



Ministry  
of Justice

# Formal support needs of adult victim-survivors of sexual violence

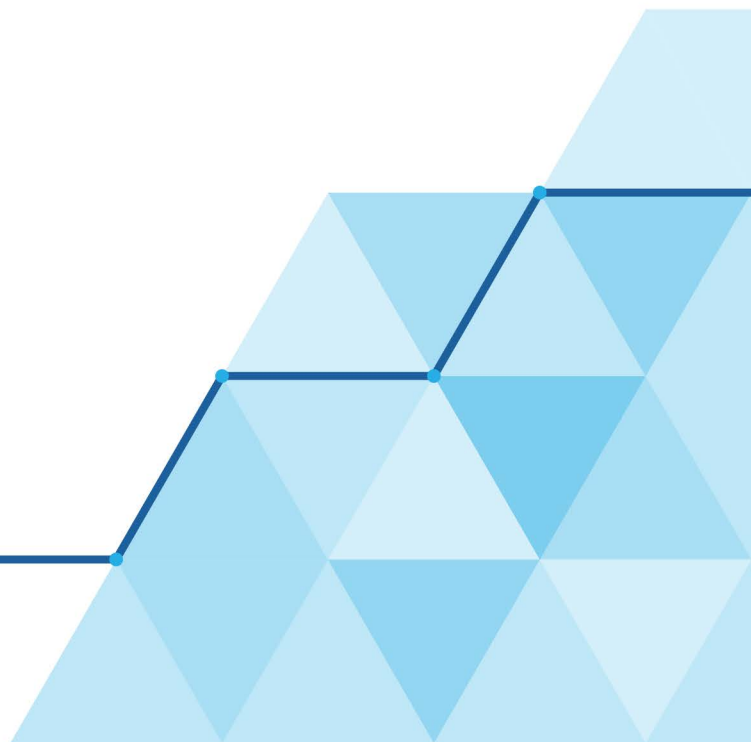
Summary of research findings and  
recommendations from the Ministry of  
Justice's Programme of Research

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# List of abbreviations

ACPO-CPS	Association of Chief Police Officers & Crown Prosecution Service
BSL	British Sign Language
CBT	Cognitive Behavioural Therapy
CJS	Criminal Justice System
EMDR	Eye Movement Desensitisation and Reprocessing
ISVA	Independent Sexual Violence Adviser
LGBT+	Lesbian, Gay, Bisexual, Transgender Plus
MoJ	Ministry of Justice
PTSD	Post-Traumatic Stress Disorder
RASASF	The Rape and Sexual Abuse Support Fund
SARC	Sexual Assault Referral Centre

# 1. Background

Rape and sexual violence have devastating impacts on victim-survivors'<sup>1</sup> lives. Direct negative impacts include long-term physical, psychological, and social impacts of being a victim-survivor (McNaughton, Harvey & Paskell, 2014). These include anxiety, depression and post-traumatic stress disorder (PTSD). In addition, there are secondary impacts including difficulties forming and maintaining relationships and reduction in ability to work or study. The impacts of sexual violence<sup>2</sup> can also extend out further to non-perpetrator partners, children, family and friends of the victim-survivor. These individuals can experience secondary effects of trauma, as knowledge of a traumatising event experienced by a significant other is traumatic in itself (Boyd, 2011).

The End-to-End Rape Review Report revealed that victim-survivors are not always getting the support that they need and many feel let down by the criminal justice system (CJS) (George & Ferguson, 2021). For example, the report highlighted that one stand-out reason for victim disengagement from the CJS is the lack of available support to help victim-survivors remain engaged in the criminal justice system. The Ministry of Justice (MoJ) therefore made a commitment in the End-to-End Rape Review Action Plan, to conduct “targeted research with rape victim-survivors to better understand their experiences and what they want from support services so that future provision meets need” (HM Government, 2021, p.12).

Hence, the objective of this research was to inform future commissioning of support services, including MoJ’s recommissioning of the Rape and Sexual Abuse Support Fund (RASASF), to help ensure support best meets the needs of victim-survivors.

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<sup>1</sup> The term victim-survivor is used consistently to refer to those affected by sexual violence. It encompasses other terms such as victims, complainants, clients and survivors.

<sup>2</sup> The term sexual violence is used throughout this report to encompass any form of rape, sexual assault sexual abuse, sexual harassment or any other form of sexual violence.

The research programme aimed to answer the following research questions:

1. What barriers do adult victim-survivors face when accessing formal support?<sup>3</sup> (Section 3.1)
2. What formal support do adult victim-survivors want? (Section 3.2)
3. What formal support is effective for victim-survivors (Section 3.3) in terms of:
  - a. Effective engagement with formal support services;
  - b. Effective engagement with different stages in the criminal justice system;
  - c. Supporting adult victim-survivors to better cope and build resilience following sexual violence.
4. How, if at all, do the above vary by victim-survivors' demographics? (Sections 3.1, 3.2 and 3.3)

The research programme had three strands:

1. A literature review exploring the existing evidence base in relation to this topic (Silk, 2023).<sup>4</sup> The literature review explored the current evidence base of both quantitative and qualitative empirical research which was conducted directly with adult sexual violence victim-survivors and/or the practitioners (i.e. support providers) who work closely with them. The literature review includes evidence from 54 high quality, relevant research articles written in English language from 2011 onwards. The report outlines findings from the research articles and clearly links the findings to implications for commissioning of support services. It brings together valuable insights on the barriers victim-survivors face in accessing support and their support needs, from the perspective of many victim-survivors and the support providers who work with them. It also provides recommendations, directly from victim-survivors, support providers and other academics, on the best way to support

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<sup>3</sup> This research defines formal help or support as support from a professional, trained individual and/or organisation. This could include, but is not limited to, support from a GP or other health care professional, a therapist, counsellor or psychologist, an Independent Sexual Violence Advisor (ISVA), a Sexual Assault Referral Centre (SARC) or another formal support organisation.

