



Space for Self:

The therapeutic model of the Rape and Sexual Abuse Support Centre (RASASC)

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“It’s like discovering this strength that you always have but you don’t know you have. It’s like putting you back in touch with yourself.”

Focus group with young women

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Executive Summary

This report is the result of a project funded by the Centre for Expertise in Child Sexual Abuse. It is focused on discussing and documenting the therapeutic model used in counselling at the Rape and Sexual Abuse Support Centre (RASASC) with young female survivors of sexual violence aged 25 and under, together with developing an outcomes framework for measuring the work.

The therapeutic model of the Rape and Sexual Abuse Support Centre, Rape Crisis South London, seeks to support and expand a woman’s space for self, enabling her to take up more space in the world, in her body, and in herself. The model is underpinned by a particular understanding of space, as discursive – in terms of creating the space to speak – and material – in terms of a physical environment or space to be. It is also grounded in an understanding of the self as relational, situated in a social context which, though outside of the self, both affects and is affected by it.

The research underpinning this report explored the therapeutic model of RASASC through a mixed method approach including focus groups with therapists and service users, document review, and a questionnaire. Taken together, the data reveals that the model creates a space for self in four connected ways.

- A space to understand the self.
- A space to accept the self.
- A space to trust the self.
- A space to value the self.

An overview of the model’s key working practices, together with their therapeutic purpose, is outlined below.

Key working practices

PRACTICE	PURPOSE
The explicit use of the words rape and sexual abuse	Legitimizes experience. Helps break sense of isolation and self-blame. Helps build self worth
The specialism of the centre (only women, only sexual violence)	Legitimizes experience. Creates sense of belonging. Breaks isolation.
The physical space of the centre	Helps create ease and calm externally to support internal process. Use of boundaries builds feelings of control and trust.
Consistency in time and space (sessions held at same time, in same room, on same day each week, with same therapist)	Builds feelings of self worth and value. Legitimizes experience. Helps create ease and calm externally to support internal process. Builds trust.
The length of time for therapy (one year)	Builds feelings of self worth and value. Legitimizes experience. Allows the time to build real trust in the self.

The use of self-referrals	Encourages and respects autonomy. Builds and demonstrates trust. Helps young women develop trust in their ability to know what they need and ability to ask for what they need.
Confidentiality maintained at all times (safeguarding concerns brought to young people first)	Encourages and respects autonomy. Demonstrates and builds trust in the self. Role models responsibility of people for their own decisions.
Sessions are led by service users, no matter their age	Helps rebuild sense of the world with young woman at the centre. Role models responsibility of people for their own decisions. Builds understanding in the self. Helps young women develop trust in ability to know what they need and ability to ask for what they need. Builds reliance on the self. Develops internal locus of evaluation.
Respecting and encouraging the mechanism of choice	Builds trust in own decision making process. Starts to shift feelings of being stuck. Builds reliance on the self. Role models self- responsibility. Develops internal locus of evaluation.
Acceptance of the client for who they are and where they're at (including "self-harming" behaviours)	Combats self-judgment, blame, and shame. Role models self- responsibility. Builds trust in the self and its responses.
Psycho-educational, locating sexual violence within broader individual and social context.	Encourages acceptance of the whole self. Helps to break isolation. Encourages greater understanding of the self. Helps break sense of isolation and self-blame.
Reality checking and empathic reflections	Helps relate to emotions as sources of information, reducing self-blame and encouraging re-connection to the self. Demonstrates and builds trust in the self. Develops internal locus of evaluation.

The practices comprising the model, together with their purpose, are interconnected and overlapping, part of a comprehensive whole rather than individual pieces that can be added or removed without consequence.

The core outcomes of understanding, accepting, valuing, and trusting the self form the basis of an outcome framework that is able to evaluate the work of the centre. The sample indicators given below are designed to work on a likert scale beginning with the client initial self-assessment, and repeated at consistent intervals as appropriate, with these not less than six weeks to allow for change to be recorded.

<i>Outcome</i>	<i>Indicator/s</i>
Increase in self-understanding	I feel like myself (+) I know what I need (+)
Increase in self-acceptance	I accept myself (+)
	I avoid some of my feelings (-)
	I listen to my body (+)
Increase in self-trust	I feel stuck (-)
	I trust myself (+)
Increase in self-worth	I can say what I need (+)
	I value other people's opinions more than my own (-)
	I can say what was done to me (+)

Introduction

This report is the result of a project funded by the Centre for Expertise in Child Sexual Abuse.¹ It is focused on discussing and documenting the therapeutic model used in counselling at the Rape and Sexual Abuse Support Centre (RASASC) with young female survivors of sexual violence aged 25 and under, together with developing an outcomes framework for measuring the work. This core model is shared across the different services the centre provides, and is adapted with different age groups. This report, therefore, can be read as a documentation of the overall therapeutic approach of RASASC.

The Rape and Sexual Abuse Support Centre

The Rape and Sexual Abuse Support Centre (RASASC), Rape Crisis South London, is a specialist sexual violence organisation based in Croydon, South London, that exists to support women and girls to rebuild their lives in the aftermath of all forms of sexual violence. RASASC embeds this aim within a feminist perspective that connects individual experiences of violence to the social structures that sustain them, and approaches the women and girls that access their services as capable survivors, rather than victims or patients who need to be rescued or healed.

All of RASASC's services are underpinned by a specialist therapeutic model, which has been developed by the centre since the early 1980's. This 'empowerment model' of therapy "aims to facilitate the client's ability to take back choice and to develop trust in themselves through contact with a counsellor in a bounded therapeutic relationship, where they are free to express any of their emotions, both the ones known cognitively and the ones held 'in the tissue of the body'."²

Though the concept of an empowerment model exists across different fields from management to HIV prevention,³ and a trauma-informed model has been developed by a sister Rape Crisis Centre, the Women and Girls Network,⁴ RASASC's empowerment model is tied to the specific working practices of the centre. This suggests the need to distinguish between it and some of the other uses of the "empowerment model". In addition, during the course of this study, some staff and therapists at RASASC identified difficulties with the concept of empowerment as a therapeutic goal, particularly when it comes to evaluation. Questions raised included whether empowerment as a concept encourages a distancing rather than acceptance of vulnerability; how can empowerment be meaningfully measured when how 'empowered' one feels can change across contexts;

1 The project was funded through the evaluation fund of the Centre for Expertise on Child Sexual Abuse. For more information see <https://www.csacentre.org.uk/research-publications/evaluation-fund/>

2 Joanknecht, L. (2014) *The Empowerment Model: A model for working with female survivors of rape and childhood sexual abuse*, London: Rape and Sexual Abuse Support Centre.

3 Geroy, G. D., Wright, P. C., & Anderson, J. (1998). Strategic performance empowerment model. *Empowerment in Organizations*, 6(2), 57-65; Gómez, C. A., Hernández, M., & Faigles, B. (1999). Sex in the new world: An empowerment model for HIV prevention in Latina immigrant women. *Health Education & Behavior*, 26(2), 200-212.

4 Thomas, A. (2013) *Multisectoral Services and Responses for Women and Girls Subject to Violence: Making the difference*. Interactive expert panel, United Nations Commission on the Status of Women Fifty-seventh session 4 - 15 March 2013 New York. Available <http://www.un.org/womenwatch/daw/csw/csw57/panels/panel2-paper-akima-thomas.pdf>

and what does empowerment mean when the intersections of gender, age, race, class, sexuality, and/or disability mean that many survivors have to live with levels of inescapable disempowerment in their everyday lives?

This latter point was felt to be particularly relevant for children and young people who commonly do not have the same level of power over their lives as adults. Children and young people often have little control over where they live for example, or are told what to eat and when, or what to wear and how to behave, meaning that someone may feel empowered in one situation (such as with the counsellor) but not another (such as with their parents or a head teacher).

It's a difficulty when you're working with younger clients that are not going home to their own house where they can put the TV on and do whatever they want to do. They will still be going home to an environment where there is still a huge amount of incongruence and powerlessness. – RASASC Therapist

You can't empower someone beyond their situation. So if you empower a child beyond things they've got no control over, all you do is leave them frustrated. So what you may be looking at is how to develop their communication and negotiation skills... how can you say to mummy, 'You're listening to me mummy but actually I don't feel heard.' – RASASC Therapist

For some, this was about redefining the concept of empowerment, from an external action to an internal process. This process was understood as centered on the self: expanding one's self-worth, self-governance, and self-acceptance.

So primarily for me, empowerment is about an internal process. If the external parameters are available, which for many youngsters they are not, then so be it. If they are, that's good but it's about the internal thought, feelings of self, self-worth, self-value, self-governing. – RASASC Therapist

It was a desire to understand more about what is meant by this sense of empowerment as an internal process, together with the need to map the distinctiveness of RASASC's approach, that formed the initial entry-point for this project. The rest of this section will detail the methods used in the study, as well as outline the impacts of sexual violence as articulated by the young women who access the centre.

