Exploring Shame, Love and Healing within Women's Recovery: An Analysis of a Trauma Specific Intervention

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Abstract

This chapter evaluates the Griffin Programme, a trauma-specific intervention tailored to support women with sex-working histories in residential recovery settings. Qualitative data is presented from an evaluation of the programme, adding to an under-developed area of trauma theorising. Firstly, recent innovation within women's recovery and rehabilitation is considered, to explore the role of trauma-informed practice and associated developments within the field. Secondly, the design of the Griffin Programme is discussed, in order to highlight examples of good practice when supporting women to recover from the long-term effects of sex working. The chapter then introduces the reader to three key emerging themes, **'Relational Association: Healing, Shame and Intimacy'**; **'Implicit Knowing'** and **'Nurturing, Love and Healing'**. The findings of this research demonstrate the importance of developing love and meaningful connection when delivering trauma-specific programmes. Women who had taken part in the programme acknowledged the importance of sharing lived experiences in order to promote intimacy and powerful connections with others, during their healing and recovery. In addition, findings indicated that the above themes should be considered, in order to harness a transformative impact within the context of women's healing, recovery and rehabilitation. Finally, the chapter concludes by outlining areas of future direction and aspects of good practice when working with women who have trauma histories associated with sex working.

Key Words Trauma, Healing, Empowerment, Women, Recovery.

Introduction

Within the field of criminology and women's recovery and rehabilitation there has been increasing interest amongst academics, practitioners and policy makers, to move towards a trauma-informed approach across the criminal justice system (Bradley, 2017; Covington and Bloom, 2008; Jewkes et al., 2019; Ministry of Justice, 2018; One Small Thing, 2019[1]). This approach aims to recognise the ways in which trauma can manifest within the behaviour and lives of individuals. The trajectory of the 'becoming trauma-informed' movement, has steadily infiltrated women's services and policy strategies within the UK since the early 2000's.

The focus on women's vulnerabilities and experiences of previous trauma, intensified following the release of the Corston Report (2007), which encouraged the greater use of safe women-only spaces, women's centres and tailored services. In order to improve engagement within such facilities, it was argued that centres should provide onsite childcare and access to multiple services within a 'one-stop-shop' environment, to better support women with a variety of needs (Gelsthorpe et al, 2007). It is suggested that 21% of women within one prison had experienced sex working (National Offender Management Service, 2012). Out of those women, 74% specified that they did so, in order to fund a drug habit, whilst 26% stated that they had been abused. Between 2011-12 it was estimated that 723 women referred to women's centres, were identified as needing sex-work specific support due to their lived experiences (Prison Reform Trust, 2014). However, there continues to be a paucity in academia, policy and practice to examine effective responses to the distinct and often trauma-infused experiences of women with sex working histories.

[1] One Small Thing is a registered charity devoted to creating efficacy and cultural change within the criminal justice system. The charity provides training for front line staff to enable a greater understanding of the pervasive impact of trauma.

Methodology

The data presented below was collected as part of a qualitative evaluation of the Griffin Programme[2]. It was designed following a research project which examined support services for women with histories of sex work (Tate, 2015). The voices of women who had completed the programme, and staff who had facilitated the programme, were collected in order to explore the impact, value and nuances from a dual perspective. The reflections of the women and staff were gathered using qualitative methods and explored using thematic analysis (Braun and Clarke, 2007).

To better understand the experience of the specialised Griffin Programme, seven women took part in two separate focus groups. One focus group was conducted with four women who had completed numerous cycles of the programme and referred to themselves as the 'Veterans'. The other focus group interview included three women who were in the middle of their first Griffin Programme cycle. In addition, semi-structured interviews were conducted with five staff who had either facilitated the Griffin Programme or had strategic involvement in the development stages. The qualitative methodology was chosen in order to hear and explore the experiences of both staff and women accessing support from The Nelson Trust. It was important to nurture shared experiences and feelings of safety within the focus group, to explore the impact of the programme (Hollander, 2014). Alternatively, to capture staff reflections in a safe environment, anonymity was required in order to ensure that vicarious identification was reduced. Therefore, one-to-one semi structured interviews were conducted, in order to respect the privacy of staff and to increase trust and the depth of discussion between the staff and researcher (Brown and Danaher, 2017). All of the participants created their own pseudonyms. However, during focus group transcription, it was not possible to definitively identify each of the women. In addition, due to the nature of the research, it is imperative that the anonymity of the women is prioritised. The data

[2] The Griffin Programme is a Trauma-Specific intervention which has an evidence-base originating from Tate's (2015) Griffin research at The University of Cambridge.

from the two focus groups with women have been combined and fully anonymised. Therefore, only the staff have pseudonyms within this chapter.

