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Minimising trauma in staff at a Sexual Assault Referral Centre: what and who is needed?

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Minimising trauma in staff at a Sexual Assault Referral Centre: what and who is needed?

Highlights

- Working in a sexual assault referral centre can lead to vicarious trauma
- Staff need to be understanding, empathic, non-judgemental, supportive, flexible and resilient.
- Supervision; training; peer support and shadowing all reduce vicarious trauma.

Abstract

Introduction: This study investigates staff's perspectives on the characteristics required to work in a sexual assault referral centre and the support and training they believe sexual assault referral centres should provide to minimise the negative impacts of the work and provide a supportive working environment.

Methods: Semi- structured interviews were conducted with 12 staff, and a focus group was held with a further four staff of a sexual assault referral centre. The data were examined using thematic analysis.

Results: Findings indicated that to work in a in sexual assault referral centre staff need to be understanding, empathetic, non-judgemental, supportive, flexible and resilient as well as having coping skills. The support structures and processes staff reported as being essential to creating a supportive working environment and reducing vicarious trauma were: supervision; training; peer support and shadowing.

Conclusions: Working in a SARC is stressful and emotionally difficult work. This study provides valuable insights about the individual and environmental factors SARC staff believe are required to have a happy and healthy workforce delivering a gold standard of care to victim-survivors of sexual violence.

Keywords: Vicarious trauma; medical professionals; resilience; Sexual Assault Referral Centre, coping, workplace.

List of abbreviations: Sexual Assault Referral Centre - SARC

1. Introduction

Sexual Assault Referral Centres (SARCs) are highly skilled, one-stop medical units staffed by multidisciplinary teams that provide services (such as counselling, forensic examination, advocacy and support) for victim-survivors in the aftermath of a rape or sexual assault regardless of whether they choose to report the offence to the police or not. [1] There about 48 SARCS across the United Kingdom.[2]

The site for this research is the oldest and largest SARC in the country, Saint Mary's in Manchester. Saint Mary's saw circa 2000 people in 2018/9 of whom 1205 attended for a forensic medical examination. Saint Mary's SARC has a unique service delivery model whereby it provides a comprehensive and co-ordinated forensic, aftercare and counselling service to children, women and men who have experienced sexual assault or rape. The services on offer at Saint Mary's include, but are not limited to: a forensic medical examination carried out by a specialist doctor; access to a crisis worker who can offer support and stay with them throughout the process; support in the aftermath from an Independent Sexual Violence Advisor (ISVA); and counselling with a specialist trained counsellor.

There has been an increasing amount of research focusing on the characteristics and needs of victim-survivors who use SARCs[3456] and on the approaches and techniques used by the professionals to treat them.[789] Guidance exists for commissioners[10] who want to set up SARCs and best practice guidance is available for developing SARCS[1 11] but both documents only provide limited information about what is required to create a supportive working environment for staff to facilitate them in providing the services required by victims-survivors and take care of themselves. For example the Department of Health, Home Office and Association of Chief Police Officers[1] guidance sets out a minimum standard that SARCs provide "access to forensic physicians and other practitioners who are appropriately qualified, trained and supported" (p.21) and acknowledges that caring for victim-survivors of sexual violence is demanding and challenging work. According to the guidance SARCs should ensure that all staff who work directly with victim-survivors have supervision, peer review and continuing professional development. Very few studies have focused on the experiences of the staff who work in SARCs (a few studies have investigated Independent

Sexual Violence Advocates [ISVA] who are often based in SARCs e.g[12][13]). At the time of writing we are not aware of any studies that have asked SARC staff directly what characteristics they think are essential to do the work and what the SARC should provide in order to support and retain their workers. The aim of this qualitative research is to fill this gap.