Methodology

The aim of this report is to outline a client-centered articulation of the experience of therapy for young women and girls at RASASC, as well as to suggest measurable outcomes to map the change the model seeks to make. The research underpinning it had three core objectives:

- to document RASASC's service model
- to identify appropriate outcome measurement tools/approaches.
- to learn from current/ past service users' perspectives on meaningful outcomes for them.

A mixed method approach was used involving: document review; interviews with managers; focus groups for clients aged 25 and under, and for therapists working with those age groups; and a questionnaire for all therapists working at the centre. The qualitative data was transcribed and inputted into NVIVO for analysis. Due to the confidentiality of the counselling relationship, no identifiable information for any of the participants is included in this report.

DOCUMENT REVIEW

The existing tools used by the centre to measure impacts and outcomes were reviewed alongside the anonymised files of 73 clients. For these young people, information from their self-assessment, initial consultation, and first contact forms were reviewed. Whilst information on age was provided, no other identifiable information was reviewed. All were aged 25 and under and received individual counselling between 2015-2017: ten were aged 16 and under, two were aged 12 and under, and none were 6 or younger.

INTERVIEWS

In-depth interviews were held with the managers involved in the counseling service. Both of the key managerial staff, the Counselling Coordinator and the CEO, were also involved in the provision of counseling to young people at the centre, with one acting as the centre's play therapist at the time of the study. All interviews were audio-recorded and transcribed.

FOCUS GROUPS

Two focus groups were held with RASASC therapists working with women 25 and under, with a total of five participants across the two groups. The groups contained therapists from across age and ethnic groups, as well as diversity in the length of time they had been working with young survivors at RASASC.

One focus group was held with young women who had either finished or were in counseling at the centre. 4 young women participated in the client group. While the group was ethnically diverse, the age range was more limited, with all participants between the ages of 18-25.

In keeping with the ethos of RASASC, all focus groups were designed with participants as active in the research process. Information was extracted from the reviewed client files on the impacts of sexual violence and the expected outcomes of counselling, and both clients and therapists were asked to discuss these in relation to their own experiences.

QUESTIONNAIRE

In order to support participation from counselors who were unable to attend the focus groups, a short questionnaire was sent to all counsellors currently on the RASASC counselling team (n=19). For ethical reasons it was decided participation from clients would

not be sought in this way. The questionnaire comprised 10 questions and focused on the respondents understanding of the impacts, outcomes, and model of counselling used at RASASC with survivors aged 25 and under.

A total of 9 responses were received: all respondents had worked with survivors aged 25 and under, and 3 respondents had worked with survivors aged 12 and under. There was no significant difference between the responses of these two groups.

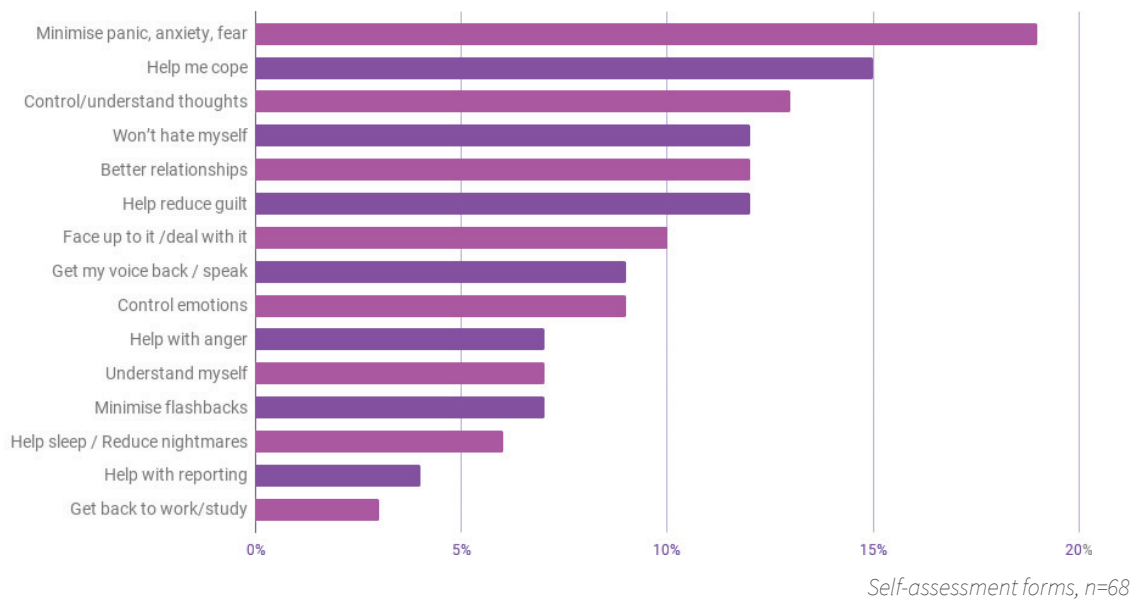
Sexual violence: Impacts and outcomes

Sexual violence is widely acknowledged as having a range of embodied and social impacts from mental health presentations and physical illnesses, to consequences for educational attainment and employment opportunities. As a long-established service, RASASC have collected a wealth of data on the impacts of sexual violence and client's desired outcomes of counselling. For this project, such data was accessed through the review of 73 case files of young women and girls who had accessed the service in the past two years, in particular through two key forms: the client self-assessment which is completed prior to the first consultation; and the initial consultation form, which is completed by the consulting therapist (the Counselling Coordinator, CEO, or a senior therapist) as a record of the first meeting with the centre, before beginning counseling.

In addition, questions were asked in the focus groups, interviews, and the questionnaire, about the impacts of sexual violence and the outcomes of therapy. Rather than relying on the wealth of previous literature outlining the impacts of sexual violence, the data collected as part of this project reveals some of the key impacts for young female survivors of sexual violence.

The client self-assessment form contains a question asking clients what they hope to get out of counselling. A total of 68 files had this information. Responses were coded into the broad categories in Figure 1. As responses were free text, some clients listed multiple outcomes.

Figure 1 **Most common desired counselling outcomes**



The most commonly desired outcome was for young women to put what has happened behind them, mentioned in a quarter of the forms reviewed. In the focus group, however, young women mentioned how this desire changed over the course of counseling. This suggests that using pre-measurements alone to evaluate the RASASC model may miss the ways in which the process of therapy itself can change what outcomes are desired, as well as revealing impacts that may have been previously hidden.

I think it changes. I definitely went in thinking that I would just hope that I would just forget about it. Or, once I worked through it, that I can put it to rest and not have to think about it again. I think, now, going through counselling, it's too big a thing to just forget and that's probably not going to happen. But, I've shifted towards being able to get on with life, still knowing that has happened but it's not affecting me so much and every day, I can still get on with life. – Young woman

I think, a desire to forget about it and just move on, entirely, as if it never happened, is part of, at least for me, it was part of trying to run away from it and bury it. I've realised, through counselling, that I don't have to do those things to live and that, actually, it's much better to face it. – Young woman

I totally went into it thinking that I would get over it and forget it ever happened and be back to normal, whatever that means? But coming out of it, I realised, that's not what happened and, actually, I don't think that's what I would have wanted or that's not what I want now. I feel like it's not getting over it, it's facing up to it and not being in denial and not blaming myself but facing up to what happened. Actually, in a weird way, that feels like a

better outcome because it feels like I've learnt to respect and trust myself. So, carrying the knowledge of what happened is actually more empowering than just having that memory wiped or whatever. – Young woman

That this change from initial understandings of impacts and outcomes came about through the process of counselling itself, was also understood by the therapists at RASASC as demonstrating a movement for client's from an initial focus on functioning, to an understanding of the deep-set consequences of sexual violence for one's sense of self.

I think that's huge, not realising the impact and thinking that they're panic attacks or they're flashbacks but not realising why that happens. So someone often wants to be fixed, "Tell me how I can get rid of the flashbacks or I can get rid of the anxiety." But if we work with the underlying issues, those things will subside because those things are telling you that you're not okay right now. It's your body alerting you that something is not quite right. So when we do the work, those things can subside. I guess the flashbacks, the anxiety, all of those automatic responses to trauma can be worked on. Those are the things that can be worked on. So we can't erase what's happened, we can't erase the memories but we can work on the impact. – RASASC Therapist

The client-centered expectations given in the initial self-assessment forms thus may reveal more about the impacts of sexual violence than a way to measure the outcomes of therapy. Read in this way, the impacts of sexual violence as recorded by clients aged 25 and under can be understood as related to a feeling of being stuck (the desire to put it behind me); increased levels of fear, panic, and/or anxiety; feeling unable to cope; intrusive thoughts (the desire to understand/control thoughts); feeling guilt; relationship difficulties; and a negative impact on self-esteem and self-confidence (desire to no longer hate oneself).