<sup>4</sup> References in the text to "existing evidence" relate to the existing evidence as summarised in the literature review (Silk, 2023).



victim-survivors and encourage engagement with support services and the criminal justice process.

2. A survey with rape and sexual violence victim-survivors to test the findings from the literature review (Silk, Larsen & Finnemore, 2023). The online survey, which included 57 closed and 9 open-ended questions, was conducted by MoJ directly with adult victim-survivors in England and Wales. The final sample included responses from 1,110 victim-survivors. Thirty-four per cent (N=355) of the survey sample had not tried to access formal support, therefore providing valuable insight from a group of victim-survivors whose voices are often left unheard. The survey findings are reported alongside key recommendations for commissioners and support services. The report provides an important addition to the existing evidence base and the Government's broader strategy to improve support for victim-survivors of rape and sexual violence.
3. A qualitative study involving interviews and focus groups with disabled rape and sexual violence victim-survivors, to understand their specific support needs, given the lack of existing evidence relating to disabled victim-survivors (Hollomotz, Burch & Bashall, 2023). The report makes a significant original contribution. It is the first report to give voice to the lived experiences of disabled victim-survivors of sexual violence in England and Wales who have attempted to access (or not) victim support services. Thirty-nine disabled adult victim-survivors provided rich and detailed information about their past experiences and aspirations for future service design. The report captures many of the challenges experienced by disabled victim-survivors when attempting to access support services, as well as examples of good practice.

The three research reports should be of interest to those who commission and deliver services that support victim-survivors of sexual violence along their journey towards accessing justice and supporting them to cope and build resilience.

Each report was quality assured internally and externally peer reviewed by two academics.

This summary report draws together the key findings and recommendations from the three strands of the research. Chapter 2 provides an overview of the methodology and

limitations for each strand of the research. Chapter 3 summarises the findings in relation to each research question. Chapter 4 outlines the key recommendations, which have been taken on board in the recommissioning of the RASASF. Chapter 5 provides an overview of evidence gaps identified within the research programme. Finally, Chapter 6 concludes the summary report.

Individual research reports for each strand of the research, including further detail on the methodology, findings, and recommendations, are published alongside this summary report (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023).

## 2. Methodology and limitations

A mixed-method, three strand, research programme was undertaken to gain views from as many victim-survivors as possible. The findings reflect only the views of the individual respondents who participated in the research programme and may not reflect wider experiences of all victim-survivors. Findings therefore cannot be generalised to all victim-survivors.

### 2.1 Literature review of existing evidence (Silk, 2023)

The literature review explored the current evidence base of both quantitative and qualitative empirical research which was conducted directly with adult sexual violence victim-survivors and/or the practitioners (i.e. support providers) who work closely with these adult victim-survivors. The literature search was conducted in November 2021 with further checks in October 2022. Literature searches were conducted by the MoJ library using EBSCO and ProQuest using keywords relating to the research questions. Searches made use of keywords in title search, combined with a subject and abstract search. Supplementary searches using Core and ResearchGate search engines were conducted using keywords.

All abstracts were independently reviewed for relevance and quality by two researchers. A total of 54 published research documents were deemed to be of both high enough quality and relevance to include in this literature review. Of the 54 papers included in the review, 23 were from England and Wales, 16 from the USA, 3 from Canada, 2 from Australia, 2 from the Netherlands and the rest from Scotland, France, Italy, South Africa, Hong Kong and Northern Ireland.

There are some limitations to the literature review:

- Much of the qualitative research included in the review was drawn from small sample sizes, where samples are not representative of all adult victim-survivors. Furthermore, as adult victim-survivors are a 'hard to reach' group for research purposes, sampling approaches are often not representative of all rape or sexual violence victim-survivors.

- Whilst the review aimed to examine the barriers adult victim-survivors face and their support needs, it was not always possible to distinguish between findings which related to child and adult sexual violence victim-survivors. It was also not possible to distinguish between findings by the type of sexual violence they experienced and the context it occurred in (i.e., sexual violence in the context of domestic abuse).
- The ten-year timespan of evidence means that some of the findings presented are dated. In addition, due to the timing of this review it is unlikely to cover the Covid-19 period (March 2020 to May 2022).
- Despite the quality assurance processes taken, as with all literature reviews, it is not a complete and comprehensive review of all the literature on every topic.

## **2.2 Online survey with adult victim-survivors (Silk, Larsen & Finnemore, 2023)**

The survey included 57 closed questions and nine open ended questions. The survey questions were designed with input from an external advisory panel. The survey questions were also tested with five victim-survivors, and the design and routing tested by an additional ten individuals. At the start of the survey, a trigger warning was included to alert respondents to the nature of the survey. A link was also added to the survey with contact details of formal support organisations victim-survivors could self-refer to, should they need formal support before, during or after completing the survey. The survey was approximately 30 minutes in length and responses were collected using SmartSurvey. MoJ used social media to promote the survey and some organisations re-posted this on their own sites.

The final sample included responses from 1,110 victim-survivors. Charts were produced and descriptive statistics were calculated for responses to the closed questions in the survey. Cross-tabulations were conducted for questions in relation to the barriers victim-survivors face and their support needs, where there were more than 30 respondents within each cohort who had answered the question. Statistical significance was tested for between groups in these instances. Thematic analysis was used for open-ended questions within Smart Surveys.