The aims and objectives of the evaluation were to provide an analysis of the merit of the trauma-specific intervention and to examine challenges from the perspectives of experienced women and staff. This chapter will begin with a consideration of the trajectory of trauma-informed working, to provide a guided landscape of good practice. Following on from this, the authors will explore the 'becoming trauma-informed' evolution, to outline the progression towards becoming trauma-responsive and then trauma-specific. This will provide a practical foundation to investigate the evidenced-based trauma-specific Griffin Programme. The chapter considers the importance of providing trauma-specific programmes to support women healing from sexual trauma and substance use (Covington, 2008). Following on from contextual discussions, the chapter will consider the positionality of this research within the broader field of women, families and crime and justice studies. Furthermore, there will be a consideration of three key themes that emerged from the evaluation, these are **Relational Association: Healing, Shame and Intimacy; Implicit Knowing** and **Nurturing, Love and Healing.** Each of the themes will be explored using a combination of data from women and staff who took part in the evaluation.

Innovation within Rehabilitation: Becoming Trauma-Informed

More recently, there has been a more rapid and haphazard application of trauma-informed practices. This ultimately has led to a disregard of the methodical implementation plans and conditions first outlined by Harris and Fallot (2001) (discussed below), as well as a dilution of the core values identified by Covington (2008). The core values required and prioritised within a trauma-informed approach are Safety, Trust, Choice, Collaboration and Empowerment (Covington, 2008). However, for these to flourish within an organisation, the conditions for the implementation of trauma-informed approaches must be considered.

Harris and Fallot (2001) were the first to introduce five key conditions to facilitate change within organisation culture and structure. They are as follows;

1. Administrative Commitment to Change
2. Universal Screening
3. Training and Education
4. Hiring Principles
5. Review of Policies and Procedures

The conditions form a top-down strategy to ensure that the appropriate foundation is in place to embed the trauma-informed approach. The conditions relate to organisations providing resources in order to effectively increase trauma awareness, across their service and programme delivery. In addition, they reiterate the importance of screening all individuals accessing services to understand lived experiences and histories of trauma. The skills and understanding required for this are to be embedded within staff training, education and hiring principles. This ensures that organisations demonstrate consistency across the organisation to revisit and prioritise the staff team's trauma awareness. Therefore, it is important to note that the implementation follows a top-down approach to ensure consistency in policies, organisational culture, and leadership buy in before it can be embedded in staff practices and approaches. It is suggested that a significant issue within the implementation of trauma-informed practice is due to the lack of attempt to evaluate progress, provide quality assurance or evidence to suggest that a service or organisation is actually delivering a 'trauma-informed' service (Bradley, 2017; Bradley, 2020a).

The lack of quality assurance and accreditation development has led to the trauma-informed approach becoming "an elastic term for rehabilitation services to demonstrate innovation, during a challenging climate of perpetual competitive funding" (Bradley, 2020a, p4). Additionally, Jewkes et al (2019, p2) acknowledged that some academics within the field of prison research and senior prison staff have described trauma-informed care and practice (TICP) as "fashionable" and "faddish". However, the authors argue that if properly implemented, TICP has the potential to succeed providing that the holistic practices align with the environment in which they are delivered. Therefore, any criminal justice organisation or institution can embed trauma-informed working, if dedication to the

implementation plan is demonstrated and the appropriate resources are available to do so. This must also be accompanied by the prioritisation of quality assurance and regular evaluation of the organisation/institution's progression towards trauma-informed working. Often, the on-going and reflective nature associated with implementation of TICP is often underestimated and under-resourced, this can result in implementation fatigue, resulting in poor quality trauma-informed working and limited cultural and/or practical change.