Previous research with professionals who work with traumatised individuals in a range of fields (e.g. nursing, counselling, policing) and a handful of studies specifically with workers who deal with victim-survivors of sexual violence have found that the work can take a huge emotional toll on workers but that they can also experience positive emotions[14] [15] [16] [17] [18]. Massey, Horvath, Essafi and Majeed-Ariss[19]reported that staff experienced positive emotions connected to the meaningfulness of the work and team spirit as well as a range of unpleasant emotions. Staff also reported emotional numbing in connection to the specificity, volume and sometimes unpredictable nature of the work. Coping mechanisms used by staff focused on the supportive connection to family, nature, and other team members; the value of clinical supervision; and the avoidance of topics related to work. Ultimately, greater understanding of these factors may improve organisations' ability to support staff that do similar difficult work and in turn, it may help the staff themselves to understand the potential impacts and minimise the possibility of vicarious trauma. In light of these findings, the aim of this paper is to focus on the characteristics staff working in a SARC believed were required to work effectively in the SARC environment and what support and training they believed SARCs should provide for their staff. For this research we have positioned staff as experts whose first-hand experiences of working in a SARC are a valuable source of knowledge.

2. Method

2.1 Participants

All staff (60 full-time equivalent) at Saint Mary's SARC, Manchester, England were invited to participate in this research. Demographic data were collected on role, gender and whether the individual worked full or part time. All 16 participants of this opportunity sample were female as all the SARC staff at the time of data collection were female. The staff ranged in age and number of years of experience with some staff being new to the service and others

about to retire. The participants were made up pre-dominantly by forensic physicians, Crisis Workers and ISVA's and a few other roles which were unique and would be identifying if named. The participants varied in whether they were full time or part time and whether they worked Monday to Friday office hours or 'out of hours' i.e. evenings and weekends. Only one of the physicians worked exclusively at the SARC, all others were also employed elsewhere in the NHS.

2.2 Ethical Considerations

Ethical approval for the study was obtained from Middlesex University and Canterbury Christ Church University ethics committee where the first and second authors are based. Ethics approval was not deemed necessary by the NHS as this research was deemed to be a service review. Participants had an information sheet that contained an assurance of anonymity, information regarding the study, the possibility to withdraw and the voluntary nature of participation. Signed informed consent was obtained prior to participation and secondary consent was sought from participants to use their quotes in the paper. Most staff gave their consent for their quotes to be used.

2.3 Measures

Interview and focus group schedules were designed by the first and second authors for the purpose of this study. These were based on previous studies with SARC staff and members of the Faculty of Forensic and Legal Medicine[19 20] and informed by consultation with the managers of the SARC. This was to ensure that any potential problems were identified before data collection began. The questions in the schedules were used to explore participants' perceptions and experiences.

2.4 Procedure

A presentation was given about a previous, related piece of work at a SARC staff away day which was followed by discussion of the value of carrying out this investigation. Staff were asked to contact the researchers if they were willing to be interviewed. An internal email was also circulated to all staff, inviting them to be involved. Semi-structured telephone interviews, conducted by the first or second author, with the SARC staff lasted up to 45 min

and were digitally recorded. The focus group, facilitated by the first and second authors, was also recorded and took place on hospital property, lasting approximately an hour.

2.5 Data analysis

The interviews and focus group recordings were transcribed verbatim and anonymised. The research team carried out a thematic analysis on the anonymised transcripts. Thematic analysis is a well-established and flexible research tool which allows for rich, detailed analysis[21]. It requires six phases of analysis of the data which extracts the main themes and the subthemes, including: familiarising yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Phases 1–4 were done by all four researchers independently and this was followed by research meetings where there were team discussions and subsequently joint working on the final phases.