There are some limitations to the survey:

- As the respondents were self-selecting it is not possible to ascertain whether the views of survey respondents were representative of those of all sexual violence victim-survivors.
- Whilst the survey findings provide insight into the barriers faced by respondents, their support needs, and variations by demographics and police reporting, it does not give detailed insight on why respondents faced these barriers or have these support needs.
- Some cohorts of respondents were too small to conduct sub-analysis on. For example, it was not possible to explore differences between respondents depending on their geographical location or gender identity.
- The following groups were under-represented in our sample compared to the Crime Survey for England and Wales prevalence statistics (ONS, 2020); males, those without a disability and those under 24 years old.

## **2.3 Qualitative research with disabled adult victim-survivors (Hollomotz, Burch & Bashall, 2023)**

Interviews and focus groups were conducted with 39 disabled adult victim-survivors. All victim-survivors were asked about their access needs upfront and these were met. All interviews and focus groups were recorded and fully transcribed. Thematic analysis was conducted.

There are some limitations to the qualitative research:

- The findings are not generalisable to all disabled victim-survivors. Moreover, the experiences of respondents who took part in the research may not be reflective of all services.
- Respondents in this research include only those people with impairments who self-identified as disabled.
- Five respondents had not accessed support. The research therefore makes only limited progress in explaining their experiences.
- Some cohorts of victim-survivors were under-represented. Only one Black African respondent and no Black Caribbean respondents were recruited. The research aimed to include five male respondents, but only three who came forward met the

sample criteria. Over half of the males who approached the research team had been under the age of 16 at the time of their sexual violence experiences. Despite considerable efforts made to recruit respondents from Wales, the final sample included only two Welsh respondents. Disabled people living in communal establishments, such as supported living accommodation, were less likely to notice the call for participants. Seven respondents living in communal establishments at the time of the research were included.

## 3. Key findings

### 3.1 Barriers to accessing formal support

Across all three strands of the research (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023), it was found that when deciding whether to seek support, adult victim-survivors of rape and sexual violence may face barriers at individual, social and cultural levels. Individual level factors relate to victim-survivors' feelings, beliefs and emotions. Social and cultural factors relate to factors such as victim-survivors' family, friends, religion, background and ethnicity. Should victim-survivors overcome these barriers and decide to seek support, they may then be faced with a second layer of structural barriers, in relation to how a service is designed and delivered. This may make it difficult or, in some cases, impossible for them to access formal support services. We use the categorisations of individual, social, cultural and structural barriers throughout the report, in line with findings from the literature review conducted by MoJ as strand one of this research programme (Silk, 2023), alongside other literature on the topic (for example, Anderson & Overby, 2020). However, we acknowledge that these factors are often interlinked and may not be mutually exclusive. For example, whilst we categorise not wanting family or friends to find out as a social factor, it may be closely interlinked to feeling ashamed, which we categorise as an individual level factor relating to a victim-survivors' feelings and beliefs.

An overview of the barriers faced by adult victim-survivors that were identified across the three strands of research (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023) is provided in Figure 1.

**Figure 1. Summary of barriers that adult victim-survivors of sexual violence face in accessing formal support (Hollomotz, Burch & Bashall, 2023; Silk, 2023; Silk, Larsen & Finnemore, 2023)**

### Individual level barriers

- Existing evidence found victim-survivor **respondents often reported experiencing feelings of shame** (Silk, 2023 including Anderson & Overby, 2020; Chynoweth, Buscher, Martin & Zwi, 2020; Harvey, Mitchell, Keeble, McNaughton & Rahim, 2014; Holland & Cortina, 2017; Hutschemaekers, Zijlstra, de Bree, Lo Fo Wong & Lagro-Janssen., 2019; McDonald & Tijerino, 2013; Richardson, Armstrong, Hines & Reed, 2015; Rymer & Canessa-Pollard, 2017; Sit & Stermac, 2021; Thiara & Roy, 2020). Feeling embarrassed and/or ashamed was the most common barrier to accessing formal support reported by survey respondents, irrespective of whether they accessed formal support or not (70% and 54% respectively) (Silk et al., 2023). Shame was also raised by some disabled victim-survivors (Hollomotz et al., 2023).
- **Shame was often found to be underpinned by self-blame whereby respondents reported feeling that they invited the assault, with some questioning why it happened to them specifically and what they could have done to prevent the assault** (Silk, 2023 including Anderson & Overby, 2020; Hutchemaekers et al., 2019; Thiara & Roy, 2020). Fifty-nine per cent (N=382) of survey respondents who tried to access formal support reported “I blamed myself for what happened” (Silk et al., 2023). One disabled victim-survivor in the third strand of the research highlighted she felt “stupid for letting it happen to her” (Hollomotz et al., 2023).
- **Not believing it was ‘serious enough’ to warrant accessing support** was identified as one of the key barriers across existing literature (Silk, 2023 including Anderson & Overby, 2020; Harvey et al., 2014; Holland & Cortina, 2020; Holland et al., 2021; Lindquist, Crosby, Barrick, Krebs & Settles-Reaves, 2016; Richardson et al., 2015; Sit & Stermac, 2021). Forty-two per cent (N=142) of survey respondents who did not access formal support reported “I did not think it was serious enough to need help” as a factor which influenced their decision not to seek support (Silk et al., 2023).