In addition, it is argued that women's services need to ensure successful implementation of trauma-informed and trauma-responsive practices, prior to considering progression towards providing a trauma-specific intervention. It is important to recognise the distinction between the phases when working with trauma. For an organisation to become trauma-informed they must be able to demonstrate cultural, relational and environmental recognition of the many ways that trauma can impact upon an individual's life and behaviour. To move towards becoming trauma-responsive, requires the application of the above trauma-infused knowledge, in order to focus on "moving from knowing to doing and being" (Triesman, 2018, p10). It is not possible to be one without the other. Furthermore, this process should be recognised as a progression and continuum, whilst placing the emphasis on the commitment to consistently reflect on service delivery. However, in order to support women towards healing from trauma, SAMSHA[3] (2014) outline that there are many approaches and treatment modalities within trauma-specific services, in order to treat traumatic stress and facilitate recovery. These can include cognitive behavioural therapy, relaxation and breathing strategies to support individuals to cope with anxiety, and the use of stories to explore events in the lives of individuals, to increase their understanding of their behaviour. In order to facilitate shared experiences within a safe space, the foundation of the Griffin Programme is relational, and strength based. It was designed from emerging research (Tate, 2015) that argued for the development of trauma-specific and safety-based groups for women with sex working histories.

[3] Substance Abuse and Mental Health Services Administration- U.S agency within the Department of Health and Human Services.

Recognising Violence and Trauma in Sex Work

It has been well documented that sex workers have continued to experience a range of violence, sexual trauma, human rights violations, abuse and stigma globally (Deering et al, 2014). The marginalisation experienced by sex workers can often intersect with gender-based violence, addiction, as well as mental and physical health issues (SWARM[4], 2017). These can lead to longer lasting and pervasive impacts, relating to sex working experiences. It is important to highlight that all women have diverse experiences and as such, it is important not to conflate all sex working experiences within the context of violence against women. However, this chapter acknowledges the voices of women who seek recovery and healing from sex-work associated trauma and those who identify as survivors of the industry. In order to respond to the violence and abuse experienced by sex workers, there is a critical need for community-led interventions (Deering et al, 2014).

Introducing the Griffin Programme

The Griffin Programme adopts a triad of theory, experience and practice. It is a combination of past-focussed and present-focussed approaches. The combination of approaches enables women to explore their trauma histories, behaviours and triggers, as well as their current coping mechanisms to provide a meaningful holistic intervention.

The programme consists of nine weekly sessions and has a theoretical underpinning which recognises addiction theory, trauma theory and relational theory (Bloom and Covington, 2008). The combination of theories supports the recognition of gender-specific adversities and sexual trauma that may have been experienced by women with histories of sex-work. The intervention has three key aims;

[4] Sex Worker Advocacy and Resistance Movement- a UK-based sex worker led grassroots collective.

1. To bring women with a sex-working history into an emotionally safe setting and create an optimum space for sharing experiences to support the building of emotional connection.
2. To consider and discuss through group sessions, the pervasive shame and trauma symptoms as a result of sex working.
3. To process emotional realities to re-write internal narratives and the instillation of hope.

The programme design embeds the common experiences that sex-working women face within group sessions, to facilitate the combatting of shame without the pressure of disclosure. The women who take part in the Griffin Programme have had a variety of sex-working histories, however most of the women had experienced street sex working or survival sex working. The first cycle of the programme occurs while women are seeking support in residential recovery and rehabilitation. However, women can revisit the same Griffin Programme content again, once they are living outside of residential services, to take part in another two cycles to put their learning into practice.

The groups are kept small, to promote trust between a maximum of seven women. Women are initially referred to the residential recovery services from all over the UK. Once women are stable within their recovery from drugs and alcohol, and are ready to engage in group work, they can refer themselves onto the Griffin Programme. The programme is facilitated by two staff members and all sessions are held in a therapeutic group room at their hub academy in Stroud.

Designing and delivering a programme that is trauma-specific for women healing from sexual trauma, substance abuse and sex working histories is not straightforward. For example, due to the pervasive nature of shame, being exposed to judgement or discrimination could further compound shame and reinforce the experience. To revisit a buried experience within a group produces an additional level of vulnerability to consider. Within the Griffin Programme, the facilitators and group members strive to develop a safe

environment, to encourage honest narratives and enhanced trust to provide a reparative experience.

The following section examines the first theme emerging from data collected with women who took part in at least one cycle of the Griffin Programme.

Relational Association: Healing, Shame and Intimacy

The term 'Relational Association' was coined from the findings of this research. The term relates to the depth of trust and meaningful relationships formed within the group which encourage women to share very difficult experiences including histories of sexual trauma and violence. The sharing of experiences and powerful nature of 'Relational Association' is significant for the group, as many of the women within this research stated that this was the first time that many of them realised that they were not alone.