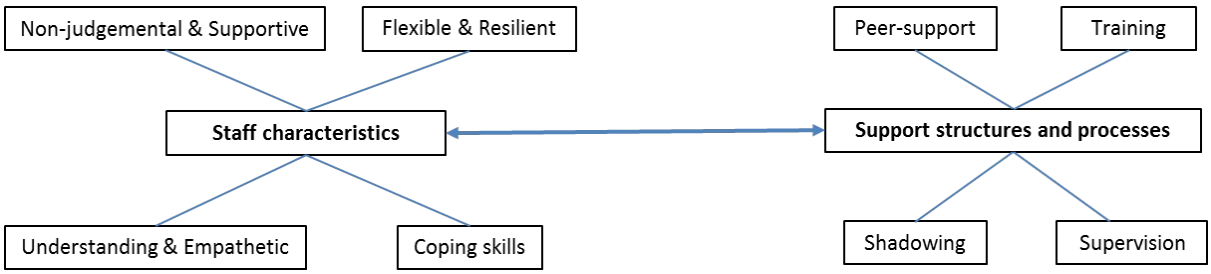
2.6 Rigour

In order to allow for investigator triangulation (using multiple researchers to generate a complex range of perspectives on the data)[22] and increase the rigor in this study the research team for analysis was comprised of two academic researchers independent of the SARC (one of whom is also a psychotherapist) and two researchers employed by the SARC (one of whom is a researcher, the other a counsellor). The variety of researcher's backgrounds allowed for a complex range of perspectives in the analysis and this in turn generated a richer extraction of the data. Despite the researchers coming from different backgrounds and experience, there was a great deal of overlap in the identified themes.

3. Findings

The two main themes that were identified were directly related to the questions asked 1) Staff characteristics and 2) Support structures and processes. However the eight sub-themes were identified entirely from participants responses. Figure 1 is a thematic map of the two themes and their related sub-themes.

Figure 1. Thematic map of the staff characteristics and support structures and processes.



The themes reflect participants' opinions about the individual factors and working environment that are optimal for a SARC. Participants drew on their professional experiences working in the SARC and also observations of their colleagues but some also reflected on aspects of their personal life or experience. The themes and sub-themes will now be described in sequence, but it is important to note that the themes interlink, overlap and fluctuate in importance from individual to individual. The opinions and experience of the participants is complex and varies based on their individual characteristics, job role and length of service.

3.1 Staff characteristics

3.1.1 Coping skills

Participants were very clear that staff coming to work in a SARC need to already be equipped with excellent coping skills. These coping skills could come from personal and professional life experience.

other personal adversity, I find, has actually sort of helped me cope with some of the stuff I see at work. That's how it feels, anyway. (Interviewee 2, lines 360-362)

Interviewee 7: I think, you need people who are...have some resilience, some life experience, I think, would help…

Interviewer: can you just unpack that a little bit? Explain what you mean.

Interviewee 7: Life experience? So they're not going to just be massively shocked by everything that they see. You don't want them to be cynical. But definitely some coping

skills that things aren't going right all the time or things happen unexpectedly, that they're not going to go into meltdown. (Interviewee 7, lines 97-102)

However it was acknowledged that coping skills could be developed. An essential part of the coping skills tool kit according to many participants was being a reflective person, which allows individuals to continue to grow and learn from their experiences and add to their coping skills.

..there has to be a little bit of self-awareness and ability to reflect and to kind of learn how it impacts on us as individuals [Interviewee 6, lines 106-107]

And reflection, being a reflective person, being able to just think about...for me, it's about what went well...what...maybe not didn't go well [Interviewee 5, lines 222-223]

There was a sense from some participants that self-knowledge was essential both for being able to deploy coping skills when necessary but also being able to develop new coping skills as required.

But I think, having a kind of healthy sense of yourself and being comfortable in your own skin…[Interviewee 4, lines 153-154]

3.1.2 Understanding and empathetic

The heterogeneous nature of sexual assault victims meant that study participants were routinely working with patients from all walks of life with a broad range of experiences and characteristics who as victim-survivors of sexual violence are often extremely traumatised. As a result participants reported that in order to provide good service staff needed to be understanding and empathetic.

Some participants explained why these characteristics were so important in terms of being able to cope with the vicarious trauma they faced and added that feeling passionate about the work could serve as a protective factor, contributing to resilience.

I think people have got to be sort of passionate about the work. I think you can't be sort of lukewarm about it: you're just going to get sucked under with all the, the sort of trauma and stuff that goes on. I just don't think you… If you're half-hearted about it, you'd end up hating it, really. So I think passionate about it. [Interviewee 2, lines 134-138]

There was a sense that staff must really care about their patients in order to be able to provide them with a good service.

is compassionate, really, um and does care about, about their patients [Interviewee 2, lines 139-140]

3.1.3 Flexible and resilient

Massey et al[19] have previously reported that SARC staff describe the nature of their work as tough, stressful, unpredictable. Participants in this study identified that being flexible and resilient were essential characteristics to look for when recruiting staff.

