Coventry University

Responding to the needs of people providing informal support to survivors of sexual violence and abuse

Research summary and recommendations

Sarah West and the Supporters of Survivors Co-creators

Background

Around 1 in 10 people in the UK have been subjected to sexual violence and abuse (SVA) in their lifetimes[1]. Women, especially Black and racially minoritised women[1], LGBTQIA+ people[2,3] and disabled people[4] are at greater risk. This research uses the term 'survivor' for people who have experienced sexual violence and abuse.

The sensitivities and stigma associated with SVA lead many survivors to delay sharing their experiences. Limited specialist provision, long waiting lists and perceptions about the justice system mean that only a minority of survivors seek professional help and even fewer report to the police[5]. However, most eventually confide in a friend, partner, or family member [6,7,8], referred to as informal supporters.

Receiving a supportive response from someone in their personal networks is a crucial contributor to survivors' healing[7]. This research focused on understanding the challenges of providing informal support and developing a package of tools and resources to help supporters with their role.

The impacts of providing informal support

Between May 2022 and September 2023, the Supporters of Survivors study explored long-term informal support experiences across England, Northern Ireland, Scotland, and Wales. Ten supporters, nine survivors, and nine professionals from the SVA and health sectors shared their views through interviews. A further 66 professionals completed an online survey.

Findings from the interviews and survey showed that survivors receive mixed reactions when they tell people about the SVA they experienced. Most supporters were unprepared for this disclosure and grappled with a complex mix of emotions, including shock and distress.

"I didn't actually know of anyone who had gone through that kind of abuse. So then when she told me, I was quite shocked, and then, like angry"
(Meena, Friend of a survivor).

Most supporters wanted to help the survivor, but unless they had similar experiences, they lacked understanding of the profound effects of SVA and how to respond to survivors' trauma.

"I knew next to nothing about sexual assault, nothing really about trauma, so I had no idea what she would be feeling or thinking"
(Craig, Partner of a survivor).

Some were confused about how to help, while others avoided the subject because it evoked strong negative emotions, especially guilt. Supporters often thought it was better for survivors to move on and not dwell on what happened, which survivors found dismissive.

"It just isn't mentioned – to me, anyway – and it just further silences me. [Partner] was like 'You should move on, that happened ages ago.' I could sense his impatience"
(Rosa, Survivor).

Even when initial reactions were positive, supporters struggled to provide ongoing support for as long as survivors needed it. Although survivors didn't expect a magic fix and just wanted to be listened to, supporters found it difficult when their efforts didn't seem to be making a difference.

> *"Nothing seemed to be getting better, so I felt really useless, I really wasn't sure if I had actually made things worse"*
> **(Jason, Friend of a survivor)**

Many supporters described initial effects that are considered trauma responses. This included acute stress responses, intrusive thoughts, rumination, and sleep disruption. Over time, chronic issues like depression, headaches, and gastrointestinal issues were common.

Supporters often faced practical challenges, struggling to balance providing support with work, education, and family responsibilities, and managing their own well-being.

> *"My mental health took a complete downturn… I just didn't want to be here, dealing with it all really"*
> **(Jasmine, Mum of a survivor).**

Supporters' relationships and interactions with others changed once they became more aware of the survivors' experiences of SVA. Relationships between supporters and survivors often become strained, but some grew closer through the supporting experience.

Impacts on supporters often intensified when they were personally connected to the person who harmed the survivor, such as when this person was a partner or relative. These supporters frequently felt caught between family or friends and the survivor, striving to manage conflicts and minimise further harm.

Financial consequences arose when supporters were unable to work or when financial and other forms of support were withdrawn by the perpetrator of harm or by that person's supporters.

Supporters who had experienced SVA or other types of abuse themselves often experienced a cumulative impact as the effects of supporting combined with ongoing challenges or caused old memories and emotions to resurface.

> *"I was still very emotional, I was still fixing myself, basically. So, it's a very emotionally challenging time"*
> **(Chloe, Friend and survivor).**

Some supporters had pushed the survivor to report to the police, leading to tensions when survivors did not want to take this route. The few participants who had supported a survivor through the reporting process found this very stressful, regardless of the outcome.

Supporter help-seeking

Survivors often struggled to understand why they were so affected since they were not the primary victims. The secondary effects of SVA were unanticipated and could feel unjustified, making seeking help feel 'wrong'.

> *"At the time, I thought, well, I don't need counselling; it didn't happen to me… [but] I was getting these palpitations going on, I was thinking what on Earth is happening to me?"*
> **(Debbie, Mum of a survivor).**

Supporters rarely felt comfortable talking about the SVA or its impacts on them. They didn't want to raise it with survivors, but discomfort and stigma created barriers to telling others. Taboo related to SVA particularly affected older supporters in the study, and South Asian and Black participants.

> *"With sexual assault, it's rarely talked about. And then when it does get talked about, people then don't know how to handle it because nobody talks about it"*
> **(Priya, Survivor).**

Professionals from services for adult SVA survivors (regardless of when the abuse occurred) identified that their provision for supporters was hampered by a lack of resources. This especially limited the support available within 'by and for' organisations. Some organisations worked with supporters on an ad-hoc, unfunded basis, which restricted access and awareness of provision.