To facilitate the discussion of painful experiences within a group, is a challenging task. Consequently, the environment and safety developed within the group plays a key role. Some of the challenges identified in Tate's (2015) research acknowledged that shame is a significant barrier for women who are exiting sex work. In support of this, Sauer (2019, p329) argues that shame is fundamentally attached to sex worker emotional experiences and stigmatisation within the double standards of the "patriarchal bourgeois interpretation". Therefore, women continue to engage in a double battle of societal stigma and the internal feelings of shame (Månnson and Hedin, 1999), compounding the experience of trauma. In turn, these experiences intertwine to make both exiting sex work and disclosing sex working to support services particularly difficult for women. If women do disclose their histories of sex work and they receive negative or stigmatic responses from individuals, this can result in disclosure becoming a further trauma (Tate, 2015; Ullman and Peter-Hagene, 2014). In support, Mott (2014, n.p) states, "I can speak to multiple rapes, I can speak to knowing physical, mental, sexual torture". Abolitionist movements have included the voices of individuals with lived experience to highlight the

"violence against women and a traumatic bodily experience" and the "daily genocide of the prostituted class" (Mott, 2014, n.p). This highlights the need to discuss some of the long-lasting stigma and trauma experiences of some women with sex working histories.

Although much has been done to end the stigmatisation of sex work and to transform shame into pride (Laing, Pilcher and Smith, 2015), there are still significant challenges in disclosure for women. This results in services not recognising or responding to the needs of women with sex-working histories. Gidron and colleagues (1996) argue that it is important for women to feel comfortable to disclose their experiences of trauma and sex work, as it is helpful for their recovery journey. Valandra (2007) posits that the safe spaces created by survivor-led groups are more likely to promote healthy recovery experiences for women with histories of sexual trauma. This approach has been adopted in both design and evaluation of the programme. In the quotes below, women and staff consider the importance of sharing experiences in the group.

> *"My relapse lasted many years and, whereas when I first got clean my experience of sex working had all been escorting and getting paid lots of money and in a fairly safe environment, when I relapsed it just went down to street level working and so the shame that I felt when I came back was on so many levels that I just didn't think that I'd ever be free of that. I just felt that I was a failure on every level. I remember my very first Griffin group, I cried my eyes out, cried my eyes out 'cos I felt hope. I thought, 'Oh my God, this might be just something that is gonna set me free from all that labels and all that stuff that's inside me.' And I did. I really got that from doing the course".*

As illustrated above, the emotional impact of 'selling sex' can be far reaching and long lasting (Sanders 2004). Attendance at the Griffin Programme enabled women to liberate themselves from the legacy of psychological and emotional harm, and to counteract feelings of stigma and shame. In addition, this quote highlights that shame is also associated with relapsing and alterations to the nature of the sex working, therefore this

could be an additional hurdle for academics and practitioners to consider for women accessing support. This is supported by Månsson and Hedin (1999) who suggest that breaking away from sex-work is characterised by relapses and regressions. This further reiterates the importance of services recognising that setbacks are a normal aspect of recovery, rather than failure. The power of shame has been described as one of the biggest barriers for women accessing support services (Clawson, Salomon and Grace, 2008). Yet, within the Griffin Programme, women are supported to share their experiences of shame and trauma in a safe environment, sometimes for the very first time. The following quotes highlight the need for honest discussions of shame within the group, to build trust and crucial 'Relational Association'.

> *"I mean, I've blurted things out, and I've felt full of shame and I've thought, 'Oh my God. Can't believe I've just said that!' and then they'll go, 'You ain't alone! We've done that too!' and all of a sudden that shame is lifted and you think 'Ahhh. Okay. I'm glad I'm not the only one".*

The group was able to provide a safe environment for women to share experiences that had previously made them feel isolated. This provided an opportunity for 'Relational Association' to develop.

> *"It's like you get vulnerable and then everyone else meets you there, and we all hold that vulnerability together".*

This shared experience of vulnerability within the group encouraged all of the women to share things that they have kept to themselves for a long time. The impact of carrying shame can be pervasive and long-lasting (Balfour and Allen, 2014).

> *"Because you never talked about anyone you think that you're the only one and that carries a lot of shame. Especially the topics that we talk about. For me it was massive, really massive hearing not just one, not just two but three other women identifying with this stuff that I've never been able to tell*

anyone. Stuff that literally makes me curl up in shame because I feel disgusting. I feel dirty but actually speaking to women who'd had the same experiences as me, it's sort of like, okay. It's not just me and I think that's invaluable. Absolutely invaluable".