So, people who are able to think a little bit more, um, laterally and, and sort of be more flexible in how they approach things. (Interviewee 1, lines 253-254)

So looking for overall resilience with every day stresses [Interviewee 9, line 66]

Some staff provided clear explanations for what they meant by resilience, as shown in the quote below.

I think that we all need a lot of emotional resilience. And that's for me means kind of…I don't think necessarily understanding vicarious trauma but there has to be a little bit of self-awareness and ability to reflect and to kind of learn how it impacts on us as individuals I suppose because we're all different. A certain amount of being prepared to take responsibilities. (Interviewee 6, Lines 108-108)

This explanation links to the ideas about being a reflective person expressed in the coping skills theme. It could be argued that being flexible and resilient are in fact coping skills.

There are overlaps in how they were conceptualised. For example one participant suggested staff should be resilient from their previous experience working with traumatised people.

So, what has helped me in the role is that I have had previous experience of working with stress and distress. And that, I think that's helped me enormously. So, I have sat with distressed people and I have been in situations where people have been...I've not been able to make that better for them in as much as their life is still the same after my encounter, if you know what I mean. (Interviewee 5, Lines 208-211)

She explains how she developed resilience by being able to maintain boundaries with clients whilst also being empathetic and supportive. An approach which may be beneficial to foster in staff who are new to working in SARCs and with traumatised people to protect against vicarious trauma and burnout.

And it is that ability to be able to sort of empathise but be separate, not be so drawn in that I'm paralysed by it. So, I can keep that level of separateness, that level of detachment. But it's sort of about walking alongside people rather that getting pulled into it, their story. So, I think, at the time, I have built up some resilience (Interviewee 5, Lines 215-218)

3.1.4 Non-judgemental

The final sub-theme, being non-judgemental was identified by participants as a highly desirable characteristic for staff working in a SARC.

I think the main qualities that a person would need is to sort of be non-judgmental and open to the fact that everybody's different who's there and those kind of qualities. (Interviewee 11, Lines 104-105)

One is not being judgemental (Interviewee 4, Line 135)

The range of people and their experiences that staff are exposed to on a daily basis explain why being non-judgemental is considered so important. Alongside this the research (see Ullman, 2010 for a review) on victim-survivors experience of disclosing rape and the

importance of not feeling judged reinforces participants concern about the need for staff to be non-judgemental. Thus, being non-judgemental appears to serve a dual purpose as it helps staff do their jobs efficiently but it is also beneficial for their clients.

3.2 Support structures and processes

3.2.1 Supervision

There was consensus amongst participants that supervision was an essential resource for all staff working in a SARC. Whilst there were a few differing opinions, almost all participants agreed that ideally supervision should be offered on an individual basis, by an external provider and on a 'needs basis'

some of the advantages that the counsellors have is that they access external supervision. And that isn't available because of the cost pressures to the other staff groups (Interviewee 9, lines 150-152)

Participants seem to have come to this conclusion as a result of what was currently available to them. Most felt that group supervision was not ideal because there was rarely enough time to address everyone's concerns and some people felt unable to be completely honest in front of their colleagues. Similarly there was agreement that the current approach of offering supervision 'in-house' delivered by counsellors working within the SARC was not appropriate because of concerns about confidentiality and not being able to be honest.

One thing that is different with other crisis workers is the rest of the team have external supervision. And we just have it with our own counsellors. So there's always that sort of debate of, "Can you be as honest as you want be?" (Interviewee 11, Lines 151-153)

Finally, there was a sense that the status quo of supervision being mandatory for some staff (e.g. counsellors) but optional for others (e.g. doctors) was problematic. Many suggested it should be mandatory for all staff.

every doctor I've ever spoken to has given me a no answer to whether they have done their supervision. Myself would have been twice but that's only because they made me go. So

twice in eight years. And then when I did go I found that useful. So I think it would be better if it was more formal and people are expected to go. (Focus Group 4, Lines 358-361)

I was really reluctant to go. When I went, I was really surprised with how helpful it was. I just think a lot of people just, they just sort of pre-judge it, really, or maybe they just think they, you know, they don't need it. But actually, I think we all probably do, um, but I, I think we kind of… I don't think we're even realising that we need it sometimes. (Interviewee 2, lines 315-320)

Participants pointed out that making supervision mandatory could have the positive effect of reaching those who might need it the most.