The initial consultation forms (Figure 2) and the counsellor questionnaire (Figure 3) suggest additional impacts that may be more likely to come out through engagement with a therapist.

Figure 2 *Impacts of sexual violence*

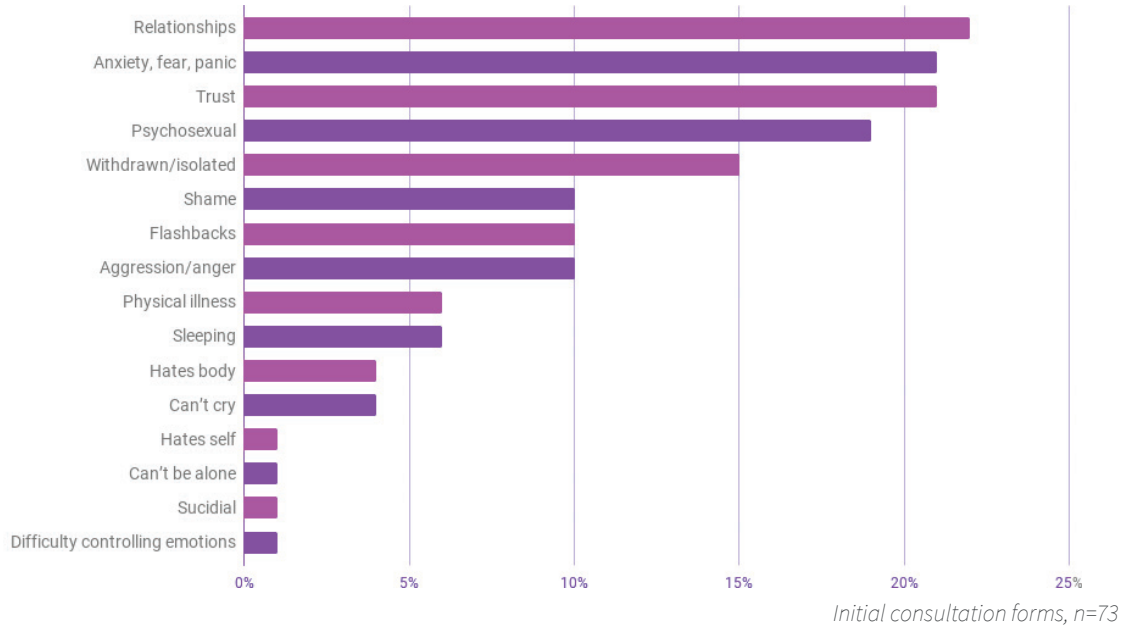
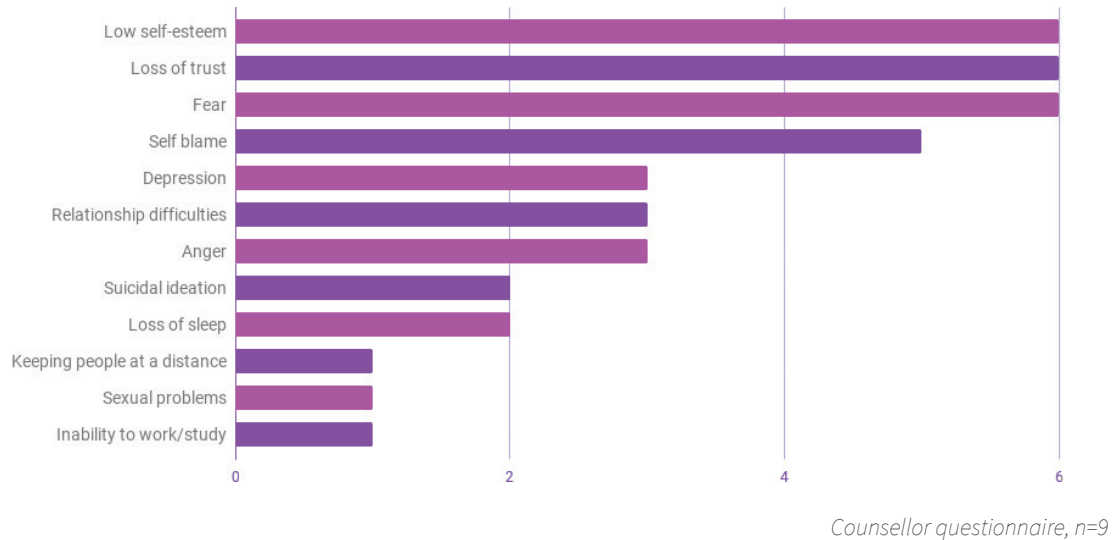


Figure 3 *Impacts of sexual violence*



While many of the impacts recorded across both the initial consultation forms and the questionnaire are similar to those listed by clients (in particular fear which features across all sources as among the most common impacts), a loss of trust, psychosexual difficulties, and anger/aggression feature much higher than in self-evaluations. It may be that these impacts are less likely to be recorded by clients in initial self-assessment forms as they are

made particularly visible in relationship to others (i.e. loss of trust), or are those that are more stigmatised for women and girls to experience (i.e. sexual acting out/withdrawal and anger or aggression).

Taken together, this data suggests the key impacts that therapists at RASASC are working with, for clients aged 25 and under, are feelings of being stuck, hyper-arousal (includes feeling scared, panicked, and anxious), loss of trust (includes relationship difficulties, self-esteem/confidence), anger, psychosexual issues, and guilt. It is to detailing how the centre's unique therapeutic model responds directly to such impacts that this report will now turn, focusing on understanding this model in terms of creating a space for self.

Space for Self: The RASASC model

RASASC's therapeutic model seeks to support and expand a woman's space for self, enabling her to take up more space in the world, in her body, and in herself. Understood in this way, the RASASC model builds on the concept of 'space for action', itself a development of Eva Lundgren's work on 'life-space', used to capture how the motivations of men who are violent towards their partners are, in part, based on a desire to set limits on women's ability to exercise their freedom.⁵ The model is underpinned by a particular understanding of space, as discursive and material, while also grounded in an understanding of the self as relational, situated in a social context which, though outside of the self, both affects and is affected by it. These components, and their associated working practices, are expanded on in this section.

Space to speak

The concept of 'space to speak' was developed Jo Wilson to describe the limits placed on African-Caribbean British women survivors of child sexual abuse.⁶ Core practices underlying the RASASC model help to create a space where the ability to speak about sexual violence is made visible, and through this experiences of sexual violence are made legitimate. As articulated by a younger client, such a space is often not provided by society or permissible culturally.

It's a safe space where you get to talk to someone, who's trained to listen, without fear of judgement. That's a big thing because, culturally, we don't really talk about abuse and stuff. – Young woman focus group

⁵ For Lundgren, the life space of women is decreased as a way of increasing the life space of the men who were violent towards them. This has subsequently been developed into the idea of space for action by researchers at the Child and Woman Abuse Studies Unit in London, and has been used in relation to young people's understandings of rape, trafficking for sexual exploitation, the sexualisation of popular culture, and young women's experiences of sexual agency. See (in order of topic listed in the text) Lundgren, E. (1998) 'The Hand that Strikes and Comforts: Gender Construction and the Tension Between Body and Soul', in Dobash, R. E., & Dobash, R. P. (eds), *Rethinking Violence Against Women*, Sage, pp.169–198; Jeffner, S. (2000) Different space for action: The everyday meaning of young people's perception of rape. Presentation at ESS Faculty Seminar, University of North London, May; Kelly, L. (2003) 'The wrong debate: Reflections on why force is not the key issue with respect to trafficking in women for sexual exploitation'. *Feminist Review*, 73, pp.139-144; Coy, M. (2009) 'Milkshakes, lady lumps and growing up to want boobies: how the sexualisation of popular culture limits girls' horizons', *Child Abuse Review*, 18(6), pp.372-383; Vera-Gray, F. 'Girlhood, agency, and embodied space for action', in *Nordic Girlhoods: New Perspectives and Outlooks*. Formark, B., Mulari, H. & Voipio, M. (eds), Palgrave MacMillian, pp.127-135.

⁶ Wilson, J. (2016) 'Spaces to speak' of sour milk: exploring African-Caribbean-British women's activism and agency on childhood sexual abuse from the 1980s to the present day, PhD Thesis, London Metropolitan University.

The naming of the centre, the Rape and Sexual Abuse Support Centre, helps provide the discursive space for women and girls to speak about sexual violence.⁷ The explicit inclusion of the words rape and sexual abuse were highlighted by younger clients as well as therapists, as helping to legitimate their experiences as well as help them speak about something they knew they would find difficult.