- The literature review found **some male, lesbian, gay, bisexual, transgender plus (LGBT+) and/or elderly victim-survivors had a lack of understanding of what sexual violence is and who it can affect**, because it can sometimes be viewed as a crime which predominately affects younger, heterosexual, cisgender females (Silk, 2023 including Bows, 2018; Chynoweth et al., 2020; Donne et al., 2017; Harvey et al., 2014). Some survey respondents also mentioned this as a barrier to accessing support (Silk et al., 2023). Some disabled victim-survivors reported they found it difficult to make sense of what happened to them (Hollomotz et al., 2023)
- Both in England and Wales and internationally, the **shame discussed by many victim-survivor respondents was closely linked to a fear of not being believed by service providers** (Silk, 2023 including Anderson & Overby, 2020; Richardson et al., 2015; Rymer & Canessa-Pollard, 2017; Thiara, Roy & Ng, 2015; Thiara & Roy, 2020). Fifty-seven per cent (N= 369) of survey respondents who did try to access support reported “I was not sure I would be believed” as a concern or difficulty they faced when doing so and 41 per cent (N=140) of those who did not access support reported this as a factor which influenced their decision not to. One disabled respondent in the third strand of the research felt they were not believed because of their impairment (Hollomotz et al., 2023).
- Other common individual level factors identified in the survey (Silk et al., 2023) and literature review (Silk, 2023 including Donne et al., 2017; Walshe, 2020) included wanting to move on from what had happened, feeling too distressed, overwhelmed and/or disconnected to talk about their experience, fears that counselling/support would resurface trauma and being so distressed they did not know what services they needed.

## Social and cultural barriers

- The literature review found that **negative reactions from family and/or friends upon first disclosure can act as a barrier to accessing formal support** (Silk, 2023; Walshe, 2020). Negative past experiences of disclosing and then trying to get support was also raised as a barrier by some survey respondents (Silk et al., 2023). One disabled respondent raised that they had tried to tell family, but the family member did not ask the right questions which acted as a barrier (Hollomotz et al., 2023).
- Existing evidence found that **some male victim-survivors may face distinct barriers in accessing support due to masculinity norms and social stereotypes such as the expectation to appear strong and unemotional, meaning they do not want to appear weak by disclosing the abuse** (Silk, 2023 including Chynoweth et al., 2020; Donne et al., 2017; McDonald & Tijerino, 2013). The social stereotype that males are not victim-survivors was also raised as a barrier by a few survey respondents (Silk et al., 2023).
- The literature review found **some LGBT+ respondents reported a fear of being outed and criticised by the community as a barrier to accessing formal support** (Silk, 2023 including Donne et al., 2017; Harvey et al., 2014; Love et al., 2017; Rymer & Canessa-Pollard, 2017).
- Research conducted with practitioners who support older victim-survivors in England and Wales revealed that **ageist beliefs and attitudes can act as a barrier for older victim-survivors in accessing support** (Bows, 2018).
- Some distinct barriers for victim-survivors from ethnic minorities were also identified in the literature review **including fear of bringing family shame or being ostracised, cultural taboos of speaking about sexual violence, not wanting to betray others, wanting to protect community honour, and expectations to be strong** (Silk; 2023 including Hester et al., 2012; Long & Ullman, 2013; Thiara et al., 2015; Thiara & Roy, 2020).

- Other social and cultural barriers reported by a few survey respondents included being concerned they would be criticised by their community for seeking help, concern for their children and concern about work (such as losing their job) (Silk et al., 2023).

### Structural level barriers

- Existing evidence highlighted that a **lack of available services acts as a barrier to some victim-survivor respondents being able to access support** in England and Wales, as well as internationally (Silk, 2023 including Anderson & Overby, 2020; Champion, Lock, Puntan & Hendra, 2021; Donne et al., 2017; Hester & Walker, 2018; Magic, 2013; McIlwaine, 2019; Scott et al., 2015; The Survivors Trust & Rape Crisis England and Wales, 2015; Thiara & Roy, 2020). Lack of available support for male victim-survivors was also raised by a few male respondents in the survey and qualitative research (Hollomotz et al., 2023; Silk et al., 2023).
- The literature review found that some victim-survivors in England and Wales reported facing **long waiting lists to access support** (Silk, 2023 including Anderson & Overby, 2020; Champion et al., 2021; Walker, Majeed-Ariss, Lee & White, 2019). Fifty one per cent (N=187) of survey respondents who accessed support reported “I experienced long waiting lists for support” (Silk et al., 2023). Many disabled respondents also experienced long wait times for support services, during which most were left with no alternative support (Hollomotz et al., 2023).
- Existing evidence found victim-survivors are **not always aware of support which is available and how to access it** (Silk, 2023 including Champion et al., 2021; Chynoweth et al., 2020; Harvey et al., 2014; Holland & Cortina, 2017; Sit & Stermac, 2021; Thiara & Roy, 2020). Forty-three per cent (N=275) of survey respondents who tried to access formal support reported “I was not sure what support was available to me” as a difficulty when they tried to access support; this was the fifth most common difficulty they faced (Silk et al., 2023).