We don't have compulsory supervision at the moment. What we have it's available [inaudible] service to everybody. Some people need it more than others. And I think that may be because some people don't realise why they need it because they don't come from a culture where [inaudible]. And in a way they might need it the most. (Interviewee 6, lines 146-149)

3.2.2 Shadowing

Shadowing (short term observing of someone doing their job) was proposed by many participants as a beneficial approach to providing support because there was a sense that none of the staff have a full appreciation of what people in different teams do.

Well, none of us have a full appreciation. We were saying it would be really helpful for us all to do half a day maybe on the different teams there are. (Focus Group 2, lines 469-472)

Or to understanding maybe why things have or haven't happened. I guess if you don't understand their process, you could think, 'Oh, why haven't they done so and so?' (Focus Group 3, Lines 485-490)

Furthermore, there are elements of the broader context (e.g. Criminal Justice System, National Health Service, Social Care) within which they are working, that they acknowledge

they are not knowledgeable about. The consequences of the lack of understanding were felt to be detrimental to participants working practices and impacted on their emotional responses to the work.

So we've got a programme we're coming around in a bit to shadow the barristers. And really understanding the criminal justice process. It goes back to what I've said before about anger. What I have seen is that the lack of understanding about the process could sometimes generate the anger. [Interviewee 9, lines 99-102]

Particularly in the context of crisis workers, but there is nothing to suggest this would not be true for other roles, participants identified that shadowing more experienced staff can provide excellent training opportunities. New staff who have had the opportunity to shadow a colleague are more prepared and have more realistic expectations of what their role might entail.

the time that that people start to learn about how you're doing when they start shadowing crisis workers, not when you're seeing the people. (Interviewee 11, Lines 122-125)

what I had at the beginning was fabulous in as much as I was able to come in and shadow people. So, I shadowed cases and then I had an observer who was shadowing me. And I thought that was brilliant because we sat in the classroom talking about it but it was never real until I was in the room. So that was absolutely brilliant. (Interviewee 5, Lines 240-244)

3.2.3 Training

Participants thought that training on a wide range of issues was important for all staff in the SARC. Training that helps staff develop awareness and understanding of the context in which they are working was considered particularly important because it may have the knock on effect of reducing negative emotional responses to the work. Vicarious trauma and mindfulness were mentioned most frequently by participants as being essential to the needs of SARC staff.

I think we should probably do more kind of ongoing training around vicarious trauma. (Interviewee 6, Line 133)

But I think any kind of sort of mindfulness training ongoing would be quite good for people working in this kind of field to sort of deal with how you feel about stuff. [Interviewee 11, lines 139-140]

Training serves a few important functions: it increases knowledge but also gives staff space to reflect on their own experiences, which may in turn prompt them to access support services such as supervision when they might not otherwise have done so. Training may also serve a normalising function especially in relation to highlighting issues that staff may face in managing the impacts of the work on themselves.

3.2.4 Peer support

Peer support was repeatedly mentioned by participants as being essential for staff to be able to cope with the demands of working in a SARC.

the tension or the impact can be diffused by having the opportunity to debrief on an informal basis with other people who understand what you're talking about. (Interviewee 1, lines 125-126)

Peer support has many strengths including that it can usually be accessed immediately and in a range of forms, for example in person or on the phone.

if I'm aware that a case has really upset me, I will pick up the phone to one or two or three colleagues and say, "I just need to talk about what happened on Saturday," or whatever. (Interviewee 4, Lines 311-312)