Most SVA sector professionals reported providing information to supporters through their helplines and/or websites. Although many supporters sought out information, they had struggled to find anything that felt relevant to their own circumstances.

"I imagine a lot of people don't think there is a service for friends and family, they just wouldn't be aware of it…there's probably more work for us to do and raise that awareness"
(Heather, SVA Sector professional).

Some supporters were unsure whether SVA services would be welcoming to them. Supporters who were LGBTQIA+ and/or from marginalised ethnicities worried that professionals would not understand their needs.

Those who spoke to people in their own informal networks or familiar professionals, like GPs and mental health practitioners, faced a lack of understanding that supporting a survivor could result in secondary trauma. Some supporters had been turned away by professionals or misdirected to services that couldn't help them.

"Another barrier is also the services themselves… [supporters] feeling like they're just knocking on doors and getting signposted from place to place"
(Fiona, Education Sector professional)

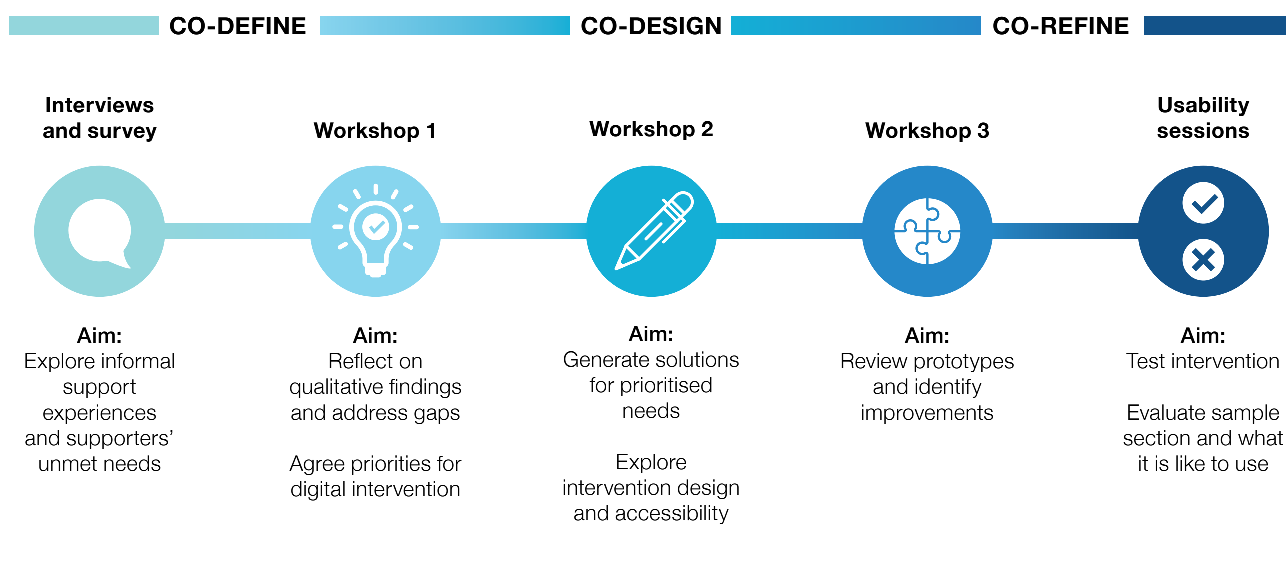
These experiences all contributed to supporters feeling invisible and alone. Supporters were eager to connect with others in similar situations, share their experiences, and learn how to support their friends, partners, or family members more effectively.

"Talking to a parent, they seem to understand more, they seem to get it, they don't seem to judge you"
(Jayne, Mum of a survivor).

Participants agreed that more help for supporters was needed. They welcomed the creation of online resources that could be accessed discreetly, as and when needed, and easily shared with others who might benefit from them.

Co-creating a digital intervention for informal supporters

These findings provided the foundation for the next phase of the project. Between October 2023 and September 2024, eight supporters and nine survivors engaged in workshops and one-to-one sessions (see graphic below) to co-create[9] online resources for informal supporters of adult survivors of SVA, which recognise and respond to the impacts of trauma.



Workshop activities enabled co-creators to decide on the priorities for these resources and identify effective ways to address them. Development was informed by behaviour change frameworks, paying particular attention to overcoming barriers for marginalised supporters.

Solutions generated by co-creators were incorporated into a prototype digital intervention named *Supporters of Survivors*. Co-creators prioritised accessibility with a simple structure and concise text sections, accompanied by audio and video options, as well as interactive features and reflection prompts.

The intervention focuses on educating supporters about sexual violence, its impacts on survivors and those around them, and boosting communication and interpersonal skills to enhance the support provided to survivors.

> *"Knowledge is at the heart of it really, for understanding what they are going through and for feeling you know what you need to do as a supporter"* **(Co-creator).**

The content is sensitive to supporters' own experiences of abuse. Strategies for managing emotions and boosting well-being are presented as relevant to try for themselves and survivors. A directory signposts further support services and resources for both parties.