"I felt so disgusting and so bad about myself I just literally wanted to unzip my skin and throw it on the floor and it was like, almost like shame and it was horrible, and I went in there and literally I'd kept all that feeling all day and not knowing what to do with it anywhere else, not wanted to share it with anyone and I just kind of broke down and the other women in there were just so amazingly supportive and I was allowed to get those feelings out, say what it was without feeling all that shame and it was like just shedding off a load of bricks that I'd been carrying around with me all day".

The experiences of shared shame provided resilience building within the small group setting. The group were able to honour each experience with respect and dignity in order to facilitate empowerment and healing. The voices of the women highlight the importance of sharing trauma and lived experience, in order to experience 'Relational Association'. This can facilitate relationships described by the women as 'intimate'.

"It just feels like it's intimate on another level and I think that connection between a group of women is so powerful… there's something so powerful about having, maybe, been hurt by men and looked for healing in men, misguidedly, to then find it in a group of women, there's something really powerful about that".

The 'intimacy' described by women highlights the depth of connection within the group. This enabled women to build a space of love and healing. This is particularly important for the development of healthy relationships after leaving sex-work. Some of the key emotional issues identified following leaving sex-work are "vulnerability, helplessness, fear and disempowerment" (Gorry, Roen and Reilly, 2010, p497). Therefore, the women

accessing the Griffin Programme may bring experiences into the group which are painful, re-traumatising or triggering for one another, yet, they described the environment as intimate, powerful and a space of love. This is a testimony to the evidenced-based and trauma-specific design and delivery of the Griffin Programme.

Furthermore, the data collected with facilitators of the Griffin Programme and women indicated that the depth of connection within the group was inimitable. Notably, in a recent evaluation of the Griffin Programme, The Nelson Trust were encouraged to identify key characteristics to increase transparency within their staff selection process (Bradley, 2020b). The following section considers the second theme emerging from this research.

Implicit Knowing

The term 'Implicit Knowing' has been coined by the authors to explain the depth of connection, compassion and nurturing between a Griffin Programme Facilitator and women within the group. Within this section, the perspectives of staff and women explore the unique and specialised skill set required in order to be a successful Griffin facilitator. According to Starhawk (2011, p203-204);

> "We can make ourselves available to listen, actively, empathetically, hearing emotion as well as content. We don't have to fix the situations or relieve the pain. Indeed, we cannot. A good listener is a witness, not a problem solver or an advice giver".

To bear witness to a woman's trauma is a privilege; therefore, it is crucial that practitioners honour the experience shared, without interruption, discomfort or pity.

> *"We don't dance around the edges with it; we're right in there. We talk very deeply about sexual experiences, the kind of humour behind certain situations, all that kind of stuff … it's in there and the person I've got co-facilitating is not afraid to come there. I think that's what it is. You need to be able to go to those places with those women and be alongside them*

and to be able to hold the space I think is the other thing with it is. There's a saying somewhere around, to be able to be a good facilitator you need to be able to go into the darkness with them and I think that's what makes the people that I know so far that have facilitated Griffin have all had, for whatever reason… doesn't necessarily mean the history stuff… but the ability to go with them and be side-by-side with them… The thing about Griffin is that very few people can facilitate it because of the nature of the subject that we're talking about. You can't really train people to do it – that sounds like a strange thing to say - you've either got it or you haven't, kind of thing with it, because it's different from any of the other groups that we run here, some of the generic addiction groups or even the other trauma groups, it's very different. To have an all-female space that is safe enough for the women to be able to talk about the stuff that they need to talk about is a very unique environment for them and we've had some previous people who've come and facilitated and it hasn't really worked out…So someone who knows when to laugh at the right time, cry at the right time, hold space at the right time and just somebody – I don't want to get emotional – someone who isn't afraid to stand at the edge of somebody's darkness and just be there. Just be there. No judgement, no movement, no noise, no sound, no nothing. Just someone who has the ability to stand at the edge and understands what a true gift the women give you when they allow you to witness and doesn't do anything. It's like standing on the edge of a perfectly still pond and not doing anything to cause a ripple. Do you know what I mean? Someone who's not afraid of that". **(Naomi)**

Notably, Covington et al. (2008) indicate that some staff members may feel uncomfortable when talking about trauma with women, due to potential unresolved personal experiences of trauma. This is an important consideration for organisations running trauma-specific programmes. Prioritising staff safety is as crucial as selecting the right facilitator. In addition, due to the nature of the Griffin Programme, the staff all receive external

therapeutic supervision, debriefing opportunities and an extensive training programme (Bradley, 2020b).