The fact that, that's what this place is for and it made me feel much more legitimate. I almost felt like, "This has been recommended to me and I've had an assessment and they clearly think I have a right to be here." It made me feel like I was able to talk about what had happened and not think, "Oh, it's not a big deal." Or, "It's my fault." Or whatever. It made me feel so much more legit and I think the name is a big part of that. – Young woman

I'd also had counselling previously but I wasn't talking about it. Here, I was hopeful that I would find it more useful because I couldn't really run away from the topic here, because, I guess, this is what the centre is for. In other places, because I wasn't able to speak about it, they would always suggest I contact here. – Young woman focus group

I'm just thinking about also it not being a taboo, so just coming here and also not avoiding the subject of being sexually abused or raped and just using those words in the session. So I'm sure in other settings, for them that's never been able to be discussed or not been able to be talked about. So even just having a space for the counsellor to use those words or to say that's happened, I think that's quite powerful. – RASASC Therapist

This discursive space relates not only to the use of language, but to all modes of “speaking”, including non-verbal communication. This is particularly important in the centre’s work with young girls who engage in play rather than talking therapies. Such work is understood by RASASC’s therapists as facilitated through the creation of a safe space where the child is able to explore themselves without expectations on what they will or will not do or say.

I'm a safe witness to the play in that environment. That's how I see it anyway. So with the little one that I did see, of eight, she did a lot of playing out him being a baddie and her getting her power back. But it just so naturally came from her. I didn't do anything. I felt like I wasn't doing anything, it was just coming out. It came up through her trust of me. I find it quite hard to put into words when it's that but with her it was like she just needed the space to do that basically, needed a safe space to be able to start to show somebody, who didn't have any expectations of her, what was going on inside. – RASASC Therapist

⁷ The concept of “discursive space for action” comes from the work of Sui Ting Kong, presented at the roundtable of Durham University’s Centre for Research into Violence and Abuse (CRIVA) at the 2018 British Association of Sociology, held at Newcastle University.

The specialism of the centre helps to create a “community of corroboration”,⁸ where the experiences of women and girls are shared, heard, and validated. All of RASASC’s services are for female survivors of sexual violence and the importance of this was identified by clients as a key difference between the counselling at RASASC and the counselling at other generic counselling organisations. It is not that sexual violence is just one of the areas of work for the centre – it is the work of the centre, and has been for over three decades. This was experienced by clients as marking a particular difference in RASASC’s therapeutic approach.

My description of what counselling is, generally, and what counselling is, here, would be very different. You think that counselling, often, is either paid for or it is something like CBT where it deals with practical things. But, here, it was something about being valued enough that there were these people who were giving up their time for you, to help you. Then ... I’m getting emotional ... the bond that I have with my counsellor, I feel like she really cares about me and she understands me. It’s that thing where I understand that lots of the women who work here are survivors. So, there’s such a strength in that bond and it’s quite healing, I think. – Young woman

For young women who may not yet be aware of the prevalence of sexual violence, or who may not know any other survivors, this sense of community – of belonging – with other women and girls helps to break the sense of isolation that can come in the aftermath of sexual violence.

I feel like one of the best things is that there are so many other survivors around you that it’s almost like a little community where it’s normalised and you feel that people “get” you. I think that that’s so important. – Young woman

Just seeing other women come in and that you’re not the only one seeking help. That you’re not just some sort of troubled person that is all alone. – Young woman

That RASASC is both women-only and is a specialist in sexual violence not only helps to create the conditions conducive to the therapeutic process, it forms part of this process itself. This understanding highlights the importance of the material space of the centre to the therapeutic model it uses.

A PHYSICAL SPACE FOR SELF

Unlike organisations that exist as part of a larger centre or that deliver counselling from premises that include a range of other services (such as “one-stop shop” models of delivery), the RASASC building is a dedicated space for female survivors of sexual violence. Younger clients described this provision of a physical, grounded, safe space as therapeutic in and of itself.

8 Vera-Gray, F. (2018) *The Right Amount of Panic: How women trade freedom for safety*, Bristol: Policy Press.

Things are just really calm here and it's quiet. I think that's important if you're coming to dig into your head and think about things. – Young woman

It sounds kind of silly but it was the whole building and the whole space. So, all the posters and nice chairs and stuff, that really puts you at ease. It sounds really trivial but just the fact that someone's made an effort to create a space where you're going to feel comfortable and there's affirming messages everywhere. So, that immediately made me feel better. – Young woman focus group

I love the rooms and, sometimes, when I'm having a difficult session, I pick up a teddy bear and I have a teddy bear there on my lap. There's just so many teddy bears to choose from, it's great. – Young woman

Alongside the calmness of the physical space, part of the RASASC therapy offer is that once a client gains a counselling space, that is their space for the next 12 months.⁹ This space is not only dedicated to the client, it is consistent; occurring at the same time, in the same room, on the same day each week, with the same counsellor. As the RASASC model describes, “the psychological message here is that whatever else may be going on, whatever internal anxiety the client is feeling, her safe space will be there... Sessions start and end on time, all other organisational boundaries are held firmly creating a safe environment which is contracted and agreed in advance.”¹⁰

The young women who participated in the focus group raised the importance of this kind of consistency in time and space in talking about what they found useful about the working practices of RASASC.

I really like the consistency... the fact that you come to the same place, the same room, every week. That, for me, was really soothing and it made, what was initially, quite a scary thing, immediately less scary. – Young woman

You can get the chance to offload, in a way, and talk about what I was struggling with, during the week. So, it just makes it feel a lot more manageable, just having the same room and the same person, at the same time, that you get to see for a year, as well, because in my last place, it was twelve weeks. So, even though it got extended after the twelve weeks, for another three weeks and then four weeks but nobody really knew when it was going to end. Whereas, here, I know I have a year and I'm allowed to talk about what needs to be said. – Young woman

⁹ For very young people the length of counseling is contracted in smaller intervals of six weeks, due to the difference in perception of time between adults and children. However the counseling offer remains up to one year in total.

¹⁰ Joanknecht, 2014

As mentioned in the quote above, the length of time that young women and girls are offered at RASASC is also much longer than that offered through many other young people services including, for example, Child and Adolescent Mental Health Services. All women and girls at RASASC are able to access up to one year of therapy. The consistency and safety provided by this timeframe is particularly important for young people whose lives may be disruptive or disordered, often labelled as “chaotic”, due not only to the violence they’ve experienced but also due to their reliance on others to ensure they can get to/from the therapy itself.

I think it is quite refreshing for the children and young people to have a space where actually things are quite clear because I think a lot of the boundaries are there and it’s quite clear, they know when they’re coming, they know what the room is going to look like. You’ve told them about the clock, they know about all the toys, they know everything. Often their backgrounds are quite disruptive anyway so to have this space and to know the building, what time it is, it’s actually quite refreshing I think for them. – RASASC Therapist

In this way, the knowledge of a physical space that is one’s own can have the symbolic effect of providing a refuge amidst the messiness of lives that do not feel entirely within one’s control.

This is their place. I mean, one of them was really disappointed when she knew that other children were sharing her space. She finds that out and what she does is, she starts marking the room. So, she was saying, “I’m leaving this like this. So, you must tell the children not to touch this because I’ve left it like this.” It’s like their space, their time, their room. – RASASC Therapist

The consistency and just being able to come every week and every evening and that’s a compartment of time in which I have these things to deal with and to think about. Then, if you’re having a really bad week, it’s like, “Well, it’s going to be okay because on Tuesday, I can talk about these things.” And it makes it feel much more manageable. – Young woman focus group

This feeling of belonging somewhere, of a physical space and time marked out and consistent, helps to combat feelings of low self-esteem and self-worth, beginning the process of re-centering the self.

Centering the self

Underlying RASASC’s work with all survivors of sexual violence is the ethos of the client as expert: on herself, on her experiences, and on how she wants to use the support available. Such an approach is about rebuilding the client’s sense of the world with her at the centre: responsible to and for herself rather than to and for the people around her. As such, it responds directly to the impacts of sexual violence that locate responsibility with survivors for the violence perpetrated against them, as well as working to reorient the self as the reliable and trustworthy centre of a client’s experience of the world.

Whatever the vehicle a client comes in with, what you're dealing with is their sense of themselves and the meaning they give to everything that's happened and what you're trying to do is enable them to understand that although they're responsible for what happens to them in life in terms of the choices they make, they are not responsible for what choices other people make and how they've been abused. – RASASC Therapist

The approach is described by RASASC as based in an ethical engagement between therapists and client: “(a)n ethical therapist strives to strike the right tension between facilitating the client's trust in them as a bridge towards her trust in herself and actively encourages a balance of power within the therapeutic relationship. The therapist is not the expert, the client is the expert on herself, the therapist merely a facilitator. Providing options rather than giving solutions, providing support of a client's choice, being the sounding board for a client's decision making process and respecting the client's choices, without imposing the therapist's own values on to the client. This is of particular importance within a transcultural therapeutic alliance.”