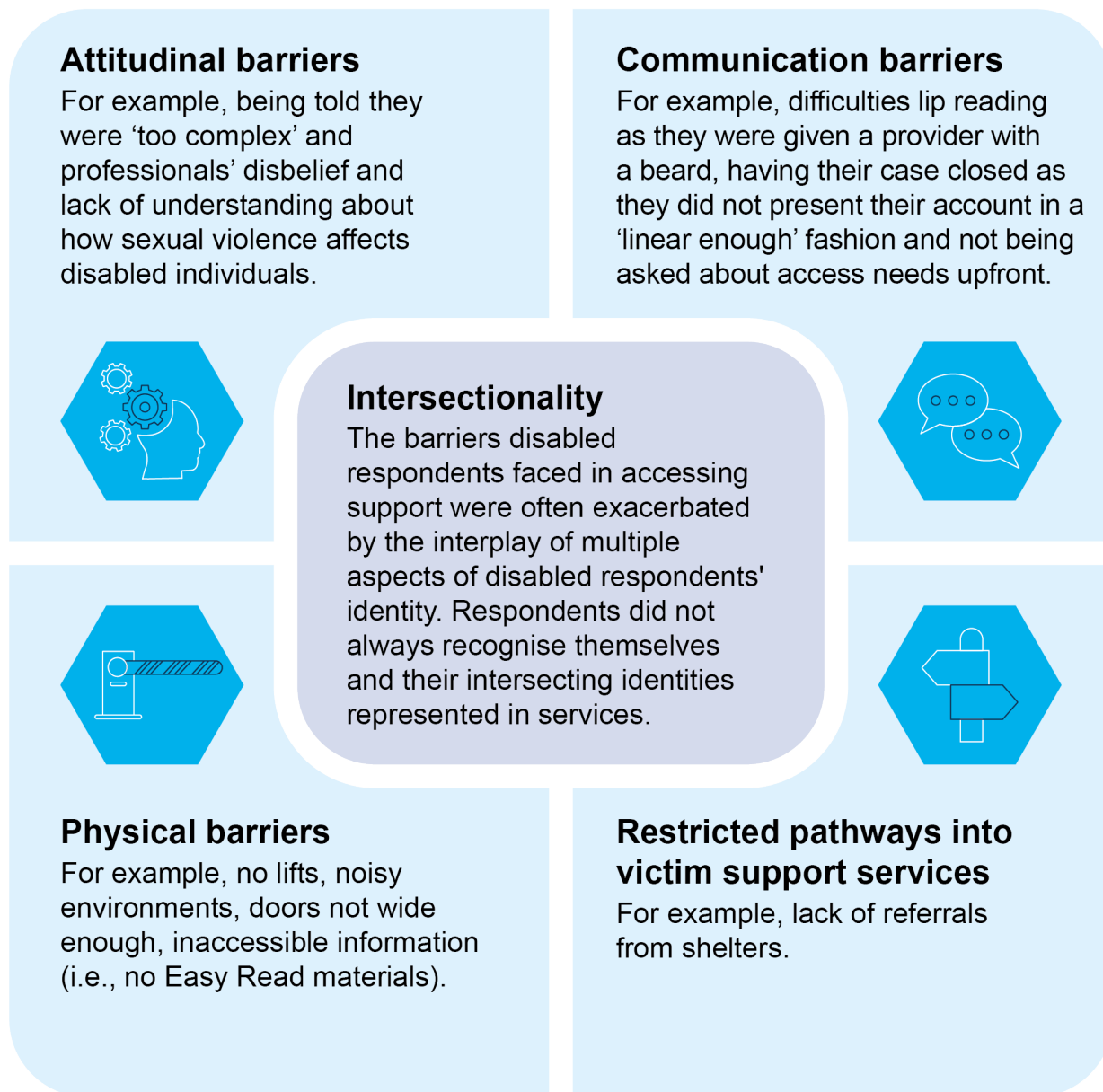
- Many victim-survivors who participated in research in England and Wales reported relying on information from GPs and the police about support services, who rarely informed them of specialist women's services, therefore delaying access to vital support (Silk, 2023 including Champion et al., 2021; Thiara & Roy, 2020). **A lack of effective referrals** was also highlighted by disabled respondents (Hollomotz et al., 2023) and a few survey respondents (Silk et al., 2023).
- Victim-survivors, particularly those from minority backgrounds who took part in existing research, reported not being able to access support due to **fears of being misunderstood, treated insensitively or even turned away, for example due to their gender, sexual orientation and/or ethnicity** (Silk, 2023 including Donne et al., 2017; Gooch, 2011; Harvey et al., 2014; Hester et al., 2012; Jordan, Mehrotra & Fujikawa., 2020; Love et al., 2017; Thiara et al., 2015; Thiara & Roy, 2020). Being worried they would be discriminated against by formal support providers (for example due to their sex) was reported by some survey respondents and a few raised concerns about support not being inclusive for transgender victim-survivors (Silk et al., 2023). The third strand of the research identified multiple barriers to accessing formal support around the accessibility of support services, as outlined in Figure 2 within this report (Hollomotz et al., 2023).
- Other structural barriers identified across the three strands (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023) include: difficulties accessing support due to transport and childcare, inconvenient physical location of support, time limited support and support not being offered outside of work hours.

Approximately one third of survey respondents faced barriers at an individual, social/cultural and structural level (Silk et al., 2023). This suggests that there is no clear single solution to increasing engagement with formal support, but instead multiple interventions across all levels should be considered. Individual level barriers such as not thinking it was serious enough to need help and not thinking they would be believed were the most common barriers reported by survey respondents. This suggests ensuring victim-survivors know that they will be believed and listened to when they try to access formal support is as

important as ensuring they are aware of what formal support is available to them. The findings from the survey suggest that to increase engagement with formal support, victim-survivors not only need to be aware of the services available to them, but also need to feel reassured that the formal support they receive will be confidential, independent from the police and delivered by a practitioner who listens to them.

In addition to the barriers faced by other victim-survivors, the third strand of the research (Hollomotz et al., 2023) revealed that disabled victim-survivors face distinct structural barriers in relation to how support services are designed and delivered, as outlined in Figure 2.

