The Anna Phillips Foundation

Response to Welsh Government Consultation on the Violence Against Women, Domestic Abuse and Sexual Violence National Strategy for 2022-2026

6 February 2022

"In situations of captivity the perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped by the actions and beliefs of the perpetrator."

Judith Lewis Herman (1)

The Anna Phillips Foundation

Introduction

The Anna Phillips Foundation is a registered charity (Number 1185535)**.** Registered with the Charity Commission in England and Wales. Our objectives are to help people with trauma related mental health challenges through activities in nature, to collaborate with researchers in ecotherapy and mental health and to publish the results, and to campaign to better understand the social causes of self-harm, depression and suicide.

In our submission to this consultation we have focused on three questions, namely the Objectives, the Blueprint and principles.

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Question 1: On Objectives. Do you think these are the right priorities?

Objective 1: We are very supportive of awareness raising and increasing the public space for engagement and discussion. The challenge remains the cultural inertia surrounding behaviours that are not acceptable. There is a pressing need for society to have an open and frank debate on violence against women, domestic abuse and sexual violence.

Objective 2: It is so important to empower children in such way so that what they know instinctively to be inappropriate and unacceptable is openly acknowledged by their family, peers and wider community. As a society we need to breakdown long held social taboos on child maltreatment and the strong link between such experiences and later re-victimisation. The literature is very clear on these links.

Objective 3: Not enough has been done to hold to account those who commit abuse, whether against children, young people or adults. We need to acknowledge that victims are caught in a predicament as a result of abuse which often prevents them from a meaningful disclosure and so the possibility of restorative or other form of justice. This justice deficit exacerbates the victim's ongoing trauma long after the event.

And so for the perpetrators (both those who escape the criminal justice system and those who serve their sentence) it is hugely important they face the consequences of their actions on the victims. This includes enabling them to reflect on and understand the profound, possibly irreversible, trauma they have inflicted on the victim. And so restorative justice has a significant role to play in VAWDASV strategy going forward.

Objective 4: Early intervention and prevention. A priority for long term success in overall national strategy of VAWDASV because many of the challenges addressed here in adults are often the sequelae of child abuse and neglect. The literature shows how the trajectory of many young people subject to the range of ACEs tends towards long term chronic disease and often early death (especially due to suicide). With the already established evidence base (thanks to for example Felitti, Anda and others) we are well placed to maximise success by focusing on enlightened, well understood early interventions.

For example, when a young person asks for help (directly or indirectly) and may well be expressing suicidal ideation, it is simply inexcusable and unacceptable that those in supposed positions of responsibility (or power) either ignore the appeal, block or isolate the individual.

Objective 5: If "relevant" refers to teaching staff (at school, FE and HE), social workers, police officers, GP and other medical professionals in contact with children and young people, then they are expected to act as early warning prevention advocates. Over the long term this approach is more sustainable and so resources need to be made available to help the non-specialist professional pick up early signs of potentially more serious problems.

Objective 6: Some victims have greater need than others, and so crucial will be the ability to properly assess the level of that need at the first point of contact with the service. This implies the need to deploy people with the right skills set to identify early signs of potentially more serious problems.

Question 2: The Blueprint. Is the overall approach the right one to stop VAWDASV?

Joint working between devolved and non-devolved partners on policy development and delivery is inevitable. It is crucial the blueprint commits the partners to review, update and amend the strategy where latest evidence indicates renewal would maximise the positive experience of victims and survivors on their recovery path to wellbeing.

While there are twelve sub-headings, we will comment on the following five:

Cultural shift in attitudes: It is absolutely crucial we move away from victim blaming, and so we support any initiative which build on the positive effect of campaigns such as White Ribbon. Having open discussions across the community to get all potential perpetrators to ask themselves serious questions regarding the need to coercively control others and so inflict unacceptable trauma on their victims (including children, young and older adults). This societal approach expressly recognises the problem and seeks early solutions to prevent offending in the first place rather than waiting to go down the criminal justice system after abuse and its impact. In other words, let's focus on early prevention.

Effective Strategic Planning: We need to avoid an over-bearing, top heavy, centralised structure which focuses on elaborate systems. Rather the best way is to aim for simplicity (not complexity) and in this way, with a targeted and constant focus on endpoints and outcomes, we meet the needs of the key stakeholders, namely the existing survivors and potential victims.

National Framework of Standards: We agree with a national standards framework as a quality benchmark, which all citizens can expect wherever they live in Wales. It is essential the lived experiences of potential service users are at the heart of developing this national benchmark.