SELF-REFERRALS

In practical terms, this means that the therapeutic work is survivor-led, with the client responsible for her engagements. This begins at the point of referral. For all women and girls aged 16 and over, RASASC only take self-referrals. For young women under 15, RASASC encourage self-referrals but will also take referrals from third parties. When third party referrals are taken, RASASC will always ensure the young women and girls want to engage with the service at this time and will never push someone to come to the centre if they do not want to.

This approach to referrals is an increasingly difficult practice to maintain in an environment that pushes organisations towards multi-agency working and automatic or third-party referrals. Rather than being an unconsidered process however, the process of self-referrals serves a therapeutic purpose, for the young women who participated in this project it was experienced as the start of developing a space for self.

I found it quite scary just because we don't talk about it at home and stuff. So, calling up and being at home and maybe I should have gone somewhere else. The first time, actually, I went to my mentor's office and they had a secluded area but even then I was quite scared. Talking to you for the first time, I was a bit like, "Am I doing the right thing or not?" Then I kind of felt like I was in control, not being referred, in a way, having to do it myself and not having someone else call for me. – Young woman focus group

I was really scared and I didn't really want to have to be the one to call up, myself, and write the form out because it was something that I'd never done before. I think, in retrospect, that's probably the best way to do it because I knew that it was the time for me to go forwards. I felt like, if I was referred on to someone else who'd do it for me then I might

have felt pushed into it, like I wasn't ready yet. I think, having to do it yourself, meant that I knew that was actually the right time for me to be doing that. So, yes, it was scary but I was glad. – Young woman

Rather than simply a route into the service, the self-referral is the first step in a therapeutic process focused on building a young woman's experience of her autonomy being both encouraged and, crucially, respected. The violation of a person's autonomy, in particular their bodily autonomy, has been identified as part of the experience of sexual violence. The affirmation of one's right to choose their engagements with the centre becomes particularly important for young women who may not have as much space for expressions of their autonomy as adults do.

I guess with what happened and the reason why I came here, I didn't feel like I was in control and had decisions made for me. Even with the social services aspect and stuff. So, being able to call here, on my own terms, was good. – Young woman

I think sometimes when clients come in and maybe especially under 25s, I think they think that they're going to be told what to do and how to do things. I think for some of the younger clients, especially if they're teenage, they are often told what to do by schools, by parents so they can sometimes feel like the counselling space is going to mirror that. – RASASC Therapist

The centre thus becomes a space for young women and girls to experience and express their autonomy through a working model that has at its core their ability to choose not only whether or not to begin (or continue) counselling, but also what to bring into the sessions. This means that all of RASASC's work with clients is completely confidential, including with children and young people.

CONFIDENTIALITY

For all survivors the issue of confidentiality is important, but for therapists working with young survivors, it takes on a particular importance. The lives of young people are not confidential, particularly young people who may be involved in multiple interventions. Information is routinely shared between educational institutions, family members, social workers, and mental and physical health services. This experience means that many girls and young women who access RASASC bring with them a level of mistrust, further compounded by the impacts of the violence they have lived through.

With young people, the trust is so often broken, obviously if they're survivors but also in school or whatever that actually sometimes I get the sense that younger ones will be like, "Oh yes," almost don't believe it at first. It takes a while to start to believe that that's even a possibility, that what they say could be confidential. – RASASC Therapist

Only just on Monday, a client, she's 14, and she said to me, and it's been three months now and she's like, "I've only just started believing that you're not going to talk to anyone else." That's when she started opening up more, it's only in the last couple of sessions. She was like, "I've found myself realising that I'm being more honest with you because it's made me realise that you're not talking to anyone else. This is a space on my own." So that's different I guess. It's a different experience. – RASASC Therapist

The importance of confidentiality is thus connected to the idea of a space for self – with no one, and nothing, invited into that space unless they are brought by the client. RASASC maintain children and young people's confidentiality and do not disclose what happens in the room even with partners or carers. When safeguarding concerns exist, disclosures are discussed with the child or young person first with the aim of them disclosing rather than the centre. For young women and girls who have experienced sexual violence, maintaining confidentiality in this way can be particularly important as they may not have many other spaces where they are trusted to lead their own process.

"That's a really big part and I know that, really, everything that happens in our sessions is down to me. So, if I don't want to talk about something then we won't really touch on it. I think there have been times when, it's between you and your counsellor, but sometimes, I need to be prompted because I'll divert the subject. So, she knows that and she know that if I go too off topic, and I have actually said that. So, yes, just knowing that it's down to me and also knowing that if I did feel completely uncomfortable and I wanted to stop, I can. So, no-one is forcing me and, coming here, I want to do that." – Young woman

This means that though RASASC creates a space to speak about sexual violence, the violence that someone has experienced may not be the primary focus in every session, particularly with young girls. Instead, the specialism of the centre, and its workers, means that therapy moves at a gentle pace, focused on building up a young woman's sense of the self rather than on the abuse they've survived.

One of the little ones that came, I know she'd seen a counsellor before, but she says she had been seeing her school counsellor. She's ten now. I said, "How was that?" She said, "I didn't want to go no more. She just wanted to keep on talking about what happened. It made me feel so sad. I didn't want to go there." You can't rush in and do that. What you need to be doing is working around it. All the feelings that are going on. Not about the actual abuse. You are talking about the actual abuse too much for them. So, you are talking around it. You're building up their self-confidence. You're building up their self-esteem. – RASASC Therapist

I think that comes back to what I was saying about going at their pace. I think reiterating that and not pushing because sometimes I do feel that there is an expectation that if they give all the information, if they give as much detail as possible, then, as a counsellor, you've got all the information now. Now you can wave your magic wand and fix me. – RASASC Therapist

This approach reveals the importance of allowing time for the client to develop a level of trust in the therapist to be able to start to explore the deep-seated impacts of violence. It also shows another of the key working principles of RASASC that aims to help re-centre the self. All counseling sessions are led by the girl or young woman, no matter her age. This was understood as helping her to rebuild trust in herself and move closer to self-understanding.

“It’s about trusting themselves and how do they navigate that. I think that can be shaped by the experience with child sexual abuse, when they reveal their abuse or it’s exposed and how other people react to them. If people haven’t believed them, how do they trust themselves when they’re having these feelings? Again, coming back to what do they know. What do they know about themselves?” – RASASC Therapist

Here, the self is understood as inherently relational – that is made and experienced in and through relationship with others. When young women and girls experience an adult, their counsellor, trusting them to know what is right for them, this encourages young women to also rebuild this trust in themselves.

TRUSTING THE SELF

The trust that is created through the boundaries of the centre is there to facilitate an exploration of the client’s ability to trust themselves. This was mentioned across the interviews and groups with therapists at RASASC as one of the key goals for therapy.

We never try and get clients to trust us. What we try and do is enable clients to wonder whether they feel safer in the room with us than they did at the beginning. So if you notice that, it’s a massive difference to most therapies which is about getting the client to trust the therapist. But we’re not trying to do that. We want the client to feel more in touch with their own sense of self and safety, which is a massive thing for going out in the world. – RASASC Therapist

I think a lot of people, even therapists, think that going into therapy is about trusting the therapist. It’s not about trusting us. It’s about facilitating the trust of themselves. I suppose the word permission can sound a bit weird and overbearing but you’re giving them the opportunity for them to make the decision and also to create an

environment that has some sort of equality between the client and therapist. I'm not trying to overpower you. I'm not the expert of you. I'm not the authority of you. I'm working with you. – RASASC Therapist

This approach directly combats some of the impacts of sexual violence that encourage survivors to look outside of themselves for information about themselves, rather than trust their internal judgments – something that is referred to as having an external rather than internal locus of evaluation.

I think it's something about being in touch with yourself and having I guess a locus of evaluation, which is being able to make judgements and decisions on your own life based on what is good for your own sense of wellbeing. I think we all, at times, especially survivors, can get into a place where we have so many feelings and judgements and ideas of who we are and how we're supposed to live that come from outside of us. So it's about breaking down some of those conditions and also aiding that client to get to a place where they understand what's meaningful for them so they can function better. You can't function in a place where what you're telling yourself is not your truth or what you're experiencing isn't your truth. – RASASC Therapist

Having an external locus of evaluation – relying on others opinions rather than one's own – was understood as heightened by the intersections of age, gender, and sexual violence. The routine experience in childhood of being told what to do is compounded by the experience of sexual violence – where one's rights to decide what is done to oneself and one's body is violated – and a social context where women and girls are taught to acquiesce to men and boys. This means that girls and young women who have experienced sexual violence may find it difficult to express their own needs and desires, having been taught through multiple avenues to value others more than themselves.