Staff tried to explore a word or phrase that encompassed the work of a Griffin Facilitator, and none could articulate it. They all felt that the skills were not trainable, rather it was an intrinsic quality.

> *"They haven't allocated a word to it but all the basic stuff like trauma-informed stuff, the passion, the love, the care, but the love of boundaries [laughs]. Yeah, the care. You're equal to them in that place so it's faith. Do you know what I mean? You don't have to have gone through it but you have this thing that you can't teach that, it lives within you".* **(Willomena)**

When staff were asked to consider the perfect 'ingredients' to create a Griffin Facilitator, they shared examples of characteristics, but found it very difficult to pinpoint the specific skills required. The facilitators came from a range of backgrounds, some had lived experiences, whilst others did not. However, the all of the facilitators had worked with women within the criminal justice system for many years, building up experience and knowledge associated with trauma-informed working. When asked about the skills required to be a griffin facilitator, the staff stated that it was something more than having lived experience, more than love and compassion, and more than being trauma-informed, but all were unable to articulate the precise expertise associated. The authors refer to this as 'Implicit Knowing', which we argue is an essential ability of a Griffin Facilitator. This ability enables facilitators to bear witness to a woman's trauma and to honour that experience in order to encourage healing. In addition, 'Implicit Knowing' is the non-verbal communication or vibe between a woman and facilitator, whereby non-verbal interaction and environmental cues are utilised in order to gather information and understand emotional responses. This provides a depth of interaction which elicits safety, understanding and the inherent recognition of '*I see you; I hear you and I am with you*'.

The power of 'Implicit Knowing' can also be explored within the voices of women who have completed the programme.

> *"On every level of this organisation, there are women not with just lived experience but that seem to really understand the importance of the process".*

Women shared examples of support provided by the staff. They stated that the depth of relationship that they had with staff made them feel more connected, in comparison to other services.

> *"I find that the relationships are much more personal here and it's not just like, 'right, it's five o'clock and I've finished work, so I don't care about your problems anymore', it was really like, yeah, personal relationships and if you were feeling a certain way it's not so strictly regimed (sic) and I think that really helps 'cos it's real people it's not just somebody in a role in a job. It's somebody who's got experience and then doing it because they have so much passion for this stuff. And I think that really makes a difference it's not just a job and a role. We're not like client and whatever; it's equal".*

This emphasises the relational approach within the organisation. However, all of the women agreed that the selection of specialised and nurturing staff is essential.

> *"If it wasn't for the staff that manage it and I think they're very careful as to what staff they get to facilitate it. Not every member of staff would be able to facilitate this group".*

The experiences between the group highlighted the different dynamic and relational approach, due to the careful selection of Griffin Programme Facilitators by the creator of

the intervention. The selection process is therefore critical to ensure that the group runs in a meaningful and safe way for the staff and women.

The final section explores the third theme within this research, whereby staff and women both acknowledged the group sessions as providing a place for love and healing.

Nurturing, Love and Healing

It is recognised that therapeutic relationships are mutually respectful, empathetic and compassionate (Covington, 2008). SAMSHA (2011) acknowledge that women who have histories of addiction, find supportive therapies more beneficial. Further analysis indicates that the term love exists within the context of self-nurturing to promote empowered connectiveness within self-work. These enhanced feelings of "love and generosity that transcended self, reaching towards spiritual understandings and a sense of belonging in the world" (Kearney, 1998, p508). The women acknowledged experiencing love throughout the Nelson Trust women's residential treatment programme[5].

> *"You can tell that they've got love and compassion and understanding. You can just feel it throughout the whole of the Trust, for me. Especially the women's service, I can't really speak for the mixed service, but the women at the women's service are just amazing. The support that they give you, and understanding, is invaluable. And you also know, I think, you get a feeling that they understand, they've been there for the most extent of it. You know it's not just textbook learning that they actually have been through this and they care deeply about what happens to the women in the service".*

[5] The women's only residential treatment programme is a safe and therapeutic environment where women can work together to address underlying issues of safety. The care plans are designed for a period of 12 to 24 weeks to meet the personal needs of each woman, to provide abstinence-based residential treatment and recovery from drug and alcohol addiction.