Peer support functions in concert with formal support structures, in some respects acting as scaffolding around them as this participant explained:

it's interesting because there's the informal chit-chatting with my colleagues before the formal supervision starts and I value both bits. And even afterwards, when we're leaving the building and saying goodbye in the car park, we still continue to have that informal support which is...I value that as much as I do the formal time or the structured time. (Interviewee 5, Lines 56-60)

Arguably peer support emerges as a result of the naturally occurring interactions and relationships between the staff in the SARC but participants suggested that the organisation can develop a conducive context that facilitates and actively encourages it. SARCS may be able to pair people up with a 'buddy' as a way of proactively encouraging and normalising peer support:

We pair people up, so, giving them a buddy and which...I think some people take to more than others but hopefully, that's helped. (Interviewee 7, Lines 182-184)

4. Discussion

Based on our findings it is clear that there are certain individual characteristics that are seen as essential to being able to cope with the emotionally demanding work in a SARC. Previous research in non-SARC contexts supports the importance of staff dealing with traumatised clients having coping skills/strategies[23] being understanding and empathetic (often referred to as emotional intelligence[24] as identified in this study in order to reduce the likelihood of vicarious trauma.

The identification of desirable staff characteristics raises questions about how best to assess for these when recruiting new employees These characteristics can be both screened for at the interview phase of employment and supported in existing staff. The information gathered in this study provides managers and staff involved in the hiring of SARC employees with valuable and previously unknown information about what to look for in people to maximise the chances of long term employment and emotional wellbeing. It also provides important information about what workers in this highly traumatic field feel helps them to do the job effectively. This can be used to inform supervision practices, training days and research based organisational polices supporting best practice.

Alongside the individual characteristics, there are the environmental factors SARCs can put in place to provide the best possible working context for their staff. As in this study, previous research with professionals working with traumatised clients found peer support coming from positive co-worker relationships[2522] and the importance of supervision[26] can ameliorate the impact of vicarious trauma.

Our findings suggest that in order to attenuate the negative impacts of working with traumatised individuals, characteristics inherent in the worker as well as professional environmental factors, should be considered simultaneously. Bennett and Windle's[27] ecological model of resilience could be usefully adapted to the SARC context to elucidate these issues. Bennett and Windle (p23)[27] argue that in order for people to be resilient "individual-level factors (e.g., traits and characteristics), whilst important, are strongly influenced by the content and function of these environments." In other words whilst you can hire staff with the desirable characteristics for working with traumatised people, but unless you make their working environment conducive to continued positive development of those traits, the traits alone will not sustain them.

This qualitative study has identified a number of desirable characteristics from the lived experience of staff. However, it is important to note that the findings may not be representative of the SARC as a whole, or of other SARC's or indeed of other sexual violence services. This is due to the sample size not being large when considering the diversity of staff roles included in the sample. In addition, all of the participants in this study are female. These factors make it difficult to generalise from these findings to others working in the sexual violence field, however we believe that the findings can extrapolated with caution to other SARCs. There is an urgent need for further research across more SARCs to replicate and develop these findings. Saint Mary's is a well-established and large SARC in a busy city. It is possible that there are unique factors at other smaller centres or that the findings from this study have only limited application to different centres. Support structures offered in SARCs should be evaluated routinely to ensure they are actually working and being used. Although there is guidance on best practice this does not mean that these things are routinely available or possible. This is a small study and as such replication and expansion is

necessary before strong conclusions and generalisations can be made. Further studies in SARC's and other sexual violence centres are essential.

4.1 Conclusions

Working in a SARC is stressful and emotionally difficult work. This study provides valuable insights about the individual and environmental factors SARC staff believe are required to have a happy and healthy workforce delivering a gold standard of care to victim-survivors of sexual violence. This study was not able to investigate the most effective means of delivering the support required by SARC staff whilst also working within budget and time restrictions and this should be the focus of future research. SARC's (like other organisations) have a duty of care to ensure that they do all they can to support their staff as effectively as possible and this study is a preliminary step towards understanding what is needed.

Consent

Informed consent was obtained from each of the participants before they took part in interviews or focus groups. Informed consent was obtained again from participants whose words have been used as quotes in this paper.

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