**Figure 2. Summary of the findings on additional distinct barriers that disabled adult victim-survivors of sexual violence face in accessing formal support (Hollomotz, Burch & Bashall, 2023)**



### 3.2 What formal support adult victim-survivors want

There are some universal support needs identified for victim-survivors, irrespective of their demographics, which were found consistently across the three strands of research, as outlined in Figure 3.

**Figure 3. Findings from across the research programme in relation to the formal support adult victim-survivors want, irrespective of victim characteristics (Hollomotz, Burch & Bashall, 2023; Silk, 2023; Silk, Larsen & Finnemore, 2023)**

- A choice of the type of formal support available, how they can access support and who they are supported by (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- Effective referrals (Silk, 2023; Silk et al., 2023), as opposed to signposting (Hollomotz et al., 2023);
- Support from providers who are trained in trauma informed practice (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- Formal support from providers who are responsive, flexible, empathetic and advocate for them (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- Support to be open-ended and delivered in a safe professional environment (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- Support to offer a variety of appointment times and an option of ways to access support i.e., over the phone, in person (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- A choice of one-to-one or group therapy (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- Support by an organisation who are responsive to the lived, social and cultural context of victim-survivors (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);
- Support which is confidential (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023).
- Support which is independent of the criminal justice system (Silk, 2023; Silk et al., 2023);
- Support provided by a practitioner who helps them to acknowledge and articulate their experience and importantly, who believes them and does not judge (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023);

- Survey respondents preferred one-to-one, face-to-face support. They also had a preference to be supported by an organisation whose sole purpose is to help people who have experienced sexual violence and have the option to access support 24/7 (Silk et al., 2023).

There were also some distinct support needs identified depending on the demographics of the victim-survivors, as outlined in Figure 4.

**Figure 4. Findings across the research programme in relation to the formal support adult victim-survivors want, by victim-survivor demographics (Hollomotz, Burch & Bashall, 2023; Silk, 2023; Silk, Larsen & Finnemore, 2023)**

### Sex

Some female survey respondents wanted the option of accessing a same sex support group along with support by a practitioner of the same sex (Silk et al., 2023). Some male survey respondents want increased provision of formal support and for practitioners to acknowledge sexual violence affects male victim-survivors. Male survey respondents were more likely than female survey respondents to have reported their ideal formal support provider to be someone who is trained in supporting individuals with mental health issues. Existing literature (Silk, 2023 including Chynoweth et al., 2020; Donne et al., 2017; McDonald & Tijerino, 2013) highlighted a need for more outreach targeting masculinity norms, to ensure male victim-survivors are able to be referred onto and access support.



### **Gender identity**

Findings from the literature review (Silk, 2023) suggest: services need to be inclusive of trans and non-binary individuals, for example by making this clear on their websites, using gender neutral language and having the option to disclose to someone of the same gender identity; staff should be trained to understand the intersectional experiences of trans victim-survivors; there should be an option for trans victim-survivors to access by and for services; and there should be the option to access support through the phone, where victim-survivors would not have to disclose their gender identity if they did not wish (Harvey et al., 2014; Love et al., 2017; Rymer & Canessa-Pollard, 2017).

### **Age**

Findings from the literature review (Bows, 2018) suggest there should be the option for older victim-survivors to be supported by someone closer to their age to reduce feelings of embarrassment they may face. This is alongside a need for increased outreach to reach more older victim-survivors.

### **Ethnic group**

Findings from the literature review (Silk, 2023 including Hester et al., 2012; Long & Ullman, 2013; Thiara et al., 2015; Thiara & Roy, 2020) suggest victim-survivors from minority ethnic groups want: to be supported by someone they can 'see themselves in'; to have the option to access by and for services; for practitioners at all organisations to be aware of the intersections of identities and experiences service users may have; and to be supported by someone who speaks their language.

### **Sexual orientation**

Findings from the literature review (Silk, 2023 including Donne et al., 2017; Harvey et al., 2014; Love et al., 2017) suggest: there should be increased outreach and awareness raising, so LGBT+ victim-survivors acknowledge their experience as sexual violence and seek support; service providers should publish information on what happens when someone discloses to them, what information they will need to provide and the level of confidentiality and anonymity of the service; and LGBT+ victim-survivors want to be supported by staff who are trained to understand the intersectional experiences of LGBT+ victim-survivors.

### **Disability**

Findings from the qualitative research with disabled victim-survivors (Hollomotz et al., 2023) found disabled adult victim-survivors want: to be referred to, as opposed to signposted to support services so they are aware of services available to them; information to be available in easy read, easy to access parking, someone to meet them outside the building, lifts as opposed to just stairs and doors wide enough for wheelchair users; to be asked about their access needs upfront; services to be flexible in their delivery methods and make time for them; support provided by an ISVA or advocate; peer support; and the option to access 'by and for' services.

## **3.3 Effectiveness of formal support**

### **Coping and building resilience**

There was limited evidence identified across the three strands of the research programme on the effectiveness of formal support in coping and building resilience. It is therefore not possible to draw a firm conclusion in relation to this research question.

Evidence identified in the literature review (Silk, 2023 including Garry and Munro, 2020; Littleton, Grills, Kline, Shoemann & Dodd, 2016; Miller, Cranston, David, Newman & Resnick, 2015; Nixon et al., 2016; Rothbaum et al., 2013; Schwarz, Baber, Barter &

Dorfman, 2019; Tarquinio et al., 2012; Vieweger, 2019; Westermarland & Alderson, 2013) suggested that Cognitive Behavioural Therapies (CBT), prolonged exposure and cognitive processing therapy, Eye Movement Desensitisation and Reprocessing (EMDR), counselling and psychotherapy have a positive effective on reducing PTSD and other psychological outcomes post-treatment. However, the scale of the effect varied between small to moderate and it was not tested whether these improvements were maintained over the longer term. The research identified had different sample characteristics and utilised different methodologies (for example, varying follow-up periods to assess PTSD), therefore it is difficult to draw firm conclusions from the findings.

