

Partners In Recovery



June is pride Month!

Have P R I D E ☺



“Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that.”
— Martin Luther King Jr.,

CV19 and Domestic abuse- read the full report [here](#)

“There are also different themes of domestic abuse which are being increasingly reported during the COVID-19 pandemic, for example abuse of young people (18 years old to 24 years old) living at home with parents, LGBTQ+ phobic issues, parents abused by adult children, people contacting services about housemates who are not family or partners behaving in abusive ways for the first time.”

-The [Portal](#) East Sussex Freephone 0300 323 9985

info@theportal.org.uk

-Men's Advice Line: 0808 801 0327 --
Respect phonenumber: 0808 802 4040 (for anyone worried that they may be harming someone else)

-Galop - for members of the LGBT+ community: 0800 999 5428

Domestic abuse emergency support fund: safe accommodation. Funds made available to provide accommodation for survivors, to read the Gov guidance around eligibility, click [here](#)



What is Oasis Womens Recovery Service?

If you are worried about your drug or alcohol use, groups can help with your recovery. We offer a range of services developed by and for women and families.

Click [here](#) for more info or refer [here](#)

Spotlight on service users voice: here's one mans story of recovery through music, click [here](#)



T R A U M A

The focus on trauma informed care is important, here are 11 steps to guide your service approach:

‘Principles for trauma-informed care

Underpinning principles for trauma-informed care’ P45: Box 2 (2017) The Orange Book

1. Recognise the high rates of trauma exposure in substance misusers.
2. Promote awareness and understanding of trauma among patients and the workforce.
3. Recognise trauma symptoms and behaviours as the individual’s best attempts to adapt to and manage their experiences.—This promotes a ‘strengths and resilience’ perspective on the individual’s difficulties, with the focus not on ‘what is wrong with you?’ but rather ‘what has happened to you?’ and ‘what has worked for you?’—This occurs in familial, community, societal and cultural contexts, which are unique to each individual, and ensures that trauma-informed care is personalised.
4. Provide a treatment environment that promotes physical and emotional safety
5. Avoid inadvertent re-traumatisation.—Treatment procedures and interventions have the potential to trigger trauma reactions in individuals with a history of trauma, especially when the procedure or intervention is in some way reminiscent of the original trauma experience (e.g. feeling exposed during observation of a supervised urine sample).
6. Prioritise trauma recovery as part of treatment goals.—Many patients will not recognise the relationship between their trauma experiences and symptoms such as substance misuse. Services should help patients to develop a holistic, compassionate understanding of their difficulties.
7. Support patients to make choices and take control of treatment decisions.
8. Adopt a stance that is collaborative, participatory and provides hope and a belief in recovery from trauma.—This applies to all therapeutic relationships with keyworkers and other professionals, the design and planning of services and the professional development of the workforce.
9. Recognise the potential for secondary traumatic stress (also known as vicarious traumatisation) and develop strategies to manage this and promote self-care in the workforce.
10. Undertake routine screening for trauma experience and reactions.
11. Explain the principles of trauma-informed care to patients—For example, by explaining the purpose of trauma-related questions at assessment; by providing psychoeducation/normalisation of trauma reactions; facilitating access to specialised, trauma-specific interventions (where desired by the individual).