Community features include a forum and groups that facilitate connections based on shared experiences, helping to reduce isolation. Experiential content shares diverse insights from survivors and supporters in their own words, coming alongside supporters on their journey.

> *"Sharing quotes and tips from other supporters can be quite hopeful as well"* **(Co-creator).**

Empowerment is promoted through self-direction and the presentation of a range of options on each topic, recognising that supporters are not a homogeneous group and that not all content will resonate with all supporters. Some elements respond to the needs of specific supporters, like navigating sex and intimacy concerns for partners, while others are more general.

> *"It's clear that it's for everyone, regardless of their gender, ethnicity, culture, etc."* **(Co-creator).**

The intervention prototypes were reviewed and improved in collaboration with co-creators and then hosted on an interactive website for testing by survivors, supporters, and professionals.

Feedback on the prototypes was overwhelmingly positive. Most co-creators had never encountered anything designed with supporters in mind before. They were enthusiastic about the sections they explored, especially valuing the community space and the ability to hear perspectives and support tips in survivors' and supporters' own words.

> *"There's nowhere else that I know of that you can go to connect with other supporters…that would be the thing that would draw me in"* **(Co-creator).**

Recommendations and next steps

The feedback on the prototypes developed throughout this project strongly endorses the continued development of the digital *Supporters of Survivors* intervention. Further funding is being sought to finish the intervention and make it available to supporters. However, this represents just one of many strategies needed to strengthen the support system for those assisting SVA survivors.

Recommendations for funders and commissioners

1. **Recognise that supporter and survivor outcomes are interconnected.** The impacts of SVA are lifelong, and robust support networks play a key role in reducing the effects of abuse for survivors over the long term. The challenges facing supporters, including their emotional needs, warrant attention from services and those funding and commissioning services.

2. **Include the needs of informal supporters in national and local strategies on responding to sexual violence and abuse**. Develop understanding of existing provision and ensure pathways to supporter provision are visible and accessible.

3. **Prioritise and appropriately resource dedicated and proactive support for informal supporters**. Reflecting the NHS 10 Year Plan for Health[10] shift to prevention, this will reduce the likelihood of deterioration in psychological and daily functioning and avoid crisis presentations. Recognise that many supporters have their own experiences of interpersonal and structural harms and require responses that can respond to these alongside the impacts of supporting.

4. **Provide long-term funding to SVA sector organisations to reach more supporters and deliver more varied provision** (e.g. peer support, psychoeducation, therapeutic support). This should include boosting capacity within organisations that currently work with supporters on an informal basis and funding ‘by and for’ services to extend their expertise to supporters within marginalised communities. Alternative options for increasing access to therapeutic support for survivors and informal supporters include funding this through personal health budgets in line with the NHS 10 Year Health Plan[10,11].

5. **Involve supporters as experts in their lived experience,** alongside survivors and service providers, when developing new provision or determining policies and funding.

Recommendations for SVA sector service providers

1. **Raise awareness of the challenges facing supporters.** Include secondary trauma in existing training for staff and volunteers, including discussions that supporters’ unhelpful responses are often unintentional, and stem from a lack of knowledge and skills about effective support.

2. **Increase visibility of existing supporter provision**. Ensure what you offer is well-publicised and straightforward to access – advertise it in premises, regularly highlight it in social media posts, and during community outreach events.

3. **Clearly convey who can access your supporter provision**. Spell out friends, relatives and/or partners rather than saying ‘anyone affected by sexual violence and abuse’. Signal whether men, LGBTQIA+ people, etc., are welcome; don’t assume this is understood.

4. **Increase the amount and variety of provision for supporters**. Develop resources that respond to varying needs across different groups of supporters. Separate supporter provision from the related survivor’s engagement to ensure those who are the only source of support for a survivor can also access help.

5. **Routinely ask survivors about their informal networks**. Explore what is working well and identify any issues the survivor may like assistance with. Share information about resources and services that their supporters can access if they have questions.

6. **Involve supporters as experts in their lived experience** alongside survivors to shape your provision.

Recommendations for healthcare professionals

1. **Improve understanding of the impacts on supporters.** Include secondary trauma in existing training on sexual violence and abuse. Include consideration of the barriers to speaking about these experiences for survivors and supporters, and how to make trauma-informed enquiries. Guidance on integrating trauma-informed communication in healthcare has recently been published[12].

2. **Explore the underlying causes of presenting issues**. Once suitably informed and confident in responding to SVA disclosures, provide opportunities to explore circumstances before offering diagnoses or medication.

3. **Improve awareness of specialist SVA services in your area**. Stay up to date on who local services work with and what they provide for survivors and supporters, facilitating appropriate referral and signposting for those who need further support.

4. **Understand limitations within the SVA sector**. Specialist sexual violence services often have lengthy waiting lists for therapeutic support. Survivors and supporters may need support from your service while waiting, making it advisable to avoid discharging them from your service until confirming they have accessed support.

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