Survey respondents rated counselling the highest (Silk et al., 2023), with 63 per cent of respondents reporting it “fully” or “mostly” met their needs. However, there are various models of counselling, so future research is needed to evaluate the effectiveness of each model for victim-survivors, depending on their demographics. The literature review, for example, suggested Western models of counselling used at some specialised sexual violence support services may not be effective for victim-survivors from minority ethnic groups (Silk, 2023).

### **Engaging with support services**

There was no high-quality existing evidence found on the effectiveness of any interventions in reducing the barriers victim-survivors face in accessing support or the effectiveness of different modes of delivering support (Silk, 2023). The reviewed studies relied on victim-survivors expressing what they wanted, as opposed to any experimental evaluation designs testing the effectiveness of different interventions. Survey respondents most frequently reported the following factors helped or supported them when they tried to access formal support: support being local, confidential, independent from the police and having someone point them towards formal support services (Silk et al., 2023). This suggests these factors may be effective at improving engagement with formal support.

### **Engaging with the criminal justice process**

In relation to the effectiveness of support for victim-survivors engaging with the criminal justice process, there is some available existing evidence to suggest that victim-survivors supported by an Independent Sexual Violence Advisors (ISVAs) and other support (such as charities) are more likely to report to the police (Silk, 2023). The two quantitative

research studies identified in the literature review in relation to this research question (Molina & Poppleton, 2020; Walker et al., 2021) were also consistent in finding that victim-survivors who received support from an ISVA, or other specialised sexual violence support service, are approximately twice as likely to remain engaged with the criminal justice process.

## 4. Key recommendations

The recommendations outlined below relate to the key expectations of victim-survivors who participated in any of the three strands of the research (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023). These are based on the barriers they faced in accessing formal support, what they said they wanted from their ideal formal support service and what they considered to be effective in helping them engage with the criminal justice process, cope and build resilience.

### 1. Improve referral pathways.

Commissioners should work to improve referrals for victim-survivors to access sexual violence support by identifying and sharing referral pathways and working with statutory agencies, such as GPs, to ensure clear referral processes are in place (Silk, 2023).

Liaison work with statutory agencies should be strengthened so they are aware of the breadth of services offered to victim-survivors (Hollomotz et al., 2023).

It is important, particularly for disabled victim-survivors, that they are referred to support services, rather than signposted (Hollomotz et al., 2023). Being given a list of support services can leave victim-survivors feeling alone and confused about which they should contact. There should also be an increased number of specialist ISVAs associated with or linked to health and social care settings.

Front line workers making referrals, such as GPs and the police, should make it clear to victim-survivors that support is independent from the police, and they will be believed and not judged (Silk, 2023; Silk et al., 2023). It is important that when in contact with victim-survivors and making referrals, the police communicate sensitively and empathetically, as a lack of empathy from police has been described by victim-survivors in research as re-traumatising (Champion et al., 2021; Silk et al., 2023). Research with victim-survivors in England and Wales raised the importance of GPs, police and others who may receive a first response, to be trained so they can ask the right questions and refer the victim-survivor on to support services (Silk et al., 2023; The Survivors Trust & Rape Crisis England and Wales, 2015).

## **2. Improve the inclusiveness of support services.**

All support providers should ask victim-survivors about their access needs upfront and meet these needs (Hollomotz et al., 2023). Support services should work to improve the accessibility of their services for disabled victim-survivors, including changes to the built environment to ensure for example, there is wheelchair access and accessible information available. A checklist for assessing the accessibility of sexual violence support services should be developed, which should require services to provide up front accessibility information. This should be developed in partnership with disabled victim-survivors and their organisations, to ensure support services are inclusive (Hollomotz et al., 2023).

Commissioned support services should have diverse workforces, so that victim-survivors have the option to be supported by someone who they can see themselves in (Silk, 2023).

Commissioners should encourage increased partnership working between organisations and sharing of good practice to enable learning across the sector, for example via regional events (Silk, 2023). This should improve practitioners' understanding of both the unique impacts of sexual violence and the intersections of identities and experiences users may have.

Support services being commissioned should make it clear they are inclusive through promotional materials, non-gender specific language and commissioning some by and for services, particularly for ethnic minority, male, trans and disabled victim-survivors (Hollomotz et al., 2023; Silk, 2023). Commissioned services should be able to evidence an ability to engage with victim-survivors whose first language is not English and older victim-survivors (Silk, 2023).

Commissioners should also ensure that commissioned support services have staff who are trained to understand the intersectional experiences minority victim-survivors face (Silk, 2023). All staff at support services should also have in depth disability equality training (Hollomotz et al., 2023).

Victim-survivors should be given the option to be supported by an individual support provider of the same sex (Silk et al., 2023).

### **3. Commission a range of support services, which meet victim-survivors needs.**

Based on evidence from the research programme, commissioners should commission support services which can evidence being trauma informed<sup>5</sup> (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023). Commissioners should also continue to fund specialist sexual violence formal support services given this was one of the most important factors for survey respondents when thinking about their 'ideal formal support' (Silk et al., 2023). However, it is vital by and for services also continue to be commissioned (Hollomotz et al., 2023; Silk, 2023).