The above quote indicates that staff have demonstrated love and compassion towards women accessing their programme. This is a testament to the embedded nature of being trauma-responsive.

> *"It really is a full package, down to the programme content and the staff who deliver it, it's the room and the space, the welcome, the silence, the holding with love and the bean bags".*

Some of the women highlighted the importance of the environment that the organisation has created.

> *"I've never been in a group before where you have an emotional bond. I quite like the word 'transcend'; I feel like this group transcends in every way. It's just deeper and further, and it is holding a space of love".*

Many of the women agreed that the group consisted of love. They discussed this as 'the holding of love' and the 'space of love' which is felt within the entire group and between Griffin Facilitators and women.

> *"It's taught me how to have a lot more compassion and love for other people, therefore you can't help but to start giving that to yourself. And the stuff that I've learned here continues to help me".*

The activities and discussions transformed their thinking to compassionately understand others in the group as well as learning to love themselves. This long-term behaviour change stemming from the programme is significant for trauma working, as self-confidence can be impacted due to the experiences of shame. However, this group demonstrates healing and recovery in perceptions. The trust built within the group also supports the staff to facilitate honest exchanges.

> *"And by that time the trust within the group itself the fact that it's a closed group so you've been with those same women from day dot, you've got that trust, literally. And the love and compassion in the room, you know".* **(Charlie**)

As demonstrated above, the importance of love within women's healing from trauma lies within the experience of relationships and re-connection (Duncan and Mason, 2011). When a woman 'dis-connects' this is usually caused by relationships which are disempowering and when a woman feels 'unheard' or women have experienced violence, abuse or sexual trauma (SAMSHA 2014). It is acknowledged that trauma can impact upon the relational experiences of women, and the way that women engage with staff and peers (Rosenbaum and Varvin 2008). Therefore, it is particularly powerful that women are able to associate 'love' within their healing experience on the Griffin Programme.

> *"I say all of the time, much of the work we do here is just loving them back to life, you know. You can't do this work without love".* **(Naomi)**

This final quote symbolises the approach taken by the organisation and staff who support women to heal from trauma and sexual violence.

Concluding Thoughts

This chapter has explored the value of a trauma-specific intervention for women who are recovering from trauma and shame, related to their sex working histories. The three key themes will now be explored in more depth, highlighting future directions for organisations hoping to design trauma-specific programmes. This final discussion focuses on the importance for nurturing and love within the context of women's recovery and rehabilitation.

The voices of the women explored the power of 'Relational Association', particularly when they shared personal experiences of shame. It was argued that the term should be

considered when trying to explain the depth of connection between the women on the Griffin Programme. The shame and stigma of sex-working was discussed by all of the women in this research. Women within the programme felt able to disclose painful memories and experiences that they had kept to themselves for many years. This is an area of interest for practitioners and academics, as shame and a fear of rejection can be a significant barrier for women with sex working histories, when attempting to access associated support. Tate's (2015) research indicated that women with sex working experiences may not be disclosing their needs and lived experiences to services. Therefore, many organisations are unaware of potential rehabilitation or recovery needs within the women accessing their support. It is therefore important to prioritise the reduction of shame and to promote the safe discussion of sex working histories within organisations. Practically, this could be improved with additional trauma-informed training which specifically considers the pervasive aspect of shame intertwined within experiences of sexual trauma and sex work. In addition, the inclusion of survivor-led groups (Valandra 2007) may be a potential way to facilitate transformative recovery experiences through 'Relational Association'.

The experiences of the women outlined the feeling of shame as a trauma. For example, women considered shame at every level of their experiences, including the application of labels and stigma both after their relapses and during their sex work. This led to one woman stating that she wanted to *"unzip my skin and throw it on the floor"*, which demonstrates the pervasive impact of shame and trauma and how these can influence identities and perceptions of the self. However, many of these disclosures of shame within the group, facilitated 'Relational Association', which enabled women to share their vulnerability and shame in order to feel relief. This relief was described by two women as being 'lifted' and being 'set free'. This emphasises the power of 'Relational Association' through the shared experiences within the Griffin Programme. The relationships and trust constructed in the group were fundamental in achieving such a safe environment. This emphasised the importance of the environment in delivering a trauma-specific programme. One of the most significant findings of this research, indicated the power of the programme in producing intimacy between women through shared vulnerability and 'Relational Association'. As

the term intimacy is not traditionally used within this field, this is an important consideration within relational approaches. The women described it as transformative for their relationship building. They stated that they typically focussed on finding healing from men, yet this programme supported them to develop healthy relationships with women instead.