Children are told to obey, they're told what to do. They have to obey their parents. They have to obey everybody else. When they're abused and the abuser says, don't tell anyone, they don't tell anyone. So, the work that I do with them, is getting them to tell me their needs in the room. I've got one little girl who will never disagree with me. So when she was painting I started tapping my pen on the table, loudly. So irritating. So, she looked at me and didn't say anything. I carried on for a long time. I said, "Is there anything you want to say to me?" She said, "No." So, I said, "Do you enjoy me doing this?" "What do you think of me doing that?" She said, "Well, it's very noisy." I said, "Yes, it is very noisy. Is that annoying you?" And she could not at this stage – I've got a long way to go with her – she cannot say, that's annoying because I'm an adult. So, for me if we get to the end of her sessions and she says, "Stop doing that, it's really noisy." That is a huge improvement. Because, she's able to speak for herself and get her needs met. – RASASC Therapist

I guess there's identity stuff around young people struggling anyway, whether it's young girls or boys struggling with a sense of self because it's like peers are so important, adults are so powerful and controlling. So sexual identity is another layer of that and it can be quite scary to develop. Whether it's sexual or not, I suppose if you have a relationship where you can start to feel safe - I keep saying that word - I think that just happens. I think that self-awareness grows and also, in that, a sense of self and a sense of solid self that's already there somewhere but it's trying to find it rather than it being made. It's there. – RASASC Therapist

The importance of approaching the client as autonomous – and as already having inside them what they need – is thus key to encouraging them to relate to themselves as the centre of their perspective on the world. The effect of this is to support building and rebuilding not only a sense of trust, but a sense of acceptance and ease with the self, something furthered through foregrounding the mechanism of choice.

ACCEPTING THE SELF

To help ignite the process of self-trust and self-acceptance, the RASASC model at all times engages the mechanism of choice. The importance of RASASC's approach to respecting and encouraging the choices of the women who access the centre was highlighted in the service user focus group by a young woman who grounded her difficulty with making choices in her difficulty in trusting herself.

Choice in my life is a huge issue that I have. So, with making choices and trusting my own choices. So, I think, choice, for me, in the context of my counselling, it was a lot about learning that I can make choices and trust those choices. I felt that my counsellor was really good at reinforcing that message and slowly helping me to learn to do that. – Young woman focus group

Part of this is seen in the process of self-referral discussed previously. The ways in which the RASASC model helps to shift this lack of trust in one's ability to make choices was evident in a number of practice examples given across the interviews and focus groups with RASASC therapists. During the initial phone call, for example, young women are asked whether they would like to hear information about the counseling service or would prefer to talk about what they are wanting help with first. When they come into the centre for their sessions they are asked where they would like to sit, with their therapist not making the decision for them. These were seen as not huge or dramatic interventions, but rather a continual process of re-centering young women and girls as the basis for the decisions that are made about their lives.

Many clients will often come in, especially young clients, that because choice was taken away from them and they are of a young age, it tends to already be ingrained that they do not have choice. So just saying that word, "It's your choice," can be really powerful, "You decide." We're very much about doing that from the beginning, you call up to have therapy. You know

what's good for you. You can choose whether you want to stay with your therapist or whether you don't like this therapist. You can choose where you sit in the room. You have choices. It's modelling that. – RASASC Therapist

Sometimes clients will come in and they want an opinion and they want to know, "What do you think? What should I do?" It's acknowledging that that's where they're at but then exploring with I wonder why you feel that you don't have the answers. So you challenge that. That's like two challenges in one. It says, "I'm not taking the power from you, I'm not making the decision for you. I can support you," and that's where the congruence and the general thing of, "Why do you feel that you don't know? Let's talk about what you feel. I understand you value what I feel but I actually value what you think so let's try exploring that," and then they explore it and we talk about it. Then it's like I've made a decision and we've worked together but it was my decision. – RASASC Therapist

This approach is about encouraging self-acceptance, moving away from the idea of positive or negative choices, feelings, or responses, towards a greater acceptance or “ease” with the self. As one of the therapists described “if you’re more at ease, you’re enabled to be curious about your emotions.” Such an approach is illustrated in how the centre works with behaviours associated with coping that are commonly referred to as “self-harming” or “disordered”. Rather than focusing on stopping behaviours some therapists may find difficult to work with – cutting or eating distress for example, or young women who are particularly angry or aggressive – the RASASC model accepts all young women and girls who access the centre for who they are and where they’re at.

"I guess a lot of other professionals would be telling you not to do that and just trusting that that's how they're coping, that's their way of coping with their trauma, rather than telling them to stop, that feels, I think, quite different for young people to hear. Maybe you might not be saying that explicitly but by not saying to them, "There's other ways of dealing with this," you're accepting them for where they are at ... I think they're more willing to then talk about it. They're more willing to maybe say that they've self-harmed that week and be able to explore that more, whereas I think maybe if they think a teacher is going to tell another person or another professional then they're probably unlikely to tell them or tell them the full details of what's going on." – RASASC Therapist

Such an approach helps provide an anecdote to the social positioning of young women, and survivors, as vulnerable and often incapable. As the young women and girls who access the centre become more aware of the choices available to them, more able to trust their own decision making process, and more accepting of how they feel and how they’re responding, the feeling of being unable to move on starts to shift. Instead, no matter their age, young women and girls are supported to develop an understanding of the world that sees them as active and capable agents within it.

Bringing in the world

Understanding sexual violence holistically, that is as interconnected and explicable only by reference to the whole of a survivor's life, makes visible the importance of situating the violence a client has experienced within the wider social context in which we all live. The client is trusted to bring into the counselling room any experiences and emotions that need to be explored at that time. Rather than having to separate out the violence they have experienced, the RASASC model supports survivors to explore their experiences in relation to their world. This holistic approach understands the experience of sexual violence as both impacting on and impacted by the wider situation of a client's life, including their social location.

In my experience as well, most of my clients that have come for sexual abuse, there will be other layers of trauma. For me it feels really beneficial to work with that holistically. Yes, we are the rape and sexual abuse support centre but if they're talking about bullying at school, it would be neglectful of me not to allow a space where a client can bring that in, because they all impact, they're all interconnected with that one individual experiencing all the emotions and as you were saying, something about building that reservoir within self-reliance, self-belief, it can often really help with that, all different layers, not just about the childhood sexual abuse. – RASASC Therapist

You can feel like you're in a safe space, not to just talk about the specific abuse but things that, maybe, relate to that. I feel like, with a lot of different counsellors, for certain things, they don't want you to stray off topic. That happened a lot to me before and here, I feel like, anything that leads up to what I'm talking about, I can still talk about it, here. – Young woman focus group

Such an approach draws on a feminist understanding of the personal as political, translating personal experience through a political filter. This was identified as a core element of the therapeutic model used by RASASC, one that connects to an understanding of the importance of intersectional inequalities in how much space is available for the self, and how much value it is afforded.

If you ask a counsellor, "What's your understanding of the empowerment model in action?" Without fail, 80% of them will say it's about enabling clients to make choices, it's about enabling clients to have a greater sense of themselves. Very rarely do they say it's about helping clients understand how marginalisations in society has affected them on top of the sexual violence. – RASASC Therapist

It's about understanding equality, understanding the power dynamics within the therapeutic relationship but also understanding the wider social and cultural and political context of power, empowerment, disempowerment, demarginalisation. So there's something about me as

a therapist understanding what it's like for women and girls who have been disempowered through sexual violence, how this relates to gender, sexuality, ethnicity and those sort of things. It's not seeing clients in isolation of who they are in that moment but how socially and culturally those things impact them and impact the way they see themselves and impact the way that they grow or don't grow. So it's about working with who they are, where they're at and really acknowledging that and not trying to have power over, not trying to be the expert over them. – RASASC Therapist

This means each woman and girl is understood as in relationship to the world; a world that will play a part on how she experiences what has happened to her, as well as how she experiences herself. The RASASC model allows for this world to be brought into the room, including the real human behind the “therapist”. This was described by both counsellors and clients as different to many other models of therapeutic intervention, introducing a more psycho-educational or relational element.