Commissioners should consider the best way to commission services which are able to address victim-survivors' differing needs in terms of time needed for support (Silk et al., 2023). A range of types of formal support should be available, across multiple landscapes (NHS, community-based support services, Sexual Assault Referral Centres (SARCs), ISVAs), given victim-survivors' varied support needs. This includes an option to access a choice of formal support, choice of support provider and delivery mode (Silk, 2023; Silk et al., 2023). This need is also highlighted clearly by one victim-survivor in qualitative research conducted by Hester and Walker (2018), who welcomed a flexible combination of psychological support provided by the NHS and specialist support provided by the ISVA. They reported it helped address their changing needs over time. For example, the psychologist was able to help with their depression and they found the ISVA was particularly valuable in helping them to acknowledge and articulate their experience in a safe place.

There should be flexibility in service delivery to meet victim-survivors needs (Hollomotz et al., 2023; Silk et al., 2023), for example additional time, smaller groups, 24/7 helpline support and creative solutions to fill wait times.

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<sup>5</sup> Trauma informed support and care involves understanding the prevalence and nature of trauma arising from sexual violence and its impacts on other areas of life and functioning. Practices should ensure the physical and emotional safety of survivors and recognise and be responsive to the lived social and cultural contexts which shape victims needs and healing pathways (Silk et al., 2023).

It is also important commissioned services publish information on what happens when someone discloses to them, what information they will need to provide and the level of confidentiality and anonymity of the service (Silk, 2023).

ISVAs and advocates must advocate for the involvement of intermediaries<sup>6</sup> if beneficial, particularly for disabled victim-survivors (Hollomotz et al., 2023).

Furthermore, formal support should be responsive, accessible and delivered by a provider who is empathetic, non-judgemental and validating, given these were key aspects of formal support respondents valued (Hollomotz et al., 2023; Silk, 2023; Silk et al., 2023).

#### **4. Ensure victim-survivors have the option to access group and peer support.**

Whilst not all victim-survivors may want group and peer support, the research programme found that some do (Silk et al., 2023) and spoke positively about the benefits to these types of support in allowing them to connect with others and to provide opportunities for empowerment (Hollomotz et al., 2023; Silk, 2023). Commissioners should therefore work with support services to develop guidance on how to effectively conduct face-to-face group work and increase the provision of peer support (Silk et al., 2023). It is acknowledged that some support services already provide such support and commissioners should encourage sharing of best practice between organisations.

Mentoring and training programmes should be offered to victim-survivors to become peer supporters, including within or attached to support services. This is particularly important for disabled victim-survivors (Hollomotz et al., 2023).

#### **5. Improve monitoring and evaluation of formal support.**

Ongoing effective assessment and monitoring of victim-survivors' needs is required by all individual organisations, bearing in mind that the findings suggested that victim-survivors' needs are varied and may change over time (Silk, 2023; Silk et al., 2023). Third sector and public sector organisations should work together to share needs assessments about victim-survivors with each other, with their consent. Standardised metrics and data

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<sup>6</sup> Intermediaries are communication specialists who help vulnerable victims and witnesses to give evidence to the police and to the court in criminal trials.



collection should be worked towards to allow this to be done effectively. Secure systems should be used to send and receive data (Silk et al., 2023).

**6. Improve public and victim-survivor awareness of sexual violence and support services available to them.**

There should be improved guidance for the public and informal support providers on what they can do (Silk, 2023; Silk et al., 2023). For example, providing guidance and advice for informal support networks on how they can effectively and sensitively support victim-survivors and point victim-survivors towards formal support if appropriate. This guidance should be carefully drafted with input from victim-survivors and their informal support networks and should be sensitive towards individual and cultural differences. There is also a need for increased outreach activities, to ensure victim-survivors are aware of support services (Silk, 2023).

## 5. Evidence gaps

There are some evidence gaps identified from the research programme. These include understanding:

- How effective formal support is in the longer-term in: a) coping and building resilience, b) engaging with the criminal justice process, and c) engaging with formal support services (Silk, 2023; Silk et al., 2023);
- Where victim-survivors of different ethnicities seek support and how to best meet their needs (Silk et al., 2023);
- Where and how males seek formal support and how to best meet their needs (Silk et al., 2023);
- Where and how migrants and refugee victim-survivors seek formal support and how to best meet their needs (Silk et al., 2023);
- Which types of counselling are more/less effective at meeting victim-survivors' needs and how this may vary by victim-survivor characteristics (Silk et al., 2023);
- How GPs can better meet victim-survivors' needs, and how this could potentially be done through referral to other services that are best-placed to provide the necessary support (Silk et al., 2023);
- What barriers older victim-survivors face and what their support needs are (Silk, 2023; Silk et al., 2023);
- What the support needs of frontline professionals and volunteers who work with victim-survivors are (Silk, 2023);
- What the support needs of disabled victim-survivors who are: a) from Wales, b) D/Deaf BSL users, c) ethnic minority communities, d) males and e) within health and social care settings (Hollomotz et al., 2023).

## 6. Conclusion

These findings give valuable insight into the barrier's adult sexual violence victim-survivors in England and Wales face and what their support needs are. Whilst the findings are not generalisable to all victims-survivors, the research programme has given a voice to 1,149 people and provided detailed information about their experiences and aspirations for future service design. It has reviewed over 54 sources of existing evidence to ensure learning is moved forward. This will help to ensure the provision of formal support will better meet the needs of adult sexual violence victim-survivors. The findings and recommendations therefore have value for both commissioners and formal support providers, who should work together to implement these recommendations and continuously seek to monitor and evaluate victim-survivors needs and the effectiveness of formal support over time.

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