



Case Study - Crisis Intervention and Recovery Support - RISE

Background

Client X (18-year-old female) presented at RISE, fleeing from Bristol, needing crisis and intervention support and seeking emergency housing. Client X was referred into RISE after being placed in emergency accommodation in Newport after being unable to access RISE during the night prior.

Client X had experienced domestic violence along with sexual and criminal exploitation within familial relationships. Client X disclosed physical harm and threats to kill with weapons from her brother and exploitation from her mother to perform sexual acts to supply her mother with drugs.

Client X disclosed her mother would present her with different men in the property and to stop the abuse she was experiencing from her mother she would be coerced into sex with them and in return her mother would get drugs. Client X disclosed this was often unprotected.

Client X also disclosed being in an intimate relationship from aged 15 with a 31-year-old male and experienced coercive and controlling behaviour along with physical violence and threats to kill during this. During this relationship Client X had disclosed she was forced to care for his mother, who had significant disabilities, and would also suffer physical violence from the perpetrator.

Challenges and barriers to receiving support

In this case, there were a significant number of barriers to Client X receiving support

- Sexual harm and sexual health. Client X had not identified that the exploitative behaviours were
 harmful to her sexual health and believed these to be normal healthy sexual relationships. Due to this
 Client X had not received any sexual health advice or support and has limited knowledge to
 understand her experiences or needs.
- Experienced grooming within childhood leading to a reduced sense of self, self-worth, and understanding of healthy relationships.
- Living with those who have caused Client X harm.
- Self-harm. Client X has disclosed that she has previously coped through self-harm behaviours and not ever had access to mental health or self-harm support.
- Suicidal thoughts and previous attempts to end her life. Client X had disclosed she had not ever had any support from her GP or mental health teams.
- · Lack of social support.
- Lack of professional support.
- No money for food or access to benefits or employment.

Challenges and barriers to receiving support cont.

- Limited understanding of support services due to understanding experiences, age, healthy relationships, education, or social support.
- Awareness of domestic violence was limited. Client X discussed how normal it was for her to experience
 the harm she had experienced within the home and how she felt she was unable to access support as
 she would be dismissed.
- Significant difficulty in decision making due to being controlled so significantly within her intimate relationships and familial relationships. Client X was unable to identify firm decisions and recognised this was due to historic control.
- · Inability to sleep.
- Substance use as a complex coping mechanism.

Needs

- · Refuge and safe house
- Recovery from trauma and support
- Help with accessing financial support and access to benefits
- Help with accessing GP support
- Help with accessing recovery services
- Help with accessing drug and alcohol support services
- · Help with accessing sexual health advice

Actions

- MARAC
- Referral to RISE refuge
- DASH RIC
- Emotional support
- · Refuge assessments completed
- Safety advice provided

Outcomes

Through timely and trauma-informed support, Client X was successfully placed in refuge accommodation in Cardiff, providing immediate safety and stability. She received one-to-one support from an Independent Domestic Violence Advocate (IDVA) and was guided through an application for longer-term housing in the Newport area. With support from RISE, she registered with a GP and began receiving treatment for her mental health, including prescriptions for antidepressants and sleep medication, alongside ongoing emotional support.

A holistic package of care was established, including referrals to substance use services, support around sexual health, and group-based programmes to build understanding of healthy relationships. Practical assistance was also provided, with successful applications for Universal Credit and Personal Independence Payment (PIP), as well as access to food bank vouchers. As a result of this wraparound support, Client X now benefits from increased professional engagement and growing social connections through community-based and residential group activities—laying essential foundations for her continued recovery and empowerment.