see if they can help you' (Selena).

They say there aren't the services there... And then they try to push the drugs back on you (Dee).

Physical Spaces

- Inadequate, broken equipment.
- Clinical, sterile rooms.
- Lack of comforts: no cushions, no pictures.
- Not offered water, food, tissues, breaks.
- No privacy and confidentiality.
- Lack of resources: time, appointments.

They have specific furniture that's heavy, so people can't throw it, but it wasn't a comfortable place to be... Cold, clinical. (Mia).

The equipment was broken, so they had to use the portable equipment... And then there was a big, black tripod camera in my face, right here (Kirsty).

Should I be feeling fine after 10 weeks? Maybe other people have and it's just me (Laurie).

Reputation/expectations

- Media portrayal, advertising, messaging.
- History of organisations.
- Esp. police, social services, criminal justice.
- Criminalised? (e.g., immigration status, criminal activity).
- Confidentiality?



**METROPOLITAN
POLICE**

There's a big mistrust around police and social services so people take stuff into their own hands. In communities like I grew up in, they're not a good force. They criticise your parenting because it is too working class (Casey).

They're more target driven than patient centric these days (Maddie).

It's hard for me to think of those institutions, those types of violence, because your abuser comes candy-coated (Beverley).

ENU Student Counselling Service

- Trauma-sensitive trainings e.g., Rape Crisis.
- Trauma forum: explore impacts of working with violence, burnout.
- Choices: practitioner, campus, online/inperson.
- Close-working with agencies.
- Shortened registration/assessment process.
- Proactive assistance applying for other support.

ENU Student Counselling Service

- Cushions, photos/pictures, soft light lamps, sound-proofing, temperature.
- Reception: welcome staff, background music, water cooler, comfy chairs.
- Online presence: social media.
- Outreach events.
- Visibility vs. privacy.
- Feedback from students.



Rape Crisis don't treat you like the 'sick' person, you're just like anybody else. So you have a proper mug and they are always very nice, very discreet. You can be a bit more yourself. You don't have to hide in any way. It's like you are home for a bit (Grace).



So: what are we doing that works?

- Individual staff.
- Policies and processes.
- Physical spaces and resources.
- Expectations/reputations.



Thank You!

Thoughts, questions, feedback:

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