I don't hold information back so if I've got information on places that may be useful or an idea about something, I don't see it as advice. I think I see it as that's a part of therapy relationship, of talking and not withholding because that's the congruence. If I know something, I'm not going to hold it from you if I think it's useful. But I think that comes as a part of the therapeutic dialogue, which is checking things out and wondering if they've tried this or whether this could be useful. I see that less as advice and as a flow of how therapeutic dynamics and alliance is built of the sharing of information and knowledge. – RASASC Therapist

I felt like we had a real human connection. So, it wasn't just that stereotype, in movies, of someone being, “How do you feel?” I felt like she really cared and she would offer her opinions, sometimes and say things to prompt me to think about things in a different way. So, I used to feel like she was a wizard or something. She would say, just, little points or little questions that completely made me see things in a different way. So, even though the listening is a huge part; for me, it wasn't just the fact that somebody was listening, it was that she was helping me tease things out for myself. – Young woman

Such psycho-educational work is done within the frame outlined earlier of the client as expert. As mentioned by the client above, the RASASC model is centered on using such interventions to help someone “tease things out for myself” rather than provide them with answers or conventional “advice.”

REFLECTING AND CHECKING REALITY

Part of how this works in practice is through reflecting back what a client has said, a practice that helps to establish contact with the client for both therapist, and for the client themselves. As described by RASASC therapists, many survivors have had their reality denied or invalidated through the experience of sexual violence. They may have been disbelieved when they disclosed, or told that something that felt wrong was actually okay. This can lead to a distancing from or a difficulty in trusting their own experience.

It's about being honest about what you're thinking and feeling, as in being able to share it with yourself first of all before you can share it with a counsellor. An example, I might see a client sitting in front of me and I can see they're really, really angry and they go, "I'm fine. It was okay." So there's that sense of that felt really overwhelming but I can hear you saying that it's fine. Many clients will be in a space of incongruence which often is a protection mechanism. The counselling space is about honesty, truth and that is their truth, it's not my truth, what their truth is. For many clients that will have been a big part, that their truth has been denied so therefore whatever was congruent to them may have not been seen as truth, "So why should I be congruent? What's the point?" – RASASC Therapist

By reflecting back concrete client behaviour and/or relevant elements from the surrounding reality, an alternative therapeutic response is offered “which does not need the client to do anything, but just to have their environmental safety and internal process validated until they are back into their functioning self, and able to engage with their present climate.”¹¹ This approach starts to answer some of the questions raised earlier about empowerment, in particular the ways in which empowerment as a therapeutic goal is an internal rather than external process.

That's why I think therapy can be really useful for children and young people because it's very much about despite what's going on outside, how can you do the best for yourself or what do you want to do? How do you see things? It's giving them space to be like, "Well what do you think? How do you see things?" That's the empowerment side. I know from myself there are lots of things that I can't control but if I know where I am and I know what I understand and I know what I'm about, I can look after myself first. So if you're a child, you're a teenager and you're going home and your parents shout a lot and they scream a lot and they don't listen to you, you can't control that but what you can control is that you go to your bedroom and you take some deep breaths or you write your diary or you go and have a bath. What you can control, it's how you then react and how you look after yourself. – RASASC Therapist

RASASC therapists discussed this approach as being about enabling clients to relate to their emotions as sources of information. Instead of discounting or dismissing a feeling, clients are encouraged to explore what the emotion is telling them. A key aspect of this exploration is the practice of reality checking, as described by both therapists and clients below.

¹¹Joanknecht, 2014

So for me it's about enabling clients to understand that emotions are information. If you've got a client who has had terrifying experiences but is still living in fear, it's trying to find a reality check. So okay, so for example, a really good example is a client who said to me that unless she could put her head on my lap, she was going to feel too terrified to do the work. It's like well let's reality check that then because you won't be doing that, let's reality check. What in this room is actually scary? She says nothing. So the fear is not outside of you so therefore it must be inside of you. So let's look at what that fear is. So it's not saying the fear isn't there but it's reality checking, "Let's have a look. What is scary in here?" – RASASC Therapist

She just almost helped me take a step back. So we'd deconstruct situations. It's like she helped me realise that I could make choices by showing me that it wasn't necessarily a big deal. I was getting so het up about things. So basically she just slowed everything down and it helped me get a bird's eye view on situations that, previously, I'd been so caught up in my head that I didn't have any perspective. – Young woman

For both therapists and clients, reality checking, reflecting, and elements of psycho-education, are understood as a way of responding to the impacts of sexual violence that have posited an external locus of evaluation as a way of staying safe. Instead of overpowering someone with the 'right' answer, or discounting someone's experience of reality, this approach sits within a broader orientation that centres on building someone's trust in themselves. It is in this holistic approach – a combination of providing a discursive and physical space to speak, together with working practices focused on centering the self and bringing in the world – that the uniqueness of the RASASC model lies; grounded in its ability to create a space for self.

Model overview

To summarise the discussion above, an overview of the key working practices together with their therapeutic purpose is outlined below in Table 1 before the following section moves onto an outcomes framework designed to evaluate the model. These practices and their purposes are to be understood as interconnected and overlapping, part of a comprehensive model rather than individual pieces that can be added or removed without impacting the whole.

Table 1 Overview of RASASC model

Key working practices	
PRACTICE	PURPOSE
The explicit use of the words rape and sexual abuse	Legitimises experience. Helps break sense of isolation and self-blame. Helps build self worth
The specialism of the centre (only women, only sexual violence)	Legitimises experience. Creates sense of belonging. Breaks isolation.
The physical space of the centre	Helps create ease and calm externally to support internal process. Use of boundaries builds feelings of control and trust.
Consistency in time and space (sessions held at same time, in same room, on same day each week, with same therapist)	Builds feelings of self worth and value. Legitimises experience. Helps create ease and calm externally to support internal process. Builds trust.
The length of time for therapy (one year)	Builds feelings of self worth and value. Legitimises experience. Allows the time to build real trust in the self.
The use of self-referrals	Encourages and respects autonomy. Builds and demonstrates trust. Helps young women develop trust in their ability to know what they need and ability to ask for what they need.

<p>Confidentiality maintained at all times (safeguarding concerns brought to young people first)</p>	<p>Encourages and respects autonomy. Demonstrates and builds trust in the self. Role models responsibility of people for their own decisions.</p>
<p>Sessions are led by service users, no matter their age</p>	<p>Helps rebuild sense of the world with young woman at the centre. Role models responsibility of people for their own decisions. Builds understanding in the self. Helps young women develop trust in ability to know what they need and ability to ask for what they need. Builds reliance on the self. Develops internal locus of evaluation.</p>
<p>Respecting and encouraging the mechanism of choice</p>	<p>Builds trust in own decision making process. Starts to shift feelings of being stuck. Builds reliance on the self. Role models self-responsibility. Develops internal locus of evaluation.</p>
<p>Acceptance of the client for who they are and where they're at (including "self-harming" behaviours)</p>	<p>Combats self-judgment, blame, and shame. Role models self-responsibility. Builds trust in the self and its responses.</p>
<p>Psycho-educational, locating sexual violence within broader individual and social context</p>	<p>Encourages acceptance of the whole self. Helps to break isolation. Encourages greater understanding of the self. Helps break sense of isolation and self-blame.</p>
<p>Reality checking and empathic reflections</p>	<p>Helps relate to emotions as sources of information, reducing self-blame and encouraging re-connection to the self. Demonstrates and builds trust in the self. Develops internal locus of evaluation.</p>

Measuring space for self

Articulating the therapeutic model of RASASC in terms of supporting a space for self, raises the importance of developing an outcomes framework to help measure the centre's work. Where existing measures exist, these are not tied directly to the service model and as such may be unable to capture the full impact of the work or the outcomes it achieves. To begin work towards a more useful method of evaluation, the challenges for evaluating the model (explored through the research with therapists) are reviewed alongside the outcomes articulated by the young women who participated in the focus group. Taken together these suggest a move from measuring changes in functioning to measuring changes in self-concept.

Challenges for evaluation

Similar to the findings of previous evaluations, a review of the existing generic tools and measures used by the centre found these to be often overly detailed and too lengthy for use in a busy Rape Crisis Centre.¹² Without the skills of a data analyst, a lot of the information that was being captured wasn't able to be analysed, leading to data being collected with no clear purpose. The lack of standardised specialist sexual violence outcome measures means that the centre has multiple monitoring tools for different funding streams. Like the findings in a previous study on how the NHS and other services evaluate their work on violence and abuse, none of these multiple forms fully reflect the reality of RASASC's work.¹³

The research also revealed particular challenges for evaluating the work. Measures such as feedback forms used to gain information on how a service user experienced counselling, though collected anonymously by the centre were understood as complicated given the relationship that is established with a counsellor. It was thought that very few clients would want to say anything unkind about a therapist they had been working with over many months. As such, though these forms were seen to be useful in collecting general information on the counselling process, they were not as useful when being used as a way of measuring the outcomes of the service.