National Indicators: The measures which will inform success or otherwise of

the national strategy must logically and coherently reflect the baseline experiences of victims and provide a meaningful and measurable change in life circumstances of service users consistent with delivery of the service.

Active Engagement: We support placing a strong emphasis on the voice of survivors in shaping the national strategy. This is crucial and is most likely to achieve practical success. It also coheres from both a cultural and ethical perspective.

Question 3: Principles of the National Strategy.

We should like to focus on three of the identified principles in the document:

Survivors Voice:

This is paramount ethically as well as being essential in formulating the strategy most likely to be relevant to the needs of victims and survivors, and so most likely to be successful in the long term for the overall benefit of society. It is critical that the survivors voice plays a leading role on the National Strategy Board if the strategy is to be grounded, informed and driven by experience of trauma arising from abuse and neglect and violence both in childhood and beyond.

Trauma informed:

In most, if not all, cases the victim will feel that nobody can understand what profound pain and trauma they have endured at the hands of the perpetrators. This problem is especially so in cases where the perpetrator was a person the victim (and survivor) trusted, given their relationship.

To explain this, perhaps we should reflect on the definition of trauma by the National Child Traumatic Stress Network (2020) (in the USA) as *"a frightening, dangerous or violent event that poses a threat to a child's life or bodily integrity".* And crucially, childhood trauma in the context of an attachment relationship (e.g with parent, carer or trusted person), considered a form of betrayal trauma, is strongly correlated with adverse health outcomes, more so than other forms of traumatic experience.

And specifically, the betrayal trauma is of a higher order (High Betrayal Trauma, HBT) if the trauma is perpetrated within the domestic (home)

environment, in contrast to traumas caused by strangers or friends (Low Betrayal Trauma, LBT). **(2)**

The trajectory of HBT is very likely one of more severe psychological dysfunction and profound damage to the ability to build and sustain relational trust.

In the context of refreshing the VAWDASV National Strategy and specifically in terms of trauma informed care, it may be helpful to look closer at the BITTEN approach, an applied theoretical framework of trauma informed healthcare.

The BITTEN framework (**B**etrayal, **I**ndicator, **T**rigger, **T**rust, **E**xpectations, **N**eeds) suggests that 1) greater the childhood trauma the less trusted will be the care providers, 2) Childhood trauma will be positively correlated with patient care avoidance, 3) Trust in healthcare providers will to some extent mediate the impact of childhood trauma on patient avoidance, and 4) how strong this indirect effect will be dependent on a moderator, that is institutional betrayal. So child trauma will be more impactful on trust in care providers in those people who have also suffered care system institutional betrayal. **(3)**

In this study there was a high prevalence of childhood trauma, with over 66% of the study participants having at least one form of trauma, echoing the data from the ACE study carried out by Kaiser Permanente and the CDC, though physical and sexual abuse were more prevalent in this BITTEN study.

This study confirmed the BITTEN hypotheses that childhood trauma is directly correlated with care avoidance behaviour. And the connection between trauma in childhood, trust in care providers, and engagement with the healthcare system were exacerbated by institutional betrayal. And so this is a cause for concern, that the care system may in fact exacerbate patient distrust and future engagement with the system, which is crucial if the National Strategy for VAWDASV is to meet its long term aims.

The challenge is incorporating the human impact of each of these individual cases into the overarching principle of the National Strategy. As each case is different the concept of trauma informed care has to accommodate the

individual experience if it is to be germane to survivors' future health and wellbeing.

Collaborative Working and Co-production:

We fully support these ways of working as they are equitable and maximise everyone's experiences in developing a resilient, long term strategy to tackle violence and abuse.

While considering the principles underpinning the National Strategy we would also add that "violence" needs to be considered in the wider context. That is, violence is not merely physical or sexual but is also manifest as psychological and emotional. Paradoxically, these are often the hardest to identify and so the most difficult to address from the perspective of recovery, as well as from a criminal justice standpoint.

References:

1. Judith Lewis Herman, Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror; Pandora (2001)
2. Jennifer.J. Freyd, (1996) Betrayal Trauma: The Logic of Forgetting Childhood Abuse; Harvard University Press
3. Candice N. Selwyn, Emma C. Lathan, Fallon Richie, Margaret E. Gigler & Jennifer Langhinrichsen-Rohling (2021) Bitten by the System that Cared for them: Towards a Trauma-Informed Understanding of Patients' Healthcare Engagement, *Journal of Trauma & Dissociation*, 22:5, 636-652, DOI: 10.1080/15299732.2020.1869657

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