Furthermore, this chapter has demonstrated that the Griffin Programme provides two distinct approaches to combat shame. Firstly, an environment is created whereby the unspeakable becomes the relational group norm, as the content supports discussions of the experiences which women often struggle to verbalise. Secondly, it is the power of 'Relational Association' whereby women are profoundly impacted when they see and hear another woman sharing the same or similar shame experiences. This encourages a flood of emotional connection, solidarity, sisterhood, hope, optimism, love and a desire to stand up and say 'me too'[6]. For women to know that they are not the only ones who have experienced what they have experienced, or did what they did, this has the power to reduce shame.

Another theme presented in this chapter relates to the term 'Implicit Knowing'. This finding from the research, relates to the inherent untrainable skills and characteristics which are required in order to be a Griffin Programme Facilitator. Therefore, careful and considered selection of staff is vital within this context. The instances of staff support provided within this chapter are powerful, thus demonstrating the passion and advanced trauma awareness of the team delivering the programme. 'Implicit Knowing' has been considered as a non-verbal connection and communication which generates an understanding between staff and women. This interaction provides a depth of trauma-responsiveness, without providing words. However, the depth of the interaction produces more meaningful interactions, recognition and safety for women.

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[6]See: Me Too. (2018) H*istory and vision*, Available at: https://metoomvmt.org/about/. (Accessed 20 February 2020).

Crucially, the findings indicated that whilst lived experience is valued, this does not always equate to 'Implicit Knowing'. Importantly, staff are encouraged to feel real emotion within the delivery, to cry, to laugh and to go with women to some of their trauma's and just to be present. This reiterates the work of Starhawk (2011) to bear witness, rather than attempt to relieve pain, interrupt or solve problems. Indeed, this emphasises the need to consider more ways that women can share openly within further trauma-specific recovery contexts. Although it is a challenging political climate within women's community services, the women highlighted that the personal relationships with the staff enhanced their experience on the programme. Subsequently, future directions should focus on encouraging more meaningful experiences within rehabilitation and recovery as an important relational tool to support women's engagement and transformation within services.

The final theme within this chapter considered the role of 'Nurturing, Love and Healing' within the programme. This is the crescendo which unites the previous themes, as there is no place for 'Relational Association' and 'Implicit Knowing' without there being an environment which is nurturing, loving and healing. The data indicated that women felt love and compassion from the facilitators. The women described the space of love and an emotional bond within the group that 'transcends' in every way. This is particularly powerful from the women's perspective as this recognises the relationship development, support and staff engagement as love and they felt the staff cared both genuinely and deeply about them. Moreover, the love demonstrated in the group enabled one woman to begin to love herself, which is particularly transformative considering the pervasive impact of shame previously discussed in this chapter. A future direction for practitioners and academics is to question why the term love is seldom used within Criminology, rehabilitation and recovery from addictions. As such, the authors argue that the current system requires a cultural and philosophical shift, in order to accept that relationships and loving approaches are key to the successful recovery of women healing from trauma and sex working histories.

In line with the future directions presented above, it is crucial to acknowledge the well-being of staff who deliver trauma-specific programmes. Therefore, care needs to be taken to ensure that staff do not experience vicarious trauma during or following the delivery of the programme. An example of good practice from The Nelson Trust centres around their prioritisation of post-programme debriefs for staff as well as external trauma-informed supervision. Whilst, it is important to provide love within trauma healing, staff will be unable to deliver the best service to women, if nurturing and safety is not also prioritised for them. This research has also demonstrated the importance of academics and practitioners working collaboratively on publications in this area. This offers a good practice approach to strengthen the perspectives and to capitalise on the modernisation within women's rehabilitation services. Overall, the success of trauma-specific programmes will be unsustainable if changes are not made both culturally and financially within the precarious and insecure funding landscape of women's rehabilitation and recovery.

Reflective points

1. When working with trauma-specific programmes, is it relevant to consider trauma-histories of staff?

2. Is 'Implicit Knowing' a trainable skill and if so, how would you facilitate this?

3. When working with women who have experienced multiple traumas, how important a tool is love for recovery and healing?

4. Could 'Relational Association' be used in another rehabilitation or recovery context?

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