In addition, a more specific challenge was raised in relation to evaluating outcomes of therapy with younger clients given the difference in younger people's perceptions of time compared to adults. Young people, particularly children, were understood as instant, living in the present moment. This was felt to lead to inconsistencies in attempts to measure a change over time if the measures used are something that can be affected by temporary external things such as having a good night's sleep or having an argument with someone at school. Connected to this was the more general challenge of measuring deep-seated change rather than a change in functioning – unless measurements are able to work at a

¹² Westmarland, N., Alderson, S., & Kirkman, L. (2012) *The health, mental health, and wellbeing benefits of Rape Crisis counseling: Final report to Northern Rock Foundation*. Durham: Durham University and Northern Rock Foundation.

¹³ Scott, S et al (2015) *Measuring outcomes for survivors of violence and abuse. A briefing for service providers and commissioners, Briefing 5, Responding effectively to violence and abuse (REVA project)*. Available http://natcen.ac.uk/media/1057984/REVA_Brief-5_Guidance-for-service-providers-and-commissioners_FINAL_071015.pdf

deep level it was felt that changes in self-concept can be missed, and evaluations of an intervention can be easily disrupted by changes in someone's external circumstances, such as the death of a relative or having to move home.

This latter concern was raised as a particular limitation of the primary tool used to evaluate the counseling service: Clinical Outcome In Routine Evaluation or CORE.¹⁴ Whilst CORE forms were understood as able to measure functioning well – ability to cope when things go wrong or difficulty sleeping for example – they were seen to struggle in capturing some of the deep-seated change that both clients and therapists had expressed resulted from RASASC's unique way of working, such as an increase in trusting oneself or in knowing, and being able to ask for, what you need. Despite these limitations, these forms are used by RASASC due to their widespread recognition amongst funders. This demonstrates the importance of funders in supporting organisations to be able to measure their work in ways that connect to the particular outcomes of their ways of working.

What was revealed through exploring the challenges of evaluating the service is the need to measure fundamental shifts in how someone understands themselves, values themselves, and accepts themselves. The difference between the change in functioning and this kind of internal change to one's self-concept was directly discussed by the young women who took part in the focus group.

Client-centered outcomes

For the young women who took part in this study, rather than the changes in functioning sparking an internal change in being, the relationship was experienced in reverse – that is changes in functioning followed from a more deep-seated shift in the self. This suggests that though some of the deep-seated change may be indicated through a change in functioning behaviours, it is the former that is the real key to measuring the outcomes of RASASC's therapeutic model.

Now, having been through the whole process, I feel like the first changes were more internal, so, less blame and less self-loathing. Then, over time, that then manifests itself in more tangible things like stopping self-harm and way fewer panic attacks. So, now I can go to a gig or go to a pub or get on a packed tube carriage and not worry that I'm going to freak out. So, it's like, the internal changes, were the first big milestones and then that changing mind-set has now enabled me to do the more practical stuff. – Young woman

Other young women supported this understanding of the outcomes of their therapy at RASASC, primarily described in terms of a change to their sense of self. As intended by the service model, the space for self was expanded through the young women's engagements with the centre. This experience was described as something akin to a realisation, being put back in touch with the self that has been disrupted through the violence one has survived.

¹⁴ For more on CORE see http://www.coreims.co.uk/About_Core_System_Outcome_Measure.html

You're realising something. Realising your strength. Not someone else giving you the power, but that being your power that you've always had and being able to recognise it. – Young woman

It's like discovering this strength that you always have but you don't know you have. It's like putting you back in touch with yourself. – Young woman

Such a movement was powerfully illustrated when young women were asked to create a visual representation of the process of counselling. Not only was the sheer weight of the impacts of violence illustrated across the images the young women created, but also the outcomes of the counselling process were described as a form of growth, enabling those who access the service to expand and quite literally feel able to take up more space.

This is meant to be me, in a box. And I'm all bent over and horrible and really, really small. So my world is so small and I can't do anything. Then this is the counselling thing and it's as if I'm like a plant and I need the light and the rain of the sessions to grow again. Then this is me now and I feel much bigger. I feel much taller and more like a person walking around in the world, not in a box. – Young woman

Though it might seem that measuring such a change would be difficult, clients suggested at least one fairly simple indicator: the ability to use words to describe their experience. When young women spoke in more detail about what this meant to them, it was revealed that rather than being an outcome in itself, the ability to name the sexual violence that had been perpetrated against them indicated an increase in self-worth, summed up by one client as learning that “you deserve being able to say the words that happened to you.”

The thing about the words, I think that was probably the first change that I noticed. It was like, before, I used very cagey language, partly because I felt like I didn't deserved to use those words. Like, maybe, what happened to me wasn't a big fuss so I don't get to use the very serious sounding words. So, being able to do that was a real milestone. – Young woman

I think, for me, short term, the thing that I saw was, when I first came in here, I think it was probably a month into my counselling, I could never say the words. So, I could never say “abuse” or “rape” because that's too hard. I think my counsellor really helped with getting over that fear and now I can go into my sessions and just say it for what it is and that takes away the scariness of it and it's not being so intimidating. So, yes, it's an awful thing that happened but it's not so awful that I can't even say it and I can't think about it. – Young woman

The ability to use the words to name their experience signals more than the adoption of language, it can be an indicator of an increase in the value accorded to the self, a shift in self-worth. This outcome can also be measured in how able a client feels to be able to talk about what has happened to them. This goal was articulated by one of the young women in the focus group who was currently in counselling at the centre.

A longer term goal, I guess, for me, is just to be able to not feel like I have to keep it all to myself. So, when I go home or wherever and I feel like I need to speak about it. So, I don't feel like this is an awful thing and no-one needs to hear this or get near to this. I feel like if I was in that position where I was comfortable to, and I wanted to, I felt like I could. – Young woman

Similar to how an increased ability to use the words of rape, sexual assault, and sexual violence to describe an experience indicates an increased sense of self-worth, here the young woman shows how an increased ability to speak about what has happened when she needs to indicates much more than this: it shows an increased ability to know what she needs, and the knowledge that she is worth enough to ask for it.

Outcomes framework

This brief exploration of how the young women who have experienced the RASASC therapeutic model articulate its outcomes, demonstrates the ways in which the working practices of the centre produce particular outcomes that currently are not measured. Taken together with the challenges for evaluation, this suggests the need for a simple measurement tool that can be used by RASASC to evaluate their therapeutic model. Such a tool should be aimed at measuring deep seated change rather than levels of functioning such as, for example, increase/decrease in self harming or suicidal thoughts.

This deep seated change can be found in returning to the purposes given for the working practices of RASASC (Table 1). Reviewing these, the key outcomes that underpin the “Space for Self” model can be conceptualised as:

- An increase in understanding the self
- An increase in accepting the self
- An increase in trusting the self
- An increase in valuing the self

The core outcomes of understanding, accepting, valuing, and trusting the self form the basis of an outcome framework that is able to evaluate the work of the centre. Table 2 outlines a sample set of indicators that could be used to measure these outcomes. These indicators are designed to work on a likert scale (Never / Not very often / Some of the time / Most of the time / All of the time), with the desired direction of travel included next to the statements in brackets.

Table 2 Outcome framework

<i>Outcome</i>	<i>Indicator/s</i>
Increase in self-understanding	I feel like myself (+) I know what I need (+)
Increase in self-acceptance	I accept myself (+) I avoid some of my feelings (-) I listen to my body (+)
Increase in self-trust	I feel stuck (-) I trust myself (+)
Increase in self-worth	I can say what I need (+) I value other people’s opinions more than my own (-) I can say what was done to me (+)

Similar to the Take Back Control tool,¹⁵ also developed to measure the work of a Rape Crisis Centre, such a framework is designed to begin with the client initial self-assessment, and then be repeated at consistent intervals as appropriate, with these not less than six weeks to allow enough time for any change to have taken hold. This is preferred to a pre-post intervention design so that clients who do not have a defined and pre-agreed end point to their counselling could still be included.

As the research underpinning this framework is focused on under 25’s, further research is needed the tool would need to have adapted language for different age groups, and more research would be needed with older groups to evaluate whether any measures would need to be changed. Developments could also be made to help the centre gain information about their own work, similar to the “how are you doing / how are we doing?” model of the REVA tool for evaluating service interventions in the NHS in relation to sexual violence.¹⁶

Further research is also needed directly with centre workers and with the women who access it to pilot and test any outcome framework – including the process of analysis – before introducing into the centre. However, what the current project has revealed is the importance of capturing information about a change in self-concept to truly measure the impact of RASASC’s therapeutic model. It has also helped to document this model itself, drawing together insights from young women and their therapists to articulate the centre’s work in terms of creating a space for self.

¹⁵ Westmarland, N., Alderson, S., & Kirkman, L. (2012) *The health, mental health, and wellbeing benefits of Rape Crisis counseling: Final report to Northern Rock Foundation*. Durham: Durham University and Northern Rock Foundation.

¹⁶ See Scott, S. et al, 2015.



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